



679738

LEGISLATIVE ACTION

Senate

.
. .
. .
. .
. .

House

The Committee on Appropriations (Bradley) recommended the following:

Senate Amendment (with title amendment)

Delete lines 627 - 1791

and insert:

Section 15. Effective July 1, 2020, present subsections (4) through (21) of section 464.003, Florida Statutes, are redesignated as subsections (5) through (22), respectively, and a new subsection (4) is added to that section, to read:

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

(4) "Advanced practice registered nurse - independent



679738

11 practitioner” or “APRN-IP” means an advanced practice registered
12 nurse who is registered under s. 464.0123 to provide primary
13 health care services without a protocol agreement or
14 supervision.

15 Section 16. Effective July 1, 2020, section 464.0123,
16 Florida Statutes, is created to read:

17 464.0123 Patient Access to Primary Care Program.—

18 (1) PROGRAM PURPOSE.—The Patient Access to Primary Care
19 Program is created for the purpose of providing primary health
20 care services in primary care health professional shortage
21 areas. The department shall implement this program.

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

23 (a) “Council” means the Council on Advanced Practice
24 Registered Nurse Independent Practice established in subsection
25 (3).

26 (b) “Physician” means a person licensed under chapter 458
27 to practice medicine or a person licensed under chapter 459 to
28 practice osteopathic medicine.

29 (c) “Primary care health professional shortage area” means
30 a geographic area, an area having a special population, or a
31 facility with a score of at least 18, as designated and
32 calculated by the Federal Health Resources and Services
33 Administration or a rural area as defined by the Federal Office
34 of Rural Health Policy.

35 (3) COUNCIL ON ADVANCED PRACTICE REGISTERED NURSE
36 INDEPENDENT PRACTICE.—

37 (a) The Council on Advanced Practice Registered Nurse
38 Independent Practice is created within the department.

39 (b) The council shall consist of the following nine



679738

40 members:

41 1. Two members appointed by the chair of the Board of
42 Medicine who are physicians and members of the Board of
43 Medicine.

44 2. Two members appointed by the chair of the Board of
45 Osteopathic Medicine who are physicians and members of the Board
46 of Osteopathic Medicine.

47 3. Four members appointed by the chair of the Board of
48 Nursing who are advanced practice registered nurses and who have
49 each completed at least 10,000 hours of supervised practice over
50 a period of at least 5 years under a protocol with a supervising
51 physician.

52 4. The State Surgeon General or his or her designee.

53 (c) The Board of Medicine members, the Board of Osteopathic
54 Medicine members, and the Board of Nursing appointee members
55 shall be appointed for terms of 4 years. The initial
56 appointments shall be staggered so that one member from the
57 Board of Medicine, one member from the Board of Osteopathic
58 Medicine, and one appointee member from the Board of Nursing
59 shall each be appointed for a term of 4 years; one member from
60 the Board of Medicine and one appointee member from the Board of
61 Nursing shall each be appointed for a term of 3 years; and one
62 member from the Board of Osteopathic Medicine and two appointee
63 members from the Board of Nursing shall each be appointed for a
64 term of 2 years. Initial physician members appointed to the
65 council must be physicians who have practiced with advanced
66 practice registered nurses under a protocol in their practice.

67 (d) Council members may not serve more than two consecutive
68 terms. The council shall annually elect a chair from among its



679738

69 members.

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

72 (f) The council shall:

73 1. Review applications for and recommend to the department
74 the registration of APRN-IPs.

75 2. Develop proposed rules regulating the practice of APRN-
76 IPs. The council shall also develop proposed rules to ensure
77 that the continuity of practice of APRN-IPs is maintained in
78 primary care health professional shortage areas. The language of
79 proposed rules developed by the council must be submitted to the
80 department. Based on the council's proposed rules, the
81 department shall adopt rules regulating the practice of APRN-
82 IPs.

83 3. Make recommendations to the department regarding all
84 matters relating to APRN-IPs.

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

87 (g) When the council finds that an applicant for licensure
88 has failed to meet, to the council's satisfaction, each of the
89 requirements for registration set forth in this section, the
90 council may enter an order to:

91 1. Refuse to register the applicant;

92 2. Approve the applicant for registration with restrictions
93 on the scope of practice or registration; or

94 3. Approve the applicant for limited registration with
95 conditions. Such conditions may include placement of the
96 registrant on probation for a period of time and subject to such
97 conditions as the council may specify, including, but not



679738

98 limited to, requiring the registrant to undergo treatment, to
99 attend continuing education courses, to work under the direct
100 supervision of a physician licensed in this state, or to take
101 corrective action, as determined by the council.

102 (4) REGISTRATION.—To be registered as an APRN-IP, an
103 advanced practice registered nurse must apply to the department
104 on forms developed by the department. The council shall review
105 the application and recommend to the department the registration
106 of the advanced practice registered nurse with the Board of
107 Medicine as an APRN-IP if the applicant submits proof that he or
108 she holds an unrestricted license issued under s. 464.012 and
109 provides all of the following information:

110 (a) The name of each location at which the applicant has
111 practiced as an advanced practice registered nurse pursuant to
112 an established written protocol under the direct or indirect
113 supervision of a physician for 2,000 hours within the last 4
114 years and the names and addresses of all supervising physicians
115 during that period.

116 (b) Any certification or designation that the applicant has
117 received from a specialty or certification board which is
118 recognized or approved by the Board of Nursing, the Board of
119 Medicine, the Board of Osteopathic Medicine, or the department.

120 (c) The calendar years in which the applicant:

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

123 2. Began practicing in any jurisdiction; and

124 3. Received initial advanced practice registered nurse
125 licensure in this state.

126 (d) The address at which the applicant will primarily



679738

127 conduct his or her practice, if known.

128 (e) The name of each school or training program that the
129 applicant has attended, with the months and years of attendance
130 and the month and year of graduation, and a description of all
131 graduate professional education completed by the applicant,
132 excluding any coursework taken to satisfy continuing education
133 requirements.

134 (f) Any appointment to the faculty of a school related to
135 the profession which the applicant currently holds or has held
136 within the past 10 years and an indication as to whether the
137 applicant has been responsible for graduate education within the
138 past 10 years.

139 (g) A description of any criminal offense of which the
140 applicant has been found guilty, regardless of whether
141 adjudication of guilt was withheld, or to which the applicant
142 has pled guilty or nolo contendere. A criminal offense committed
143 in another jurisdiction which would have been a felony or
144 misdemeanor if committed in this state must be reported. If the
145 applicant indicates to the department that a criminal offense is
146 under appeal and submits a copy of the notice for appeal of that
147 criminal offense, the department must state that the criminal
148 offense is under appeal if the criminal offense is reported in
149 the applicant's profile. If the applicant indicates to the
150 department that a criminal offense is under appeal, the
151 applicant must, within 15 days after the disposition of the
152 appeal, submit to the department a copy of the final written
153 order of disposition.

154 (h) A description of any disciplinary action as specified
155 in s. 456.077, s. 458.320, or s. 464.018 or any similar



679738

156 disciplinary action in any other jurisdiction of the United
157 States by a licensing or regulatory body; by a specialty board
158 that is recognized by the Board of Nursing, the Board of
159 Medicine, the Board of Osteopathic Medicine, or the department;
160 or by a licensed hospital, health maintenance organization,
161 prepaid health clinic, ambulatory surgical center, or nursing
162 home. Disciplinary action includes resignation from or
163 nonrenewal of staff membership or the restriction of privileges
164 at a licensed hospital, health maintenance organization, prepaid
165 health clinic, ambulatory surgical center, or nursing home taken
166 in lieu of or in settlement of a pending disciplinary case
167 related to competence or character. If the applicant indicates
168 to the department that a disciplinary action is under appeal and
169 submits a copy of the document initiating an appeal of the
170 disciplinary action, the department must state that the
171 disciplinary action is under appeal if the disciplinary action
172 is reported in the applicant's profile. If the applicant
173 indicates to the department that a disciplinary action is under
174 appeal, the applicant must, within 15 days after the disposition
175 of the appeal, submit to the department a copy of the final
176 written order of disposition.

177 (i)1. Proof that he or she has obtained or will be
178 obtaining and will maintain professional liability insurance
179 coverage in an amount not less than \$100,000 per claim, with a
180 minimum annual aggregate of not less than \$300,000, from an
181 authorized insurer as defined in s. 624.09, from one of the
182 following:

183 a. An eligible surplus lines insurer as defined in s.
184 626.914(2);



679738

185 b. A risk retention group as defined in s. 627.942, from
186 the Joint Underwriting Association established under s.
187 627.351(4); or

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

189 2. Proof that he or she has obtained and will be
190 maintaining an unexpired, irrevocable letter of credit,
191 established pursuant to chapter 675, in an amount of not less
192 than \$100,000 per claim, with a minimum aggregate availability
193 of credit of not less than \$300,000. The letter of credit must
194 be payable to the APRN-IP as beneficiary upon presentment of a
195 final judgment indicating liability and awarding damages to be
196 paid by the APRN-IP or upon presentment of a settlement
197 agreement signed by all parties to such agreement when such
198 final judgment or settlement is a result of a claim arising out
199 of the rendering of, or the failure to render, medical or
200 nursing care and services while practicing as an APRN-IP.

201 (j) Documentation of completion within the last 5 years of
202 three graduate-level semester hours, or the equivalent, in
203 differential diagnosis and three graduate-level semester hours,
204 or the equivalent, in pharmacology, and any additional
205 coursework as recommended by the council. Such hours may not be
206 continuing education courses.

207 (k) Any additional information that the council may require
208 from the applicant, as determined by the council.

209 (5) REGISTRATION RENEWAL.—An APRN-IP may seek renewal of
210 his or her registration biennially by applying to the department
211 on forms developed by the department.

212 (a) An APRN-IP seeking registration renewal must provide
213 documentation proving his or her completion of a minimum of 40



679738

214 continuing medical education hours. The required continuing
215 medical education hours must include 3 hours on the safe and
216 effective prescribing of controlled substances; 2 hours on human
217 trafficking; 2 hours on the prevention of medical errors; 2
218 hours on domestic violence; and 2 hours on suicide prevention,
219 which must address suicide risk assessment, treatment, and
220 management, if such topics are not required for licensure under
221 this part.

222 (b) The continuing medical education hours required under
223 paragraph (a):

224 1. Must be obtained in courses approved by the Board of
225 Medicine or the Board of Osteopathic Medicine and offered by a
226 statewide professional association of physicians or osteopathic
227 physicians in this state which is accredited to provide
228 educational activities designated for the American Medical
229 Association Physician's Recognition Award Category 1 credit or
230 the American Osteopathic Category 1-A continuing medical
231 education credit.

232 2. May be counted toward the required continuing education
233 hours, including required subject area hours, for an APRN-IP's
234 renewal of his or her APRN or RN license, as provided under
235 board rule.

236 (6) PRACTITIONER PROFILE.—Upon issuing a registration or a
237 renewal of registration, the department shall update the
238 practitioner's profile, as described in s. 456.041, to reflect
239 that the advanced practice registered nurse is registered as an
240 APRN-IP.

241 (7) APRN-IP SCOPE OF PRACTICE.—An APRN-IP may provide
242 primary health care services without a protocol agreement or



679738

243 supervision only in primary care health professional shortage
244 areas during the first 3 years of his or her independent
245 practice without such agreement or supervision. After 3 years of
246 such independent practice in a primary care health professional
247 shortage area, an APRN-IP may practice independently for the
248 provision of primary health care services in any area of the
249 state. For the purposes of this subsection, "3 years of such
250 independent practice" means an APRN-IP has established an
251 independent practice in a primary care health professional
252 shortage area under this section which serves as his or her
253 primary professional practice and has actively provided primary
254 health care services to patients under that practice for 3 full
255 years.

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

260 (b) The department shall adopt by rule the scope of
261 practice for an APRN-IP. Such rules must address, but are not
262 limited to, all of the following topics:

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

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

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

269 4. Patient populations to which an APRN-IP may not provide
270 primary care, treatment, or services.

271 5. Patient populations that the APRN-IP must refer to a



679738

272 physician.

273 6. Guidelines for prescribing controlled substances for the
274 treatment of chronic nonmalignant pain and acute pain, including
275 evaluation of the patient, creation and maintenance of a
276 treatment plan, obtaining informed consent and agreement for
277 treatment, periodic review of the treatment plan, consultation,
278 medical record review, and compliance with controlled substance
279 laws and regulations.

280 7. Information regarding the credentials of the APRN-IP
281 which must be disclosed to patients in a written informed
282 consent to care and treatment, including, but not limited to,
283 notification to the patient that the APRN-IP is not a physician
284 and may not be referred to as a "doctor" or a "physician" in a
285 medical setting.

286 8. Requirements relating to the APRN-IP practice's
287 recordkeeping, record retention, and availability of records for
288 inspection by the department.

289 9. Advertising restrictions and disclosure requirements for
290 APRN-IPs, including that the APRN-IP may not be referred to as a
291 "doctor" or a "physician" in a medical setting.

292 (8) REPORTS OF ADVERSE INCIDENTS BY APRN-IPs.—

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

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

298 (c) For purposes of notifying the department under this
299 section, the term "adverse incident" means an event over which
300 the APRN-IP could exercise control and which is associated in



679738

301 whole or in part with a medical intervention, rather than the
302 condition for which such intervention occurred, and which
303 results in any of the following patient injuries:

304 1. The death of a patient.

305 2. An injury to the patient that is likely to be permanent.

306 3. Any condition that required the transfer of a patient
307 from the APRN-IP's practice location to a hospital licensed
308 under chapter 395.

309 (d) The department shall review each incident and determine
310 whether it potentially involved conduct by the APRN-IP which is
311 grounds for disciplinary action, in which case s. 456.073
312 applies. Disciplinary action, if any, shall be taken by the
313 Board of Medicine or the Board of Nursing, depending on the
314 conduct involved, as determined by the department.

315 (e) The department shall adopt rules to implement this
316 subsection.

317 (9) INACTIVE AND DELINQUENT STATUS.—An APRN-IP registration
318 that is in an inactive or delinquent status may be reactivated
319 only as provided in s. 456.036.

320 (10) CONSTRUCTION.—This section may not be construed to
321 prevent third-party payors from reimbursing an APRN-IP for
322 covered services rendered by the registered APRN-IP.

323 (11) RULEMAKING.—The department shall adopt rules to
324 implement this section.

325 Section 17. Effective July 1, 2020, present subsections (9)
326 and (10) of section 464.015, Florida Statutes, are redesignated
327 as subsections (10) and (11), respectively, a new subsection (9)
328 is added to that section, present subsections (9) of that
329 section is amended, and present subsection (10) of that section



679738

330 is republished, to read:

331 464.015 Titles and abbreviations; restrictions; penalty.—

332 (9) Only persons who hold valid registrations to practice
333 as APRN-IPs in this state may use the title "Advanced Practice
334 Registered Nurse - Independent Practitioner" and the
335 abbreviation "A.P.R.N.-I.P." A health care practitioner or
336 personnel within a health care facility may not refer to an
337 APRN-IP as a "doctor" or a "physician" in a medical setting.

338 (10)~~(9)~~ A person may not practice or advertise as, or
339 assume the title of, registered nurse, licensed practical nurse,
340 clinical nurse specialist, certified registered nurse
341 anesthetist, certified nurse midwife, certified nurse
342 practitioner, ~~or~~ advanced practice registered nurse, or advanced
343 practice registered nurse - independent practitioner; use the
344 abbreviation "R.N.," "L.P.N.," "C.N.S.," "C.R.N.A.," "C.N.M.,"
345 "C.N.P.," ~~or~~ "A.P.R.N.," or "A.P.R.N.-I.P."; or take any other
346 action that would lead the public to believe that person was
347 authorized by law to practice as such or is performing nursing
348 services pursuant to the exception set forth in s. 464.022(8)
349 unless that person is licensed, certified, or authorized
350 pursuant to s. 464.0095 to practice as such.

351 (11)~~(10)~~ A violation of this section is a misdemeanor of
352 the first degree, punishable as provided in s. 775.082 or s.
353 775.083.

354 Section 18. Effective July 1, 2020, paragraph (s) is added
355 to subsection (1) of section 464.018, Florida Statutes, as
356 amended by section 12 of this act, to read:

357 464.018 Disciplinary actions.—

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



679738

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

361 (s) For an APRN-IP registered under s. 464.0123, in
362 addition to the grounds for discipline set forth in paragraph
363 (p) and in s. 456.072(1), any of the following are grounds for
364 discipline:

365 1. Paying or receiving any commission, bonus, kickback, or
366 rebate from, or engaging in any split-fee arrangement in any
367 form whatsoever with, a health care practitioner, an
368 organization, an agency, or a person, either directly or
369 implicitly, for referring patients to providers of health care
370 goods or services, including, but not limited to, hospitals,
371 nursing homes, clinical laboratories, ambulatory surgical
372 centers, or pharmacies. This subparagraph may not be construed
373 to prevent an APRN-IP from receiving a fee for professional
374 consultation services.

375 2. Exercising influence within a patient's relationship
376 with an APRN-IP for purposes of engaging a patient in sexual
377 activity. A patient shall be presumed to be incapable of giving
378 free, full, and informed consent to sexual activity with his or
379 her APRN-IP.

380 3. Making deceptive, untrue, or fraudulent representations,
381 or employing a trick or scheme, in or related to advanced
382 practice registered nurse independent practice.

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



679738

388 5. Failing to keep legible medical records, as defined by
389 rules of the Board of Medicine and the Board of Osteopathic
390 Medicine, that identify the APRN-IP, by name and professional
391 title, who is responsible for rendering, ordering, supervising,
392 or billing for the patient's medically necessary care,
393 treatment, services, diagnostic tests, or treatment procedures;
394 and the medical justification for the patient's course of care
395 and treatment, including, but not limited to, patient histories,
396 examination results, and test results; drugs prescribed,
397 dispensed, or administered; and reports of consultations or
398 referrals.

399 6. Exercising influence on a patient to exploit the patient
400 for the financial gain of the APRN-IP or a third party,
401 including, but not limited to, the promoting or selling of
402 services, goods, appliances, or drugs.

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

406 8. Performing any procedure or prescribing any medication
407 or therapy that would constitute experimentation on a human
408 subject.

409 9. Delegating professional responsibilities to a person
410 when the APRN-IP knows, or has reason to believe, that such
411 person is not qualified by education, training, experience, or
412 licensure to perform such responsibilities.

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

416 11. Advertising or holding himself or herself out as having



679738

417 a certification in a specialty which he or she has not received.

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

421 13. Providing deceptive or fraudulent expert witness
422 testimony related to advanced practice registered nurse
423 independent practice.

424 Section 19. Effective July 1, 2020, paragraph (c) of
425 subsection (2) of section 381.026, Florida Statutes, is amended
426 to read:

427 381.026 Florida Patient's Bill of Rights and
428 Responsibilities.-

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

431 (c) "Health care provider" means a physician licensed under
432 chapter 458, an osteopathic physician licensed under chapter
433 459, ~~or~~ a podiatric physician licensed under chapter 461, or an
434 APRN-IP registered under s. 464.0123.

435 Section 20. Effective July 1, 2020, paragraph (a) of
436 subsection (2) and subsections (3), (4), and (5) of section
437 382.008, Florida Statutes, are amended to read:

438 382.008 Death, fetal death, and nonviable birth
439 registration.-

440 (2) (a) The funeral director who first assumes custody of a
441 dead body or fetus shall file the certificate of death or fetal
442 death. In the absence of the funeral director, the physician,
443 APRN-IP registered under s. 464.0123, or other person in
444 attendance at or after the death or the district medical
445 examiner of the county in which the death occurred or the body



679738

446 was found shall file the certificate of death or fetal death.
447 The person who files the certificate shall obtain personal data
448 from a legally authorized person as described in s. 497.005 or
449 the best qualified person or source available. The medical
450 certification of cause of death shall be furnished to the
451 funeral director, either in person or via certified mail or
452 electronic transfer, by the physician, APRN-IP registered under
453 s. 464.0123, or medical examiner responsible for furnishing such
454 information. For fetal deaths, the physician, APRN-IP registered
455 under s. 464.0123, midwife, or hospital administrator shall
456 provide any medical or health information to the funeral
457 director within 72 hours after expulsion or extraction.

458 (3) Within 72 hours after receipt of a death or fetal death
459 certificate from the funeral director, the medical certification
460 of cause of death shall be completed and made available to the
461 funeral director by the decedent's primary or attending
462 practitioner ~~physician~~ or, if s. 382.011 applies, the district
463 medical examiner of the county in which the death occurred or
464 the body was found. The primary or attending practitioner
465 ~~physician~~ or the medical examiner shall certify over his or her
466 signature the cause of death to the best of his or her knowledge
467 and belief. As used in this section, the term "primary or
468 attending practitioner ~~physician~~" means a physician or an APRN-
469 IP registered under s. 464.0123 who treated the decedent through
470 examination, medical advice, or medication during the 12 months
471 preceding the date of death.

472 (a) The department may grant the funeral director an
473 extension of time upon a good and sufficient showing of any of
474 the following conditions:



679738

475 1. An autopsy is pending.
476 2. Toxicology, laboratory, or other diagnostic reports have
477 not been completed.
478 3. The identity of the decedent is unknown and further
479 investigation or identification is required.
480 (b) If the decedent's primary or attending practitioner
481 ~~physician~~ or the district medical examiner of the county in
482 which the death occurred or the body was found indicates that he
483 or she will sign and complete the medical certification of cause
484 of death but will not be available until after the 5-day
485 registration deadline, the local registrar may grant an
486 extension of 5 days. If a further extension is required, the
487 funeral director must provide written justification to the
488 registrar.
489 (4) If the department or local registrar grants an
490 extension of time to provide the medical certification of cause
491 of death, the funeral director shall file a temporary
492 certificate of death or fetal death which shall contain all
493 available information, including the fact that the cause of
494 death is pending. The decedent's primary or attending
495 practitioner ~~physician~~ or the district medical examiner of the
496 county in which the death occurred or the body was found shall
497 provide an estimated date for completion of the permanent
498 certificate.
499 (5) A permanent certificate of death or fetal death,
500 containing the cause of death and any other information that was
501 previously unavailable, shall be registered as a replacement for
502 the temporary certificate. The permanent certificate may also
503 include corrected information if the items being corrected are



679738

504 noted on the back of the certificate and dated and signed by the
505 funeral director, physician, APRN-IP registered under s.
506 464.0123, or district medical examiner of the county in which
507 the death occurred or the body was found, as appropriate.

508 Section 21. Effective July 1, 2020, subsection (1) of
509 section 382.011, Florida Statutes, is amended to read:

510 382.011 Medical examiner determination of cause of death.—

511 (1) In the case of any death or fetal death due to causes
512 or conditions listed in s. 406.11, any death that occurred more
513 than 12 months after the decedent was last treated by a primary
514 or attending physician or an APRN-IP registered under s.
515 464.0123 ~~as defined in s. 382.008(3),~~ or any death for which
516 there is reason to believe that the death may have been due to
517 an unlawful act or neglect, the funeral director or other person
518 to whose attention the death may come shall refer the case to
519 the district medical examiner of the county in which the death
520 occurred or the body was found for investigation and
521 determination of the cause of death.

522 Section 22. Effective July 1, 2020, paragraphs (a) and (f)
523 of subsection (2) of section 394.463, Florida Statutes, are
524 amended to read:

525 394.463 Involuntary examination.—

526 (2) INVOLUNTARY EXAMINATION.—

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

529 1. A circuit or county court may enter an ex parte order
530 stating that a person appears to meet the criteria for
531 involuntary examination and specifying the findings on which
532 that conclusion is based. The ex parte order for involuntary



679738

533 examination must be based on written or oral sworn testimony
534 that includes specific facts that support the findings. If other
535 less restrictive means are not available, such as voluntary
536 appearance for outpatient evaluation, a law enforcement officer,
537 or other designated agent of the court, shall take the person
538 into custody and deliver him or her to an appropriate, or the
539 nearest, facility within the designated receiving system
540 pursuant to s. 394.462 for involuntary examination. The order of
541 the court shall be made a part of the patient's clinical record.
542 A fee may not be charged for the filing of an order under this
543 subsection. A facility accepting the patient based on this order
544 must send a copy of the order to the department within 5 working
545 days. The order may be submitted electronically through existing
546 data systems, if available. The order shall be valid only until
547 the person is delivered to the facility or for the period
548 specified in the order itself, whichever comes first. If a ~~no~~
549 time limit is not specified in the order, the order is ~~shall be~~
550 valid for 7 days after the date that the order was signed.

551 2. A law enforcement officer shall take a person who
552 appears to meet the criteria for involuntary examination into
553 custody and deliver the person or have him or her delivered to
554 an appropriate, or the nearest, facility within the designated
555 receiving system pursuant to s. 394.462 for examination. The
556 officer shall execute a written report detailing the
557 circumstances under which the person was taken into custody,
558 which must be made a part of the patient's clinical record. Any
559 facility accepting the patient based on this report must send a
560 copy of the report to the department within 5 working days.

561 3. A physician, a clinical psychologist, a psychiatric



679738

562 nurse, an APRN-IP registered under s. 464.0123, a mental health
563 counselor, a marriage and family therapist, or a clinical social
564 worker may execute a certificate stating that he or she has
565 examined a person within the preceding 48 hours and finds that
566 the person appears to meet the criteria for involuntary
567 examination and stating the observations upon which that
568 conclusion is based. If other less restrictive means, such as
569 voluntary appearance for outpatient evaluation, are not
570 available, a law enforcement officer shall take into custody the
571 person named in the certificate and deliver him or her to the
572 appropriate, or nearest, facility within the designated
573 receiving system pursuant to s. 394.462 for involuntary
574 examination. The law enforcement officer shall execute a written
575 report detailing the circumstances under which the person was
576 taken into custody. The report and certificate shall be made a
577 part of the patient's clinical record. Any facility accepting
578 the patient based on this certificate must send a copy of the
579 certificate to the department within 5 working days. The
580 document may be submitted electronically through existing data
581 systems, if applicable.

582
583 When sending the order, report, or certificate to the
584 department, a facility shall, at a minimum, provide information
585 about which action was taken regarding the patient under
586 paragraph (g), which information shall also be made a part of
587 the patient's clinical record.

588 (f) A patient shall be examined by a physician, an APRN-IP
589 registered under s. 464.0123, or a clinical psychologist, or by
590 a psychiatric nurse performing within the framework of an



679738

591 established protocol with a psychiatrist, at a facility without
592 unnecessary delay to determine if the criteria for involuntary
593 services are met. Emergency treatment may be provided upon the
594 order of a physician if the physician determines that such
595 treatment is necessary for the safety of the patient or others.
596 The patient may not be released by the receiving facility or its
597 contractor without the documented approval of a psychiatrist or
598 a clinical psychologist or, if the receiving facility is owned
599 or operated by a hospital or health system, the release may also
600 be approved by a psychiatric nurse performing within the
601 framework of an established protocol with a psychiatrist, or an
602 attending emergency department physician with experience in the
603 diagnosis and treatment of mental illness after completion of an
604 involuntary examination pursuant to this subsection. A
605 psychiatric nurse may not approve the release of a patient if
606 the involuntary examination was initiated by a psychiatrist
607 unless the release is approved by the initiating psychiatrist.

608 Section 23. Effective July 1, 2020, paragraph (a) of
609 subsection (2) of section 397.501, Florida Statutes, is amended
610 to read:

611 397.501 Rights of individuals.—Individuals receiving
612 substance abuse services from any service provider are
613 guaranteed protection of the rights specified in this section,
614 unless otherwise expressly provided, and service providers must
615 ensure the protection of such rights.

616 (2) RIGHT TO NONDISCRIMINATORY SERVICES.—

617 (a) Service providers may not deny an individual access to
618 substance abuse services solely on the basis of race, gender,
619 ethnicity, age, sexual preference, human immunodeficiency virus



679738

620 status, prior service departures against medical advice,
621 disability, or number of relapse episodes. Service providers may
622 not deny an individual who takes medication prescribed by a
623 physician or an APRN-IP registered under s. 464.0123 access to
624 substance abuse services solely on that basis. Service providers
625 who receive state funds to provide substance abuse services may
626 not, if space and sufficient state resources are available, deny
627 access to services based solely on inability to pay.

628 Section 24. Effective July 1, 2020, paragraphs (i), (o),
629 and (r) of subsection (3) and paragraph (g) of subsection (5) of
630 section 456.053, Florida Statutes, are amended to read:

631 456.053 Financial arrangements between referring health
632 care providers and providers of health care services.—

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

635 (i) "Health care provider" means a ~~any~~ physician licensed
636 under chapter 458, chapter 459, chapter 460, or chapter 461; an
637 APRN-IP registered under s. 464.0123;~~r~~ or any health care
638 provider licensed under chapter 463 or chapter 466.

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

642 a.1. The forwarding of a patient by a health care provider
643 to another health care provider or to an entity which provides
644 or supplies designated health services or any other health care
645 item or service; or

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



679738

649 ~~2.3.~~ The following orders, recommendations, or plans of
650 care do not ~~shall not~~ constitute a referral by a health care
651 provider:

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

653 b. By a physician specializing in the provision of
654 radiation therapy services for such services.

655 c. By a medical oncologist for drugs and solutions to be
656 prepared and administered intravenously to such oncologist's
657 patient, as well as for the supplies and equipment used in
658 connection therewith to treat such patient for cancer and the
659 complications thereof.

660 d. By a cardiologist for cardiac catheterization services.

661 e. By a pathologist for diagnostic clinical laboratory
662 tests and pathological examination services, if furnished by or
663 under the supervision of such pathologist pursuant to a
664 consultation requested by another physician.

665 f. By a health care provider who is the sole provider or
666 member of a group practice for designated health services or
667 other health care items or services that are prescribed or
668 provided solely for such referring health care provider's or
669 group practice's own patients, and that are provided or
670 performed by or under the direct supervision of such referring
671 health care provider or group practice; provided, however, ~~that~~
672 ~~effective July 1, 1999,~~ a health care provider ~~physician~~
673 ~~licensed pursuant to chapter 458, chapter 459, chapter 460, or~~
674 ~~chapter 461~~ may refer a patient to a sole provider or group
675 practice for diagnostic imaging services, excluding radiation
676 therapy services, for which the sole provider or group practice
677 billed both the technical and the professional fee for or on



679738

678 behalf of the patient, if the referring health care provider
679 does not have an ~~physician has no~~ investment interest in the
680 practice. The diagnostic imaging service referred to a group
681 practice or sole provider must be a diagnostic imaging service
682 normally provided within the scope of practice to the patients
683 of the group practice or sole provider. The group practice or
684 sole provider may accept no more than 15 percent of their
685 patients receiving diagnostic imaging services from outside
686 referrals, excluding radiation therapy services.

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

689 h. By a urologist for lithotripsy services.

690 i. By a dentist for dental services performed by an
691 employee of or health care provider who is an independent
692 contractor with the dentist or group practice of which the
693 dentist is a member.

694 j. By a physician for infusion therapy services to a
695 patient of that physician or a member of that physician's group
696 practice.

697 k. By a nephrologist for renal dialysis services and
698 supplies, except laboratory services.

699 l. By a health care provider whose principal professional
700 practice consists of treating patients in their private
701 residences for services to be rendered in such private
702 residences, except for services rendered by a home health agency
703 licensed under chapter 400. For purposes of this sub-
704 subparagraph, the term "private residences" includes patients'
705 private homes, independent living centers, and assisted living
706 facilities, but does not include skilled nursing facilities.



679738

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

708 (r) "Sole provider" means one health care provider licensed
709 under chapter 458, chapter 459, chapter 460, or chapter 461, or
710 registered under s. 464.0123, who maintains a separate medical
711 office and a medical practice separate from any other health
712 care provider and who bills for his or her services separately
713 from the services provided by any other health care provider. A
714 sole provider may not ~~shall not~~ share overhead expenses or
715 professional income with any other person or group practice.

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

718 (g) A violation of this section by a health care provider
719 shall constitute grounds for disciplinary action to be taken by
720 the applicable board pursuant to s. 458.331(2), s. 459.015(2),
721 s. 460.413(2), s. 461.013(2), s. 463.016(2), s. 464.018, or s.
722 466.028(2). Any hospital licensed under chapter 395 found in
723 violation of this section shall be subject to s. 395.0185(2).

724 Section 25. Effective July 1, 2020, subsection (1) of
725 section 626.9707, Florida Statutes, is amended to read:

726 626.9707 Disability insurance; discrimination on basis of
727 sickle-cell trait prohibited.—

728 (1) An ~~No~~ insurer authorized to transact insurance in this
729 state may not ~~shall~~ refuse to issue and deliver in this state
730 any policy of disability insurance, whether such policy is
731 defined as individual, group, blanket, franchise, industrial, or
732 otherwise, which is currently being issued for delivery in this
733 state and which affords benefits and coverage for any medical
734 treatment or service authorized and permitted to be furnished by
735 a hospital, a clinic, a health clinic, a neighborhood health



679738

736 clinic, a health maintenance organization, a physician, a
737 physician's assistant, an advanced practice registered nurse, an
738 APRN-IP registered under s. 464.0123 practitioner, or a medical
739 service facility or personnel solely because the person to be
740 insured has the sickle-cell trait.

741 Section 26. Effective July 1, 2020, section 627.64025,
742 Florida Statutes, is created to read:

743 627.64025 APRN-IP services.—A health insurance policy that
744 provides major medical coverage and that is delivered, issued,
745 or renewed in this state on or after January 1, 2021, may not
746 require an insured to receive services from an APRN-IP
747 registered under s. 464.0123 in place of a primary care
748 physician; incentivize the insured to do so through cost sharing
749 as defined in s. 627.42391 which is lower for services provided
750 by an APRN-IP than for the same services provided by a primary
751 care physician; or incentivize the insured do so through a
752 program authorized pursuant to s. 627.6387.

753 Section 27. Effective July 1, 2020, section 627.6621,
754 Florida Statutes, is created to read:

755 627.6621 APRN-IP services.—A group, blanket, or franchise
756 health insurance policy that is delivered, issued, or renewed in
757 this state on or after January 1, 2021, may not require an
758 insured to receive services from an APRN-IP registered under s.
759 464.0123 in place of a primary care physician; incentivize the
760 insured to do so through cost sharing as defined in s. 627.42391
761 which is lower for services provided by an APRN-IP than for the
762 same services provided by a primary care physician; or
763 incentivize the insured do so through a program authorized
764 pursuant to s. 627.6387.



679738

765 Section 28. Effective July 1, 2020, paragraph (g) is added
766 to subsection (5) of section 627.6699, Florida Statutes, to
767 read:

768 627.6699 Employee Health Care Access Act.—

769 (5) AVAILABILITY OF COVERAGE.—

770 (g) A health benefit plan covering small employers which is
771 delivered, issued, or renewed in this state on or after January
772 1, 2021, may not require an insured to receive services from an
773 APRN-IP registered under s. 464.0123 in place of a primary care
774 physician; incentivize the insured to do so through cost sharing
775 as defined in s. 627.42391 which is lower for services provided
776 by an APRN-IP than for the same services provided by a primary
777 care physician; or incentivize the insured do so through a
778 program authorized pursuant to s. 627.6387.

779 Section 29. Effective July 1, 2020, paragraph (a) of
780 subsection (1) of section 627.736, Florida Statutes, is amended
781 to read:

782 627.736 Required personal injury protection benefits;
783 exclusions; priority; claims.—

784 (1) REQUIRED BENEFITS.—An insurance policy complying with
785 the security requirements of s. 627.733 must provide personal
786 injury protection to the named insured, relatives residing in
787 the same household, persons operating the insured motor vehicle,
788 passengers in the motor vehicle, and other persons struck by the
789 motor vehicle and suffering bodily injury while not an occupant
790 of a self-propelled vehicle, subject to subsection (2) and
791 paragraph (4) (e), to a limit of \$10,000 in medical and
792 disability benefits and \$5,000 in death benefits resulting from
793 bodily injury, sickness, disease, or death arising out of the



679738

794 ownership, maintenance, or use of a motor vehicle as follows:

795 (a) *Medical benefits.*—Eighty percent of all reasonable
796 expenses for medically necessary medical, surgical, X-ray,
797 dental, and rehabilitative services, including prosthetic
798 devices and medically necessary ambulance, hospital, and nursing
799 services if the individual receives initial services and care
800 pursuant to subparagraph 1. within 14 days after the motor
801 vehicle accident. The medical benefits provide reimbursement
802 only for:

803 1. Initial services and care that are lawfully provided,
804 supervised, ordered, or prescribed by a physician licensed under
805 chapter 458 or chapter 459, a dentist licensed under chapter
806 466, ~~or~~ a chiropractic physician licensed under chapter 460, or
807 an APRN-IP registered under s. 464.0123 or that are provided in
808 a hospital or in a facility that owns, or is wholly owned by, a
809 hospital. Initial services and care may also be provided by a
810 person or entity licensed under part III of chapter 401 which
811 provides emergency transportation and treatment.

812 2. Upon referral by a provider described in subparagraph
813 1., followup services and care consistent with the underlying
814 medical diagnosis rendered pursuant to subparagraph 1. which may
815 be provided, supervised, ordered, or prescribed only by a
816 physician licensed under chapter 458 or chapter 459, a
817 chiropractic physician licensed under chapter 460, a dentist
818 licensed under chapter 466, or an APRN-IP registered under s.
819 464.0123 or, to the extent permitted by applicable law and under
820 the supervision of such physician, osteopathic physician,
821 chiropractic physician, or dentist, by a physician assistant
822 licensed under chapter 458 or chapter 459 or an advanced



679738

823 practice registered nurse licensed under chapter 464. Followup
824 services and care may also be provided by the following persons
825 or entities:

826 a. A hospital or ambulatory surgical center licensed under
827 chapter 395.

828 b. An entity wholly owned by one or more physicians
829 licensed under chapter 458 or chapter 459, chiropractic
830 physicians licensed under chapter 460, APRN-IPs registered under
831 s. 464.0123, or dentists licensed under chapter 466 or by such
832 practitioners and the spouse, parent, child, or sibling of such
833 practitioners.

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

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

838 e. A health care clinic licensed under part X of chapter
839 400 which is accredited by an accrediting organization whose
840 standards incorporate comparable regulations required by this
841 state, or

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

844 (II) Has been continuously licensed for more than 3 years
845 or is a publicly traded corporation that issues securities
846 traded on an exchange registered with the United States
847 Securities and Exchange Commission as a national securities
848 exchange; and

849 (III) Provides at least four of the following medical
850 specialties:

851 (A) General medicine.



679738

852 (B) Radiography.
853 (C) Orthopedic medicine.
854 (D) Physical medicine.
855 (E) Physical therapy.
856 (F) Physical rehabilitation.
857 (G) Prescribing or dispensing outpatient prescription
858 medication.
859 (H) Laboratory services.
860 3. Reimbursement for services and care provided in
861 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician
862 licensed under chapter 458 or chapter 459, a dentist licensed
863 under chapter 466, a physician assistant licensed under chapter
864 458 or chapter 459, ~~or~~ an advanced practice registered nurse
865 licensed under chapter 464, or an APRN-IP registered under s.
866 464.0123 has determined that the injured person had an emergency
867 medical condition.
868 4. Reimbursement for services and care provided in
869 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a
870 provider listed in subparagraph 1. or subparagraph 2. determines
871 that the injured person did not have an emergency medical
872 condition.
873 5. Medical benefits do not include massage as defined in s.
874 480.033 or acupuncture as defined in s. 457.102, regardless of
875 the person, entity, or licensee providing massage or
876 acupuncture, and a licensed massage therapist or licensed
877 acupuncturist may not be reimbursed for medical benefits under
878 this section.
879 6. The Financial Services Commission shall adopt by rule
880 the form that must be used by an insurer and a health care



679738

881 provider specified in sub-subparagraph 2.b., sub-subparagraph
882 2.c., or sub-subparagraph 2.e. to document that the health care
883 provider meets the criteria of this paragraph. Such rule must
884 include a requirement for a sworn statement or affidavit.

885

886 Only insurers writing motor vehicle liability insurance in this
887 state may provide the required benefits of this section, and
888 such insurer may not require the purchase of any other motor
889 vehicle coverage other than the purchase of property damage
890 liability coverage as required by s. 627.7275 as a condition for
891 providing such benefits. Insurers may not require that property
892 damage liability insurance in an amount greater than \$10,000 be
893 purchased in conjunction with personal injury protection. Such
894 insurers shall make benefits and required property damage
895 liability insurance coverage available through normal marketing
896 channels. An insurer writing motor vehicle liability insurance
897 in this state who fails to comply with such availability
898 requirement as a general business practice violates part IX of
899 chapter 626, and such violation constitutes an unfair method of
900 competition or an unfair or deceptive act or practice involving
901 the business of insurance. An insurer committing such violation
902 is subject to the penalties provided under that part, as well as
903 those provided elsewhere in the insurance code.

904 Section 30. Effective July 1, 2020, subsection (5) of
905 section 633.412, Florida Statutes, is amended to read:

906 633.412 Firefighters; qualifications for certification.—A
907 person applying for certification as a firefighter must:

908 (5) Be in good physical condition as determined by a
909 medical examination given by a physician, surgeon, or physician



679738

910 assistant licensed under ~~to practice in the state pursuant to~~
911 chapter 458; an osteopathic physician, a surgeon, or a physician
912 assistant licensed under ~~to practice in the state pursuant to~~
913 chapter 459; ~~or~~ an advanced practice registered nurse licensed
914 under ~~to practice in the state pursuant to~~ chapter 464; or an
915 APRN-IP registered under s. 464.0123. Such examination may
916 include, but need not be limited to, the National Fire
917 Protection Association Standard 1582. A medical examination
918 evidencing good physical condition shall be submitted to the
919 division, on a form as provided by rule, before an individual is
920 eligible for admission into a course under s. 633.408.

921 Section 31. Effective July 1, 2020, section 641.31075,
922 Florida Statutes, is created to read:

923 641.31075 APRN-IP services.-A health maintenance contract
924 that is delivered, issued, or renewed in this state on or after
925 January 1, 2021, may not require a subscriber to receive
926 services from an APRN-IP registered under s. 464.0123 in place
927 of a primary care physician; incentivize the subscriber to do so
928 through cost sharing as defined in s. 641.313 which is lower for
929 services provided by an APRN-IP than for the same services
930 provided by a primary care physician; or incentivize the
931 subscriber do so through a program authorized pursuant to s.
932 641.31076.

933 Section 32. Effective July 1, 2020, subsection (8) of
934 section 641.495, Florida Statutes, is amended to read:

935 641.495 Requirements for issuance and maintenance of
936 certificate.-

937 (8) Each organization's contracts, certificates, and
938 subscriber handbooks shall contain a provision, if applicable,



679738

939 disclosing that, for certain types of described medical
940 procedures, services may be provided by physician assistants,
941 advanced practice registered nurses, APRN-IPs registered under
942 s. 464.0123 ~~nurse-practitioners~~, or other individuals who are
943 not licensed physicians.

944 Section 33. Effective July 1, 2020, paragraph (b) of
945 subsection (1) of section 744.3675, Florida Statutes, is amended
946 to read:

947 744.3675 Annual guardianship plan.—Each guardian of the
948 person must file with the court an annual guardianship plan
949 which updates information about the condition of the ward. The
950 annual plan must specify the current needs of the ward and how
951 those needs are proposed to be met in the coming year.

952 (1) Each plan for an adult ward must, if applicable,
953 include:

954 (b) Information concerning the medical and mental health
955 conditions and treatment and rehabilitation needs of the ward,
956 including:

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

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

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

966 Section 34. Effective July 1, 2020, paragraph (c) of
967 subsection (1) of section 766.118, Florida Statutes, is amended



679738

968 to read:

969 766.118 Determination of noneconomic damages.—

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

971 (c) "Practitioner" means any person licensed or registered
972 under chapter 458, chapter 459, chapter 460, chapter 461,
973 chapter 462, chapter 463, chapter 466, chapter 467, chapter 486,
974 ~~or~~ s. 464.012, or s. 464.0123. "Practitioner" also means any
975 association, corporation, firm, partnership, or other business
976 entity under which such practitioner practices or any employee
977 of such practitioner or entity acting in the scope of his or her
978 employment. For the purpose of determining the limitations on
979 noneconomic damages set forth in this section, the term
980 "practitioner" includes any person or entity for whom a
981 practitioner is vicariously liable and any person or entity
982 whose liability is based solely on such person or entity being
983 vicariously liable for the actions of a practitioner.

984 Section 35. Effective July 1, 2020, subsection (3) of
985 section 768.135, Florida Statutes, is amended to read:

986 768.135 Volunteer team physicians; immunity.—

987 (3) A practitioner licensed or registered under chapter
988 458, chapter 459, chapter 460, ~~or~~ s. 464.012, or s. 464.0123 who
989 gratuitously and in good faith conducts an evaluation pursuant
990 to s. 1006.20(2)(c) is not liable for any civil damages arising
991 from that evaluation unless the evaluation was conducted in a
992 wrongful manner.

993 Section 36. Effective July 1, 2020, subsection (2) of
994 section 960.28, Florida Statutes, is amended to read:

995 960.28 Payment for victims' initial forensic physical
996 examinations.—



679738

997 (2) The Crime Victims' Services Office of the department
998 shall pay for medical expenses connected with an initial
999 forensic physical examination of a victim of sexual battery as
1000 defined in chapter 794 or a lewd or lascivious offense as
1001 defined in chapter 800. Such payment shall be made regardless of
1002 whether the victim is covered by health or disability insurance
1003 and whether the victim participates in the criminal justice
1004 system or cooperates with law enforcement. The payment shall be
1005 made only out of moneys allocated to the Crime Victims' Services
1006 Office for the purposes of this section, and the payment may not
1007 exceed \$1,000 with respect to any violation. The department
1008 shall develop and maintain separate protocols for the initial
1009 forensic physical examination of adults and children. Payment
1010 under this section is limited to medical expenses connected with
1011 the initial forensic physical examination, and payment may be
1012 made to a medical provider using an examiner qualified under
1013 part I of chapter 464, excluding s. 464.003(15) ~~s. 464.003(14)~~;
1014 chapter 458; or chapter 459. Payment made to the medical
1015 provider by the department shall be considered by the provider
1016 as payment in full for the initial forensic physical examination
1017 associated with the collection of evidence. The victim may not
1018 be required to pay, directly or indirectly, the cost of an
1019 initial forensic physical examination performed in accordance
1020 with this section.

1021 Section 37. For the 2020-2021 fiscal year, the sums of
1022 \$202,019 in recurring funds and \$24,272 in nonrecurring funds
1023 are appropriated from the Medical Quality Assurance Trust Fund
1024 to the Department of Health, and four full-time equivalent
1025 positions with associated salary rate of 121,246 are authorized,



679738

1026 for the purpose of implementing section 464.0123, Florida
1027 Statutes, as created by this act.

1028
1029 ===== T I T L E A M E N D M E N T =====

1030 And the title is amended as follows:

1031 Delete lines 112 - 223

1032 and insert:

1033 Patient Access to Primary Care Program for a specified
1034 purpose; requiring the department to implement the
1035 program; defining terms; creating the Council on
1036 Advanced Practice Registered Nurse Independent
1037 Practice within the department; providing council
1038 membership requirements, terms, and duties; requiring
1039 the council to develop certain proposed rules;
1040 providing for the adoption of the proposed rules;
1041 authorizing the council to enter an order to refuse to
1042 register an applicant or to approve an applicant for
1043 restricted registration or conditional registration
1044 under certain circumstances; providing registration
1045 and registration renewal requirements; requiring the
1046 department to update the practitioner's profile to
1047 reflect specified information; providing limitations
1048 on the scope of practice of an APRN-IP; requiring the
1049 department to adopt specified rules related to the
1050 scope of practice for APRN-IPs; requiring APRN-IPs to
1051 report adverse incidents to the department within a
1052 specified timeframe; defining the term "adverse
1053 incident"; requiring the department to review adverse
1054 incidents and make specified determinations; providing



679738

1055 for disciplinary action; requiring the department to
1056 adopt certain rules; providing for the reactivation of
1057 registration; providing construction; requiring the
1058 department to adopt rules; amending s. 464.015, F.S.;
1059 prohibiting unregistered persons from using the title
1060 or abbreviation of APRN-IP; amending s. 464.018, F.S.;
1061 providing additional grounds for denial of a license
1062 or disciplinary action for APRN-IPs; amending s.
1063 381.026, F.S.; revising the definition of the term
1064 "health care provider"; amending s. 382.008, F.S.;
1065 authorizing an APRN-IP to file a certificate of death
1066 or fetal death under certain circumstances; requiring
1067 an APRN-IP to provide certain information to a funeral
1068 director within a specified timeframe; defining the
1069 term "primary or attending practitioner"; conforming
1070 provisions to changes made by the act; amending s.
1071 382.011, F.S.; conforming a provision to changes made
1072 by the act; amending s. 394.463, F.S.; authorizing
1073 APRN-IPs to examine patients and initiate involuntary
1074 examinations for mental illness under certain
1075 circumstances; amending s. 397.501, F.S.; prohibiting
1076 service providers from denying an individual certain
1077 services under certain circumstances; amending s.
1078 456.053, F.S.; revising definitions; providing
1079 disciplinary action; conforming provisions to changes
1080 made by the act; amending s. 626.9707, F.S.;
1081 prohibiting an insurer from refusing to issue and
1082 deliver certain disability insurance policies that
1083 cover any medical treatment or service furnished by an



679738

1084 advanced practice registered nurse or an APRN-IP;
1085 creating ss. 627.64025 and 627.6621, F.S.; prohibiting
1086 certain health insurance policies and certain group,
1087 blanket, or franchise health insurance policies,
1088 respectively, from requiring or incentivizing an
1089 insured to receive services from an APRN-IP in place
1090 of a primary care physician; amending s. 627.6699,
1091 F.S.; prohibiting certain health benefit plans from
1092 requiring or incentivizing an insured to receive
1093 services from an APRN-IP in place of a primary care
1094 physician; amending s. 627.736, F.S.; requiring
1095 personal injury protection insurance policies to cover
1096 a certain percentage of medical services and care
1097 provided by an APRN-IP; providing for specified
1098 reimbursement of APRN-IPs; amending s. 633.412, F.S.;
1099 authorizing an APRN-IP to medically examine an
1100 applicant for firefighter certification; creating s.
1101 641.31075, F.S.; prohibiting certain health
1102 maintenance contracts from requiring or incentivizing
1103 a subscriber to receive services from an APRN-IP in
1104 place of a primary care physician; amending s.
1105 641.495, F.S.; requiring certain health maintenance
1106 organization documents to disclose specified
1107 information; amending s. 744.3675, F.S.; authorizing
1108 an APRN-IP to provide the medical report of a ward in
1109 an annual guardianship plan; amending s. 766.118,
1110 F.S.; revising the definition of the term
1111 "practitioner"; amending s. 768.135, F.S.; providing
1112 immunity from liability for an APRN-IP who provides



679738

1113 volunteer services under certain circumstances;
1114 amending s. 960.28, F.S.; conforming a cross-
1115 reference; providing appropriations; providing
1116 effective dates.