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LEGISLATIVE ACTION

Senate	.	House
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Floor: 1/AE/2R	.	Floor: SENAT/CA
03/09/2016 07:23 PM	.	03/11/2016 10:08 AM
	.	

Senator Grimsley moved the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

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

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



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12 implementing legislation, subject to the following conditions:

13 (7) The department shall establish the reimbursement
14 schedule for prescription pharmaceuticals dispensed under the
15 program. Reimbursement rates for a prescription pharmaceutical
16 must be based on the cost of the generic equivalent drug if a
17 generic equivalent exists, unless the physician, advanced
18 registered nurse practitioner, or physician assistant
19 prescribing the pharmaceutical clearly states on the
20 prescription that the brand name drug is medically necessary or
21 that the drug product is included on the formulary of drug
22 products that may not be interchanged as provided in chapter
23 465, in which case reimbursement must be based on the cost of
24 the brand name drug as specified in the reimbursement schedule
25 adopted by the department.

26 Section 2. Paragraph (c) of subsection (1) of section
27 310.071, Florida Statutes, is amended, and subsection (3) of
28 that section is republished, to read:

29 310.071 Deputy pilot certification.—

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

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



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41 tolerance for any controlled substance regulated under chapter
42 893 unless that individual is under the care of a physician, an
43 advanced registered nurse practitioner, or a physician assistant
44 and that controlled substance was prescribed by that physician,
45 advanced registered nurse practitioner, or physician assistant.

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

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

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

68 310.073 State pilot licensing.—In addition to meeting other
69 requirements specified in this chapter, each applicant for



70 license as a state pilot must:

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

91 Section 4. Paragraph (b) of subsection (3) of section
92 310.081, Florida Statutes, is amended to read:

93 310.081 Department to examine and license state pilots and
94 certificate deputy pilots; vacancies.-

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

97 (b) Are in good physical and mental health as evidenced by
98 documentary proof of having satisfactorily passed a physical



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99 examination administered by a licensed physician or physician
100 assistant within each calendar year. The board shall adopt rules
101 to establish requirements for passing the physical examination,
102 which rules shall establish minimum standards for the physical
103 or mental capabilities necessary to carry out the professional
104 duties of a licensed state pilot or a certificated deputy pilot.
105 Such standards shall include zero tolerance for any controlled
106 substance regulated under chapter 893 unless that individual is
107 under the care of a physician, an advanced registered nurse
108 practitioner, or a physician assistant and that controlled
109 substance was prescribed by that physician, advanced registered
110 nurse practitioner, or physician assistant. To maintain
111 eligibility as a certificated deputy pilot or licensed state
112 pilot, each certificated deputy pilot or licensed state pilot
113 must annually provide documentary proof of having satisfactorily
114 passed a complete physical examination administered by a
115 licensed physician. The physician must know the minimum
116 standards and certify that the certificateholder or licensee
117 satisfactorily meets the standards. The standards for
118 certificateholders and for licensees shall include a drug test.
119
120 Upon resignation or in the case of disability permanently
121 affecting a pilot's ability to serve, the state license or
122 certificate issued under this chapter shall be revoked by the
123 department.

124 Section 5. Present subsections (1) through (10) of section
125 395.0191, Florida Statutes, are redesignated as subsections (2)
126 through (11), respectively, a new subsection (1) and subsection
127 (12) are added to that section, and present subsection (6) of



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128 that section is amended, to read:

129 395.0191 Staff membership and clinical privileges.—

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

131 (a) "Certified surgical assistant" means a surgical
132 assistant who maintains a valid and active certification under
133 one of the following designations: certified surgical first
134 assistant, from the National Board of Surgical Technology and
135 Surgical Assisting; certified surgical assistant, from the
136 National Surgical Assistant Association; or surgical assistant-
137 certified, from the American Board of Surgical Assistants.

138 (b) "Certified surgical technologist" means a surgical
139 technologist who maintains a valid and active certification as a
140 certified surgical technologist from the National Board of
141 Surgical Technology and Surgical Assisting.

142 (c) "Surgeon" means a health care practitioner as defined
143 in s. 456.001 whose scope of practice includes performing
144 surgery and who is listed as the primary surgeon in the
145 operative record.

146 (d) "Surgical assistant" means a person who provides aid in
147 exposure, hemostasis, closures, and other intraoperative
148 technical functions and who assists the surgeon in performing a
149 safe operation with optimal results for the patient.

150 (e) "Surgical technologist" means a person whose duties
151 include, but are not limited to, maintaining sterility during a
152 surgical procedure, handling and ensuring the availability of
153 necessary equipment and supplies, and maintaining visibility of
154 the operative site to ensure that the operating room environment
155 is safe, that proper equipment is available, and that the
156 operative procedure is conducted efficiently.



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157 (7) ~~(6)~~ Upon the written request of the applicant, any
158 licensed facility that has denied staff membership or clinical
159 privileges to any applicant specified in subsection (2) or
160 subsection (3) ~~subsection (1) or subsection (2)~~ shall, within 30
161 days of such request, provide the applicant with the reasons for
162 such denial in writing. A denial of staff membership or clinical
163 privileges to any applicant shall be submitted, in writing, to
164 the applicant's respective licensing board.

165 (12) At least 50 percent of the surgical assistants and 50
166 percent of the surgical technologists that a licensed facility
167 employs or with whom it contracts must be certified surgical
168 assistants and certified surgical technologists, respectively.
169 The requirements of this subsection do not apply to the
170 following:

171 (a) A person who has completed an appropriate training
172 program for surgical technology in any branch of the Armed
173 Forces or reserve component of the Armed Forces.

174 (b) A person who was employed or contracted to perform the
175 duties of a surgical technologist or surgical assistant at any
176 time before July 1, 2016.

177 (c) A health care practitioner as defined in s. 456.001 or
178 a student if the duties performed by the practitioner or the
179 student are within the scope of the practitioner's or the
180 student's training and practice.

181 (d) A person enrolled in a surgical technology or surgical
182 assisting training program accredited by the Commission on
183 Accreditation of Allied Health Education Programs, the
184 Accrediting Bureau of Health Education Schools, or another
185 accrediting body recognized by the United States Department of



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186 Education on July 1, 2016. A person may practice as a surgical
187 technologist or a surgical assistant for 2 years after
188 completion of such a training program before he or she is
189 required to obtain a certification under this subsection.

190 Section 6. Subsection (7) of section 456.072, Florida
191 Statutes, is amended to read:

192 456.072 Grounds for discipline; penalties; enforcement.—

193 (7) Notwithstanding subsection (2), upon a finding that a
194 physician has prescribed or dispensed a controlled substance, or
195 caused a controlled substance to be prescribed or dispensed, in
196 a manner that violates the standard of practice set forth in s.
197 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)
198 or (s), or s. 466.028(1)(p) or (x), or that an advanced
199 registered nurse practitioner has prescribed or dispensed a
200 controlled substance, or caused a controlled substance to be
201 prescribed or dispensed, in a manner that violates the standard
202 of practice set forth in s. 464.018(1)(n) or (p)6., the
203 physician or advanced registered nurse practitioner shall be
204 suspended for a period of not less than 6 months and pay a fine
205 of not less than \$10,000 per count. Repeated violations shall
206 result in increased penalties.

207 Section 7. Section 456.44, Florida Statutes, is amended to
208 read:

209 456.44 Controlled substance prescribing.—

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

211 (a) "Addiction medicine specialist" means a board-certified
212 psychiatrist with a subspecialty certification in addiction
213 medicine or who is eligible for such subspecialty certification
214 in addiction medicine, an addiction medicine physician certified



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215 or eligible for certification by the American Society of
216 Addiction Medicine, or an osteopathic physician who holds a
217 certificate of added qualification in Addiction Medicine through
218 the American Osteopathic Association.

219 (b) "Adverse incident" means any incident set forth in s.
220 458.351(4)(a)-(e) or s. 459.026(4)(a)-(e).

221 (c) "Board-certified pain management physician" means a
222 physician who possesses board certification in pain medicine by
223 the American Board of Pain Medicine, board certification by the
224 American Board of Interventional Pain Physicians, or board
225 certification or subcertification in pain management or pain
226 medicine by a specialty board recognized by the American
227 Association of Physician Specialists or the American Board of
228 Medical Specialties or an osteopathic physician who holds a
229 certificate in Pain Management by the American Osteopathic
230 Association.

231 (d) "Board eligible" means successful completion of an
232 anesthesia, physical medicine and rehabilitation, rheumatology,
233 or neurology residency program approved by the Accreditation
234 Council for Graduate Medical Education or the American
235 Osteopathic Association for a period of 6 years from successful
236 completion of such residency program.

237 (e) "Chronic nonmalignant pain" means pain unrelated to
238 cancer which persists beyond the usual course of disease or the
239 injury that is the cause of the pain or more than 90 days after
240 surgery.

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

243 (g) "Registrant" means a physician, a physician assistant,



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244 or an advanced registered nurse practitioner who meets the
245 requirements of subsection (2).

246 (2) REGISTRATION. ~~Effective January 1, 2012,~~ A physician
247 licensed under chapter 458, chapter 459, chapter 461, or chapter
248 466, a physician assistant licensed under chapter 458 or chapter
249 459, or an advanced registered nurse practitioner certified
250 under part I of chapter 464 who prescribes any controlled
251 substance, listed in Schedule II, Schedule III, or Schedule IV
252 as defined in s. 893.03, for the treatment of chronic
253 nonmalignant pain, must:

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

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

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

263 (a) A complete medical history and a physical examination
264 must be conducted before beginning any treatment and must be
265 documented in the medical record. The exact components of the
266 physical examination shall be left to the judgment of the
267 registrant ~~clinician~~ who is expected to perform a physical
268 examination proportionate to the diagnosis that justifies a
269 treatment. The medical record must, at a minimum, document the
270 nature and intensity of the pain, current and past treatments
271 for pain, underlying or coexisting diseases or conditions, the
272 effect of the pain on physical and psychological function, a



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273 review of previous medical records, previous diagnostic studies,
274 and history of alcohol and substance abuse. The medical record
275 shall also document the presence of one or more recognized
276 medical indications for the use of a controlled substance. Each
277 registrant must develop a written plan for assessing each
278 patient's risk of aberrant drug-related behavior, which may
279 include patient drug testing. Registrants must assess each
280 patient's risk for aberrant drug-related behavior and monitor
281 that risk on an ongoing basis in accordance with the plan.

282 (b) Each registrant must develop a written individualized
283 treatment plan for each patient. The treatment plan shall state
284 objectives that will be used to determine treatment success,
285 such as pain relief and improved physical and psychosocial
286 function, and shall indicate if any further diagnostic
287 evaluations or other treatments are planned. After treatment
288 begins, the registrant ~~physician~~ shall adjust drug therapy to
289 the individual medical needs of each patient. Other treatment
290 modalities, including a rehabilitation program, shall be
291 considered depending on the etiology of the pain and the extent
292 to which the pain is associated with physical and psychosocial
293 impairment. The interdisciplinary nature of the treatment plan
294 shall be documented.

295 (c) The registrant ~~physician~~ shall discuss the risks and
296 benefits of the use of controlled substances, including the
297 risks of abuse and addiction, as well as physical dependence and
298 its consequences, with the patient, persons designated by the
299 patient, or the patient's surrogate or guardian if the patient
300 is incompetent. The registrant ~~physician~~ shall use a written
301 controlled substance agreement between the registrant ~~physician~~



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302 and the patient outlining the patient's responsibilities,
303 including, but not limited to:

304 1. Number and frequency of controlled substance
305 prescriptions and refills.

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

308 3. An agreement that controlled substances for the
309 treatment of chronic nonmalignant pain shall be prescribed by a
310 single treating registrant ~~physician~~ unless otherwise authorized
311 by the treating registrant ~~physician~~ and documented in the
312 medical record.

313 (d) The patient shall be seen by the registrant ~~physician~~
314 at regular intervals, not to exceed 3 months, to assess the
315 efficacy of treatment, ensure that controlled substance therapy
316 remains indicated, evaluate the patient's progress toward
317 treatment objectives, consider adverse drug effects, and review
318 the etiology of the pain. Continuation or modification of
319 therapy shall depend on the registrant's ~~physician's~~ evaluation
320 of the patient's progress. If treatment goals are not being
321 achieved, despite medication adjustments, the registrant
322 ~~physician~~ shall reevaluate the appropriateness of continued
323 treatment. The registrant ~~physician~~ shall monitor patient
324 compliance in medication usage, related treatment plans,
325 controlled substance agreements, and indications of substance
326 abuse or diversion at a minimum of 3-month intervals.

327 (e) The registrant ~~physician~~ shall refer the patient as
328 necessary for additional evaluation and treatment in order to
329 achieve treatment objectives. Special attention shall be given
330 to those patients who are at risk for misusing their medications



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331 and those whose living arrangements pose a risk for medication
332 misuse or diversion. The management of pain in patients with a
333 history of substance abuse or with a comorbid psychiatric
334 disorder requires extra care, monitoring, and documentation and
335 requires consultation with or referral to an addiction medicine
336 specialist or a psychiatrist.

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

- 343 1. The complete medical history and a physical examination,
344 including history of drug abuse or dependence.
- 345 2. Diagnostic, therapeutic, and laboratory results.
- 346 3. Evaluations and consultations.
- 347 4. Treatment objectives.
- 348 5. Discussion of risks and benefits.
- 349 6. Treatments.
- 350 7. Medications, including date, type, dosage, and quantity
351 prescribed.
- 352 8. Instructions and agreements.
- 353 9. Periodic reviews.
- 354 10. Results of any drug testing.
- 355 11. A photocopy of the patient's government-issued photo
356 identification.
- 357 12. If a written prescription for a controlled substance is
358 given to the patient, a duplicate of the prescription.
- 359 13. The registrant's ~~physician's~~ full name presented in a



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360 legible manner.

361 (g) A registrant shall immediately refer patients with
362 signs or symptoms of substance abuse ~~shall be immediately~~
363 ~~referred~~ to a board-certified pain management physician, an
364 addiction medicine specialist, or a mental health addiction
365 facility as it pertains to drug abuse or addiction unless the
366 registrant is a physician who is board-certified or board-
367 eligible in pain management. Throughout the period of time
368 before receiving the consultant's report, a prescribing
369 registrant ~~physician~~ shall clearly and completely document
370 medical justification for continued treatment with controlled
371 substances and those steps taken to ensure medically appropriate
372 use of controlled substances by the patient. Upon receipt of the
373 consultant's written report, the prescribing registrant
374 ~~physician~~ shall incorporate the consultant's recommendations for
375 continuing, modifying, or discontinuing controlled substance
376 therapy. The resulting changes in treatment shall be
377 specifically documented in the patient's medical record.
378 Evidence or behavioral indications of diversion shall be
379 followed by discontinuation of controlled substance therapy, and
380 the patient shall be discharged, and all results of testing and
381 actions taken by the registrant ~~physician~~ shall be documented in
382 the patient's medical record.

383
384 This subsection does not apply to a board-eligible or board-
385 certified anesthesiologist, physiatrist, rheumatologist, or
386 neurologist, or to a board-certified physician who has surgical
387 privileges at a hospital or ambulatory surgery center and
388 primarily provides surgical services. This subsection does not



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389 apply to a board-eligible or board-certified medical specialist
390 who has also completed a fellowship in pain medicine approved by
391 the Accreditation Council for Graduate Medical Education or the
392 American Osteopathic Association, or who is board eligible or
393 board certified in pain medicine by the American Board of Pain
394 Medicine, the American Board of Interventional Pain Physicians,
395 the American Association of Physician Specialists, or a board
396 approved by the American Board of Medical Specialties or the
397 American Osteopathic Association and performs interventional
398 pain procedures of the type routinely billed using surgical
399 codes. This subsection does not apply to a registrant physician
400 who prescribes medically necessary controlled substances for a
401 patient during an inpatient stay in a hospital licensed under
402 chapter 395.

403 Section 8. Paragraph (b) of subsection (2) of section
404 458.3265, Florida Statutes, is amended to read:

405 458.3265 Pain-management clinics.—

406 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
407 apply to any physician who provides professional services in a
408 pain-management clinic that is required to be registered in
409 subsection (1).

410 (b) Only a person may not dispense any medication on the
411 premises of a registered pain-management clinic unless he or she
412 is a physician licensed under this chapter or chapter 459 may
413 dispense medication or prescribe a controlled substance
414 regulated under chapter 893 on the premises of a registered
415 pain-management clinic.

416 Section 9. Paragraph (b) of subsection (2) of section
417 459.0137, Florida Statutes, is amended to read:



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418 459.0137 Pain-management clinics.—

419 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
420 apply to any osteopathic physician who provides professional
421 services in a pain-management clinic that is required to be
422 registered in subsection (1).

423 (b) Only a person may not dispense any medication on the
424 premises of a registered pain-management clinic unless he or she
425 is a physician licensed under this chapter or chapter 458 may
426 dispense medication or prescribe a controlled substance
427 regulated under chapter 893 on the premises of a registered
428 pain-management clinic.

429 Section 10. Paragraph (e) of subsection (4) of section
430 458.347, Florida Statutes, is amended, and paragraph (c) of
431 subsection (9) of that section is republished, to read:

432 458.347 Physician assistants.—

433 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

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

446 2. The supervisory physician must notify the department of



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

453 3. The physician assistant must file with the department a
454 signed affidavit that he or she has completed a minimum of 10
455 continuing medical education hours in the specialty practice in
456 which the physician assistant has prescriptive privileges with
457 each licensure renewal application. Three of the 10 hours must
458 consist of a continuing education course on the safe and
459 effective prescribing of controlled substance medications which
460 is offered by a statewide professional association of physicians
461 in this state accredited to provide educational activities
462 designated for the American Medical Association Physician's
463 Recognition Award Category 1 credit or designated by the
464 American Academy of Physician Assistants as a Category 1 credit.

465 4. The department may issue a prescriber number to the
466 physician assistant granting authority for the prescribing of
467 medicinal drugs authorized within this paragraph upon completion
468 of the foregoing requirements. The physician assistant shall not
469 be required to independently register pursuant to s. 465.0276.

470 5. The prescription must be written in a form that complies
471 with chapter 499 and must contain, in addition to the
472 supervisory physician's name, address, and telephone number, the
473 physician assistant's prescriber number. Unless it is a drug or
474 drug sample dispensed by the physician assistant, the
475 prescription must be filled in a pharmacy permitted under



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476 chapter 465 and must be dispensed in that pharmacy by a
477 pharmacist licensed under chapter 465. The appearance of the
478 prescriber number creates a presumption that the physician
479 assistant is authorized to prescribe the medicinal drug and the
480 prescription is valid.

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

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

485 (c) The council shall:

486 1. Recommend to the department the licensure of physician
487 assistants.

488 2. Develop all rules regulating the use of physician
489 assistants by physicians under this chapter and chapter 459,
490 except for rules relating to the formulary developed under
491 paragraph (4) (f). The council shall also develop rules to ensure
492 that the continuity of supervision is maintained in each
493 practice setting. The boards shall consider adopting a proposed
494 rule developed by the council at the regularly scheduled meeting
495 immediately following the submission of the proposed rule by the
496 council. A proposed rule submitted by the council may not be
497 adopted by either board unless both boards have accepted and
498 approved the identical language contained in the proposed rule.
499 The language of all proposed rules submitted by the council must
500 be approved by both boards pursuant to each respective board's
501 guidelines and standards regarding the adoption of proposed
502 rules. If either board rejects the council's proposed rule, that
503 board must specify its objection to the council with
504 particularity and include any recommendations it may have for



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505 the modification of the proposed rule.

506 3. Make recommendations to the boards regarding all matters
507 relating to physician assistants.

508 4. Address concerns and problems of practicing physician
509 assistants in order to improve safety in the clinical practices
510 of licensed physician assistants.

511 Section 11. Effective January 1, 2017, paragraph (f) of
512 subsection (4) of section 458.347, Florida Statutes, is amended
513 to read:

514 458.347 Physician assistants.—

515 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

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

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



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534 deletion, or modification should be made.

535 4. The boards shall adopt the formulary required by this
536 paragraph, and each addition, deletion, or modification to the
537 formulary, by rule. Notwithstanding any provision of chapter 120
538 to the contrary, the formulary rule shall be effective 60 days
539 after the date it is filed with the Secretary of State. Upon
540 adoption of the formulary, the department shall mail a copy of
541 such formulary to each fully licensed physician assistant having
542 prescribing authority under this section or s. 459.022, and to
543 each pharmacy licensed by the state. The boards shall establish,
544 by rule, a fee not to exceed \$200 to fund the provisions of this
545 paragraph and paragraph (e).

546 Section 12. Subsection (2) of section 464.003, Florida
547 Statutes, is amended to read:

548 464.003 Definitions.—As used in this part, the term:

549 (2) "Advanced or specialized nursing practice" means, in
550 addition to the practice of professional nursing, the
551 performance of advanced-level nursing acts approved by the board
552 which, by virtue of postbasic specialized education, training,
553 and experience, are appropriately performed by an advanced
554 registered nurse practitioner. Within the context of advanced or
555 specialized nursing practice, the advanced registered nurse
556 practitioner may perform acts of nursing diagnosis and nursing
557 treatment of alterations of the health status. The advanced
558 registered nurse practitioner may also perform acts of medical
559 diagnosis and treatment, prescription, and operation as
560 authorized within the framework of an established supervisory
561 protocol ~~which are identified and approved by a joint committee~~
562 ~~composed of three members appointed by the Board of Nursing, two~~



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563 ~~of whom must be advanced registered nurse practitioners; three~~
564 ~~members appointed by the Board of Medicine, two of whom must~~
565 ~~have had work experience with advanced registered nurse~~
566 ~~practitioners; and the State Surgeon General or the State~~
567 ~~Surgeon General's designee. Each committee member appointed by a~~
568 ~~board shall be appointed to a term of 4 years unless a shorter~~
569 ~~term is required to establish or maintain staggered terms. The~~
570 ~~Board of Nursing shall adopt rules authorizing the performance~~
571 ~~of any such acts approved by the joint committee. Unless~~
572 ~~otherwise specified by the joint committee, such acts must be~~
573 ~~performed under the general supervision of a practitioner~~
574 ~~licensed under chapter 458, chapter 459, or chapter 466 within~~
575 ~~the framework of standing protocols which identify the medical~~
576 ~~acts to be performed and the conditions for their performance.~~
577 The department may, by rule, require that a copy of the protocol
578 be filed with the department along with the notice required by
579 s. 458.348.

580 Section 13. Section 464.012, Florida Statutes, is amended
581 to read:

582 464.012 Certification of advanced registered nurse
583 practitioners; fees; controlled substance prescribing.—

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

589 (a) Satisfactory completion of a formal postbasic
590 educational program of at least one academic year, the primary
591 purpose of which is to prepare nurses for advanced or



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592 specialized practice.

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

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

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

614 (3) An advanced registered nurse practitioner shall perform
615 those functions authorized in this section within the framework
616 of an established protocol that is filed with the board upon
617 biennial license renewal and within 30 days after entering into
618 a supervisory relationship with a physician or changes to the
619 protocol. The board shall review the protocol to ensure
620 compliance with applicable regulatory standards for protocols.



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621 The board shall refer to the department licensees submitting
622 protocols that are not compliant with the regulatory standards
623 for protocols. A practitioner currently licensed under chapter
624 458, chapter 459, or chapter 466 shall maintain supervision for
625 directing the specific course of medical treatment. Within the
626 established framework, an advanced registered nurse practitioner
627 may:

- 628 (a) Monitor and alter drug therapies.
- 629 (b) Initiate appropriate therapies for certain conditions.
- 630 (c) Perform additional functions as may be determined by
631 rule in accordance with s. 464.003(2).
- 632 (d) Order diagnostic tests and physical and occupational
633 therapy.

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

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

641 1. Determine the health status of the patient as it relates
642 to the risk factors and to the anesthetic management of the
643 patient through the performance of the general functions.

644 2. Based on history, physical assessment, and supplemental
645 laboratory results, determine, with the consent of the
646 responsible physician, the appropriate type of anesthesia within
647 the framework of the protocol.

648 3. Order under the protocol preanesthetic medication.

649 4. Perform under the protocol procedures commonly used to



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650 render the patient insensible to pain during the performance of
651 surgical, obstetrical, therapeutic, or diagnostic clinical
652 procedures. These procedures include ordering and administering
653 regional, spinal, and general anesthesia; inhalation agents and
654 techniques; intravenous agents and techniques; and techniques of
655 hypnosis.

656 5. Order or perform monitoring procedures indicated as
657 pertinent to the anesthetic health care management of the
658 patient.

659 6. Support life functions during anesthesia health care,
660 including induction and intubation procedures, the use of
661 appropriate mechanical supportive devices, and the management of
662 fluid, electrolyte, and blood component balances.

663 7. Recognize and take appropriate corrective action for
664 abnormal patient responses to anesthesia, adjunctive medication,
665 or other forms of therapy.

666 8. Recognize and treat a cardiac arrhythmia while the
667 patient is under anesthetic care.

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

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

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



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- 679 1. Perform superficial minor surgical procedures.
680 2. Manage the patient during labor and delivery to include
681 amniotomy, episiotomy, and repair.
682 3. Order, initiate, and perform appropriate anesthetic
683 procedures.
684 4. Perform postpartum examination.
685 5. Order appropriate medications.
686 6. Provide family-planning services and well-woman care.
687 7. Manage the medical care of the normal obstetrical
688 patient and the initial care of a newborn patient.

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

- 691 1. Manage selected medical problems.
692 2. Order physical and occupational therapy.
693 3. Initiate, monitor, or alter therapies for certain
694 uncomplicated acute illnesses.
695 4. Monitor and manage patients with stable chronic
696 diseases.
697 5. Establish behavioral problems and diagnosis and make
698 treatment recommendations.

699 (5) The board shall certify, and the department shall issue
700 a certificate to, any nurse meeting the qualifications in this
701 section. The board shall establish an application fee not to
702 exceed \$100 and a biennial renewal fee not to exceed \$50. The
703 board is authorized to adopt such other rules as are necessary
704 to implement the provisions of this section.

705 (6) (a) The board shall establish a committee to recommend a
706 formulary of controlled substances that an advanced registered
707 nurse practitioner may not prescribe or may prescribe only for



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708 specific uses or in limited quantities. The committee must
709 consist of three advanced registered nurse practitioners
710 licensed under this section, recommended by the board; three
711 physicians licensed under chapter 458 or chapter 459 who have
712 work experience with advanced registered nurse practitioners,
713 recommended by the Board of Medicine; and a pharmacist licensed
714 under chapter 465 who is a doctor of pharmacy, recommended by
715 the Board of Pharmacy. The committee may recommend an evidence-
716 based formulary applicable to all advanced registered nurse
717 practitioners which is limited by specialty certification, is
718 limited to approved uses of controlled substances, or is subject
719 to other similar restrictions the committee finds are necessary
720 to protect the health, safety, and welfare of the public. The
721 formulary must restrict the prescribing of psychiatric mental
722 health controlled substances for children younger than 18 years
723 of age to advanced registered nurse practitioners who also are
724 psychiatric nurses as defined in s. 394.455. The formulary must
725 also limit the prescribing of Schedule II controlled substances
726 as listed in s. 893.03 to a 7-day supply, except that such
727 restriction does not apply to controlled substances that are
728 psychiatric medications prescribed by psychiatric nurses as
729 defined in s. 394.455.

730 (b) The board shall adopt by rule the recommended formulary
731 and any revision to the formulary which it finds is supported by
732 evidence-based clinical findings presented by the Board of
733 Medicine, the Board of Osteopathic Medicine, or the Board of
734 Dentistry.

735 (c) The formulary required under this subsection does not
736 apply to a controlled substance that is dispensed for



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737 administration pursuant to an order, including an order for
738 medication authorized by subparagraph (4)(a)3., subparagraph
739 (4)(a)4., or subparagraph (4)(a)9.

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

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

744 Section 14. Effective January 1, 2017, subsection (3) of
745 section 464.012, Florida Statutes, as amended by this act, is
746 amended to read:

747 464.012 Certification of advanced registered nurse
748 practitioners; fees; controlled substance prescribing.—

749 (3) An advanced registered nurse practitioner shall perform
750 those functions authorized in this section within the framework
751 of an established protocol that is filed with the board upon
752 biennial license renewal and within 30 days after entering into
753 a supervisory relationship with a physician or changes to the
754 protocol. The board shall review the protocol to ensure
755 compliance with applicable regulatory standards for protocols.
756 The board shall refer to the department licensees submitting
757 protocols that are not compliant with the regulatory standards
758 for protocols. A practitioner currently licensed under chapter
759 458, chapter 459, or chapter 466 shall maintain supervision for
760 directing the specific course of medical treatment. Within the
761 established framework, an advanced registered nurse practitioner
762 may:

763 (a) Prescribe, dispense, administer, or order any drug;
764 however, an advanced registered nurse practitioner may prescribe
765 or dispense a controlled substance as defined in s. 893.03 only



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766 if the advanced registered nurse practitioner has graduated from
767 a program leading to a master's or doctoral degree in a clinical
768 nursing specialty area with training in specialized practitioner
769 skills ~~Monitor and alter drug therapies.~~

770 (b) Initiate appropriate therapies for certain conditions.

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

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

775 Section 15. Subsection (3) of section 464.013, Florida
776 Statutes, is amended to read:

777 464.013 Renewal of license or certificate.-

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

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

786 (b) Notwithstanding the exemption in paragraph (a), as part
787 of the maximum 30 hours of continuing education hours required
788 under this subsection, advanced registered nurse practitioners
789 certified under s. 464.012 must complete at least 3 hours of
790 continuing education on the safe and effective prescription of
791 controlled substances. Such continuing education courses must be
792 offered by a statewide professional association of physicians in
793 this state accredited to provide educational activities
794 designated for the American Medical Association Physician's



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795 Recognition Award Category 1 credit, the American Nurses
796 Credentialing Center, the American Association of Nurse
797 Anesthetists, or the American Association of Nurse Practitioners
798 and may be offered in a distance learning format.

799 Section 16. Paragraph (p) is added to subsection (1) of
800 section 464.018, Florida Statutes, and subsection (2) of that
801 section is republished, to read:

802 464.018 Disciplinary actions.—

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

805 (p) For an advanced registered nurse practitioner:

806 1. Presigning blank prescription forms.

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

809 3. Prescribing, ordering, dispensing, administering,
810 supplying, selling, or giving a drug that is an amphetamine, a
811 sympathomimetic amine drug, or a compound designated in s.
812 893.03(2) as a Schedule II controlled substance, to or for any
813 person except for:

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

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

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



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824 reviewed by, and approved by the department before such
825 investigation is begun.

826 4. Prescribing, ordering, dispensing, administering,
827 supplying, selling, or giving growth hormones, testosterone or
828 its analogs, human chorionic gonadotropin (HCG), or other
829 hormones for the purpose of muscle building or to enhance
830 athletic performance. As used in this subparagraph, the term
831 "muscle building" does not include the treatment of injured
832 muscle. A prescription written for the drug products identified
833 in this subparagraph may be dispensed by a pharmacist with the
834 presumption that the prescription is for legitimate medical use.

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

838 6. Prescribing, dispensing, administering, mixing, or
839 otherwise preparing a legend drug, including a controlled
840 substance, other than in the course of his or her professional
841 practice. For the purposes of this subparagraph, it is legally
842 presumed that prescribing, dispensing, administering, mixing, or
843 otherwise preparing legend drugs, including all controlled
844 substances, inappropriately or in excessive or inappropriate
845 quantities is not in the best interest of the patient and is not
846 in the course of the advanced registered nurse practitioner's
847 professional practice, without regard to his or her intent.

848 7. Prescribing, dispensing, or administering a medicinal
849 drug appearing on any schedule set forth in chapter 893 to
850 himself or herself, except a drug prescribed, dispensed, or
851 administered to the advanced registered nurse practitioner by
852 another practitioner authorized to prescribe, dispense, or



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853 administer medicinal drugs.

854 8. Prescribing, ordering, dispensing, administering,
855 supplying, selling, or giving amygdalin (laetrile) to any
856 person.

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

860 10. Promoting or advertising through any communication
861 medium the use, sale, or dispensing of a substance designated in
862 s. 893.03 as a controlled substance.

863 (2) The board may enter an order denying licensure or
864 imposing any of the penalties in s. 456.072(2) against any
865 applicant for licensure or licensee who is found guilty of
866 violating any provision of subsection (1) of this section or who
867 is found guilty of violating any provision of s. 456.072(1).

868 Section 17. Section 627.42392, Florida Statutes, is created
869 to read:

870 627.42392 Prior authorization.—

871 (1) As used in this section, the term "health insurer"
872 means an authorized insurer offering health insurance as defined
873 in s. 624.603, a managed care plan as defined in s. 409.962(9),
874 or a health maintenance organization as defined in s.
875 641.19(12).

876 (2) Notwithstanding any other provision of law, in order to
877 establish uniformity in the submission of prior authorization
878 forms on or after January 1, 2017, a health insurer, or a
879 pharmacy benefits manager on behalf of the health insurer, which
880 does not use an electronic prior authorization form for its
881 contracted providers shall use only the prior authorization form



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882 that has been approved by the Financial Services Commission in
883 consultation with the Agency for Health Care Administration to
884 obtain a prior authorization for a medical procedure, course of
885 treatment, or prescription drug benefit. Such form may not
886 exceed two pages in length, excluding any instructions or
887 guiding documentation.

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

892 Section 18. Subsection (11) of section 627.6131, Florida
893 Statutes, is amended to read:

894 627.6131 Payment of claims.—

895 (11) A health insurer may not retroactively deny a claim
896 because of insured ineligibility:

897 (a) At any time, if the health insurer verified the
898 eligibility of an insured who is not a recipient of advance
899 payments of the federal premium tax credit and the insurer
900 issued an authorization for payment to a provider;

901 (b) For services authorized by the insurer and rendered
902 during the first 30 days of a federally required grace period
903 when an insured is a recipient of advance payments of the
904 federal premium tax credit; or

905 (c) More than 1 year after the date of payment of the
906 claim.

907 Section 19. Subsection (10) of section 641.3155, Florida
908 Statutes, is amended to read:

909 641.3155 Prompt payment of claims.—

910 (10) A health maintenance organization may not



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911 retroactively deny a claim because of subscriber ineligibility:

912 (a) At any time, if the health maintenance organization
913 verified the eligibility of a subscriber who is not a recipient
914 of advance payments of the federal premium tax credit and the
915 health maintenance organization issued an authorization for
916 payment to a provider;

917 (b) For services authorized by the health maintenance
918 organization and rendered during the first 30 days of a
919 federally required grace period when a subscriber is a recipient
920 of advance payments of the federal premium tax credit; or

921 (c) More than 1 year after the date of payment of the
922 claim.

923 Section 20. Subsection (21) of section 893.02, Florida
924 Statutes, is amended to read:

925 893.02 Definitions.—The following words and phrases as used
926 in this chapter shall have the following meanings, unless the
927 context otherwise requires:

928 (21) "Practitioner" means a physician licensed under
929 ~~pursuant to~~ chapter 458, a dentist licensed under ~~pursuant to~~
930 chapter 466, a veterinarian licensed under ~~pursuant to~~ chapter
931 474, an osteopathic physician licensed under ~~pursuant to~~ chapter
932 459, an advanced registered nurse practitioner certified under
933 chapter 464, a naturopath licensed under ~~pursuant to~~ chapter
934 462, a certified optometrist licensed under ~~pursuant to~~ chapter
935 463, ~~or~~ a podiatric physician licensed under ~~pursuant to~~ chapter
936 461, or a physician assistant licensed under chapter 458 or
937 chapter 459, provided such practitioner holds a valid federal
938 controlled substance registry number.

939 Section 21. Paragraph (n) of subsection (1) of section



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940 948.03, Florida Statutes, is amended to read:

941 948.03 Terms and conditions of probation.—

942 (1) The court shall determine the terms and conditions of
943 probation. Conditions specified in this section do not require
944 oral pronouncement at the time of sentencing and may be
945 considered standard conditions of probation. These conditions
946 may include among them the following, that the probationer or
947 offender in community control shall:

948 (n) Be prohibited from using intoxicants to excess or
949 possessing any drugs or narcotics unless prescribed by a
950 physician, an advanced registered nurse practitioner, or a
951 physician assistant. The probationer or community controllee may
952 ~~shall~~ not knowingly visit places where intoxicants, drugs, or
953 other dangerous substances are unlawfully sold, dispensed, or
954 used.

955 Section 22. Paragraph (a) of subsection (1) and subsection
956 (2) of section 458.348, Florida Statutes, are amended to read:

957 458.348 Formal supervisory relationships, standing orders,
958 and established protocols; notice; standards.—

959 (1) NOTICE.—

960 (a) When a physician enters into a formal supervisory
961 relationship or standing orders with an emergency medical
962 technician or paramedic licensed pursuant to s. 401.27, which
963 relationship or orders contemplate the performance of medical
964 acts, or when a physician enters into an established protocol
965 with an advanced registered nurse practitioner, which protocol
966 contemplates the performance of medical ~~acts identified and~~
967 ~~approved by the joint committee pursuant to s. 464.003(2) or~~
968 acts set forth in s. 464.012(3) and (4), the physician shall



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969 submit notice to the board. The notice shall contain a statement
970 in substantially the following form:

971
972 I, ...(name and professional license number of
973 physician)..., of ...(address of physician)... have hereby
974 entered into a formal supervisory relationship, standing orders,
975 or an established protocol with ...(number of persons)...
976 emergency medical technician(s), ...(number of persons)...
977 paramedic(s), or ...(number of persons)... advanced registered
978 nurse practitioner(s).

979
980 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The
981 joint committee ~~created under s. 464.003(2)~~ shall determine
982 minimum standards for the content of established protocols
983 pursuant to which an advanced registered nurse practitioner may
984 perform medical acts ~~identified and approved by the joint~~
985 ~~committee pursuant to s. 464.003(2)~~ or acts set forth in s.
986 464.012(3) and (4) and shall determine minimum standards for
987 supervision of such acts by the physician, unless the joint
988 committee determines that any act set forth in s. 464.012(3) or
989 (4) is not a medical act. Such standards shall be based on risk
990 to the patient and acceptable standards of medical care and
991 shall take into account the special problems of medically
992 underserved areas. The standards developed by the joint
993 committee shall be adopted as rules by the Board of Nursing and
994 the Board of Medicine for purposes of carrying out their
995 responsibilities pursuant to part I of chapter 464 and this
996 chapter, respectively, but neither board shall have disciplinary
997 powers over the licensees of the other board.



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998 Section 23. Paragraph (a) of subsection (1) of section
999 459.025, Florida Statutes, is amended to read:

1000 459.025 Formal supervisory relationships, standing orders,
1001 and established protocols; notice; standards.—

1002 (1) NOTICE.—

1003 (a) When an osteopathic physician enters into a formal
1004 supervisory relationship or standing orders with an emergency
1005 medical technician or paramedic licensed pursuant to s. 401.27,
1006 which relationship or orders contemplate the performance of
1007 medical acts, or when an osteopathic physician enters into an
1008 established protocol with an advanced registered nurse
1009 practitioner, which protocol contemplates the performance of
1010 medical acts ~~identified and approved by the joint committee~~
1011 ~~pursuant to s. 464.003(2)~~ or acts set forth in s. 464.012(3) and
1012 (4), the osteopathic physician shall submit notice to the board.
1013 The notice must contain a statement in substantially the
1014 following form:

1015
1016 I, ...(name and professional license number of osteopathic
1017 physician)..., of ...(address of osteopathic physician)... have
1018 hereby entered into a formal supervisory relationship, standing
1019 orders, or an established protocol with ...(number of
1020 persons)... emergency medical technician(s), ...(number of
1021 persons)... paramedic(s), or ...(number of persons)... advanced
1022 registered nurse practitioner(s).

1023 Section 24. Subsection (10) of s. 458.331, paragraph (g) of
1024 subsection (7) of s. 458.347, subsection (10) of s. 459.015,
1025 paragraph (f) of subsection (7) of s. 459.022, and paragraph (b)
1026 of subsection (5) of s. 465.0158, Florida Statutes, are



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1027 reenacted for the purpose of incorporating the amendment made by
1028 this act to s. 456.072, Florida Statutes, in references thereto.

1029 Section 25. Paragraph (mm) of subsection (1) of s. 456.072
1030 and s. 466.02751, Florida Statutes, are reenacted for the
1031 purpose of incorporating the amendment made by this act to s.
1032 456.44, Florida Statutes, in references thereto.

1033 Section 26. Section 458.303, paragraph (b) of subsection
1034 (7) of s. 458.3475, paragraph (e) of subsection (4) and
1035 paragraph (c) of subsection (9) of s. 459.022, and paragraph (b)
1036 of subsection (7) of s. 459.023, Florida Statutes, are reenacted
1037 for the purpose of incorporating the amendment made by this act
1038 to s. 458.347, Florida Statutes, in references thereto.

1039 Section 27. Paragraph (c) of subsection (3) of s. 464.012,
1040 Florida Statutes, is reenacted for the purpose of incorporating
1041 the amendment made by this act to s. 464.003, Florida Statutes,
1042 in a reference thereto.

1043 Section 28. Paragraph (a) of subsection (1) of s. 456.041,
1044 subsections (1) and (2) of s. 458.348, and subsection (1) of s.
1045 459.025, Florida Statutes, are reenacted for the purpose of
1046 incorporating the amendment made by this act to s. 464.012,
1047 Florida Statutes, in references thereto.

1048 Section 29. Subsection (7) of s. 464.0205, Florida
1049 Statutes, is reenacted for the purpose of incorporating the
1050 amendment made by this act to s. 464.013, Florida Statutes, in a
1051 reference thereto.

1052 Section 30. Subsection (11) of s. 320.0848, subsection (2)
1053 of s. 464.008, subsection (5) of s. 464.009, and paragraph (b)
1054 of subsection (1), subsection (3), and paragraph (b) of
1055 subsection (4) of s. 464.0205, Florida Statutes, are reenacted



1056 for the purpose of incorporating the amendment made by this act
1057 to s. 464.018, Florida Statutes, in references thereto.

1058 Section 31. Section 775.051, Florida Statutes, is reenacted
1059 for the purpose of incorporating the amendment made by this act
1060 to s. 893.02, Florida Statutes, in a reference thereto.

1061 Section 32. Paragraph (a) of subsection (3) of s. 944.17,
1062 subsection (8) of s. 948.001, and paragraph (e) of subsection
1063 (1) of s. 948.101, Florida Statutes, are reenacted for the
1064 purpose of incorporating the amendment made by this act to s.
1065 948.03, Florida Statutes, in references thereto.

1066 Section 33. Except as otherwise expressly provided in this
1067 act, this act shall take effect upon becoming a law.

1068
1069 ===== T I T L E A M E N D M E N T =====

1070 And the title is amended as follows:

1071 Delete everything before the enacting clause
1072 and insert:

1073 A bill to be entitled
1074 An act relating to access to health care services;
1075 amending s. 110.12315, F.S.; expanding the categories
1076 of persons who may prescribe brand name drugs under
1077 the prescription drug program when medically
1078 necessary; amending ss. 310.071, 310.073, and 310.081,
1079 F.S.; exempting controlled substances prescribed by an
1080 advanced registered nurse practitioner or a physician
1081 assistant from the disqualifications for certification
1082 or licensure, and for continued certification or
1083 licensure, as a deputy pilot or state pilot; amending
1084 s. 395.0191, F.S.; defining terms; requiring a certain



1085 percentage of surgical assistants and surgical
1086 technologists employed or contracting with a hospital
1087 to be certified; providing exceptions to the
1088 certification requirement; conforming cross-
1089 references; amending s. 456.072, F.S.; applying
1090 existing penalties for violations relating to the
1091 prescribing or dispensing of controlled substances by
1092 an advanced registered nurse practitioner; amending s.
1093 456.44, F.S.; defining the term "registrant"; deleting
1094 an obsolete date; requiring advanced registered nurse
1095 practitioners and physician assistants who prescribe
1096 controlled substances for the treatment of certain
1097 pain to make a certain designation, comply with
1098 registration requirements, and follow specified
1099 standards of practice; providing applicability;
1100 amending ss. 458.3265 and 459.0137, F.S.; limiting the
1101 authority to prescribe a controlled substance in a
1102 pain-management clinic only to a physician licensed
1103 under ch. 458 or ch. 459, F.S.; amending s. 458.347,
1104 F.S.; revising the required continuing education
1105 requirements for a physician assistant; requiring that
1106 a specified formulary limit the prescription of
1107 certain controlled substances by physician assistants
1108 as of a specified date; amending s. 464.003, F.S.;
1109 revising the term "advanced or specialized nursing
1110 practice"; deleting the joint committee established in
1111 the definition; amending s. 464.012, F.S.; requiring
1112 the Board of Nursing to establish a committee to
1113 recommend a formulary of controlled substances that



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1114 may not be prescribed, or may be prescribed only on a
1115 limited basis, by an advanced registered nurse
1116 practitioner; specifying the membership of the
1117 committee; providing parameters for the formulary;
1118 requiring that the formulary be adopted by board rule;
1119 specifying the process for amending the formulary and
1120 imposing a burden of proof; limiting the formulary's
1121 application in certain instances; requiring the board
1122 to adopt the committee's initial recommendations by a
1123 specified date; providing a short title; authorizing
1124 an advanced registered nurse practitioner to
1125 prescribe, dispense, administer, or order drugs,
1126 including certain controlled substances under certain
1127 circumstances, as of a specified date; amending s.
1128 464.013, F.S.; revising continuing education
1129 requirements for renewal of a license or certificate;
1130 amending s. 464.018, F.S.; specifying acts that
1131 constitute grounds for denial of a license or for
1132 disciplinary action against an advanced registered
1133 nurse practitioner; creating s. 627.42392, F.S.;
1134 defining the term "health insurer"; requiring that
1135 certain health insurers that do not already use a
1136 certain form use only a prior authorization form
1137 approved by the Financial Services Commission in
1138 consultation with the Agency for Health Care
1139 Administration; requiring the commission in
1140 consultation with the agency to adopt by rule
1141 guidelines for such forms; amending s. 627.6131, F.S.;

1142 prohibiting a health insurer from retroactively



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1143 denying a claim under specified circumstances;
1144 amending s. 641.3155, F.S.; prohibiting a health
1145 maintenance organization from retroactively denying a
1146 claim under specified circumstances; amending s.
1147 893.02, F.S.; revising the term "practitioner" to
1148 include advanced registered nurse practitioners and
1149 physician assistants under the Florida Comprehensive
1150 Drug Abuse Prevention and Control Act if a certain
1151 requirement is met; amending s. 948.03, F.S.;
1152 providing that possession of drugs or narcotics
1153 prescribed by an advanced registered nurse
1154 practitioner or a physician assistant does not violate
1155 a prohibition relating to the possession of drugs or
1156 narcotics during probation; amending ss. 458.348 and
1157 459.025, F.S.; conforming provisions to changes made
1158 by the act; reenacting ss. 458.331(10), 458.347(7)(g),
1159 459.015(10), 459.022(7)(f), and 465.0158(5)(b), F.S.,
1160 to incorporate the amendment made to s. 456.072, F.S.,
1161 in references thereto; reenacting ss. 456.072(1)(mm)
1162 and 466.02751, F.S., to incorporate the amendment made
1163 to s. 456.44, F.S., in references thereto; reenacting
1164 ss. 458.303, 458.3475(7)(b), 459.022(4)(e) and (9)(c),
1165 and 459.023(7)(b), F.S., to incorporate the amendment
1166 made to s. 458.347, F.S., in references thereto;
1167 reenacting s. 464.012(3)(c), F.S., to incorporate the
1168 amendment made to s. 464.003, F.S., in a reference
1169 thereto; reenacting ss. 456.041(1)(a), 458.348(1) and
1170 (2), and 459.025(1), F.S., to incorporate the
1171 amendment made to s. 464.012, F.S., in references



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1172 thereto; reenacting s. 464.0205(7), F.S., to
1173 incorporate the amendment made to s. 464.013, F.S., in
1174 a reference thereto; reenacting ss. 320.0848(11),
1175 464.008(2), 464.009(5), and 464.0205(1)(b), (3), and
1176 (4)(b), F.S., to incorporate the amendment made to s.
1177 464.018, F.S., in references thereto; reenacting s.
1178 775.051, F.S., to incorporate the amendment made to s.
1179 893.02, F.S., in a reference thereto; reenacting ss.
1180 944.17(3)(a), 948.001(8), and 948.101(1)(e), F.S., to
1181 incorporate the amendment made to s. 948.03, F.S., in
1182 references thereto; providing effective dates.