HB 423

F L O R I D A  H O U S E  O F  R E P R E S E N T A T I V E S

A bill to be entitled
An act relating to drug prescription by advanced
registered nurse practitioners and physician
assistants; amending s. 110.12315, F.S.; expanding the
categories of persons who may prescribe brand drugs
under the prescription drug program when medically
necessary; amending ss. 310.071, 310.073, and 310.081,
F.S.; exempting controlled substances prescribed by an
advanced registered nurse practitioner or a physician
assistant from the disqualifications for certification
or licensure, and for continued certification or
licensure, as a deputy or state pilot; amending s.
456.072, F.S.; applying existing penalties for
violations relating to the prescribing or dispensing
of controlled substances to an advanced registered
nurse practitioner; amending s. 456.44, F.S.; deleting
an obsolete date; requiring advanced registered nurse
practitioners and physician assistants who prescribe
controlled substances for certain pain to make a
certain designation, comply with registration
requirements, and follow specified standards of
practice; providing applicability; amending ss.
458.3265 and 459.0137, F.S.; limiting the authority to
prescribe a controlled substance in a pain-management
clinic to a physician licensed under chapter 458 or
chapter 459, F.S.; amending s. 458.347, F.S.;
expanding the prescribing authority of a licensed
physician assistant; amending s. 464.012, F.S.;
authorizing an advanced registered nurse practitioner
to prescribe, dispense, administer, or order drugs,
rather than to monitor and alter drug therapies;
amending s. 464.018, F.S.; specifying acts that
constitute grounds for denial of a license for or
disciplinary action against an advanced registered
nurse practitioner; amending s. 893.02, F.S.;
redefining the term "practitioner" to include advanced
registered nurse practitioners and physician
assistants under the Florida Comprehensive Drug Abuse
Prevention and Control Act; amending s. 948.03, F.S.;
providing that possession of drugs or narcotics
prescribed by an advanced registered nurse
practitioner or physician assistant is an exception
from a prohibition relating to the possession of drugs
or narcotics during probation; reenacting s.
310.071(3), F.S., relating to deputy pilot
certification, to incorporate the amendment made by
the act to s. 310.071, F.S., in a reference thereto;
reenacting ss. 458.331(10), 458.347(7)(g),
459.015(10), 459.022(7)(f), and 465.0158(5)(b), F.S.,
relating to grounds for disciplinary action against
certain licensed health care practitioners or
applicants, physician assistant licensure, the
imposition of penalties upon physician assistants by the Board of Osteopathic Medicine, and nonresident sterile compounding permits, respectively, to incorporate the amendment made by the act to s. 456.072, F.S., in references thereto; reenacting ss. 456.072(1)(mm) and 466.02751, F.S., relating to grounds for discipline of certain licensed health care practitioners or applicants and dentist practitioner profiles, respectively, to incorporate the amendment made by the act to s. 456.44, F.S., in references thereto; reenacting ss. 458.303, 458.347(4)(e) and (9)(c), 458.3475(7)(b), 459.022(4)(e) and (9)(c), and 459.023(7)(b), F.S., relating to the nonapplicability of certain provisions to specified health care practitioners, the prescribing or dispensing of medications by physician assistants, the duties of the Council on Physician Assistants, and the duties of the Board of Medicine and the Board of Osteopathic Medicine with respect to anesthesiologist assistants, respectively, to incorporate the amendment made by the act to s. 458.347, F.S., in references thereto; reenacting ss. 456.041(1)(a), 458.348(1) and (2), and 459.025(1), F.S., relating to practitioner profiles and notice and standards for formal supervisory relationships, standing orders, and established protocols, respectively, to incorporate the amendment.
made by the act to s. 464.012, F.S., in references thereto; reenacting ss. 464.008(2), 464.009(5), 464.018(2), and 464.0205(1)(b), (3), and (4)(b), F.S., relating to licensure by examination of registered nurses and licensed practical nurses, licensure by endorsement to practice professional or practical nursing, disciplinary actions against nursing applicants or licensees, and retired volunteer nurse certifications, respectively, to incorporate the amendment made by the act to s. 464.018, F.S., in references thereto; reenacting s. 775.051, F.S., relating to the exclusion as a defense and nonadmissibility as evidence of voluntary intoxication, to incorporate the amendment made by the act to s. 893.02, F.S., in a reference thereto; reenacting ss. 944.17(3)(a), 948.001(8), and 948.101(1)(e), F.S., relating to the receipt by the state correctional system of certain persons sentenced to incarceration, the definition of the term "probation," and the terms and conditions of community control, respectively, to incorporate the amendment made by the act to s. 948.03, F.S., in references thereto; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:
Section 1. Subsection (7) of section 110.12315, Florida Statutes, is amended to read:

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

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

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

310.071 Deputy pilot certification.—

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

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

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

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

310.073 State pilot licensing.—In addition to meeting other requirements specified in this chapter, each applicant for license as a state pilot must:
(3) Be in good physical and mental health, as evidenced by documentary proof of having satisfactorily passed a complete physical examination administered by a licensed physician within the preceding 6 months. The board shall adopt rules to establish requirements for passing the physical examination, which rules shall establish minimum standards for the physical or mental capabilities necessary to carry out the professional duties of a licensed state pilot. Such standards shall include zero tolerance for any controlled substance regulated under chapter 893 unless that individual is under the care of a physician, advanced registered nurse practitioner, or physician assistant and that controlled substance was prescribed by that physician, advanced registered nurse practitioner, or physician assistant.

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

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

310.081 Department to examine and license state pilots and certificate deputy pilots; vacancies.—
(3) Pilots shall hold their licenses or certificates pursuant to the requirements of this chapter so long as they:
(b) Are in good physical and mental health as evidenced by documentary proof of having satisfactorily passed a physical examination administered by a licensed physician or physician assistant within each calendar year. The board shall adopt rules to establish requirements for passing the physical examination, which rules shall establish minimum standards for the physical or mental capabilities necessary to carry out the professional duties of a licensed state pilot or a certificated deputy pilot. Such standards shall include zero tolerance for any controlled substance regulated under chapter 893 unless that individual is under the care of a physician, advanced registered nurse practitioner, or physician assistant and that controlled substance was prescribed by that physician, advanced registered nurse practitioner, or physician assistant. To maintain eligibility as a certificated deputy pilot or licensed state pilot, each certificated deputy pilot or licensed state pilot must annually provide documentary proof of having satisfactorily passed a complete physical examination administered by a licensed physician. The physician must know the minimum standards and certify that the certificateholder or licensee satisfactorily meets the standards. The standards for certificateholders and for licensees shall include a drug test.

Upon resignation or in the case of disability permanently affecting a pilot's ability to serve, the state license or certificate issued under this chapter shall be revoked by the
Section 5. Subsection (7) of section 456.072, Florida Statutes, is amended to read:

456.072 Grounds for discipline; penalties; enforcement.—
(7) Notwithstanding subsection (2), upon a finding that a physician has prescribed or dispensed a controlled substance, or caused a controlled substance to be prescribed or dispensed, in a manner that violates the standard of practice set forth in s. 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s), or s. 466.028(1)(p) or (x), or that an advanced registered nurse practitioner has prescribed or dispensed a controlled substance, or caused a controlled substance to be prescribed or dispensed, in a manner that violates the standard of practice set forth in s. 464.018(1)(n) or (p), the physician or advanced registered nurse practitioner shall be suspended for a period of not less than 6 months and pay a fine of not less than $10,000 per count. Repeated violations shall result in increased penalties.

Section 6. Subsections (2) and (3) of section 456.44, Florida Statutes, are amended to read:

456.44 Controlled substance prescribing.—
(2) REGISTRATION. — Effective January 1, 2012, a physician licensed under chapter 458, chapter 459, chapter 461, or chapter 466, a physician assistant licensed under chapter 458 or chapter 459, or an advanced registered nurse practitioner certified under part I of chapter 464 who prescribes any controlled substance department.
substance, listed in Schedule II, Schedule III, or Schedule IV as defined in s. 893.03, for the treatment of chronic nonmalignant pain, must:

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

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

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

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

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

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

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

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

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

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

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

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

1. The complete medical history and a physical
   examination, including history of drug abuse or dependence.
2. Diagnostic, therapeutic, and laboratory results.
3. Evaluations and consultations.
4. Treatment objectives.
5. Discussion of risks and benefits.
6. Treatments.
7. Medications, including date, type, dosage, and quantity
   prescribed.
8. Instructions and agreements.
9. Periodic reviews.
10. Results of any drug testing.

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

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

(g) Patients with signs or symptoms of substance abuse shall be immediately referred to a board-certified pain management physician, an addiction medicine specialist, or a mental health addiction facility as it pertains to drug abuse or addiction unless the registrant is a physician who is board certified or board eligible in pain management. Throughout the period of time before receiving the consultant's report, a prescribing registrant physician shall clearly and completely document medical justification for continued treatment with controlled substances and those steps taken to ensure medically appropriate use of controlled substances by the patient. Upon receipt of the consultant's written report, the prescribing registrant physician shall incorporate the consultant's recommendations for continuing, modifying, or discontinuing controlled substance therapy. The resulting changes in treatment shall be specifically documented in the patient's medical record. Evidence or behavioral indications of diversion shall be followed by discontinuation of controlled substance therapy, and the patient shall be discharged, and all results of testing and actions taken by the
registrant physician shall be documented in the patient's medical record.

This subsection does not apply to a board-eligible or board-certified anesthesiologist, physiatrist, rheumatologist, or neurologist, or to a board-certified physician who has surgical privileges at a hospital or ambulatory surgery center and primarily provides surgical services. This subsection does not apply to a board-eligible or board-certified medical specialist who has also completed a fellowship in pain medicine approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, or who is board eligible or board certified in pain medicine by the American Board of Pain Medicine or a board approved by the American Board of Medical Specialties or the American Osteopathic Association and performs interventional pain procedures of the type routinely billed using surgical codes. This subsection does not apply to a registrant, physician, advanced registered nurse practitioner, or physician assistant who prescribes medically necessary controlled substances for a patient during an inpatient stay in a hospital licensed under chapter 395.

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

458.3265  Pain-management clinics.—

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

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

Section 8. Paragraph (f) of subsection (4) of section 458.347, Florida Statutes, is amended to read:

458.347 Physician assistants.—

(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

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

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

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

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

459.0137 Pain-management clinics.—
(2) PHYSICIAN RESPONSIBILITIES.—These responsibilities apply to any osteopathic physician who provides professional services in a pain-management clinic that is required to be registered in subsection (1).

(b) A person may not dispense any medication on the premises of a registered pain-management clinic unless he or she is a physician licensed under this chapter or chapter 458. A person may not prescribe any controlled substance regulated under chapter 893 on the premises of a registered pain-management clinic unless he or she is a physician licensed under...
Section 10. Section 464.012, Florida Statutes, is amended to read:

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

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

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

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

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

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

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

(a) Prescribe, dispense, administer, or order any Monitor
and alter drug therapies.
(b) Initiate appropriate therapies for certain conditions.
(c) Perform additional functions as may be determined by rule in accordance with s. 464.003(2).

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

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

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

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

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

3. Order under the protocol preanesthetic medication.

4. Perform under the protocol procedures commonly used to render the patient insensible to pain during the performance of surgical, obstetrical, therapeutic, or diagnostic clinical procedures. These procedures include ordering and administering regional, spinal, and general anesthesia; inhalation agents and techniques; intravenous agents and techniques; and techniques of hypnosis.
5. Order or perform monitoring procedures indicated as pertinent to the anesthetic health care management of the patient.

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

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

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

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

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

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

1. Perform superficial minor surgical procedures.

2. Manage the patient during labor and delivery to include amniotomy, episiotomy, and repair.
3. Order, initiate, and perform appropriate anesthetic procedures.
4. Perform postpartum examination.
5. Order appropriate medications.
6. Provide family-planning services and well-woman care.
7. Manage the medical care of the normal obstetrical patient and the initial care of a newborn patient.
   (c) The nurse practitioner may perform any or all of the following acts within the framework of established protocol:
   1. Manage selected medical problems.
   2. Order physical and occupational therapy.
   3. Initiate, monitor, or alter therapies for certain uncomplicated acute illnesses.
   4. Monitor and manage patients with stable chronic diseases.
   5. Establish behavioral problems and diagnosis and make treatment recommendations.
   (5) The board shall certify, and the department shall issue a certificate to, any nurse meeting the qualifications in this section. The board shall establish an application fee not to exceed $100 and a biennial renewal fee not to exceed $50. The board is authorized to adopt such other rules as are necessary to implement the provisions of this section.

Section 11. Paragraph (p) is added to subsection (1) of section 464.018, Florida Statutes, to read:

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

(p) For an advanced registered nurse practitioner:

1. Prescribing blank prescription forms.

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

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

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

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

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

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

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

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

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

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

9. Dispensing a controlled substance listed on Schedule II
or Schedule III in chapter 893 in violation of s. 465.0276.

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

Section 12. Subsection (21) of section 893.02, Florida
Statutes, is amended to read:

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

(21) "Practitioner" means a physician licensed under
pursuant to chapter 458, a dentist licensed under pursuant to
chapter 466, a veterinarian licensed under pursuant to chapter
474, an osteopathic physician licensed under pursuant to chapter
475, an advanced registered nurse practitioner certified under
chapter 464, a naturopath licensed under pursuant to chapter
465, a certified optometrist licensed under pursuant to chapter
466, or a podiatric physician licensed under pursuant to chapter
467, or a physician assistant licensed under chapter 458 or
chapter 459, provided such practitioner holds a valid federal
controlled substance registry number.

Section 13. Paragraph (n) of subsection (1) of section
948.03, Florida Statutes, is amended to read:

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

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

Section 14. Subsection (3) of s. 310.071, Florida Statutes, is reenacted for the purpose of incorporating the amendment made by this act to s. 310.071, Florida Statutes, in a reference thereto.

Section 15. Subsection (10) of s. 458.331, paragraph (g) of subsection (7) of s. 458.347, subsection (10) of s. 459.015, paragraph (f) of subsection (7) of s. 459.022, and paragraph (b) of subsection (5) of s. 465.0158, Florida Statutes, are reenacted for the purpose of incorporating the amendment made by this act to s. 456.072, Florida Statutes, in references thereto.

Section 16. Paragraph (mm) of subsection (1) of s. 456.072 and s. 466.02751, Florida Statutes, are reenacted for the purpose of incorporating the amendment made by this act to s. 456.44, Florida Statutes, in references thereto.
Section 17. Section 458.303, paragraph (e) of subsection (4) and paragraph (c) of subsection (9) of s. 458.347, paragraph (b) of subsection (7) of s. 458.3475, paragraph (e) of subsection (4) and paragraph (c) of subsection (9) of s. 459.022, and paragraph (b) of subsection (7) of s. 459.023, Florida Statutes, are reenacted for the purpose of incorporating the amendment made by this act to s. 458.347, Florida Statutes, in references thereto.

Section 18. Paragraph (a) of subsection (1) of s. 456.041, subsections (1) and (2) of s. 458.348, and subsection (1) of s. 459.025, Florida Statutes, are reenacted for the purpose of incorporating the amendment made by this act to s. 464.012, Florida Statutes, in references thereto.

Section 19. Subsection (2) of s. 464.008, subsection (5) of s. 464.009, subsection (2) of s. 464.018, and paragraph (b) of subsection (1), subsection (3), and paragraph (b) of subsection (4) of s. 464.0205, Florida Statutes, are reenacted for the purpose of incorporating the amendment made by this act to s. 464.018, Florida Statutes, in references thereto.

Section 20. Section 775.051, Florida Statutes, is reenacted for the purpose of incorporating the amendment made by this act to s. 893.02, Florida Statutes, in a reference thereto.

Section 21. Paragraph (a) of subsection (3) of s. 944.17, subsection (8) of s. 948.001, and paragraph (e) of subsection (1) of s. 948.101, Florida Statutes, are reenacted for the purpose of incorporating the amendment made by this act to s.
Section 22. This act shall take effect July 1, 2016.