



1 A bill to be entitled
2 An act relating to health care; amending s. 395.1051,
3 F.S.; requiring a hospital to notify obstetrical
4 physicians before the hospital closes its obstetrical
5 department or ceases to provide obstetrical services;
6 permitting a hospital that has operated as a Level I,
7 Level II, or pediatric trauma center for a specified
8 period to continue operating at that trauma center
9 level under certain conditions, notwithstanding any
10 other provision of law; making a hospital that
11 complies with such requirements eligible for renewal
12 of its 7-year approval period under s. 395.4025(6);
13 permitting a hospital that has operated as a Level I,
14 Level II, or pediatric trauma center for a specified
15 period and is verified by the Department of Health on
16 or before a certain date to continue operating at that
17 trauma center level under certain conditions,
18 notwithstanding any other provision of law; making a
19 hospital that complies with such requirements eligible
20 for renewal of its 7-year approval period under s.
21 395.4025(6); amending s. 395.401, F.S.; restricting
22 trauma service fees to \$15,000 until July 1, 2015;
23 amending s. 395.402, F.S.; deleting factors to be
24 considered by the department in conducting an
25 assessment of the trauma system; assigning Collier
26 County to trauma service area 15 rather than area 17;



27 amending s. 395.4025, F.S.; permitting a trauma center
28 or hospital located in the same trauma service area to
29 protest a decision by the department to approve
30 another trauma center; establishing a moratorium on
31 the approval of additional trauma centers until the
32 earlier of July 1, 2015, or upon the effective date a
33 rule adopted by the department allocating the number
34 of trauma centers needed for each trauma service area;
35 requiring a trauma center to post its trauma
36 activation fee in the trauma center and on its
37 website; creating s. 456.47, F.S.; defining terms;
38 providing for certain practice standards for
39 telehealth providers; providing for the maintenance
40 and confidentiality of medical records; requiring the
41 registration of health care professionals not licensed
42 in this state to use telehealth to deliver health care
43 services; providing registration requirements;
44 prohibiting registrants from opening an office or
45 providing in-person health care services in this
46 state; requiring a registrant to notify the
47 appropriate board or the department of certain actions
48 against the registrant's professional license;
49 prohibiting a health care professional with a revoked
50 license from being registered as a telehealth
51 provider; providing exemptions to the registration
52 requirement; providing rulemaking authority; amending



53 s. 408.036, F.S.; providing an exemption from
54 certificate-of-need requirements for the relocation of
55 a specified percentage of acute care hospital beds
56 from a licensed hospital to another location;
57 requiring certain information to be included in a
58 request for exemption; amending s. 381.026, F.S.;
59 including independent nurse practitioners within the
60 definition of "health care provider"; amending s.
61 382.008, F.S.; authorizing independent nurse
62 practitioners to certify causes of death and to sign,
63 correct, and file death certificates; amending s.
64 394.463, F.S.; authorizing an independent nurse
65 practitioner to execute a certificate to require,
66 under the Baker Act, an involuntary examination of a
67 person; authorizing a qualified independent nurse
68 practitioner to examine a person at a receiving
69 facility and approve the release of a person at the
70 receiving facility under the Baker Act; amending s.
71 456.048, F.S.; requiring independent nurse
72 practitioners to maintain medical malpractice
73 insurance or provide proof of financial
74 responsibility; exempting independent nurse
75 practitioners from such requirements under certain
76 circumstances; amending s. 456.44, F.S.; providing
77 certain requirements for independent nurse
78 practitioners who prescribe controlled substances for



79 the treatment of chronic nonmalignant pain; amending
80 s. 464.003, F.S.; revising the definition of the term
81 "advanced or specialized nursing practice" to require
82 a joint committee to establish an exclusionary
83 formulary of controlled substances; defining the term
84 "independent nurse practitioner"; amending s. 464.012,
85 F.S.; authorizing advanced registered nurse
86 practitioners to perform certain acts as they relate
87 to controlled substances; providing limitations;
88 amending s. 464.0125, F.S., providing for the
89 registration of qualified advanced registered nurse
90 practitioners as independent nurse practitioners;
91 authorizing registered independent nurse practitioners
92 to perform certain acts; requiring advanced registered
93 nurse practitioners registered as independent nurse
94 practitioners to include their registered status on
95 their practitioner profiles; requiring independent
96 nurse practitioners to complete a certain amount of
97 continuing education in pharmacology for biennial
98 renewal of registration; aligning the biennial renewal
99 cycle period for registration for independent nurse
100 practitioners with the advanced registered nurse
101 practitioner licensure renewal cycle; authorizing the
102 Board of Nursing to establish fees by rule; providing
103 the board with rulemaking authority; amending s.
104 464.015, F.S.; providing title protection for



105 independent nurse practitioners; creating s. 464.0155,
106 F.S., requiring independent nurse practitioners to
107 report adverse incidents to the Board of Nursing in a
108 certain manner; defining the term "adverse incident";
109 providing for board review of the adverse incident;
110 authorizing the board to take disciplinary action for
111 adverse incidents; amending s. 464.018, F.S.; adding
112 certain acts to an existing list of acts for which
113 nurses may be administratively disciplined; amending
114 s. 893.02, F.S.; redefining the term "practitioner" to
115 include independent nurse practitioners; amending s.
116 960.28, F.S.; conforming a cross-reference; amending
117 s. 288.901, F.S.; requiring Enterprise Florida, Inc.,
118 to collaborate with the Department of Economic
119 Opportunity to market this state as a health care
120 destination; amending s. 288.923, F.S.; directing the
121 Division of Tourism Marketing to include the promotion
122 of medical tourism in its marketing plan; creating s.
123 288.924, F.S.; requiring the medical tourism plan to
124 promote national and international awareness of the
125 qualifications, scope of services, and specialized
126 expertise of health care providers in this state and
127 to include an initiative to showcase qualified health
128 care providers; requiring a specified amount of funds
129 appropriated to the Florida Tourism Industry Marketing
130 Corporation to be allocated for the medical tourism



131 marketing plan; requiring the Florida Tourism Industry
132 Marketing Corporation to create a matching grant
133 program; specifying criteria for the grant program;
134 requiring that a specified amount of funds
135 appropriated to the Florida Tourism Industry Marketing
136 Corporation be allocated for the grant program;
137 amending s. 456.072, F.S.; providing additional
138 grounds for discipline of a licensee of the department
139 by a regulatory board; requiring the suspension and
140 fining of an independent nurse practitioner for
141 prescribing or dispensing a controlled substance in a
142 certain manner; amending s. 893.055, F.S.; revising
143 definitions; revising provisions relating to the
144 database of controlled substance dispensing
145 information; revising program funding requirements;
146 requiring a prescriber to access and view certain
147 patient information in the database before initially
148 prescribing a controlled substance; providing
149 requirements related to the release of identifying
150 information; providing requirements for the release of
151 information shared with a state attorney in response
152 to a discovery demand; providing procedures for the
153 release of information to a law enforcement agency
154 during an active investigation; requiring the
155 department to enter into a user agreement with a law
156 enforcement agency requesting the release of



157 information; providing requirements for the user
158 agreement; requiring a law enforcement agency under a
159 user agreement to conduct annual audits; providing for
160 the restriction, suspension, or termination of a user
161 agreement; revising information retention
162 requirements; revising provisions required in a
163 contract with a direct-support organization; requiring
164 the state to use certain properties and funds to
165 support the program; providing for the adoption of
166 specific rules by the department; amending s.
167 893.0551, F.S.; conforming references; amending s.
168 154.11, F.S.; authorizing a public health trust to
169 execute contracts and other instruments with certain
170 organizations without prior approval by the governing
171 body of the county; amending s. 458.3485, F.S.;
172 deleting a provision specifying entities authorized to
173 certify medical assistants; amending s. 456.42, F.S.;
174 requiring written prescriptions for specified
175 controlled substances to be dated in a specified
176 format; amending s. 465.014, F.S.; providing the
177 number of registered pharmacy technicians a licensed
178 pharmacist may supervise if approved by the Board of
179 Pharmacy after considering certain factors; requiring
180 the board to authorize a licensed pharmacist to
181 supervise more than three pharmacy technicians if a
182 licensee is employed by certain entities; requiring a



183 licensee to provide the board with notice of
184 employment status under certain circumstances;
185 providing an appropriation to the Department of Health
186 to fund the administration of the prescription drug
187 monitoring program; amending s. 400.141, F.S.;
188 revising provisions for administration and management
189 of nursing home facilities; amending s. 465.189, F.S.;
190 authorizing pharmacists to administer meningococcal
191 and shingles vaccines under certain circumstances;
192 amending ss. 458.347 and 459.022, F.S.; increasing the
193 number of licensed physician assistants that a
194 physician may supervise at any one time; providing an
195 exception; revising circumstances under which a
196 physician assistant is authorized to prescribe or
197 dispense medication; revising requirements for
198 medications prescribed or dispensed by physician
199 assistants; revising application requirements for
200 licensure as a physician assistant and license
201 renewal; amending ss. 458.348 and 459.025, F.S.;
202 defining the term "nonablative aesthetic skin care
203 services"; authorizing a physician assistant who has
204 completed specified education and clinical training
205 requirements, or who has specified work or clinical
206 experience, to perform nonablative aesthetic skin care
207 services under the supervision of a physician;
208 providing that a physician must complete a specified



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209 number of education and clinical training hours to be
210 qualified to supervise physician assistants performing
211 certain services; amending s. 400.9905, F.S. ;
212 providing an exemption from licensure under part X of
213 chapter 400, F.S., in certain circumstances; providing
214 effective dates.

215

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

217

218 Section 1. Section 395.1051, Florida Statutes, is amended
219 to read:

220 395.1051 Duty to notify patients and physicians.-

221 (1) An appropriately trained person designated by each
222 licensed facility shall inform each patient, or an individual
223 identified pursuant to s. 765.401(1), in person about adverse
224 incidents that result in serious harm to the patient.
225 Notification of outcomes of care which ~~that~~ result in harm to
226 the patient under this section does ~~shall~~ not constitute an
227 acknowledgment or admission of liability and may not, ~~nor can it~~
228 be introduced as evidence.

229 (2) A hospital shall notify each obstetrical physician who
230 has privileges at the hospital at least 120 days before the
231 hospital closes its obstetrical department or ceases to provide
232 obstetrical services.

233 Section 2. (1) Effective upon this act becoming a law and
234 notwithstanding any other provision of law, a hospital that,



235 after the enactment of chapter 2004-259, Laws of Florida, has
236 operated continuously as a verified Level I, Level II, or
237 pediatric trauma center for a consecutive 12-month period,
238 remains operational for the consecutive 12-month period
239 immediately preceding the effective date of this act, and on or
240 before April 1, 2015, certifies to the department its compliance
241 with the Florida trauma standards, may continue to operate at
242 the same trauma center level as a verified Level I, Level II, or
243 pediatric trauma center until the approval period in s.
244 395.4025(6), Florida Statutes, expires, and as long as the
245 hospital continues to meet the requirements of s. 395.4025(6),
246 Florida Statutes, related to trauma center standards and patient
247 outcomes. A hospital that meets the requirements of this
248 section shall be eligible for renewal of its 7-year approval
249 period pursuant to s. 395.4025(6), Florida Statutes.

250 (2) Effective upon this act becoming a law and
251 notwithstanding any other provision of law, a hospital that,
252 after the enactment of chapter 2004-259, Laws of Florida, has
253 operated continuously as a provisional Level I, Level II, or
254 pediatric trauma center for a consecutive 12-month period,
255 remains operational for the consecutive 12-month period
256 immediately preceding the effective date of this act, is
257 determined to be verified by the department on or before
258 December 31, 2014, and certifies to the department on or before
259 April 1, 2015, its compliance with the Florida trauma standards,
260 may continue to operate at the same trauma center level as a



261 verified Level I, Level II, or pediatric trauma center until the
262 approval period in s. 395.4025(6), Florida Statutes, expires as
263 long as the hospital continues to meet the requirements of s.
264 395.4025(6), Florida Statutes, related to trauma center
265 standards and patient outcomes. A hospital that meets the
266 requirements of this section shall be eligible for renewal of
267 its 7-year approval period pursuant to s. 395.4025(6), Florida
268 Statutes.

269 Section 3. Effective upon this act becoming a law,
270 paragraphs (k) through (o) of subsection (1) of section 395.401,
271 Florida Statutes, are redesignated as paragraphs (l) through
272 (p), respectively, and a new paragraph (k) is added to that
273 subsection, to read:

274 395.401 Trauma services system plans; approval of trauma
275 centers and pediatric trauma centers; procedures; renewal.—

276 (1)

277 (k) A hospital operating a trauma center may not charge a
278 trauma activation fee greater than \$15,000. This paragraph
279 expires on July 1, 2015.

280 Section 4. Paragraphs (a) and (e) of subsection (2) and
281 subsection (4) of section 395.402, Florida Statutes, are amended
282 to read:

283 395.402 Trauma service areas; number and location of
284 trauma centers.—

285 (2) Trauma service areas as defined in this section are to
286 be utilized until the Department of Health completes an



287 assessment of the trauma system and reports its finding to the
288 Governor, the President of the Senate, the Speaker of the House
289 of Representatives, and the substantive legislative committees.
290 The report shall be submitted by February 1, 2005. The
291 department shall review the existing trauma system and determine
292 whether it is effective in providing trauma care uniformly
293 throughout the state. The assessment shall:

294 ~~(a) Consider aligning trauma service areas within the~~
295 ~~trauma region boundaries as established in July 2004.~~

296 ~~(c) Review the Regional Domestic Security Task Force~~
297 ~~structure and determine whether integrating the trauma system~~
298 ~~planning with interagency regional emergency and disaster~~
299 ~~planning efforts is feasible and identify any duplication of~~
300 ~~efforts between the two entities.~~

301 (4) Annually thereafter, the department shall review the
302 assignment of the 67 counties to trauma service areas, in
303 addition to the requirements of paragraphs (2) (a) - (f) ~~(2) (b) - (g)~~
304 and subsection (3). County assignments are made for the purpose
305 of developing a system of trauma centers. Revisions made by the
306 department shall take into consideration the recommendations
307 made as part of the regional trauma system plans approved by the
308 department and the recommendations made as part of the state
309 trauma system plan. In cases where a trauma service area is
310 located within the boundaries of more than one trauma region,
311 the trauma service area's needs, response capability, and system
312 requirements shall be considered by each trauma region served by



313 that trauma service area in its regional system plan. Until the
314 department completes the February 2005 assessment, the
315 assignment of counties shall remain as established in this
316 section.

317 (a) The following trauma service areas are hereby
318 established:

319 1. Trauma service area 1 shall consist of Escambia,
320 Okaloosa, Santa Rosa, and Walton Counties.

321 2. Trauma service area 2 shall consist of Bay, Gulf,
322 Holmes, and Washington Counties.

323 3. Trauma service area 3 shall consist of Calhoun,
324 Franklin, Gadsden, Jackson, Jefferson, Leon, Liberty, Madison,
325 Taylor, and Wakulla Counties.

326 4. Trauma service area 4 shall consist of Alachua,
327 Bradford, Columbia, Dixie, Gilchrist, Hamilton, Lafayette, Levy,
328 Putnam, Suwannee, and Union Counties.

329 5. Trauma service area 5 shall consist of Baker, Clay,
330 Duval, Nassau, and St. Johns Counties.

331 6. Trauma service area 6 shall consist of Citrus,
332 Hernando, and Marion Counties.

333 7. Trauma service area 7 shall consist of Flagler and
334 Volusia Counties.

335 8. Trauma service area 8 shall consist of Lake, Orange,
336 Osceola, Seminole, and Sumter Counties.

337 9. Trauma service area 9 shall consist of Pasco and
338 Pinellas Counties.



339 10. Trauma service area 10 shall consist of Hillsborough
340 County.

341 11. Trauma service area 11 shall consist of Hardee,
342 Highlands, and Polk Counties.

343 12. Trauma service area 12 shall consist of Brevard and
344 Indian River Counties.

345 13. Trauma service area 13 shall consist of DeSoto,
346 Manatee, and Sarasota Counties.

347 14. Trauma service area 14 shall consist of Martin,
348 Okeechobee, and St. Lucie Counties.

349 15. Trauma service area 15 shall consist of Charlotte,
350 Collier, Glades, Hendry, and Lee Counties.

351 16. Trauma service area 16 shall consist of Palm Beach
352 County.

353 ~~17. Trauma service area 17 shall consist of Collier~~
354 ~~County.~~

355 17.18. Trauma service area 17 ~~18~~ shall consist of Broward
356 County.

357 18.19. Trauma service area 18 ~~19~~ shall consist of Miami-
358 Dade and Monroe Counties.

359 (b) Each trauma service area should have at least one
360 Level I or Level II trauma center. The department shall
361 allocate, by rule, the number of trauma centers needed for each
362 trauma service area.

363 (c) There shall be no more than a total of 44 trauma
364 centers in the state.



365 Section 5. Effective upon this act becoming a law,
366 subsection (7) of section 395.4025, Florida Statutes, is amended
367 and subsections (15) and (16) are added to read:

368 395.4025 Trauma centers; selection; quality assurance;
369 records.—

370 (7) A trauma center, or a ~~any~~ hospital that has submitted
371 an application for selection as a trauma center within the same
372 trauma service area as another applicant for a trauma center,
373 may ~~that wishes to~~ protest a decision made by the department
374 based on the department's preliminary or in-depth review of
375 applications or on the recommendations of the site visit review
376 team pursuant to this section shall proceed as provided in
377 chapter 120. Hearings held under this subsection shall be
378 conducted in the same manner as provided in ss. 120.569 and
379 120.57. Cases filed under chapter 120 may combine all disputes
380 between parties.

381 (15) The department may not verify, designate, or
382 provisionally approve any hospital to operate as a trauma center
383 through the procedures established in subsections (1) through
384 (13). This subsection expires the earlier of July 1, 2015, or
385 upon the effective date a rule adopted by the department
386 allocating the number of trauma centers needed for each trauma
387 service area as provided in s. 395.402(4).

388 (16) Each trauma center must post its trauma activation
389 fee amount in a conspicuous place within the trauma center and
390 in a prominent position on the home page of the trauma center's



391 Internet website.

392 Section 6. Effective January 1, 2015, section 456.47,
393 Florida Statutes, is created to read:

394 456.47 Use of telehealth to provide services.—

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

396 (a) "Telehealth" means the use of synchronous or
397 asynchronous communication services technology by a telehealth
398 provider to provide health care services, including, but not
399 limited to, patient assessment, diagnosis, consultation,
400 treatment, monitoring and transfer of medical data, patient and
401 professional health-related education, public health, and health
402 administration. The term does not include audio-only telephone
403 calls, e-mail messages, or facsimile transmissions.

404 (b) "Telehealth provider" means a person who provides
405 health care and related services using telehealth and who is
406 licensed under chapter 457; chapter 458; chapter 459; chapter
407 460; chapter 461; chapter 463; chapter 464; chapter 465; chapter
408 466; chapter 467; part I, part III, part IV, part V, part X,
409 part XIII, or part XIV of chapter 468; chapter 478; chapter 480;
410 part III of chapter 483; chapter 484; chapter 486; chapter 490;
411 or chapter 491; or who is registered under this section and is
412 in compliance with paragraph (4) (a).

413 (2) PRACTICE STANDARD.—

414 (a) The standard of care for telehealth providers
415 providing health care services is the same as the standard of
416 care for health care professionals providing in-person health



417 care services to patients in this state. A telehealth provider
418 is not required to research a patient's medical history or
419 conduct a physical examination of the patient before using
420 telehealth to provide services to the patient if the telehealth
421 provider conducts a patient evaluation sufficient to diagnose
422 and treat the patient. The evaluation may be performed using
423 telehealth.

424 (b) A telehealth provider may not use telehealth to
425 prescribe a controlled substance for chronic nonmalignant pain,
426 as defined in s. 456.44, unless the controlled substance is
427 ordered for inpatient treatment at a hospital licensed under
428 chapter 395.

429 (c) A telehealth provider and a patient may each be in any
430 location when telehealth is used to provide health care services
431 to a patient.

432 (d) A nonphysician telehealth provider using telehealth
433 and acting within the relevant scope of practice, as established
434 by Florida law and rule, may not be interpreted as practicing
435 medicine without a license.

436 (3) RECORDS.—A telehealth provider shall document in the
437 patient's medical record the health care services rendered using
438 telehealth according to the same standard as used for in-person
439 services in this state. Medical records, including video, audio,
440 electronic, or other records generated as a result of providing
441 such services, are confidential pursuant to ss. 395.3025(4) and
442 456.057.



443 (4) REGISTRATION OF OUT-OF-STATE TELEHEALTH PROVIDERS.—

444 (a) A health care professional not licensed in this state
445 may provide health care services to a patient located in this
446 state using telehealth if the telehealth provider annually
447 registers with the applicable board, or the department if there
448 is no board, and provides health care services within the
449 relevant scope of practice established by Florida law and rule.

450 (b) The board, or the department if there is no board,
451 shall register a health care professional as a telehealth
452 provider if the health care professional:

453 1. Completes an application form developed by the
454 department.

455 2. Pays a registration fee of \$150.

456 3. Holds an active, unencumbered license for a profession
457 included in paragraph (1) (b) issued by another state, the
458 District of Columbia, or a possession or territory of the United
459 States and against whom no disciplinary action has been taken
460 during the 5 years before submission of the application. The
461 department shall use the National Practitioner Data Bank to
462 verify information submitted by an applicant.

463 (c) A health care professional registered under this
464 section is prohibited from opening an office in this state and
465 from providing in-person health care services to patients
466 located in this state.

467 (d) A health care professional registered under this
468 section must immediately notify the appropriate board, or the



469 department if there is no board, of restrictions placed on the
470 health care professional's license to practice, or disciplinary
471 action taken against the health care professional, in any state
472 or jurisdiction.

473 (e) A pharmacist registered under this section may only
474 use a Florida pharmacy permitted under chapter 465, or a
475 nonresident pharmacy registered under s. 465.0156, to dispense
476 medicinal drugs to Florida patients.

477 (f) A health care professional whose license to provide
478 health care services is subject to a pending disciplinary
479 investigation or which has been revoked in any state or
480 jurisdiction may not register under this section.

481 (g) The department shall publish on its website a list of
482 all registrants and include each registrant's:

483 1. Name.

484 2. Health care occupation.

485 3. Completed health care training and education, including
486 completion dates and any certificates or degrees obtained.

487 4. Out-of-state health care license with license number.

488 5. Florida telehealth provider registration number.

489 6. Specialty.

490 7. Board certification.

491 8. Five-year disciplinary history, including sanctions and
492 board actions.

493 9. Medical malpractice insurance provider and policy
494 limits, including whether the policy covers claims that arise in



495 this state.

496 (h) The department may revoke a telehealth provider's
497 registration if the registrant:

498 1. Fails to immediately notify the department of any
499 adverse actions taken against his or her license as required
500 under paragraph (d).

501 2. Has restrictions placed on or disciplinary action taken
502 against his or her license in any state or jurisdiction.

503 3. Violates any of the requirements of this section.

504 (5) JURISDICTION.—For the purposes of this section, any
505 act that constitutes the delivery of health care services shall
506 be deemed to occur at the place where the patient is located at
507 the time the act is performed.

508 (6) EXEMPTIONS.—A health care professional who is not
509 licensed to provide health care services in this state but who
510 holds an active license to provide health care services in
511 another state or jurisdiction, and who provides health care
512 services using telehealth to a patient located in this state, is
513 not subject to the registration requirement under this section
514 if the services are provided:

515 (a) In response to an emergency medical condition as
516 defined in s. 395.002; or

517 (b) In consultation with a health care professional
518 licensed in this state and that health care professional retains
519 ultimate authority over the diagnosis and care of the patient.

520 (7) RULEMAKING.—The applicable board, or the department if



521 there is no board, may adopt rules to administer the
522 requirements of this section.

523 Section 7. Paragraph (t) is added to subsection (3) of
524 section 408.036, Florida Statutes, to read:

525 408.036 Projects subject to review; exemptions.—

526 (3) EXEMPTIONS.—Upon request, the following projects are
527 subject to exemption from the provisions of subsection (1):

528 (t) For the relocation of not more than 15 percent of an
529 acute care hospital's beds licensed under chapter 395 within the
530 county in which the hospital is located. In addition to any
531 other documentation otherwise required by the agency, a request
532 for exemption submitted under this paragraph must certify that:

533 1. The applicant is a nonpublic hospital with at least 600
534 beds licensed under chapter 395.

535 2. The hospital provides care to a greater percentage of
536 charity care as defined in s. 409.911(1)(c) than any other acute
537 care hospital operating in the same county.

538 3. At least 12.5 percent of the care provided by the
539 applicant qualifies as charity care as defined in s.
540 409.911(1)(c) measured by gross revenues or patient days for the
541 most recent fiscal year reported in the Florida Hospital Uniform
542 Reporting System.

543 4. The applicant has no greater than and no less than an
544 investment grade bond credit rating from a nationally recognized
545 statistical rating organization.

546 5. Relocation of the beds is for the purpose of enhancing



547 the fiscal stability of the applicant's facility.

548 Section 8. Paragraph (c) of subsection (2) of section
549 381.026, Florida Statutes, is amended to read:

550 381.026 Florida Patient's Bill of Rights and
551 Responsibilities.—

552 (2) DEFINITIONS.—As used in this section and s. 381.0261,
553 the term:

554 (c) "Health care provider" means a physician licensed
555 under chapter 458, an osteopathic physician licensed under
556 chapter 459, ~~or~~ a podiatric physician licensed under chapter
557 461, or an independent nurse practitioner registered under part
558 I of chapter 464.

559 Section 9. Paragraph (a) of subsection (2), paragraph (b)
560 of subsection (3), and subsections (4) and (5) of section
561 382.008, Florida Statutes, are amended to read:

562 382.008 Death and fetal death registration.—

563 (2) (a) The funeral director who first assumes custody of a
564 dead body or fetus shall file the certificate of death or fetal
565 death. In the absence of the funeral director, the physician,
566 independent nurse practitioner, or other person in attendance at
567 or after the death or the district medical examiner of the
568 county in which the death occurred or the body was found shall
569 file the certificate of death or fetal death. The person who
570 files the certificate shall obtain personal data from the next
571 of kin or the best qualified person or source available. The
572 medical certification of cause of death shall be furnished to



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573 the funeral director, either in person or via certified mail or
574 electronic transfer, by the physician, independent nurse
575 practitioner, or medical examiner responsible for furnishing
576 such information. For fetal deaths, the physician, certified
577 nurse midwife, midwife, or hospital administrator shall provide
578 any medical or health information to the funeral director within
579 72 hours after expulsion or extraction.

580 (3) Within 72 hours after receipt of a death or fetal
581 death certificate from the funeral director, the medical
582 certification of cause of death shall be completed and made
583 available to the funeral director by the decedent's primary or
584 attending practitioner ~~physician~~ or, if s. 382.011 applies, the
585 district medical examiner of the county in which the death
586 occurred or the body was found. The primary or attending
587 practitioner ~~physician~~ or the medical examiner shall certify
588 over his or her signature the cause of death to the best of his
589 or her knowledge and belief. As used in this section, the term
590 "primary or attending practitioner ~~physician~~" means a physician
591 or independent nurse practitioner registered under s. 464.0125,
592 who treated the decedent through examination, medical advice, or
593 medication during the 12 months preceding the date of death.

594 (b) If the decedent's primary or attending practitioner,
595 ~~physician~~ or the district medical examiner of the county in
596 which the death occurred or the body was found, indicates that
597 he or she will sign and complete the medical certification of
598 cause of death but will not be available until after the 5-day



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599 registration deadline, the local registrar may grant an
600 extension of 5 days. If a further extension is required, the
601 funeral director must provide written justification to the
602 registrar.

603 (4) If the department or local registrar grants an
604 extension of time to provide the medical certification of cause
605 of death, the funeral director shall file a temporary
606 certificate of death or fetal death which shall contain all
607 available information, including the fact that the cause of
608 death is pending. The decedent's primary or attending
609 practitioner ~~physician~~ or the district medical examiner of the
610 county in which the death occurred or the body was found shall
611 provide an estimated date for completion of the permanent
612 certificate.

613 (5) A permanent certificate of death or fetal death,
614 containing the cause of death and any other information that was
615 previously unavailable, shall be registered as a replacement for
616 the temporary certificate. The permanent certificate may also
617 include corrected information if the items being corrected are
618 noted on the back of the certificate and dated and signed by the
619 funeral director, physician, independent nurse practitioner, or
620 district medical examiner of the county in which the death
621 occurred or the body was found, as appropriate.

622 Section 10. Paragraphs (a) and (f) of subsection (2) of
623 section 394.463, Florida Statutes, are amended to read:

624 394.463 Involuntary examination.—



625 (2) INVOLUNTARY EXAMINATION.—

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

628 1. A court may enter an ex parte order stating that a
629 person appears to meet the criteria for involuntary examination,
630 giving the findings on which that conclusion is based. The ex
631 parte order for involuntary examination must be based on sworn
632 testimony, written or oral. If other less restrictive means are
633 not available, such as voluntary appearance for outpatient
634 evaluation, a law enforcement officer, or other designated agent
635 of the court, shall take the person into custody and deliver him
636 or her to the nearest receiving facility for involuntary
637 examination. The order of the court shall be made a part of the
638 patient's clinical record. No fee shall be charged for the
639 filing of an order under this subsection. Any receiving facility
640 accepting the patient based on this order must send a copy of
641 the order to the Agency for Health Care Administration on the
642 next working day. The order shall be valid only until executed
643 or, if not executed, for the period specified in the order
644 itself. If no time limit is specified in the order, the order
645 shall be valid for 7 days after the date that the order was
646 signed.

647 2. A law enforcement officer shall take a person who
648 appears to meet the criteria for involuntary examination into
649 custody and deliver the person or have him or her delivered to
650 the nearest receiving facility for examination. The officer



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651 shall execute a written report detailing the circumstances under
652 which the person was taken into custody, and the report shall be
653 made a part of the patient's clinical record. Any receiving
654 facility accepting the patient based on this report must send a
655 copy of the report to the Agency for Health Care Administration
656 on the next working day.

657 3. A physician, clinical psychologist, psychiatric nurse,
658 independent nurse practitioner, physician assistant, mental
659 health counselor, marriage and family therapist, or clinical
660 social worker may execute a certificate stating that he or she
661 has examined a person within the preceding 48 hours and finds
662 that the person appears to meet the criteria for involuntary
663 examination and stating the observations upon which that
664 conclusion is based. If other less restrictive means are not
665 available, such as voluntary appearance for outpatient
666 evaluation, a law enforcement officer shall take the person
667 named in the certificate into custody and deliver him or her to
668 the nearest receiving facility for involuntary examination. The
669 law enforcement officer shall execute a written report detailing
670 the circumstances under which the person was taken into custody.
671 The report and certificate shall be made a part of the patient's
672 clinical record. Any receiving facility accepting the patient
673 based on this certificate must send a copy of the certificate to
674 the Agency for Health Care Administration on the next working
675 day.

676 (f) A patient shall be examined by a physician, ~~or a~~ a



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677 clinical psychologist, or an independent nurse practitioner who
678 is nationally certified as a psychiatric-mental health advanced
679 practice nurse at a receiving facility without unnecessary delay
680 and may, upon the order of a physician, be given emergency
681 treatment if it is determined that such treatment is necessary
682 for the safety of the patient or others. The patient may not be
683 released by the receiving facility or its contractor without the
684 documented approval of a psychiatrist, a clinical psychologist,
685 or an independent nurse practitioner who is nationally certified
686 as a psychiatric-mental health advanced practice nurse, or, if
687 the receiving facility is a hospital, the release may also be
688 approved by an attending emergency department physician with
689 experience in the diagnosis and treatment of mental and nervous
690 disorders and after completion of an involuntary examination
691 pursuant to this subsection. However, a patient may not be held
692 in a receiving facility for involuntary examination longer than
693 72 hours.

694 Section 11. Subsection (1) and paragraphs (a), (d), and
695 (e) of subsection (2) of section 456.048, Florida Statutes, are
696 amended to read:

697 456.048 Financial responsibility requirements for certain
698 health care practitioners.—

699 (1) As a prerequisite for licensure or license renewal,
700 the Board of Acupuncture, the Board of Chiropractic Medicine,
701 the Board of Podiatric Medicine, and the Board of Dentistry
702 shall, by rule, require that all health care practitioners



703 licensed under the respective board, and the Board of Medicine
704 and the Board of Osteopathic Medicine shall, by rule, require
705 that all anesthesiologist assistants licensed pursuant to s.
706 458.3475 or s. 459.023, and the Board of Nursing shall, by rule,
707 require that independent nurse practitioners registered under s.
708 464.0125 and advanced registered nurse practitioners certified
709 under s. 464.012, and the department shall, by rule, require
710 that midwives maintain medical malpractice insurance or provide
711 proof of financial responsibility in an amount and in a manner
712 determined by the board or department to be sufficient to cover
713 claims arising out of the rendering of or failure to render
714 professional care and services in this state.

715 (2) The board or department may grant exemptions upon
716 application by practitioners meeting any of the following
717 criteria:

718 (a) Any person licensed under chapter 457, s. 458.3475, s.
719 459.023, chapter 460, chapter 461, s. 464.012, s. 464.0125,
720 chapter 466, or chapter 467 who practices exclusively as an
721 officer, employee, or agent of the Federal Government or of the
722 state or its agencies or its subdivisions. For the purposes of
723 this subsection, an agent of the state, its agencies, or its
724 subdivisions is a person who is eligible for coverage under any
725 self-insurance or insurance program authorized by the provisions
726 of s. 768.28(16) or who is a volunteer under s. 110.501(1).

727 (d) Any person licensed or certified under chapter 457, s.
728 458.3475, s. 459.023, chapter 460, chapter 461, s. 464.012, s.



729 464.0125, chapter 466, or chapter 467 who practices only in
730 conjunction with his or her teaching duties at an accredited
731 school or in its main teaching hospitals. Such person may engage
732 in the practice of medicine to the extent that such practice is
733 incidental to and a necessary part of duties in connection with
734 the teaching position in the school.

735 (e) Any person holding an active license or certification
736 under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter
737 461, s. 464.012, s. 464.0125, chapter 466, or chapter 467 who is
738 not practicing in this state. If such person initiates or
739 resumes practice in this state, he or she must notify the
740 department of such activity.

741 Section 12. Paragraph (a) of subsection (2) and subsection
742 (3) of section 456.44, Florida Statutes, are amended to read:

743 456.44 Controlled substance prescribing.—

744 (2) REGISTRATION.—Effective January 1, 2012, a physician
745 licensed under chapter 458, chapter 459, chapter 461, or chapter
746 466, or an independent nurse practitioner registered under part
747 I of chapter 464, who prescribes any controlled substance,
748 listed in Schedule II, Schedule III, or Schedule IV as defined
749 in s. 893.03, for the treatment of chronic nonmalignant pain,
750 must:

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

754 (3) STANDARDS OF PRACTICE.—The standards of practice in



755 | this section do not supersede the level of care, skill, and
756 | treatment recognized in general law related to health care
757 | licensure.

758 | (a) A complete medical history and a physical examination
759 | must be conducted before beginning any treatment and must be
760 | documented in the medical record. The exact components of the
761 | physical examination shall be left to the judgment of the
762 | clinician who is expected to perform a physical examination
763 | proportionate to the diagnosis that justifies a treatment. The
764 | medical record must, at a minimum, document the nature and
765 | intensity of the pain, current and past treatments for pain,
766 | underlying or coexisting diseases or conditions, the effect of
767 | the pain on physical and psychological function, a review of
768 | previous medical records, previous diagnostic studies, and
769 | history of alcohol and substance abuse. The medical record shall
770 | also document the presence of one or more recognized medical
771 | indications for the use of a controlled substance. Each
772 | registrant must develop a written plan for assessing each
773 | patient's risk of aberrant drug-related behavior, which may
774 | include patient drug testing. Registrants must assess each
775 | patient's risk for aberrant drug-related behavior and monitor
776 | that risk on an ongoing basis in accordance with the plan.

777 | (b) Each registrant must develop a written individualized
778 | treatment plan for each patient. The treatment plan shall state
779 | objectives that will be used to determine treatment success,
780 | such as pain relief and improved physical and psychosocial



781 function, and shall indicate if any further diagnostic
782 evaluations or other treatments are planned. After treatment
783 begins, the practitioner ~~physician~~ shall adjust drug therapy to
784 the individual medical needs of each patient. Other treatment
785 modalities, including a rehabilitation program, shall be
786 considered depending on the etiology of the pain and the extent
787 to which the pain is associated with physical and psychosocial
788 impairment. The interdisciplinary nature of the treatment plan
789 shall be documented.

790 (c) The practitioner ~~physician~~ shall discuss the risks and
791 benefits of the use of controlled substances, including the
792 risks of abuse and addiction, as well as physical dependence and
793 its consequences, with the patient, persons designated by the
794 patient, or the patient's surrogate or guardian if the patient
795 is incompetent. The practitioner ~~physician~~ shall use a written
796 controlled substance agreement between the practitioner
797 ~~physician~~ and the patient outlining the patient's
798 responsibilities, including, but not limited to:

799 1. Number and frequency of controlled substance
800 prescriptions and refills.

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

803 3. An agreement that controlled substances for the
804 treatment of chronic nonmalignant pain shall be prescribed by a
805 single treating practitioner ~~physician~~ unless otherwise
806 authorized by the treating practitioner ~~physician~~ and documented



807 in the medical record.

808 (d) The patient shall be seen by the practitioner
809 ~~physician~~ at regular intervals, not to exceed 3 months, to
810 assess the efficacy of treatment, ensure that controlled
811 substance therapy remains indicated, evaluate the patient's
812 progress toward treatment objectives, consider adverse drug
813 effects, and review the etiology of the pain. Continuation or
814 modification of therapy shall depend on the practitioner's
815 ~~physician's~~ evaluation of the patient's progress. If treatment
816 goals are not being achieved, despite medication adjustments,
817 the practitioner ~~physician~~ shall reevaluate the appropriateness
818 of continued treatment. The practitioner ~~physician~~ shall monitor
819 patient compliance in medication usage, related treatment plans,
820 controlled substance agreements, and indications of substance
821 abuse or diversion at a minimum of 3-month intervals.

822 (e) The practitioner ~~physician~~ shall refer the patient as
823 necessary for additional evaluation and treatment in order to
824 achieve treatment objectives. Special attention shall be given
825 to those patients who are at risk for misusing their medications
826 and those whose living arrangements pose a risk for medication
827 misuse or diversion. The management of pain in patients with a
828 history of substance abuse or with a comorbid psychiatric
829 disorder requires extra care, monitoring, and documentation and
830 requires consultation with or referral to an addiction medicine
831 specialist or psychiatrist.

832 (f) A practitioner ~~physician~~ registered under this section



833 must maintain accurate, current, and complete records that are
834 accessible and readily available for review and comply with the
835 requirements of this section, the applicable practice act, and
836 applicable board rules. The medical records must include, but
837 are not limited to:

- 838 1. The complete medical history and a physical
839 examination, including history of drug abuse or dependence.
 - 840 2. Diagnostic, therapeutic, and laboratory results.
 - 841 3. Evaluations and consultations.
 - 842 4. Treatment objectives.
 - 843 5. Discussion of risks and benefits.
 - 844 6. Treatments.
 - 845 7. Medications, including date, type, dosage, and quantity
846 prescribed.
 - 847 8. Instructions and agreements.
 - 848 9. Periodic reviews.
 - 849 10. Results of any drug testing.
 - 850 11. A photocopy of the patient's government-issued photo
851 identification.
 - 852 12. If a written prescription for a controlled substance
853 is given to the patient, a duplicate of the prescription.
 - 854 13. The practitioner's ~~physician's~~ full name presented in
855 a legible manner.
- 856 (g) Patients with signs or symptoms of substance abuse
857 shall be immediately referred to a board-certified pain
858 management physician, an addiction medicine specialist, or a



859 | mental health addiction facility as it pertains to drug abuse or
860 | addiction unless the practitioner is a physician who is board-
861 | certified or board-eligible in pain management. Throughout the
862 | period of time before receiving the consultant's report, a
863 | prescribing practitioner ~~physician~~ shall clearly and completely
864 | document medical justification for continued treatment with
865 | controlled substances and those steps taken to ensure medically
866 | appropriate use of controlled substances by the patient. Upon
867 | receipt of the consultant's written report, the prescribing
868 | practitioner ~~physician~~ shall incorporate the consultant's
869 | recommendations for continuing, modifying, or discontinuing
870 | controlled substance therapy. The resulting changes in treatment
871 | shall be specifically documented in the patient's medical
872 | record. Evidence or behavioral indications of diversion shall be
873 | followed by discontinuation of controlled substance therapy, and
874 | the patient shall be discharged, and all results of testing and
875 | actions taken by the physician shall be documented in the
876 | patient's medical record.

877 |
878 | This subsection does not apply to a board-eligible or board-
879 | certified anesthesiologist, physiatrist, rheumatologist, or
880 | neurologist, or to a board-certified physician who has surgical
881 | privileges at a hospital or ambulatory surgery center and
882 | primarily provides surgical services. This subsection does not
883 | apply to a board-eligible or board-certified medical specialist
884 | who has also completed a fellowship in pain medicine approved by



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885 the Accreditation Council for Graduate Medical Education or the
886 American Osteopathic Association, or who is board eligible or
887 board certified in pain medicine by the American Board of Pain
888 Medicine or a board approved by the American Board of Medical
889 Specialties or the American Osteopathic Association and performs
890 interventional pain procedures of the type routinely billed
891 using surgical codes. This subsection does not apply to a
892 practitioner ~~physician~~ who prescribes medically necessary
893 controlled substances for a patient during an inpatient stay in
894 a hospital licensed under chapter 395.

895 Section 13. Subsection (2) of section 464.003, Florida
896 Statutes, is amended, subsections (16) through (23) are
897 renumbered as subsections (17) through (24), respectively, and a
898 new subsection (16) is added to that section, to read:

899 464.003 Definitions.—As used in this part, the term:

900 (2) "Advanced or specialized nursing practice" means, in
901 addition to the practice of professional nursing, the
902 performance of advanced-level nursing acts approved by the board
903 which, by virtue of postbasic specialized education, training,
904 and experience, are appropriately performed by an advanced
905 registered nurse practitioner. Within the context of advanced or
906 specialized nursing practice, the advanced registered nurse
907 practitioner may perform acts of nursing diagnosis and nursing
908 treatment of alterations of the health status. The advanced
909 registered nurse practitioner may also perform acts of medical
910 diagnosis and treatment, prescription, and operation which are

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911 identified and approved by a joint committee composed of three
912 members appointed by the Board of Nursing, two of whom must be
913 advanced registered nurse practitioners; three members appointed
914 by the Board of Medicine, two of whom must have had work
915 experience with advanced registered nurse practitioners; and one
916 member appointed by the Board of Pharmacy ~~the State Surgeon~~
917 ~~General or the State Surgeon General's designee~~. Each committee
918 member appointed by a board shall be appointed to a term of 4
919 years unless a shorter term is required to establish or maintain
920 staggered terms. The Board of Nursing shall adopt rules
921 authorizing the performance of any such acts approved by the
922 joint committee. Unless otherwise specified by the joint
923 committee, such medical acts must be performed under the general
924 supervision of a practitioner licensed under chapter 458,
925 chapter 459, or chapter 466 within the framework of standing
926 protocols which identify the medical acts to be performed and
927 the conditions for their performance. The department may, by
928 rule, require that a copy of the protocol be filed with the
929 department along with the notice required by s. 458.348 or s.
930 459.025. The joint committee must also establish a formulary of
931 controlled substances that independent nurse practitioners
932 registered under s. 464.0125, are prohibited from prescribing,
933 administering, or dispensing. The board must adopt the
934 exclusionary formulary developed by the joint committee in rule.
935 (16) "Independent nurse practitioner" means an advanced
936 registered nurse practitioner who maintains an active and valid

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937 certification under s. 464.012(2) and registration under s.
938 464.0125 to practice advanced or specialized nursing
939 independently and without the supervision of a physician or a
940 protocol.

941 Section 14. Paragraph (c) of subsection (4) of section
942 464.012, Florida Statutes, is amended to read:

943 464.012 Certification of advanced registered nurse
944 practitioners; fees.—

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

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

950 1. Manage selected medical problems.

951 2. Order physical and occupational therapy.

952 3. Initiate, monitor, or alter therapies for certain
953 uncomplicated acute illnesses.

954 4. Monitor and manage patients with stable chronic
955 diseases.

956 5. Establish behavioral problems and diagnosis and make
957 treatment recommendations.

958 6. Prescribe, dispense, order, or administer controlled
959 substances to the extent authorized in the protocol and only to
960 the extent the supervising physician is authorized to prescribe,
961 dispense, order, or administer controlled substances.

962 Section 15. Section 464.0125, Florida Statutes, is created



963 to read:

964 464.0125 Registration of independent nurse practitioners;
965 fees.—

966 (1) To be registered as an independent nurse practitioner,
967 an applicant must hold an active and unencumbered certificate
968 issued by the department under s. 464.012 and a national nurse
969 practitioner certificate issued by a nursing specialty board,
970 and must have:

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

975 (b) Not been subject to disciplinary action under s.
976 464.018 or s. 456.072, or similar disciplinary action in any
977 other jurisdiction, during the 5 years immediately preceding the
978 submission of the application.

979 (c) Completed a graduate-level course in pharmacology.

980 (2) An independent nurse practitioner may perform, without
981 physician supervision or a protocol, the acts authorized in s.
982 464.012(3), acts described in s. 464.012(4)(c), and any of the
983 following:

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

986 1. Admit the patient to the facility.

987 2. Manage the care that the patient receives in the
988 facility.



989 3. Discharge the patient from the facility.

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

993 (c) Act as a patient's primary care provider.

994 (d) Administer, dispense, order, and prescribe medicinal
995 drugs, including controlled substances if the controlled
996 substances are not included in the formulary created pursuant to
997 s. 464.003(2).

998 (3) An advanced registered nurse practitioner registered
999 as an independent nurse practitioner under this section must
1000 submit to the department proof of registration along with the
1001 information required under s. 456.0391, and the department shall
1002 include the registration in the advanced registered nurse
1003 practitioner's profile created pursuant to s. 456.041.

1004 (4) To be eligible for biennial renewal of registration,
1005 an independent nurse practitioner must complete at least 10
1006 hours of continuing education approved by the board in
1007 pharmacology in addition to completing the continuing education
1008 requirements established by board rule pursuant to s. 464.013.
1009 The biennial renewal for registration shall coincide with the
1010 independent nurse practitioner's biennial renewal period for
1011 advanced registered nurse practitioner certification.

1012 (5) The board shall register any nurse meeting the
1013 qualifications in this section. The board shall establish an
1014 application fee not to exceed \$100 and a biennial renewal fee



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1015 not to exceed \$50. The board is authorized to adopt rules as
1016 necessary to implement this section.

1017 Section 16. Subsection (10) of section 464.015, Florida
1018 Statutes, is renumbered as subsection (11), present subsection
1019 (9) is renumbered as subsection (10) and amended, and a new
1020 subsection (9) is added to that section, to read:

1021 464.015 Titles and abbreviations; restrictions; penalty.—

1022 (9) Only persons who are registered to practice as
1023 independent nurse practitioners in this state may use the title
1024 "Independent Nurse Practitioner" and the abbreviation "I.N.P."

1025 (10)~~(9)~~ A person may not practice or advertise as, or
1026 assume the title of, registered nurse, licensed practical nurse,
1027 clinical nurse specialist, certified registered nurse
1028 anesthetist, certified nurse midwife, ~~or~~ advanced registered
1029 nurse practitioner, or independent nurse practitioner or use the
1030 abbreviation "R.N.," "L.P.N.," "C.N.S.," "C.R.N.A.," "C.N.M.,"
1031 ~~or~~ "A.R.N.P.," or "I.N.P." or take any other action that would
1032 lead the public to believe that person was certified as such or
1033 is performing nursing services pursuant to the exception set
1034 forth in s. 464.022(8), unless that person is licensed or
1035 certified to practice as such.

1036 Section 17. Section 464.0155, Florida Statutes, is created
1037 to read:

1038 464.0155 Reports of adverse incidents by independent nurse
1039 practitioners.—

1040 (1) Effective January 1, 2015, an independent nurse



1041 practitioner must report an adverse incident to the board in
1042 accordance with this section.

1043 (2) The report must be in writing, sent to the board by
1044 certified mail, and postmarked within 15 days after the adverse
1045 incident if the adverse incident occurs when the patient is at
1046 the office of the independent nurse practitioner. If the adverse
1047 incident occurs when the patient is not at the office of the
1048 independent nurse practitioner, the report must be postmarked
1049 within 15 days after the independent nurse practitioner
1050 discovers, or reasonably should have discovered, the occurrence
1051 of the adverse incident.

1052 (3) For the purpose of this section, the term "adverse
1053 incident" means any of the following events when it is
1054 reasonable to believe that the event is attributable to the
1055 prescription of a controlled substance by the independent nurse
1056 practitioner:

1057 (a) A condition that requires the transfer of a patient to
1058 a hospital licensed under chapter 395.

1059 (b) A permanent physical injury to the patient.

1060 (c) The death of the patient.

1061 (4) The board shall review each adverse incident and
1062 determine whether the adverse incident is caused by the
1063 independent nurse practitioner. The board may take disciplinary
1064 action upon such a finding, in which event s. 456.073 applies.

1065 Section 18. Paragraph (p) is added to subsection (1) of
1066 section 464.018, Florida Statutes, to read:



1067 464.018 Disciplinary actions.—

1068 (1) The following acts constitute grounds for denial of a
1069 license or disciplinary action, as specified in s. 456.072(2):

1070 (p) For an independent nurse practitioner registered under
1071 s. 464.0125:

1072 1. Prescribing, dispensing, administering, mixing, or
1073 otherwise preparing a legend drug, including any controlled
1074 substance, other than in the course of the professional practice
1075 of the independent nurse practitioner. For the purposes of this
1076 subparagraph, it shall be legally presumed that prescribing,
1077 dispensing, administering, mixing, or otherwise preparing legend
1078 drugs, including all controlled substances, inappropriately or
1079 in excessive or inappropriate quantities is not in the best
1080 interest of the patient and is not in the course of the
1081 professional practice of the independent nurse practitioner,
1082 without regard to the nurse's intent.

1083 2. Dispensing a controlled substance listed in Schedule II
1084 or Schedule III in violation of s. 465.0276.

1085 3. Presigning blank prescription forms.

1086 4. Prescribing any medicinal drug appearing on Schedule II
1087 in chapter 893 by the nurse for office use.

1088 5. Prescribing, ordering, dispensing, administering,
1089 supplying, selling, or giving a drug that is a Schedule II
1090 amphetamine or a Schedule II sympathomimetic amine drug or any
1091 compound thereof, pursuant to chapter 893, to or for any person
1092 except for:



1093 a. The treatment of narcolepsy; hyperkinesis; behavioral
1094 syndrome characterized by the developmentally inappropriate
1095 symptoms of moderate to severe distractability, short attention
1096 span, hyperactivity, emotional liability, and impulsivity; or
1097 drug-induced brain dysfunction;

1098 b. The differential diagnostic psychiatric evaluation of
1099 depression or the treatment of depression shown to be refractory
1100 to other therapeutic modalities; or

1101 c. The clinical investigation of the effects of such drugs
1102 or compounds when an investigative protocol therefor is
1103 submitted to, reviewed, and approved by the board before such
1104 investigation is begun.

1105 6. Prescribing, ordering, dispensing, administering,
1106 supplying, selling, or giving growth hormones, testosterone or
1107 its analogs, human chorionic gonadotropin (HCG), or other
1108 hormones for the purpose of muscle building or to enhance
1109 athletic performance. For the purposes of this subsection, the
1110 term "muscle building" does not include the treatment of injured
1111 muscle. A prescription written for the drug products listed in
1112 this subparagraph may be dispensed by the pharmacist with the
1113 presumption that the prescription is for legitimate medical use.

1114 7. Prescribing, ordering, dispensing, administering,
1115 supplying, selling, or giving amygdalin (laetrile) to any
1116 person.

1117 8. Promoting or advertising on any prescription form of a
1118 community pharmacy, unless the form also states: "This



1119 prescription may be filled at any pharmacy of your choice."

1120 9. Promoting or advertising through any communication
1121 media the use, sale, or dispensing of any controlled substance
1122 appearing on any schedule in chapter 893.

1123 10. Prescribing or dispensing any medicinal drug appearing
1124 on any schedule in chapter 893 by the independent nurse
1125 practitioner for himself or herself or administering any such
1126 drug by the nurse to himself or herself unless such drug is
1127 prescribed for the independent nurse practitioner by another
1128 practitioner authorized to prescribe medicinal drugs.

1129 11. Paying or receiving any commission, bonus, kickback,
1130 or rebate, or engaging in any split-fee arrangement in any form
1131 whatsoever with a health care practitioner, organization,
1132 agency, or person, either directly or indirectly, for patients
1133 referred to providers of health care goods and services,
1134 including, but not limited to, hospitals, nursing homes,
1135 clinical laboratories, ambulatory surgical centers, or
1136 pharmacies. This subparagraph does not prevent an independent
1137 nurse practitioner from receiving a fee for professional
1138 consultation services.

1139 12. Exercising influence within a patient-independent
1140 nurse practitioner relationship for purposes of engaging a
1141 patient in sexual activity. A patient shall be presumed to be
1142 incapable of giving free, full, and informed consent to sexual
1143 activity with his or her independent nurse practitioner.

1144 13. Making deceptive, untrue, or fraudulent



1145 representations in or related to the practice of advanced or
1146 specialized nursing or employing a trick or scheme in the
1147 practice of advanced or specialized nursing.

1148 14. Soliciting patients, either personally or through an
1149 agent, through the use of fraud, intimidation, undue influence,
1150 or a form of overreaching or vexatious conduct. A solicitation
1151 is any communication that directly or implicitly requests an
1152 immediate oral response from the recipient.

1153 15. Failing to keep legible, as defined by department rule
1154 in consultation with the board, medical records that identify
1155 the independent nurse practitioner by name and professional
1156 title who is responsible for rendering, ordering, supervising,
1157 or billing for each diagnostic or treatment procedure and that
1158 justify the course of treatment of the patient, including, but
1159 not limited to, patient histories; examination results; test
1160 results; records of drugs prescribed, dispensed, or
1161 administered; and reports of consultations or referrals.

1162 16. Exercising influence on the patient or client in such
1163 a manner as to exploit the patient or client for financial gain
1164 of the licensee or of a third party, which shall include, but
1165 not be limited to, the promoting or selling of services, goods,
1166 appliances, or drugs.

1167 17. Performing professional services that have not been
1168 duly authorized by the patient or client, or his or her legal
1169 representative, except as provided in s. 766.103 or s. 768.13.

1170 18. Performing any procedure or prescribing any therapy



1171 that, by the prevailing standards of advanced or specialized
1172 nursing practice in the community, would constitute
1173 experimentation on a human subject, without first obtaining
1174 full, informed, and written consent.

1175 19. Delegating professional responsibilities to a person
1176 when the licensee delegating such responsibilities knows or has
1177 reason to know that such person is not qualified by training,
1178 experience, or licensure to perform such responsibilities.

1179 20. Conspiring with another independent nurse practitioner
1180 or with any other person to commit an act, or committing an act,
1181 which would tend to coerce, intimidate, or preclude another
1182 independent nurse practitioner from lawfully advertising his or
1183 her services.

1184 21. Advertising or holding oneself out as having
1185 certification in a specialty which the independent nurse
1186 practitioner has not received.

1187 22. Failing to comply with the requirements of ss. 381.026
1188 and 381.0261 to provide patients with information about his or
1189 her patient rights and how to file a patient complaint.

1190 23. Providing deceptive or fraudulent expert witness
1191 testimony related to the advanced or specialized practice of
1192 nursing.

1193 Section 19. Subsection (21) of section 893.02, Florida
1194 Statutes, is amended to read:

1195 893.02 Definitions.—The following words and phrases as
1196 used in this chapter shall have the following meanings, unless



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1197 the context otherwise requires:

1198 (21) "Practitioner" means a physician licensed pursuant to
1199 chapter 458, a dentist licensed pursuant to chapter 466, a
1200 veterinarian licensed pursuant to chapter 474, an osteopathic
1201 physician licensed pursuant to chapter 459, a naturopath
1202 licensed pursuant to chapter 462, a certified optometrist
1203 licensed pursuant to chapter 463, an independent nurse
1204 practitioner registered pursuant to s. 464.0125, or a podiatric
1205 physician licensed pursuant to chapter 461, provided such
1206 practitioner holds a valid federal controlled substance registry
1207 number.

1208 Section 20. Subsection (2) of section 960.28, Florida
1209 Statutes, is amended to read:

1210 960.28 Payment for victims' initial forensic physical
1211 examinations.—

1212 (2) The Crime Victims' Services Office of the department
1213 shall pay for medical expenses connected with an initial
1214 forensic physical examination of a victim of sexual battery as
1215 defined in chapter 794 or a lewd or lascivious offense as
1216 defined in chapter 800. Such payment shall be made regardless of
1217 whether the victim is covered by health or disability insurance
1218 and whether the victim participates in the criminal justice
1219 system or cooperates with law enforcement. The payment shall be
1220 made only out of moneys allocated to the Crime Victims' Services
1221 Office for the purposes of this section, and the payment may not
1222 exceed \$500 with respect to any violation. The department shall

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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1223 develop and maintain separate protocols for the initial forensic
1224 physical examination of adults and children. Payment under this
1225 section is limited to medical expenses connected with the
1226 initial forensic physical examination, and payment may be made
1227 to a medical provider using an examiner qualified under part I
1228 of chapter 464, excluding s. 464.003(17) ~~s. 464.003(16)~~; chapter
1229 458; or chapter 459. Payment made to the medical provider by the
1230 department shall be considered by the provider as payment in
1231 full for the initial forensic physical examination associated
1232 with the collection of evidence. The victim may not be required
1233 to pay, directly or indirectly, the cost of an initial forensic
1234 physical examination performed in accordance with this section.

1235 Section 21. Subsection (2) of section 288.901, Florida
1236 Statutes, is amended to read:

1237 288.901 Enterprise Florida, Inc.—

1238 (2) PURPOSES.—Enterprise Florida, Inc., shall act as the
1239 economic development organization for the state, using ~~utilizing~~
1240 private sector and public sector expertise in collaboration with
1241 the department to:

1242 (a) Increase private investment in Florida;

1243 (b) Advance international and domestic trade
1244 opportunities;

1245 (c) Market the state both as a probusiness location for
1246 new investment and as an unparalleled tourist destination;

1247 (d) Revitalize Florida's space and aerospace industries,
1248 and promote emerging complementary industries;



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- 1249 (e) Promote opportunities for minority-owned businesses;
1250 (f) Assist and market professional and amateur sport teams
1251 and sporting events in Florida; ~~and~~
1252 (g) Assist, promote, and enhance economic opportunities in
1253 this state's rural and urban communities; and
1254 (h) Market the state as a health care destination by using
1255 the medical tourism initiatives as described in s. 288.924 to
1256 promote quality health care services in this state.

1257 Section 22. Paragraph (c) of subsection (4) of section
1258 288.923, Florida Statutes, is amended to read:

1259 288.923 Division of Tourism Marketing; definitions;
1260 responsibilities.—

1261 (4) The division's responsibilities and duties include,
1262 but are not limited to:

1263 (c) Developing a 4-year marketing plan.

1264 1. At a minimum, the marketing plan shall discuss the
1265 following:

- 1266 a. Continuation of overall tourism growth in this state.
1267 b. Expansion to new or under-represented tourist markets.
1268 c. Maintenance of traditional and loyal tourist markets.
1269 d. Coordination of efforts with county destination
1270 marketing organizations, other local government marketing
1271 groups, privately owned attractions and destinations, and other
1272 private sector partners to create a seamless, four-season
1273 advertising campaign for the state and its regions.



1274 e. Development of innovative techniques or promotions to
1275 build repeat visitation by targeted segments of the tourist
1276 population.

1277 f. Consideration of innovative sources of state funding
1278 for tourism marketing.

1279 g. Promotion of nature-based tourism and heritage tourism.

1280 h. Promotion of medical tourism, as provided under s.
1281 288.924.

1282 ~~i.h.~~ Development of a component to address emergency
1283 response to natural and manmade disasters from a marketing
1284 standpoint.

1285 2. The plan shall be annual in construction and ongoing in
1286 nature. Any annual revisions of the plan shall carry forward the
1287 concepts of the remaining 3-year portion of the plan and
1288 consider a continuum portion to preserve the 4-year timeframe of
1289 the plan. The plan also shall include recommendations for
1290 specific performance standards and measurable outcomes for the
1291 division and direct-support organization. The department, in
1292 consultation with the board of directors of Enterprise Florida,
1293 Inc., shall base the actual performance metrics on these
1294 recommendations.

1295 3. The 4-year marketing plan shall be developed in
1296 collaboration with the Florida Tourism Industry Marketing
1297 Corporation. The plan shall be annually reviewed and approved by
1298 the board of directors of Enterprise Florida, Inc.

1299 Section 23. Section 288.924, Florida Statutes, is created



1300 to read:

1301 288.924 Medical tourism.-

1302 (1) MEDICAL TOURISM MARKETING PLAN.-The Division of
1303 Tourism Marketing shall include in the 4-year marketing plan
1304 required under s. 288.923(4) (c) specific initiatives to advance
1305 this state as a destination for quality health care services.

1306 The plan must:

1307 (a) Promote national and international awareness of the
1308 qualifications, scope of services, and specialized expertise of
1309 health care providers throughout this state.

1310 (b) Include an initiative that showcases selected,
1311 qualified providers offering bundled packages of health care and
1312 support services for defined care episodes. The selection of
1313 providers to be showcased must be conducted through a
1314 solicitation of proposals from Florida hospitals and other
1315 licensed providers for plans that describe available services,
1316 provider qualifications, and special arrangements for food,
1317 lodging, transportation, or other support services and amenities
1318 that may be provided to visiting patients and their families. A
1319 single health care provider may submit a proposal describing the
1320 available health care services that will be offered through a
1321 network of multiple providers and explaining any support
1322 services or other amenities associated with the care episode.
1323 The Florida Tourism Industry Marketing Corporation shall assess
1324 the qualifications and credentials of providers submitting
1325 proposals. To the extent funding is available, all qualified



1326 providers shall be selected to be showcased in the initiative.

1327 To be qualified, a health care provider must:

1328 1. Have a full, active, and unencumbered Florida license
1329 and ensure that all health care providers participating in the
1330 proposal have full, active, and unencumbered Florida licenses;

1331 2. Have a current accreditation that is not conditional or
1332 provisional from a nationally recognized accrediting body;

1333 3. Be recognized as a Cancer Center of Excellence under s.
1334 381.925 or have a current national or international recognition
1335 in another specialty area, if such recognition is given through
1336 a specific qualifying process; and

1337 4. Meet other criteria as determined by the Florida
1338 Tourism Industry Marketing Corporation in collaboration with the
1339 Agency for Health Care Administration and the Department of
1340 Health.

1341 (2) ALLOCATION OF FUNDS FOR MARKETING PLAN.—Annually, at
1342 least \$3.5 million of the funds appropriated in the General
1343 Appropriations Act to the Florida Tourism Industry Marketing
1344 Corporation shall be allocated for the development and
1345 implementation of the medical tourism marketing plan.

1346 (3) MEDICAL TOURISM MATCHING GRANTS.—The Florida Tourism
1347 Industry Marketing Corporation shall create a matching grant
1348 program to provide funding to local or regional economic
1349 development organizations for targeted medical tourism marketing
1350 initiatives. The initiatives must promote and advance Florida as
1351 a destination for quality health care services.



1352 (a) Selection of recipients of a matching grant shall be
1353 based on the following criteria:

1354 1. The providers involved in the local initiative must
1355 meet the criteria specified in subsection (1).

1356 2. The local or regional economic development organization
1357 must demonstrate an ability to involve a variety of businesses
1358 in a collaborative effort to welcome and support patients and
1359 their families who travel to this state to obtain medical
1360 services.

1361 3. The cash or in-kind services available from the local
1362 or regional economic development organization must be at least
1363 equal to the amount of available state financial support.

1364 (b) Proposals must be submitted by November 1 of each
1365 year. Funds must be equally divided among all selected
1366 applicants.

1367 (4) ALLOCATION OF FUNDS FOR MATCHING GRANTS.—Annually, at
1368 least \$1.5 million of the funds appropriated in the General
1369 Appropriations Act to the Florida Tourism Industry Marketing
1370 Corporation shall be allocated for the matching grant program.

1371 Section 24. Subsection (7) of section 456.072, Florida
1372 Statutes, is amended, and paragraph (oo) is added to subsection
1373 (1) of that section, to read:

1374 456.072 Grounds for discipline; penalties; enforcement.—

1375 (1) The following acts shall constitute grounds for which
1376 the disciplinary actions specified in subsection (2) may be
1377 taken:



1378 (oo) Failing to comply with the requirements of s.
1379 893.055(8) by failing to access the prescription drug monitoring
1380 program database upon an initial visit with a patient and view
1381 her or his prescription drug history before issuing a
1382 prescription for a controlled substance listed in s. 893.03(2),
1383 (3), or (4) to the patient.

1384 (7) Notwithstanding subsection (2), upon a finding that a
1385 physician or an independent nurse practitioner has prescribed or
1386 dispensed a controlled substance, or caused a controlled
1387 substance to be prescribed or dispensed, in a manner that
1388 violates the standard of practice set forth in s. 458.331(1)(q)
1389 or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s), s.
1390 464.018(1)(p), or s. 466.028(1)(p) or (x), such practitioner ~~the~~
1391 ~~physician~~ shall be suspended for a period of at least ~~not less~~
1392 ~~than~~ 6 months and pay a fine of at least ~~not less than~~ \$10,000
1393 per count. Repeated violations shall result in increased
1394 penalties.

1395 Section 25. Section 893.055, Florida Statutes, is amended
1396 to read:

1397 (Substantial rewording of section. See
1398 s. 893.055, F.S., for present text.)

1399 893.055 Prescription drug monitoring program.-

1400 (1) As used in this section and s. 893.0551, the term:

1401 (a) "Active investigation" means an open investigation
1402 conducted by a law enforcement agency with a reasonable, good
1403 faith belief that it will lead to the filing of criminal charges



1404 or that is ongoing and for which there is a reasonable, good
1405 faith anticipation of obtaining an arrest or prosecution in the
1406 foreseeable future.

1407 (b) "Administer" means to obtain and give a single dose of
1408 a medicinal drug to a patient for her or his consumption.

1409 (c) "Controlled substance" means a substance named or
1410 described in s. 893.03(2), (3), or (4).

1411 (d) "Dispense" means to transfer possession of one or more
1412 doses of a medicinal drug to the ultimate consumer or her or his
1413 agent.

1414 (e) "Dispenser" means a pharmacist or dispensing health
1415 care practitioner.

1416 (f) "Health care practitioner" means a person licensed as
1417 a physician or physician assistant under chapter 458, as an
1418 osteopathic physician or physician assistant under chapter 459,
1419 as a podiatric physician under chapter 461, as an optometrist
1420 under chapter 463, as an advanced registered nurse practitioner
1421 under chapter 464, as a pharmacist under chapter 465, or as a
1422 dentist under chapter 466.

1423 (g) "Law enforcement agency" means the Department of Law
1424 Enforcement, a Florida sheriff's office, a Florida police
1425 department, or a federal law enforcement agency that enforces
1426 the laws of this state or the United States relating to
1427 controlled substances, and the agents and officers of which are
1428 empowered by law to conduct criminal investigations and make
1429 arrests.



1430 (h) "Patient advisory report" means information provided
1431 by the program to a health care practitioner, dispenser, or
1432 patient concerning the dispensing of a controlled substance to a
1433 patient.

1434 (i) "Pharmacy" means an entity permitted under chapter 465
1435 as a pharmacy, as defined in s. 465.003(11), and a nonresident
1436 pharmacy registered under s. 465.0156.

1437 (j) "Program" means the prescription drug monitoring
1438 program created under this section.

1439 (2) (a) The department shall establish and maintain a
1440 database of controlled substance dispensing information. The
1441 database shall be used to provide information regarding
1442 dispensed prescriptions of controlled substances to persons with
1443 direct and indirect access to such information pursuant to this
1444 section. The database must meet the standards of the American
1445 Society for Automation in Pharmacy and must comply with the
1446 Health Insurance Portability and Accountability Act and all
1447 other relevant state and federal privacy and security laws and
1448 regulations. A transmission of information required by this
1449 section must comply with relevant state and federal privacy and
1450 security laws and regulations.

1451 (b) The department shall designate a program manager to
1452 administer the program and ensure the program's integrity and
1453 compliance with this section. The program manager and each
1454 member of the authorized program and support staff must undergo



1455 a level 2 background screening pursuant to s. 435.04 as a
1456 condition of employment.

1457 (c) The program shall be funded only by federal grants or
1458 private funding received by the state. The department may not
1459 commit funds for the program without ensuring that funding is
1460 available. The department shall cooperate with the direct-
1461 support organization established in subsection (16) in seeking
1462 federal grant funds, other nonstate grant funds, gifts,
1463 donations, or other private funds for the program if the costs
1464 of doing so are nonmaterial. For purposes of this paragraph,
1465 nonmaterial costs include, but are not limited to, costs for
1466 postage and department personnel assigned to research or apply
1467 for a grant. Funds provided by prescription drug manufacturers
1468 may not be used to establish or administer the program.

1469 (d) To the extent that funding is provided for the program
1470 through federal grant funds, other nonstate grant funds, gifts,
1471 donations, or other private funds, the department shall study
1472 the feasibility of enhancing the program for the purposes of
1473 supporting public health initiatives and improving statistical
1474 reporting. The study shall be conducted to reduce drug abuse and
1475 further the safety and quality of health care services by
1476 improving prescribing and dispensing practices related to
1477 controlled substances and incorporating advances in technology.

1478 (e) The department shall comply with s. 287.057 for the
1479 procurement of any goods or services required by this section.



1480 (3) Within 7 days after the date that a prescription
1481 substance is dispensed, a dispenser shall submit to the database
1482 the following information:

1483 (a) The prescribing health care practitioner's full name,
1484 federal Drug Enforcement Administration registration number, and
1485 National Provider Identifier or other appropriate identifier.

1486 (b) The full name, address, and date of birth of the
1487 person for whom the prescription was written.

1488 (c) The date that the prescription was written.

1489 (d) The date that the prescription was filled and the
1490 method of payment. The department may not include credit card
1491 numbers or other account numbers in the database.

1492 (e) The name, national drug code, quantity, and strength
1493 of the controlled substance dispensed.

1494 (f) The full name, federal Drug Enforcement Administration
1495 number, and address of the pharmacy or other location from which
1496 the controlled substance was dispensed or, if the controlled
1497 substance was dispensed by a health care practitioner other than
1498 a pharmacist, the health care practitioner's full name, federal
1499 Drug Enforcement Administration registration number, National
1500 Provider Identifier or other appropriate identifier, and
1501 address.

1502 (g) Other appropriate identifying information as
1503 determined by rule.

1504 (4) A dispenser shall submit the information required by
1505 this section electronically, or by another method established by



1506 rule, in a format approved by the department. The cost to the
1507 dispenser to submit the information required by this section may
1508 not be material or extraordinary. The department shall establish
1509 a reporting procedure and format by rule and may authorize an
1510 extension of time to report such information for cause as
1511 defined by rule.

1512 (5) The following acts of a health care practitioner or
1513 dispenser are exempt from reporting under this section:

1514 (a) Administering or dispensing a controlled substance to
1515 a patient in a hospital, nursing home, ambulatory surgical
1516 center, hospice, or intermediate care facility for the
1517 developmentally disabled.

1518 (b) Administering or dispensing a controlled substance
1519 within the Department of Corrections health care system.

1520 (c) Administering or dispensing a controlled substance to
1521 a person under the age of 16.

1522 (d) Dispensing a one-time, 72-hour emergency supply of a
1523 controlled substance to a patient.

1524 (6) A person who knowingly and willfully fails to report
1525 the dispensing of a controlled substance as required by this
1526 section commits a misdemeanor of the first degree, punishable as
1527 provided in s. 775.082 or s. 775.083.

1528 (7) A dispenser or her or his agent, before dispensing a
1529 controlled substance to a person not known to the dispenser,
1530 shall require the person purchasing or receiving the controlled
1531 substance to present identification issued by the state or the



1532 Federal Government that contains the person's photograph,
1533 printed name, and signature, or a document considered acceptable
1534 identification under 8 C.F.R. s. 274a.2(b)(1)(v)(A) and (B).

1535 (a) If the person does not have such identification, the
1536 dispenser may verify the validity of the prescription and the
1537 identity of the patient with the prescribing health care
1538 practitioner or her or his agent. Verification of health plan
1539 eligibility of the person purchasing or receiving the controlled
1540 substance satisfies the requirement of this subsection.

1541 (b) This subsection does not apply in an institutional
1542 setting or in a long-term care facility, including, but not
1543 limited to, an assisted living facility or a hospital to which
1544 patients are admitted.

1545 (8) (a) The program manager, and program and support staff
1546 only as directed or authorized by the program manager, shall
1547 have direct access to the database for program management in
1548 support of the requirements of this section.

1549 (b) A health care practitioner or dispenser shall have
1550 direct access to information in the database which relates to a
1551 patient of that health care practitioner or dispenser for the
1552 purpose of reviewing the patient's controlled substance
1553 prescription history. A prescribing health care practitioner
1554 must access the database and view a patient's prescription drug
1555 history before issuing a prescription for a controlled substance
1556 to the patient upon her or his initial visit. A health care
1557 practitioner or dispenser acting in good faith is immune from



1558 any civil, criminal, or administrative liability for receiving
1559 or using information from the database. This section does not
1560 create a private cause of action and a person may not recover
1561 damages against a health care practitioner or dispenser who is
1562 authorized to access information from the database for accessing
1563 or failing to access such information. A prescribing health care
1564 practitioner is exempt from the access and viewing requirement
1565 of this paragraph if the database is inaccessible for any reason
1566 not due to the fault of the practitioner before he or she issues
1567 a prescription for a controlled substance at a patient's initial
1568 visit. A prescribing health care practitioner must access the
1569 database and view the patient's prescription drug history when
1570 database accessibility is restored after the patient's initial
1571 visit.

1572 (9) The following entities may not have direct access to
1573 information in the database but may request information from the
1574 program:

1575 (a) The department for the purpose of an active
1576 investigation of a health care practitioner or dispenser who is
1577 authorized to prescribe, administer, or dispense controlled
1578 substances.

1579 (b) The Attorney General for the purpose of an active
1580 investigation of Medicaid fraud involving prescriptions of
1581 controlled substances.



1582 (c) A law enforcement agency for the purpose of an active
1583 investigation regarding potential criminal activity, fraud, or
1584 theft involving prescriptions of controlled substances.

1585 (d) A patient or the legal guardian or health care
1586 surrogate, as defined in s. 765.101(16), of an incapacitated
1587 patient. The department shall verify the identity of the
1588 incapacitated patient or the legal guardian or health care
1589 surrogate. Verification is also required for a request to change
1590 an incapacitated patient's prescription drug history or other
1591 information in the database.

1592 (10) Before releasing information pursuant to paragraph
1593 (9)(c), the department shall enter into a user agreement with
1594 the law enforcement agency requesting information from the
1595 database. At a minimum, the user agreement must:

1596 (a) Provide for access control and information security in
1597 order to ensure the confidentiality of the information.

1598 (b) Contain training requirements.

1599 (c) Require each law enforcement agency head to submit an
1600 annual attestation to the program manager stating that the law
1601 enforcement agency is complying with the user agreement and
1602 disclosing any findings made and actions taken to maintain
1603 compliance. Any findings of noncompliance must be reported
1604 immediately to the program manager by the law enforcement agency
1605 head.

1606 (d) Require each law enforcement agency that receives
1607 information from the database to electronically update the



1608 database biennially with the status of the case for which
1609 information was received, in accordance with procedures
1610 established by department rule.

1611 (e) Require each law enforcement agency head to appoint
1612 one agency administrator who is responsible for appointing
1613 authorized users to request and receive information from the
1614 database and ensure the law enforcement agency maintains
1615 compliance with the user agreement and the laws governing
1616 access, use, and dissemination of the information.

1617 (f) Require each authorized user to attest that each
1618 request for information from the database is predicated on and
1619 related to an active investigation.

1620 (g) Require the law enforcement agency to conduct an
1621 annual audit of the agency administrator and each authorized
1622 user to ensure compliance with the user agreement. Such an audit
1623 must be conducted by the internal affairs or professional
1624 standards division within the law enforcement agency. The review
1625 must include any allegation of noncompliance, potential security
1626 violations, and a report on user compliance with the user
1627 agreement and applicable laws and rules. The law enforcement
1628 agency shall also conduct a routine audit on access to and
1629 dissemination of information received from the database. The
1630 result of each audit shall be submitted to the program manager
1631 within 7 days after completion of the audit.

1632 (h) Allow the program manager to restrict, suspend, or
1633 terminate an agency administrator's or authorized user's access



1634 to the database if the administrator or user has failed to
1635 comply with the user agreement. If a law enforcement agency does
1636 not comply with the audit requirements in paragraph (g), the
1637 program manager shall suspend the law enforcement agency's
1638 access to the database until the agency complies with such
1639 requirements.

1640 (11) The program manager, upon determining a pattern
1641 consistent with the rules established under subsection (17)
1642 evidencing controlled substance abuse or diversion and having
1643 cause to believe a violation of s. 893.13(7)(a)8., (8)(a), or
1644 (8)(b) has occurred, may provide relevant information to the
1645 appropriate law enforcement agency.

1646 (12) An authorized person or entity receiving information
1647 from the database under subsection (9) may maintain the
1648 information for no more than 24 months before purging the
1649 information from official records. Information may be maintained
1650 for more than 24 months if it is pertinent to an active
1651 investigation or criminal prosecution.

1652 (13) Information contained in the database is not
1653 discoverable or admissible in any civil or administrative
1654 action, except in an investigation or disciplinary proceeding
1655 conducted by the department. Information shared with a state
1656 attorney pursuant to s. 893.0551(3)(a) or (c) may be released
1657 only in response to a discovery demand if such information is
1658 directly related to the criminal case for which the information
1659 was requested. If additional information is shared with the



1660 state attorney which is not directly related to the criminal
1661 case, the state attorney shall inform the inquirer that such
1662 information exists. Unrelated information may not be released
1663 except upon an order of a court of competent jurisdiction.

1664 (14) A person who participates in preparing, reviewing,
1665 issuing, or any other activity related to a patient advisory
1666 report may not be permitted or required to testify in any civil
1667 action as to any finding, recommendation, evaluation, opinion,
1668 or other action taken in connection with preparing, reviewing,
1669 or issuing such a report.

1670 (15) The department shall report performance measures
1671 annually to the Governor, the President of the Senate, and the
1672 Speaker of the House of Representatives by December 1.
1673 Department staff may not have direct access to information in
1674 the database for the purpose of reporting performance measures.
1675 To measure performance and undertake public health care and
1676 safety initiatives, department staff may request data from the
1677 database that does not contain patient, health care
1678 practitioner, or dispenser identifying information. Performance
1679 measures may include, but are not limited to:

1680 (a) Reduction of the rate of inappropriate use of
1681 prescription drugs through department education and safety
1682 efforts.

1683 (b) Reduction of the quantity of controlled substances
1684 obtained by individuals attempting to engage in fraud and
1685 deceit.



1686 (c) Increased coordination among partners participating in
1687 the program.

1688 (d) Involvement of stakeholders in achieving improved
1689 patient health care and safety and reduction of prescription
1690 drug abuse and prescription drug diversion.

1691 (16) The department may establish a direct-support
1692 organization to provide assistance, funding, and promotional
1693 support for the activities authorized for the program.

1694 (a) As used in this subsection, the term "direct-support
1695 organization" means an organization that is:

1696 1. A Florida not-for-profit corporation incorporated under
1697 chapter 617, exempted from filing fees, and approved by the
1698 Department of State.

1699 2. Organized and operated to conduct programs and
1700 activities; raise funds; request and receive grants, gifts, and
1701 bequests of money; acquire, receive, hold, and invest, in its
1702 own name, securities, funds, objects of value, or other
1703 property, either real or personal; and make expenditures or
1704 provide funding to or for the benefit of the program.

1705 (b) The State Surgeon General shall appoint a board of
1706 directors for the direct-support organization consisting of at
1707 least five members. Members of the board shall serve at the
1708 pleasure of the State Surgeon General. The State Surgeon General
1709 shall provide guidance to members of the board to ensure that
1710 funds received by the direct-support organization are not from
1711 inappropriate sources. An inappropriate source includes, but is



1712 not limited to, a donor, grantor, person, or organization that
1713 may benefit from the purchase of goods or services by the
1714 department for the program.

1715 (c) The direct-support organization shall operate under
1716 written contract with the department. The contract must, at a
1717 minimum, provide for:

1718 1. Department approval of the articles of incorporation,
1719 bylaws, and annual budgets.

1720 2. Department certification that the direct-support
1721 organization is complying with the terms of the contract in a
1722 manner consistent with and in furtherance of the program. Such
1723 certification must be made annually and reported in the official
1724 minutes of a direct-support organization board meeting.

1725 3. The reversion, without penalty, to the state of all
1726 funds and property held in trust by the direct-support
1727 organization for the benefit of the program if the direct-
1728 support organization ceases to exist or if the contract is
1729 terminated. The state shall use all funds and property reverted
1730 to it to support the program.

1731 4. The fiscal year of the direct-support organization,
1732 which must begin July 1 of each year and end June 30 of the
1733 following year.

1734 5. The disclosure of the material provisions of the
1735 contract to a donor of a gift, contribution, or bequest,
1736 including such disclosure on all promotional and fundraising



1737 publications, and an explanation to the donor of the distinction
1738 between the department and the direct-support organization.

1739 6. The direct-support organization's collecting,
1740 expending, and providing of funds to the department for the
1741 operation of the program.

1742 7. The reversion to the department of any funds of the
1743 direct-support organization held by the department in a separate
1744 depository account received from rentals of facilities and
1745 properties managed by the department for use by the direct-
1746 support organization.

1747 (d) The direct-support organization may collect and expend
1748 funds for the function of its board of directors, as approved by
1749 the department, and provide funds to the department for:

1750 1. Establishing and administering the database, including
1751 hardware and software.

1752 2. Conducting studies on the efficiency and effectiveness
1753 of the program, including the feasibility study described in
1754 paragraph (2) (d).

1755 3. Future enhancements of the program.

1756 4. User training for the program, including the
1757 distribution of materials to promote public awareness and
1758 education and conducting workshops or other meetings for health
1759 care practitioners, pharmacists, and others.

1760 5. Travel expenses incurred by the board.

1761 6. Administrative costs.



1762 7. Fulfilling all other requirements necessary to operate
1763 the program.

1764 (e) The department may authorize, without charge,
1765 appropriate use of its administrative services, property, and
1766 facilities by the direct-support organization.

1767 (f) The department may not authorize the use of any of its
1768 administrative services, property, or facilities by a direct-
1769 support organization if the organization does not provide equal
1770 membership and employment opportunities to all persons
1771 regardless of race, color, religion, gender, age, or national
1772 origin.

1773 (g) The direct-support organization shall provide for an
1774 independent annual financial audit in accordance with s.
1775 215.981. A copy of the audit shall be provided to the department
1776 and the Office of Policy and Budget in the Executive Office of
1777 the Governor.

1778 (h) The direct-support organization is not a lobbying firm
1779 for purposes of s. 11.045.

1780 (17) (a) The department shall adopt rules to administer
1781 this section. Such rules shall include, but not be limited to:

1782 1. Procedures for reporting information to the database
1783 and accessing information in the database.

1784 2. Indicators that identify controlled substance abuse or
1785 diversion.



1786 3. By October 1, 2014, practices to ensure a law
1787 enforcement agency is in compliance with the audit requirements
1788 in paragraph (10) (g).

1789 4. The form and content of a user agreement pursuant to
1790 subsection (10).

1791 (b) The department may adopt rules to govern the use of
1792 its administrative services, property, or facilities by the
1793 direct-support organization established under subsection (16).

1794 Section 26. Paragraphs (d) and (h) of subsection (1) of
1795 section 893.0551, Florida Statutes, are amended to read:

1796 893.0551 Public records exemption for the prescription
1797 drug monitoring program.—

1798 (1) For purposes of this section, the term:

1799 (d) "Health care regulatory board" means any board for a
1800 practitioner or health care practitioner who is licensed or
1801 regulated by the department ~~has the same meaning as provided in~~
1802 ~~s. 893.055.~~

1803 (h) "Prescriber" means a prescribing physician,
1804 prescribing practitioner, or other prescribing health care
1805 practitioner ~~has the same meaning as provided in s. 893.055.~~

1806 Section 27. Paragraph (d) of subsection (1) of section
1807 154.11, Florida Statutes, is amended to read:

1808 154.11 Powers of board of trustees.—

1809 (1) The board of trustees of each public health trust
1810 shall be deemed to exercise a public and essential governmental
1811 function of both the state and the county and in furtherance



1812 thereof it shall, subject to limitation by the governing body of
1813 the county in which such board is located, have all of the
1814 powers necessary or convenient to carry out the operation and
1815 governance of designated health care facilities, including, but
1816 without limiting the generality of, the foregoing:

1817 (d) To make and execute contracts and other instruments
1818 necessary to exercise the powers of the board. Notwithstanding
1819 s. 154.10(7), the public health trust is authorized to execute
1820 contracts with any labor union or other labor organization
1821 without prior approval by the governing body of the county.

1822 Section 28. Subsection (3) of section 458.3485, Florida
1823 Statutes, is amended to read:

1824 458.3485 Medical assistant.—

1825 ~~(3) CERTIFICATION.—Medical assistants may be certified by~~
1826 ~~the American Association of Medical Assistants or as a~~
1827 ~~Registered Medical Assistant by the American Medical~~
1828 ~~Technologists.~~

1829 Section 29. Subsection (2) of section 456.42, Florida
1830 Statutes, is amended to read:

1831 456.42 Written prescriptions for medicinal drugs.—

1832 (2) A written prescription for a controlled substance
1833 listed in chapter 893 must have the quantity of the drug
1834 prescribed in both textual and numerical formats, must be dated
1835 on the prescription in numerical, month/day/year format, or with
1836 the abbreviated month written out, or the month written out in
1837 whole ~~on the face of the prescription,~~ and must be either



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1838 written on a standardized counterfeit-proof prescription pad
1839 produced by a vendor approved by the department or
1840 electronically prescribed as that term is used in s. 408.0611.
1841 As a condition of being an approved vendor, a prescription pad
1842 vendor must submit a monthly report to the department which, at
1843 a minimum, documents the number of prescription pads sold and
1844 identifies the purchasers. The department may, by rule, require
1845 the reporting of additional information.

1846 Section 30. Subsection (1) of section 465.014, Florida
1847 Statutes, is amended to read:

1848 465.014 Pharmacy technician.—

1849 (1) A person other than a licensed pharmacist or pharmacy
1850 intern may not engage in the practice of the profession of
1851 pharmacy, except that a licensed pharmacist may delegate to
1852 pharmacy technicians who are registered pursuant to this section
1853 those duties, tasks, and functions that do not fall within the
1854 purview of s. 465.003(13). All such delegated acts must ~~shall~~ be
1855 performed under the direct supervision of a licensed pharmacist
1856 who is ~~shall be~~ responsible for all such acts performed by
1857 persons under his or her supervision. A registered pharmacy
1858 ~~registered~~ technician, under the supervision of a pharmacist,
1859 may initiate or receive communications with a practitioner or
1860 his or her agent, on behalf of a patient, regarding refill
1861 authorization requests. A licensed pharmacist may supervise up
1862 to three registered pharmacy technicians ~~not supervise more than~~
1863 ~~one registered pharmacy technician~~ unless otherwise authorized



1864 by the board pursuant to this subsection ~~permitted by the~~
1865 ~~guidelines adopted by the board.~~

1866 (a) The board shall establish by rule the circumstances
1867 under which a licensee, who applies to the board for approval,
1868 ~~guidelines to be followed by licensees or permittees in~~
1869 ~~determining the circumstances under which a licensed pharmacist~~
1870 ~~may supervise more than~~ three, ~~one~~ but not more than six
1871 registered ~~three~~ pharmacy technicians. In establishing these
1872 circumstances, the board shall consider, for safety, the
1873 following factors:

1874 1. The average number of prescriptions filled each month
1875 by the pharmacy where the applicant works.

1876 2. Whether the pharmacy is a community pharmacy, nuclear
1877 pharmacy, special pharmacy, Internet pharmacy, or institutional
1878 pharmacy.

1879 3. Whether the pharmacy holds a special sterile
1880 compounding permit or special parenteral or enteral permit.

1881 4. The pharmacy's hours of operation.

1882 5. The number of licensed pharmacists working in the
1883 pharmacy and the number of registered pharmacy technicians
1884 supervised by each pharmacist.

1885 (b) The board must authorize a licensee, who submits proof
1886 to the board that he or she is employed by an entity operating
1887 an automated pharmacy system or by a pharmacy performing
1888 centralized prescription filling, to supervise more than three
1889 registered pharmacy technicians as long as that licensee is



1890 employed by that entity or pharmacy. The licensee must notify
1891 the board within 30 days after the licensee is no longer
1892 employed by the entity or pharmacy.

1893 Section 31. Notwithstanding s. 893.055, Florida Statutes,
1894 for the 2014-2015 fiscal year, the sum of \$500,000 in
1895 nonrecurring funds is appropriated from the General Revenue Fund
1896 to the Department of Health for the general administration of
1897 the prescription drug monitoring program.

1898 Section 32. Paragraph (t) of subsection (1) of section
1899 400.141, Florida Statutes, is amended to read:

1900 400.141 Administration and management of nursing home
1901 facilities.—

1902 (1) Every licensed facility shall comply with all
1903 applicable standards and rules of the agency and shall:

1904 (t) Assess all residents within 5 working days after
1905 admission for eligibility for pneumococcal polysaccharide
1906 vaccination or revaccination (PPV) and vaccinate residents when
1907 indicated within 60 days ~~after the effective date of this act~~ in
1908 accordance with the recommendations of the United States Centers
1909 for Disease Control and Prevention, subject to exemptions for
1910 medical contraindications and religious or personal beliefs.
1911 ~~Residents admitted after the effective date of this act shall be~~
1912 ~~assessed within 5 working days of admission and, when indicated,~~
1913 ~~vaccinated within 60 days in accordance with the recommendations~~
1914 ~~of the United States Centers for Disease Control and Prevention,~~
1915 ~~subject to exemptions for medical contraindications and~~



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1916 ~~religious or personal beliefs.~~ Immunization shall not be
1917 provided to any resident who provides documentation that he or
1918 she has been immunized as required by this paragraph. This
1919 paragraph does not prohibit a resident from receiving the
1920 immunization from his or her personal physician if he or she so
1921 chooses. A resident who chooses to receive the immunization from
1922 his or her personal physician shall provide proof of
1923 immunization to the facility. The agency may adopt and enforce
1924 any rules necessary to comply with or implement this paragraph.

1925 Section 33. Subsections (1) and (2) of section 465.189,
1926 Florida Statutes, are amended to read:

1927 465.189 Administration of vaccines and epinephrine
1928 autoinjection.—

1929 (1) In accordance with guidelines of the Centers for
1930 Disease Control and Prevention for each recommended immunization
1931 or vaccine, a pharmacist may administer the following vaccines
1932 to an adult within the framework of an established protocol
1933 under a supervising physician licensed under chapter 458 or
1934 chapter 459:

- 1935 (a) Influenza vaccine.
1936 (b) Pneumococcal vaccine.
1937 (c) Meningococcal vaccine.
1938 (d) Shingles vaccine.

1939 ~~(2) In accordance with guidelines of the Centers for~~
1940 ~~Disease Control and Prevention, a pharmacist may administer the~~
1941 ~~shingles vaccine within the framework of an established protocol~~



1942 ~~and pursuant to a written or electronic prescription issued to~~
1943 ~~the patient by a physician licensed under chapter 458 or chapter~~
1944 ~~459.~~

1945 Section 34. Subsection (3), paragraph (e) of subsection
1946 (4), and paragraphs (a), (c), and (e) of subsection (7) of
1947 section 458.347, Florida Statutes, are amended to read:

1948 458.347 Physician assistants.—

1949 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician
1950 or group of physicians supervising a licensed physician
1951 assistant must be qualified in the medical areas in which the
1952 physician assistant is to perform and shall be individually or
1953 collectively responsible and liable for the performance and the
1954 acts and omissions of the physician assistant. A physician may
1955 not supervise more than eight ~~four~~ currently licensed physician
1956 assistants at any one time. A physician supervising a physician
1957 assistant pursuant to this section may not be required to review
1958 and cosign charts or medical records prepared by such physician
1959 assistant. Notwithstanding this subsection, a physician may only
1960 supervise up to four physician assistants in medical offices
1961 other than the physician's primary practice location pursuant to
1962 s. 458.348(4)(c).

1963 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

1964 (e) A supervisory physician may delegate to a fully
1965 licensed physician assistant the authority to prescribe or
1966 dispense any medication used in the supervisory physician's
1967 practice unless such medication is listed on the formulary



1968 created pursuant to paragraph (f). A fully licensed physician
1969 assistant may only prescribe or dispense such medication under
1970 the following circumstances:

1971 1. A physician assistant must clearly identify to the
1972 patient that he or she is a physician assistant. Furthermore,
1973 the physician assistant must inform the patient that the patient
1974 has the right to see the physician prior to any prescription
1975 being prescribed or dispensed by the physician assistant.

1976 2. The supervisory physician must notify the department of
1977 his or her intent to delegate, on a department-approved form,
1978 before delegating such authority and notify the department of
1979 any change in prescriptive privileges of the physician
1980 assistant. Authority to dispense may be delegated only by a
1981 supervising physician who is registered as a dispensing
1982 practitioner in compliance with s. 465.0276.

1983 3. The physician assistant must certify to ~~file with~~ the
1984 department ~~a signed affidavit~~ that he or she has completed a
1985 minimum of 10 continuing medical education hours in the
1986 specialty practice in which the physician assistant has
1987 prescriptive privileges with each licensure renewal application.

1988 4. The department may issue a prescriber number to the
1989 physician assistant granting authority for the prescribing of
1990 medicinal drugs authorized within this paragraph upon completion
1991 of the foregoing requirements. The physician assistant shall not
1992 be required to independently register pursuant to s. 465.0276.

1993 5. The prescription may ~~must~~ be written or electronic, but



1994 must be in a form that complies with ss. 456.0392(1) and
1995 456.42(1) ~~chapter 499~~ and must contain, in addition to the
1996 supervisory physician's name, address, and telephone number, the
1997 physician assistant's prescriber number. Unless it is a drug or
1998 drug sample dispensed by the physician assistant, the
1999 prescription must be filled in a pharmacy permitted under
2000 chapter 465 and must be dispensed in that pharmacy by a
2001 pharmacist licensed under chapter 465. The appearance of the
2002 prescriber number creates a presumption that the physician
2003 assistant is authorized to prescribe the medicinal drug and the
2004 prescription is valid.

2005 6. The physician assistant must note the prescription or
2006 dispensing of medication in the appropriate medical record.

2007 (7) PHYSICIAN ASSISTANT LICENSURE.—

2008 (a) Any person desiring to be licensed as a physician
2009 assistant must apply to the department. The department shall
2010 issue a license to any person certified by the council as having
2011 met the following requirements:

2012 1. Is at least 18 years of age.

2013 2. Has satisfactorily passed a proficiency examination by
2014 an acceptable score established by the National Commission on
2015 Certification of Physician Assistants. If an applicant does not
2016 hold a current certificate issued by the National Commission on
2017 Certification of Physician Assistants and has not actively
2018 practiced as a physician assistant within the immediately
2019 preceding 4 years, the applicant must retake and successfully



2020 complete the entry-level examination of the National Commission
2021 on Certification of Physician Assistants to be eligible for
2022 licensure.

2023 3. Has completed the application form and remitted an
2024 application fee not to exceed \$300 as set by the boards. An
2025 application for licensure made by a physician assistant must
2026 include:

2027 a. A certificate of completion of a physician assistant
2028 training program specified in subsection (6).

2029 b. A ~~sworn~~ statement of any prior felony convictions.

2030 c. A ~~sworn~~ statement of any previous revocation or denial
2031 of licensure or certification in any state.

2032 ~~d. Two letters of recommendation.~~

2033 d.e. A copy of course transcripts and a copy of the course
2034 description from a physician assistant training program
2035 describing course content in pharmacotherapy, if the applicant
2036 wishes to apply for prescribing authority. These documents must
2037 meet the evidence requirements for prescribing authority.

2038 e. For physician assistants seeking initial licensure on
2039 or after January 1, 2015, fingerprints pursuant to s. 456.0135.

2040 (c) The license must be renewed biennially. Each renewal
2041 must include:

2042 1. A renewal fee not to exceed \$500 as set by the boards.

2043 2. A ~~sworn~~ statement of no felony convictions in the
2044 previous 2 years.

2045 (e) Upon employment as a physician assistant, a licensed



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2046 physician assistant must notify the department in writing within
2047 30 days after such employment and provide ~~or after any~~
2048 ~~subsequent changes in the supervising physician. The~~
2049 ~~notification must include~~ the full name, Florida medical license
2050 number, specialty, and address of a designated ~~the~~ supervising
2051 physician. Any subsequent change in the designated supervising
2052 physician shall be reported to the department within 30 days
2053 after the change. Assignment of a designated supervising
2054 physician does not preclude a physician assistant from
2055 practicing under multiple supervising physicians.

2056 Section 35. Paragraph (c) of subsection (4) of section
2057 458.348, Florida Statutes, is amended to read:

2058 458.348 Formal supervisory relationships, standing orders,
2059 and established protocols; notice; standards.—

2060 (4) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—
2061 A physician who supervises an advanced registered nurse
2062 practitioner or physician assistant at a medical office other
2063 than the physician's primary practice location, where the
2064 advanced registered nurse practitioner or physician assistant is
2065 not under the onsite supervision of a supervising physician,
2066 must comply with the standards set forth in this subsection. For
2067 the purpose of this subsection, a physician's "primary practice
2068 location" means the address reflected on the physician's profile
2069 published pursuant to s. 456.041.

2070 (c) A physician who supervises an advanced registered
2071 nurse practitioner or physician assistant at a medical office



2072 other than the physician's primary practice location, where the
2073 advanced registered nurse practitioner or physician assistant is
2074 not under the onsite supervision of a supervising physician and
2075 the services offered at the office are primarily dermatologic or
2076 skin care services, which include aesthetic skin care services
2077 other than plastic surgery, must comply with the standards
2078 listed in subparagraphs 1.-4. Notwithstanding s.

2079 458.347(4)(e)6., a physician supervising a physician assistant
2080 pursuant to this paragraph may not be required to review and
2081 cosign charts or medical records prepared by such physician
2082 assistant.

2083 1. The physician shall submit to the board the addresses
2084 of all offices where he or she is supervising an advanced
2085 registered nurse practitioner or a physician's assistant which
2086 are not the physician's primary practice location.

2087 2. The physician must be board certified or board eligible
2088 in dermatology or plastic surgery as recognized by the board
2089 pursuant to s. 458.3312.

2090 3. All such offices that are not the physician's primary
2091 place of practice must be within 25 miles of the physician's
2092 primary place of practice or in a county that is contiguous to
2093 the county of the physician's primary place of practice.
2094 However, the distance between any of the offices may not exceed
2095 75 miles.

2096 4. The physician may supervise only one office other than
2097 the physician's primary place of practice except that until July



2098 1, 2011, the physician may supervise up to two medical offices
2099 other than the physician's primary place of practice if the
2100 addresses of the offices are submitted to the board before July
2101 1, 2006. Effective July 1, 2011, the physician may supervise
2102 only one office other than the physician's primary place of
2103 practice, regardless of when the addresses of the offices were
2104 submitted to the board.

2105 5. As used in this subparagraph, the term "nonablative
2106 aesthetic skin care services" includes, but is not limited to,
2107 services provided using intense pulsed light, lasers, radio
2108 frequency, ultrasound, injectables, and fillers.

2109 a. Subparagraph 2. does not apply to offices at which
2110 nonablative aesthetic skin care services are performed by a
2111 physician assistant under the supervision of a physician if the
2112 physician assistant has successfully completed at least:

2113 (I) Forty hours of postlicensure education and clinical
2114 training on physiology of the skin, skin conditions, skin
2115 disorders, skin diseases, preprocedure and postprocedure skin
2116 care, and infection control, or has worked under the supervision
2117 of a board-certified dermatologist within the preceding 12
2118 months.

2119 (II) Forty hours of postlicensure education and clinical
2120 training on laser and light technologies and skin applications,
2121 or has 6 months of clinical experience working under the
2122 supervision of a board-certified dermatologist who is authorized
2123 to perform nonablative aesthetic skin care services.



2124 (III) Thirty-two hours of postlicensure education and
2125 clinical training on injectables and fillers, or has 6 months of
2126 clinical experience working under the supervision of a board-
2127 certified dermatologist who is authorized to perform nonablative
2128 aesthetic skin care services.

2129 b. The physician assistant shall submit to the board
2130 documentation evidencing successful completion of the education
2131 and training required under this subparagraph.

2132 c. For purposes of compliance with s. 458.347(3), a
2133 physician who has completed 24 hours of education and clinical
2134 training on nonablative aesthetic skin care services, the
2135 curriculum of which has been preapproved by the Board of
2136 Medicine, is qualified to supervise a physician assistant
2137 performing nonablative aesthetic skin care services pursuant to
2138 this subparagraph.

2139 Section 36. Subsection (3), paragraph (e) of subsection
2140 (4), and paragraphs (a), (b), and (d) of subsection (7) of
2141 section 459.022, Florida Statutes, are amended to read:

2142 459.022 Physician assistants.—

2143 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician
2144 or group of physicians supervising a licensed physician
2145 assistant must be qualified in the medical areas in which the
2146 physician assistant is to perform and shall be individually or
2147 collectively responsible and liable for the performance and the
2148 acts and omissions of the physician assistant. A physician may
2149 not supervise more than eight ~~four~~ currently licensed physician



2150 assistants at any one time. A physician supervising a physician
2151 assistant pursuant to this section may not be required to review
2152 and cosign charts or medical records prepared by such physician
2153 assistant. Notwithstanding this subsection, a physician may only
2154 supervise up to four physician assistants in medical offices
2155 other than the physician's primary practice location pursuant to
2156 s. 459.025(3)(c).

2157 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

2158 (e) A supervisory physician may delegate to a fully
2159 licensed physician assistant the authority to prescribe or
2160 dispense any medication used in the supervisory physician's
2161 practice unless such medication is listed on the formulary
2162 created pursuant to s. 458.347. A fully licensed physician
2163 assistant may only prescribe or dispense such medication under
2164 the following circumstances:

2165 1. A physician assistant must clearly identify to the
2166 patient that she or he is a physician assistant. Furthermore,
2167 the physician assistant must inform the patient that the patient
2168 has the right to see the physician prior to any prescription
2169 being prescribed or dispensed by the physician assistant.

2170 2. The supervisory physician must notify the department of
2171 her or his intent to delegate, on a department-approved form,
2172 before delegating such authority and notify the department of
2173 any change in prescriptive privileges of the physician
2174 assistant. Authority to dispense may be delegated only by a
2175 supervisory physician who is registered as a dispensing



2176 practitioner in compliance with s. 465.0276.

2177 3. The physician assistant must certify to ~~file with~~ the
2178 department ~~a signed affidavit~~ that she or he has completed a
2179 minimum of 10 continuing medical education hours in the
2180 specialty practice in which the physician assistant has
2181 prescriptive privileges with each licensure renewal application.

2182 4. The department may issue a prescriber number to the
2183 physician assistant granting authority for the prescribing of
2184 medicinal drugs authorized within this paragraph upon completion
2185 of the foregoing requirements. The physician assistant shall not
2186 be required to independently register pursuant to s. 465.0276.

2187 5. The prescription may ~~must~~ be written or electronic, but
2188 must be in a form that complies with ss. 456.0392(1) and
2189 456.42(1) ~~chapter 499~~ and must contain, in addition to the
2190 supervisory physician's name, address, and telephone number, the
2191 physician assistant's prescriber number. Unless it is a drug or
2192 drug sample dispensed by the physician assistant, the
2193 prescription must be filled in a pharmacy permitted under
2194 chapter 465, and must be dispensed in that pharmacy by a
2195 pharmacist licensed under chapter 465. The appearance of the
2196 prescriber number creates a presumption that the physician
2197 assistant is authorized to prescribe the medicinal drug and the
2198 prescription is valid.

2199 6. The physician assistant must note the prescription or
2200 dispensing of medication in the appropriate medical record.

2201 (7) PHYSICIAN ASSISTANT LICENSURE.—



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2202 (a) Any person desiring to be licensed as a physician
2203 assistant must apply to the department. The department shall
2204 issue a license to any person certified by the council as having
2205 met the following requirements:

2206 1. Is at least 18 years of age.

2207 2. Has satisfactorily passed a proficiency examination by
2208 an acceptable score established by the National Commission on
2209 Certification of Physician Assistants. If an applicant does not
2210 hold a current certificate issued by the National Commission on
2211 Certification of Physician Assistants and has not actively
2212 practiced as a physician assistant within the immediately
2213 preceding 4 years, the applicant must retake and successfully
2214 complete the entry-level examination of the National Commission
2215 on Certification of Physician Assistants to be eligible for
2216 licensure.

2217 3. Has completed the application form and remitted an
2218 application fee not to exceed \$300 as set by the boards. An
2219 application for licensure made by a physician assistant must
2220 include:

2221 a. A certificate of completion of a physician assistant
2222 training program specified in subsection (6).

2223 b. A ~~sworn~~ statement of any prior felony convictions.

2224 c. A ~~sworn~~ statement of any previous revocation or denial
2225 of licensure or certification in any state.

2226 ~~d. Two letters of recommendation.~~

2227 d.e. A copy of course transcripts and a copy of the course



2228 description from a physician assistant training program
2229 describing course content in pharmacotherapy, if the applicant
2230 wishes to apply for prescribing authority. These documents must
2231 meet the evidence requirements for prescribing authority.

2232 e. For physician assistants seeking initial licensure on
2233 or after January 1, 2015, fingerprints pursuant to s. 456.0135.

2234 (b) The licensure must be renewed biennially. Each renewal
2235 must include:

- 2236 1. A renewal fee not to exceed \$500 as set by the boards.
2237 2. A ~~sworn~~ statement of no felony convictions in the
2238 previous 2 years.

2239 (d) Upon employment as a physician assistant, a licensed
2240 physician assistant must notify the department in writing within
2241 30 days after such employment and provide ~~or after any~~
2242 ~~subsequent changes in the supervising physician. The~~
2243 ~~notification must include~~ the full name, Florida medical license
2244 number, specialty, and address of a designated ~~the~~ supervising
2245 physician. Any subsequent change in the designated supervising
2246 physician shall be reported to the department within 30 days
2247 after the change. Assignment of a designated supervising
2248 physician does not preclude a physician assistant from
2249 practicing under multiple supervising physicians.

2250 Section 37. Paragraph (c) of subsection (3) of section
2251 459.025, Florida Statutes, is amended to read:

2252 459.025 Formal supervisory relationships, standing orders,
2253 and established protocols; notice; standards.—



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2254 (3) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—
2255 An osteopathic physician who supervises an advanced registered
2256 nurse practitioner or physician assistant at a medical office
2257 other than the osteopathic physician's primary practice
2258 location, where the advanced registered nurse practitioner or
2259 physician assistant is not under the onsite supervision of a
2260 supervising osteopathic physician, must comply with the
2261 standards set forth in this subsection. For the purpose of this
2262 subsection, an osteopathic physician's "primary practice
2263 location" means the address reflected on the physician's profile
2264 published pursuant to s. 456.041.

2265 (c) An osteopathic physician who supervises an advanced
2266 registered nurse practitioner or physician assistant at a
2267 medical office other than the osteopathic physician's primary
2268 practice location, where the advanced registered nurse
2269 practitioner or physician assistant is not under the onsite
2270 supervision of a supervising osteopathic physician and the
2271 services offered at the office are primarily dermatologic or
2272 skin care services, which include aesthetic skin care services
2273 other than plastic surgery, must comply with the standards
2274 listed in subparagraphs 1.-4. Notwithstanding s.
2275 459.022(4)(e)6., an osteopathic physician supervising a
2276 physician assistant pursuant to this paragraph may not be
2277 required to review and cosign charts or medical records prepared
2278 by such physician assistant.

2279 1. The osteopathic physician shall submit to the Board of



2280 Osteopathic Medicine the addresses of all offices where he or
2281 she is supervising or has a protocol with an advanced registered
2282 nurse practitioner or a physician's assistant which are not the
2283 osteopathic physician's primary practice location.

2284 2. The osteopathic physician must be board certified or
2285 board eligible in dermatology or plastic surgery as recognized
2286 by the Board of Osteopathic Medicine pursuant to s. 459.0152.

2287 3. All such offices that are not the osteopathic
2288 physician's primary place of practice must be within 25 miles of
2289 the osteopathic physician's primary place of practice or in a
2290 county that is contiguous to the county of the osteopathic
2291 physician's primary place of practice. However, the distance
2292 between any of the offices may not exceed 75 miles.

2293 4. The osteopathic physician may supervise only one office
2294 other than the osteopathic physician's primary place of practice
2295 except that until July 1, 2011, the osteopathic physician may
2296 supervise up to two medical offices other than the osteopathic
2297 physician's primary place of practice if the addresses of the
2298 offices are submitted to the Board of Osteopathic Medicine
2299 before July 1, 2006. Effective July 1, 2011, the osteopathic
2300 physician may supervise only one office other than the
2301 osteopathic physician's primary place of practice, regardless of
2302 when the addresses of the offices were submitted to the Board of
2303 Osteopathic Medicine.

2304 5. As used in this subparagraph, the term "nonablative
2305 aesthetic skin care services" includes, but is not limited to,



2306 services provided using intense pulsed light, lasers, radio
2307 frequency, ultrasound, injectables, and fillers.

2308 a. Subparagraph 2. does not apply to offices at which
2309 nonablative aesthetic skin care services are performed by a
2310 physician assistant under the supervision of a physician if the
2311 physician assistant has successfully completed at least:

2312 (I) Forty hours of postlicensure education and clinical
2313 training on physiology of the skin, skin conditions, skin
2314 disorders, skin diseases, preprocedure and postprocedure skin
2315 care, and infection control, or has worked under the supervision
2316 of a board-certified dermatologist within the preceding 12
2317 months.

2318 (II) Forty hours of postlicensure education and clinical
2319 training on laser and light technologies and skin applications,
2320 or has 6 months of clinical experience working under the
2321 supervision of a board-certified dermatologist who is authorized
2322 to perform nonablative aesthetic skin care services.

2323 (III) Thirty-two hours of postlicensure education and
2324 clinical training on injectables and fillers, or has 6 months of
2325 clinical experience working under the supervision of a board-
2326 certified dermatologist who is authorized to perform nonablative
2327 aesthetic skin care services.

2328 b. The physician assistant shall submit to the board
2329 documentation evidencing successful completion of the education
2330 and training required under this subparagraph.

2331 c. For purposes of compliance with s. 459.022(3), a



2332 physician who has completed 24 hours of education and clinical
2333 training on nonablative aesthetic skin care services, the
2334 curriculum of which has been preapproved by the Board of
2335 Osteopathic Medicine, is qualified to supervise a physician
2336 assistant performing nonablative aesthetic skin care services
2337 pursuant to this subparagraph.

2338 Section 38. Subsection (4) of section 400.9905, Florida
2339 Statutes, is amended to read:

2340 400.9905 Definitions.—

2341 (4) "Clinic" means an entity where health care services
2342 are provided to individuals and which tenders charges for
2343 reimbursement for such services, including a mobile clinic and a
2344 portable equipment provider. As used in this part, the term does
2345 not include and the licensure requirements of this part do not
2346 apply to:

2347 (a) Entities licensed or registered by the state under
2348 chapter 395; entities licensed or registered by the state and
2349 providing only health care services within the scope of services
2350 authorized under their respective licenses under ss. 383.30-
2351 383.335, chapter 390, chapter 394, chapter 397, this chapter
2352 except part X, chapter 429, chapter 463, chapter 465, chapter
2353 466, chapter 478, part I of chapter 483, chapter 484, or chapter
2354 651; end-stage renal disease providers authorized under 42
2355 C.F.R. part 405, subpart U; providers certified under 42 C.F.R.
2356 part 485, subpart B or subpart H; or any entity that provides
2357 neonatal or pediatric hospital-based health care services or



2358 other health care services by licensed practitioners solely
2359 within a hospital licensed under chapter 395.

2360 (b) Entities that own, directly or indirectly, entities
2361 licensed or registered by the state pursuant to chapter 395;
2362 entities that own, directly or indirectly, entities licensed or
2363 registered by the state and providing only health care services
2364 within the scope of services authorized pursuant to their
2365 respective licenses under ss. 383.30-383.335, chapter 390,
2366 chapter 394, chapter 397, this chapter except part X, chapter
2367 429, chapter 463, chapter 465, chapter 466, chapter 478, part I
2368 of chapter 483, chapter 484, or chapter 651; end-stage renal
2369 disease providers authorized under 42 C.F.R. part 405, subpart
2370 U; providers certified under 42 C.F.R. part 485, subpart B or
2371 subpart H; or any entity that provides neonatal or pediatric
2372 hospital-based health care services by licensed practitioners
2373 solely within a hospital licensed under chapter 395.

2374 (c) Entities that are owned, directly or indirectly, by an
2375 entity licensed or registered by the state pursuant to chapter
2376 395; entities that are owned, directly or indirectly, by an
2377 entity licensed or registered by the state and providing only
2378 health care services within the scope of services authorized
2379 pursuant to their respective licenses under ss. 383.30-383.335,
2380 chapter 390, chapter 394, chapter 397, this chapter except part
2381 X, chapter 429, chapter 463, chapter 465, chapter 466, chapter
2382 478, part I of chapter 483, chapter 484, or chapter 651; end-
2383 stage renal disease providers authorized under 42 C.F.R. part



2384 405, subpart U; providers certified under 42 C.F.R. part 485,
2385 subpart B or subpart H; or any entity that provides neonatal or
2386 pediatric hospital-based health care services by licensed
2387 practitioners solely within a hospital under chapter 395.

2388 (d) Entities that are under common ownership, directly or
2389 indirectly, with an entity licensed or registered by the state
2390 pursuant to chapter 395; entities that are under common
2391 ownership, directly or indirectly, with an entity licensed or
2392 registered by the state and providing only health care services
2393 within the scope of services authorized pursuant to their
2394 respective licenses under ss. 383.30-383.335, chapter 390,
2395 chapter 394, chapter 397, this chapter except part X, chapter
2396 429, chapter 463, chapter 465, chapter 466, chapter 478, part I
2397 of chapter 483, chapter 484, or chapter 651; end-stage renal
2398 disease providers authorized under 42 C.F.R. part 405, subpart
2399 U; providers certified under 42 C.F.R. part 485, subpart B or
2400 subpart H; or any entity that provides neonatal or pediatric
2401 hospital-based health care services by licensed practitioners
2402 solely within a hospital licensed under chapter 395.

2403 (e) An entity that is exempt from federal taxation under
2404 26 U.S.C. s. 501(c)(3) or (4), an employee stock ownership plan
2405 under 26 U.S.C. s. 409 that has a board of trustees at least
2406 two-thirds of which are Florida-licensed health care
2407 practitioners and provides only physical therapy services under
2408 physician orders, any community college or university clinic,
2409 and any entity owned or operated by the federal or state



2410 government, including agencies, subdivisions, or municipalities
2411 thereof.

2412 (f) A sole proprietorship, group practice, partnership, or
2413 corporation that provides health care services by physicians
2414 covered by s. 627.419, that is directly supervised by one or
2415 more of such physicians, and that is wholly owned by one or more
2416 of those physicians or by a physician and the spouse, parent,
2417 child, or sibling of that physician.

2418 (g) A sole proprietorship, group practice, partnership, or
2419 corporation that provides health care services by licensed
2420 health care practitioners under chapter 457, chapter 458,
2421 chapter 459, chapter 460, chapter 461, chapter 462, chapter 463,
2422 chapter 466, chapter 467, chapter 480, chapter 484, chapter 486,
2423 chapter 490, chapter 491, or part I, part III, part X, part
2424 XIII, or part XIV of chapter 468, or s. 464.012, and that is
2425 wholly owned by one or more licensed health care practitioners,
2426 or the licensed health care practitioners set forth in this
2427 paragraph and the spouse, parent, child, or sibling of a
2428 licensed health care practitioner if one of the owners who is a
2429 licensed health care practitioner is supervising the business
2430 activities and is legally responsible for the entity's
2431 compliance with all federal and state laws. However, a health
2432 care practitioner may not supervise services beyond the scope of
2433 the practitioner's license, except that, for the purposes of
2434 this part, a clinic owned by a licensee in s. 456.053(3)(b)
2435 which provides only services authorized pursuant to s.



2436 456.053(3)(b) may be supervised by a licensee specified in s.
2437 456.053(3)(b).

2438 (h) Clinical facilities affiliated with an accredited
2439 medical school at which training is provided for medical
2440 students, residents, or fellows.

2441 (i) Entities that provide only oncology or radiation
2442 therapy services by physicians licensed under chapter 458 or
2443 chapter 459 or entities that provide oncology or radiation
2444 therapy services by physicians licensed under chapter 458 or
2445 chapter 459 which are owned by a corporation whose shares are
2446 publicly traded on a recognized stock exchange.

2447 (j) Clinical facilities affiliated with a college of
2448 chiropractic accredited by the Council on Chiropractic Education
2449 at which training is provided for chiropractic students.

2450 (k) Entities that provide licensed practitioners to staff
2451 emergency departments or to deliver anesthesia services in
2452 facilities licensed under chapter 395 and that derive at least
2453 90 percent of their gross annual revenues from the provision of
2454 such services. Entities claiming an exemption from licensure
2455 under this paragraph must provide documentation demonstrating
2456 compliance.

2457 (l) Orthotic, prosthetic, pediatric cardiology, or
2458 perinatology clinical facilities or anesthesia clinical
2459 facilities that are not otherwise exempt under paragraph (a) or
2460 paragraph (k) and that are a publicly traded corporation or are
2461 wholly owned, directly or indirectly, by a publicly traded



2462 corporation. As used in this paragraph, a publicly traded
2463 corporation is a corporation that issues securities traded on an
2464 exchange registered with the United States Securities and
2465 Exchange Commission as a national securities exchange.

2466 (m) Entities that are owned by a corporation that has \$250
2467 million or more in total annual sales of health care services
2468 provided by licensed health care practitioners where one or more
2469 of the persons responsible for the operations of the entity is a
2470 health care practitioner who is licensed in this state and who
2471 is responsible for supervising the business activities of the
2472 entity and is responsible for the entity's compliance with state
2473 law for purposes of this part.

2474 (n) Entities that employ 50 or more licensed health care
2475 practitioners licensed under chapter 458 or chapter 459 where
2476 the billing for medical services is under a single tax
2477 identification number. The application for exemption under this
2478 subsection shall contain information that includes: the name,
2479 residence, and business address and phone number of the entity
2480 that owns the practice; a complete list of the names and contact
2481 information of all the officers and directors of the
2482 corporation; the name, residence address, business address, and
2483 medical license number of each licensed Florida health care
2484 practitioner employed by the entity; the corporate tax
2485 identification number of the entity seeking an exemption; a
2486 listing of health care services to be provided by the entity at
2487 the health care clinics owned or operated by the entity and a



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2488 certified statement prepared by an independent certified public
2489 accountant which states that the entity and the health care
2490 clinics owned or operated by the entity have not received
2491 payment for health care services under personal injury
2492 protection insurance coverage for the preceding year. If the
2493 agency determines that an entity which is exempt under this
2494 subsection has received payments for medical services under
2495 personal injury protection insurance coverage, the agency may
2496 deny or revoke the exemption from licensure under this
2497 subsection.

2498
2499 Notwithstanding this subsection, an entity shall be deemed a
2500 clinic and must be licensed under this part in order to receive
2501 reimbursement under the Florida Motor Vehicle No-Fault Law, ss.
2502 627.730-627.7405, unless exempted under s. 627.736(5)(h) or
2503 exempted under this subsection before June 30, 2014, as a
2504 provider certified pursuant to subpart H of 42 C.F.R. part 485;
2505 however, if a single legal entity owns a clinic certified
2506 pursuant to subpart H of 42 C.F.R. part 485 which is exempted
2507 under this subsection before June 30, 2014, the exemption
2508 extends beyond that date to other clinics owned by that entity
2509 which are certified pursuant to subpart H of 42 C.F.R. part 485.

2510 Section 39. Except as otherwise expressly provided in this
2511 act and except for this section, which shall take effect upon
2512 this act becoming a law, this act shall take effect July 1,
2513 2014.

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CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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