

By Senator Grimsley

21-00567-16

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1 A bill to be entitled
2 An act relating to health care; amending s. 110.12315,
3 F.S.; expanding the categories of persons who may
4 prescribe brand name drugs under the prescription drug
5 program when medically necessary; amending ss.
6 310.071, 310.073, and 310.081, F.S.; exempting
7 controlled substances prescribed by an advanced
8 registered nurse practitioner or a physician assistant
9 from the disqualifications for certification or
10 licensure, and for continued certification or
11 licensure, as a deputy pilot or state pilot; repealing
12 s. 383.336, F.S., relating to provider hospitals,
13 practice parameters, and peer review boards; amending
14 s. 395.1051, F.S.; requiring a hospital to provide
15 specified advance notice to certain obstetrical
16 physicians before it closes its obstetrical department
17 or ceases to provide obstetrical services; amending s.
18 456.072, F.S.; applying existing penalties for
19 violations relating to the prescribing or dispensing
20 of controlled substances by an advanced registered
21 nurse practitioner; amending s. 456.44, F.S.;
22 providing a definition; deleting an obsolete date;
23 requiring advanced registered nurse practitioners and
24 physician assistants who prescribe controlled
25 substances for certain pain to make a certain
26 designation, comply with registration requirements,
27 and follow specified standards of practice; providing
28 applicability; amending ss. 458.3265 and 459.0137,
29 F.S.; limiting the authority to prescribe a controlled

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30 substance in a pain-management clinic only to a
31 physician licensed under ch. 458 or ch. 459, F.S.;
32 amending s. 458.347, F.S.; revising the required
33 continuing education requirements for a physician
34 assistant; requiring that a specified formulary limit
35 the prescription of certain controlled substances by
36 physician assistants as of a specified date; amending
37 s. 464.003, F.S.; redefining the term "advanced or
38 specialized nursing practice"; deleting the joint
39 committee established in the definition; amending s.
40 464.012, F.S.; requiring the Board of Nursing to
41 establish a committee to recommend a formulary of
42 controlled substances that may not be prescribed, or
43 may be prescribed only on a limited basis, by an
44 advanced registered nurse practitioner; specifying the
45 membership of the committee; providing parameters for
46 the formulary; requiring that the formulary be adopted
47 by board rule; specifying the process for amending the
48 formulary and imposing a burden of proof; limiting the
49 formulary's application in certain instances;
50 requiring the board to adopt the committee's initial
51 recommendations by a specified date; authorizing an
52 advanced registered nurse practitioner to prescribe,
53 dispense, administer, or order drugs, including
54 certain controlled substances under certain
55 circumstances, as of a specified date; amending s.
56 464.013, F.S.; revising continuing education
57 requirements for renewal of a license or certificate;
58 amending s. 464.018, F.S.; specifying acts that

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59 constitute grounds for denial of a license or for
60 disciplinary action against an advanced registered
61 nurse practitioner; amending s. 893.02, F.S.;
62 redefining the term "practitioner" to include advanced
63 registered nurse practitioners and physician
64 assistants under the Florida Comprehensive Drug Abuse
65 Prevention and Control Act for the purpose of
66 prescribing controlled substances if a certain
67 requirement is met; amending s. 948.03, F.S.;
68 providing that possession of drugs or narcotics
69 prescribed by an advanced registered nurse
70 practitioner or a physician assistant does not violate
71 a prohibition relating to the possession of drugs or
72 narcotics during probation; amending ss. 458.348 and
73 459.025, F.S.; conforming provisions to changes made
74 by the act; reenacting ss. 458.331(10), 458.347(7)(g),
75 459.015(10), 459.022(7)(f), and 465.0158(5)(b), F.S.,
76 to incorporate the amendment made to s. 456.072, F.S.,
77 in references thereto; reenacting ss. 456.072(1)(mm)
78 and 466.02751, F.S., to incorporate the amendment made
79 to s. 456.44, F.S., in references thereto; reenacting
80 ss. 458.303, 458.3475(7)(b), 459.022(4)(e) and (9)(c),
81 and 459.023(7)(b), F.S., to incorporate the amendment
82 made to s. 458.347, F.S., in references thereto;
83 reenacting s. 464.012(3)(c), F.S., to incorporate the
84 amendment made to s. 464.003, F.S., in a reference
85 thereto; reenacting ss. 456.041(1)(a), 458.348(1) and
86 (2), and 459.025(1), F.S., to incorporate the
87 amendment made to s. 464.012, F.S., in references

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88 thereto; reenacting s. 464.0205(7), F.S., to
89 incorporate the amendment made to s. 464.013, F.S., in
90 a reference thereto; reenacting ss. 320.0848(11),
91 464.008(2), 464.009(5), and 464.0205(1)(b), (3), and
92 (4)(b), F.S., to incorporate the amendment made to s.
93 464.018, F.S., in references thereto; reenacting s.
94 775.051, F.S., to incorporate the amendment made to s.
95 893.02, F.S., in a reference thereto; reenacting ss.
96 944.17(3)(a), 948.001(8), and 948.101(1)(e), F.S., to
97 incorporate the amendment made to s. 948.03, F.S., in
98 references thereto; providing effective dates.

99

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

101

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

104 110.12315 Prescription drug program.—The state employees'
105 prescription drug program is established. This program shall be
106 administered by the Department of Management Services, according
107 to the terms and conditions of the plan as established by the
108 relevant provisions of the annual General Appropriations Act and
109 implementing legislation, subject to the following conditions:

110 (7) The department shall establish the reimbursement
111 schedule for prescription pharmaceuticals dispensed under the
112 program. Reimbursement rates for a prescription pharmaceutical
113 must be based on the cost of the generic equivalent drug if a
114 generic equivalent exists, unless the physician, advanced
115 registered nurse practitioner, or physician assistant
116 prescribing the pharmaceutical clearly states on the

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117 prescription that the brand name drug is medically necessary or
118 that the drug product is included on the formulary of drug
119 products that may not be interchanged as provided in chapter
120 465, in which case reimbursement must be based on the cost of
121 the brand name drug as specified in the reimbursement schedule
122 adopted by the department.

123 Section 2. Paragraph (c) of subsection (1) of section
124 310.071, Florida Statutes, is amended, and subsection (3) of
125 that section is republished, to read:

126 310.071 Deputy pilot certification.—

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

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

143 To maintain eligibility as a certificated deputy pilot, each
144 certificated deputy pilot must annually provide documentary
145 proof of having satisfactorily passed a complete physical

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146 examination administered by a licensed physician. The physician
147 must know the minimum standards and certify that the
148 certificateholder satisfactorily meets the standards. The
149 standards for certificateholders shall include a drug test.

150 (3) The initial certificate issued to a deputy pilot shall
151 be valid for a period of 12 months, and at the end of this
152 period, the certificate shall automatically expire and shall not
153 be renewed. During this period, the board shall thoroughly
154 evaluate the deputy pilot's performance for suitability to
155 continue training and shall make appropriate recommendations to
156 the department. Upon receipt of a favorable recommendation by
157 the board, the department shall issue a certificate to the
158 deputy pilot, which shall be valid for a period of 2 years. The
159 certificate may be renewed only two times, except in the case of
160 a fully licensed pilot who is cross-licensed as a deputy pilot
161 in another port, and provided the deputy pilot meets the
162 requirements specified for pilots in paragraph (1) (c).

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

165 310.073 State pilot licensing.—In addition to meeting other
166 requirements specified in this chapter, each applicant for
167 license as a state pilot must:

168 (3) Be in good physical and mental health, as evidenced by
169 documentary proof of having satisfactorily passed a complete
170 physical examination administered by a licensed physician within
171 the preceding 6 months. The board shall adopt rules to establish
172 requirements for passing the physical examination, which rules
173 shall establish minimum standards for the physical or mental
174 capabilities necessary to carry out the professional duties of a

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175 licensed state pilot. Such standards shall include zero
176 tolerance for any controlled substance regulated under chapter
177 893 unless that individual is under the care of a physician,
178 advanced registered nurse practitioner, or physician assistant
179 and that controlled substance was prescribed by that physician,
180 advanced registered nurse practitioner, or physician assistant.
181 To maintain eligibility as a licensed state pilot, each licensed
182 state pilot must annually provide documentary proof of having
183 satisfactorily passed a complete physical examination
184 administered by a licensed physician. The physician must know
185 the minimum standards and certify that the licensee
186 satisfactorily meets the standards. The standards for licensees
187 shall include a drug test.

188 Section 4. Paragraph (b) of subsection (3) of section
189 310.081, Florida Statutes, is amended to read:

190 310.081 Department to examine and license state pilots and
191 certificate deputy pilots; vacancies.-

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

194 (b) Are in good physical and mental health as evidenced by
195 documentary proof of having satisfactorily passed a physical
196 examination administered by a licensed physician or physician
197 assistant within each calendar year. The board shall adopt rules
198 to establish requirements for passing the physical examination,
199 which rules shall establish minimum standards for the physical
200 or mental capabilities necessary to carry out the professional
201 duties of a licensed state pilot or a certificated deputy pilot.
202 Such standards shall include zero tolerance for any controlled
203 substance regulated under chapter 893 unless that individual is

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204 under the care of a physician, advanced registered nurse
205 practitioner, or physician assistant and that controlled
206 substance was prescribed by that physician, advanced registered
207 nurse practitioner, or physician assistant. To maintain
208 eligibility as a certificated deputy pilot or licensed state
209 pilot, each certificated deputy pilot or licensed state pilot
210 must annually provide documentary proof of having satisfactorily
211 passed a complete physical examination administered by a
212 licensed physician. The physician must know the minimum
213 standards and certify that the certificateholder or licensee
214 satisfactorily meets the standards. The standards for
215 certificateholders and for licensees shall include a drug test.
216
217 Upon resignation or in the case of disability permanently
218 affecting a pilot's ability to serve, the state license or
219 certificate issued under this chapter shall be revoked by the
220 department.

221 Section 5. Section 383.336, Florida Statutes, is repealed.

222 Section 6. Section 395.1051, Florida Statutes, is amended
223 to read:

224 395.1051 Duty to notify patients and physicians.-

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

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233 (2) A hospital shall notify each obstetrical physician who
234 has privileges at the hospital at least 90 days before the
235 hospital closes its obstetrical department or ceases to provide
236 obstetrical services.

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

239 456.072 Grounds for discipline; penalties; enforcement.—

240 (7) Notwithstanding subsection (2), upon a finding that a
241 physician has prescribed or dispensed a controlled substance, or
242 caused a controlled substance to be prescribed or dispensed, in
243 a manner that violates the standard of practice set forth in s.
244 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)
245 or (s), or s. 466.028(1)(p) or (x), or that an advanced
246 registered nurse practitioner has prescribed or dispensed a
247 controlled substance, or caused a controlled substance to be
248 prescribed or dispensed, in a manner that violates the standard
249 of practice set forth in s. 464.018(1)(n) or s. 464.018(1)(p)6.,
250 the physician or advanced registered nurse practitioner shall be
251 suspended for a period of not less than 6 months and pay a fine
252 of not less than \$10,000 per count. Repeated violations shall
253 result in increased penalties.

254 Section 8. Section 456.44, Florida Statutes, is amended to
255 read:

256 456.44 Controlled substance prescribing.—

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

258 (a) "Addiction medicine specialist" means a board-certified
259 psychiatrist with a subspecialty certification in addiction
260 medicine or who is eligible for such subspecialty certification
261 in addiction medicine, an addiction medicine physician certified

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262 or eligible for certification by the American Society of
263 Addiction Medicine, or an osteopathic physician who holds a
264 certificate of added qualification in Addiction Medicine through
265 the American Osteopathic Association.

266 (b) "Adverse incident" means any incident set forth in s.
267 458.351(4)(a)-(e) or s. 459.026(4)(a)-(e).

268 (c) "Board-certified pain management physician" means a
269 physician who possesses board certification in pain medicine by
270 the American Board of Pain Medicine, board certification by the
271 American Board of Interventional Pain Physicians, or board
272 certification or subcertification in pain management or pain
273 medicine by a specialty board recognized by the American
274 Association of Physician Specialists or the American Board of
275 Medical Specialties or an osteopathic physician who holds a
276 certificate in Pain Management by the American Osteopathic
277 Association.

278 (d) "Board eligible" means successful completion of an
279 anesthesia, physical medicine and rehabilitation, rheumatology,
280 or neurology residency program approved by the Accreditation
281 Council for Graduate Medical Education or the American
282 Osteopathic Association for a period of 6 years from successful
283 completion of such residency program.

284 (e) "Chronic nonmalignant pain" means pain unrelated to
285 cancer which persists beyond the usual course of disease or the
286 injury that is the cause of the pain or more than 90 days after
287 surgery.

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

290 (g) "Registrant" means a physician, physician assistant, or

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291 advanced registered nurse practitioner who meets the
292 requirements of subsection (2).

293 (2) REGISTRATION.—~~Effective January 1, 2012,~~ A physician
294 licensed under chapter 458, chapter 459, chapter 461, or chapter
295 466, a physician assistant licensed under chapter 458 or chapter
296 459, or an advanced registered nurse practitioner certified
297 under part I of chapter 464 who prescribes any controlled
298 substance, listed in Schedule II, Schedule III, or Schedule IV
299 as defined in s. 893.03, for the treatment of chronic
300 nonmalignant pain, must:

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

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

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

310 (a) A complete medical history and a physical examination
311 must be conducted before beginning any treatment and must be
312 documented in the medical record. The exact components of the
313 physical examination shall be left to the judgment of the
314 registrant clinician who is expected to perform a physical
315 examination proportionate to the diagnosis that justifies a
316 treatment. The medical record must, at a minimum, document the
317 nature and intensity of the pain, current and past treatments
318 for pain, underlying or coexisting diseases or conditions, the
319 effect of the pain on physical and psychological function, a

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320 review of previous medical records, previous diagnostic studies,
321 and history of alcohol and substance abuse. The medical record
322 shall also document the presence of one or more recognized
323 medical indications for the use of a controlled substance. Each
324 registrant must develop a written plan for assessing each
325 patient's risk of aberrant drug-related behavior, which may
326 include patient drug testing. Registrants must assess each
327 patient's risk for aberrant drug-related behavior and monitor
328 that risk on an ongoing basis in accordance with the plan.

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

342 (c) The registrant ~~physician~~ shall discuss the risks and
343 benefits of the use of controlled substances, including the
344 risks of abuse and addiction, as well as physical dependence and
345 its consequences, with the patient, persons designated by the
346 patient, or the patient's surrogate or guardian if the patient
347 is incompetent. The registrant ~~physician~~ shall use a written
348 controlled substance agreement between the registrant ~~physician~~

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349 and the patient outlining the patient's responsibilities,
350 including, but not limited to:

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

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

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

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

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

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378 and those whose living arrangements pose a risk for medication
379 misuse or diversion. The management of pain in patients with a
380 history of substance abuse or with a comorbid psychiatric
381 disorder requires extra care, monitoring, and documentation and
382 requires consultation with or referral to an addiction medicine
383 specialist or psychiatrist.

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

- 390 1. The complete medical history and a physical examination,
391 including history of drug abuse or dependence.
- 392 2. Diagnostic, therapeutic, and laboratory results.
- 393 3. Evaluations and consultations.
- 394 4. Treatment objectives.
- 395 5. Discussion of risks and benefits.
- 396 6. Treatments.
- 397 7. Medications, including date, type, dosage, and quantity
398 prescribed.
- 399 8. Instructions and agreements.
- 400 9. Periodic reviews.
- 401 10. Results of any drug testing.
- 402 11. A photocopy of the patient's government-issued photo
403 identification.
- 404 12. If a written prescription for a controlled substance is
405 given to the patient, a duplicate of the prescription.
- 406 13. The registrant's ~~physician's~~ full name presented in a

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407 legible manner.

408 (g) A registrant shall immediately refer patients with
409 signs or symptoms of substance abuse ~~shall be immediately~~
410 ~~referred~~ to a board-certified pain management physician, an
411 addiction medicine specialist, or a mental health addiction
412 facility as it pertains to drug abuse or addiction unless the
413 registrant is a physician who is board-certified or board-
414 eligible in pain management. Throughout the period of time
415 before receiving the consultant's report, a prescribing
416 registrant ~~physician~~ shall clearly and completely document
417 medical justification for continued treatment with controlled
418 substances and those steps taken to ensure medically appropriate
419 use of controlled substances by the patient. Upon receipt of the
420 consultant's written report, the prescribing registrant
421 ~~physician~~ shall incorporate the consultant's recommendations for
422 continuing, modifying, or discontinuing controlled substance
423 therapy. The resulting changes in treatment shall be
424 specifically documented in the patient's medical record.
425 Evidence or behavioral indications of diversion shall be
426 followed by discontinuation of controlled substance therapy, and
427 the patient shall be discharged, and all results of testing and
428 actions taken by the registrant ~~physician~~ shall be documented in
429 the patient's medical record.

430

431 This subsection does not apply to a board-eligible or board-
432 certified anesthesiologist, physiatrist, rheumatologist, or
433 neurologist, or to a board-certified physician who has surgical
434 privileges at a hospital or ambulatory surgery center and
435 primarily provides surgical services. This subsection does not

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436 apply to a board-eligible or board-certified medical specialist
437 who has also completed a fellowship in pain medicine approved by
438 the Accreditation Council for Graduate Medical Education or the
439 American Osteopathic Association, or who is board eligible or
440 board certified in pain medicine by the American Board of Pain
441 Medicine, the American Board of Interventional Pain Physicians,
442 the American Association of Physician Specialists, or a board
443 approved by the American Board of Medical Specialties or the
444 American Osteopathic Association and performs interventional
445 pain procedures of the type routinely billed using surgical
446 codes. This subsection does not apply to a registrant, advanced
447 registered nurse practitioner, or physician assistant who
448 prescribes medically necessary controlled substances for a
449 patient during an inpatient stay in a hospital licensed under
450 chapter 395.

451 Section 9. Paragraph (b) of subsection (2) of section
452 458.3265, Florida Statutes, is amended to read:

453 458.3265 Pain-management clinics.—

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

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

464 Section 10. Paragraph (b) of subsection (2) of section

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465 459.0137, Florida Statutes, is amended to read:

466 459.0137 Pain-management clinics.—

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

471 (b) Only a person may not dispense any medication on the
472 premises of a registered pain-management clinic unless he or she
473 is a physician licensed under this chapter or chapter 458 may
474 dispense medication or prescribe a controlled substance
475 regulated under chapter 893 on the premises of a registered
476 pain-management clinic.

477 Section 11. Paragraph (e) of subsection (4) of section
478 458.347, Florida Statutes, is amended, and paragraph (c) of
479 subsection (9) of that section is republished, to read:

480 458.347 Physician assistants.—

481 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

482 (e) A supervisory physician may delegate to a fully
483 licensed physician assistant the authority to prescribe or
484 dispense any medication used in the supervisory physician's
485 practice unless such medication is listed on the formulary
486 created pursuant to paragraph (f). A fully licensed physician
487 assistant may only prescribe or dispense such medication under
488 the following circumstances:

489 1. A physician assistant must clearly identify to the
490 patient that he or she is a physician assistant. Furthermore,
491 the physician assistant must inform the patient that the patient
492 has the right to see the physician prior to any prescription
493 being prescribed or dispensed by the physician assistant.

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494 2. The supervisory physician must notify the department of
495 his or her intent to delegate, on a department-approved form,
496 before delegating such authority and notify the department of
497 any change in prescriptive privileges of the physician
498 assistant. Authority to dispense may be delegated only by a
499 supervising physician who is registered as a dispensing
500 practitioner in compliance with s. 465.0276.

501 3. The physician assistant must file with the department a
502 signed affidavit that he or she has completed a minimum of 10
503 continuing medical education hours in the specialty practice in
504 which the physician assistant has prescriptive privileges with
505 each licensure renewal application. Three of the 10 hours must
506 consist of a continuing education course on the safe and
507 effective prescribing of controlled substance medications
508 offered by a statewide professional association of physicians in
509 this state accredited to provide educational activities
510 designated for the American Medical Association Physician's
511 Recognition Award Category I Credit or designated by the
512 American Academy of Physician Assistants as a Category 1 Credit.

513 4. The department may issue a prescriber number to the
514 physician assistant granting authority for the prescribing of
515 medicinal drugs authorized within this paragraph upon completion
516 of the foregoing requirements. The physician assistant shall not
517 be required to independently register pursuant to s. 465.0276.

518 5. The prescription must be written in a form that complies
519 with chapter 499 and must contain, in addition to the
520 supervisory physician's name, address, and telephone number, the
521 physician assistant's prescriber number. Unless it is a drug or
522 drug sample dispensed by the physician assistant, the

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523 prescription must be filled in a pharmacy permitted under
524 chapter 465 and must be dispensed in that pharmacy by a
525 pharmacist licensed under chapter 465. The appearance of the
526 prescriber number creates a presumption that the physician
527 assistant is authorized to prescribe the medicinal drug and the
528 prescription is valid.

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

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

533 (c) The council shall:

534 1. Recommend to the department the licensure of physician
535 assistants.

536 2. Develop all rules regulating the use of physician
537 assistants by physicians under this chapter and chapter 459,
538 except for rules relating to the formulary developed under
539 paragraph (4) (f). The council shall also develop rules to ensure
540 that the continuity of supervision is maintained in each
541 practice setting. The boards shall consider adopting a proposed
542 rule developed by the council at the regularly scheduled meeting
543 immediately following the submission of the proposed rule by the
544 council. A proposed rule submitted by the council may not be
545 adopted by either board unless both boards have accepted and
546 approved the identical language contained in the proposed rule.
547 The language of all proposed rules submitted by the council must
548 be approved by both boards pursuant to each respective board's
549 guidelines and standards regarding the adoption of proposed
550 rules. If either board rejects the council's proposed rule, that
551 board must specify its objection to the council with

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552 particularity and include any recommendations it may have for
553 the modification of the proposed rule.

554 3. Make recommendations to the boards regarding all matters
555 relating to physician assistants.

556 4. Address concerns and problems of practicing physician
557 assistants in order to improve safety in the clinical practices
558 of licensed physician assistants.

559 Section 12. Effective January 1, 2017, paragraph (f) of
560 subsection (4) of section 458.347, Florida Statutes, is amended
561 to read:

562 458.347 Physician assistants.—

563 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

564 (f)1. The council shall establish a formulary of medicinal
565 drugs that a fully licensed physician assistant having
566 prescribing authority under this section or s. 459.022 may not
567 prescribe. The formulary must include ~~controlled substances as~~
568 ~~defined in chapter 893,~~ general anesthetics, and radiographic
569 contrast materials, and must limit the prescription of Schedule
570 II controlled substances as defined in s. 893.03 to a 7-day
571 supply. The formulary must also restrict the prescribing of
572 psychiatric mental health controlled substances for children
573 under 18 years of age.

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

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

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

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

594 Section 13. Subsection (2) of section 464.003, Florida
595 Statutes, is amended to read:

596 464.003 Definitions.—As used in this part, the term:

597 (2) "Advanced or specialized nursing practice" means, in
598 addition to the practice of professional nursing, the
599 performance of advanced-level nursing acts approved by the board
600 which, by virtue of postbasic specialized education, training,
601 and experience, are appropriately performed by an advanced
602 registered nurse practitioner. Within the context of advanced or
603 specialized nursing practice, the advanced registered nurse
604 practitioner may perform acts of nursing diagnosis and nursing
605 treatment of alterations of the health status. The advanced
606 registered nurse practitioner may also perform acts of medical
607 diagnosis and treatment, prescription, and operation as
608 authorized within the framework of an established supervisory
609 protocol ~~which are identified and approved by a joint committee~~

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610 ~~composed of three members appointed by the Board of Nursing, two~~
611 ~~of whom must be advanced registered nurse practitioners; three~~
612 ~~members appointed by the Board of Medicine, two of whom must~~
613 ~~have had work experience with advanced registered nurse~~
614 ~~practitioners; and the State Surgeon General or the State~~
615 ~~Surgeon General's designee. Each committee member appointed by a~~
616 ~~board shall be appointed to a term of 4 years unless a shorter~~
617 ~~term is required to establish or maintain staggered terms. The~~
618 ~~Board of Nursing shall adopt rules authorizing the performance~~
619 ~~of any such acts approved by the joint committee. Unless~~
620 ~~otherwise specified by the joint committee, such acts must be~~
621 ~~performed under the general supervision of a practitioner~~
622 ~~licensed under chapter 458, chapter 459, or chapter 466 within~~
623 ~~the framework of standing protocols which identify the medical~~
624 ~~acts to be performed and the conditions for their performance.~~
625 The department may, by rule, require that a copy of the protocol
626 be filed with the department along with the notice required by
627 s. 458.348.

628 Section 14. Section 464.012, Florida Statutes, is amended
629 to read:

630 464.012 Certification of advanced registered nurse
631 practitioners; fees; controlled substance prescribing.-

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

637 (a) Satisfactory completion of a formal postbasic
638 educational program of at least one academic year, the primary

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639 purpose of which is to prepare nurses for advanced or
640 specialized practice.

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

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

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

662 (3) An advanced registered nurse practitioner shall perform
663 those functions authorized in this section within the framework
664 of an established protocol that is filed with the board upon
665 biennial license renewal and within 30 days after entering into
666 a supervisory relationship with a physician or changes to the
667 protocol. The board shall review the protocol to ensure

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668 compliance with applicable regulatory standards for protocols.
669 The board shall refer to the department licensees submitting
670 protocols that are not compliant with the regulatory standards
671 for protocols. A practitioner currently licensed under chapter
672 458, chapter 459, or chapter 466 shall maintain supervision for
673 directing the specific course of medical treatment. Within the
674 established framework, an advanced registered nurse practitioner
675 may:

- 676 (a) Monitor and alter drug therapies.
677 (b) Initiate appropriate therapies for certain conditions.
678 (c) Perform additional functions as may be determined by
679 rule in accordance with s. 464.003(2).
680 (d) Order diagnostic tests and physical and occupational
681 therapy.
- 682 (4) In addition to the general functions specified in
683 subsection (3), an advanced registered nurse practitioner may
684 perform the following acts within his or her specialty:
- 685 (a) The certified registered nurse anesthetist may, to the
686 extent authorized by established protocol approved by the
687 medical staff of the facility in which the anesthetic service is
688 performed, perform any or all of the following:
- 689 1. Determine the health status of the patient as it relates
690 to the risk factors and to the anesthetic management of the
691 patient through the performance of the general functions.
 - 692 2. Based on history, physical assessment, and supplemental
693 laboratory results, determine, with the consent of the
694 responsible physician, the appropriate type of anesthesia within
695 the framework of the protocol.
 - 696 3. Order under the protocol preanesthetic medication.

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697 4. Perform under the protocol procedures commonly used to
698 render the patient insensible to pain during the performance of
699 surgical, obstetrical, therapeutic, or diagnostic clinical
700 procedures. These procedures include ordering and administering
701 regional, spinal, and general anesthesia; inhalation agents and
702 techniques; intravenous agents and techniques; and techniques of
703 hypnosis.

704 5. Order or perform monitoring procedures indicated as
705 pertinent to the anesthetic health care management of the
706 patient.

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

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

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

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

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

721 (b) The certified nurse midwife may, to the extent
722 authorized by an established protocol which has been approved by
723 the medical staff of the health care facility in which the
724 midwifery services are performed, or approved by the nurse
725 midwife's physician backup when the delivery is performed in a

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726 patient's home, perform any or all of the following:

- 727 1. Perform superficial minor surgical procedures.
- 728 2. Manage the patient during labor and delivery to include
729 amniotomy, episiotomy, and repair.
- 730 3. Order, initiate, and perform appropriate anesthetic
731 procedures.
- 732 4. Perform postpartum examination.
- 733 5. Order appropriate medications.
- 734 6. Provide family-planning services and well-woman care.
- 735 7. Manage the medical care of the normal obstetrical
736 patient and the initial care of a newborn patient.

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

- 739 1. Manage selected medical problems.
- 740 2. Order physical and occupational therapy.
- 741 3. Initiate, monitor, or alter therapies for certain
742 uncomplicated acute illnesses.
- 743 4. Monitor and manage patients with stable chronic
744 diseases.
- 745 5. Establish behavioral problems and diagnosis and make
746 treatment recommendations.

747 (5) The board shall certify, and the department shall issue
748 a certificate to, any nurse meeting the qualifications in this
749 section. The board shall establish an application fee not to
750 exceed \$100 and a biennial renewal fee not to exceed \$50. The
751 board is authorized to adopt such other rules as are necessary
752 to implement the provisions of this section.

753 (6) (a) The board shall establish a committee to recommend a
754 formulary of controlled substances that an advanced registered

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755 nurse practitioner may not prescribe or may prescribe only for
756 specific uses or in limited quantities. The committee must
757 consist of three advanced registered nurse practitioners
758 licensed under this section, recommended by the Board of
759 Nursing; three physicians licensed under chapter 458 or chapter
760 459 who have work experience with advanced registered nurse
761 practitioners, recommended by the Board of Medicine; and a
762 pharmacist licensed under chapter 465 who holds a Doctor of
763 Pharmacy degree, recommended by the Board of Pharmacy. The
764 committee may recommend an evidence-based formulary applicable
765 to all advanced registered nurse practitioners which is limited
766 by specialty certification, is limited to approved uses of
767 controlled substances, or is subject to other similar
768 restrictions the committee finds are necessary to protect the
769 health, safety, and welfare of the public. The formulary must
770 restrict the prescribing of psychiatric mental health controlled
771 substances for children under 18 years of age to advanced
772 registered nurse practitioners who also are psychiatric nurses
773 as defined in s. 394.455. The formulary must also limit the
774 prescribing of Schedule II controlled substances as defined in
775 s. 893.03 to a 7-day supply, except that such restriction does
776 not apply to controlled substances that are psychiatric
777 medications prescribed by psychiatric nurses as defined in s.
778 394.455.

779 (b) The board shall adopt by rule the recommended formulary
780 and any revisions to the formulary which it finds are supported
781 by evidence-based clinical findings presented by the Board of
782 Medicine, the Board of Osteopathic Medicine, or the Board of
783 Dentistry.

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784 (c) The formulary required under this subsection does not
785 apply to a controlled substance that is dispensed for
786 administration pursuant to an order, including an order for
787 medication authorized by subparagraph (4) (a)3., subparagraph
788 (4) (a)4., or subparagraph (4) (a)9.

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

791 Section 15. Effective January 1, 2017, subsection (3) of
792 section 464.012, Florida Statutes, as amended by this act, is
793 amended to read:

794 464.012 Certification of advanced registered nurse
795 practitioners; fees; controlled substance prescribing.—

796 (3) An advanced registered nurse practitioner shall perform
797 those functions authorized in this section within the framework
798 of an established protocol that is filed with the board upon
799 biennial license renewal and within 30 days after entering into
800 a supervisory relationship with a physician or changes to the
801 protocol. The board shall review the protocol to ensure
802 compliance with applicable regulatory standards for protocols.
803 The board shall refer to the department licensees submitting
804 protocols that are not compliant with the regulatory standards
805 for protocols. A practitioner currently licensed under chapter
806 458, chapter 459, or chapter 466 shall maintain supervision for
807 directing the specific course of medical treatment. Within the
808 established framework, an advanced registered nurse practitioner
809 may:

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

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813 893.03 if the advanced registered nurse practitioner has
814 graduated from a program leading to a master's or doctoral
815 degree in a clinical nursing specialty area with training in
816 specialized practitioner skills ~~Monitor and alter drug~~
817 ~~therapies.~~

818 (b) Initiate appropriate therapies for certain conditions.

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

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

823 Section 16. Subsection (3) of section 464.013, Florida
824 Statutes, is amended to read:

825 464.013 Renewal of license or certificate.—

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

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

834 (b) Notwithstanding the exemption in paragraph (a), as part
835 of the maximum 30 hours of continuing education hours required
836 under this subsection, advanced registered nurse practitioners
837 certified under s. 464.012 must complete at least 3 hours of
838 continuing education on the safe and effective prescription of
839 controlled substances. Such continuing education courses must be
840 offered by a statewide professional association of physicians in
841 this state accredited to provide educational activities

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842 designated for the American Medical Association Physician's
843 Recognition Award Category 1 Credit, the American Nurses
844 Credentialing Center, or the American Association of Nurse
845 Practitioners and may be offered in a distance-learning format.

846 Section 17. Paragraph (p) is added to subsection (1) of
847 section 464.018, Florida Statutes, and subsection (2) of that
848 section is republished, to read:

849 464.018 Disciplinary actions.—

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

852 (p) For an advanced registered nurse practitioner:

853 1. Presigning blank prescription forms.

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

856 3. Prescribing, ordering, dispensing, administering,
857 supplying, selling, or giving a drug that is an amphetamine or a
858 sympathomimetic amine drug, or a compound designated in s.
859 893.03(2) as a Schedule II controlled substance, to or for any
860 person except for:

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

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

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

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871 reviewed by, and approved by the department before such
872 investigation is begun.

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

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

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

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

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900 administer medicinal drugs.

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

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

907 10. Promoting or advertising through any communication
908 medium the use, sale, or dispensing of a substance designated in
909 s. 893.03 as a controlled substance.

910 (2) The board may enter an order denying licensure or
911 imposing any of the penalties in s. 456.072(2) against any
912 applicant for licensure or licensee who is found guilty of
913 violating any provision of subsection (1) of this section or who
914 is found guilty of violating any provision of s. 456.072(1).

915 Section 18. Subsection (21) of section 893.02, Florida
916 Statutes, is amended to read:

917 893.02 Definitions.—The following words and phrases as used
918 in this chapter shall have the following meanings, unless the
919 context otherwise requires:

920 (21) "Practitioner" means a physician licensed under
921 ~~pursuant to~~ chapter 458, a dentist licensed under ~~pursuant to~~
922 chapter 466, a veterinarian licensed under ~~pursuant to~~ chapter
923 474, an osteopathic physician licensed under ~~pursuant to~~ chapter
924 459, an advanced registered nurse practitioner certified under
925 chapter 464, a naturopath licensed under ~~pursuant to~~ chapter
926 462, a certified optometrist licensed under ~~pursuant to~~ chapter
927 463, ~~or~~ a podiatric physician licensed under ~~pursuant to~~ chapter
928 461, or a physician assistant licensed under chapter 458 or

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929 chapter 459, provided such practitioner holds a valid federal
930 controlled substance registry number.

931 Section 19. Paragraph (n) of subsection (1) of section
932 948.03, Florida Statutes, is amended to read:

933 948.03 Terms and conditions of probation.—

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

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

946 Section 20. Paragraph (a) of subsection (1) and subsection
947 (2) of section 458.348, Florida Statutes, are amended to read:

948 458.348 Formal supervisory relationships, standing orders,
949 and established protocols; notice; standards.—

950 (1) NOTICE.—

951 (a) When a physician enters into a formal supervisory
952 relationship or standing orders with an emergency medical
953 technician or paramedic licensed pursuant to s. 401.27, which
954 relationship or orders contemplate the performance of medical
955 acts, or when a physician enters into an established protocol
956 with an advanced registered nurse practitioner, which protocol
957 contemplates the performance of medical ~~acts identified and~~

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958 ~~approved by the joint committee pursuant to s. 464.003(2) or~~
959 acts set forth in s. 464.012(3) and (4), the physician shall
960 submit notice to the board. The notice shall contain a statement
961 in substantially the following form:

962
963 I, ...(name and professional license number of
964 physician)..., of ...(address of physician)... have hereby
965 entered into a formal supervisory relationship, standing orders,
966 or an established protocol with ...(number of persons)...
967 emergency medical technician(s), ...(number of persons)...
968 paramedic(s), or ...(number of persons)... advanced registered
969 nurse practitioner(s).

970
971 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The
972 joint committee ~~created under s. 464.003(2)~~ shall determine
973 minimum standards for the content of established protocols
974 pursuant to which an advanced registered nurse practitioner may
975 perform medical acts ~~identified and approved by the joint~~
976 ~~committee pursuant to s. 464.003(2)~~ or acts set forth in s.
977 464.012(3) and (4) and shall determine minimum standards for
978 supervision of such acts by the physician, unless the joint
979 committee determines that any act set forth in s. 464.012(3) or
980 (4) is not a medical act. Such standards shall be based on risk
981 to the patient and acceptable standards of medical care and
982 shall take into account the special problems of medically
983 underserved areas. The standards developed by the joint
984 committee shall be adopted as rules by the Board of Nursing and
985 the Board of Medicine for purposes of carrying out their
986 responsibilities pursuant to part I of chapter 464 and this

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987 chapter, respectively, but neither board shall have disciplinary
988 powers over the licensees of the other board.

989 Section 21. Paragraph (a) of subsection (1) of section
990 459.025, Florida Statutes, is amended to read:

991 459.025 Formal supervisory relationships, standing orders,
992 and established protocols; notice; standards.—

993 (1) NOTICE.—

994 (a) When an osteopathic physician enters into a formal
995 supervisory relationship or standing orders with an emergency
996 medical technician or paramedic licensed pursuant to s. 401.27,
997 which relationship or orders contemplate the performance of
998 medical acts, or when an osteopathic physician enters into an
999 established protocol with an advanced registered nurse
1000 practitioner, which protocol contemplates the performance of
1001 medical acts ~~identified and approved by the joint committee~~
1002 ~~pursuant to s. 464.003(2)~~ or acts set forth in s. 464.012(3) and
1003 (4), the osteopathic physician shall submit notice to the board.
1004 The notice must contain a statement in substantially the
1005 following form:

1006

1007 I, ...(name and professional license number of osteopathic
1008 physician)..., of ...(address of osteopathic physician)... have
1009 hereby entered into a formal supervisory relationship, standing
1010 orders, or an established protocol with ...(number of
1011 persons)... emergency medical technician(s), ...(number of
1012 persons)... paramedic(s), or ...(number of persons)... advanced
1013 registered nurse practitioner(s).

1014 Section 22. Subsection (10) of s. 458.331, paragraph (g) of
1015 subsection (7) of s. 458.347, subsection (10) of s. 459.015,

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1016 paragraph (f) of subsection (7) of s. 459.022, and paragraph (b)
1017 of subsection (5) of s. 465.0158, Florida Statutes, are
1018 reenacted for the purpose of incorporating the amendment made by
1019 this act to s. 456.072, Florida Statutes, in references thereto.

1020 Section 23. Paragraph (mm) of subsection (1) of s. 456.072
1021 and s. 466.02751, Florida Statutes, are reenacted for the
1022 purpose of incorporating the amendment made by this act to s.
1023 456.44, Florida Statutes, in references thereto.

1024 Section 24. Section 458.303, paragraph (b) of subsection
1025 (7) of s. 458.3475, paragraph (e) of subsection (4) and
1026 paragraph (c) of subsection (9) of s. 459.022, and paragraph (b)
1027 of subsection (7) of s. 459.023, Florida Statutes, are reenacted
1028 for the purpose of incorporating the amendment made by this act
1029 to s. 458.347, Florida Statutes, in references thereto.

1030 Section 25. Paragraph (c) of subsection (3) of s. 464.012,
1031 Florida Statutes, is reenacted for the purpose of incorporating
1032 the amendment made by this act to s. 464.003, Florida Statutes,
1033 in a reference thereto.

1034 Section 26. Paragraph (a) of subsection (1) of s. 456.041,
1035 subsections (1) and (2) of s. 458.348, and subsection (1) of s.
1036 459.025, Florida Statutes, are reenacted for the purpose of
1037 incorporating the amendment made by this act to s. 464.012,
1038 Florida Statutes, in references thereto.

1039 Section 27. Subsection (7) of s. 464.0205, Florida
1040 Statutes, is reenacted for the purpose of incorporating the
1041 amendment made by this act to s. 464.013, Florida Statutes, in a
1042 reference thereto.

1043 Section 28. Subsection (11) of s. 320.0848, subsection (2)
1044 of s. 464.008, subsection (5) of s. 464.009, and paragraph (b)

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1045 of subsection (1), subsection (3), and paragraph (b) of
1046 subsection (4) of s. 464.0205, Florida Statutes, are reenacted
1047 for the purpose of incorporating the amendment made by this act
1048 to s. 464.018, Florida Statutes, in references thereto.

1049 Section 29. Section 775.051, Florida Statutes, is reenacted
1050 for the purpose of incorporating the amendment made by this act
1051 to s. 893.02, Florida Statutes, in a reference thereto.

1052 Section 30. Paragraph (a) of subsection (3) of s. 944.17,
1053 subsection (8) of s. 948.001, and paragraph (e) of subsection
1054 (1) of s. 948.101, Florida Statutes, are reenacted for the
1055 purpose of incorporating the amendment made by this act to s.
1056 948.03, Florida Statutes, in references thereto.

1057 Section 31. Except as otherwise expressly provided in this
1058 act, this act shall take effect upon becoming a law.