



899458

LEGISLATIVE ACTION

Senate

.

House

.

.

Floor: 1/RE/2R

.

03/09/2016 05:33 PM

.

.

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



899458

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



899458

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



899458

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



899458

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

126 456.072 Grounds for discipline; penalties; enforcement.—
127 (7) Notwithstanding subsection (2), upon a finding that a



899458

128 physician has prescribed or dispensed a controlled substance, or
129 caused a controlled substance to be prescribed or dispensed, in
130 a manner that violates the standard of practice set forth in s.
131 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)
132 or (s), or s. 466.028(1)(p) or (x), or that an advanced
133 registered nurse practitioner has prescribed or dispensed a
134 controlled substance, or caused a controlled substance to be
135 prescribed or dispensed, in a manner that violates the standard
136 of practice set forth in s. 464.018(1)(n) or (p)6., the
137 physician or advanced registered nurse practitioner shall be
138 suspended for a period of not less than 6 months and pay a fine
139 of not less than \$10,000 per count. Repeated violations shall
140 result in increased penalties.

141 Section 6. Section 456.44, Florida Statutes, is amended to
142 read:

143 456.44 Controlled substance prescribing.—

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

145 (a) "Addiction medicine specialist" means a board-certified
146 psychiatrist with a subspecialty certification in addiction
147 medicine or who is eligible for such subspecialty certification
148 in addiction medicine, an addiction medicine physician certified
149 or eligible for certification by the American Society of
150 Addiction Medicine, or an osteopathic physician who holds a
151 certificate of added qualification in Addiction Medicine through
152 the American Osteopathic Association.

153 (b) "Adverse incident" means any incident set forth in s.
154 458.351(4)(a)-(e) or s. 459.026(4)(a)-(e).

155 (c) "Board-certified pain management physician" means a
156 physician who possesses board certification in pain medicine by



899458

157 the American Board of Pain Medicine, board certification by the
158 American Board of Interventional Pain Physicians, or board
159 certification or subcertification in pain management or pain
160 medicine by a specialty board recognized by the American
161 Association of Physician Specialists or the American Board of
162 Medical Specialties or an osteopathic physician who holds a
163 certificate in Pain Management by the American Osteopathic
164 Association.

165 (d) "Board eligible" means successful completion of an
166 anesthesia, physical medicine and rehabilitation, rheumatology,
167 or neurology residency program approved by the Accreditation
168 Council for Graduate Medical Education or the American
169 Osteopathic Association for a period of 6 years from successful
170 completion of such residency program.

171 (e) "Chronic nonmalignant pain" means pain unrelated to
172 cancer which persists beyond the usual course of disease or the
173 injury that is the cause of the pain or more than 90 days after
174 surgery.

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

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

180 (2) REGISTRATION. ~~Effective January 1, 2012,~~ A physician
181 licensed under chapter 458, chapter 459, chapter 461, or chapter
182 466, a physician assistant licensed under chapter 458 or chapter
183 459, or an advanced registered nurse practitioner certified
184 under part I of chapter 464 who prescribes any controlled
185 substance, listed in Schedule II, Schedule III, or Schedule IV



899458

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

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

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

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

197 (a) A complete medical history and a physical examination
198 must be conducted before beginning any treatment and must be
199 documented in the medical record. The exact components of the
200 physical examination shall be left to the judgment of the
201 registrant ~~clinician~~ who is expected to perform a physical
202 examination proportionate to the diagnosis that justifies a
203 treatment. The medical record must, at a minimum, document the
204 nature and intensity of the pain, current and past treatments
205 for pain, underlying or coexisting diseases or conditions, the
206 effect of the pain on physical and psychological function, a
207 review of previous medical records, previous diagnostic studies,
208 and history of alcohol and substance abuse. The medical record
209 shall also document the presence of one or more recognized
210 medical indications for the use of a controlled substance. Each
211 registrant must develop a written plan for assessing each
212 patient's risk of aberrant drug-related behavior, which may
213 include patient drug testing. Registrants must assess each
214 patient's risk for aberrant drug-related behavior and monitor



899458

215 that risk on an ongoing basis in accordance with the plan.

216 (b) Each registrant must develop a written individualized
217 treatment plan for each patient. The treatment plan shall state
218 objectives that will be used to determine treatment success,
219 such as pain relief and improved physical and psychosocial
220 function, and shall indicate if any further diagnostic
221 evaluations or other treatments are planned. After treatment
222 begins, the registrant ~~physician~~ shall adjust drug therapy to
223 the individual medical needs of each patient. Other treatment
224 modalities, including a rehabilitation program, shall be
225 considered depending on the etiology of the pain and the extent
226 to which the pain is associated with physical and psychosocial
227 impairment. The interdisciplinary nature of the treatment plan
228 shall be documented.

229 (c) The registrant ~~physician~~ shall discuss the risks and
230 benefits of the use of controlled substances, including the
231 risks of abuse and addiction, as well as physical dependence and
232 its consequences, with the patient, persons designated by the
233 patient, or the patient's surrogate or guardian if the patient
234 is incompetent. The registrant ~~physician~~ shall use a written
235 controlled substance agreement between the registrant ~~physician~~
236 and the patient outlining the patient's responsibilities,
237 including, but not limited to:

238 1. Number and frequency of controlled substance
239 prescriptions and refills.

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

242 3. An agreement that controlled substances for the
243 treatment of chronic nonmalignant pain shall be prescribed by a



899458

244 single treating registrant ~~physician~~ unless otherwise authorized
245 by the treating registrant ~~physician~~ and documented in the
246 medical record.

247 (d) The patient shall be seen by the registrant ~~physician~~
248 at regular intervals, not to exceed 3 months, to assess the
249 efficacy of treatment, ensure that controlled substance therapy
250 remains indicated, evaluate the patient's progress toward
251 treatment objectives, consider adverse drug effects, and review
252 the etiology of the pain. Continuation or modification of
253 therapy shall depend on the registrant's ~~physician's~~ evaluation
254 of the patient's progress. If treatment goals are not being
255 achieved, despite medication adjustments, the registrant
256 ~~physician~~ shall reevaluate the appropriateness of continued
257 treatment. The registrant ~~physician~~ shall monitor patient
258 compliance in medication usage, related treatment plans,
259 controlled substance agreements, and indications of substance
260 abuse or diversion at a minimum of 3-month intervals.

261 (e) The registrant ~~physician~~ shall refer the patient as
262 necessary for additional evaluation and treatment in order to
263 achieve treatment objectives. Special attention shall be given
264 to those patients who are at risk for misusing their medications
265 and those whose living arrangements pose a risk for medication
266 misuse or diversion. The management of pain in patients with a
267 history of substance abuse or with a comorbid psychiatric
268 disorder requires extra care, monitoring, and documentation and
269 requires consultation with or referral to an addiction medicine
270 specialist or a psychiatrist.

271 (f) A registrant ~~physician registered under this section~~
272 must maintain accurate, current, and complete records that are



899458

273 accessible and readily available for review and comply with the
274 requirements of this section, the applicable practice act, and
275 applicable board rules. The medical records must include, but
276 are not limited to:

277 1. The complete medical history and a physical examination,
278 including history of drug abuse or dependence.

279 2. Diagnostic, therapeutic, and laboratory results.

280 3. Evaluations and consultations.

281 4. Treatment objectives.

282 5. Discussion of risks and benefits.

283 6. Treatments.

284 7. Medications, including date, type, dosage, and quantity
285 prescribed.

286 8. Instructions and agreements.

287 9. Periodic reviews.

288 10. Results of any drug testing.

289 11. A photocopy of the patient's government-issued photo
290 identification.

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

293 13. The registrant's ~~physician's~~ full name presented in a
294 legible manner.

295 (g) A registrant shall immediately refer patients with
296 signs or symptoms of substance abuse ~~shall be immediately~~
297 ~~referred~~ to a board-certified pain management physician, an
298 addiction medicine specialist, or a mental health addiction
299 facility as it pertains to drug abuse or addiction unless the
300 registrant is a physician who is board-certified or board-
301 eligible in pain management. Throughout the period of time



899458

302 before receiving the consultant's report, a prescribing
303 registrant ~~physician~~ shall clearly and completely document
304 medical justification for continued treatment with controlled
305 substances and those steps taken to ensure medically appropriate
306 use of controlled substances by the patient. Upon receipt of the
307 consultant's written report, the prescribing registrant
308 ~~physician~~ shall incorporate the consultant's recommendations for
309 continuing, modifying, or discontinuing controlled substance
310 therapy. The resulting changes in treatment shall be
311 specifically documented in the patient's medical record.
312 Evidence or behavioral indications of diversion shall be
313 followed by discontinuation of controlled substance therapy, and
314 the patient shall be discharged, and all results of testing and
315 actions taken by the registrant ~~physician~~ shall be documented in
316 the patient's medical record.

317
318 This subsection does not apply to a board-eligible or board-
319 certified anesthesiologist, physiatrist, rheumatologist, or
320 neurologist, or to a board-certified physician who has surgical
321 privileges at a hospital or ambulatory surgery center and
322 primarily provides surgical services. This subsection does not
323 apply to a board-eligible or board-certified medical specialist
324 who has also completed a fellowship in pain medicine approved by
325 the Accreditation Council for Graduate Medical Education or the
326 American Osteopathic Association, or who is board eligible or
327 board certified in pain medicine by the American Board of Pain
328 Medicine, the American Board of Interventional Pain Physicians,
329 the American Association of Physician Specialists, or a board
330 approved by the American Board of Medical Specialties or the



899458

331 American Osteopathic Association and performs interventional
332 pain procedures of the type routinely billed using surgical
333 codes. This subsection does not apply to a registrant ~~physician~~
334 who prescribes medically necessary controlled substances for a
335 patient during an inpatient stay in a hospital licensed under
336 chapter 395.

337 Section 7. Paragraph (b) of subsection (2) of section
338 458.3265, Florida Statutes, is amended to read:

339 458.3265 Pain-management clinics.—

340 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
341 apply to any physician who provides professional services in a
342 pain-management clinic that is required to be registered in
343 subsection (1).

344 (b) ~~Only a person may not dispense any medication on the~~
345 ~~premises of a registered pain-management clinic unless he or she~~
346 ~~is~~ a physician licensed under this chapter or chapter 459 may
347 dispense medication or prescribe a controlled substance
348 regulated under chapter 893 on the premises of a registered
349 pain-management clinic.

350 Section 8. Paragraph (b) of subsection (2) of section
351 459.0137, Florida Statutes, is amended to read:

352 459.0137 Pain-management clinics.—

353 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
354 apply to any osteopathic physician who provides professional
355 services in a pain-management clinic that is required to be
356 registered in subsection (1).

357 (b) ~~Only a person may not dispense any medication on the~~
358 ~~premises of a registered pain-management clinic unless he or she~~
359 ~~is~~ a physician licensed under this chapter or chapter 458 may



899458

360 dispense medication or prescribe a controlled substance
361 regulated under chapter 893 on the premises of a registered
362 pain-management clinic.

363 Section 9. Paragraph (e) of subsection (4) of section
364 458.347, Florida Statutes, is amended, and paragraph (c) of
365 subsection (9) of that section is republished, to read:

366 458.347 Physician assistants.—

367 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

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

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

387 3. The physician assistant must file with the department a
388 signed affidavit that he or she has completed a minimum of 10



899458

389 continuing medical education hours in the specialty practice in
390 which the physician assistant has prescriptive privileges with
391 each licensure renewal application. Three of the 10 hours must
392 consist of a continuing education course on the safe and
393 effective prescribing of controlled substance medications which
394 is offered by a statewide professional association of physicians
395 in this state accredited to provide educational activities
396 designated for the American Medical Association Physician's
397 Recognition Award Category 1 credit or designated by the
398 American Academy of Physician Assistants as a Category 1 credit.

399 4. The department may issue a prescriber number to the
400 physician assistant granting authority for the prescribing of
401 medicinal drugs authorized within this paragraph upon completion
402 of the foregoing requirements. The physician assistant shall not
403 be required to independently register pursuant to s. 465.0276.

404 5. The prescription must be written in a form that complies
405 with chapter 499 and must contain, in addition to the
406 supervisory physician's name, address, and telephone number, the
407 physician assistant's prescriber number. Unless it is a drug or
408 drug sample dispensed by the physician assistant, the
409 prescription must be filled in a pharmacy permitted under
410 chapter 465 and must be dispensed in that pharmacy by a
411 pharmacist licensed under chapter 465. The appearance of the
412 prescriber number creates a presumption that the physician
413 assistant is authorized to prescribe the medicinal drug and the
414 prescription is valid.

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

417 (9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on



899458

418 Physician Assistants is created within the department.

419 (c) The council shall:

420 1. Recommend to the department the licensure of physician
421 assistants.

422 2. Develop all rules regulating the use of physician
423 assistants by physicians under this chapter and chapter 459,
424 except for rules relating to the formulary developed under
425 paragraph (4) (f). The council shall also develop rules to ensure
426 that the continuity of supervision is maintained in each
427 practice setting. The boards shall consider adopting a proposed
428 rule developed by the council at the regularly scheduled meeting
429 immediately following the submission of the proposed rule by the
430 council. A proposed rule submitted by the council may not be
431 adopted by either board unless both boards have accepted and
432 approved the identical language contained in the proposed rule.
433 The language of all proposed rules submitted by the council must
434 be approved by both boards pursuant to each respective board's
435 guidelines and standards regarding the adoption of proposed
436 rules. If either board rejects the council's proposed rule, that
437 board must specify its objection to the council with
438 particularity and include any recommendations it may have for
439 the modification of the proposed rule.

440 3. Make recommendations to the boards regarding all matters
441 relating to physician assistants.

442 4. Address concerns and problems of practicing physician
443 assistants in order to improve safety in the clinical practices
444 of licensed physician assistants.

445 Section 10. Effective January 1, 2017, paragraph (f) of
446 subsection (4) of section 458.347, Florida Statutes, is amended



899458

447 to read:

448 458.347 Physician assistants.—

449 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

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

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

469 4. The boards shall adopt the formulary required by this
470 paragraph, and each addition, deletion, or modification to the
471 formulary, by rule. Notwithstanding any provision of chapter 120
472 to the contrary, the formulary rule shall be effective 60 days
473 after the date it is filed with the Secretary of State. Upon
474 adoption of the formulary, the department shall mail a copy of
475 such formulary to each fully licensed physician assistant having



899458

476 prescribing authority under this section or s. 459.022, and to
477 each pharmacy licensed by the state. The boards shall establish,
478 by rule, a fee not to exceed \$200 to fund the provisions of this
479 paragraph and paragraph (e).

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

482 464.003 Definitions.—As used in this part, the term:

483 (2) "Advanced or specialized nursing practice" means, in
484 addition to the practice of professional nursing, the
485 performance of advanced-level nursing acts approved by the board
486 which, by virtue of postbasic specialized education, training,
487 and experience, are appropriately performed by an advanced
488 registered nurse practitioner. Within the context of advanced or
489 specialized nursing practice, the advanced registered nurse
490 practitioner may perform acts of nursing diagnosis and nursing
491 treatment of alterations of the health status. The advanced
492 registered nurse practitioner may also perform acts of medical
493 diagnosis and treatment, prescription, and operation as
494 authorized within the framework of an established supervisory
495 protocol ~~which are identified and approved by a joint committee~~
496 ~~composed of three members appointed by the Board of Nursing, two~~
497 ~~of whom must be advanced registered nurse practitioners; three~~
498 ~~members appointed by the Board of Medicine, two of whom must~~
499 ~~have had work experience with advanced registered nurse~~
500 ~~practitioners; and the State Surgeon General or the State~~
501 ~~Surgeon General's designee. Each committee member appointed by a~~
502 ~~board shall be appointed to a term of 4 years unless a shorter~~
503 ~~term is required to establish or maintain staggered terms. The~~
504 ~~Board of Nursing shall adopt rules authorizing the performance~~



899458

505 ~~of any such acts approved by the joint committee. Unless~~
506 ~~otherwise specified by the joint committee, such acts must be~~
507 ~~performed under the general supervision of a practitioner~~
508 ~~licensed under chapter 458, chapter 459, or chapter 466 within~~
509 ~~the framework of standing protocols which identify the medical~~
510 ~~acts to be performed and the conditions for their performance.~~
511 The department may, by rule, require that a copy of the protocol
512 be filed with the department along with the notice required by
513 s. 458.348.

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

516 464.012 Certification of advanced registered nurse
517 practitioners; fees; controlled substance prescribing.-

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

523 (a) Satisfactory completion of a formal postbasic
524 educational program of at least one academic year, the primary
525 purpose of which is to prepare nurses for advanced or
526 specialized practice.

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



899458

534 examination.

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

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

548 (3) An advanced registered nurse practitioner shall perform
549 those functions authorized in this section within the framework
550 of an established protocol that is filed with the board upon
551 biennial license renewal and within 30 days after entering into
552 a supervisory relationship with a physician or changes to the
553 protocol. The board shall review the protocol to ensure
554 compliance with applicable regulatory standards for protocols.
555 The board shall refer to the department licensees submitting
556 protocols that are not compliant with the regulatory standards
557 for protocols. A practitioner currently licensed under chapter
558 458, chapter 459, or chapter 466 shall maintain supervision for
559 directing the specific course of medical treatment. Within the
560 established framework, an advanced registered nurse practitioner
561 may:

562 (a) Monitor and alter drug therapies.



899458

563 (b) Initiate appropriate therapies for certain conditions.
564 (c) Perform additional functions as may be determined by
565 rule in accordance with s. 464.003(2).
566 (d) Order diagnostic tests and physical and occupational
567 therapy.
568 (4) In addition to the general functions specified in
569 subsection (3), an advanced registered nurse practitioner may
570 perform the following acts within his or her specialty:
571 (a) The certified registered nurse anesthetist may, to the
572 extent authorized by established protocol approved by the
573 medical staff of the facility in which the anesthetic service is
574 performed, perform any or all of the following:
575 1. Determine the health status of the patient as it relates
576 to the risk factors and to the anesthetic management of the
577 patient through the performance of the general functions.
578 2. Based on history, physical assessment, and supplemental
579 laboratory results, determine, with the consent of the
580 responsible physician, the appropriate type of anesthesia within
581 the framework of the protocol.
582 3. Order under the protocol preanesthetic medication.
583 4. Perform under the protocol procedures commonly used to
584 render the patient insensible to pain during the performance of
585 surgical, obstetrical, therapeutic, or diagnostic clinical
586 procedures. These procedures include ordering and administering
587 regional, spinal, and general anesthesia; inhalation agents and
588 techniques; intravenous agents and techniques; and techniques of
589 hypnosis.
590 5. Order or perform monitoring procedures indicated as
591 pertinent to the anesthetic health care management of the



899458

592 patient.

593 6. Support life functions during anesthesia health care,
594 including induction and intubation procedures, the use of
595 appropriate mechanical supportive devices, and the management of
596 fluid, electrolyte, and blood component balances.

597 7. Recognize and take appropriate corrective action for
598 abnormal patient responses to anesthesia, adjunctive medication,
599 or other forms of therapy.

600 8. Recognize and treat a cardiac arrhythmia while the
601 patient is under anesthetic care.

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

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

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

613 1. Perform superficial minor surgical procedures.

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

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

618 4. Perform postpartum examination.

619 5. Order appropriate medications.

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



899458

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

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

- 625 1. Manage selected medical problems.
626 2. Order physical and occupational therapy.
627 3. Initiate, monitor, or alter therapies for certain
628 uncomplicated acute illnesses.
629 4. Monitor and manage patients with stable chronic
630 diseases.

631 5. Establish behavioral problems and diagnosis and make
632 treatment recommendations.

633 (5) The board shall certify, and the department shall issue
634 a certificate to, any nurse meeting the qualifications in this
635 section. The board shall establish an application fee not to
636 exceed \$100 and a biennial renewal fee not to exceed \$50. The
637 board is authorized to adopt such other rules as are necessary
638 to implement the provisions of this section.

639 (6) (a) The board shall establish a committee to recommend a
640 formulary of controlled substances that an advanced registered
641 nurse practitioner may not prescribe or may prescribe only for
642 specific uses or in limited quantities. The committee must
643 consist of three advanced registered nurse practitioners
644 licensed under this section, recommended by the board; three
645 physicians licensed under chapter 458 or chapter 459 who have
646 work experience with advanced registered nurse practitioners,
647 recommended by the Board of Medicine; and a pharmacist licensed
648 under chapter 465 who is a doctor of pharmacy, recommended by
649 the Board of Pharmacy. The committee may recommend an evidence-



899458

650 based formulary applicable to all advanced registered nurse
651 practitioners which is limited by specialty certification, is
652 limited to approved uses of controlled substances, or is subject
653 to other similar restrictions the committee finds are necessary
654 to protect the health, safety, and welfare of the public. The
655 formulary must restrict the prescribing of psychiatric mental
656 health controlled substances for children younger than 18 years
657 of age to advanced registered nurse practitioners who also are
658 psychiatric nurses as defined in s. 394.455. The formulary must
659 also limit the prescribing of Schedule II controlled substances
660 as listed in s. 893.03 to a 7-day supply, except that such
661 restriction does not apply to controlled substances that are
662 psychiatric medications prescribed by psychiatric nurses as
663 defined in s. 394.455.

664 (b) The board shall adopt by rule the recommended formulary
665 and any revision to the formulary which it finds is supported by
666 evidence-based clinical findings presented by the Board of
667 Medicine, the Board of Osteopathic Medicine, or the Board of
668 Dentistry.

669 (c) The formulary required under this subsection does not
670 apply to a controlled substance that is dispensed for
671 administration pursuant to an order, including an order for
672 medication authorized by subparagraph (4) (a) 3., subparagraph
673 (4) (a) 4., or subparagraph (4) (a) 9.

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

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

678 Section 13. Effective January 1, 2017, subsection (3) of



899458

679 section 464.012, Florida Statutes, as amended by this act, is
680 amended to read:

681 464.012 Certification of advanced registered nurse
682 practitioners; fees; controlled substance prescribing.—

683 (3) An advanced registered nurse practitioner shall perform
684 those functions authorized in this section within the framework
685 of an established protocol that is filed with the board upon
686 biennial license renewal and within 30 days after entering into
687 a supervisory relationship with a physician or changes to the
688 protocol. The board shall review the protocol to ensure
689 compliance with applicable regulatory standards for protocols.
690 The board shall refer to the department licensees submitting
691 protocols that are not compliant with the regulatory standards
692 for protocols. A practitioner currently licensed under chapter
693 458, chapter 459, or chapter 466 shall maintain supervision for
694 directing the specific course of medical treatment. Within the
695 established framework, an advanced registered nurse practitioner
696 may:

697 (a) Prescribe, dispense, administer, or order any drug;
698 however, an advanced registered nurse practitioner may prescribe
699 or dispense a controlled substance as defined in s. 893.03 only
700 if the advanced registered nurse practitioner has graduated from
701 a program leading to a master's or doctoral degree in a clinical
702 nursing specialty area with training in specialized practitioner
703 skills ~~Monitor and alter drug therapies.~~

704 (b) Initiate appropriate therapies for certain conditions.

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

707 (d) Order diagnostic tests and physical and occupational



899458

708 therapy.

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

711 464.013 Renewal of license or certificate.—

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

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

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

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

736 464.018 Disciplinary actions.—



899458

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

739 (p) For an advanced registered nurse practitioner:

740 1. Presigning blank prescription forms.

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

743 3. Prescribing, ordering, dispensing, administering,
744 supplying, selling, or giving a drug that is an amphetamine, a
745 sympathomimetic amine drug, or a compound designated in s.
746 893.03(2) as a Schedule II controlled substance, to or for any
747 person except for:

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

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

756 c. The clinical investigation of the effects of such drugs
757 or compounds when an investigative protocol is submitted to,
758 reviewed by, and approved by the department before such
759 investigation is begun.

760 4. Prescribing, ordering, dispensing, administering,
761 supplying, selling, or giving growth hormones, testosterone or
762 its analogs, human chorionic gonadotropin (HCG), or other
763 hormones for the purpose of muscle building or to enhance
764 athletic performance. As used in this subparagraph, the term
765 "muscle building" does not include the treatment of injured



899458

766 muscle. A prescription written for the drug products identified
767 in this subparagraph may be dispensed by a pharmacist with the
768 presumption that the prescription is for legitimate medical use.

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

772 6. Prescribing, dispensing, administering, mixing, or
773 otherwise preparing a legend drug, including a controlled
774 substance, other than in the course of his or her professional
775 practice. For the purposes of this subparagraph, it is legally
776 presumed that prescribing, dispensing, administering, mixing, or
777 otherwise preparing legend drugs, including all controlled
778 substances, inappropriately or in excessive or inappropriate
779 quantities is not in the best interest of the patient and is not
780 in the course of the advanced registered nurse practitioner's
781 professional practice, without regard to his or her intent.

782 7. Prescribing, dispensing, or administering a medicinal
783 drug appearing on any schedule set forth in chapter 893 to
784 himself or herself, except a drug prescribed, dispensed, or
785 administered to the advanced registered nurse practitioner by
786 another practitioner authorized to prescribe, dispense, or
787 administer medicinal drugs.

788 8. Prescribing, ordering, dispensing, administering,
789 supplying, selling, or giving amygdalin (laetrile) to any
790 person.

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

794 10. Promoting or advertising through any communication



899458

795 medium the use, sale, or dispensing of a substance designated in
796 s. 893.03 as a controlled substance.

797 (2) The board may enter an order denying licensure or
798 imposing any of the penalties in s. 456.072(2) against any
799 applicant for licensure or licensee who is found guilty of
800 violating any provision of subsection (1) of this section or who
801 is found guilty of violating any provision of s. 456.072(1).

802 Section 16. Section 627.42392, Florida Statutes, is created
803 to read:

804 627.42392 Prior authorization.—

805 (1) As used in this section, the term "health insurer"
806 means an authorized insurer offering health insurance as defined
807 in s. 624.603, a managed care plan as defined in s. 409.962(9),
808 or a health maintenance organization as defined in s.
809 641.19(12).

810 (2) Notwithstanding any other provision of law, in order to
811 establish uniformity in the submission of prior authorization
812 forms on or after January 1, 2017, a health insurer, or a
813 pharmacy benefits manager on behalf of the health insurer, which
814 does not use an electronic prior authorization form for its
815 contracted providers shall use only the prior authorization form
816 that has been approved by the Financial Services Commission in
817 consultation with the Agency for Health Care Administration to
818 obtain a prior authorization for a medical procedure, course of
819 treatment, or prescription drug benefit. Such form may not
820 exceed two pages in length, excluding any instructions or
821 guiding documentation.

822 (3) The Financial Services Commission in consultation with
823 the Agency for Health Care Administration shall adopt by rule



899458

824 guidelines for all prior authorization forms which ensure the
825 general uniformity of such forms.

826 Section 17. Subsection (11) of section 627.6131, Florida
827 Statutes, is amended to read:

828 627.6131 Payment of claims.—

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

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

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

839 (c) More than 1 year after the date of payment of the
840 claim.

841 Section 18. Subsection (10) of section 641.3155, Florida
842 Statutes, is amended to read:

843 641.3155 Prompt payment of claims.—

844 (10) A health maintenance organization may not
845 retroactively deny a claim because of subscriber ineligibility:

846 (a) At any time, if the health maintenance organization
847 verified the eligibility of a subscriber who is not a recipient
848 of advance payments of the federal premium tax credit and the
849 health maintenance organization issued an authorization for
850 payment to a provider;

851 (b) For services authorized by the health maintenance
852 organization and rendered during the first 30 days of a



899458

853 federally required grace period when a subscriber is a recipient
854 of advance payments of the federal premium tax credit; or

855 (c) More than 1 year after the date of payment of the
856 claim.

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

859 893.02 Definitions.—The following words and phrases as used
860 in this chapter shall have the following meanings, unless the
861 context otherwise requires:

862 (21) "Practitioner" means a physician licensed under
863 ~~pursuant to~~ chapter 458, a dentist licensed under ~~pursuant to~~
864 chapter 466, a veterinarian licensed under ~~pursuant to~~ chapter
865 474, an osteopathic physician licensed under ~~pursuant to~~ chapter
866 459, an advanced registered nurse practitioner certified under
867 chapter 464, a naturopath licensed under ~~pursuant to~~ chapter
868 462, a certified optometrist licensed under ~~pursuant to~~ chapter
869 463, ~~or~~ a podiatric physician licensed under ~~pursuant to~~ chapter
870 461, or a physician assistant licensed under chapter 458 or
871 chapter 459, provided such practitioner holds a valid federal
872 controlled substance registry number.

873 Section 20. Paragraph (n) of subsection (1) of section
874 948.03, Florida Statutes, is amended to read:

875 948.03 Terms and conditions of probation.—

876 (1) The court shall determine the terms and conditions of
877 probation. Conditions specified in this section do not require
878 oral pronouncement at the time of sentencing and may be
879 considered standard conditions of probation. These conditions
880 may include among them the following, that the probationer or
881 offender in community control shall:



899458

882 (n) Be prohibited from using intoxicants to excess or
883 possessing any drugs or narcotics unless prescribed by a
884 physician, an advanced registered nurse practitioner, or a
885 physician assistant. The probationer or community controllee may
886 ~~shall~~ not knowingly visit places where intoxicants, drugs, or
887 other dangerous substances are unlawfully sold, dispensed, or
888 used.

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

891 458.348 Formal supervisory relationships, standing orders,
892 and established protocols; notice; standards.-

893 (1) NOTICE.-

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

905
906 I, ...(name and professional license number of
907 physician)..., of ...(address of physician)... have hereby
908 entered into a formal supervisory relationship, standing orders,
909 or an established protocol with ...(number of persons)...
910 emergency medical technician(s), ...(number of persons)...



899458

911 paramedic(s), or ...(number of persons)... advanced registered
912 nurse practitioner(s).

913

914 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The
915 joint committee ~~created under s. 464.003(2)~~ shall determine
916 minimum standards for the content of established protocols
917 pursuant to which an advanced registered nurse practitioner may
918 perform medical acts ~~identified and approved by the joint~~
919 ~~committee pursuant to s. 464.003(2)~~ or acts set forth in s.
920 464.012(3) and (4) and shall determine minimum standards for
921 supervision of such acts by the physician, unless the joint
922 committee determines that any act set forth in s. 464.012(3) or
923 (4) is not a medical act. Such standards shall be based on risk
924 to the patient and acceptable standards of medical care and
925 shall take into account the special problems of medically
926 underserved areas. The standards developed by the joint
927 committee shall be adopted as rules by the Board of Nursing and
928 the Board of Medicine for purposes of carrying out their
929 responsibilities pursuant to part I of chapter 464 and this
930 chapter, respectively, but neither board shall have disciplinary
931 powers over the licensees of the other board.

932 Section 22. Paragraph (a) of subsection (1) of section
933 459.025, Florida Statutes, is amended to read:

934 459.025 Formal supervisory relationships, standing orders,
935 and established protocols; notice; standards.—

936 (1) NOTICE.—

937 (a) When an osteopathic physician enters into a formal
938 supervisory relationship or standing orders with an emergency
939 medical technician or paramedic licensed pursuant to s. 401.27,



899458

940 which relationship or orders contemplate the performance of
941 medical acts, or when an osteopathic physician enters into an
942 established protocol with an advanced registered nurse
943 practitioner, which protocol contemplates the performance of
944 medical acts ~~identified and approved by the joint committee~~
945 ~~pursuant to s. 464.003(2)~~ or acts set forth in s. 464.012(3) and
946 (4), the osteopathic physician shall submit notice to the board.
947 The notice must contain a statement in substantially the
948 following form:

949
950 I, ...(name and professional license number of osteopathic
951 physician)..., of ...(address of osteopathic physician)... have
952 hereby entered into a formal supervisory relationship, standing
953 orders, or an established protocol with ...(number of
954 persons)... emergency medical technician(s), ...(number of
955 persons)... paramedic(s), or ...(number of persons)... advanced
956 registered nurse practitioner(s).

957 Section 23. Subsection (10) of s. 458.331, paragraph (g) of
958 subsection (7) of s. 458.347, subsection (10) of s. 459.015,
959 paragraph (f) of subsection (7) of s. 459.022, and paragraph (b)
960 of subsection (5) of s. 465.0158, Florida Statutes, are
961 reenacted for the purpose of incorporating the amendment made by
962 this act to s. 456.072, Florida Statutes, in references thereto.

963 Section 24. Paragraph (mm) of subsection (1) of s. 456.072
964 and s. 466.02751, Florida Statutes, are reenacted for the
965 purpose of incorporating the amendment made by this act to s.
966 456.44, Florida Statutes, in references thereto.

967 Section 25. Section 458.303, paragraph (b) of subsection
968 (7) of s. 458.3475, paragraph (e) of subsection (4) and



899458

969 paragraph (c) of subsection (9) of s. 459.022, and paragraph (b)
970 of subsection (7) of s. 459.023, Florida Statutes, are reenacted
971 for the purpose of incorporating the amendment made by this act
972 to s. 458.347, Florida Statutes, in references thereto.

973 Section 26. Paragraph (c) of subsection (3) of s. 464.012,
974 Florida Statutes, is reenacted for the purpose of incorporating
975 the amendment made by this act to s. 464.003, Florida Statutes,
976 in a reference thereto.

977 Section 27. Paragraph (a) of subsection (1) of s. 456.041,
978 subsections (1) and (2) of s. 458.348, and subsection (1) of s.
979 459.025, Florida Statutes, are reenacted for the purpose of
980 incorporating the amendment made by this act to s. 464.012,
981 Florida Statutes, in references thereto.

982 Section 28. Subsection (7) of s. 464.0205, Florida
983 Statutes, is reenacted for the purpose of incorporating the
984 amendment made by this act to s. 464.013, Florida Statutes, in a
985 reference thereto.

986 Section 29. Subsection (11) of s. 320.0848, subsection (2)
987 of s. 464.008, subsection (5) of s. 464.009, and paragraph (b)
988 of subsection (1), subsection (3), and paragraph (b) of
989 subsection (4) of s. 464.0205, Florida Statutes, are reenacted
990 for the purpose of incorporating the amendment made by this act
991 to s. 464.018, Florida Statutes, in references thereto.

992 Section 30. Section 775.051, Florida Statutes, is reenacted
993 for the purpose of incorporating the amendment made by this act
994 to s. 893.02, Florida Statutes, in a reference thereto.

995 Section 31. Paragraph (a) of subsection (3) of s. 944.17,
996 subsection (8) of s. 948.001, and paragraph (e) of subsection
997 (1) of s. 948.101, Florida Statutes, are reenacted for the



899458

998 purpose of incorporating the amendment made by this act to s.
999 948.03, Florida Statutes, in references thereto.

1000 Section 32. Except as otherwise expressly provided in this
1001 act, this act shall take effect upon becoming a law.

1002
1003 ===== T I T L E A M E N D M E N T =====

1004 And the title is amended as follows:

1005 Delete everything before the enacting clause
1006 and insert:

1007 A bill to be entitled
1008 An act relating to access to health care services;
1009 amending s. 110.12315, F.S.; expanding the categories
1010 of persons who may prescribe brand name drugs under
1011 the prescription drug program when medically
1012 necessary; amending ss. 310.071, 310.073, and 310.081,
1013 F.S.; exempting controlled substances prescribed by an
1014 advanced registered nurse practitioner or a physician
1015 assistant from the disqualifications for certification
1016 or licensure, and for continued certification or
1017 licensure, as a deputy pilot or state pilot; amending
1018 s. 456.072, F.S.; applying existing penalties for
1019 violations relating to the prescribing or dispensing
1020 of controlled substances by an advanced registered
1021 nurse practitioner; amending s. 456.44, F.S.; defining
1022 the term "registrant"; deleting an obsolete date;
1023 requiring advanced registered nurse practitioners and
1024 physician assistants who prescribe controlled
1025 substances for the treatment of certain pain to make a
1026 certain designation, comply with registration



899458

1027 requirements, and follow specified standards of
1028 practice; providing applicability; amending ss.
1029 458.3265 and 459.0137, F.S.; limiting the authority to
1030 prescribe a controlled substance in a pain-management
1031 clinic only to a physician licensed under ch. 458 or
1032 ch. 459, F.S.; amending s. 458.347, F.S.; revising the
1033 required continuing education requirements for a
1034 physician assistant; requiring that a specified
1035 formulary limit the prescription of certain controlled
1036 substances by physician assistants as of a specified
1037 date; amending s. 464.003, F.S.; revising the term
1038 "advanced or specialized nursing practice"; deleting
1039 the joint committee established in the definition;
1040 amending s. 464.012, F.S.; requiring the Board of
1041 Nursing to establish a committee to recommend a
1042 formulary of controlled substances that may not be
1043 prescribed, or may be prescribed only on a limited
1044 basis, by an advanced registered nurse practitioner;
1045 specifying the membership of the committee; providing
1046 parameters for the formulary; requiring that the
1047 formulary be adopted by board rule; specifying the
1048 process for amending the formulary and imposing a
1049 burden of proof; limiting the formulary's application
1050 in certain instances; requiring the board to adopt the
1051 committee's initial recommendations by a specified
1052 date; providing a short title; authorizing an advanced
1053 registered nurse practitioner to prescribe, dispense,
1054 administer, or order drugs, including certain
1055 controlled substances under certain circumstances, as



1056 of a specified date; amending s. 464.013, F.S.;

1057 revising continuing education requirements for renewal

1058 of a license or certificate; amending s. 464.018,

1059 F.S.; specifying acts that constitute grounds for

1060 denial of a license or for disciplinary action against

1061 an advanced registered nurse practitioner; creating s.

1062 627.42392, F.S.; defining the term "health insurer";

1063 requiring that certain health insurers that do not

1064 already use a certain form use only a prior

1065 authorization form approved by the Financial Services

1066 Commission in consultation with the Agency for Health

1067 Care Administration; requiring the commission in

1068 consultation with the agency to adopt by rule

1069 guidelines for such forms; amending s. 627.6131, F.S.;

1070 prohibiting a health insurer from retroactively

1071 denying a claim under specified circumstances;

1072 amending s. 641.3155, F.S.; prohibiting a health

1073 maintenance organization from retroactively denying a

1074 claim under specified circumstances; amending s.

1075 893.02, F.S.; revising the term "practitioner" to

1076 include advanced registered nurse practitioners and

1077 physician assistants under the Florida Comprehensive

1078 Drug Abuse Prevention and Control Act if a certain

1079 requirement is met; amending s. 948.03, F.S.;

1080 providing that possession of drugs or narcotics

1081 prescribed by an advanced registered nurse

1082 practitioner or a physician assistant does not violate

1083 a prohibition relating to the possession of drugs or

1084 narcotics during probation; amending ss. 458.348 and



899458

1085 459.025, F.S.; conforming provisions to changes made
1086 by the act; reenacting ss. 458.331(10), 458.347(7)(g),
1087 459.015(10), 459.022(7)(f), and 465.0158(5)(b), F.S.,
1088 to incorporate the amendment made to s. 456.072, F.S.,
1089 in references thereto; reenacting ss. 456.072(1)(mm)
1090 and 466.02751, F.S., to incorporate the amendment made
1091 to s. 456.44, F.S., in references thereto; reenacting
1092 ss. 458.303, 458.3475(7)(b), 459.022(4)(e) and (9)(c),
1093 and 459.023(7)(b), F.S., to incorporate the amendment
1094 made to s. 458.347, F.S., in references thereto;
1095 reenacting s. 464.012(3)(c), F.S., to incorporate the
1096 amendment made to s. 464.003, F.S., in a reference
1097 thereto; reenacting ss. 456.041(1)(a), 458.348(1) and
1098 (2), and 459.025(1), F.S., to incorporate the
1099 amendment made to s. 464.012, F.S., in references
1100 thereto; reenacting s. 464.0205(7), F.S., to
1101 incorporate the amendment made to s. 464.013, F.S., in
1102 a reference thereto; reenacting ss. 320.0848(11),
1103 464.008(2), 464.009(5), and 464.0205(1)(b), (3), and
1104 (4)(b), F.S., to incorporate the amendment made to s.
1105 464.018, F.S., in references thereto; reenacting s.
1106 775.051, F.S., to incorporate the amendment made to s.
1107 893.02, F.S., in a reference thereto; reenacting ss.
1108 944.17(3)(a), 948.001(8), and 948.101(1)(e), F.S., to
1109 incorporate the amendment made to s. 948.03, F.S., in
1110 references thereto; providing effective dates.