

1 A bill to be entitled
2 An act relating to drug prescription by advanced
3 registered nurse practitioners and physician
4 assistants; amending s. 110.12315, F.S.; expanding the
5 categories of persons who may prescribe brand drugs
6 under the prescription drug program when medically
7 necessary; amending ss. 310.071, 310.073, and 310.081,
8 F.S.; exempting controlled substances prescribed by an
9 advanced registered nurse practitioner or a physician
10 assistant from the disqualifications for certification
11 or licensure, and for continued certification or
12 licensure, as a deputy or state pilot; amending s.
13 456.072, F.S.; applying existing penalties for
14 violations relating to the prescribing or dispensing
15 of controlled substances to an advanced registered
16 nurse practitioner; amending s. 456.44, F.S.; deleting
17 an obsolete date; requiring advanced registered nurse
18 practitioners and physician assistants who prescribe
19 controlled substances for certain pain to make a
20 certain designation, comply with registration
21 requirements, and follow specified standards of
22 practice; providing applicability; amending ss.
23 458.3265 and 459.0137, F.S.; limiting the authority to
24 prescribe a controlled substance in a pain-management
25 clinic to a physician licensed under chapter 458 or
26 chapter 459, F.S.; amending s. 458.347, F.S.;

27 | expanding the prescribing authority of a licensed
28 | physician assistant; amending s. 464.012, F.S.;
29 | authorizing an advanced registered nurse practitioner
30 | to prescribe, dispense, administer, or order drugs,
31 | rather than to monitor and alter drug therapies;
32 | amending s. 464.018, F.S.; specifying acts that
33 | constitute grounds for denial of a license for or
34 | disciplinary action against an advanced registered
35 | nurse practitioner; amending s. 893.02, F.S.;
36 | redefining the term "practitioner" to include advanced
37 | registered nurse practitioners and physician
38 | assistants under the Florida Comprehensive Drug Abuse
39 | Prevention and Control Act; amending s. 948.03, F.S.;
40 | providing that possession of drugs or narcotics
41 | prescribed by an advanced registered nurse
42 | practitioner or physician assistant is an exception
43 | from a prohibition relating to the possession of drugs
44 | or narcotics during probation; reenacting s.
45 | 310.071(3), F.S., relating to deputy pilot
46 | certification, to incorporate the amendment made by
47 | the act to s. 310.071, F.S., in a reference thereto;
48 | reenacting ss. 458.331(10), 458.347(7)(g),
49 | 459.015(10), 459.022(7)(f), and 465.0158(5)(b), F.S.,
50 | relating to grounds for disciplinary action against
51 | certain licensed health care practitioners or
52 | applicants, physician assistant licensure, the

53 imposition of penalties upon physician assistants by
54 the Board of Osteopathic Medicine, and nonresident
55 sterile compounding permits, respectively, to
56 incorporate the amendment made by the act to s.
57 456.072, F.S., in references thereto; reenacting ss.
58 456.072(1)(mm) and 466.02751, F.S., relating to
59 grounds for discipline of certain licensed health care
60 practitioners or applicants and dentist practitioner
61 profiles, respectively, to incorporate the amendment
62 made by the act to s. 456.44, F.S., in references
63 thereto; reenacting ss. 458.303, 458.347(4)(e) and
64 (9)(c), 458.3475(7)(b), 459.022(4)(e) and (9)(c), and
65 459.023(7)(b), F.S., relating to the nonapplicability
66 of certain provisions to specified health care
67 practitioners, the prescribing or dispensing of
68 medications by physician assistants, the duties of the
69 Council on Physician Assistants, and the duties of the
70 Board of Medicine and the Board of Osteopathic
71 Medicine with respect to anesthesiologist assistants,
72 respectively, to incorporate the amendment made by the
73 act to s. 458.347, F.S., in references thereto;
74 reenacting ss. 456.041(1)(a), 458.348(1) and (2), and
75 459.025(1), F.S., relating to practitioner profiles
76 and notice and standards for formal supervisory
77 relationships, standing orders, and established
78 protocols, respectively, to incorporate the amendment

79 | made by the act to s. 464.012, F.S., in references
80 | thereto; reenacting ss. 464.008(2), 464.009(5),
81 | 464.018(2), and 464.0205(1)(b), (3), and (4)(b), F.S.,
82 | relating to licensure by examination of registered
83 | nurses and licensed practical nurses, licensure by
84 | endorsement to practice professional or practical
85 | nursing, disciplinary actions against nursing
86 | applicants or licensees, and retired volunteer nurse
87 | certifications, respectively, to incorporate the
88 | amendment made by the act to s. 464.018, F.S., in
89 | references thereto; reenacting s. 775.051, F.S.,
90 | relating to the exclusion as a defense and
91 | nonadmissibility as evidence of voluntary
92 | intoxication, to incorporate the amendment made by the
93 | act to s. 893.02, F.S., in a reference thereto;
94 | reenacting ss. 944.17(3)(a), 948.001(8), and
95 | 948.101(1)(e), F.S., relating to the receipt by the
96 | state correctional system of certain persons sentenced
97 | to incarceration, the definition of the term
98 | "probation," and the terms and conditions of community
99 | control, respectively, to incorporate the amendment
100 | made by the act to s. 948.03, F.S., in references
101 | thereto; providing an effective date.

102 |
103 | Be It Enacted by the Legislature of the State of Florida:
104 |

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

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

113 (7) The department shall establish the reimbursement
114 schedule for prescription pharmaceuticals dispensed under the
115 program. Reimbursement rates for a prescription pharmaceutical
116 must be based on the cost of the generic equivalent drug if a
117 generic equivalent exists, unless the physician, advanced
118 registered nurse practitioner, or physician assistant
119 prescribing the pharmaceutical clearly states on the
120 prescription that the brand name drug is medically necessary or
121 that the drug product is included on the formulary of drug
122 products that may not be interchanged as provided in chapter
123 465, in which case reimbursement must be based on the cost of
124 the brand name drug as specified in the reimbursement schedule
125 adopted by the department.

126 Section 2. Paragraph (c) of subsection (1) of section
127 310.071, Florida Statutes, is amended to read:

128 310.071 Deputy pilot certification.—

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

131 must:

132 (c) Be in good physical and mental health, as evidenced by
 133 documentary proof of having satisfactorily passed a complete
 134 physical examination administered by a licensed physician within
 135 the preceding 6 months. The board shall adopt rules to establish
 136 requirements for passing the physical examination, which rules
 137 shall establish minimum standards for the physical or mental
 138 capabilities necessary to carry out the professional duties of a
 139 certificated deputy pilot. Such standards shall include zero
 140 tolerance for any controlled substance regulated under chapter
 141 893 unless that individual is under the care of a physician,
 142 advanced registered nurse practitioner, or physician assistant
 143 and that controlled substance was prescribed by that physician,
 144 advanced registered nurse practitioner, or physician assistant.

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

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

154 310.073 State pilot licensing.—In addition to meeting
 155 other requirements specified in this chapter, each applicant for
 156 license as a state pilot must:

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

177 Section 4. Paragraph (b) of subsection (3) of section
178 310.081, Florida Statutes, is amended to read:

179 310.081 Department to examine and license state pilots and
180 certificate deputy pilots; vacancies.—

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

183 (b) Are in good physical and mental health as evidenced by
184 documentary proof of having satisfactorily passed a physical
185 examination administered by a licensed physician or physician
186 assistant within each calendar year. The board shall adopt rules
187 to establish requirements for passing the physical examination,
188 which rules shall establish minimum standards for the physical
189 or mental capabilities necessary to carry out the professional
190 duties of a licensed state pilot or a certificated deputy pilot.
191 Such standards shall include zero tolerance for any controlled
192 substance regulated under chapter 893 unless that individual is
193 under the care of a physician, advanced registered nurse
194 practitioner, or physician assistant and that controlled
195 substance was prescribed by that physician, advanced registered
196 nurse practitioner, or physician assistant. To maintain
197 eligibility as a certificated deputy pilot or licensed state
198 pilot, each certificated deputy pilot or licensed state pilot
199 must annually provide documentary proof of having satisfactorily
200 passed a complete physical examination administered by a
201 licensed physician. The physician must know the minimum
202 standards and certify that the certificateholder or licensee
203 satisfactorily meets the standards. The standards for
204 certificateholders and for licensees shall include a drug test.
205
206 Upon resignation or in the case of disability permanently
207 affecting a pilot's ability to serve, the state license or
208 certificate issued under this chapter shall be revoked by the

209 department.

210 Section 5. Subsection (7) of section 456.072, Florida
 211 Statutes, is amended to read:

212 456.072 Grounds for discipline; penalties; enforcement.—

213 (7) Notwithstanding subsection (2), upon a finding that a
 214 physician has prescribed or dispensed a controlled substance, or
 215 caused a controlled substance to be prescribed or dispensed, in
 216 a manner that violates the standard of practice set forth in s.
 217 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)
 218 or (s), or s. 466.028(1)(p) or (x), or that an advanced
 219 registered nurse practitioner has prescribed or dispensed a
 220 controlled substance, or caused a controlled substance to be
 221 prescribed or dispensed, in a manner that violates the standard
 222 of practice set forth in s. 464.018(1)(n) or (p)6., the
 223 physician or advanced registered nurse practitioner shall be
 224 suspended for a period of not less than 6 months and pay a fine
 225 of not less than \$10,000 per count. Repeated violations shall
 226 result in increased penalties.

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

229 456.44 Controlled substance prescribing.—

230 (2) REGISTRATION.—~~Effective January 1, 2012,~~ A physician
 231 licensed under chapter 458, chapter 459, chapter 461, or chapter
 232 466, a physician assistant licensed under chapter 458 or chapter
 233 459, or an advanced registered nurse practitioner certified
 234 under part I of chapter 464 who prescribes any controlled

235 substance, listed in Schedule II, Schedule III, or Schedule IV
236 as defined in s. 893.03, for the treatment of chronic
237 nonmalignant pain, must:

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

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

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

247 (a) A complete medical history and a physical examination
248 must be conducted before beginning any treatment and must be
249 documented in the medical record. The exact components of the
250 physical examination shall be left to the judgment of the
251 registrant clinician who is expected to perform a physical
252 examination proportionate to the diagnosis that justifies a
253 treatment. The medical record must, at a minimum, document the
254 nature and intensity of the pain, current and past treatments
255 for pain, underlying or coexisting diseases or conditions, the
256 effect of the pain on physical and psychological function, a
257 review of previous medical records, previous diagnostic studies,
258 and history of alcohol and substance abuse. The medical record
259 shall also document the presence of one or more recognized
260 medical indications for the use of a controlled substance. Each

261 registrant must develop a written plan for assessing each
262 patient's risk of aberrant drug-related behavior, which may
263 include patient drug testing. Registrants must assess each
264 patient's risk for aberrant drug-related behavior and monitor
265 that risk on an ongoing basis in accordance with the plan.

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

279 (c) The registrant ~~physician~~ shall discuss the risks and
280 benefits of the use of controlled substances, including the
281 risks of abuse and addiction, as well as physical dependence and
282 its consequences, with the patient, persons designated by the
283 patient, or the patient's surrogate or guardian if the patient
284 is incompetent. The registrant ~~physician~~ shall use a written
285 controlled substance agreement between the registrant ~~physician~~
286 and the patient outlining the patient's responsibilities,

287 including, but not limited to:

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

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

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

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

311 (e) The registrant ~~physician~~ shall refer the patient as
312 necessary for additional evaluation and treatment in order to

313 achieve treatment objectives. Special attention shall be given
314 to those patients who are at risk for misusing their medications
315 and those whose living arrangements pose a risk for medication
316 misuse or diversion. The management of pain in patients with a
317 history of substance abuse or with a comorbid psychiatric
318 disorder requires extra care, monitoring, and documentation and
319 requires consultation with or referral to an addiction medicine
320 specialist or psychiatrist.

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

- 327 1. The complete medical history and a physical
328 examination, including history of drug abuse or dependence.
- 329 2. Diagnostic, therapeutic, and laboratory results.
- 330 3. Evaluations and consultations.
- 331 4. Treatment objectives.
- 332 5. Discussion of risks and benefits.
- 333 6. Treatments.
- 334 7. Medications, including date, type, dosage, and quantity
335 prescribed.
- 336 8. Instructions and agreements.
- 337 9. Periodic reviews.
- 338 10. Results of any drug testing.

339 11. A photocopy of the patient's government-issued photo
340 identification.

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

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

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

365 registrant ~~physician~~ shall be documented in the patient's
366 medical record.

367
368 This subsection does not apply to a board-eligible or board-
369 certified anesthesiologist, physiatrist, rheumatologist, or
370 neurologist, or to a board-certified physician who has surgical
371 privileges at a hospital or ambulatory surgery center and
372 primarily provides surgical services. This subsection does not
373 apply to a board-eligible or board-certified medical specialist
374 who has also completed a fellowship in pain medicine approved by
375 the Accreditation Council for Graduate Medical Education or the
376 American Osteopathic Association, or who is board eligible or
377 board certified in pain medicine by the American Board of Pain
378 Medicine or a board approved by the American Board of Medical
379 Specialties or the American Osteopathic Association and performs
380 interventional pain procedures of the type routinely billed
381 using surgical codes. This subsection does not apply to a
382 registrant, physician, advanced registered nurse practitioner,
383 or physician assistant who prescribes medically necessary
384 controlled substances for a patient during an inpatient stay in
385 a hospital licensed under chapter 395.

386 Section 7. Paragraph (b) of subsection (2) of section
387 458.3265, Florida Statutes, is amended to read:

388 458.3265 Pain-management clinics.—

389 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
390 apply to any physician who provides professional services in a

391 pain-management clinic that is required to be registered in
 392 subsection (1).

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

400 Section 8. Paragraph (f) of subsection (4) of section
 401 458.347, Florida Statutes, is amended to read:

402 458.347 Physician assistants.—

403 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

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

414 3. Only the council shall add to, delete from, or modify
 415 the formulary. Any person who requests an addition, deletion, or
 416 modification of a medicinal drug listed on such formulary has

417 the burden of proof to show cause why such addition, deletion,
 418 or modification should be made.

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

430 Section 9. Paragraph (b) of subsection (2) of section
 431 459.0137, Florida Statutes, is amended to read:

432 459.0137 Pain-management clinics.—

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

437 (b) A person may not dispense any medication on the
 438 premises of a registered pain-management clinic unless he or she
 439 is a physician licensed under this chapter or chapter 458. A
 440 person may not prescribe any controlled substance regulated
 441 under chapter 893 on the premises of a registered pain-
 442 management clinic unless he or she is a physician licensed under

443 this chapter or chapter 458.

444 Section 10. Section 464.012, Florida Statutes, is amended
445 to read:

446 464.012 Certification of advanced registered nurse
447 practitioners; fees; controlled substance prescribing.—

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

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

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

465 (c) Graduation from a program leading to a master's degree
466 in a nursing clinical specialty area with preparation in
467 specialized practitioner skills. For applicants graduating on or
468 after October 1, 1998, graduation from a master's degree program

469 shall be required for initial certification as a nurse
470 practitioner under paragraph (4) (c). For applicants graduating
471 on or after October 1, 2001, graduation from a master's degree
472 program shall be required for initial certification as a
473 registered nurse anesthetist under paragraph (4) (a).

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

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

492 (a) Prescribe, dispense, administer, or order any ~~Monitor~~
493 ~~and alter drug therapies.~~

494 (b) Initiate appropriate therapies for certain conditions.

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

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

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

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

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

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

513 3. Order under the protocol preanesthetic medication.

514 4. Perform under the protocol procedures commonly used to
 515 render the patient insensible to pain during the performance of
 516 surgical, obstetrical, therapeutic, or diagnostic clinical
 517 procedures. These procedures include ordering and administering
 518 regional, spinal, and general anesthesia; inhalation agents and
 519 techniques; intravenous agents and techniques; and techniques of
 520 hypnosis.

521 5. Order or perform monitoring procedures indicated as
522 pertinent to the anesthetic health care management of the
523 patient.

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

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

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

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

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

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

544 1. Perform superficial minor surgical procedures.

545 2. Manage the patient during labor and delivery to include
546 amniotomy, episiotomy, and repair.

547 3. Order, initiate, and perform appropriate anesthetic
548 procedures.

549 4. Perform postpartum examination.

550 5. Order appropriate medications.

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

552 7. Manage the medical care of the normal obstetrical
553 patient and the initial care of a newborn patient.

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

556 1. Manage selected medical problems.

557 2. Order physical and occupational therapy.

558 3. Initiate, monitor, or alter therapies for certain
559 uncomplicated acute illnesses.

560 4. Monitor and manage patients with stable chronic
561 diseases.

562 5. Establish behavioral problems and diagnosis and make
563 treatment recommendations.

564 (5) The board shall certify, and the department shall
565 issue a certificate to, any nurse meeting the qualifications in
566 this section. The board shall establish an application fee not
567 to exceed \$100 and a biennial renewal fee not to exceed \$50. The
568 board is authorized to adopt such other rules as are necessary
569 to implement the provisions of this section.

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

572 464.018 Disciplinary actions.—

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

575 (p) For an advanced registered nurse practitioner:

576 1. Presigning blank prescription forms.

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

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

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

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

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

596 4. Prescribing, ordering, dispensing, administering,
597 supplying, selling, or giving growth hormones, testosterone or
598 its analogs, human chorionic gonadotropin (HCG), or other

599 hormones for the purpose of muscle building or to enhance
600 athletic performance. As used in this subparagraph, the term
601 "muscle building" does not include the treatment of injured
602 muscle. A prescription written for the drug products listed in
603 this paragraph may be dispensed by a pharmacist with the
604 presumption that the prescription is for legitimate medical use.

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

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

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

624 8. Prescribing, ordering, dispensing, administering,

625 supplying, selling, or giving amygdalin (laetrile) to any
 626 person.

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

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

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

634 893.02 Definitions.—The following words and phrases as
 635 used in this chapter shall have the following meanings, unless
 636 the context otherwise requires:

637 (21) "Practitioner" means a physician licensed under
 638 ~~pursuant to~~ chapter 458, a dentist licensed under ~~pursuant to~~
 639 chapter 466, a veterinarian licensed under ~~pursuant to~~ chapter
 640 474, an osteopathic physician licensed under ~~pursuant to~~ chapter
 641 459, an advanced registered nurse practitioner certified under
 642 chapter 464, a naturopath licensed under ~~pursuant to~~ chapter
 643 462, a certified optometrist licensed under ~~pursuant to~~ chapter
 644 463, ~~or~~ a podiatric physician licensed under ~~pursuant to~~ chapter
 645 461, or a physician assistant licensed under chapter 458 or
 646 chapter 459, provided such practitioner holds a valid federal
 647 controlled substance registry number.

648 Section 13. Paragraph (n) of subsection (1) of section
 649 948.03, Florida Statutes, is amended to read:

650 948.03 Terms and conditions of probation.—

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

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

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

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

673 Section 16. Paragraph (mm) of subsection (1) of s. 456.072
674 and s. 466.02751, Florida Statutes, are reenacted for the
675 purpose of incorporating the amendment made by this act to s.
676 456.44, Florida Statutes, in references thereto.

677 Section 17. Section 458.303, paragraph (e) of subsection
678 (4) and paragraph (c) of subsection (9) of s. 458.347, paragraph
679 (b) of subsection (7) of s. 458.3475, paragraph (e) of
680 subsection (4) and paragraph (c) of subsection (9) of s.
681 459.022, and paragraph (b) of subsection (7) of s. 459.023,
682 Florida Statutes, are reenacted for the purpose of incorporating
683 the amendment made by this act to s. 458.347, Florida Statutes,
684 in references thereto.

685 Section 18. Paragraph (a) of subsection (1) of s. 456.041,
686 subsections (1) and (2) of s. 458.348, and subsection (1) of s.
687 459.025, Florida Statutes, are reenacted for the purpose of
688 incorporating the amendment made by this act to s. 464.012,
689 Florida Statutes, in references thereto.

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

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

699 Section 21. Paragraph (a) of subsection (3) of s. 944.17,
700 subsection (8) of s. 948.001, and paragraph (e) of subsection
701 (1) of s. 948.101, Florida Statutes, are reenacted for the
702 purpose of incorporating the amendment made by this act to s.

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703 | 948.03, Florida Statutes, in references thereto.

704 | Section 22. This act shall take effect July 1, 2016.