By Senator Benacquisto

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A bill to be entitled An act relating to controlled substances; creating s. 456.0301, F.S.; authorizing certain boards to require practitioners to complete a specified board-approved continuing education course to obtain authorization to prescribe controlled substances as part of biennial renewal; providing exceptions; providing course requirements; prohibiting the department from renewing a license of a prescriber under specified circumstances; requiring a licensee to submit confirmation of course completion; providing for each licensing board requiring such continuing education course to include hours of completion with the total hours of continuing education required in certain circumstances; authorizing rulemaking; amending s. 456.072, F.S.; authorizing disciplinary action against practitioners for violating specified provisions relating to controlled substances; amending s. 456.44, F.S.; defining the term "acute pain"; providing for the adoption of standards of practice for the treatment of acute pain; providing that failure of a practitioner to follow specified guidelines is grounds for disciplinary action; limiting opioid prescriptions for the treatment of acute pain to a specified period under certain circumstances; authorizing prescriptions for such opioids for an extended period if specified requirements are met; amending ss. 458.3265 and 459.0137, F.S.; requiring certain pain management

clinic owners to register approved exemptions with the

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department; requiring certain clinics to obtain certificates of exemption; providing requirements for such certificates; authorizing rulemaking relating to specified exemptions; amending ss. 465.0155 and 465.0276, F.S.; providing requirements for pharmacists and practitioners for the dispensing of controlled substances to persons not known to them; defining the term "proper identification"; amending s. 893.03, F.S.; conforming the state controlled substances schedule to the federal controlled substances schedule; amending s. 893.055, F.S.; revising and providing definitions; revising requirements for the prescription drug monitoring program; authorizing rulemaking; requiring the department to maintain an electronic system for certain purposes to meet specified requirements; requiring certain information to be reported to the system by a specified time; specifying direct access to system information; authorizing the department to enter into reciprocal agreements or contracts to share prescription drug monitoring information with certain entities; providing requirements for such agreements; authorizing the department to enter into agreements or contracts for secure connections with practitioner electronic systems; requiring specified persons to consult the system for certain purposes within a specified time; providing exceptions to the duty of specified persons to consult the system under certain circumstances; authorizing the department to issue

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nondisciplinary citations to specified entities for failing to meet certain requirements; prohibiting the failure to report the dispensing of a controlled substance when required to do so; providing penalties; authorizing the department to enter into agreements or contracts for specified purposes; providing for the release of information obtained by the system; allowing specified persons to have direct access to information for the purpose of reviewing the controlled drug prescription history of a patient; providing prescriber or dispenser immunity from liability for review of patient history when acting in good faith; providing construction; prohibiting the department from specified uses of funds; authorizing the department to conduct or participate in studies for specified purposes; requiring an annual report to be submitted to the Governor and Legislature by a specified date; providing report requirements; providing exemptions; establishing direct-support organizations for specified purposes; defining the term "direct-support organization"; requiring a direct-support organization to operate under written contract with the department; providing contract requirements; requiring the direct-support organization to obtain written approval from the department for specified purposes; authorizing rulemaking; providing for an independent annual financial audit by the direct-support organization; providing that copies of such audit be provided to

specified entities; providing for future repeal of provisions relating to the direct-support organization; amending s. 893.0551, F.S.; revising provisions concerning release of information held by the prescription drug monitoring program; amending ss. 458.331, 459.015, 463.0055, 782.04, 893.13, 893.135, and 921.0022, F.S.; correcting cross-references; conforming provisions to changes made by the act; providing effective dates.

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

Section 1. Section 456.0301, Florida Statutes, is created to read:

(1) (a) If not already required by the licensee's practice

456.0301 Requirement for instruction on controlled substance prescribing.-

act, the appropriate board shall require each person registered with the United States Drug Enforcement Administration and authorized to prescribe controlled substances pursuant to 21 U.S.C. s. 822 to complete a board-approved 2-hour continuing

education course on prescribing controlled substances as part of biennial renewal. The course must include information on the

 current standards regarding for prescribing controlled substances, particularly opiates, alternatives to these

standards, and information on the risks of opioid addiction following all stages of treatment in the management of acute

pain. The course may be offered in a distance learning format

and must be included within the number of continuing education

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hours required by law. The department may not renew the license
of any prescriber registered with the United States Drug
Enforcement Administration to prescribe controlled substances
that has failed to complete the course. When required by this
paragraph, the course shall be completed by January 31, 2019,
and at each subsequent renewal.

- (b) Each such licensee shall submit confirmation of having completed such course when applying for biennial renewal.
- (c) Each licensing board that requires a licensee to complete an educational course pursuant to this subsection may include the hours required for completion of the course in the total hours of continuing education required by law for such profession unless the continuing education requirements for such profession consist of fewer than 30 hours biennially.
- (2) Each board may adopt rules to administer this section.

 Section 2. Paragraph (gg) of subsection (1) of section

 456.072, Florida Statutes, is amended to read:
 - 456.072 Grounds for discipline; penalties; enforcement.-
- (1) The following acts shall constitute grounds for which the disciplinary actions specified in subsection (2) may be taken:
- (gg) Engaging in a pattern of practice when prescribing medicinal drugs or controlled substances which demonstrates a lack of reasonable skill or safety to patients, a violation of any provision of this chapter or ss. 893.055 and 893.0551, a violation of the applicable practice act, or a violation of any rules adopted under this chapter or the applicable practice act of the prescribing practitioner. Notwithstanding s. 456.073(13), the department may initiate an investigation and establish such

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a pattern from billing records, data, or any other information obtained by the department.

Section 3. Paragraphs (a) through (g) of subsection (1) of section 456.44, Florida Statutes, are redesignated as paragraphs (b) through (h), respectively, a new paragraph (a) is added to that subsection, subsection (3) is amended, and subsections (4) and (5) are added to that section, to read:

456.44 Controlled substance prescribing.-

- (1) DEFINITIONS.—As used in this section, the term:
- (a) "Acute pain" means the normal, predicted,
 physiological, and time-limited response to an adverse chemical,
 thermal, or mechanical stimulus associated with surgery, trauma,
 or acute illness.
- (3) STANDARDS OF PRACTICE FOR TREATMENT OF CHRONIC NONMALIGNANT PAIN.—The standards of practice in this section do not supersede the level of care, skill, and treatment recognized in general law related to health care licensure.
- (a) A complete medical history and a physical examination must be conducted before beginning any treatment and must be documented in the medical record. The exact components of the physical examination shall be left to the judgment of the registrant who is expected to perform a physical examination proportionate to the diagnosis that justifies a treatment. The medical record must, at a minimum, document the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, a review of previous medical records, previous diagnostic studies, and history of alcohol and substance abuse. The medical record shall

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also document the presence of one or more recognized medical indications for the use of a controlled substance. Each registrant must develop a written plan for assessing each patient's risk of aberrant drug-related behavior, which may include patient drug testing. Registrants must assess each patient's risk for aberrant drug-related behavior and monitor that risk on an ongoing basis in accordance with the plan.

- (b) Each registrant must develop a written individualized treatment plan for each patient. The treatment plan shall state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and shall indicate if any further diagnostic evaluations or other treatments are planned. After treatment begins, the registrant shall adjust drug therapy to the individual medical needs of each patient. Other treatment modalities, including a rehabilitation program, shall be considered depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment. The interdisciplinary nature of the treatment plan shall be documented.
- (c) The registrant shall discuss the risks and benefits of the use of controlled substances, including the risks of abuse and addiction, as well as physical dependence and its consequences, with the patient, persons designated by the patient, or the patient's surrogate or guardian if the patient is incompetent. The registrant shall use a written controlled substance agreement between the registrant and the patient outlining the patient's responsibilities, including, but not limited to:

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

- 2. Patient compliance and reasons for which drug therapy may be discontinued, such as a violation of the agreement.
- 3. An agreement that controlled substances for the treatment of chronic nonmalignant pain shall be prescribed by a single treating registrant unless otherwise authorized by the treating registrant and documented in the medical record.
- (d) The patient shall be seen by the registrant at regular intervals, not to exceed 3 months, to assess the efficacy of treatment, ensure that controlled substance therapy remains indicated, evaluate the patient's progress toward treatment objectives, consider adverse drug effects, and review the etiology of the pain. Continuation or modification of therapy shall depend on the registrant's evaluation of the patient's progress. If treatment goals are not being achieved, despite medication adjustments, the registrant shall reevaluate the appropriateness of continued treatment. The registrant shall monitor patient compliance in medication usage, related treatment plans, controlled substance agreements, and indications of substance abuse or diversion at a minimum of 3-month intervals.
- (e) The registrant shall refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. Special attention shall be given to those patients who are at risk for misusing their medications and those whose living arrangements pose a risk for medication misuse or diversion. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric

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disorder requires extra care, monitoring, and documentation and requires consultation with or referral to an addiction medicine specialist or a psychiatrist.

- (f) A registrant must maintain accurate, current, and complete records that are accessible and readily available for review and comply with the requirements of this section, the applicable practice act, and applicable board rules. The medical records must include, but are not limited to:
- 1. The complete medical history and a physical examination, including history of drug abuse or dependence.
 - 2. Diagnostic, therapeutic, and laboratory results.
 - 3. Evaluations and consultations.
 - 4. Treatment objectives.
 - 5. Discussion of risks and benefits.
 - 6. Treatments.
- 7. Medications, including date, type, dosage, and quantity prescribed.
 - 8. Instructions and agreements.
 - 9. Periodic reviews.
 - 10. Results of any drug testing.
- 253 11. A photocopy of the patient's government-issued photo identification.
 - 12. If a written prescription for a controlled substance is given to the patient, a duplicate of the prescription.
 - 13. The registrant's full name presented in a legible manner.
 - (g) A registrant shall immediately refer patients with signs or symptoms of substance abuse to a board-certified pain management physician, an addiction medicine specialist, or a

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

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This subsection does not apply to a board-eligible or board-certified anesthesiologist, physiatrist, rheumatologist, or neurologist, or to a board-certified physician who has surgical privileges at a hospital or ambulatory surgery center and primarily provides surgical services. This subsection does not apply to a board-eligible or board-certified medical specialist who has also completed a fellowship in pain medicine approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, or who is board eligible or board certified in pain medicine by the American Board of Pain Medicine, the American Board of Interventional Pain Physicians,

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the American Association of Physician Specialists, or a board approved by the American Board of Medical Specialties or the American Osteopathic Association and performs interventional pain procedures of the type routinely billed using surgical codes. This subsection does not apply to a registrant who prescribes medically necessary controlled substances for a patient during an inpatient stay in a hospital licensed under chapter 395.

- (4) STANDARDS OF PRACTICE FOR TREATMENT OF ACUTE PAIN.—The department shall adopt rules establishing guidelines for prescribing controlled substances for acute pain, including evaluation of the patient, creation of a treatment plan, obtaining informed consent and agreement for treatment, periodic review of the treatment plan, consultation, medical record review, and compliance with controlled substance laws and regulations. Failure of a prescriber to follow such guidelines constitutes grounds for disciplinary action pursuant to s. 456.072(1)(gg), punishable as provided in s. 456.072(2).
 - (5) PRESCRIPTION SUPPLY.-
- (a) Except as provided in paragraph (b), a prescription for a Schedule II opioid, as defined in s. 893.03 or 21 U.S.C. s. 812, for the treatment of acute pain must not exceed a 3-day supply.
- (b) An up to 7-day supply of an opioid described in paragraph (a) may be prescribed if:
- 1. The practitioner, in his or her professional judgment, believes that more than a 3-day supply of such an opioid is medically necessary to treat the patient's pain as an acute medical condition.

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2. The practitioner indicates "MEDICALLY NECESSARY" on the prescription.

3. The prescriber adequately documents in the patient's medical records the acute medical condition and lack of alternative treatment options that justify deviation from the 3-day supply limit established in this subsection.

Section 4. Effective January 1, 2019, subsections (2) through (5) of section 458.3265, Florida Statutes, are renumbered as subsections (3) through (6), respectively, paragraphs (a) and (g) of subsection (1), paragraph (a) of present subsection (2), paragraph (a) of present subsection (3), and paragraph (a) of present subsection (4) are amended, and a new subsection (2) is added to that section, to read:

458.3265 Pain-management clinics.

- (1) REGISTRATION.—
- (a) 1. As used in this section, the term:
- a. "Board eligible" means successful completion of an anesthesia, physical medicine and rehabilitation, rheumatology, or neurology residency program approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association for a period of 6 years from successful completion of such residency program.
- b. "Chronic nonmalignant pain" means pain unrelated to cancer which persists beyond the usual course of disease or the injury that is the cause of the pain or more than 90 days after surgery.
- c. "Pain-management clinic" or "clinic" means any publicly or privately owned facility:
 - (I) That advertises in any medium for any type of pain-

management services; or

(II) Where in any month a majority of patients are prescribed opioids, benzodiazepines, barbiturates, or carisoprodol for the treatment of chronic nonmalignant pain.

- 2. Each pain-management clinic must register with the department or hold a valid certificate of exemption pursuant to subsection (2). unless:
- 3. The following clinics are exempt from the registration requirement of paragraphs (c)-(m), and must apply to the department for a certificate of exemption:
- a. \underline{A} That clinic is licensed as a facility pursuant to chapter 395;
- b. A clinic in which the majority of the physicians who provide services in the clinic primarily provide surgical services;
- c. \underline{A} The clinic is owned by a publicly held corporation whose shares are traded on a national exchange or on the overthe-counter market and whose total assets at the end of the corporation's most recent fiscal quarter exceeded \$50 million;
- d. \underline{A} The clinic is affiliated with an accredited medical school at which training is provided for medical students, residents, or fellows;
- e. \underline{A} The clinic that does not prescribe controlled substances for the treatment of pain;
- f. \underline{A} The clinic is owned by a corporate entity exempt from federal taxation under 26 U.S.C. s. 501(c)(3);
- g. \underline{A} The clinic is wholly owned and operated by one or more board-eligible or board-certified anesthesiologists, physiatrists, rheumatologists, or neurologists; or

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h. A The clinic is wholly owned and operated by a physician multispecialty practice where one or more board-eligible or board-certified medical specialists, who have also completed fellowships in pain medicine approved by the Accreditation Council for Graduate Medical Education or who are also board-certified in pain medicine by the American Board of Pain Medicine or a board approved by the American Board of Medical Specialties, the American Association of Physician Specialists, or the American Osteopathic Association, perform interventional pain procedures of the type routinely billed using surgical codes.

- (g) The department may revoke the clinic's certificate of registration and prohibit all physicians associated with that pain-management clinic from practicing at that clinic location based upon an annual inspection and evaluation of the factors described in subsection (4) (3).
 - (2) CERTIFICATE OF EXEMPTION.-
- (a) A pain management clinic claiming an exemption from the registration requirements of subsection (1), must apply for a certificate of exemption on a form adopted in rule by the department. The form shall require the applicant to provide:
- 1. The name or names under which the applicant does business.
- $\underline{\text{2. The address at which the pain management clinic is}}$ located.
- 3. The specific exemption the applicant is claiming with supporting documentation.
- $\underline{\text{4. Any other information deemed necessary by the}}$ department.

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(b) Within 30 days after the receipt of a complete application, the department must approve or deny the application.

- (c) The certificate of exemption must be renewed biennially, except that the department may issue the initial certificates of exemption for up to 3 years in order to stagger renewal dates.
- (d) A certificateholder must prominently display the certificate of exemption and make it available to the department or the board upon request.
- (e) A certificate of exemption is not movable or transferable. A certificate of exemption is valid only for the applicant, qualifying owners, licenses, registrations, certifications, and services provided under a specific statutory exemption and is valid only to the specific exemption claimed and granted.
- (f) A certificateholder must notify the department at least 60 days before any anticipated relocation or name change of the pain management clinic or a change of ownership.
- (g) If a pain management clinic no longer qualifies for a certificate of exemption, the certificateholder must immediately notify the department and register as a pain management clinic under subsection (1).
- $\underline{(3)}$ PHYSICIAN RESPONSIBILITIES.—These responsibilities apply to any physician who provides professional services in a pain-management clinic that is required to be registered in subsection (1).
- (a) A physician may not practice medicine in a pain-management clinic, as described in subsection (5) (4), if the

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pain-management clinic is not registered with the department as required by this section. Any physician who qualifies to practice medicine in a pain-management clinic pursuant to rules adopted by the Board of Medicine as of July 1, 2012, may continue to practice medicine in a pain-management clinic as long as the physician continues to meet the qualifications set forth in the board rules. A physician who violates this paragraph is subject to disciplinary action by his or her appropriate medical regulatory board.

$(4) \frac{(3)}{(3)}$ INSPECTION.—

(a) The department shall inspect the pain-management clinic annually, including a review of the patient records, to ensure that it complies with this section and the rules of the Board of Medicine adopted pursuant to subsection (5) (4) unless the clinic is accredited by a nationally recognized accrediting agency approved by the Board of Medicine.

(5) + (4) RULEMAKING.

(a) The department shall adopt rules necessary to administer the registration, exemption, and inspection of pain-management clinics which establish the specific requirements, procedures, forms, and fees.

Section 5. Effective January 1, 2019, subsections (2) through (5) of section 459.0137, Florida Statutes, are renumbered as subsections (3) through (6), respectively, paragraphs (a) and (g) of subsection (1), paragraph (a) of present subsection (2), paragraph (a) of present subsection (3), and paragraph (a) of present subsection (4) are amended, and a new subsection (2) is added to that section, to read:

459.0137 Pain-management clinics.-

(1) REGISTRATION. -

- (a) 1. As used in this section, the term:
- a. "Board eligible" means successful completion of an anesthesia, physical medicine and rehabilitation, rheumatology, or neurology residency program approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association for a period of 6 years from successful completion of such residency program.
- b. "Chronic nonmalignant pain" means pain unrelated to cancer which persists beyond the usual course of disease or the injury that is the cause of the pain or more than 90 days after surgery.
- c. "Pain-management clinic" or "clinic" means any publicly
 or privately owned facility:
- (I) That advertises in any medium for any type of painmanagement services; or
- (II) Where in any month a majority of patients are prescribed opioids, benzodiazepines, barbiturates, or carisoprodol for the treatment of chronic nonmalignant pain.
- 2. Each pain-management clinic must register with the department or hold a valid certificate of exemption pursuant to subsection (2). unless:
- 3. The following clinics are exempt from the registration requirement of paragraphs (c)-(m), and must apply to the department for a certificate of exemption:
- a. \underline{A} That clinic is licensed as a facility pursuant to chapter 395;
- b. A clinic in which the majority of the physicians who provide services in the clinic primarily provide surgical

services;

c. \underline{A} The clinic is owned by a publicly held corporation whose shares are traded on a national exchange or on the overthe-counter market and whose total assets at the end of the corporation's most recent fiscal quarter exceeded \$50 million;

- d. \underline{A} The clinic is affiliated with an accredited medical school at which training is provided for medical students, residents, or fellows;
- e. \underline{A} The clinic \underline{that} does not prescribe controlled substances for the treatment of pain;
- f. \underline{A} The clinic is owned by a corporate entity exempt from federal taxation under 26 U.S.C. s. 501(c)(3);
- g. \underline{A} The clinic is wholly owned and operated by one or more board-eligible or board-certified anesthesiologists, physiatrists, rheumatologists, or neurologists; or
- h. A The clinic is wholly owned and operated by a physician multispecialty practice where one or more board-eligible or board-certified medical specialists, who have also completed fellowships in pain medicine approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association or who are also board-certified in pain medicine by the American Board of Pain Medicine or a board approved by the American Board of Medical Specialties, the American Association of Physician Specialists, or the American Osteopathic Association, perform interventional pain procedures of the type routinely billed using surgical codes.
- (g) The department may revoke the clinic's certificate of registration and prohibit all physicians associated with that pain-management clinic from practicing at that clinic location

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based upon an annual inspection and evaluation of the factors described in subsection (4) $\overline{(3)}$.

- (2) CERTIFICATE OF EXEMPTION.-
- (a) A pain management clinic claiming an exemption from the registration requirements of subsection (1), must apply for a certificate of exemption on a form adopted in rule by the department. The form shall require the applicant to provide:
- 1. The name or names under which the applicant does business.
- 2. The address at which the pain management clinic is located.
- 3. The specific exemption the applicant is claiming with supporting documentation.
- $\underline{\text{4. Any other information deemed necessary by the}}$ department.
- (b) Within 30 days after the receipt of a complete application, the department must approve or deny the application.
- (c) The certificate of exemption must be renewed biennially, except that the department may issue the initial certificates of exemption for up to 3 years in order to stagger renewal dates.
- (d) A certificateholder must prominently display the certificate of exemption and make it available to the department or the board upon request.
- (e) A certificate of exemption is not movable or transferable. A certificate of exemption is valid only for the applicant, qualifying owners, licenses, registrations, certifications, and services provided under a specific statutory

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exemption and is valid only to the specific exemption claimed and granted.

- (f) A certificateholder must notify the department at least 60 days before any anticipated relocation or name change of the pain management clinic or a change of ownership.
- (g) If a pain management clinic no longer qualifies for a certificate of exemption, the certificateholder must immediately notify the department and register as a pain management clinic under subsection (1).
- $\underline{(3)}$ PHYSICIAN RESPONSIBILITIES.—These responsibilities apply to any osteopathic physician who provides professional services in a pain-management clinic that is required to be registered in subsection (1).
- (a) An osteopathic physician may not practice medicine in a pain-management clinic, as described in subsection (5)(4), if the pain-management clinic is not registered with the department as required by this section. Any physician who qualifies to practice medicine in a pain-management clinic pursuant to rules adopted by the Board of Osteopathic Medicine as of July 1, 2012, may continue to practice medicine in a pain-management clinic as long as the physician continues to meet the qualifications set forth in the board rules. An osteopathic physician who violates this paragraph is subject to disciplinary action by his or her appropriate medical regulatory board.
 - $(4) \frac{(3)}{(3)}$ INSPECTION.—
- (a) The department shall inspect the pain-management clinic annually, including a review of the patient records, to ensure that it complies with this section and the rules of the Board of Osteopathic Medicine adopted pursuant to subsection (5) (4)

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unless the clinic is accredited by a nationally recognized accrediting agency approved by the Board of Osteopathic Medicine.

(5) + (4) RULEMAKING.

(a) The department shall adopt rules necessary to administer the registration, exemption, and inspection of pain-management clinics which establish the specific requirements, procedures, forms, and fees.

Section 6. Section 465.0155, Florida Statutes, is amended to read:

465.0155 Standards of practice. -

- (1) Consistent with the provisions of this act, the board shall adopt by rule standards of practice relating to the practice of pharmacy which shall be binding on every state agency and shall be applied by such agencies when enforcing or implementing any authority granted by any applicable statute, rule, or regulation, whether federal or state.
- (2) (a) Before dispensing a controlled substance to a person not known to the pharmacist, the pharmacist must require the person purchasing, receiving, or otherwise acquiring the controlled substance to present valid photographic identification or other verification of his or her identity. If the person does not have proper identification, the pharmacist may verify the validity of the prescription and the identity of the patient with the prescriber or his or her authorized agent. Verification of health plan eligibility through a real-time inquiry or adjudication system is considered to be proper identification.
 - (b) This subsection does not apply in an institutional

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setting or to a long-term care facility, including, but not
limited to, an assisted living facility or a hospital to which
patients are admitted.

(c) As used in this subsection, the term "proper identification" means an identification that is issued by a state or the Federal Government containing the person's photograph, printed name, and signature or a document considered acceptable under 8 C.F.R. s. 274a.2(b)(1)(v)(A) and (B).

Section 7. Paragraph (d) is added to subsection (2) of section 465.0276, Florida Statutes, to read:

465.0276 Dispensing practitioner.-

- (2) A practitioner who dispenses medicinal drugs for human consumption for fee or remuneration of any kind, whether direct or indirect, must:
- (d) 1. Before dispensing a controlled substance to a person not known to the dispenser, require the person purchasing, receiving, or otherwise acquiring the controlled substance to present valid photographic identification or other verification of his or her identity. If the person does not have proper identification, the dispenser may verify the validity of the prescription and the identity of the patient with the prescriber or his or her authorized agent. Verification of health plan eligibility through a real-time inquiry or adjudication system is considered to be proper identification.
- 2. This paragraph does not apply in an institutional setting or to a long-term care facility, including, but not limited to, an assisted living facility or a hospital to which patients are admitted.
 - 3. As used in this paragraph, the term "proper

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identification" means an identification that is issued by a state or the Federal Government containing the person's photograph, printed name, and signature or a document considered acceptable under 8 C.F.R. s. 274a.2(b)(1)(v)(A) and (B).

Section 8. Subsections (2), (3), (4), and (5) of section 893.03, Florida Statutes, are amended to read:

893.03 Standards and schedules.—The substances enumerated in this section are controlled by this chapter. The controlled substances listed or to be listed in Schedules I, II, III, IV, and V are included by whatever official, common, usual, chemical, trade name, or class designated. The provisions of this section shall not be construed to include within any of the schedules contained in this section any excluded drugs listed within the purview of 21 C.F.R. s. 1308.22, styled "Excluded Substances"; 21 C.F.R. s. 1308.24, styled "Exempt Chemical Preparations"; 21 C.F.R. s. 1308.32, styled "Exempted Prescription Products"; or 21 C.F.R. s. 1308.34, styled "Exempt Anabolic Steroid Products."

- (2) SCHEDULE II.—A substance in Schedule II has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States, and abuse of the substance may lead to severe psychological or physical dependence. The following substances are controlled in Schedule II:
- (a) Unless specifically excepted or unless listed in another schedule, any of the following substances, whether produced directly or indirectly by extraction from substances of vegetable origin or independently by means of chemical synthesis:

27-00673-18 20188 668 1. Opium and any salt, compound, derivative, or preparation 669 of opium, except nalmefene or isoquinoline alkaloids of opium, 670 including, but not limited to the following: 671 a. Raw opium. 672 b. Opium extracts. 673 c. Opium fluid extracts. 674 d. Powdered opium. 675 e. Granulated opium. f. Tincture of opium. 676 g. Codeine. 677 678 h. Dihydroetorphine. 679 i.h. Ethylmorphine. 680 j. i. Etorphine hydrochloride. 681 k. i. Hydrocodone and hydrocodone combination products. 682 1.k. Hydromorphone. 683 m. 1. Levo-alphacetylmethadol (also known as levo-alpha-684 acetylmethadol, levomethadyl acetate, or LAAM). 685 n.m. Metopon (methyldihydromorphinone). 686 o.n. Morphine. 687 p. Oripavine. 688 q.o. Oxycodone. 689 r.p. Oxymorphone. 690 s.q. Thebaine. 691 2. Any salt, compound, derivative, or preparation of a 692 substance which is chemically equivalent to or identical with 693 any of the substances referred to in subparagraph 1., except 694 that these substances shall not include the isoquinoline 695 alkaloids of opium.

3. Any part of the plant of the species Papaver somniferum,

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4. Cocaine or ecgonine, including any of their stereoisomers, and any salt, compound, derivative, or preparation of cocaine or ecgonine, except that these substances shall not include influence I 123.

- (b) Unless specifically excepted or unless listed in another schedule, any of the following substances, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation:
 - 1. Alfentanil.
 - 2. Alphaprodine.
- 3. Anileridine.
- 711 4. Bezitramide.
- 712 5. Bulk propoxyphene (nondosage forms).
- 713 6. Carfentanil.
- 714 7. Dihydrocodeine.
- 715 8. Diphenoxylate.
- 716 9. Fentanyl.
- 717 10. Isomethadone.
 - 11. Levomethorphan.
 - 12. Levorphanol.
- 720 13. Metazocine.
- 721 14. Methadone.
- 722 15. Methadone-Intermediate, 4-cyano-2-
- 723 dimethylamino-4, 4-diphenylbutane.
- 724 16. Moramide-Intermediate, 2-methyl-
- 725 3-morpholoino-1,1-diphenylpropane-carboxylic acid.

27-00673-18 20188 726 17. Nabilone. 727 18. Pethidine (meperidine). 728 19. Pethidine-Intermediate-A, 4-cyano-1-729 methyl-4-phenylpiperidine. 730 20. Pethidine-Intermediate-B, ethyl-4-731 phenylpiperidine-4-carboxylate. 732 21. Pethidine-Intermediate-C, 1-methyl-4- phenylpiperidine-733 4-carboxylic acid. 22. Phenazocine. 734 735 23. Phencyclidine. 736 24. 1-Phenylcyclohexylamine. 737 25. Piminodine. 26. 1-Piperidinocyclohexanecarbonitrile. 738 739 27. Racemethorphan. 740 28. Racemorphan. 741 29. Remifentanil. 742 30.29. Sufentanil. 743 31. Tapentadol. 744 32. Thiafentanil. 745 (c) Unless specifically excepted or unless listed in 746 another schedule, any material, compound, mixture, or 747 preparation which contains any quantity of the following 748 substances, including their salts, isomers, optical isomers, 749 salts of their isomers, and salts of their optical isomers: 750 1. Amobarbital. 751 2. Amphetamine. 752 3. Glutethimide. 753 4. Lisdexamfetamine.

5.4. Methamphetamine.

755 6.5. Methylphenidate.

7.6. Pentobarbital.

8.7. Phenmetrazine.

9.8. Phenylacetone.

10.9. Secobarbital.

- (d) Dronabinol (synthetic THC) in oral solution in a drug product approved by the United States Food and Drug Administration.
- (3) SCHEDULE III.—A substance in Schedule III has a potential for abuse less than the substances contained in Schedules I and II and has a currently accepted medical use in treatment in the United States, and abuse of the substance may lead to moderate or low physical dependence or high psychological dependence or, in the case of anabolic steroids, may lead to physical damage. The following substances are controlled in Schedule III:
- (a) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant or stimulant effect on the nervous system:
- 1. Any substance which contains any quantity of a derivative of barbituric acid, including thiobarbituric acid, or any salt of a derivative of barbituric acid or thiobarbituric acid, including, but not limited to, butabarbital and butalbital.
 - 2. Benzphetamine.
 - 3. Buprenorphine.
- 783 4.3. Chlorhexadol.

27-00673-18 20188 784 5.4. Chlorphentermine. 785 6.5. Clortermine. 786 7. Embutramide. 787 8.6. Lysergic acid. 788 9.7. Lysergic acid amide. 789 10.8. Methyprylon. 790 11. Perampanel. 791 12.9. Phendimetrazine. 792 13.10. Sulfondiethylmethane. 793 14.11. Sulfonethylmethane. 794 15.12. Sulfonmethane. 795 16.13. Tiletamine and zolazepam or any salt thereof. 796 (b) Nalorphine. 797 (c) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or 798 799 preparation containing limited quantities of any of the 800 following controlled substances or any salts thereof: 801 1. Not more than 1.8 grams of codeine per 100 milliliters 802 or not more than 90 milligrams per dosage unit, with an equal or 803 greater quantity of an isoquinoline alkaloid of opium. 804 2. Not more than 1.8 grams of codeine per 100 milliliters 805 or not more than 90 milligrams per dosage unit, with recognized 806 therapeutic amounts of one or more active ingredients which are not controlled substances. 807 808 3. Not more than 300 milligrams of hydrocodone per 100 809 milliliters or not more than 15 milligrams per dosage unit, with 810 a fourfold or greater quantity of an isoquinoline alkaloid of 811 opium.

4. Not more than 300 milligrams of hydrocodone per 100

milliliters or not more than 15 milligrams per dosage unit, with recognized therapeutic amounts of one or more active ingredients that are not controlled substances.

- 5. Not more than 1.8 grams of dihydrocodeine per 100 milliliters or not more than 90 milligrams per dosage unit, with recognized therapeutic amounts of one or more active ingredients which are not controlled substances.
- 6. Not more than 300 milligrams of ethylmorphine per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.
- 7. Not more than 50 milligrams of morphine per 100 milliliters or per 100 grams, with recognized therapeutic amounts of one or more active ingredients which are not controlled substances.

For purposes of charging a person with a violation of s. 893.135 involving any controlled substance described in subparagraph 3. or subparagraph 4., the controlled substance is a Schedule III controlled substance pursuant to this paragraph but the weight of the controlled substance per milliliters or per dosage unit is not relevant to the charging of a violation of s. 893.135. The weight of the controlled substance shall be determined pursuant to s. 893.135(6).

- (d) Anabolic steroids.
- 1. The term "anabolic steroid" means any drug or hormonal substance, chemically and pharmacologically related to testosterone, other than estrogens, progestins, and corticosteroids, that promotes muscle growth and includes:

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842	a. Androsteron	e.	
843	b. Androsteron	e acetate.	
844	c. Boldenone.		
845	d. Boldenone a	cetate.	
846	e. Boldenone b	enzoate.	
847	f. Boldenone u	ndecylenate.	
848	g. Chlorotesto	sterone (Clostebol).	
849	h. Dehydrochlo	rmethyltestosterone.	
850	i. Dihydrotest	osterone (Stanolone).	
851	j. Drostanolon	e.	
852	k. Ethylestren	ol.	
853	1. Fluoxymeste	rone.	
854	m. Formebulone	(Formebolone).	
855	n. Mesterolone		
856	o. Methandrost	enolone (Methandienone).	
857	p. Methandrano	ne.	
858	q. Methandriol	•	
859	r. Methenolone		
860	s. Methyltesto	sterone.	
861	t. Mibolerone.		
862	u. Nortestoste	rone (Nandrolone).	
863	v. Norethandro	lone.	
864	w. Nortestoste	rone decanoate.	
865	x. Nortestoste	rone phenylpropionate.	
866	y. Nortestoste	rone propionate.	
867	z. Oxandrolone		
868	aa. Oxymestero	ne.	
869	bb. Oxymetholo	ne.	
870	cc. Stanozolol	•	

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27-00673-18 20188 871 dd. Testolactone. 872 ee. Testosterone. 873 ff. Testosterone acetate. 874 gg. Testosterone benzoate. 875 hh. Testosterone cypionate. 876 ii. Testosterone decanoate. 877 jj. Testosterone enanthate. 878 kk. Testosterone isocaproate. 879 11. Testosterone oleate. 880 mm. Testosterone phenylpropionate. 881 nn. Testosterone propionate. 882 oo. Testosterone undecanoate. 883 pp. Trenbolone. 884 gg. Trenbolone acetate. 885 rr. Any salt, ester, or isomer of a drug or substance 886 described or listed in this subparagraph if that salt, ester, or 887 isomer promotes muscle growth. 888 2. The term does not include an anabolic steroid that is 889 expressly intended for administration through implants to cattle 890 or other nonhuman species and that has been approved by the 891 United States Secretary of Health and Human Services for such 892 administration. However, any person who prescribes, dispenses, 893 or distributes such a steroid for human use is considered to 894 have prescribed, dispensed, or distributed an anabolic steroid 895 within the meaning of this paragraph. 896 (e) Ketamine, including any isomers, esters, ethers, salts,

and salts of isomers, esters, and ethers, whenever the existence

of such isomers, esters, ethers, and salts is possible within

the specific chemical designation.

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(f) Dronabinol (synthetic THC) in sesame oil and encapsulated in a soft gelatin capsule in a drug product approved by the United States Food and Drug Administration.

- (g) Any drug product containing gamma-hydroxybutyric acid, including its salts, isomers, and salts of isomers, for which an application is approved under s. 505 of the Federal Food, Drug, and Cosmetic Act.
- (4) (a) SCHEDULE IV.—A substance in Schedule IV has a low potential for abuse relative to the substances in Schedule III and has a currently accepted medical use in treatment in the United States, and abuse of the substance may lead to limited physical or psychological dependence relative to the substances in Schedule III.
- (b) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation, are controlled in Schedule IV:
 - 1. Alfaxalone.
 - 2.(a) Alprazolam.
 - 3.(b) Barbital.
 - 4.(c) Bromazepam.
 - 5.(iii) Butorphanol tartrate.
- 925 6.(d) Camazepam.
- 926 7.(jjj) Carisoprodol.
- 927 8.(e) Cathine.
- 928 9.(f) Chloral betaine.

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              10.\frac{(g)}{(g)} Chloral hydrate.
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              11. (h) Chlordiazepoxide.
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              12. (i) Clobazam.
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              13.<del>(j)</del> Clonazepam.
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              14. (k) Clorazepate.
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              15.<del>(1)</del> Clotiazepam.
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              16. (m) Cloxazolam.
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              17. Dexfenfluramine.
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              18.<del>(n)</del> Delorazepam.
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              19. Dichloralphenazone.
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              20.<del>(p)</del> Diazepam.
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              21.\frac{(q)}{} Diethylpropion.
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              22. Eluxadoline.
942
              23.<del>(r)</del> Estazolam.
943
              24. Eszopiclone.
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              25.<del>(s)</del> Ethchlorvynol.
945
              26.(t) Ethinamate.
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              27. (u) Ethyl loflazepate.
              28.(v) Fencamfamin.
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              29.<del>(w)</del> Fenfluramine.
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              30.\frac{(x)}{(x)} Fenproporex.
950
              31.<del>(y)</del> Fludiazepam.
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              32.\frac{(z)}{(z)} Flurazepam.
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              33. Fospropofol.
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              34. <del>(aa)</del> Halazepam.
              35. (bb) Haloxazolam.
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              36.<del>(cc)</del> Ketazolam.
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              37. (dd) Loprazolam.
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              38.<del>(ee)</del> Lorazepam.
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958
            39. Lorcaserin.
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            40. (ff) Lormetazepam.
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            41. <del>(gg)</del> Mazindol.
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            42. (hh) Mebutamate.
962
            43. (ii) Medazepam.
963
            44.<del>(jj)</del> Mefenorex.
964
            45. (kk) Meprobamate.
965
            46.<del>(11)</del> Methohexital.
966
            47. (mm) Methylphenobarbital.
967
            48. (nn) Midazolam.
968
            49. Modafinil.
969
            50. (oo) Nimetazepam.
970
            51. (pp) Nitrazepam.
971
            52. <del>(qq)</del> Nordiazepam.
972
            53.<del>(rr)</del> Oxazepam.
973
            54. (ss) Oxazolam.
974
            55. (tt) Paraldehyde.
975
            56.<del>(uu)</del> Pemoline.
976
            57. \frac{(vv)}{} Pentazocine.
977
            58. Petrichloral.
978
            59. (ww) Phenobarbital.
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            60.\frac{(xx)}{} Phentermine.
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            61.\frac{(yy)}{} Pinazepam.
981
            62.<del>(zz)</del> Pipradrol.
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            63. (aaa) Prazepam.
983
            64. (o) Propoxyphene (dosage forms).
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            65. (bbb) Propylhexedrine, excluding any patent or
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      proprietary preparation containing propylhexedrine, unless
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      otherwise provided by federal law.
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alone:

20188 987 66. (ccc) Quazepam. 988 67. Sibutramine. 989 68.(eee) SPA[(-)-1 dimethylamino-1, 2 990 diphenylethane]. 991 69. Suvorexant. 992 70. (fff) Temazepam. 993 71. (ddd) Tetrazepam. 994 72. Tramadol. 995 73.(ggg) Triazolam. 996 74. Zaleplon. 997 75. Zolpidem. 998 76. Zopiclone. 999 77. (hhh) Not more than 1 milligram of difenoxin and not 1000 less than 25 micrograms of atropine sulfate per dosage unit. (5) SCHEDULE V.-A substance, compound, mixture, or 1001 1002 preparation of a substance in Schedule V has a low potential for abuse relative to the substances in Schedule IV and has a 1003 1004 currently accepted medical use in treatment in the United 1005 States, and abuse of such compound, mixture, or preparation may 1006 lead to limited physical or psychological dependence relative to 1007 the substances in Schedule IV. 1008 (a) Substances controlled in Schedule V include any 1009 compound, mixture, or preparation containing any of the 1010 following limited quantities of controlled substances, which shall include one or more active medicinal ingredients which are 1011 1012 not controlled substances in sufficient proportion to confer 1013 upon the compound, mixture, or preparation valuable medicinal 1014 qualities other than those possessed by the controlled substance

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1016 1. Not more than 200 milligrams of codeine per 100 milliliters or per 100 grams.

- 2. Not more than 100 milligrams of dihydrocodeine per 100 milliliters or per 100 grams.
- 3. Not more than 100 milligrams of ethylmorphine per 100 milliliters or per 100 grams.
- 4. Not more than 2.5 milligrams of diphenoxylate and not less than 25 micrograms of atropine sulfate per dosage unit.
- 5. Not more than 100 milligrams of opium per 100 milliliters or per 100 grams.
- 6. Not more than 0.5 milligrams of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit.
 - 7. Brivaracetam.
 - 8. Ezogabine.
 - 9. Lacosamide.
 - 10. Pregabalin.
- (b) Narcotic drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing any of the following narcotic drugs and their salts: Buprenorphine.
- (b) (c) Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers, and salts of isomers: Pyrovalerone.
- Section 9. Section 893.055, Florida Statutes, is amended to read:
 - (Substantial rewording of section. See

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1045 s. 893.055, F.S., for present text.)

- 893.055 Prescription drug monitoring program.—
- 1047 (1) As used in this section, the term:
 - (a) "Administration" means the obtaining and giving of a single dose of medicinal drugs by a legally authorized person to a patient for her or his consumption.
 - (b) "Active investigation" means an investigation that is being conducted with a reasonable, good faith belief that it could lead to the filing of administrative, civil, or criminal proceedings, or that is ongoing and continuing and for which there is a reasonable, good faith anticipation of securing an arrest or prosecution in the foreseeable future.
 - (c) "Controlled substance" means a controlled substance
 listed in Schedule II, Schedule III, Schedule IV, or Schedule V
 of s. 893.03 or 21 U.S.C. s. 812.
 - (d) "Dispense" means the transfer of possession of one or more doses of a medicinal drug by a health care practitioner to the ultimate consumer or to his or her agent.
 - (e) "Dispenser" means a dispensing health care practitioner or pharmacist licensed to dispense medicinal drugs in this state.
 - (f) "Health care practitioner" or "practitioner" means any practitioner licensed under chapter 458, chapter 459, chapter 461, chapter 463, chapter 464, chapter 465, or chapter 466.
 - (g) "Health care regulatory board" means any board or commission as defined in s. 456.001(1).
 - (h) "Law enforcement agency" means the Department of Law Enforcement, a sheriff's office in this state, a police department in this state, or a law enforcement agency of the

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Federal Government which enforces the laws of this state or the United States relating to controlled substances, and which its agents and officers are empowered by law to conduct criminal investigations and make arrests.

- (i) "Pharmacy" includes a community pharmacy, an institutional pharmacy, a nuclear pharmacy, a special pharmacy, or an Internet pharmacy that is licensed by the department under chapter 465 and that dispenses or delivers medicinal drugs, including controlled substances to an individual or address in this state.
- (j) "Prescriber" means a prescribing physician, prescribing practitioner, or other prescribing health care practitioner authorized by the laws of this state to order medicinal drugs.
- (k) "Program manager" means an employee of or a person contracted by the department who is designated to ensure the integrity of the prescription drug monitoring program in accordance with the requirements established in this section.
- (2) (a) The department shall maintain an electronic system to collect and store controlled substance dispensing information and shall release the information as authorized in s. 893.0551. The electronic system must:
- 1. Not infringe upon the legitimate prescribing or dispensing of a controlled substance by a prescriber or dispenser acting in good faith and in the course of professional practice.
- 2. Be consistent with standards of the American Society for Automation in Pharmacy (ASAP).
- 3. Comply with the Health Insurance Portability and Accountability Act (HIPAA) as it pertains to protected health

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information (PHI), electronic protected health information

(EPHI), and all other relevant state and federal privacy and security laws and regulations.

- (b) The department may collaborate with professional health care regulatory boards, appropriate organizations, and other state agencies to identify indicators of controlled substance abuse.
- (c) The department shall adopt rules necessary to implement this subsection.
- (3) For each controlled substance dispensed to a patient in the state, the following information must be reported by the dispenser to the system as soon thereafter as possible but no later than the close of the next business day after the day the controlled substance is dispensed unless an extension or exemption is approved by the department:
- (a) The name of the prescribing practitioner, the practitioner's federal Drug Enforcement Administration registration number, the practitioner's National Provider Identification (NPI) or other appropriate identifier, and the date of the prescription.
- (b) The date the prescription was filled and the method of payment, such as cash by an individual, insurance coverage through a third party, or Medicaid payment. This paragraph does not authorize the department to include individual credit card numbers or other account numbers in the system.
- (c) The full name, address, telephone number, and date of birth of the person for whom the prescription was written.
- (d) The name, national drug code, quantity, and strength of the controlled substance dispensed.

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(e) The full name, federal Drug Enforcement Administration registration number, State of Florida Department of Health issued pharmacy permit number, and address of the pharmacy or other location from which the controlled substance was dispensed. If the controlled substance was dispensed by a practitioner other than a pharmacist, the practitioner's full name, address, federal Drug Enforcement Administration registration number, State of Florida Department of Health issued license number, and National Provider Identification (NPI).

- (f) Whether the drug was dispensed as an initial prescription or a refill, and the number of refills ordered.
- (g) The name of the individual picking up the controlled substance prescription and type and issuer of the identification provided.
- $\underline{\mbox{(h) Other appropriate identifying information as determined}} \mbox{ by department rule.}$
- (i) All acts of administration of controlled substances are exempt from the reporting requirements of this section.
- (4) The following shall have direct access to information in the system:
- (a) An authorized prescriber or dispenser or his or her designee.
- (b) An employee of the United States Department of Veterans

 Affairs, United States Department of Defense, or the Indian

 Health Service who provides health care services pursuant to

 such employment and who has the authority to prescribe

 controlled substances shall have access to the information in

 the program's system upon verification of employment.

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1161 (c) The program manager or designated program and support
1162 staff may have access to administer the system.

- 1. The program manager or designated program and support staff must complete a level II background screening.
- 2. In order to calculate performance measures pursuant to subsection (14), the program manager or program and support staff members who have been directed by the program manager to calculate performance measures may have direct access to information that contains no identifying information of any patient, physician, health care practitioner, prescriber, or dispenser.
- 3. The program manager or designated program and support staff must provide the department, upon request, data that does not contain patient, physician, health care practitioner, prescriber, or dispenser identifying information for public health care and safety initiatives purposes.
- 4. The program manager, upon determining a pattern consistent with the department's rules established under paragraph (2)(b), may provide relevant information to the prescriber and dispenser.
- 5. The program manager, upon determining a pattern consistent with the rules established under paragraph (2) (b) and having cause to believe a violation of s. 893.13(7)(a)8.,

 (8)(a), or (8)(b) has occurred, may provide relevant information to the applicable law enforcement agency.
- (5) The following entities may not directly access information in the system, but may request information from the program manager or designated program and support staff:
 - (a) The department for investigations involving licensees

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1190 authorized to prescribe or dispense controlled substances.

- (b) The Attorney General for Medicaid fraud cases involving prescribed controlled substances.
- (c) A law enforcement agency during active investigations of potential criminal activity, fraud, or theft regarding prescribed controlled substances.
- (d) A medical examiner when conducting an authorized investigation under s. 406.11, to determine the cause of death of an individual.
- (e) An impaired practitioner consultant who is retained by the department under s. 456.076 to review the system information of an impaired practitioner program participant or a referral who has agreed to be evaluated or monitored through the program and who has separately agreed in writing to the consultant's access to and review of such information.
- (f) A patient or the legal guardian or designated health care surrogate of an incapacitated patient who submits a written and notarized request that includes the patient's full name, address, phone number, date of birth, and a copy of a government-issued photo identification. A legal guardian or health care surrogate must provide the same information if he or she submits the request.
- (6) The department may enter into a reciprocal agreement or contract to share prescription drug monitoring information with another state, district, or territory if the prescription drug monitoring programs of other states, districts, or territories are compatible with the Florida program.
- (a) In determining compatibility, the department shall consider:

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1219 <u>1. The safeguards for privacy of patient records and the</u> 1220 success of the program in protecting patient privacy.

- 2. The persons authorized to view the data collected by the program. Comparable entities and licensed health care practitioners in other states, districts, or territories of the United States, law enforcement agencies, the Attorney General's Medicaid Fraud Control Unit, medical regulatory boards, and, as needed, management staff that have similar duties as management staff who work with the prescription drug monitoring program as authorized in s. 893.0551 are authorized access upon approval by the department.
- 3. The schedules of the controlled substances that are monitored by the program.
- $\underline{\text{4. The data reported to or included in the program's}}$ system.
- 5. Any implementing criteria deemed essential for a thorough comparison.
- 6. The costs and benefits to the state of sharing prescription information.
- (b) The department must assess the prescription drug monitoring program's continued compatibility with the other state's, district's, or territory's program periodically.
- (c) Any agreement or contract for sharing of prescription drug monitoring information between the department and another state, district, or territory shall contain the same restrictions and requirements as this section or s. 893.0551, and the information must be provided according to the department's determination of compatibility.
 - (7) The department may enter into agreements or contracts

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to establish secure connections between the system and a prescribing or dispensing health care practitioner's electronic health recordkeeping system. The electronic health recordkeeping system owner or license holder will be responsible for ensuring that only authorized individuals have access to prescription drug monitoring program information.

- (8) A prescriber or dispenser or a designee of a prescriber or dispenser must consult the system to review a patient's controlled substance dispensing history before prescribing or dispensing a controlled substance.
- (a) The duty to consult the system does not apply to a prescriber or dispenser or designee of a prescriber or dispenser if the system is not operational, as determined by the department, or when it cannot be accessed by a health care practitioner because of a temporary technological or electrical failure.
- (b) A prescriber or dispenser or designee of a prescriber or dispenser who does not consult the system under this subsection shall document the reason he or she did not consult the system in the patient's medical record or prescription record, and shall not prescribe or dispense greater than a 3-day supply of a controlled substance to the patient.
- (c) The department shall issue a nondisciplinary citation to any prescriber or dispenser who fails to consult the system as required by this subsection.
- (9) A person who willfully and knowingly fails to report the dispensing of a controlled substance as required by this section commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

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(10) Information in the prescription drug monitoring program's system may be released only as provided in this subsection and s. 893.0551. The content of the system is intended to be informational only and imposes no obligations of any nature or any legal duty on a prescriber, dispenser, pharmacy, or patient. Information in the system shall be provided in accordance with s. 893.13(7)(a)8. and is not subject to discovery or introduction into evidence in any civil or administrative action against a prescriber, dispenser, pharmacy, or patient arising out of matters that are the subject of information in the system. The program manager and authorized persons who participate in preparing, reviewing, issuing, or any other activity related to management of the system may not be permitted or required to testify in any such civil or administrative action as to any findings, recommendations, evaluations, opinions, or other actions taken in connection with management of the system.

(11) A prescriber or dispenser, or his or her designee, may have access to the information under this section which relates to a patient of that prescriber or dispenser as needed for the purpose of reviewing the patient's controlled drug prescription history. A prescriber or dispenser acting in good faith is immune from any civil, criminal, or administrative liability that might otherwise be incurred or imposed for receiving or using information from the prescription drug monitoring program. This subsection does not create a private cause of action, and a person may not recover damages against a prescriber or dispenser authorized to access information under this subsection for accessing or failing to access such information.

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(12) (a) All costs incurred by the department in administering the prescription drug monitoring program shall be funded through federal grants, private funding applied for or received by the state, or state funds appropriated in the General Appropriations Act. The department may not:

- 1. Commit funds for the monitoring program without ensuring funding is available; or
- 2. Use funds provided, directly or indirectly by prescription drug manufacturers to implement the program.
- (b) The department shall cooperate with the direct-support organization established under subsection (15) in seeking federal grant funds, other nonstate grant funds, gifts, donations, or other private moneys for the department if the costs of doing so are immaterial. Immaterial costs include, but are not limited to, the costs of mailing and personnel assigned to research or apply for a grant. The department may competitively procure and contract pursuant to s. 287.057 for any goods and services required be this section.
- (13) The department shall conduct or participate in studies to examine the feasibility of enhancing the prescription drug monitoring program for the purposes of public health initiatives and statistical reporting. Such studies shall respect the privacy of the patient, the prescriber, and the dispenser. Such studies may be conducted by the department or a contracted vendor in order to:
- (a) Improve the quality of health care services and safety by improving the prescribing and dispensing practices for prescription drugs;
 - (b) Take advantage of advances in technology;

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1335 <u>(c) Reduce duplicative prescriptions and the</u>
1336 <u>overprescribing of prescription drugs; and</u>

- (d) Reduce drug abuse.
- (14) The department shall annually report on performance measures to the Governor, the President of the Senate, and the Speaker of the House of Representatives by the department each December 1. Performance measures may include, but are not limited to, the following outcomes:
- (a) Reduction of the rate of inappropriate use of prescription drugs through department education and safety efforts.
- (b) Reduction of the quantity of pharmaceutical controlled substances obtained by individuals attempting to engage in fraud and deceit.
- (c) Increased coordination among partners participating in the prescription drug monitoring program.
- (d) Involvement of stakeholders in achieving improved patient health care and safety and reduction of prescription drug abuse and prescription drug diversion.
- (15) The department may establish a direct-support organization to provide assistance, funding, and promotional support for the activities authorized for the prescription drug monitoring program.
- (a) As used in this subsection, the term "direct-support organization" means an organization that is:
- 1. A Florida corporation not for profit incorporated under chapter 617, exempted from filing fees, and approved by the Department of State.
 - 2. Organized and operated to conduct programs and

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activities; raise funds; request and receive grants, gifts, and bequests of money; acquire, receive, hold, and invest, in its own name, securities, funds, objects of value, or other property, either real or personal; and make expenditures or provide funding to or for the direct or indirect benefit of the department in the furtherance of the prescription drug monitoring program.

- (b) The State Surgeon General shall appoint a board of directors for the direct-support organization.
- 1. The board of directors shall consist of no fewer than five members who shall serve at the pleasure of the State Surgeon General.
- 2. The State Surgeon General shall provide guidance to members of the board to ensure that moneys received by the direct-support organization are not received from inappropriate sources. Inappropriate sources include, but are not limited to, donors, grantors, persons, or organizations that may monetarily or substantively benefit from the purchase of goods or services by the department in furtherance of the prescription drug monitoring program.
- (c) The direct-support organization shall operate under written contract with the department. The contract must, at a minimum, provide for:
- 1. Approval of the articles of incorporation and bylaws of the direct-support organization by the department.
- 2. Submission of an annual budget for the approval of the department.
- 3. The reversion, without penalty, to the department's grants and donations trust fund for the administration of the

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prescription drug monitoring program of all moneys and property held in trust by the direct-support organization for the benefit of the prescription drug monitoring program if the direct-support organization ceases to exist or if the contract is terminated.

- 4. The fiscal year of the direct-support organization, which must begin July 1 of each year and end June 30 of the following year.
- 5. The disclosure of the material provisions of the contract to donors of gifts, contributions, or bequests, including such disclosure on all promotional and fundraising publications, and an explanation to such donors of the distinction between the department and the direct-support organization.
- 6. The direct-support organization's collecting, expending, and providing of funds to the department for the development, implementation, and operation of the prescription drug monitoring program as described in this section. The direct-support organization may collect and expend funds to be used for the functions of the direct-support organization's board of directors, as necessary and approved by the department. In addition, the direct-support organization may collect and provide funding to the department in furtherance of the prescription drug monitoring program by:
- <u>a. Establishing and administering the prescription drug</u>
 <u>monitoring program's electronic system, including hardware and</u>
 software.
- b. Conducting studies on the efficiency and effectiveness of the program to include feasibility studies as described in

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1422 subsection (13).

c. Providing funds for future enhancements of the program within the intent of this section.

- d. Providing user training of the prescription drug monitoring program, including distribution of materials to promote public awareness and education and conducting workshops or other meetings, for health care practitioners, pharmacists, and others as appropriate.
 - e. Providing funds for travel expenses.
- f. Providing funds for administrative costs, including personnel, audits, facilities, and equipment.
- g. Fulfilling all other requirements necessary to implement and operate the program as outlined in this section.
- 7. Certification by the department that the direct-support organization is complying with the terms of the contract in a manner consistent with and in furtherance of the goals and purposes of the prescription drug monitoring program and in the best interests of the state. Such certification must be made annually and reported in the official minutes of a meeting of the direct-support organization.
- (d) The activities of the direct-support organization must be consistent with the goals and mission of the department, as determined by the department, and in the best interests of the state. The direct-support organization must obtain written approval from the department for any activities in support of the prescription drug monitoring program before undertaking those activities.
- (e) The direct-support organization shall provide for an independent annual financial audit in accordance with s.

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215.981. Copies of the audit shall be provided to the department
and the Office of Policy and Budget in the Executive Office of
the Governor.

- (f) The direct-support organization may not exercise any power under s. 617.0302(12) or (16).
- (g) The direct-support organization is not considered a lobbying firm within the meaning of s. 11.045.
- (h) The department may permit, without charge, appropriate use of administrative services, property, and facilities of the department by the direct-support organization, subject to this section. The use must be directly in keeping with the approved purposes of the direct-support organization and may not be made at times or places that would unreasonably interfere with opportunities for the public to use such facilities for established purposes. Any moneys received from rentals of facilities and properties managed by the department may be held in a separate depository account in the name of the directsupport organization and subject to the provisions of the letter of agreement with the department. The letter of agreement must provide that any funds held in the separate depository account in the name of the direct-support organization must revert to the department if the direct-support organization is no longer approved by the department to operate in the best interests of the state.
- (i) The department may adopt rules under s. 120.54 to govern the use of administrative services, property, or facilities of the department or office by the direct-support organization.
 - (j) The department may not permit the use of any

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administrative services, property, or facilities of the state by a direct-support organization if that organization does not provide equal membership and employment opportunities to all persons regardless of race, color, religion, gender, age, or national origin.

(k) This subsection is repealed October 1, 2027, unless reviewed and saved from repeal by the Legislature.

Section 10. Section 893.0551, Florida Statutes, is amended to read:

893.0551 Public records exemption for the prescription drug monitoring program.—

- (1) For purposes of this section, the terms used in this section have the same meanings as provided in s. 893.055.
- (2) The following information of a patient or patient's agent, a health care practitioner, a dispenser, an employee of the practitioner who is acting on behalf of and at the direction of the practitioner, a pharmacist, or a pharmacy that is contained in records held by the department under s. 893.055 is confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution:
 - (a) Name.
 - (b) Address.
 - (c) Telephone number.
 - (d) Insurance plan number.
- (e) Government-issued identification number.
 - (f) Provider number.
- (q) Drug Enforcement Administration number.
- (h) Any other unique identifying information or number.
- 1508 (3) The department shall disclose such confidential and

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exempt information to the following persons or entities upon request and after using a verification process to ensure the legitimacy of the request as provided in s. 893.055:

- (a) A health care practitioner, or his or her designee, who certifies that the information is necessary to provide medical treatment to a current patient in accordance with ss. 893.05 and 893.055.
- (b) An employee of the United States Department of Veterans
 Affairs, United States Department of Defense, or the Indian
 Health Service who provides health care services pursuant to
 such employment and who has the authority to prescribe
 controlled substances shall have access to the information in
 the program's system upon verification of such employment.
- (c) The program manager and designated support staff for administration of the program, and to provide relevant information to the prescriber, dispenser, and appropriate law enforcement agencies, in accordance with s. 893.055.
- (d) The department for investigations involving licensees authorized to prescribe or dispense controlled substances. The department may request information from the program but may not have direct access to its system. The department may provide to a law enforcement agency pursuant to ss. 456.066 and 456.073 only information that is relevant to the specific controlled substances investigation that prompted the request for the information.
- (e) (a) The Attorney General or his or her designee when working on Medicaid fraud cases involving prescribed controlled substances prescription drugs or when the Attorney General has initiated a review of specific identifiers of Medicaid fraud or

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regarding prescribed controlled substances prescription drugs. The Attorney General's Medicaid fraud investigators may not have direct access to the department's system database. The Attorney General or his or her designee may disclose to a criminal justice agency, as defined in s. 119.011, only the confidential and exempt information received from the department that is relevant to an identified active investigation that prompted the request for the information.

(b) The department's relevant health care regulatory boards responsible for the licensure, regulation, or discipline of a practitioner, pharmacist, or other person who is authorized to prescribe, administer, or dispense controlled substances and who is involved in a specific controlled substances investigation for prescription drugs involving a designated person. The health care regulatory boards may request information from the department but may not have direct access to its database. The health care regulatory boards may provide to a law enforcement agency pursuant to ss. 456.066 and 456.073 only information that is relevant to the specific controlled substances investigation that prompted the request for the information.

(f)(e) A law enforcement agency that has initiated an active investigation involving a specific violation of law regarding prescription drug abuse or diversion of prescribed controlled substances and that has entered into a user agreement with the department. A law enforcement agency may request information from the department but may not have direct access to its system database. The law enforcement agency may disclose to a criminal justice agency, as defined in s. 119.011, only

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confidential and exempt information received from the department that is relevant to an identified active investigation that prompted the request for such information.

- (g) A medical examiner or associate medical examiner, as defined in s 406.06, pursuant to his or her official duties, as required by s. 406.11, to determine the cause of death of an individual. A medical examiner may request information from the department but may not have direct access to the system.
- (f) A patient or the legal guardian or designated health care surrogate for an incapacitated patient, if applicable, making a request as provided in s. 893.055(7)(c)4.
- (h) An impaired practitioner consultant who has been authorized in writing by a participant in, or by a referral to, the impaired practitioner program to access and review information as provided in s. 893.055(6)(e)
- (i) A patient or the legal guardian or designated health care surrogate for an incapacitated patient, if applicable, making a request as provided in s. 893.055(6)(f).
- (4) If the department determines consistent with its rules that a pattern of controlled substance abuse exists, the department may disclose such confidential and exempt information to the applicable law enforcement agency in accordance with s. 893.055. The law enforcement agency may disclose to a criminal justice agency, as defined in s. 119.011, only confidential and exempt information received from the department that is relevant to an identified active investigation that is specific to a violation of s. 893.13(7)(a)8., s. 893.13(8)(a), or s. 893.13(8)(b).
 - (5) Before disclosing confidential and exempt information

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to a criminal justice agency or a law enforcement agency pursuant to this section, the disclosing person or entity must take steps to ensure the continued confidentiality of all confidential and exempt information. At a minimum, these steps must include redacting any nonrelevant information.

- (6) An agency or person who obtains any confidential and exempt—information pursuant to this section must maintain the confidential and exempt status of that information and may not disclose such information unless authorized by law. Information shared with a state attorney pursuant to paragraph $\underline{(3)(e)}$ $\underline{(3)(e)}$ or paragraph $\underline{(3)(f)}$ $\underline{(3)(e)}$ may be released only in response to a discovery demand if such information is directly related to the criminal case for which the information was requested. Unrelated information may be released only upon an order of a court of competent jurisdiction.
- (7) A person who willfully and knowingly violates this section commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

Section 11. Paragraphs (pp) and (qq) of subsection (1) of section 458.331, Florida Statutes, are amended to read:

458.331 Grounds for disciplinary action; action by the board and department.—

- (1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):
- (pp) Applicable to a licensee who serves as the designated physician of a pain-management clinic as defined in s. 458.3265 or s. 459.0137:
- 1. Registering a pain-management clinic through misrepresentation or fraud;

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2. Procuring, or attempting to procure, the registration of a pain-management clinic for any other person by making or causing to be made, any false representation;

- 3. Failing to comply with any requirement of chapter 499, the Florida Drug and Cosmetic Act; 21 U.S.C. ss. 301-392, the Federal Food, Drug, and Cosmetic Act; 21 U.S.C. ss. 821 et seq., the Drug Abuse Prevention and Control Act; or chapter 893, the Florida Comprehensive Drug Abuse Prevention and Control Act;
- 4. Being convicted or found guilty of, regardless of adjudication to, a felony or any other crime involving moral turpitude, fraud, dishonesty, or deceit in any jurisdiction of the courts of this state, of any other state, or of the United States;
- 5. Being convicted of, or disciplined by a regulatory agency of the Federal Government or a regulatory agency of another state for, any offense that would constitute a violation of this chapter;
- 6. Being convicted of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction of the courts of this state, of any other state, or of the United States which relates to the practice of, or the ability to practice, a licensed health care profession;
- 7. Being convicted of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction of the courts of this state, of any other state, or of the United States which relates to health care fraud;
- 8. Dispensing any medicinal drug based upon a communication that purports to be a prescription as defined in s. 465.003(14) or s. 893.02 if the dispensing practitioner knows or has reason

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to believe that the purported prescription is not based upon a valid practitioner-patient relationship; or

- 9. Failing to timely notify the board of the date of his or her termination from a pain-management clinic as required by s. 458.3265(3) 458.3265(2).
- (qq) Failing to timely notify the department of the theft of prescription blanks from a pain-management clinic or a breach of other methods for prescribing within 24 hours as required by s. 458.3265(3) 458.3265(2).

Section 12. Paragraphs (rr) and (ss) of subsection (1) of section 459.015, Florida Statutes, are amended to read:

459.015 Grounds for disciplinary action; action by the board and department.—

- (1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):
- (rr) Applicable to a licensee who serves as the designated physician of a pain-management clinic as defined in s. 458.3265 or s. 459.0137:
- 1. Registering a pain-management clinic through misrepresentation or fraud;
- 2. Procuring, or attempting to procure, the registration of a pain-management clinic for any other person by making or causing to be made, any false representation;
- 3. Failing to comply with any requirement of chapter 499, the Florida Drug and Cosmetic Act; 21 U.S.C. ss. 301-392, the Federal Food, Drug, and Cosmetic Act; 21 U.S.C. ss. 821 et seq., the Drug Abuse Prevention and Control Act; or chapter 893, the Florida Comprehensive Drug Abuse Prevention and Control Act;
 - 4. Being convicted or found guilty of, regardless of

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adjudication to, a felony or any other crime involving moral turpitude, fraud, dishonesty, or deceit in any jurisdiction of the courts of this state, of any other state, or of the United States;

- 5. Being convicted of, or disciplined by a regulatory agency of the Federal Government or a regulatory agency of another state for, any offense that would constitute a violation of this chapter;
- 6. Being convicted of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction of the courts of this state, of any other state, or of the United States which relates to the practice of, or the ability to practice, a licensed health care profession;
- 7. Being convicted of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction of the courts of this state, of any other state, or of the United States which relates to health care fraud;
- 8. Dispensing any medicinal drug based upon a communication that purports to be a prescription as defined in s. 465.003(14) or s. 893.02 if the dispensing practitioner knows or has reason to believe that the purported prescription is not based upon a valid practitioner-patient relationship; or
- 9. Failing to timely notify the board of the date of his or her termination from a pain-management clinic as required by s. 459.0137(3) 459.0137(2).
- (ss) Failing to timely notify the department of the theft of prescription blanks from a pain-management clinic or a breach of other methods for prescribing within 24 hours as required by s. 459.0137(3) 459.0137(2).

j. Aircraft piracy,

27-00673-18 20188 1712 Section 13. Paragraph (b) of subsection (4) of section 1713 463.0055, Florida Statutes, is amended to read: 1714 463.0055 Administration and prescription of ocular 1715 pharmaceutical agents.-1716 (4) A certified optometrist shall be issued a prescriber 1717 number by the board. Any prescription written by a certified optometrist for an ocular pharmaceutical agent pursuant to this 1718 1719 section shall have the prescriber number printed thereon. A certified optometrist may not administer or prescribe: 1720 1721 (b) A controlled substance for the treatment of chronic 1722 nonmalignant pain as defined in s. $456.44(1)(f) \frac{456.44(1)(e)}{e}$. 1723 Section 14. Paragraph (a) of subsection (1) of section 1724 782.04, Florida Statutes, is amended to read: 1725 782.04 Murder.-1726 (1) (a) The unlawful killing of a human being: 1727 1. When perpetrated from a premeditated design to effect 1728 the death of the person killed or any human being; 1729 2. When committed by a person engaged in the perpetration 1730 of, or in the attempt to perpetrate, any: 1731 a. Trafficking offense prohibited by s. 893.135(1), 1732 b. Arson, 1733 c. Sexual battery, 1734 d. Robbery, 1735 e. Burglary, 1736 f. Kidnapping, 1737 g. Escape, 1738 h. Aggravated child abuse, 1739 i. Aggravated abuse of an elderly person or disabled adult,

27-00673-18 20188 1741 k. Unlawful throwing, placing, or discharging of a 1742 destructive device or bomb, 1743 1. Carjacking, 1744 m. Home-invasion robbery, 1745 n. Aggravated stalking, 1746 o. Murder of another human being, 1747 p. Resisting an officer with violence to his or her person, 1748 q. Aggravated fleeing or eluding with serious bodily injury 1749 or death, 1750 r. Felony that is an act of terrorism or is in furtherance of an act of terrorism, including a felony under s. 775.30, s. 1751 1752 775.32, s. 775.33, s. 775.34, or s. 775.35, or 1753 s. Human trafficking; or 1754 3. Which resulted from the unlawful distribution by a 1755 person 18 years of age or older of any of the following 1756 substances, or mixture containing any of the following 1757 substances, when such substance or mixture is proven to be the 1758 proximate cause of the death of the user: 1759 a. A substance controlled under s. 893.03(1); 1760 b. Cocaine, as described in s. 893.03(2)(a)4.; 1761 c. Opium or any synthetic or natural salt, compound, 1762 derivative, or preparation of opium; 1763 d. Methadone; 1764 e. Alfentanil, as described in s. 893.03(2)(b)1.; f. Carfentanil, as described in s. 893.03(2)(b)6.; 1765 1766 g. Fentanyl, as described in s. 893.03(2)(b)9.; 1767 h. Sufentanil, as described in s. 893.03(2)(b)30. 893.03(2)(b)29.; or 1768

i. A controlled substance analog, as described in s.

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1770 893.0356, of any substance specified in sub-subparagraphs a.-h.,

is murder in the first degree and constitutes a capital felony, punishable as provided in s. 775.082.

Section 15. Paragraphs (a), (c), (d), (e), (f), and (h) of subsection (1), subsection (2), paragraphs (a) and (b) of subsection (4), and subsection (5) of section 893.13, Florida Statutes, are amended to read:

893.13 Prohibited acts; penalties.-

- (1) (a) Except as authorized by this chapter and chapter 499, a person may not sell, manufacture, or deliver, or possess with intent to sell, manufacture, or deliver, a controlled substance. A person who violates this provision with respect to:
- 1. A controlled substance named or described in s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)5. (2)(c)4. commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- 2. A controlled substance named or described in s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., (2)(c)5., (2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., (2)(c)10., (3), or (4) commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- 3. A controlled substance named or described in s. 893.03(5) commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.
- (c) Except as authorized by this chapter, a person may not sell, manufacture, or deliver, or possess with intent to sell, manufacture, or deliver, a controlled substance in, on, or within 1,000 feet of the real property comprising a child care

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facility as defined in s. 402.302 or a public or private elementary, middle, or secondary school between the hours of 6 a.m. and 12 midnight, or at any time in, on, or within 1,000 feet of real property comprising a state, county, or municipal park, a community center, or a publicly owned recreational facility. As used in this paragraph, the term "community center" means a facility operated by a nonprofit community-based organization for the provision of recreational, social, or educational services to the public. A person who violates this paragraph with respect to:

- 1. A controlled substance named or described in s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)5. (2)(c)4. commits a felony of the first degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. The defendant must be sentenced to a minimum term of imprisonment of 3 calendar years unless the offense was committed within 1,000 feet of the real property comprising a child care facility as defined in s. 402.302.
- 2. A controlled substance named or described in s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., (2)(c)5., (2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., (2)(c)10., (3), or (4) commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- 3. Any other controlled substance, except as lawfully sold, manufactured, or delivered, must be sentenced to pay a \$500 fine and to serve 100 hours of public service in addition to any other penalty prescribed by law.

This paragraph does not apply to a child care facility unless

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the owner or operator of the facility posts a sign that is not less than 2 square feet in size with a word legend identifying the facility as a licensed child care facility and that is posted on the property of the child care facility in a conspicuous place where the sign is reasonably visible to the public.

- (d) Except as authorized by this chapter, a person may not sell, manufacture, or deliver, or possess with intent to sell, manufacture, or deliver, a controlled substance in, on, or within 1,000 feet of the real property comprising a public or private college, university, or other postsecondary educational institution. A person who violates this paragraph with respect to:
- 1. A controlled substance named or described in s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)5. (2)(c)4. commits a felony of the first degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- 2. A controlled substance named or described in s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., $\frac{(2)(c)5.}{(2)(c)5.}$ (2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., $\frac{(2)(c)10.}{(2)(c)10.}$ (3), or (4) commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- 3. Any other controlled substance, except as lawfully sold, manufactured, or delivered, must be sentenced to pay a \$500 fine and to serve 100 hours of public service in addition to any other penalty prescribed by law.
- (e) Except as authorized by this chapter, a person may not sell, manufacture, or deliver, or possess with intent to sell, manufacture, or deliver, a controlled substance not authorized

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by law in, on, or within 1,000 feet of a physical place for worship at which a church or religious organization regularly conducts religious services or within 1,000 feet of a convenience business as defined in s. 812.171. A person who violates this paragraph with respect to:

- 1. A controlled substance named or described in s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)5. (2)(c)4. commits a felony of the first degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- 2. A controlled substance named or described in s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., (2)(c)5., (2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., (2)(c)10., (3), or (4) commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- 3. Any other controlled substance, except as lawfully sold, manufactured, or delivered, must be sentenced to pay a \$500 fine and to serve 100 hours of public service in addition to any other penalty prescribed by law.
- (f) Except as authorized by this chapter, a person may not sell, manufacture, or deliver, or possess with intent to sell, manufacture, or deliver, a controlled substance in, on, or within 1,000 feet of the real property comprising a public housing facility at any time. As used in this section, the term "real property comprising a public housing facility" means real property, as defined in s. 421.03(12), of a public corporation created as a housing authority pursuant to part I of chapter 421. A person who violates this paragraph with respect to:
- 1. A controlled substance named or described in s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)5.

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 $\frac{(2)(c)4}{}$ commits a felony of the first degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

- 2. A controlled substance named or described in s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., (2)(c)5., (2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., (2)(c)10., (3), or (4) commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
 - 3. Any other controlled substance, except as lawfully sold, manufactured, or delivered, must be sentenced to pay a \$500 fine and to serve 100 hours of public service in addition to any other penalty prescribed by law.
 - (h) Except as authorized by this chapter, a person may not sell, manufacture, or deliver, or possess with intent to sell, manufacture, or deliver, a controlled substance in, on, or within 1,000 feet of the real property comprising an assisted living facility, as that term is used in chapter 429. A person who violates this paragraph with respect to:
 - 1. A controlled substance named or described in s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or $\underline{(2)(c)5}$. $\underline{(2)(c)4}$. commits a felony of the first degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
 - 2. A controlled substance named or described in s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., (2)(c)5., (2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., (2)(c)10., (3), or (4) commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
 - 3. Any other controlled substance, except as lawfully sold, manufactured, or delivered, must be sentenced to pay a \$500 fine and to serve 100 hours of public service in addition to any

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1915 other penalty prescribed by law.

- (2) (a) Except as authorized by this chapter and chapter 499, a person may not purchase, or possess with intent to purchase, a controlled substance. A person who violates this provision with respect to:
- 1. A controlled substance named or described in s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)5. (2)(c)4. commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- 2. A controlled substance named or described in s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., (2)(c)5., (2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., (2)(c)10., (3), or (4) commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- 3. A controlled substance named or described in s. 893.03(5) commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.
- (b) Except as provided in this chapter, a person may not purchase more than 10 grams of any substance named or described in s. 893.03(1)(a) or (1)(b), or any combination thereof, or any mixture containing any such substance. A person who violates this paragraph commits a felony of the first degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- (4) Except as authorized by this chapter, a person 18 years of age or older may not deliver any controlled substance to a person younger than 18 years of age, use or hire a person younger than 18 years of age as an agent or employee in the sale or delivery of such a substance, or use such person to assist in avoiding detection or apprehension for a violation of this

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1944 chapter. A person who violates this subsection with respect to:

- 1945 (a) A controlled substance named or described in s.

 1946 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)5.

 1947 (2)(c)4. commits a felony of the first degree, punishable as

 1948 provided in s. 775.082, s. 775.083, or s. 775.084.
- 1949 (b) A controlled substance named or described in s.
 1950 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., (2)(c)5., (2)(c)6.,
 1951 (2)(c)7., (2)(c)8., (2)(c)9., (2)(c)10., (3), or (4) commits a
 1952 felony of the second degree, punishable as provided in s.
 1953 775.082, s. 775.083, or s. 775.084.

Imposition of sentence may not be suspended or deferred, and the person so convicted may not be placed on probation.

- (5) A person may not bring into this state any controlled substance unless the possession of such controlled substance is authorized by this chapter or unless such person is licensed to do so by the appropriate federal agency. A person who violates this provision with respect to:
- (a) A controlled substance named or described in s. 893.03(1) (a), (1) (b), (1) (d), (2) (a), (2) (b), or $\underline{(2)(c)5}$. $\underline{(2)(c)4}$. commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- (b) A controlled substance named or described in s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., (2)(c)5., (2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., (2)(c)10., (3), or (4) commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.
- 1971 (c) A controlled substance named or described in s.
 1972 893.03(5) commits a misdemeanor of the first degree, punishable

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1973 as provided in s. 775.082 or s. 775.083.

Section 16. Paragraphs (c) and (f) of subsection (1) of section 893.135, Florida Statutes, are amended to read:

893.135 Trafficking; mandatory sentences; suspension or reduction of sentences; conspiracy to engage in trafficking.—

- (1) Except as authorized in this chapter or in chapter 499 and notwithstanding the provisions of s. 893.13:
- (c)1. A person who knowingly sells, purchases, manufactures, delivers, or brings into this state, or who is knowingly in actual or constructive possession of, 4 grams or more of any morphine, opium, hydromorphone, or any salt, derivative, isomer, or salt of an isomer thereof, including heroin, as described in s. 893.03(1)(b), (2)(a), (3)(c)3., or (3)(c)4., or 4 grams or more of any mixture containing any such substance, but less than 30 kilograms of such substance or mixture, commits a felony of the first degree, which felony shall be known as "trafficking in illegal drugs," punishable as provided in s. 775.082, s. 775.083, or s. 775.084. If the quantity involved:
- a. Is 4 grams or more, but less than 14 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 3 years and shall be ordered to pay a fine of \$50,000.
- b. Is 14 grams or more, but less than 28 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 15 years and shall be ordered to pay a fine of \$100,000.
- c. Is 28 grams or more, but less than 30 kilograms, such person shall be sentenced to a mandatory minimum term of imprisonment of 25 years and shall be ordered to pay a fine of \$500,000.

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2. A person who knowingly sells, purchases, manufactures, delivers, or brings into this state, or who is knowingly in actual or constructive possession of, 14 grams or more of hydrocodone, as described in s. 893.03(2)(a)1.k.

893.03(2)(a)1.j., codeine, as described in s. 893.03(2)(a)1.g., or any salt thereof, or 14 grams or more of any mixture containing any such substance, commits a felony of the first degree, which felony shall be known as "trafficking in hydrocodone," punishable as provided in s. 775.082, s. 775.083, or s. 775.084. If the quantity involved:

- a. Is 14 grams or more, but less than 28 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 3 years and shall be ordered to pay a fine of \$50,000.
- b. Is 28 grams or more, but less than 50 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 7 years and shall be ordered to pay a fine of \$100,000.
- c. Is 50 grams or more, but less than 200 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 15 years and shall be ordered to pay a fine of \$500,000.
- d. Is 200 grams or more, but less than 30 kilograms, such person shall be sentenced to a mandatory minimum term of imprisonment of 25 years and shall be ordered to pay a fine of \$750,000.
- 3. A person who knowingly sells, purchases, manufactures, delivers, or brings into this state, or who is knowingly in actual or constructive possession of, 7 grams or more of oxycodone, as described in s. 893.03(2)(a)1.q. 893.03(2)(a)1.o., or any salt thereof, or 7 grams or more of any mixture

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containing any such substance, commits a felony of the first degree, which felony shall be known as "trafficking in oxycodone," punishable as provided in s. 775.082, s. 775.083, or s. 775.084. If the quantity involved:

- a. Is 7 grams or more, but less than 14 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 3 years and shall be ordered to pay a fine of \$50,000.
- b. Is 14 grams or more, but less than 25 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 7 years and shall be ordered to pay a fine of \$100,000.
- c. Is 25 grams or more, but less than 100 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 15 years and shall be ordered to pay a fine of \$500,000.
- d. Is 100 grams or more, but less than 30 kilograms, such person shall be sentenced to a mandatory minimum term of imprisonment of 25 years and shall be ordered to pay a fine of \$750,000.
- 4.a. A person who knowingly sells, purchases, manufactures, delivers, or brings into this state, or who is knowingly in actual or constructive possession of, 4 grams or more of:
 - (I) Alfentanil, as described in s. 893.03(2)(b)1.;
 - (II) Carfentanil, as described in s. 893.03(2)(b)6.;
 - (III) Fentanyl, as described in s. 893.03(2)(b)9.;
- 2055 (IV) Sufentanil, as described in s. <u>893.03(2)(b)30.</u> 2056 893.03(2)(b)29.;
- 2057 (V) A fentanyl derivative, as described in s. 2058 893.03(1)(a)62.;
 - (VI) A controlled substance analog, as described in s.

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2060 893.0356, of any substance described in sub-sub-subparagraphs 2061 (I)-(V); or

(VII) A mixture containing any substance described in subsub-subparagraphs (I)-(VI),

commits a felony of the first degree, which felony shall be known as "trafficking in fentanyl," punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

- b. If the quantity involved under sub-subparagraph a.:
- (I) Is 4 grams or more, but less than 14 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 3 years, and shall be ordered to pay a fine of \$50,000.
- (II) Is 14 grams or more, but less than 28 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 15 years, and shall be ordered to pay a fine of \$100,000.
- (III) Is 28 grams or more, such person shall be sentenced to a mandatory minimum term of imprisonment of 25 years, and shall be ordered to pay a fine of \$500,000.
- 5. A person who knowingly sells, purchases, manufactures, delivers, or brings into this state, or who is knowingly in actual or constructive possession of, 30 kilograms or more of any morphine, opium, oxycodone, hydrocodone, codeine, hydromorphone, or any salt, derivative, isomer, or salt of an isomer thereof, including heroin, as described in s.

 893.03(1)(b), (2)(a), (3)(c)3., or (3)(c)4., or 30 kilograms or more of any mixture containing any such substance, commits the first degree felony of trafficking in illegal drugs. A person who has been convicted of the first degree felony of trafficking

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in illegal drugs under this subparagraph shall be punished by life imprisonment and is ineligible for any form of discretionary early release except pardon or executive clemency or conditional medical release under s. 947.149. However, if the court determines that, in addition to committing any act specified in this paragraph:

- a. The person intentionally killed an individual or counseled, commanded, induced, procured, or caused the intentional killing of an individual and such killing was the result; or
- b. The person's conduct in committing that act led to a natural, though not inevitable, lethal result,

such person commits the capital felony of trafficking in illegal drugs, punishable as provided in ss. 775.082 and 921.142. A person sentenced for a capital felony under this paragraph shall also be sentenced to pay the maximum fine provided under subparagraph 1.

6. A person who knowingly brings into this state 60 kilograms or more of any morphine, opium, oxycodone, hydrocodone, codeine, hydromorphone, or any salt, derivative, isomer, or salt of an isomer thereof, including heroin, as described in s. 893.03(1)(b), (2)(a), (3)(c)3., or (3)(c)4., or 60 kilograms or more of any mixture containing any such substance, and who knows that the probable result of such importation would be the death of a person, commits capital importation of illegal drugs, a capital felony punishable as provided in ss. 775.082 and 921.142. A person sentenced for a capital felony under this paragraph shall also be sentenced to

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2118 pay the maximum fine provided under subparagraph 1.

- (f) 1. Any person who knowingly sells, purchases, manufactures, delivers, or brings into this state, or who is knowingly in actual or constructive possession of, 14 grams or more of amphetamine, as described in s. 893.03(2)(c)2., or methamphetamine, as described in s. 893.03(2)(c)5. 893.03(2)(c)4., or of any mixture containing amphetamine or methamphetamine, or phenylacetone, phenylacetic acid, pseudoephedrine, or ephedrine in conjunction with other chemicals and equipment utilized in the manufacture of amphetamine or methamphetamine, commits a felony of the first degree, which felony shall be known as "trafficking in amphetamine," punishable as provided in s. 775.082, s. 775.083, or s. 775.084. If the quantity involved:
- a. Is 14 grams or more, but less than 28 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 3 years, and the defendant shall be ordered to pay a fine of \$50,000.
- b. Is 28 grams or more, but less than 200 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 7 years, and the defendant shall be ordered to pay a fine of \$100,000.
- c. Is 200 grams or more, such person shall be sentenced to a mandatory minimum term of imprisonment of 15 calendar years and pay a fine of \$250,000.
- 2. Any person who knowingly manufactures or brings into 2143 this state 400 grams or more of amphetamine, as described in s. 2144 2145 893.03(2)(c)2., or methamphetamine, as described in s. 2146

893.03(2)(c)5. $\frac{893.03(2)(c)4.}{}$, or of any mixture containing

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2147	amphetamine or met	hamphetar	nine, or phenylacetone, phenylacetic		
2148	acid, pseudoephedr	ine, or	ephedrine in conjunction with other		
2149	chemicals and equipment used in the manufacture of amphetamine				
2150	or methamphetamine	, and who	knows that the probable result of		
2151	such manufacture o	r importa	ation would be the death of any person		
2152	commits capital ma	nufacture	e or importation of amphetamine, a		
2153	capital felony pun	ishable a	as provided in ss. 775.082 and		
2154	921.142. Any perso	n sentend	ced for a capital felony under this		
2155	paragraph shall al	so be ser	ntenced to pay the maximum fine		
2156	provided under sub	paragrapl	n 1.		
2157	Section 17. P	aragraphs	s (b), (c), and (e) of subsection (3)		
2158	of section 921.002	2, Florid	da Statutes, are amended to read:		
2159	921.0022 Crim	inal Puni	ishment Code; offense severity ranking		
2160	chart				
2161	(3) OFFENSE S	EVERITY I	RANKING CHART		
2162	(b) LEVEL 2				
2163					
2164					
	Florida	Felony	Description		
	Statute	Degree			
2165					
	379.2431	3rd	Possession of 11 or fewer		
	(1) (e) 3.		marine turtle eggs in violation		
			of the Marine Turtle Protection		
			Act.		
2166					
	379.2431	3rd	Possession of more than 11		
	(1) (e) 4.		marine turtle eggs in violation		
			of the Marine Turtle Protection		
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			Act.
2167	403.413(6)(c)	3rd	Dumps waste litter exceeding 500 lbs. in weight or 100 cubic feet in volume or any quantity for commercial purposes, or hazardous waste.
2100	517.07(2)	3rd	Failure to furnish a prospectus meeting requirements.
2169	590.28(1)	3rd	Intentional burning of lands.
	784.05(3)	3rd	Storing or leaving a loaded firearm within reach of minor who uses it to inflict injury or death.
2171	787.04(1)	3rd	In violation of court order, take, entice, etc., minor beyond state limits.
2172	806.13(1)(b)3.	3rd	Criminal mischief; damage \$1,000 or more to public communication or any other public service.
2173	810.061(2)	3rd	Impairing or impeding telephone or power to a dwelling;

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			facilitating or furthering burglary.
2174			Daigialy.
	810.09(2)(e)	3rd	Trespassing on posted commercial horticulture
			property.
2175			
	812.014(2)(c)1.	3rd	Grand theft, 3rd degree; \$300
2176			or more but less than \$5,000.
2170	812.014(2)(d)	3rd	Grand theft, 3rd degree; \$100
			or more but less than \$300,
			taken from unenclosed curtilage
2177			of dwelling.
	812.015(7)	3rd	Possession, use, or attempted
			use of an antishoplifting or
			inventory control device countermeasure.
2178			Countermeasure.
	817.234(1)(a)2.	3rd	False statement in support of
0170			insurance claim.
2179	817.481(3)(a)	3rd	Obtain credit or purchase with
	, , ,		false, expired, counterfeit,
			etc., credit card, value over \$300.
2180			
	817.52(3)	3rd	Failure to redeliver hired

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			vehicle.
2181			
	817.54	3rd	With intent to defraud, obtain
			mortgage note, etc., by false representation.
2182			roprosonication.
	817.60(5)	3rd	Dealing in credit cards of
			another.
2183			
	817.60(6)(a)	3rd	Forgery; purchase goods, services with false card.
2184			Services with raise card.
	817.61	3rd	Fraudulent use of credit cards
			over \$100 or more within 6
			months.
2185	006 04	21	
	826.04	3rd	Knowingly marries or has sexual intercourse with person to whom
			related.
2186			
	831.01	3rd	Forgery.
2187	0.01		
	831.02	3rd	Uttering forged instrument; utters or publishes alteration
			with intent to defraud.
2188			
	831.07	3rd	Forging bank bills, checks,
			drafts, or promissory notes.
2189			

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	831.08	3rd	Possessing 10 or more forged
			notes, bills, checks, or
			drafts.
2190			
	831.09	3rd	Uttering forged notes, bills,
			checks, drafts, or promissory
2191			notes.
2191	831.11	3rd	Bringing into the state forged
	001.11	31 a	bank bills, checks, drafts, or
			notes.
2192			
	832.05(3)(a)	3rd	Cashing or depositing item with
			intent to defraud.
2193			
	843.08	3rd	False personation.
2194			
	893.13(2)(a)2.	3rd	Purchase of any s.
			893.03(1)(c), (2)(c)1.,
			(2) (c) 2., (2) (c) 3., (2) (c) 5., (2) (c) 6., (2) (c) 7., (2) (c) 8.,
			(2) (c) 0., (2) (c) 7., (2) (c) 8., (2) (c) 9., (2) (c) 10., (3), or
			(4) drugs other than cannabis.
2195			(1, drage concr chair cannable.
	893.147(2)	3rd	Manufacture or delivery of drug
			paraphernalia.
2196			
2197	(c) LEVEL 3		
2198			
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2199			
	Florida	Felony	Description
	Statute	Degree	
2200			
	119.10(2)(b)	3rd	Unlawful use of confidential
			information from police
			reports.
2201			_
	316.066	3rd	Unlawfully obtaining or using
	(3) (b) - (d)		confidential crash reports.
2202			
	316.193(2)(b)	3rd	Felony DUI, 3rd conviction.
2203	010.130 (2) (2)	014	reteny bet, eta convicción.
2200	316.1935(2)	3rd	Fleeing or attempting to elude
	010.1300 (2)	014	law enforcement officer in
			patrol vehicle with siren and
			lights activated.
2204			rights decryated.
2201	319.30(4)	3rd	Possession by junkyard of motor
	313.30(4)	JIU	vehicle with identification
			number plate removed.
2205			number prace removed.
2203	210 22/11/21	3rd	Alter or force any contificate
	319.33(1)(a)	31 U	Alter or forge any certificate
			of title to a motor vehicle or
0006			mobile home.
2206	21.0 22.41.4.5	2 1	
	319.33(1)(c)	3rd	Procure or pass title on stolen
0.0.5.			vehicle.
2207			

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	319.33(4)	3rd	With intent to defraud,
			possess, sell, etc., a blank,
			forged, or unlawfully obtained
			title or registration.
2208			
	327.35(2)(b)	3rd	Felony BUI.
2209			
	328.05(2)	3rd	Possess, sell, or counterfeit
			fictitious, stolen, or
			fraudulent titles or bills of
			sale of vessels.
2210			
	328.07(4)	3rd	Manufacture, exchange, or
			possess vessel with counterfeit
			or wrong ID number.
2211			
	376.302(5)	3rd	Fraud related to reimbursement
			for cleanup expenses under the
			Inland Protection Trust Fund.
2212			
	379.2431	3rd	Taking, disturbing, mutilating,
	(1) (e) 5.		destroying, causing to be
			destroyed, transferring,
			selling, offering to sell,
			molesting, or harassing marine
			turtles, marine turtle eggs, or
			marine turtle nests in
			violation of the Marine Turtle
			Protection Act.

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2213			
	379.2431	3rd	Possessing any marine turtle
	(1) (e) 6.		species or hatchling, or parts
			thereof, or the nest of any
			marine turtle species described
			in the Marine Turtle Protection
			Act.
2214			
	379.2431	3rd	Soliciting to commit or
	(1) (e) 7.		conspiring to commit a
			violation of the Marine Turtle
			Protection Act.
2215			
	400.9935(4)(a)	3rd	Operating a clinic, or offering
	or (b)		services requiring licensure,
			without a license.
2216			
	400.9935(4)(e)	3rd	Filing a false license
			application or other required
			information or failing to
			report information.
2217			
	440.1051(3)	3rd	False report of workers'
			compensation fraud or
			retaliation for making such a
			report.
2218			
	501.001(2)(b)	2nd	Tampers with a consumer product
			or the container using
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			materially false/misleading
			information.
2219			
	624.401(4)(a)	3rd	Transacting insurance without a
			certificate of authority.
2220			
	624.401(4)(b)1.	3rd	Transacting insurance without a
			certificate of authority;
			premium collected less than \$20,000.
2221			\$20,000.
2221	626.902(1)(a) &	3rd	Representing an unauthorized
	(b)	014	insurer.
2222	(- /		
	697.08	3rd	Equity skimming.
2223			
	790.15(3)	3rd	Person directs another to
			discharge firearm from a
			vehicle.
2224			
	806.10(1)	3rd	Maliciously injure, destroy, or
			interfere with vehicles or
			equipment used in firefighting.
2225	0.0.5.1.0.4.0.1		
	806.10(2)	3rd	Interferes with or assaults
			firefighter in performance of
2226			duty.
2220	810.09(2)(c)	3rd	Trespass on property other than
	010.09(2)(0)	JIU	rrespass on property other than

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			structure or conveyance armed
			with firearm or dangerous
			weapon.
2227			
	812.014(2)(c)2.	3rd	Grand theft; \$5,000 or more but
			less than \$10,000.
2228			
	812.0145(2)(c)	3rd	Theft from person 65 years of
			age or older; \$300 or more but
			less than \$10,000.
2229			
	815.04(5)(b)	2nd	Computer offense devised to
			defraud or obtain property.
2230			
	817.034(4)(a)3.	3rd	Engages in scheme to defraud
			(Florida Communications Fraud
			Act), property valued at less
			than \$20,000.
2231			
	817.233	3rd	Burning to defraud insurer.
2232			
	817.234	3rd	Unlawful solicitation of
	(8)(b) & (c)		persons involved in motor
			vehicle accidents.
2233			
	817.234(11)(a)	3rd	Insurance fraud; property value
			less than \$20,000.
2234			
	817.236	3rd	Filing a false motor vehicle
ı			

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			insurance application.
2235			
	817.2361	3rd	Creating, marketing, or
			presenting a false or
			fraudulent motor vehicle
0006			insurance card.
2236	017 412 (0)	2 1	
0007	817.413(2)	3rd	Sale of used goods as new.
2237	000 10/0)	3rd	Montunes on onimal with intent
	828.12(2)	310	Tortures any animal with intent to inflict intense pain,
			serious physical injury, or
			death.
2238			
	831.28(2)(a)	3rd	Counterfeiting a payment
			instrument with intent to
			defraud or possessing a
			counterfeit payment instrument.
2239			
	831.29	2nd	Possession of instruments for
			counterfeiting driver licenses
			or identification cards.
2240			
	838.021(3)(b)	3rd	Threatens unlawful harm to
			public servant.
2241			
	843.19	3rd	Injure, disable, or kill police
			dog or horse.
2242			

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	860.15(3)	3rd	Overcharging for repairs and
			parts.
2243			
	870.01(2)	3rd	Riot; inciting or encouraging.
2244			
	893.13(1)(a)2.	3rd	Sell, manufacture, or deliver
			cannabis (or other s.
			893.03(1)(c), (2)(c)1.,
			(2)(c)2., (2)(c)3., (2)(c)5.,
			(2)(c)6., (2)(c)7., (2)(c)8.,
			(2) (c) 9., <u>(2) (c) 10.</u> , (3), or
			(4) drugs).
2245			
	893.13(1)(d)2.	2nd	Sell, manufacture, or deliver
			s. 893.03(1)(c), (2)(c)1.,
			(2) (c) 2., (2) (c) 3., (2) (c) 5.,
			(2) (c) 6., (2) (c) 7., (2) (c) 8.,
			(2) (c) 9., <u>(2) (c) 10.,</u> (3), or
			(4) drugs within 1,000 feet of
			university.
2246			
	893.13(1)(f)2.	2nd	· ·
			s. 893.03(1)(c), (2)(c)1.,
			(2) (c) 2., (2) (c) 3., (2) (c) 5.,
			(2) (c) 6., (2) (c) 7., (2) (c) 8.,
			(2) (c) 9., <u>(2) (c) 10.,</u> (3), or
			(4) drugs within 1,000 feet of
			public housing facility.
2247			
2247			(4) drugs within 1,000 feet of

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	893.13(4)(c)	3rd	Use or hire of minor; deliver to minor other controlled substances.
2248	893.13(6)(a)	3rd	Possession of any controlled substance other than felony possession of cannabis.
	893.13(7)(a)8.	3rd	Withhold information from practitioner regarding previous receipt of or prescription for a controlled substance.
2250	893.13(7)(a)9.	3rd	Obtain or attempt to obtain controlled substance by fraud, forgery, misrepresentation, etc.
2251	893.13(7)(a)10.	3rd	Affix false or forged label to package of controlled substance.
	893.13(7)(a)11.	3rd	Furnish false or fraudulent material information on any document or record required by chapter 893.
2253	893.13(8)(a)1.	3rd	Knowingly assist a patient, other person, or owner of an

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			animal in obtaining a
			controlled substance through
			deceptive, untrue, or
			fraudulent representations in
			or related to the
			practitioner's practice.
2254			
	893.13(8)(a)2.	3rd	Employ a trick or scheme in the
			practitioner's practice to
			assist a patient, other person,
			or owner of an animal in
			obtaining a controlled
			substance.
2255			
	893.13(8)(a)3.	3rd	Knowingly write a prescription
			for a controlled substance for
			a fictitious person.
2256			
	893.13(8)(a)4.	3rd	Write a prescription for a
			controlled substance for a
			patient, other person, or an
			animal if the sole purpose of
			writing the prescription is a
			monetary benefit for the
2257			practitioner.
2237	918.13(1)(a)	3rd	Alter destroy or sensed
	910.13(1/(d)	JLU	Alter, destroy, or conceal investigation evidence.
2258			Threstigation evidence.

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	944.47	3rd	Introduce contraband to
	(1)(a)1. & 2.		correctional facility.
2259			
	944.47(1)(c)	2nd	Possess contraband while upon
			the grounds of a correctional
			institution.
2260			
	985.721	3rd	Escapes from a juvenile
			facility (secure detention or
			residential commitment
			facility).
2261			
2262	(e) LEVEL 5		
2263			
2264			
	Florida	Felony	Description
	Statute	Degree	
2265			
	316.027(2)(a)	3rd	Accidents involving personal
			injuries other than serious
			bodily injury, failure to stop;
			leaving scene.
2266			
	316.1935(4)(a)	2nd	Aggravated fleeing or eluding.
2267			
	316.80(2)	2nd	Unlawful conveyance of fuel;
			obtaining fuel fraudulently.
2268		<u> </u>	
	322.34(6)	3rd	Careless operation of motor

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			vehicle with suspended license,
			resulting in death or serious
			bodily injury.
2269			
	327.30(5)	3rd	Vessel accidents involving
			personal injury; leaving scene.
2270			
	379.365(2)(c)1.	3rd	Violation of rules relating to:
			willful molestation of stone
			crab traps, lines, or buoys;
			illegal bartering, trading, or
			sale, conspiring or aiding in
			such barter, trade, or sale, or
			supplying, agreeing to supply,
			aiding in supplying, or giving
			away stone crab trap tags or
			certificates; making, altering,
			forging, counterfeiting, or
			reproducing stone crab trap
			tags; possession of forged,
			counterfeit, or imitation stone
			crab trap tags; and engaging in
			the commercial harvest of stone
			crabs while license is
			suspended or revoked.
2271			
	379.367(4)	3rd	Willful molestation of a
			commercial harvester's spiny
			lobster trap, line, or buoy.
1			'

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2272	379.407(5)(b)3.	3rd	Possession of 100 or more
2273			undersized spiny lobsters.
	381.0041(11)(b)	3rd	Donate blood, plasma, or organs knowing HIV positive.
2274	440.10(1)(g)	2nd	Failure to obtain workers' compensation coverage.
2275	440.105(5)	2nd	Unlawful solicitation for the purpose of making workers'
2276	440.381(2)	2nd	compensation claims. Submission of false,
			misleading, or incomplete information with the purpose of avoiding or reducing workers' compensation premiums.
2277	624.401(4)(b)2.	2nd	Transacting insurance without a certificate or authority; premium collected \$20,000 or more but less than \$100,000.
2278	626.902(1)(c)	2nd	Representing an unauthorized insurer; repeat offender.
2279	790.01(2)	3rd	Carrying a concealed firearm.

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2280	790.162	2nd	Threat to throw or discharge destructive device.
2281	790.163(1)	2nd	False report of bomb, explosive, weapon of mass destruction, or use of firearms in violent manner.
2282	790.221(1)	2nd	Possession of short-barreled shotgun or machine gun.
	790.23	2nd	Felons in possession of firearms, ammunition, or electronic weapons or devices.
2284	796.05(1)	2nd	Live on earnings of a prostitute; 1st offense.
2203	800.04(6)(c)	3rd	Lewd or lascivious conduct; offender less than 18 years of age.
2286	800.04(7)(b)	2nd	Lewd or lascivious exhibition; offender 18 years of age or older.
2287	806.111(1)	3rd	Possess, manufacture, or dispense fire bomb with intent

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			to damage any structure or	
			property.	
2288				
	812.0145(2)(b)	2nd	Theft from person 65 years of	
			age or older; \$10,000 or more	
			but less than \$50,000.	
2289	010 015 (0)			
	812.015(8)	3rd	Retail theft; property stolen	
			is valued at \$300 or more and	
2290			one or more specified acts.	
2290	812.019(1)	2nd	Stolen property; dealing in or	_
	012.013(1)	2110	trafficking in.	-
2291				
	812.131(2)(b)	3rd	Robbery by sudden snatching.	
2292				
	812.16(2)	3rd	Owning, operating, or	
			conducting a chop shop.	
2293				
	817.034(4)(a)2.	2nd	Communications fraud, value	
			\$20,000 to \$50,000.	
2294				
	817.234(11)(b)	2nd	Insurance fraud; property valu	ıe
			\$20,000 or more but less than	
0005			\$100,000.	
2295	017 0241 (1)	2 1	Diling Solar Si i i	
	817.2341(1),	3rd	Filing false financial	
	(2)(a) & (3)(a)		statements, making false entries of material fact or	
			entiles of material ract of	

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			false statements regarding
			property values relating to the
			solvency of an insuring entity.
2296			
	817.568(2)(b)	2nd	Fraudulent use of personal
			identification information;
			value of benefit, services
			received, payment avoided, or
			amount of injury or fraud,
			\$5,000 or more or use of
			personal identification
			information of 10 or more
			persons.
2297			
	817.611(2)(a)	2nd	Traffic in or possess 5 to 14
			counterfeit credit cards or
			related documents.
2298			
	817.625(2)(b)	2nd	Second or subsequent fraudulent
			use of scanning device,
			skimming device, or reencoder.
2299			
	825.1025(4)	3rd	Lewd or lascivious exhibition
			in the presence of an elderly
			person or disabled adult.
2300			
	827.071(4)	2nd	Possess with intent to promote
			any photographic material,
			motion picture, etc., which

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			includes sexual conduct by a
			child.
2301			
	827.071(5)	3rd	Possess, control, or
			intentionally view any
			photographic material, motion
			picture, etc., which includes
			sexual conduct by a child.
2302			
	839.13(2)(b)	2nd	Falsifying records of an
			individual in the care and
			custody of a state agency
			involving great bodily harm or
0.2.0.2			death.
2303	843.01	3rd	Resist officer with violence to
	043.01	310	person; resist arrest with
			violence.
2304			violence.
2001	847.0135(5)(b)	2nd	Lewd or lascivious exhibition
			using computer; offender 18
			years or older.
2305			-
	847.0137	3rd	Transmission of pornography by
	(2) & (3)		electronic device or equipment.
2306			
	847.0138	3rd	Transmission of material
	(2) & (3)		harmful to minors to a minor by
			electronic device or equipment.
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2307			
	874.05(1)(b)	2nd	Encouraging or recruiting
			another to join a criminal
			gang; second or subsequent
			offense.
2308			
	874.05(2)(a)	2nd	Encouraging or recruiting
			person under 13 years of age to
			join a criminal gang.
2309			
	893.13(1)(a)1.	2nd	Sell, manufacture, or deliver
			cocaine (or other s.
			893.03(1)(a), (1)(b), (1)(d),
			(2) (a), (2) (b), or <u>(2) (c) 5.</u>
2310			(2)(c)4. drugs).
2310	893.13(1)(c)2.	2nd	Sell, manufacture, or deliver
	033.13(1)(0)2.	2110	cannabis (or other s.
			893.03(1)(c), (2)(c)1.,
			(2) (c) 2., (2) (c) 3., (2) (c) 5.,
			(2) (c) 6., (2) (c) 7., (2) (c) 8.,
			(2)(c)9., (2)(c)10., (3), or
			(4) drugs) within 1,000 feet of
			a child care facility, school,
			or state, county, or municipal
			park or publicly owned
			recreational facility or
			community center.
2311			
			·

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2312	893.13(1)(d)1.	1st	Sell, manufacture, or deliver cocaine (or other s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)5. (2)(c)4. drugs) within 1,000 feet of university.	
2313	893.13(1)(e)2.	2nd	Sell, manufacture, or deliver cannabis or other drug prohibited under s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., (2)(c)5., (2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., (2)(c)10., (3), or (4) within 1,000 feet of property used for religious services or a specified business site.	
2314	893.13(1)(f)1.	1st	Sell, manufacture, or deliver cocaine (or other s. 893.03(1)(a), (1)(b), (1)(d), or (2)(a), (2)(b), or (2)(c)5 (2)(c)4. drugs) within 1,000 feet of public housing facility.	<u>.</u>
2014	893.13(4)(b)	2nd	Use or hire of minor; deliver to minor other controlled	

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			substance.
2315			
	893.1351(1)	3rd	Ownership, lease, or rental for
			trafficking in or manufacturing
			of controlled substance.
2316			
2317	Section 18.	Except as	otherwise provided in this act, this
2318	act shall take ef	fect July	1, 2018.