

By Senator Grimsley

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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.; defining
22 the term "registrant"; deleting an obsolete date;
23 requiring advanced registered nurse practitioners and
24 physician assistants who prescribe controlled
25 substances for the treatment of certain pain to make a
26 certain designation, comply with registration
27 requirements, and follow specified standards of
28 practice; providing applicability; amending ss.
29 458.3265 and 459.0137, F.S.; limiting the authority to

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

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59 acts that constitute grounds for denial of a license
60 or for disciplinary action against an advanced
61 registered nurse practitioner; creating s. 627.42392,
62 F.S.; defining the term "health insurer"; requiring
63 that certain health insurers that do not already use a
64 certain form use only a prior authorization form
65 approved by the Financial Services Commission;
66 requiring the commission to adopt by rule guidelines
67 for such forms; amending s. 627.6131, F.S.;

68 prohibiting a health insurer from retroactively
69 denying a claim under specified circumstances;
70 amending s. 641.3155, F.S.; prohibiting a health
71 maintenance organization from retroactively denying a
72 claim under specified circumstances; amending s.
73 893.02, F.S.; revising the term "practitioner" to
74 include advanced registered nurse practitioners and
75 physician assistants under the Florida Comprehensive
76 Drug Abuse Prevention and Control Act if a certain
77 requirement is met; amending s. 948.03, F.S.;

78 providing that possession of drugs or narcotics
79 prescribed by an advanced registered nurse
80 practitioner or a physician assistant does not violate
81 a prohibition relating to the possession of drugs or
82 narcotics during probation; amending ss. 458.348 and
83 459.025, F.S.; conforming provisions to changes made
84 by the act; reenacting ss. 458.331(10), 458.347(7)(g),
85 459.015(10), 459.022(7)(f), and 465.0158(5)(b), F.S.,
86 to incorporate the amendment made to s. 456.072, F.S.,
87 in references thereto; reenacting ss. 456.072(1)(mm)

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88 and 466.02751, F.S., to incorporate the amendment made
89 to s. 456.44, F.S., in references thereto; reenacting
90 ss. 458.303, 458.3475(7)(b), 459.022(4)(e) and (9)(c),
91 and 459.023(7)(b), F.S., to incorporate the amendment
92 made to s. 458.347, F.S., in references thereto;
93 reenacting s. 464.012(3)(c), F.S., to incorporate the
94 amendment made to s. 464.003, F.S., in a reference
95 thereto; reenacting ss. 456.041(1)(a), 458.348(1) and
96 (2), and 459.025(1), F.S., to incorporate the
97 amendment made to s. 464.012, F.S., in references
98 thereto; reenacting s. 464.0205(7), F.S., to
99 incorporate the amendment made to s. 464.013, F.S., in
100 a reference thereto; reenacting ss. 320.0848(11),
101 464.008(2), 464.009(5), and 464.0205(1)(b), (3), and
102 (4)(b), F.S., to incorporate the amendment made to s.
103 464.018, F.S., in references thereto; reenacting s.
104 775.051, F.S., to incorporate the amendment made to s.
105 893.02, F.S., in a reference thereto; reenacting ss.
106 944.17(3)(a), 948.001(8), and 948.101(1)(e), F.S., to
107 incorporate the amendment made to s. 948.03, F.S., in
108 references thereto; providing effective dates.

109
110 Be It Enacted by the Legislature of the State of Florida:

111
112 Section 1. Subsection (7) of section 110.12315, Florida
113 Statutes, is amended to read:

114 110.12315 Prescription drug program.—The state employees'
115 prescription drug program is established. This program shall be
116 administered by the Department of Management Services, according

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117 to the terms and conditions of the plan as established by the
118 relevant provisions of the annual General Appropriations Act and
119 implementing legislation, subject to the following conditions:

120 (7) The department shall establish the reimbursement
121 schedule for prescription pharmaceuticals dispensed under the
122 program. Reimbursement rates for a prescription pharmaceutical
123 must be based on the cost of the generic equivalent drug if a
124 generic equivalent exists, unless the physician, advanced
125 registered nurse practitioner, or physician assistant
126 prescribing the pharmaceutical clearly states on the
127 prescription that the brand name drug is medically necessary or
128 that the drug product is included on the formulary of drug
129 products that may not be interchanged as provided in chapter
130 465, in which case reimbursement must be based on the cost of
131 the brand name drug as specified in the reimbursement schedule
132 adopted by the department.

133 Section 2. Paragraph (c) of subsection (1) of section
134 310.071, Florida Statutes, is amended, and subsection (3) of
135 that section is republished, to read:

136 310.071 Deputy pilot certification.—

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

140 (c) Be in good physical and mental health, as evidenced by
141 documentary proof of having satisfactorily passed a complete
142 physical examination administered by a licensed physician within
143 the preceding 6 months. The board shall adopt rules to establish
144 requirements for passing the physical examination, which rules
145 shall establish minimum standards for the physical or mental

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146 capabilities necessary to carry out the professional duties of a
147 certificated deputy pilot. Such standards shall include zero
148 tolerance for any controlled substance regulated under chapter
149 893 unless that individual is under the care of a physician, an
150 advanced registered nurse practitioner, or a physician assistant
151 and that controlled substance was prescribed by that physician,
152 advanced registered nurse practitioner, or physician assistant.
153 To maintain eligibility as a certificated deputy pilot, each
154 certificated deputy pilot must annually provide documentary
155 proof of having satisfactorily passed a complete physical
156 examination administered by a licensed physician. The physician
157 must know the minimum standards and certify that the
158 certificateholder satisfactorily meets the standards. The
159 standards for certificateholders shall include a drug test.

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

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

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175 310.073 State pilot licensing.—In addition to meeting other
176 requirements specified in this chapter, each applicant for
177 license as a state pilot must:

178 (3) Be in good physical and mental health, as evidenced by
179 documentary proof of having satisfactorily passed a complete
180 physical examination administered by a licensed physician within
181 the preceding 6 months. The board shall adopt rules to establish
182 requirements for passing the physical examination, which rules
183 shall establish minimum standards for the physical or mental
184 capabilities necessary to carry out the professional duties of a
185 licensed state pilot. Such standards shall include zero
186 tolerance for any controlled substance regulated under chapter
187 893 unless that individual is under the care of a physician, an
188 advanced registered nurse practitioner, or a physician assistant
189 and that controlled substance was prescribed by that physician,
190 advanced registered nurse practitioner, or physician assistant.

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

198 Section 4. Paragraph (b) of subsection (3) of section
199 310.081, Florida Statutes, is amended to read:

200 310.081 Department to examine and license state pilots and
201 certificate deputy pilots; vacancies.—

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

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204 (b) Are in good physical and mental health as evidenced by
205 documentary proof of having satisfactorily passed a physical
206 examination administered by a licensed physician or physician
207 assistant within each calendar year. The board shall adopt rules
208 to establish requirements for passing the physical examination,
209 which rules shall establish minimum standards for the physical
210 or mental capabilities necessary to carry out the professional
211 duties of a licensed state pilot or a certificated deputy pilot.
212 Such standards shall include zero tolerance for any controlled
213 substance regulated under chapter 893 unless that individual is
214 under the care of a physician, an advanced registered nurse
215 practitioner, or a physician assistant and that controlled
216 substance was prescribed by that physician, advanced registered
217 nurse practitioner, or physician assistant. To maintain
218 eligibility as a certificated deputy pilot or licensed state
219 pilot, each certificated deputy pilot or licensed state pilot
220 must annually provide documentary proof of having satisfactorily
221 passed a complete physical examination administered by a
222 licensed physician. The physician must know the minimum
223 standards and certify that the certificateholder or licensee
224 satisfactorily meets the standards. The standards for
225 certificateholders and for licensees shall include a drug test.

226
227 Upon resignation or in the case of disability permanently
228 affecting a pilot's ability to serve, the state license or
229 certificate issued under this chapter shall be revoked by the
230 department.

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

232 Section 6. Section 395.1051, Florida Statutes, is amended

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233 to read:

234 395.1051 Duty to notify patients and physicians.—

235 (1) An appropriately trained person designated by each
236 licensed facility shall inform each patient, or an individual
237 identified pursuant to s. 765.401(1), in person about adverse
238 incidents that result in serious harm to the patient.
239 Notification of outcomes of care which ~~that~~ result in harm to
240 the patient under this section does ~~shall~~ not constitute an
241 acknowledgment or admission of liability and may not, ~~nor can it~~
242 be introduced as evidence.

243 (2) A hospital shall notify each obstetrical physician who
244 has privileges at the hospital at least 90 days before the
245 hospital closes its obstetrical department or ceases to provide
246 obstetrical services.

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

249 456.072 Grounds for discipline; penalties; enforcement.—

250 (7) Notwithstanding subsection (2), upon a finding that a
251 physician has prescribed or dispensed a controlled substance, or
252 caused a controlled substance to be prescribed or dispensed, in
253 a manner that violates the standard of practice set forth in s.
254 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)
255 or (s), or s. 466.028(1)(p) or (x), or that an advanced
256 registered nurse practitioner has prescribed or dispensed a
257 controlled substance, or caused a controlled substance to be
258 prescribed or dispensed, in a manner that violates the standard
259 of practice set forth in s. 464.018(1)(n) or (p)6., the
260 physician or advanced registered nurse practitioner shall be
261 suspended for a period of not less than 6 months and pay a fine

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262 of not less than \$10,000 per count. Repeated violations shall
263 result in increased penalties.

264 Section 8. Section 456.44, Florida Statutes, is amended to
265 read:

266 456.44 Controlled substance prescribing.—

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

268 (a) "Addiction medicine specialist" means a board-certified
269 psychiatrist with a subspecialty certification in addiction
270 medicine or who is eligible for such subspecialty certification
271 in addiction medicine, an addiction medicine physician certified
272 or eligible for certification by the American Society of
273 Addiction Medicine, or an osteopathic physician who holds a
274 certificate of added qualification in Addiction Medicine through
275 the American Osteopathic Association.

276 (b) "Adverse incident" means any incident set forth in s.
277 458.351(4)(a)-(e) or s. 459.026(4)(a)-(e).

278 (c) "Board-certified pain management physician" means a
279 physician who possesses board certification in pain medicine by
280 the American Board of Pain Medicine, board certification by the
281 American Board of Interventional Pain Physicians, or board
282 certification or subcertification in pain management or pain
283 medicine by a specialty board recognized by the American
284 Association of Physician Specialists or the American Board of
285 Medical Specialties or an osteopathic physician who holds a
286 certificate in Pain Management by the American Osteopathic
287 Association.

288 (d) "Board eligible" means successful completion of an
289 anesthesia, physical medicine and rehabilitation, rheumatology,
290 or neurology residency program approved by the Accreditation

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291 Council for Graduate Medical Education or the American
292 Osteopathic Association for a period of 6 years from successful
293 completion of such residency program.

294 (e) "Chronic nonmalignant pain" means pain unrelated to
295 cancer which persists beyond the usual course of disease or the
296 injury that is the cause of the pain or more than 90 days after
297 surgery.

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

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

303 (2) REGISTRATION. ~~Effective January 1, 2012,~~ A physician
304 licensed under chapter 458, chapter 459, chapter 461, or chapter
305 466, a physician assistant licensed under chapter 458 or chapter
306 459, or an advanced registered nurse practitioner certified
307 under part I of chapter 464 who prescribes any controlled
308 substance, listed in Schedule II, Schedule III, or Schedule IV
309 as defined in s. 893.03, for the treatment of chronic
310 nonmalignant pain, must:

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

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

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

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

339 (b) Each registrant must develop a written individualized
340 treatment plan for each patient. The treatment plan shall state
341 objectives that will be used to determine treatment success,
342 such as pain relief and improved physical and psychosocial
343 function, and shall indicate if any further diagnostic
344 evaluations or other treatments are planned. After treatment
345 begins, the registrant ~~physician~~ shall adjust drug therapy to
346 the individual medical needs of each patient. Other treatment
347 modalities, including a rehabilitation program, shall be
348 considered depending on the etiology of the pain and the extent

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349 to which the pain is associated with physical and psychosocial
350 impairment. The interdisciplinary nature of the treatment plan
351 shall be documented.

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

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

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

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

370 (d) The patient shall be seen by the registrant ~~physician~~
371 at regular intervals, not to exceed 3 months, to assess the
372 efficacy of treatment, ensure that controlled substance therapy
373 remains indicated, evaluate the patient's progress toward
374 treatment objectives, consider adverse drug effects, and review
375 the etiology of the pain. Continuation or modification of
376 therapy shall depend on the registrant's ~~physician's~~ evaluation
377 of the patient's progress. If treatment goals are not being

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378 achieved, despite medication adjustments, the registrant
379 ~~physician~~ shall reevaluate the appropriateness of continued
380 treatment. The registrant ~~physician~~ shall monitor patient
381 compliance in medication usage, related treatment plans,
382 controlled substance agreements, and indications of substance
383 abuse or diversion at a minimum of 3-month intervals.

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

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

- 400 1. The complete medical history and a physical examination,
401 including history of drug abuse or dependence.
- 402 2. Diagnostic, therapeutic, and laboratory results.
- 403 3. Evaluations and consultations.
- 404 4. Treatment objectives.
- 405 5. Discussion of risks and benefits.
- 406 6. Treatments.

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407 7. Medications, including date, type, dosage, and quantity
408 prescribed.

409 8. Instructions and agreements.

410 9. Periodic reviews.

411 10. Results of any drug testing.

412 11. A photocopy of the patient's government-issued photo
413 identification.

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

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

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

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436 followed by discontinuation of controlled substance therapy, and
437 the patient shall be discharged, and all results of testing and
438 actions taken by the registrant ~~physician~~ shall be documented in
439 the patient's medical record.

440

441 This subsection does not apply to a board-eligible or board-
442 certified anesthesiologist, physiatrist, rheumatologist, or
443 neurologist, or to a board-certified physician who has surgical
444 privileges at a hospital or ambulatory surgery center and
445 primarily provides surgical services. This subsection does not
446 apply to a board-eligible or board-certified medical specialist
447 who has also completed a fellowship in pain medicine approved by
448 the Accreditation Council for Graduate Medical Education or the
449 American Osteopathic Association, or who is board eligible or
450 board certified in pain medicine by the American Board of Pain
451 Medicine, the American Board of Interventional Pain Physicians,
452 the American Association of Physician Specialists, or a board
453 approved by the American Board of Medical Specialties or the
454 American Osteopathic Association and performs interventional
455 pain procedures of the type routinely billed using surgical
456 codes. This subsection does not apply to a registrant ~~physician~~
457 who prescribes medically necessary controlled substances for a
458 patient during an inpatient stay in a hospital licensed under
459 chapter 395.

460 Section 9. Paragraph (b) of subsection (2) of section
461 458.3265, Florida Statutes, is amended to read:

462 458.3265 Pain-management clinics.—

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

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

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

473 Section 10. Paragraph (b) of subsection (2) of section
474 459.0137, Florida Statutes, is amended to read:

475 459.0137 Pain-management clinics.—

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

480 (b) Only a person may not dispense any medication on the
481 premises of a registered pain-management clinic unless he or she
482 is a physician licensed under this chapter or chapter 458 may
483 dispense medication or prescribe a controlled substance
484 regulated under chapter 893 on the premises of a registered
485 pain-management clinic.

486 Section 11. Paragraph (e) of subsection (4) of section
487 458.347, Florida Statutes, is amended, and paragraph (c) of
488 subsection (9) of that section is republished, to read:

489 458.347 Physician assistants.—

490 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

491 (e) A supervisory physician may delegate to a fully
492 licensed physician assistant the authority to prescribe or
493 dispense any medication used in the supervisory physician's

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494 practice unless such medication is listed on the formulary
495 created pursuant to paragraph (f). A fully licensed physician
496 assistant may only prescribe or dispense such medication under
497 the following circumstances:

498 1. A physician assistant must clearly identify to the
499 patient that he or she is a physician assistant. Furthermore,
500 the physician assistant must inform the patient that the patient
501 has the right to see the physician prior to any prescription
502 being prescribed or dispensed by the physician assistant.

503 2. The supervisory physician must notify the department of
504 his or her intent to delegate, on a department-approved form,
505 before delegating such authority and notify the department of
506 any change in prescriptive privileges of the physician
507 assistant. Authority to dispense may be delegated only by a
508 supervising physician who is registered as a dispensing
509 practitioner in compliance with s. 465.0276.

510 3. The physician assistant must file with the department a
511 signed affidavit that he or she has completed a minimum of 10
512 continuing medical education hours in the specialty practice in
513 which the physician assistant has prescriptive privileges with
514 each licensure renewal application. Three of the 10 hours must
515 consist of a continuing education course on the safe and
516 effective prescribing of controlled substance medications which
517 is offered by a statewide professional association of physicians
518 in this state accredited to provide educational activities
519 designated for the American Medical Association Physician's
520 Recognition Award Category 1 credit or designated by the
521 American Academy of Physician Assistants as a Category 1 credit.

522 4. The department may issue a prescriber number to the

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523 physician assistant granting authority for the prescribing of
524 medicinal drugs authorized within this paragraph upon completion
525 of the foregoing requirements. The physician assistant shall not
526 be required to independently register pursuant to s. 465.0276.

527 5. The prescription must be written in a form that complies
528 with chapter 499 and must contain, in addition to the
529 supervisory physician's name, address, and telephone number, the
530 physician assistant's prescriber number. Unless it is a drug or
531 drug sample dispensed by the physician assistant, the
532 prescription must be filled in a pharmacy permitted under
533 chapter 465 and must be dispensed in that pharmacy by a
534 pharmacist licensed under chapter 465. The appearance of the
535 prescriber number creates a presumption that the physician
536 assistant is authorized to prescribe the medicinal drug and the
537 prescription is valid.

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

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

542 (c) The council shall:

543 1. Recommend to the department the licensure of physician
544 assistants.

545 2. Develop all rules regulating the use of physician
546 assistants by physicians under this chapter and chapter 459,
547 except for rules relating to the formulary developed under
548 paragraph (4) (f). The council shall also develop rules to ensure
549 that the continuity of supervision is maintained in each
550 practice setting. The boards shall consider adopting a proposed
551 rule developed by the council at the regularly scheduled meeting

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552 immediately following the submission of the proposed rule by the
553 council. A proposed rule submitted by the council may not be
554 adopted by either board unless both boards have accepted and
555 approved the identical language contained in the proposed rule.
556 The language of all proposed rules submitted by the council must
557 be approved by both boards pursuant to each respective board's
558 guidelines and standards regarding the adoption of proposed
559 rules. If either board rejects the council's proposed rule, that
560 board must specify its objection to the council with
561 particularity and include any recommendations it may have for
562 the modification of the proposed rule.

563 3. Make recommendations to the boards regarding all matters
564 relating to physician assistants.

565 4. Address concerns and problems of practicing physician
566 assistants in order to improve safety in the clinical practices
567 of licensed physician assistants.

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

571 458.347 Physician assistants.—

572 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

573 (f)1. The council shall establish a formulary of medicinal
574 drugs that a fully licensed physician assistant having
575 prescribing authority under this section or s. 459.022 may not
576 prescribe. The formulary must include ~~controlled substances as~~
577 ~~defined in chapter 893,~~ general anesthetics, and radiographic
578 contrast materials, and must limit the prescription of Schedule
579 II controlled substances as listed in s. 893.03 to a 7-day
580 supply. The formulary must also restrict the prescribing of

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581 psychiatric mental health controlled substances for children
582 younger than 18 years of age.

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

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

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

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

605 464.003 Definitions.—As used in this part, the term:

606 (2) "Advanced or specialized nursing practice" means, in
607 addition to the practice of professional nursing, the
608 performance of advanced-level nursing acts approved by the board
609 which, by virtue of postbasic specialized education, training,

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610 and experience, are appropriately performed by an advanced
611 registered nurse practitioner. Within the context of advanced or
612 specialized nursing practice, the advanced registered nurse
613 practitioner may perform acts of nursing diagnosis and nursing
614 treatment of alterations of the health status. The advanced
615 registered nurse practitioner may also perform acts of medical
616 diagnosis and treatment, prescription, and operation as
617 authorized within the framework of an established supervisory
618 protocol ~~which are identified and approved by a joint committee~~
619 ~~composed of three members appointed by the Board of Nursing, two~~
620 ~~of whom must be advanced registered nurse practitioners; three~~
621 ~~members appointed by the Board of Medicine, two of whom must~~
622 ~~have had work experience with advanced registered nurse~~
623 ~~practitioners; and the State Surgeon General or the State~~
624 ~~Surgeon General's designee. Each committee member appointed by a~~
625 ~~board shall be appointed to a term of 4 years unless a shorter~~
626 ~~term is required to establish or maintain staggered terms. The~~
627 ~~Board of Nursing shall adopt rules authorizing the performance~~
628 ~~of any such acts approved by the joint committee. Unless~~
629 ~~otherwise specified by the joint committee, such acts must be~~
630 ~~performed under the general supervision of a practitioner~~
631 ~~licensed under chapter 458, chapter 459, or chapter 466 within~~
632 ~~the framework of standing protocols which identify the medical~~
633 ~~acts to be performed and the conditions for their performance.~~
634 The department may, by rule, require that a copy of the protocol
635 be filed with the department along with the notice required by
636 s. 458.348.

637 Section 14. Section 464.012, Florida Statutes, is amended
638 to read:

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639 464.012 Certification of advanced registered nurse
640 practitioners; fees; controlled substance prescribing.—

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

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

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

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

667 (2) The board shall provide by rule the appropriate

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668 requirements for advanced registered nurse practitioners in the
669 categories of certified registered nurse anesthetist, certified
670 nurse midwife, and nurse practitioner.

671 (3) An advanced registered nurse practitioner shall perform
672 those functions authorized in this section within the framework
673 of an established protocol that is filed with the board upon
674 biennial license renewal and within 30 days after entering into
675 a supervisory relationship with a physician or changes to the
676 protocol. The board shall review the protocol to ensure
677 compliance with applicable regulatory standards for protocols.
678 The board shall refer to the department licensees submitting
679 protocols that are not compliant with the regulatory standards
680 for protocols. A practitioner currently licensed under chapter
681 458, chapter 459, or chapter 466 shall maintain supervision for
682 directing the specific course of medical treatment. Within the
683 established framework, an advanced registered nurse practitioner
684 may:

685 (a) Monitor and alter drug therapies.

686 (b) Initiate appropriate therapies for certain conditions.

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

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

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

694 (a) The certified registered nurse anesthetist may, to the
695 extent authorized by established protocol approved by the
696 medical staff of the facility in which the anesthetic service is

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697 performed, perform any or all of the following:

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

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

705 3. Order under the protocol preanesthetic medication.

706 4. Perform under the protocol procedures commonly used to
707 render the patient insensible to pain during the performance of
708 surgical, obstetrical, therapeutic, or diagnostic clinical
709 procedures. These procedures include ordering and administering
710 regional, spinal, and general anesthesia; inhalation agents and
711 techniques; intravenous agents and techniques; and techniques of
712 hypnosis.

713 5. Order or perform monitoring procedures indicated as
714 pertinent to the anesthetic health care management of the
715 patient.

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

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

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

725 9. Participate in management of the patient while in the

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726 postanesthesia recovery area, including ordering the
727 administration of fluids and drugs.

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

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

736 1. Perform superficial minor surgical procedures.

737 2. Manage the patient during labor and delivery to include
738 amniotomy, episiotomy, and repair.

739 3. Order, initiate, and perform appropriate anesthetic
740 procedures.

741 4. Perform postpartum examination.

742 5. Order appropriate medications.

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

744 7. Manage the medical care of the normal obstetrical
745 patient and the initial care of a newborn patient.

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

748 1. Manage selected medical problems.

749 2. Order physical and occupational therapy.

750 3. Initiate, monitor, or alter therapies for certain
751 uncomplicated acute illnesses.

752 4. Monitor and manage patients with stable chronic
753 diseases.

754 5. Establish behavioral problems and diagnosis and make

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755 treatment recommendations.

756 (5) The board shall certify, and the department shall issue
757 a certificate to, any nurse meeting the qualifications in this
758 section. The board shall establish an application fee not to
759 exceed \$100 and a biennial renewal fee not to exceed \$50. The
760 board is authorized to adopt such other rules as are necessary
761 to implement the provisions of this section.

762 (6) (a) The board shall establish a committee to recommend a
763 formulary of controlled substances that an advanced registered
764 nurse practitioner may not prescribe or may prescribe only for
765 specific uses or in limited quantities. The committee must
766 consist of three advanced registered nurse practitioners
767 licensed under this section, recommended by the board; three
768 physicians licensed under chapter 458 or chapter 459 who have
769 work experience with advanced registered nurse practitioners,
770 recommended by the Board of Medicine; and a pharmacist licensed
771 under chapter 465 who is a doctor of pharmacy, recommended by
772 the Board of Pharmacy. The committee may recommend an evidence-
773 based formulary applicable to all advanced registered nurse
774 practitioners which is limited by specialty certification, is
775 limited to approved uses of controlled substances, or is subject
776 to other similar restrictions the committee finds are necessary
777 to protect the health, safety, and welfare of the public. The
778 formulary must restrict the prescribing of psychiatric mental
779 health controlled substances for children younger 18 years of
780 age to advanced registered nurse practitioners who also are
781 psychiatric nurses as defined in s. 394.455. The formulary must
782 also limit the prescribing of Schedule II controlled substances
783 as listed in s. 893.03 to a 7-day supply, except that such

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784 restriction does not apply to controlled substances that are
785 psychiatric medications prescribed by psychiatric nurses as
786 defined in s. 394.455.

787 (b) The board shall adopt by rule the recommended formulary
788 and any revision to the formulary which it finds is supported by
789 evidence-based clinical findings presented by the Board of
790 Medicine, the Board of Osteopathic Medicine, or the Board of
791 Dentistry.

792 (c) The formulary required under this subsection does not
793 apply to a controlled substance that is dispensed for
794 administration pursuant to an order, including an order for
795 medication authorized by subparagraph (4) (a)3., subparagraph
796 (4) (a)4., or subparagraph (4) (a)9.

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

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

802 464.012 Certification of advanced registered nurse
803 practitioners; fees; controlled substance prescribing.—

804 (3) An advanced registered nurse practitioner shall perform
805 those functions authorized in this section within the framework
806 of an established protocol that is filed with the board upon
807 biennial license renewal and within 30 days after entering into
808 a supervisory relationship with a physician or changes to the
809 protocol. The board shall review the protocol to ensure
810 compliance with applicable regulatory standards for protocols.
811 The board shall refer to the department licensees submitting
812 protocols that are not compliant with the regulatory standards

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813 for protocols. A practitioner currently licensed under chapter
814 458, chapter 459, or chapter 466 shall maintain supervision for
815 directing the specific course of medical treatment. Within the
816 established framework, an advanced registered nurse practitioner
817 may:

818 (a) Prescribe, dispense, administer, or order any drug;
819 however, an advanced registered nurse practitioner may prescribe
820 or dispense a controlled substance as defined in s. 893.03 only
821 if the advanced registered nurse practitioner has graduated from
822 a program leading to a master's or doctoral degree in a clinical
823 nursing specialty area with training in specialized practitioner
824 skills ~~Monitor and alter drug therapies.~~

825 (b) Initiate appropriate therapies for certain conditions.

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

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

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

832 464.013 Renewal of license or certificate.—

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

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

841 (b) Notwithstanding the exemption in paragraph (a), as part

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842 of the maximum 30 hours of continuing education hours required
843 under this subsection, advanced registered nurse practitioners
844 certified under s. 464.012 must complete at least 3 hours of
845 continuing education on the safe and effective prescription of
846 controlled substances. Such continuing education courses must be
847 offered by a statewide professional association of physicians in
848 this state accredited to provide educational activities
849 designated for the American Medical Association Physician's
850 Recognition Award Category 1 credit, the American Nurses
851 Credentialing Center, or the American Association of Nurse
852 Practitioners and may be offered in a distance learning format.

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

856 464.018 Disciplinary actions.—

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

859 (p) For an advanced registered nurse practitioner:

860 1. Presigning blank prescription forms.

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

863 3. Prescribing, ordering, dispensing, administering,
864 supplying, selling, or giving a drug that is an amphetamine, a
865 sympathomimetic amine drug, or a compound designated in s.
866 893.03(2) as a Schedule II controlled substance, to or for any
867 person except for:

868 a. The treatment of narcolepsy; hyperkinesis; behavioral
869 syndrome in children characterized by the developmentally
870 inappropriate symptoms of moderate to severe distractibility,

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871 short attention span, hyperactivity, emotional lability, and
872 impulsivity; or drug-induced brain dysfunction.

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

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

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

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

892 6. Prescribing, dispensing, administering, mixing, or
893 otherwise preparing a legend drug, including a controlled
894 substance, other than in the course of his or her professional
895 practice. For the purposes of this subparagraph, it is legally
896 presumed that prescribing, dispensing, administering, mixing, or
897 otherwise preparing legend drugs, including all controlled
898 substances, inappropriately or in excessive or inappropriate
899 quantities is not in the best interest of the patient and is not

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900 in the course of the advanced registered nurse practitioner's
901 professional practice, without regard to his or her intent.

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

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

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

914 10. Promoting or advertising through any communication
915 medium the use, sale, or dispensing of a substance designated in
916 s. 893.03 as a controlled substance.

917 (2) The board may enter an order denying licensure or
918 imposing any of the penalties in s. 456.072(2) against any
919 applicant for licensure or licensee who is found guilty of
920 violating any provision of subsection (1) of this section or who
921 is found guilty of violating any provision of s. 456.072(1).

922 Section 18. Section 627.42392, Florida Statutes, is created
923 to read:

924 627.42392 Prior authorization.—

925 (1) As used in this section, the term "health insurer"
926 means an authorized insurer offering health insurance as defined
927 in s. 624.603, a managed care plan as defined in s. 409.901(13),
928 or a health maintenance organization as defined in s.

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929 641.19(12).

930 (2) Notwithstanding any other provision of law, in order to
931 establish uniformity in the submission of prior authorization
932 forms on or after January 1, 2017, a health insurer, or a
933 pharmacy benefits manager on behalf of the health insurer, which
934 does not use an electronic prior authorization form for its
935 contracted providers shall use only the prior authorization form
936 that has been approved by the Financial Services Commission to
937 obtain a prior authorization for a medical procedure, course of
938 treatment, or prescription drug benefit. Such form may not
939 exceed two pages in length, excluding any instructions or
940 guiding documentation.

941 (3) The Financial Services Commission shall adopt by rule
942 guidelines for all prior authorization forms which ensure the
943 general uniformity of such forms.

944 Section 19. Subsection (11) of section 627.6131, Florida
945 Statutes, is amended to read:

946 627.6131 Payment of claims.—

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

949 (a) At any time, if the health insurer verified the
950 eligibility of an insured at the time of treatment and provided
951 an authorization number.

952 (b) More than 1 year after the date of payment of the
953 claim.

954 Section 20. Subsection (10) of section 641.3155, Florida
955 Statutes, is amended to read:

956 641.3155 Prompt payment of claims.—

957 (10) A health maintenance organization may not

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958 retroactively deny a claim because of subscriber ineligibility:

959 (a) At any time, if the health maintenance organization
960 verified the eligibility of an insured at the time of treatment
961 and provided an authorization number.

962 (b) More than 1 year after the date of payment of the
963 claim.

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

966 893.02 Definitions.—The following words and phrases as used
967 in this chapter shall have the following meanings, unless the
968 context otherwise requires:

969 (21) "Practitioner" means a physician licensed under
970 ~~pursuant to~~ chapter 458, a dentist licensed under ~~pursuant to~~
971 chapter 466, a veterinarian licensed under ~~pursuant to~~ chapter
972 474, an osteopathic physician licensed under ~~pursuant to~~ chapter
973 459, an advanced registered nurse practitioner certified under
974 chapter 464, a naturopath licensed under ~~pursuant to~~ chapter
975 462, a certified optometrist licensed under ~~pursuant to~~ chapter
976 463, ~~or~~ a podiatric physician licensed under ~~pursuant to~~ chapter
977 461, or a physician assistant licensed under chapter 458 or
978 chapter 459, provided such practitioner holds a valid federal
979 controlled substance registry number.

980 Section 22. Paragraph (n) of subsection (1) of section
981 948.03, Florida Statutes, is amended to read:

982 948.03 Terms and conditions of probation.—

983 (1) The court shall determine the terms and conditions of
984 probation. Conditions specified in this section do not require
985 oral pronouncement at the time of sentencing and may be
986 considered standard conditions of probation. These conditions

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987 may include among them the following, that the probationer or
988 offender in community control shall:

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

996 Section 23. Paragraph (a) of subsection (1) and subsection
997 (2) of section 458.348, Florida Statutes, are amended to read:

998 458.348 Formal supervisory relationships, standing orders,
999 and established protocols; notice; standards.—

1000 (1) NOTICE.—

1001 (a) When a physician enters into a formal supervisory
1002 relationship or standing orders with an emergency medical
1003 technician or paramedic licensed pursuant to s. 401.27, which
1004 relationship or orders contemplate the performance of medical
1005 acts, or when a physician enters into an established protocol
1006 with an advanced registered nurse practitioner, which protocol
1007 contemplates the performance of medical ~~acts identified and~~
1008 ~~approved by the joint committee pursuant to s. 464.003(2) or~~
1009 acts set forth in s. 464.012(3) and (4), the physician shall
1010 submit notice to the board. The notice shall contain a statement
1011 in substantially the following form:

1012
1013 I, ...(name and professional license number of
1014 physician)..., of ...(address of physician)... have hereby
1015 entered into a formal supervisory relationship, standing orders,

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1016 or an established protocol with ...(number of persons)...
 1017 emergency medical technician(s), ...(number of persons)...
 1018 paramedic(s), or ...(number of persons)... advanced registered
 1019 nurse practitioner(s).

1021 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The
 1022 joint committee ~~created under s. 464.003(2)~~ shall determine
 1023 minimum standards for the content of established protocols
 1024 pursuant to which an advanced registered nurse practitioner may
 1025 perform medical acts ~~identified and approved by the joint~~
 1026 ~~committee pursuant to s. 464.003(2)~~ or acts set forth in s.
 1027 464.012(3) and (4) and shall determine minimum standards for
 1028 supervision of such acts by the physician, unless the joint
 1029 committee determines that any act set forth in s. 464.012(3) or
 1030 (4) is not a medical act. Such standards shall be based on risk
 1031 to the patient and acceptable standards of medical care and
 1032 shall take into account the special problems of medically
 1033 underserved areas. The standards developed by the joint
 1034 committee shall be adopted as rules by the Board of Nursing and
 1035 the Board of Medicine for purposes of carrying out their
 1036 responsibilities pursuant to part I of chapter 464 and this
 1037 chapter, respectively, but neither board shall have disciplinary
 1038 powers over the licensees of the other board.

1039 Section 24. Paragraph (a) of subsection (1) of section
 1040 459.025, Florida Statutes, is amended to read:

1041 459.025 Formal supervisory relationships, standing orders,
 1042 and established protocols; notice; standards.—

1043 (1) NOTICE.—

1044 (a) When an osteopathic physician enters into a formal

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1045 supervisory relationship or standing orders with an emergency
1046 medical technician or paramedic licensed pursuant to s. 401.27,
1047 which relationship or orders contemplate the performance of
1048 medical acts, or when an osteopathic physician enters into an
1049 established protocol with an advanced registered nurse
1050 practitioner, which protocol contemplates the performance of
1051 medical acts ~~identified and approved by the joint committee~~
1052 ~~pursuant to s. 464.003(2)~~ or acts set forth in s. 464.012(3) and
1053 (4), the osteopathic physician shall submit notice to the board.
1054 The notice must contain a statement in substantially the
1055 following form:

1056
1057 I, ...(name and professional license number of osteopathic
1058 physician)..., of ...(address of osteopathic physician)... have
1059 hereby entered into a formal supervisory relationship, standing
1060 orders, or an established protocol with ...(number of
1061 persons)... emergency medical technician(s), ...(number of
1062 persons)... paramedic(s), or ...(number of persons)... advanced
1063 registered nurse practitioner(s).

1064 Section 25. Subsection (10) of s. 458.331, paragraph (g) of
1065 subsection (7) of s. 458.347, subsection (10) of s. 459.015,
1066 paragraph (f) of subsection (7) of s. 459.022, and paragraph (b)
1067 of subsection (5) of s. 465.0158, Florida Statutes, are
1068 reenacted for the purpose of incorporating the amendment made by
1069 this act to s. 456.072, Florida Statutes, in references thereto.

1070 Section 26. Paragraph (mm) of subsection (1) of s. 456.072
1071 and s. 466.02751, Florida Statutes, are reenacted for the
1072 purpose of incorporating the amendment made by this act to s.
1073 456.44, Florida Statutes, in references thereto.

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1074 Section 27. Section 458.303, paragraph (b) of subsection
1075 (7) of s. 458.3475, paragraph (e) of subsection (4) and
1076 paragraph (c) of subsection (9) of s. 459.022, and paragraph (b)
1077 of subsection (7) of s. 459.023, Florida Statutes, are reenacted
1078 for the purpose of incorporating the amendment made by this act
1079 to s. 458.347, Florida Statutes, in references thereto.

1080 Section 28. Paragraph (c) of subsection (3) of s. 464.012,
1081 Florida Statutes, is reenacted for the purpose of incorporating
1082 the amendment made by this act to s. 464.003, Florida Statutes,
1083 in a reference thereto.

1084 Section 29. Paragraph (a) of subsection (1) of s. 456.041,
1085 subsections (1) and (2) of s. 458.348, and subsection (1) of s.
1086 459.025, Florida Statutes, are reenacted for the purpose of
1087 incorporating the amendment made by this act to s. 464.012,
1088 Florida Statutes, in references thereto.

1089 Section 30. Subsection (7) of s. 464.0205, Florida
1090 Statutes, is reenacted for the purpose of incorporating the
1091 amendment made by this act to s. 464.013, Florida Statutes, in a
1092 reference thereto.

1093 Section 31. Subsection (11) of s. 320.0848, subsection (2)
1094 of s. 464.008, subsection (5) of s. 464.009, and paragraph (b)
1095 of subsection (1), subsection (3), and paragraph (b) of
1096 subsection (4) of s. 464.0205, Florida Statutes, are reenacted
1097 for the purpose of incorporating the amendment made by this act
1098 to s. 464.018, Florida Statutes, in references thereto.

1099 Section 32. Section 775.051, Florida Statutes, is reenacted
1100 for the purpose of incorporating the amendment made by this act
1101 to s. 893.02, Florida Statutes, in a reference thereto.

1102 Section 33. Paragraph (a) of subsection (3) of s. 944.17,

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1103 subsection (8) of s. 948.001, and paragraph (e) of subsection
1104 (1) of s. 948.101, Florida Statutes, are reenacted for the
1105 purpose of incorporating the amendment made by this act to s.
1106 948.03, Florida Statutes, in references thereto.

1107 Section 34. Except as otherwise expressly provided in this
1108 act, this act shall take effect upon becoming a law.