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Proposed Committee Substitute by the Committee on Appropriations
(Appropriations Subcommittee on Health and Human Services)

A bill to be entitled

An act relating to direct care workers; amending s. 400.141, F.S.; authorizing a nursing home facility to use paid feeding assistants in accordance with specified federal law under certain circumstances; providing training program requirements; authorizing the Agency for Health Care Administration to adopt rules; amending s. 400.23, F.S.; prohibiting paid feeding assistants from counting toward compliance with minimum staffing standards; amending s. 400.461, F.S.; revising a short title; amending s. 400.462, F.S.; revising the definition of the term "home health aide"; amending s. 400.464, F.S.; requiring a licensed home health agency that authorizes a registered nurse to delegate tasks to a certified nursing assistant or a home health aide to ensure that certain requirements are met; amending s. 400.488, F.S.; authorizing an unlicensed person to assist with self-administration of certain treatments; revising the requirements for such assistance; creating s. 400.489, F.S.; authorizing a home health aide to administer certain prescription medications under certain conditions; requiring the home health aide to meet certain training and competency requirements; requiring the training, determination of competency, and annual validation of home health aides to be conducted by a registered nurse or a physician; requiring a home



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28 health aide to complete annual inservice training in
29 medication administration and medication error
30 prevention, in addition to existing annual inservice
31 training requirements; requiring the Agency for Health
32 Care Administration, in consultation with the Board of
33 Nursing, to establish by rule standards and procedures
34 for medication administration by home health aides;
35 providing requirements for such rules; creating s.
36 400.490, F.S.; authorizing a certified nursing
37 assistant or home health aide to perform certain tasks
38 delegated by a registered nurse; creating s. 400.52,
39 F.S.; creating the Excellence in Home Health Program
40 within the agency for a specified purpose; requiring
41 the agency to adopt rules establishing program
42 criteria; providing requirements for such criteria
43 requiring the agency to annually evaluate certain home
44 health agencies and nurse registries; providing
45 program designation eligibility requirements;
46 providing that a program designation is not
47 transferable, with an exception; providing for the
48 expiration of awarded designations; requiring home
49 health agencies and nurse registries to biennially
50 renew the awarded program designation; authorizing a
51 program designation award recipient to use the
52 designation in advertising and marketing; specifying
53 circumstances under which a home health agency or
54 nurse registry may not use a program designation in
55 advertising or marketing; providing that an
56 application submitted under the program is not an



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57 application for licensure; providing that certain
58 actions by the agency are not subject to certain
59 provisions; creating s. 408.822, F.S.; defining the
60 term "direct care worker"; requiring certain licensees
61 to provide specified information about their employees
62 in a survey beginning on a specified date; requiring
63 that the survey be completed on a form adopted by the
64 agency by rule and include a specified attestation;
65 requiring a licensee to submit such survey as a
66 contingency of license renewal; requiring the agency
67 to continually analyze the results of such surveys and
68 publish the results on the agency's website; requiring
69 the agency to update such information monthly;
70 creating s. 464.0156, F.S.; authorizing a registered
71 nurse to delegate certain tasks to a certified nursing
72 assistant or a home health aide under certain
73 conditions; providing criteria that a registered nurse
74 must consider in determining if a task may be
75 delegated to a certified nursing assistant or a home
76 health aide; authorizing a registered nurse to
77 delegate prescription medication administration to a
78 certified nursing assistant or a home health aide,
79 subject to certain requirements; providing an
80 exception for certain controlled substances; requiring
81 the Board of Nursing, in consultation with the agency,
82 to adopt rules; amending s. 464.018, F.S.; providing
83 disciplinary action; creating s. 464.2035, F.S.;
84 authorizing certified nursing assistants to administer
85 certain prescription medications under certain



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86 conditions; requiring the certified nursing assistants
87 to meet certain training and competency requirements;
88 requiring the training, determination of competency,
89 and annual validation of certified nursing assistants
90 to be conducted by a registered nurse or a physician;
91 requiring a certified nursing assistant to complete
92 annual inservice training in medication administration
93 and medication error prevention in addition to
94 existing annual inservice training requirements;
95 requiring the board, in consultation with the agency,
96 to adopt by rule standards and procedures for
97 medication administration by certified nursing
98 assistants; creating s. 381.40185, F.S.; establishing
99 the Physician Student Loan Repayment Program for a
100 specified purpose; defining terms; requiring the
101 Department of Health to establish the program;
102 providing program eligibility requirements; providing
103 for the award of funds from the program to repay the
104 student loans of certain physicians; specifying
105 circumstances under which a physician is no longer
106 eligible to receive funds from the program; requiring
107 the department to adopt rules; making implementation
108 of the program subject to a legislative appropriation;
109 amending s. 464.003, F.S.; defining the term "advanced
110 practice registered nurse - independent practitioner"
111 (APRN-IP); creating s. 464.0123, F.S.; creating the
112 Patient Access to Primary Care Pilot Program for a
113 specified purpose; requiring the department to
114 implement the program; defining terms; creating the



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115 Council on Advanced Practice Registered Nurse
116 Independent Practice within the department; providing
117 council membership requirements, terms, and duties;
118 requiring the council to develop certain proposed
119 rules; providing for the adoption of the proposed
120 rules; authorizing the council to enter an order to
121 refuse to register an applicant or to approve an
122 applicant for restricted registration or conditional
123 registration under certain circumstances; requiring
124 the department, in conjunction with one or more third-
125 party credentialing entities, to develop a primary
126 care certification examination for advanced practice
127 registered nurses seeking registration as APRN-IPs;
128 defining the term "third-party credentialing entity";
129 requiring the department to approve one or more third-
130 party credentialing entities to develop and administer
131 the examination; requiring the department to act on
132 requests for approvals from third-party credentialing
133 entities within a specified timeframe; specifying
134 requirements for approved third-party credentialing
135 entities; requiring the Board of Medicine and the
136 Board of Osteopathic Medicine to approve certain core
137 competencies and related preservice curricula for a
138 specified purpose; authorizing the department to
139 contract for the delivery of specified education or
140 training under certain circumstances; authorizing the
141 department to adopt rules; providing registration and
142 registration renewal requirements; requiring the
143 department to update the practitioner's profile to



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144 reflect specified information; providing limitations
145 on the scope of practice of an APRN-IP; requiring the
146 council to recommend rules regarding the scope of
147 practice for an APRN-IP; providing for the adoption of
148 and requirements for such rules; requiring APRN-IPs to
149 report adverse incidents to the department within a
150 specified timeframe; defining the term "adverse
151 incident"; requiring the department to review adverse
152 incidents and make specified determinations; providing
153 for disciplinary action; requiring the Board of
154 Medicine to adopt certain rules; providing for the
155 reactivation of registration; providing construction;
156 requiring the department to adopt rules by a specified
157 date; providing for future repeal; amending s.
158 464.015, F.S.; prohibiting unregistered persons from
159 using the title or abbreviation of APRN-IP; amending
160 s. 464.018, F.S.; providing additional grounds for
161 denial of a license or disciplinary action for APRN-
162 IPs; amending s. 381.026, F.S.; revising the
163 definition of the term "health care provider";
164 amending s. 382.008, F.S.; authorizing an APRN-IP to
165 file a certificate of death or fetal death under
166 certain circumstances; requiring an APRN-IP to provide
167 certain information to a funeral director within a
168 specified timeframe; defining the term "primary or
169 attending practitioner"; conforming provisions to
170 changes made by the act; amending s. 382.011, F.S.;
171 conforming a provision to changes made by the act;
172 amending s. 394.463, F.S.; authorizing APRN-IPs to



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173 examine patients and initiate involuntary examinations
174 for mental illness under certain circumstances;
175 amending s. 397.501, F.S.; prohibiting service
176 providers from denying an individual certain services
177 under certain circumstances; amending s. 456.053,
178 F.S.; revising definitions; providing disciplinary
179 action; conforming provisions to changes made by the
180 act; amending s. 626.9707, F.S.; prohibiting an
181 insurer from refusing to issue and deliver certain
182 disability insurance policies that cover any medical
183 treatment or service furnished by an advanced practice
184 registered nurse or an APRN-IP; creating ss. 627.64025
185 and 627.6621, F.S.; prohibiting certain health
186 insurance policies and certain group, blanket, or
187 franchise health insurance policies, respectively,
188 from requiring an insured to receive services from an
189 APRN-IP or a certain advanced practice registered
190 nurse in place of a primary care physician; amending
191 s. 627.6699, F.S.; prohibiting certain health benefit
192 plans from requiring an insured to receive services
193 from an APRN-IP or a certain advanced practice
194 registered nurse in place of a primary care physician;
195 amending s. 627.736, F.S.; requiring personal injury
196 protection insurance policies to cover a certain
197 percentage of medical services and care provided by an
198 APRN-IP; providing for specified reimbursement of
199 APRN-IPs; amending s. 633.412, F.S.; authorizing an
200 APRN-IP to medically examine an applicant for
201 firefighter certification; creating s. 641.31075,



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202 F.S.; prohibiting certain health maintenance contracts
203 from requiring a subscriber to receive services from
204 an APRN-IP or a certain advanced practice registered
205 nurse in place of a primary care physician; amending
206 s. 641.495, F.S.; requiring certain health maintenance
207 organization documents to disclose specified
208 information; amending s. 744.3675, F.S.; authorizing
209 an APRN-IP to provide the medical report of a ward in
210 an annual guardianship plan; amending s. 766.118,
211 F.S.; revising the definition of the term
212 "practitioner"; amending s. 768.135, F.S.; providing
213 immunity from liability for an APRN-IP who provides
214 volunteer services under certain circumstances;
215 amending s. 960.28, F.S.; conforming a cross-
216 reference; requiring the Office of Program Policy
217 Analysis and Government Accountability to submit a
218 report to the Governor and the Legislature by a
219 specified date; providing requirements for the report;
220 providing for the reversion of specified statutory
221 sections under certain circumstances; providing an
222 appropriation; providing effective dates, including
223 contingent effective dates.

224

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

226

227 Section 1. Paragraph (v) is added to subsection (1) of
228 section 400.141, Florida Statutes, to read:

229 400.141 Administration and management of nursing home
230 facilities.—



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231 (1) Every licensed facility shall comply with all
232 applicable standards and rules of the agency and shall:

233 (v) Be allowed to use paid feeding assistants as defined in
234 42 C.F.R. s. 488.301, and in accordance with 42 C.F.R. s.
235 483.60, if the paid feeding assistant has successfully completed
236 a feeding assistant training program developed by the agency.

237 1. The feeding assistant training program must consist of a
238 minimum of 12 hours of education and training and must include
239 all of the topics and lessons specified in the program
240 curriculum.

241 2. The program curriculum must include, but need not be
242 limited to, training in all of the following content areas:

243 a. Feeding techniques.

244 b. Assistance with feeding and hydration.

245 c. Communication and interpersonal skills.

246 d. Appropriate responses to resident behavior.

247 e. Safety and emergency procedures, including the first aid
248 procedure used to treat upper airway obstructions.

249 f. Infection control.

250 g. Residents' rights.

251 h. Recognizing changes in residents which are inconsistent
252 with their normal behavior and the importance of reporting those
253 changes to the supervisory nurse.

254
255 The agency may adopt rules to implement this paragraph.

256 Section 2. Paragraph (b) of subsection (3) of section
257 400.23, Florida Statutes, is amended to read:

258 400.23 Rules; evaluation and deficiencies; licensure
259 status.-



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260 (3)
261 (b) Paid feeding assistants and nonnursing staff providing
262 eating assistance to residents shall not count toward compliance
263 with minimum staffing standards.

264 Section 3. Subsection (1) of section 400.461, Florida
265 Statutes, is amended to read:

266 400.461 Short title; purpose.—

267 (1) This part, consisting of ss. 400.461-400.52 ~~ss.~~
268 ~~400.461-400.518~~, may be cited as the "Home Health Services Act."

269 Section 4. Subsection (15) of section 400.462, Florida
270 Statutes, is amended to read:

271 400.462 Definitions.—As used in this part, the term:

272 (15) "Home health aide" means a person who is trained or
273 qualified, as provided by rule, and who provides hands-on
274 personal care, performs simple procedures as an extension of
275 therapy or nursing services, assists in ambulation or exercises,
276 ~~or~~ assists in administering medications as permitted in rule and
277 for which the person has received training established by the
278 agency under this part, or performs tasks delegated to him or
279 her under chapter 464 s. 400.497(1).

280 Section 5. Present subsections (5) and (6) of section
281 400.464, Florida Statutes, are redesignated as subsections (6)
282 and (7), respectively, a new subsection (5) is added to that
283 section, and present subsection (6) of that section is amended,
284 to read:

285 400.464 Home health agencies to be licensed; expiration of
286 license; exemptions; unlawful acts; penalties.—

287 (5) If a licensed home health agency authorizes a
288 registered nurse to delegate tasks, including medication



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289 administration, to a certified nursing assistant pursuant to
290 chapter 464 or to a home health aide pursuant to s. 400.490, the
291 licensed home health agency must ensure that such delegation
292 meets the requirements of this chapter and chapter 464 and the
293 rules adopted thereunder.

294 (7) ~~(6)~~ Any person, entity, or organization providing home
295 health services which is exempt from licensure under subsection
296 (6) ~~subsection (5)~~ may voluntarily apply for a certificate of
297 exemption from licensure under its exempt status with the agency
298 on a form that specifies its name or names and addresses, a
299 statement of the reasons why it is exempt from licensure as a
300 home health agency, and other information deemed necessary by
301 the agency. A certificate of exemption is valid for a period of
302 not more than 2 years and is not transferable. The agency may
303 charge an applicant \$100 for a certificate of exemption or
304 charge the actual cost of processing the certificate.

305 Section 6. Subsections (2) and (3) of section 400.488,
306 Florida Statutes, are amended to read:

307 400.488 Assistance with self-administration of medication.—

308 (2) Patients who are capable of self-administering their
309 own medications without assistance shall be encouraged and
310 allowed to do so. However, an unlicensed person may, consistent
311 with a dispensed prescription's label or the package directions
312 of an over-the-counter medication, assist a patient whose
313 condition is medically stable with the self-administration of
314 routine, regularly scheduled medications that are intended to be
315 self-administered. Assistance with self-medication by an
316 unlicensed person may occur only upon a documented request by,
317 and the written informed consent of, a patient or the patient's



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318 surrogate, guardian, or attorney in fact. For purposes of this
319 section, self-administered medications include both legend and
320 over-the-counter oral dosage forms, topical dosage forms, and
321 topical ophthalmic, otic, and nasal dosage forms, including
322 solutions, suspensions, sprays, ~~and~~ inhalers, intermittent
323 positive pressure breathing treatments, and nebulizer
324 treatments.

325 (3) Assistance with self-administration of medication
326 includes:

327 (a) Taking the medication, in its previously dispensed,
328 properly labeled container, from where it is stored and bringing
329 it to the patient.

330 (b) In the presence of the patient, confirming that the
331 medication is intended for that patient, orally advising the
332 patient of the medication name and purpose ~~reading the label,~~
333 opening the container, removing a prescribed amount of
334 medication from the container, and closing the container.

335 (c) Placing an oral dosage in the patient's hand or placing
336 the dosage in another container and helping the patient by
337 lifting the container to his or her mouth.

338 (d) Applying topical medications, including providing
339 routine preventive skin care and basic wound care.

340 (e) Returning the medication container to proper storage.

341 (f) For intermittent positive pressure breathing treatments
342 or for nebulizer treatments, assisting with setting up and
343 cleaning the device in the presence of the patient, confirming
344 that the medication is intended for that patient, orally
345 advising the patient of the medication name and purpose, opening
346 the container, removing the prescribed amount for a single



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347 treatment dose from a properly labeled container, and assisting
348 the patient with placing the dose into the medicine receptacle
349 or mouthpiece.

350 (g) ~~(f)~~ Keeping a record of when a patient receives
351 assistance with self-administration under this section.

352 Section 7. Section 400.489, Florida Statutes, is created to
353 read:

354 400.489 Administration of medication by a home health aide;
355 staff training requirements.—

356 (1) A home health aide may administer oral, transdermal,
357 ophthalmic, otic, rectal, inhaled, enteral, or topical
358 prescription medications if the home health aide has been
359 delegated such task by a registered nurse licensed under chapter
360 464; has satisfactorily completed an initial 6-hour training
361 course approved by the agency; and has been found competent to
362 administer medication to a patient in a safe and sanitary
363 manner. The training, determination of competency, and initial
364 and annual validations required in this section shall be
365 conducted by a registered nurse licensed under chapter 464 or a
366 physician licensed under chapter 458 or chapter 459.

367 (2) A home health aide must annually and satisfactorily
368 complete a 2-hour inservice training course approved by the
369 agency in medication administration and medication error
370 prevention. The inservice training course shall be in addition
371 to the annual inservice training hours required by agency rules.

372 (3) The agency, in consultation with the Board of Nursing,
373 shall establish by rule standards and procedures that a home
374 health aide must follow when administering medication to a
375 patient. Such rules must, at a minimum, address qualification



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376 requirements for trainers, requirements for labeling medication,
377 documentation and recordkeeping, the storage and disposal of
378 medication, instructions concerning the safe administration of
379 medication, informed-consent requirements and records, and the
380 training curriculum and validation procedures.

381 Section 8. Section 400.490, Florida Statutes, is created to
382 read:

383 400.490 Nurse-delegated tasks.—A certified nursing
384 assistant or home health aide may perform any task delegated by
385 a registered nurse as authorized in this part and in chapter
386 464, including, but not limited to, medication administration.

387 Section 9. Section 400.52, Florida Statutes, is created to
388 read:

389 400.52 Excellence in Home Health Program.—

390 (1) There is created within the agency the Excellence in
391 Home Health Program for the purpose of awarding program
392 designations to home health agencies or nurse registries that
393 meet the criteria specified in this section.

394 (2) (a) The agency shall adopt rules establishing criteria
395 for the program which must include, at a minimum, meeting
396 standards relating to:

397 1. Patient satisfaction.

398 2. Patients requiring emergency care for wound infections.

399 3. Patients admitted or readmitted to an acute care
400 hospital.

401 4. Patient improvement in the activities of daily living.

402 5. Employee satisfaction.

403 6. Quality of employee training.

404 7. Employee retention rates.



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405 (b) The agency shall annually evaluate home health agencies
406 and nurse registries seeking the program designation which apply
407 on a form and in the manner designated by rule.

408 (3) To receive a program designation, the home health
409 agency or nurse registry must:

410 (a) Be actively licensed and have been operating for at
411 least 24 months before applying for the program designation. A
412 designation awarded under the program is not transferable to
413 another licensee, unless the existing home health agency or
414 nurse registry is being relicensed in the name of an entity
415 related to the current licenseholder by common control or
416 ownership and there will be no change in the management,
417 operation, or programs of the home health agency or nurse
418 registry as a result of the relicensure.

419 (b) Have not had any licensure denials, revocations, or
420 class I, class II, or uncorrected class III deficiencies within
421 the 24 months before the application for the program
422 designation.

423 (4) The program designation expires on the same date as the
424 home health agency's or nurse registry's license. A home health
425 agency or nurse registry must reapply and be approved biennially
426 for the program designation to continue using the program
427 designation in the manner authorized under subsection (5).

428 (5) A home health agency or nurse registry that is awarded
429 a designation under the program may use the designation in
430 advertising and marketing, unless the home health agency or
431 nurse registry:

432 (a) Has not been awarded the designation;

433 (b) Fails to renew the designation upon expiration of the



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434 awarded designation;

435 (c) Has undergone a change in ownership that does not
436 qualify for an exception under paragraph (3) (a); or

437 (d) Has been notified that it no longer meets the criteria
438 for the award upon reapplication after expiration of the awarded
439 designation.

440 (6) An application for an award designation under the
441 program is not an application for licensure. A designation award
442 or denial by the agency under this section does not constitute
443 final agency action subject to chapter 120.

444 Section 10. Section 408.822, Florida Statutes, is created
445 to read:

446 408.822 Direct care workforce survey.-

447 (1) For purposes of this section, the term "direct care
448 worker" means a certified nursing assistant, a home health aide,
449 a personal care assistant, a companion services or homemaker
450 services provider, a paid feeding assistant trained under s.
451 400.141(1) (v), or another individual who provides personal care
452 as defined in s. 400.462 to individuals who are elderly,
453 developmentally disabled, or chronically ill.

454 (2) Beginning January 1, 2021, each licensee that applies
455 for licensure renewal as a nursing home facility licensed under
456 part II of chapter 400, an assisted living facility licensed
457 under part I of chapter 429, or a home health agency or
458 companion services or homemaker services provider licensed under
459 part III of chapter 400 shall furnish all of the following
460 information to the agency in a survey on the direct care
461 workforce:

462 (a) The number of registered nurses and the number of



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463 direct care workers by category employed by the licensee.

464 (b) The turnover and vacancy rates of registered nurses and
465 direct care workers and the contributing factors to these rates.

466 (c) The average employee wage for registered nurses and
467 each category of direct care worker.

468 (d) Employment benefits for registered nurses and direct
469 care workers and the average cost of such benefits to the
470 employer and the employee.

471 (e) Type and availability of training for registered nurses
472 and direct care workers.

473 (3) An administrator or designee shall include the
474 information required in subsection (2) on a survey form
475 developed by the agency by rule which must contain an
476 attestation that the information provided is true and accurate
477 to the best of his or her knowledge.

478 (4) The licensee must submit the completed survey before
479 the agency issues the license renewal.

480 (5) The agency shall continually analyze the results of the
481 surveys and publish the results on its website. The agency shall
482 update the information published on its website monthly.

483 Section 11. Section 464.0156, Florida Statutes, is created
484 to read:

485 464.0156 Delegation of duties.—

486 (1) A registered nurse may delegate a task to a certified
487 nursing assistant certified under part II of this chapter or a
488 home health aide as defined in s. 400.462 if the registered
489 nurse determines that the certified nursing assistant or the
490 home health aide is competent to perform the task, the task is
491 delegable under federal law, and the task meets all of the



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492 following criteria:

493 (a) Is within the nurse's scope of practice.

494 (b) Frequently recurs in the routine care of a patient or
495 group of patients.

496 (c) Is performed according to an established sequence of
497 steps.

498 (d) Involves little or no modification from one patient to
499 another.

500 (e) May be performed with a predictable outcome.

501 (f) Does not inherently involve ongoing assessment,
502 interpretation, or clinical judgment.

503 (g) Does not endanger a patient's life or well-being.

504 (2) A registered nurse may delegate to a certified nursing
505 assistant or a home health aide the administration of oral,
506 transdermal, ophthalmic, otic, rectal, inhaled, enteral, or
507 topical prescription medications to a patient of a home health
508 agency, if the certified nursing assistant or home health aide
509 meets the requirements of s. 464.2035 or s. 400.489,
510 respectively. A registered nurse may not delegate the
511 administration of any controlled substance listed in Schedule
512 II, Schedule III, or Schedule IV of s. 893.03 or 21 U.S.C. s.
513 812.

514 (3) The board, in consultation with the Agency for Health
515 Care Administration, shall adopt rules to implement this
516 section.

517 Section 12. Paragraph (r) is added to subsection (1) of
518 section 464.018, Florida Statutes, to read:

519 464.018 Disciplinary actions.—

520 (1) The following acts constitute grounds for denial of a



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521 license or disciplinary action, as specified in ss. 456.072(2)
522 and 464.0095:

523 (r) Delegating professional responsibilities to a person
524 when the nurse delegating such responsibilities knows or has
525 reason to know that such person is not qualified by training,
526 experience, certification, or licensure to perform them.

527 Section 13. Section 464.2035, Florida Statutes, is created
528 to read:

529 464.2035 Administration of medication.—

530 (1) A certified nursing assistant may administer oral,
531 transdermal, ophthalmic, otic, rectal, inhaled, enteral, or
532 topical prescription medication to a patient of a home health
533 agency if the certified nursing assistant has been delegated
534 such task by a registered nurse licensed under part I of this
535 chapter, has satisfactorily completed an initial 6-hour training
536 course approved by the board, and has been found competent to
537 administer medication to a patient in a safe and sanitary
538 manner. The training, determination of competency, and initial
539 and annual validation required under this section must be
540 conducted by a registered nurse licensed under this chapter or a
541 physician licensed under chapter 458 or chapter 459.

542 (2) A certified nursing assistant shall annually and
543 satisfactorily complete 2 hours of inservice training in
544 medication administration and medication error prevention
545 approved by the board, in consultation with the Agency for
546 Health Care Administration. The inservice training is in
547 addition to the other annual inservice training hours required
548 under this part.

549 (3) The board, in consultation with the Agency for Health



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550 Care Administration, shall establish by rule standards and
551 procedures that a certified nursing assistant must follow when
552 administering medication to a patient of a home health agency.
553 Such rules must, at a minimum, address qualification
554 requirements for trainers, requirements for labeling medication,
555 documentation and recordkeeping, the storage and disposal of
556 medication, instructions concerning the safe administration of
557 medication, informed-consent requirements and records, and the
558 training curriculum and validation procedures.

559 Section 14. Effective July 1, 2020, section 381.40185,
560 Florida Statutes, is created to read:

561 381.40185 Physician Student Loan Repayment Program.—The
562 Physician Student Loan Repayment Program is established to
563 promote access to primary care by supporting qualified
564 physicians who treat medically underserved populations in
565 primary care health professional shortage areas or medically
566 underserved areas.

567 (1) As used in this section, the term:

568 (a) "Department" means the Department of Health.

569 (b) "Loan program" means the Physician Student Loan
570 Repayment Program.

571 (c) "Medically underserved area" means a geographic area
572 designated as such by the Health Resources and Services
573 Administration of the United States Department of Health and
574 Human Services.

575 (d) "Primary care health professional shortage area" means
576 a geographic area, an area having a special population, or a
577 facility that is designated by the Health Resources and Services
578 Administration of the United States Department of Health and



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579 Human Services as a health professional shortage area as defined
580 by federal regulation and that has a shortage of primary care
581 professionals who serve Medicaid recipients and other low-income
582 patients.

583 (e) "Public health program" means a county health
584 department, the Children's Medical Services program, a federally
585 funded community health center, a federally funded migrant
586 health center, or any other publicly funded or nonprofit health
587 care program designated by the department.

588 (2) The department shall establish a physician student loan
589 repayment program to benefit physicians licensed under chapter
590 458 or chapter 459 who demonstrate, as required by department
591 rule, active employment providing primary care services in a
592 public health program, an independent practice, or a group
593 practice that serves Medicaid recipients and other low-income
594 patients and that is located in a primary care health
595 professional shortage area or in a medically underserved area.

596 (3) The department shall award funds from the loan program
597 to repay the student loans of a physician who meets the
598 requirements of subsection (2).

599 (a) An award may not exceed \$50,000 per year per eligible
600 physician.

601 (b) Only loans to pay the costs of tuition, books, medical
602 equipment and supplies, uniforms, and living expenses may be
603 covered.

604 (c) All repayments are contingent upon continued proof of
605 eligibility and must be made directly to the holder of the loan.
606 The state bears no responsibility for the collection of any
607 interest charges or other remaining balances.



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608 (d) A physician may receive funds under the loan program
609 for at least 1 year, up to a maximum of 5 years.

610 (e) The department may only grant up to 10 new awards per
611 fiscal year and shall limit the total number of physicians
612 participating in the loan program to not more than 50 per fiscal
613 year.

614 (4) A physician is no longer eligible to receive funds
615 under the loan program if the physician:

616 (a) Is no longer employed as required under subsection (2);

617 (b) Ceases to participate in the Florida Medicaid program;

618 or

619 (c) Has disciplinary action taken against his or her
620 license by the Board of Medicine for a violation of s. 458.331
621 or by the Board of Osteopathic Medicine for a violation of s.
622 459.015.

623 (5) The department shall adopt rules to implement the loan
624 program.

625 (6) Implementation of the loan program is subject to
626 legislative appropriation.

627 Section 15. Effective July 1, 2020, contingent upon SB __
628 or similar legislation taking effect on that same date after
629 being adopted in the same legislative session or an extension
630 thereof and becoming a law, present subsections (4) through (21)
631 of section 464.003, Florida Statutes, are redesignated as
632 subsections (5) through (22), respectively, and a new subsection
633 (4) is added to that section, to read:

634 464.003 Definitions.—As used in this part, the term:

635 (4) "Advanced practice registered nurse - independent
636 practitioner" or "APRN-IP" means an advanced practice registered



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637 nurse who is registered under s. 464.0123 to provide primary
638 health care services without a protocol agreement or supervision
639 in primary care health professional shortage areas.

640 Section 16. Effective July 1, 2020, contingent upon SB ___
641 or similar legislation taking effect on that same date after
642 being adopted in the same legislative session or an extension
643 thereof and becoming a law, section 464.0123, Florida Statutes,
644 is created to read:

645 464.0123 Patient Access to Primary Care Pilot Program.—

646 (1) PILOT PROGRAM.—The Patient Access to Primary Care Pilot
647 Program is created for the purpose of providing primary health
648 care services in primary care health professional shortage
649 areas. The department shall implement this program.

650 (2) DEFINITIONS.—As used in this section, the term:

651 (a) "Council" means the Council on Advanced Practice
652 Registered Nurse Independent Practice established in subsection
653 (3).

654 (b) "Physician" means a person licensed under chapter 458
655 to practice medicine or a person licensed under chapter 459 to
656 practice osteopathic medicine.

657 (c) "Primary care health professional shortage area" means
658 a geographic area, an area having a special population, or a
659 facility with a score of at least 18, as designated and
660 calculated by the Federal Health Resources and Services
661 Administration, and which is located in a rural area, as defined
662 by the Federal Office of Rural Health Policy.

663 (3) COUNCIL ON ADVANCED PRACTICE REGISTERED NURSE
664 INDEPENDENT PRACTICE.—

665 (a) The Council on Advanced Practice Registered Nurse



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666 Independent Practice is created within the department.

667 (b) The council shall consist of nine members appointed as
668 follows by the rules of each applicable board:

669 1. The chair of the Board of Medicine shall appoint three
670 members who are physicians and members of the Board of Medicine.

671 2. The chair of the Board of Osteopathic Medicine shall
672 appoint three members who are physicians and members of the
673 Board of Osteopathic Medicine.

674 3. The chair of the Board of Nursing shall appoint three
675 advance practice registered nurses who have each completed at
676 least 10,000 hours of supervised practice over a period of at
677 least 5 years under a protocol with a supervising physician.

678 (c) The Board of Medicine members, the Board of Osteopathic
679 Medicine members, and the Board of Nursing appointee members
680 shall be appointed for terms of 4 years. The initial
681 appointments shall be staggered so that one member from the
682 Board of Medicine, one member from the Board of Osteopathic
683 Medicine, and one appointee member from the Board of Nursing
684 shall each be appointed for a term of 4 years; one member from
685 the Board of Medicine, one member from the Board of Osteopathic
686 Medicine, and one appointee member from the Board of Nursing
687 shall each be appointed for a term of 3 years; and one member
688 from the Board of Medicine, one member from the Board of
689 Osteopathic Medicine, and one appointee member from the Board of
690 Nursing shall each be appointed for a term of 2 years. Initial
691 physician members appointed to the council must be physicians
692 who have practiced with advanced practice registered nurses
693 under a protocol in their practice.

694 (d) Council members may not serve more than two consecutive



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695 terms. The council shall annually elect a chair from among its
696 members.

697 (e) All recommendations made by the council must be made by
698 a majority of members present.

699 (f) The council shall:

700 1. Review applications for and recommend to the department
701 the registration of APRN-IPs.

702 2. Develop proposed rules regulating the practice of APRN-
703 IPs. The council shall also develop rules to ensure that the
704 continuity of practice of APRN-IPs is maintained in primary care
705 health professional shortage areas. The language of all proposed
706 rules submitted by the council must be approved by the boards
707 pursuant to each respective board's guidelines and standards
708 regarding the adoption of proposed rules. If either board
709 rejects the council's proposed rule, that board must specify its
710 objection to the council with particularity and include
711 recommendations for the modification of the proposed rule. The
712 Board of Medicine and the Board of Osteopathic Medicine shall
713 each adopt a proposed rule developed by the council at each
714 board's regularly scheduled meeting immediately following the
715 council's submission of the proposed rule. A proposed rule
716 submitted by the council may not be adopted by the boards unless
717 both boards have accepted and approved the identical language
718 contained in the proposed rule.

719 3. Make recommendations to the Board of Medicine regarding
720 all matters relating to APRN-IPs.

721 4. Address concerns and problems of APRN-IPs in order to
722 improve safety in the clinical practices of APRN-IPs.

723 (g) When the council finds that an applicant for licensure



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724 has failed to meet, to the council's satisfaction, each of the
725 requirements for registration set forth in this section, the
726 council may enter an order to:

727 1. Refuse to register the applicant;
728 2. Approve the applicant for registration with restrictions
729 on the scope of practice or registration; or

730 3. Approve the applicant for limited registration with
731 conditions. Such conditions may include placement of the
732 registrant on probation for a period of time and subject to such
733 conditions as the council may specify, including, but not
734 limited to, requiring the registrant to undergo treatment, to
735 attend continuing education courses, to work under the direct
736 supervision of a physician licensed in this state, or to take
737 corrective action, as determined by the council.

738 (4) PRIMARY CARE CERTIFICATION EXAMINATION.—

739 (a) The department, in conjunction with one or more third-
740 party credentialing entities, shall develop a primary care
741 certification examination for advanced practice registered
742 nurses seeking registration with the Board of Medicine as APRN-
743 IPs. For purposes of this subsection, "third-party credentialing
744 entity" means a department-approved independent organization
745 that has met nationally recognized standards for developing and
746 administering professional certification examinations and
747 psychometric services.

748 (b) The department shall approve at least one third-party
749 credentialing entity for the purpose of developing and
750 administering a primary care competency-based certification
751 examination. A third-party credentialing entity shall request
752 approval in writing from the department on forms developed by



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753 the department. Within 90 days after the deadline that is
754 established for receiving documentation from third-party
755 credentialing entities seeking approval, the department must
756 approve a third-party credentialing entity that demonstrates, to
757 the department's satisfaction, that it is capable of complying
758 with the requirements of this subsection. An approved third-
759 party credentialing entity must:

760 1. Maintain an advisory committee of at least six members,
761 including three representatives from the Board of Medicine and
762 three representatives from the Board of Osteopathic Medicine,
763 who shall each be appointed by the respective board chairs. The
764 third-party credentialing entity may appoint additional members
765 to the advisory committee with approval of the department.

766 2. Use the core competencies approved by the Board of
767 Medicine and the Board of Osteopathic Medicine to establish
768 certification standards, testing instruments, and
769 recertification standards according to national psychometric
770 standards.

771 3. Establish a process to administer the certification
772 application, testing, award, and maintenance processes according
773 to national psychometric standards.

774 4. Demonstrate the ability to administer biennial
775 continuing education and certification renewal requirements for
776 APRN-IPs.

777 5. Demonstrate the ability to administer an education
778 provider program to approve qualified training entities and to
779 provide precertification training to advanced practice
780 registered nurses and continuing education opportunities to
781 APRN-IPs.



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782 (c) The Board of Medicine and the Board of Osteopathic
783 Medicine shall approve the core competencies and related
784 preservice curricula that ensure that each advanced practice
785 registered nurse registered as an APRN-IP who will be providing
786 primary medical care, treatment, and services to persons in
787 primary care health professional shortage areas has obtained the
788 knowledge, skills, and abilities to competently carry out
789 primary medical care, treatment, and services. The department
790 may contract for the delivery of preservice education or
791 training or any additional education or training for APRN-IPs to
792 provide primary medical care, treatment, and services to persons
793 in primary care health professional shortage areas if the
794 curriculum satisfies the boards' approved core competencies.

795 (d) The department may adopt rules necessary to implement
796 this subsection.

797 (5) REGISTRATION.—To be registered as an APRN-IP, an
798 advanced practice registered nurse must apply to the department
799 on forms developed by the department. The council shall review
800 the application and recommend to the department the registration
801 of the advanced practice registered nurse with the Board of
802 Medicine as an APRN-IP if the applicant submits proof that he or
803 she holds an unrestricted license issued under s. 464.012 and
804 provides all of the following information:

805 (a) Documentation of a passing score on the primary care
806 certification examination described in subsection (4).

807 (b) The name of each location at which the applicant has
808 practiced as an advanced practice registered nurse pursuant to
809 an established written protocol under the direct or indirect
810 supervision of a physician for 10,000 hours within the last 6



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811 years and the names and addresses of all supervising physicians
812 during that period.

813 (c) Any certification or designation that the applicant has
814 received from a specialty or certification board which is
815 recognized or approved by the Board of Nursing, the Board of
816 Medicine, the Board of Osteopathic Medicine, or the department.

817 (d) The calendar years in which the applicant:

818 1. Received his or her initial advanced practice registered
819 nurse certification, licensure, or registration;

820 2. Began practicing in any jurisdiction; and

821 3. Received initial advanced practice registered nurse
822 licensure in this state.

823 (e) The address at which the applicant will primarily
824 conduct his or her practice, if known.

825 (f) The name of each school or training program that the
826 applicant has attended, with the months and years of attendance
827 and the month and year of graduation, and a description of all
828 graduate professional education completed by the applicant,
829 excluding any coursework taken to satisfy continuing education
830 requirements.

831 (g) Any appointment to the faculty of a school related to
832 the profession which the applicant currently holds or has held
833 within the past 10 years and an indication as to whether the
834 applicant has been responsible for graduate education within the
835 past 10 years.

836 (h) A description of any criminal offense of which the
837 applicant has been found guilty, regardless of whether
838 adjudication of guilt was withheld, or to which the applicant
839 has pled guilty or nolo contendere. A criminal offense committed



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840 in another jurisdiction which would have been a felony or
841 misdemeanor if committed in this state must be reported. If the
842 applicant indicates to the department that a criminal offense is
843 under appeal and submits a copy of the notice for appeal of that
844 criminal offense, the department must state that the criminal
845 offense is under appeal if the criminal offense is reported in
846 the applicant's profile. If the applicant indicates to the
847 department that a criminal offense is under appeal, the
848 applicant must, within 15 days after the disposition of the
849 appeal, submit to the department a copy of the final written
850 order of disposition.

851 (i) A description of any disciplinary action as specified
852 in s. 456.077, s. 458.320, or s. 464.018 or any similar
853 disciplinary action in any other jurisdiction of the United
854 States by a licensing or regulatory body; by a specialty board
855 that is recognized by the Board of Nursing, the Board of
856 Medicine, the Board of Osteopathic Medicine, or the department;
857 or by a licensed hospital, health maintenance organization,
858 prepaid health clinic, ambulatory surgical center, or nursing
859 home. Disciplinary action includes resignation from or
860 nonrenewal of staff membership or the restriction of privileges
861 at a licensed hospital, health maintenance organization, prepaid
862 health clinic, ambulatory surgical center, or nursing home taken
863 in lieu of or in settlement of a pending disciplinary case
864 related to competence or character. If the applicant indicates
865 to the department that a disciplinary action is under appeal and
866 submits a copy of the document initiating an appeal of the
867 disciplinary action, the department must state that the
868 disciplinary action is under appeal if the disciplinary action



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869 is reported in the applicant's profile. If the applicant
870 indicates to the department that a disciplinary action is under
871 appeal, the applicant must, within 15 days after the disposition
872 of the appeal, submit to the department a copy of the final
873 written order of disposition.

874 (j)1. Proof that he or she has obtained or will be
875 obtaining and will maintain professional liability insurance
876 coverage in an amount not less than \$100,000 per claim, with a
877 minimum annual aggregate of not less than \$300,000, from an
878 authorized insurer as defined in s. 624.09, from one of the
879 following:

880 a. An eligible surplus lines insurer as defined in s.
881 626.914(2);

882 b. A risk retention group as defined in s. 627.942, from
883 the Joint Underwriting Association established under s.
884 627.351(4); or

885 c. A plan of self-insurance as provided in s. 627.357; or

886 2. Proof that he or she has obtained and will be
887 maintaining an unexpired, irrevocable letter of credit,
888 established pursuant to chapter 675, in an amount of not less
889 than \$100,000 per claim, with a minimum aggregate availability
890 of credit of not less than \$300,000. The letter of credit must
891 be payable to the APRN-IP as beneficiary upon presentment of a
892 final judgment indicating liability and awarding damages to be
893 paid by the APRN-IP or upon presentment of a settlement
894 agreement signed by all parties to such agreement when such
895 final judgment or settlement is a result of a claim arising out
896 of the rendering of, or the failure to render, medical or
897 nursing care and services while practicing as an APRN-IP.



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898 (k) Documentation of completion within the last 5 years of
899 three graduate-level semester hours, or the equivalent, in
900 differential diagnosis and three graduate-level semester hours,
901 or the equivalent, in pharmacology, and any additional
902 coursework as recommended by the council. Such hours may not be
903 continuing education courses.

904 (1) Any additional information that the council may require
905 from the applicant, as determined by the council.

906 (6) REGISTRATION RENEWAL.—An APRN-IP registration shall be
907 renewed biennially by applying to the department on forms
908 developed by the department. An APRN-IP seeking registration
909 renewal must provide documentation proving his or her completion
910 of a minimum of 40 continuing medical education hours. The
911 required continuing medical education hours must include 3 hours
912 on the safe and effective prescribing of controlled substances;
913 2 hours on human trafficking; 2 hours on the prevention of
914 medical errors; 2 hours on domestic violence; and 2 hours on
915 suicide prevention, which must address suicide risk assessment,
916 treatment, and management, if such topics are not required for
917 licensure under this part. Such continuing medical education
918 hours must be obtained in courses approved by the Board of
919 Medicine or the Board of Osteopathic Medicine and offered by a
920 statewide professional association of physicians or osteopathic
921 physicians in this state which is accredited to provide
922 educational activities designated for the American Medical
923 Association Physician's Recognition Award Category 1 Credit or
924 the American Osteopathic Category 1-A continuing medical
925 education credit as part of biennial license renewal.

926 (7) PRACTITIONER PROFILE.—Upon issuing a registration or a



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927 renewal of registration, the department shall update the
928 practitioner's profile, as described in s. 456.041, to reflect
929 that the advanced practice registered nurse is registered as an
930 APRN-IP.

931 (8) APRN-IP SCOPE OF PRACTICE.—An APRN-IP may provide
932 primary health care services without a protocol agreement or
933 supervision only in primary care health professional shortage
934 areas.

935 (a) An APRN-IP may not practice in a hospital licensed
936 under chapter 395 or in a facility licensed under chapter 400,
937 except under an established written protocol with a supervising
938 physician which is maintained at the hospital or facility.

939 (b) The council shall make recommendations to the Board of
940 Medicine and the Board of Osteopathic Medicine for rules to
941 establish the scope of practice for an APRN-IP. The first rule
942 recommendations of the council must be submitted to the Board of
943 Medicine and the Board of Osteopathic Medicine by December 1,
944 2020.

945 (c) The Board of Medicine and the Board of Osteopathic
946 Medicine shall adopt by rule the scope of practice for an APRN-
947 IP. Such rules must address, but are not limited to, all of the
948 following topics:

949 1. The scope of the medical care, treatment, and services
950 an APRN-IP may provide to patients.

951 2. Medical care, treatment, and services that are outside
952 the scope of the practice of an APRN-IP.

953 3. Patient populations to which an APRN-IP may provide
954 primary care, treatment, and services.

955 4. Patient populations to which an APRN-IP may not provide



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956 primary care, treatment, or services.

957 5. Patient populations that the APRN-IP must refer to a
958 physician.

959 6. Guidelines for prescribing controlled substances for the
960 treatment of chronic nonmalignant pain and acute pain, including
961 evaluation of the patient, creation and maintenance of a
962 treatment plan, obtaining informed consent and agreement for
963 treatment, periodic review of the treatment plan, consultation,
964 medical record review, and compliance with controlled substance
965 laws and regulations.

966 7. Referral relationships and protocols for the care and
967 treatment of patients during nonbusiness hours with another
968 APRN-IP or a physician who practices within 50 miles of the
969 APRN-IP's primary practice location.

970 8. Referral relationships and protocols with physician
971 specialists to provide care, treatment, and services to patients
972 with medical needs that are outside of the scope of practice for
973 the APRN-IP.

974 9. Referral relationships and protocols for the transfer
975 and admission of a patient to a hospital licensed under chapter
976 395 or a nursing home facility licensed under part II of chapter
977 400.

978 10. Information regarding the credentials of the APRN-IP
979 which must be disclosed to patients in a written informed
980 consent to care and treatment, including, but not limited to,
981 notification to the patient that the APRN-IP is not a physician
982 and may not be referred to as a "doctor" or a "physician" in a
983 medical setting.

984 11. Requirements relating to the APRN-IP practice's



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985 recordkeeping, record retention, and availability of records for
986 inspection by the department.

987 12. Advertising restrictions and disclosure requirements
988 for APRN-IPs, including that the APRN-IP may not be referred to
989 as a "doctor" or a "physician" in a medical setting.

990 (9) REPORTS OF ADVERSE INCIDENTS BY APRN-IPs.—

991 (a) Any APRN-IP practicing in this state must notify the
992 department if he or she was involved in an adverse incident.

993 (b) The required notification to the department must be
994 submitted in writing by certified mail and postmarked within 15
995 days after the occurrence of the adverse incident.

996 (c) For purposes of notifying the department under this
997 section, the term "adverse incident" means an event over which
998 the APRN-IP could exercise control and which is associated in
999 whole or in part with a medical intervention, rather than the
1000 condition for which such intervention occurred, and which
1001 results in any of the following patient injuries:

1002 1. The death of a patient.

1003 2. Brain or spinal damage to a patient.

1004 3. The performance of medical care, treatment, or services
1005 on the wrong patient.

1006 4. The performance of contraindicated medical care,
1007 treatment, or services on a patient.

1008 5. Any condition that required the transfer of a patient
1009 from the APRN-IP's practice location to a hospital licensed
1010 under chapter 395.

1011 (d) The department shall review each incident and determine
1012 whether it potentially involved conduct by the APRN-IP which is
1013 grounds for disciplinary action, in which case s. 456.073



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1014 applies. Disciplinary action, if any, shall be taken by the
1015 Board of Medicine or the Board of Nursing, depending on the
1016 conduct involved, as determined by the department.

1017 (e) The Board of Medicine shall adopt rules to implement
1018 this subsection.

1019 (10) INACTIVE AND DELINQUENT STATUS.—An APRN-IP
1020 registration that is in an inactive or delinquent status may be
1021 reactivated only as provided in s. 456.036.

1022 (11) CONSTRUCTION.—This section may not be construed to
1023 prevent third-party payors from reimbursing an APRN-IP for
1024 covered services rendered by the registered APRN-IP.

1025 (12) RULEMAKING.—By July 1, 2021, the department shall
1026 adopt rules to implement this section.

1027 (13) FUTURE REPEAL.—This section is repealed on July 1,
1028 2031, unless reviewed and saved from repeal through reenactment
1029 by the Legislature.

1030 Section 17. Effective July 1, 2020, contingent upon SB __
1031 or similar legislation taking effect on that same date after
1032 being adopted in the same legislative session or an extension
1033 thereof and becoming a law, present subsections (9) and (10) of
1034 section 464.015, Florida Statutes, are redesignated as
1035 subsections (10) and (11), respectively, a new subsection (9) is
1036 added to that section, and present subsection (9) of that
1037 section is amended, to read:

1038 464.015 Titles and abbreviations; restrictions; penalty.—

1039 (9) Only persons who hold valid registrations to practice
1040 as APRN-IPs in this state may use the title "Advanced Practice
1041 Registered Nurse - Independent Practitioner" and the
1042 abbreviation "A.P.R.N.-I.P." A health care practitioner or



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1043 personnel within a health care facility may not refer to an
1044 APRN-IP as a "doctor" or a "physician" in a medical setting.

1045 ~~(10)(9)~~ A person may not practice or advertise as, or
1046 assume the title of, registered nurse, licensed practical nurse,
1047 clinical nurse specialist, certified registered nurse
1048 anesthetist, certified nurse midwife, certified nurse
1049 practitioner, ~~or~~ advanced practice registered nurse, or advanced
1050 practice registered nurse - independent practitioner; use the
1051 abbreviation "R.N.," "L.P.N.," "C.N.S.," "C.R.N.A.," "C.N.M.,"
1052 "C.N.P.," ~~or~~ "A.P.R.N.," or "A.P.R.N.-I.P."; or take any other
1053 action that would lead the public to believe that person was
1054 authorized by law to practice as such or is performing nursing
1055 services pursuant to the exception set forth in s. 464.022(8)
1056 unless that person is licensed, certified, or authorized
1057 pursuant to s. 464.0095 to practice as such.

1058 ~~(11)(10)~~ A violation of this section is a misdemeanor of
1059 the first degree, punishable as provided in s. 775.082 or s.
1060 775.083.

1061 Section 18. Effective July 1, 2020, contingent upon SB __
1062 or similar legislation taking effect on that same date after
1063 being adopted in the same legislative session or an extension
1064 thereof and becoming a law, paragraph (r) is added to subsection
1065 (1) of section 464.018, Florida Statutes, to read:

1066 464.018 Disciplinary actions.—

1067 (1) The following acts constitute grounds for denial of a
1068 license or disciplinary action, as specified in ss. 456.072(2)
1069 and 464.0095:

1070 (r) For an APRN-IP registered under s. 464.0123, in
1071 addition to the grounds for discipline set forth in paragraph



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1072 (p) and in s. 456.072(1), any of the following are grounds for
1073 discipline:

1074 1. Paying or receiving any commission, bonus, kickback, or
1075 rebate from, or engaging in any split-fee arrangement in any
1076 form whatsoever with, a health care practitioner, an
1077 organization, an agency, or a person, either directly or
1078 implicitly, for referring patients to providers of health care
1079 goods or services, including, but not limited to, hospitals,
1080 nursing homes, clinical laboratories, ambulatory surgical
1081 centers, or pharmacies. This subparagraph may not be construed
1082 to prevent an APRN-IP from receiving a fee for professional
1083 consultation services.

1084 2. Exercising influence within a patient's relationship
1085 with an APRN-IP for purposes of engaging a patient in sexual
1086 activity. A patient shall be presumed to be incapable of giving
1087 free, full, and informed consent to sexual activity with his or
1088 her APRN-IP.

1089 3. Making deceptive, untrue, or fraudulent representations,
1090 or employing a trick or scheme, in or related to advanced
1091 practice registered nurse independent practice.

1092 4. Soliciting patients, either personally or through an
1093 agent, by the use of fraud, intimidation, undue influence, or a
1094 form of overreaching or vexatious conduct. As used in this
1095 subparagraph, the term "soliciting" means directly or implicitly
1096 requesting an immediate oral response from the recipient.

1097 5. Failing to keep legible medical records, as defined by
1098 rules of the Board of Medicine and the Board of Osteopathic
1099 Medicine, that identify the APRN-IP, by name and professional
1100 title, who is responsible for rendering, ordering, supervising,



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1101 or billing for the patient's medically necessary care,
1102 treatment, services, diagnostic tests, or treatment procedures;
1103 and the medical justification for the patient's course of care
1104 and treatment, including, but not limited to, patient histories,
1105 examination results, and test results; drugs prescribed,
1106 dispensed, or administered; and reports of consultations or
1107 referrals.

1108 6. Exercising influence on a patient to exploit the patient
1109 for the financial gain of the APRN-IP or a third party,
1110 including, but not limited to, the promoting or selling of
1111 services, goods, appliances, or drugs.

1112 7. Performing professional services that have not been duly
1113 authorized by the patient or his or her legal representative,
1114 except as provided in s. 766.103 or s. 768.13.

1115 8. Performing any procedure or prescribing any medication
1116 or therapy that would constitute experimentation on a human
1117 subject.

1118 9. Delegating professional responsibilities to a person
1119 when the APRN-IP knows, or has reason to believe, that such
1120 person is not qualified by education, training, experience, or
1121 licensure to perform such responsibilities.

1122 10. Committing, or conspiring with another to commit, an
1123 act that would coerce, intimidate, or preclude another APRN-IP
1124 from lawfully advertising his or her services.

1125 11. Advertising or holding himself or herself out as having
1126 a certification in a specialty which he or she has not received.

1127 12. Failing to comply with the requirements of ss. 381.026
1128 and 381.0261 related to providing patients with information
1129 about their rights and how to file a complaint.



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1130 13. Providing deceptive or fraudulent expert witness
1131 testimony related to advanced practice registered nurse
1132 independent practice.

1133 Section 19. Effective July 1, 2020, contingent upon SB __
1134 or similar legislation taking effect on that same date after
1135 being adopted in the same legislative session or an extension
1136 thereof and becoming a law, paragraph (c) of subsection (2) of
1137 section 381.026, Florida Statutes, is amended to read:

1138 381.026 Florida Patient's Bill of Rights and
1139 Responsibilities.-

1140 (2) DEFINITIONS.-As used in this section and s. 381.0261,
1141 the term:

1142 (c) "Health care provider" means a physician licensed under
1143 chapter 458, an osteopathic physician licensed under chapter
1144 459, ~~or~~ a podiatric physician licensed under chapter 461, or an
1145 APRN-IP registered under s. 464.0123.

1146 Section 20. Effective July 1, 2020, contingent upon SB __
1147 or similar legislation taking effect on that same date after
1148 being adopted in the same legislative session or an extension
1149 thereof and becoming a law, paragraph (a) of subsection (2) and
1150 subsections (3), (4), and (5) of section 382.008, Florida
1151 Statutes, are amended to read:

1152 382.008 Death, fetal death, and nonviable birth
1153 registration.-

1154 (2) (a) The funeral director who first assumes custody of a
1155 dead body or fetus shall file the certificate of death or fetal
1156 death. In the absence of the funeral director, the physician,
1157 APRN-IP registered under s. 464.0123, or other person in
1158 attendance at or after the death or the district medical



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1159 examiner of the county in which the death occurred or the body
1160 was found shall file the certificate of death or fetal death.
1161 The person who files the certificate shall obtain personal data
1162 from a legally authorized person as described in s. 497.005 or
1163 the best qualified person or source available. The medical
1164 certification of cause of death shall be furnished to the
1165 funeral director, either in person or via certified mail or
1166 electronic transfer, by the physician, APRN-IP registered under
1167 s. 464.0123, or medical examiner responsible for furnishing such
1168 information. For fetal deaths, the physician, APRN-IP registered
1169 under s. 464.0123, midwife, or hospital administrator shall
1170 provide any medical or health information to the funeral
1171 director within 72 hours after expulsion or extraction.

1172 (3) Within 72 hours after receipt of a death or fetal death
1173 certificate from the funeral director, the medical certification
1174 of cause of death shall be completed and made available to the
1175 funeral director by the decedent's primary or attending
1176 practitioner ~~physician~~ or, if s. 382.011 applies, the district
1177 medical examiner of the county in which the death occurred or
1178 the body was found. The primary or attending practitioner
1179 ~~physician~~ or the medical examiner shall certify over his or her
1180 signature the cause of death to the best of his or her knowledge
1181 and belief. As used in this section, the term "primary or
1182 attending practitioner ~~physician~~" means a physician or an APRN-
1183 IP registered under s. 464.0123 who treated the decedent through
1184 examination, medical advice, or medication during the 12 months
1185 preceding the date of death.

1186 (a) The department may grant the funeral director an
1187 extension of time upon a good and sufficient showing of any of



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1188 the following conditions:

1189 1. An autopsy is pending.

1190 2. Toxicology, laboratory, or other diagnostic reports have
1191 not been completed.

1192 3. The identity of the decedent is unknown and further
1193 investigation or identification is required.

1194 (b) If the decedent's primary or attending practitioner
1195 ~~physician~~ or the district medical examiner of the county in
1196 which the death occurred or the body was found indicates that he
1197 or she will sign and complete the medical certification of cause
1198 of death but will not be available until after the 5-day
1199 registration deadline, the local registrar may grant an
1200 extension of 5 days. If a further extension is required, the
1201 funeral director must provide written justification to the
1202 registrar.

1203 (4) If the department or local registrar grants an
1204 extension of time to provide the medical certification of cause
1205 of death, the funeral director shall file a temporary
1206 certificate of death or fetal death which shall contain all
1207 available information, including the fact that the cause of
1208 death is pending. The decedent's primary or attending
1209 practitioner ~~physician~~ or the district medical examiner of the
1210 county in which the death occurred or the body was found shall
1211 provide an estimated date for completion of the permanent
1212 certificate.

1213 (5) A permanent certificate of death or fetal death,
1214 containing the cause of death and any other information that was
1215 previously unavailable, shall be registered as a replacement for
1216 the temporary certificate. The permanent certificate may also



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1217 include corrected information if the items being corrected are
1218 noted on the back of the certificate and dated and signed by the
1219 funeral director, physician, APRN-IP registered under s.
1220 464.0123, or district medical examiner of the county in which
1221 the death occurred or the body was found, as appropriate.

1222 Section 21. Effective July 1, 2020, contingent upon SB __
1223 or similar legislation taking effect on that same date after
1224 being adopted in the same legislative session or an extension
1225 thereof and becoming a law, subsection (1) of section 382.011,
1226 Florida Statutes, is amended to read:

1227 382.011 Medical examiner determination of cause of death.-

1228 (1) In the case of any death or fetal death due to causes
1229 or conditions listed in s. 406.11, any death that occurred more
1230 than 12 months after the decedent was last treated by a primary
1231 or attending physician or an APRN-IP registered under s.
1232 464.0123 ~~as defined in s. 382.008(3)~~, or any death for which
1233 there is reason to believe that the death may have been due to
1234 an unlawful act or neglect, the funeral director or other person
1235 to whose attention the death may come shall refer the case to
1236 the district medical examiner of the county in which the death
1237 occurred or the body was found for investigation and
1238 determination of the cause of death.

1239 Section 22. Effective July 1, 2020, contingent upon SB __
1240 or similar legislation taking effect on that same date after
1241 being adopted in the same legislative session or an extension
1242 thereof and becoming a law, paragraphs (a) and (f) of subsection
1243 (2) of section 394.463, Florida Statutes, are amended to read:

1244 394.463 Involuntary examination.-

1245 (2) INVOLUNTARY EXAMINATION.-



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1246 (a) An involuntary examination may be initiated by any one
1247 of the following means:

1248 1. A circuit or county court may enter an ex parte order
1249 stating that a person appears to meet the criteria for
1250 involuntary examination and specifying the findings on which
1251 that conclusion is based. The ex parte order for involuntary
1252 examination must be based on written or oral sworn testimony
1253 that includes specific facts that support the findings. If other
1254 less restrictive means are not available, such as voluntary
1255 appearance for outpatient evaluation, a law enforcement officer,
1256 or other designated agent of the court, shall take the person
1257 into custody and deliver him or her to an appropriate, or the
1258 nearest, facility within the designated receiving system
1259 pursuant to s. 394.462 for involuntary examination. The order of
1260 the court shall be made a part of the patient's clinical record.
1261 A fee may not be charged for the filing of an order under this
1262 subsection. A facility accepting the patient based on this order
1263 must send a copy of the order to the department within 5 working
1264 days. The order may be submitted electronically through existing
1265 data systems, if available. The order shall be valid only until
1266 the person is delivered to the facility or for the period
1267 specified in the order itself, whichever comes first. If a ~~no~~
1268 time limit is not specified in the order, the order is ~~shall be~~
1269 valid for 7 days after the date that the order was signed.

1270 2. A law enforcement officer shall take a person who
1271 appears to meet the criteria for involuntary examination into
1272 custody and deliver the person or have him or her delivered to
1273 an appropriate, or the nearest, facility within the designated
1274 receiving system pursuant to s. 394.462 for examination. The



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1275 officer shall execute a written report detailing the
1276 circumstances under which the person was taken into custody,
1277 which must be made a part of the patient's clinical record. Any
1278 facility accepting the patient based on this report must send a
1279 copy of the report to the department within 5 working days.

1280 3. A physician, a clinical psychologist, a psychiatric
1281 nurse, an APRN-IP registered under s. 464.0123, a mental health
1282 counselor, a marriage and family therapist, or a clinical social
1283 worker may execute a certificate stating that he or she has
1284 examined a person within the preceding 48 hours and finds that
1285 the person appears to meet the criteria for involuntary
1286 examination and stating the observations upon which that
1287 conclusion is based. If other less restrictive means, such as
1288 voluntary appearance for outpatient evaluation, are not
1289 available, a law enforcement officer shall take into custody the
1290 person named in the certificate and deliver him or her to the
1291 appropriate, or nearest, facility within the designated
1292 receiving system pursuant to s. 394.462 for involuntary
1293 examination. The law enforcement officer shall execute a written
1294 report detailing the circumstances under which the person was
1295 taken into custody. The report and certificate shall be made a
1296 part of the patient's clinical record. Any facility accepting
1297 the patient based on this certificate must send a copy of the
1298 certificate to the department within 5 working days. The
1299 document may be submitted electronically through existing data
1300 systems, if applicable.

1301
1302 When sending the order, report, or certificate to the
1303 department, a facility shall, at a minimum, provide information



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1304 about which action was taken regarding the patient under
1305 paragraph (g), which information shall also be made a part of
1306 the patient's clinical record.

1307 (f) A patient shall be examined by a physician, an APRN-IP
1308 registered under s. 464.0123, or a clinical psychologist, or by
1309 a psychiatric nurse performing within the framework of an
1310 established protocol with a psychiatrist, at a facility without
1311 unnecessary delay to determine if the criteria for involuntary
1312 services are met. Emergency treatment may be provided upon the
1313 order of a physician if the physician determines that such
1314 treatment is necessary for the safety of the patient or others.
1315 The patient may not be released by the receiving facility or its
1316 contractor without the documented approval of a psychiatrist or
1317 a clinical psychologist or, if the receiving facility is owned
1318 or operated by a hospital or health system, the release may also
1319 be approved by a psychiatric nurse performing within the
1320 framework of an established protocol with a psychiatrist, or an
1321 attending emergency department physician with experience in the
1322 diagnosis and treatment of mental illness after completion of an
1323 involuntary examination pursuant to this subsection. A
1324 psychiatric nurse may not approve the release of a patient if
1325 the involuntary examination was initiated by a psychiatrist
1326 unless the release is approved by the initiating psychiatrist.

1327 Section 23. Effective July 1, 2020, contingent upon SB __
1328 or similar legislation taking effect on that same date after
1329 being adopted in the same legislative session or an extension
1330 thereof and becoming a law, paragraph (a) of subsection (2) of
1331 section 397.501, Florida Statutes, is amended to read:

1332 397.501 Rights of individuals.—Individuals receiving



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1333 substance abuse services from any service provider are
1334 guaranteed protection of the rights specified in this section,
1335 unless otherwise expressly provided, and service providers must
1336 ensure the protection of such rights.

1337 (2) RIGHT TO NONDISCRIMINATORY SERVICES.—

1338 (a) Service providers may not deny an individual access to
1339 substance abuse services solely on the basis of race, gender,
1340 ethnicity, age, sexual preference, human immunodeficiency virus
1341 status, prior service departures against medical advice,
1342 disability, or number of relapse episodes. Service providers may
1343 not deny an individual who takes medication prescribed by a
1344 physician or an APRN-IP registered under s. 464.0123 access to
1345 substance abuse services solely on that basis. Service providers
1346 who receive state funds to provide substance abuse services may
1347 not, if space and sufficient state resources are available, deny
1348 access to services based solely on inability to pay.

1349 Section 24. Effective July 1, 2020, contingent upon SB __
1350 or similar legislation taking effect on that same date after
1351 being adopted in the same legislative session or an extension
1352 thereof and becoming a law, paragraphs (i), (o), and (r) of
1353 subsection (3) and paragraph (g) of subsection (5) of section
1354 456.053, Florida Statutes, are amended to read:

1355 456.053 Financial arrangements between referring health
1356 care providers and providers of health care services.—

1357 (3) DEFINITIONS.—For the purpose of this section, the word,
1358 phrase, or term:

1359 (i) "Health care provider" means a ~~any~~ physician licensed
1360 under chapter 458, chapter 459, chapter 460, or chapter 461; an
1361 APRN-IP registered under s. 464.0123; ~~r~~ or any health care



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1362 provider licensed under chapter 463 or chapter 466.

1363 (o)1. "Referral" means any referral of a patient by a
1364 health care provider for health care services, including,
1365 without limitation:

1366 a.1. The forwarding of a patient by a health care provider
1367 to another health care provider or to an entity which provides
1368 or supplies designated health services or any other health care
1369 item or service; or

1370 b.2. The request or establishment of a plan of care by a
1371 health care provider, which includes the provision of designated
1372 health services or other health care item or service.

1373 2.3. The following orders, recommendations, or plans of
1374 care do not ~~shall not~~ constitute a referral by a health care
1375 provider:

1376 a. By a radiologist for diagnostic-imaging services.

1377 b. By a physician specializing in the provision of
1378 radiation therapy services for such services.

1379 c. By a medical oncologist for drugs and solutions to be
1380 prepared and administered intravenously to such oncologist's
1381 patient, as well as for the supplies and equipment used in
1382 connection therewith to treat such patient for cancer and the
1383 complications thereof.

1384 d. By a cardiologist for cardiac catheterization services.

1385 e. By a pathologist for diagnostic clinical laboratory
1386 tests and pathological examination services, if furnished by or
1387 under the supervision of such pathologist pursuant to a
1388 consultation requested by another physician.

1389 f. By a health care provider who is the sole provider or
1390 member of a group practice for designated health services or



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1391 other health care items or services that are prescribed or
1392 provided solely for such referring health care provider's or
1393 group practice's own patients, and that are provided or
1394 performed by or under the direct supervision of such referring
1395 health care provider or group practice; provided, however, ~~that~~
1396 ~~effective July 1, 1999,~~ a health care provider ~~physician~~
1397 ~~licensed pursuant to chapter 458, chapter 459, chapter 460, or~~
1398 ~~chapter 461~~ may refer a patient to a sole provider or group
1399 practice for diagnostic imaging services, excluding radiation
1400 therapy services, for which the sole provider or group practice
1401 billed both the technical and the professional fee for or on
1402 behalf of the patient, if the referring health care provider
1403 does not have an ~~physician has no~~ investment interest in the
1404 practice. The diagnostic imaging service referred to a group
1405 practice or sole provider must be a diagnostic imaging service
1406 normally provided within the scope of practice to the patients
1407 of the group practice or sole provider. The group practice or
1408 sole provider may accept no more than 15 percent of their
1409 patients receiving diagnostic imaging services from outside
1410 referrals, excluding radiation therapy services.

1411 g. By a health care provider for services provided by an
1412 ambulatory surgical center licensed under chapter 395.

1413 h. By a urologist for lithotripsy services.

1414 i. By a dentist for dental services performed by an
1415 employee of or health care provider who is an independent
1416 contractor with the dentist or group practice of which the
1417 dentist is a member.

1418 j. By a physician for infusion therapy services to a
1419 patient of that physician or a member of that physician's group



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1420 practice.

1421 k. By a nephrologist for renal dialysis services and
1422 supplies, except laboratory services.

1423 l. By a health care provider whose principal professional
1424 practice consists of treating patients in their private
1425 residences for services to be rendered in such private
1426 residences, except for services rendered by a home health agency
1427 licensed under chapter 400. For purposes of this sub-
1428 subparagraph, the term "private residences" includes patients'
1429 private homes, independent living centers, and assisted living
1430 facilities, but does not include skilled nursing facilities.

1431 m. By a health care provider for sleep-related testing.

1432 (r) "Sole provider" means one health care provider licensed
1433 under chapter 458, chapter 459, chapter 460, or chapter 461, or
1434 registered under s. 464.0123, who maintains a separate medical
1435 office and a medical practice separate from any other health
1436 care provider and who bills for his or her services separately
1437 from the services provided by any other health care provider. A
1438 sole provider may not ~~shall not~~ share overhead expenses or
1439 professional income with any other person or group practice.

1440 (5) PROHIBITED REFERRALS AND CLAIMS FOR PAYMENT.—Except as
1441 provided in this section:

1442 (g) A violation of this section by a health care provider
1443 shall constitute grounds for disciplinary action to be taken by
1444 the applicable board pursuant to s. 458.331(2), s. 459.015(2),
1445 s. 460.413(2), s. 461.013(2), s. 463.016(2), s. 464.018, or s.
1446 466.028(2). Any hospital licensed under chapter 395 found in
1447 violation of this section shall be subject to s. 395.0185(2).

1448 Section 25. Effective July 1, 2020, contingent upon SB __



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1449 or similar legislation taking effect on that same date after
1450 being adopted in the same legislative session or an extension
1451 thereof and becoming a law, subsection (1) of section 626.9707,
1452 Florida Statutes, is amended to read:

1453 626.9707 Disability insurance; discrimination on basis of
1454 sickle-cell trait prohibited.—

1455 (1) An ~~No~~ insurer authorized to transact insurance in this
1456 state may not ~~shall~~ refuse to issue and deliver in this state
1457 any policy of disability insurance, whether such policy is
1458 defined as individual, group, blanket, franchise, industrial, or
1459 otherwise, which is currently being issued for delivery in this
1460 state and which affords benefits and coverage for any medical
1461 treatment or service authorized and permitted to be furnished by
1462 a hospital, a clinic, a health clinic, a neighborhood health
1463 clinic, a health maintenance organization, a physician, a
1464 physician's assistant, an advanced practice registered nurse, an
1465 APRN-IP registered under s. 464.0123 practitioner, or a medical
1466 service facility or personnel solely because the person to be
1467 insured has the sickle-cell trait.

1468 Section 26. Effective July 1, 2020, contingent upon SB __
1469 or similar legislation taking effect on that same date after
1470 being adopted in the same legislative session or an extension
1471 thereof and becoming a law, section 627.64025, Florida Statutes,
1472 is created to read:

1473 627.64025 APRN-IP services.—A health insurance policy that
1474 provides major medical coverage and that is delivered, issued,
1475 or renewed in this state on or after January 1, 2021, may not
1476 require an insured to receive services from an APRN-IP
1477 registered under s. 464.0123 or an advanced practice registered



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1478 nurse under the supervision of a physician in place of a primary
1479 care physician.

1480 Section 27. Effective July 1, 2020, contingent upon SB __
1481 or similar legislation taking effect on that same date after
1482 being adopted in the same legislative session or an extension
1483 thereof and becoming a law, section 627.6621, Florida Statutes,
1484 is created to read:

1485 627.6621 APRN-IP services.—A group, blanket, or franchise
1486 health insurance policy that is delivered, issued, or renewed in
1487 this state on or after January 1, 2021, may not require an
1488 insured to receive services from an APRN-IP registered under s.
1489 464.0123 or an advanced practice registered nurse under the
1490 supervision of a physician in place of a primary care physician.

1491 Section 28. Effective July 1, 2020, contingent upon SB __
1492 or similar legislation taking effect on that same date after
1493 being adopted in the same legislative session or an extension
1494 thereof and becoming a law, paragraph (g) is added to subsection
1495 (5) of section 627.6699, Florida Statutes, to read:

1496 627.6699 Employee Health Care Access Act.—

1497 (5) AVAILABILITY OF COVERAGE.—

1498 (g) A health benefit plan covering small employers which is
1499 delivered, issued, or renewed in this state on or after January
1500 1, 2021, may not require an insured to receive services from an
1501 APRN-IP registered under s. 464.0123 or an advanced practice
1502 registered nurse under the supervision of a physician in place
1503 of a primary care physician.

1504 Section 29. Effective July 1, 2020, contingent upon SB __
1505 or similar legislation taking effect on that same date after
1506 being adopted in the same legislative session or an extension



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1507 thereof and becoming a law, paragraph (a) of subsection (1) of
1508 section 627.736, Florida Statutes, is amended to read:

1509 627.736 Required personal injury protection benefits;
1510 exclusions; priority; claims.—

1511 (1) REQUIRED BENEFITS.—An insurance policy complying with
1512 the security requirements of s. 627.733 must provide personal
1513 injury protection to the named insured, relatives residing in
1514 the same household, persons operating the insured motor vehicle,
1515 passengers in the motor vehicle, and other persons struck by the
1516 motor vehicle and suffering bodily injury while not an occupant
1517 of a self-propelled vehicle, subject to subsection (2) and
1518 paragraph (4) (e), to a limit of \$10,000 in medical and
1519 disability benefits and \$5,000 in death benefits resulting from
1520 bodily injury, sickness, disease, or death arising out of the
1521 ownership, maintenance, or use of a motor vehicle as follows:

1522 (a) *Medical benefits.*—Eighty percent of all reasonable
1523 expenses for medically necessary medical, surgical, X-ray,
1524 dental, and rehabilitative services, including prosthetic
1525 devices and medically necessary ambulance, hospital, and nursing
1526 services if the individual receives initial services and care
1527 pursuant to subparagraph 1. within 14 days after the motor
1528 vehicle accident. The medical benefits provide reimbursement
1529 only for:

1530 1. Initial services and care that are lawfully provided,
1531 supervised, ordered, or prescribed by a physician licensed under
1532 chapter 458 or chapter 459, a dentist licensed under chapter
1533 466, ~~or~~ a chiropractic physician licensed under chapter 460, or
1534 an APRN-IP registered under s. 464.0123 or that are provided in
1535 a hospital or in a facility that owns, or is wholly owned by, a



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1536 hospital. Initial services and care may also be provided by a
1537 person or entity licensed under part III of chapter 401 which
1538 provides emergency transportation and treatment.

1539 2. Upon referral by a provider described in subparagraph
1540 1., followup services and care consistent with the underlying
1541 medical diagnosis rendered pursuant to subparagraph 1. which may
1542 be provided, supervised, ordered, or prescribed only by a
1543 physician licensed under chapter 458 or chapter 459, a
1544 chiropractic physician licensed under chapter 460, a dentist
1545 licensed under chapter 466, or an APRN-IP registered under s.
1546 464.0123 or, to the extent permitted by applicable law and under
1547 the supervision of such physician, osteopathic physician,
1548 chiropractic physician, or dentist, by a physician assistant
1549 licensed under chapter 458 or chapter 459 or an advanced
1550 practice registered nurse licensed under chapter 464. Followup
1551 services and care may also be provided by the following persons
1552 or entities:

1553 a. A hospital or ambulatory surgical center licensed under
1554 chapter 395.

1555 b. An entity wholly owned by one or more physicians
1556 licensed under chapter 458 or chapter 459, chiropractic
1557 physicians licensed under chapter 460, APRN-IPs registered under
1558 s. 464.0123, or dentists licensed under chapter 466 or by such
1559 practitioners and the spouse, parent, child, or sibling of such
1560 practitioners.

1561 c. An entity that owns or is wholly owned, directly or
1562 indirectly, by a hospital or hospitals.

1563 d. A physical therapist licensed under chapter 486, based
1564 upon a referral by a provider described in this subparagraph.



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1565 e. A health care clinic licensed under part X of chapter
1566 400 which is accredited by an accrediting organization whose
1567 standards incorporate comparable regulations required by this
1568 state, or

1569 (I) Has a medical director licensed under chapter 458,
1570 chapter 459, or chapter 460;

1571 (II) Has been continuously licensed for more than 3 years
1572 or is a publicly traded corporation that issues securities
1573 traded on an exchange registered with the United States
1574 Securities and Exchange Commission as a national securities
1575 exchange; and

1576 (III) Provides at least four of the following medical
1577 specialties:

1578 (A) General medicine.

1579 (B) Radiography.

1580 (C) Orthopedic medicine.

1581 (D) Physical medicine.

1582 (E) Physical therapy.

1583 (F) Physical rehabilitation.

1584 (G) Prescribing or dispensing outpatient prescription
1585 medication.

1586 (H) Laboratory services.

1587 3. Reimbursement for services and care provided in
1588 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician
1589 licensed under chapter 458 or chapter 459, a dentist licensed
1590 under chapter 466, a physician assistant licensed under chapter
1591 458 or chapter 459, ~~or~~ an advanced practice registered nurse
1592 licensed under chapter 464, or an APRN-IP registered under s.
1593 464.0123 has determined that the injured person had an emergency



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1594 medical condition.

1595 4. Reimbursement for services and care provided in
1596 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a
1597 provider listed in subparagraph 1. or subparagraph 2. determines
1598 that the injured person did not have an emergency medical
1599 condition.

1600 5. Medical benefits do not include massage as defined in s.
1601 480.033 or acupuncture as defined in s. 457.102, regardless of
1602 the person, entity, or licensee providing massage or
1603 acupuncture, and a licensed massage therapist or licensed
1604 acupuncturist may not be reimbursed for medical benefits under
1605 this section.

1606 6. The Financial Services Commission shall adopt by rule
1607 the form that must be used by an insurer and a health care
1608 provider specified in sub-subparagraph 2.b., sub-subparagraph
1609 2.c., or sub-subparagraph 2.e. to document that the health care
1610 provider meets the criteria of this paragraph. Such rule must
1611 include a requirement for a sworn statement or affidavit.

1612
1613 Only insurers writing motor vehicle liability insurance in this
1614 state may provide the required benefits of this section, and
1615 such insurer may not require the purchase of any other motor
1616 vehicle coverage other than the purchase of property damage
1617 liability coverage as required by s. 627.7275 as a condition for
1618 providing such benefits. Insurers may not require that property
1619 damage liability insurance in an amount greater than \$10,000 be
1620 purchased in conjunction with personal injury protection. Such
1621 insurers shall make benefits and required property damage
1622 liability insurance coverage available through normal marketing



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1623 channels. An insurer writing motor vehicle liability insurance
1624 in this state who fails to comply with such availability
1625 requirement as a general business practice violates part IX of
1626 chapter 626, and such violation constitutes an unfair method of
1627 competition or an unfair or deceptive act or practice involving
1628 the business of insurance. An insurer committing such violation
1629 is subject to the penalties provided under that part, as well as
1630 those provided elsewhere in the insurance code.

1631 Section 30. Effective July 1, 2020, contingent upon SB __
1632 or similar legislation taking effect on that same date after
1633 being adopted in the same legislative session or an extension
1634 thereof and becoming a law, subsection (5) of section 633.412,
1635 Florida Statutes, is amended to read:

1636 633.412 Firefighters; qualifications for certification.—A
1637 person applying for certification as a firefighter must:

1638 (5) Be in good physical condition as determined by a
1639 medical examination given by a physician, surgeon, or physician
1640 assistant licensed under ~~to practice in the state pursuant to~~
1641 chapter 458; an osteopathic physician, a surgeon, or a physician
1642 assistant licensed under ~~to practice in the state pursuant to~~
1643 chapter 459; ~~or~~ an advanced practice registered nurse licensed
1644 under ~~to practice in the state pursuant to~~ chapter 464; or an
1645 APRN-IP registered under s. 464.0123. Such examination may
1646 include, but need not be limited to, the National Fire
1647 Protection Association Standard 1582. A medical examination
1648 evidencing good physical condition shall be submitted to the
1649 division, on a form as provided by rule, before an individual is
1650 eligible for admission into a course under s. 633.408.

1651 Section 31. Effective July 1, 2020, contingent upon SB __



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1652 or similar legislation taking effect on that same date after
1653 being adopted in the same legislative session or an extension
1654 thereof and becoming a law, section 641.31075, Florida Statutes,
1655 is created to read:

1656 641.31075 APRN-IP services.-A health maintenance contract
1657 that is delivered, issued, or renewed in this state on or after
1658 January 1, 2021, may not require a subscriber to receive
1659 services from an APRN-IP registered under s. 464.0123 in place
1660 of a primary care physician or an advanced practice registered
1661 nurse under the supervision of a physician.

1662 Section 32. Effective July 1, 2020, contingent upon SB __
1663 or similar legislation taking effect on that same date after
1664 being adopted in the same legislative session or an extension
1665 thereof and becoming a law, subsection (8) of section 641.495,
1666 Florida Statutes, is amended to read:

1667 641.495 Requirements for issuance and maintenance of
1668 certificate.-

1669 (8) Each organization's contracts, certificates, and
1670 subscriber handbooks shall contain a provision, if applicable,
1671 disclosing that, for certain types of described medical
1672 procedures, services may be provided by physician assistants,
1673 advanced practice registered nurses, APRN-IPs registered under
1674 s. 464.0123 ~~nurse practitioners~~, or other individuals who are
1675 not licensed physicians.

1676 Section 33. Effective July 1, 2020, contingent upon SB __
1677 or similar legislation taking effect on that same date after
1678 being adopted in the same legislative session or an extension
1679 thereof and becoming a law, paragraph (b) of subsection (1) of
1680 section 744.3675, Florida Statutes, is amended to read:



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1681 744.3675 Annual guardianship plan.—Each guardian of the
1682 person must file with the court an annual guardianship plan
1683 which updates information about the condition of the ward. The
1684 annual plan must specify the current needs of the ward and how
1685 those needs are proposed to be met in the coming year.

1686 (1) Each plan for an adult ward must, if applicable,
1687 include:

1688 (b) Information concerning the medical and mental health
1689 conditions and treatment and rehabilitation needs of the ward,
1690 including:

1691 1. A resume of any professional medical treatment given to
1692 the ward during the preceding year.

1693 2. The report of a physician or an APRN-IP registered under
1694 s. 464.0123 who examined the ward no more than 90 days before
1695 the beginning of the applicable reporting period. The report
1696 must contain an evaluation of the ward's condition and a
1697 statement of the current level of capacity of the ward.

1698 3. The plan for providing medical, mental health, and
1699 rehabilitative services in the coming year.

1700 Section 34. Effective July 1, 2020, contingent upon SB __
1701 or similar legislation taking effect on that same date after
1702 being adopted in the same legislative session or an extension
1703 thereof and becoming a law, paragraph (c) of subsection (1) of
1704 section 766.118, Florida Statutes, is amended to read:

1705 766.118 Determination of noneconomic damages.—

1706 (1) DEFINITIONS.—As used in this section, the term:

1707 (c) "Practitioner" means any person licensed or registered
1708 under chapter 458, chapter 459, chapter 460, chapter 461,
1709 chapter 462, chapter 463, chapter 466, chapter 467, chapter 486,



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1710 ~~or~~ s. 464.012, or s. 464.0123. "Practitioner" also means any
1711 association, corporation, firm, partnership, or other business
1712 entity under which such practitioner practices or any employee
1713 of such practitioner or entity acting in the scope of his or her
1714 employment. For the purpose of determining the limitations on
1715 noneconomic damages set forth in this section, the term
1716 "practitioner" includes any person or entity for whom a
1717 practitioner is vicariously liable and any person or entity
1718 whose liability is based solely on such person or entity being
1719 vicariously liable for the actions of a practitioner.

1720 Section 35. Effective July 1, 2020, contingent upon SB __
1721 or similar legislation taking effect on that same date after
1722 being adopted in the same legislative session or an extension
1723 thereof and becoming a law, subsection (3) of section 768.135,
1724 Florida Statutes, is amended to read:

1725 768.135 Volunteer team physicians; immunity.—

1726 (3) A practitioner licensed or registered under chapter
1727 458, chapter 459, chapter 460, ~~or~~ s. 464.012, or s. 464.0123 who
1728 gratuitously and in good faith conducts an evaluation pursuant
1729 to s. 1006.20(2)(c) is not liable for any civil damages arising
1730 from that evaluation unless the evaluation was conducted in a
1731 wrongful manner.

1732 Section 36. Effective July 1, 2020, contingent upon SB __
1733 or similar legislation taking effect on that same date after
1734 being adopted in the same legislative session or an extension
1735 thereof and becoming a law, subsection (2) of section 960.28,
1736 Florida Statutes, is amended to read:

1737 960.28 Payment for victims' initial forensic physical
1738 examinations.—



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1739 (2) The Crime Victims' Services Office of the department
1740 shall pay for medical expenses connected with an initial
1741 forensic physical examination of a victim of sexual battery as
1742 defined in chapter 794 or a lewd or lascivious offense as
1743 defined in chapter 800. Such payment shall be made regardless of
1744 whether the victim is covered by health or disability insurance
1745 and whether the victim participates in the criminal justice
1746 system or cooperates with law enforcement. The payment shall be
1747 made only out of moneys allocated to the Crime Victims' Services
1748 Office for the purposes of this section, and the payment may not
1749 exceed \$1,000 with respect to any violation. The department
1750 shall develop and maintain separate protocols for the initial
1751 forensic physical examination of adults and children. Payment
1752 under this section is limited to medical expenses connected with
1753 the initial forensic physical examination, and payment may be
1754 made to a medical provider using an examiner qualified under
1755 part I of chapter 464, excluding s. 464.003(15) ~~s. 464.003(14)~~;
1756 chapter 458; or chapter 459. Payment made to the medical
1757 provider by the department shall be considered by the provider
1758 as payment in full for the initial forensic physical examination
1759 associated with the collection of evidence. The victim may not
1760 be required to pay, directly or indirectly, the cost of an
1761 initial forensic physical examination performed in accordance
1762 with this section.

1763 Section 37. Effective July 1, 2020, contingent upon SB
1764 or similar legislation taking effect on that same date after
1765 being adopted in the same legislative session or an extension
1766 thereof and becoming a law, the Office of Program Policy
1767 Analysis and Government Accountability shall develop a report on



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1768 the impact of and recommendations regarding the continuance of
1769 the Patient Access to Primary Care Pilot Program established in
1770 this act. The report shall include, but need not be limited to,
1771 improvements in access to primary care, the number of advanced
1772 practice registered nurse - independent practitioners
1773 participating in the program, cost savings or increases in
1774 services provided, the number of referrals to physicians by
1775 advanced practice registered nurse - independent practitioners
1776 participating in the program, any increase or decrease in the
1777 number of prescriptions written, and any increase or decrease in
1778 the cost of medications. In conducting such research and
1779 analysis, the office may consult with the Council on Advanced
1780 Practice Registered Nurse Independent Practice. The office shall
1781 submit the report and recommendations to the Governor, the
1782 President of the Senate, and the Speaker of the House of
1783 Representatives by September 1, 2030.

1784 Section 38. If s. 464.0123, Florida Statutes, is not saved
1785 from repeal through reenactment by the Legislature, the text of
1786 the statutes amended in sections 15 and 17 through 36 of this
1787 bill shall revert to that in existence on the date this act
1788 became a law, except that any amendments to such text enacted
1789 other than by this act shall be preserved and continue to
1790 operate to the extent that such amendments are not dependent
1791 upon the portions of text which expire pursuant to this section.

1792 Section 39. For the 2020-2021 fiscal year, three full-time
1793 equivalent positions with associated salary rate of 125,887 and
1794 three other personal services positions are authorized, and the
1795 sums of \$400,764 in recurring funds and \$408,731 in nonrecurring
1796 funds from the Health Care Trust Fund are appropriated to the



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1797 Agency for Health Care Administration for the purpose of
1798 implementing sections 400.52 and 408.822, Florida Statutes, as
1799 created by this act.

1800 Section 40. Except as otherwise expressly provided in this
1801 act, this act shall take effect upon becoming a law.