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LEGISLATIVE ACTION

Senate

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House

Appropriations Subcommittee on Health and Human Services
(Albritton) recommended the following:

Senate Amendment (with title amendment)

Delete line 419

and insert:

Section 13. Effective July 1, 2020, section 381.40185,
Florida Statutes, is created to read:

381.40185 Physician Student Loan Repayment Program.—The
Physician Student Loan Repayment Program is established to
promote access to primary care by supporting qualified
physicians who treat medically underserved populations in



11 primary care health professional shortage areas or medically
12 underserved areas.

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

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

15 (b) "Loan program" means the Physician Student Loan
16 Repayment Program.

17 (c) "Medically underserved area" means a geographic area
18 designated as such by the Health Resources and Services
19 Administration of the United States Department of Health and
20 Human Services.

21 (d) "Primary care health professional shortage area" means
22 a geographic area, an area having a special population, or a
23 facility that is designated by the Health Resources and Services
24 Administration of the United States Department of Health and
25 Human Services as a health professional shortage area as defined
26 by federal regulation and that has a shortage of primary care
27 professionals who serve Medicaid recipients and other low-income
28 patients.

29 (e) "Public health program" means a county health
30 department, the Children's Medical Services program, a federally
31 funded community health center, a federally funded migrant
32 health center, or any other publicly funded or nonprofit health
33 care program designated by the department.

34 (2) The department shall establish a physician student loan
35 repayment program to benefit physicians licensed under chapter
36 458 or chapter 459 who demonstrate, as required by department
37 rule, active employment providing primary care services in a
38 public health program, an independent practice, or a group
39 practice that serves Medicaid recipients and other low-income



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40 patients and that is located in a primary care health
41 professional shortage area or in a medically underserved area.

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

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

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

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

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

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

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

62 (a) Is no longer employed by a public health program that
63 meets the requirements of subsection (2);

64 (b) Ceases to participate in the Florida Medicaid program;
65 or

66 (c) Has disciplinary action taken against his or her
67 license by the Board of Medicine for a violation of s. 458.331
68 or by the Board of Osteopathic Medicine for a violation of s.



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69 459.015.

70 (5) The department shall adopt rules to implement the loan
71 program.

72 (6) Implementation of the loan program is subject to
73 legislative appropriation.

74 Section 14. Effective July 1, 2020, contingent upon SB ___
75 or similar legislation taking effect on that same date after
76 being adopted in the same legislative session or an extension
77 thereof and becoming a law, present subsections (4) through (21)
78 of section 464.003, Florida Statutes, are redesignated as
79 subsections (5) through (22), respectively, and a new subsection
80 (4) is added to that section, to read:

81 464.003 Definitions.—As used in this part, the term:

82 (4) "Advanced practice registered nurse - independent
83 practitioner" or "APRN-IP" means an advanced practice registered
84 nurse who is registered under s. 464.0123 to provide primary
85 health care services without a protocol agreement or supervision
86 in primary care health professional shortage areas.

87 Section 15. Effective July 1, 2020, contingent upon SB ___
88 or similar legislation taking effect on that same date after
89 being adopted in the same legislative session or an extension
90 thereof and becoming a law, section 464.0123, Florida Statutes,
91 is created to read:

92 464.0123 Patient Access to Primary Care Pilot Program.—

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

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



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98 (a) "Council" means the Council on Advanced Practice
99 Registered Nurse Independent Practice established in subsection
100 (3).

101 (b) "Physician" means a person licensed under chapter 458
102 to practice medicine or a person licensed under chapter 459 to
103 practice osteopathic medicine.

104 (c) "Primary care health professional shortage area" means
105 a geographic area, an area having a special population, or a
106 facility with a score of at least 18, as designated and
107 calculated by the Federal Health Resources and Services
108 Administration, and which is located in a rural area, as defined
109 by the Federal Office of Rural Health Policy.

110 (3) COUNCIL ON ADVANCED PRACTICE REGISTERED NURSE
111 INDEPENDENT PRACTICE.-

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

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

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

118 2. The chair of the Board of Osteopathic Medicine shall
119 appoint three members who are physicians and members of the
120 Board of Osteopathic Medicine.

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

125 (c) The Board of Medicine members, the Board of Osteopathic
126 Medicine members, and the Board of Nursing appointee members



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127 shall be appointed for terms of 4 years. The initial
128 appointments shall be staggered so that 1 member from the Board
129 of Medicine, 1 member from the Board of Osteopathic Medicine,
130 and 1 appointee member from the Board of Nursing shall each be
131 appointed for a term of 4 years; 1 member from the Board of
132 Medicine, 1 member from the Board of Osteopathic Medicine, and 1
133 appointee member from the Board of Nursing shall each be
134 appointed for a term of 3 years; and 1 member from the Board of
135 Medicine, 1 member from the Board of Osteopathic Medicine, and 1
136 appointee member from the Board of Nursing shall each be
137 appointed for a term of 2 years. Initial physician members
138 appointed to the council must be physicians who have practiced
139 with advanced practice registered nurses under a protocol in
140 their practice.

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

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

146 (f) The council shall:

147 1. Review applications for and recommend to the department
148 the registration of APRN-IPs.

149 2. Develop proposed rules regulating the practice of APRN-
150 IPs. The council shall also develop rules to ensure that the
151 continuity of practice of APRN-IPs is maintained in primary care
152 health professional shortage areas. The language of all proposed
153 rules submitted by the council must be approved by the boards
154 pursuant to each respective board's guidelines and standards
155 regarding the adoption of proposed rules. If either board



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156 rejects the council's proposed rule, that board must specify its
157 objection to the council with particularity and include
158 recommendations for the modification of the proposed rule. The
159 Board of Medicine and the Board of Osteopathic Medicine shall
160 each adopt a proposed rule developed by the council at each
161 board's regularly scheduled meeting immediately following the
162 council's submission of the proposed rule. A proposed rule
163 submitted by the council may not be adopted by the boards unless
164 both boards have accepted and approved the identical language
165 contained in the proposed rule.

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

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

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

174 1. Refuse to register the applicant;

175 2. Approve the applicant for registration with restrictions
176 on the scope of practice or registration; or

177 3. Approve the applicant for limited registration with
178 conditions. Such conditions may include placement of the
179 registrant on probation for a period of time and subject to such
180 conditions as the council may specify, including, but not
181 limited to, requiring the registrant to undergo treatment, to
182 attend continuing education courses, to work under the direct
183 supervision of a physician licensed in this state, or to take
184 corrective action, as determined by the council.



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185 (4) REGISTRATION.—To be registered as an APRN-IP, an
186 advanced practice registered nurse must apply to the department
187 on forms developed by the department. The council shall review
188 the application and recommend to the department the registration
189 of the advanced practice registered nurse with the Board of
190 Medicine as an APRN-IP if the applicant submits proof that he or
191 she holds an unrestricted license issued under s. 464.012 and
192 provides all of the following information:

193 (a) The name of each location at which the applicant has
194 practiced as an advanced practice registered nurse pursuant to
195 an established written protocol under the direct or indirect
196 supervision of a physician for 10,000 hours occurring within the
197 last 6 years and the names and addresses of all supervising
198 physicians during that period.

199 (b) Any certification or designation that the applicant has
200 received from a specialty or certification board that is
201 recognized or approved by the Board of Nursing, the Board of
202 Medicine, the Board of Osteopathic Medicine, or the department.

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

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

206 2. Began practicing in any jurisdiction; and

207 3. Received initial advanced practice registered nurse
208 licensure in this state.

209 (d) The address at which the applicant will primarily
210 conduct his or her practice, if known.

211 (e) The name of each school or training program that the
212 applicant has attended, with the months and years of attendance
213 and the month and year of graduation, and a description of all



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214 graduate professional education completed by the applicant,
215 excluding any coursework taken to satisfy continuing education
216 requirements.

217 (f) Any appointment to the faculty of a school related to
218 the profession which the applicant currently holds or has held
219 within the past 10 years and an indication as to whether the
220 applicant has had the responsibility for graduate education
221 within the past 10 years.

222 (g) A description of any criminal offense of which the
223 applicant has been found guilty, regardless of whether
224 adjudication of guilt was withheld, or to which the applicant
225 has pled guilty or nolo contendere. A criminal offense committed
226 in another jurisdiction which would have been a felony or
227 misdemeanor if committed in this state must be reported. If the
228 applicant indicates to the department that a criminal offense is
229 under appeal and submits a copy of the notice for appeal of that
230 criminal offense, the department must state that the criminal
231 offense is under appeal if the criminal offense is reported in
232 the applicant's profile. If the applicant indicates to the
233 department that a criminal offense is under appeal, the
234 applicant must, within 15 days after the disposition of the
235 appeal, submit to the department a copy of the final written
236 order of disposition.

237 (h) A description of any disciplinary action as specified
238 in s. 456.077, s. 458.320, or s. 464.018 or any similar
239 disciplinary action in any other jurisdiction of the United
240 States by a licensing or regulatory body; by a specialty board
241 that is recognized by the Board of Nursing, the Board of
242 Medicine, the Board of Osteopathic Medicine, or the department;



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243 or by a licensed hospital, health maintenance organization,
244 prepaid health clinic, ambulatory surgical center, or nursing
245 home. Disciplinary action includes resignation from or
246 nonrenewal of staff membership or the restriction of privileges
247 at a licensed hospital, health maintenance organization, prepaid
248 health clinic, ambulatory surgical center, or nursing home taken
249 in lieu of or in settlement of a pending disciplinary case
250 related to competence or character. If the applicant indicates
251 to the department that a disciplinary action is under appeal and
252 submits a copy of the document initiating an appeal of the
253 disciplinary action, the department must state that the
254 disciplinary action is under appeal if the disciplinary action
255 is reported in the applicant's profile. If the applicant
256 indicates to the department that a disciplinary action is under
257 appeal, the applicant must, within 15 days after the disposition
258 of the appeal, submit to the department a copy of the final
259 written order of disposition.

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

266 a. An eligible surplus lines insurer as defined in s.
267 626.914(2);

268 b. A risk retention group as defined in s. 627.942, from
269 the Joint Underwriting Association established under s.
270 627.351(4); or

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



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272 2. Proof that he or she has obtained and will be
273 maintaining an unexpired, irrevocable letter of credit,
274 established pursuant to chapter 675, in an amount of not less
275 than \$100,000 per claim, with a minimum aggregate availability
276 of credit of not less than \$300,000. The letter of credit must
277 be payable to the APRN-IP as beneficiary upon presentment of a
278 final judgment indicating liability and awarding damages to be
279 paid by the APRN-IP or upon presentment of a settlement
280 agreement signed by all parties to such agreement when such
281 final judgment or settlement is a result of a claim arising out
282 of the rendering of, or the failure to render, medical or
283 nursing care and services while practicing as an APRN-IP.

284 (j) Documentation of completion within the last 5 years of
285 three graduate-level semester hours, or the equivalent, in
286 differential diagnosis and three graduate-level semester hours,
287 or the equivalent, in pharmacology, and any additional
288 coursework as recommended by the council. Such hours may not be
289 continuing education courses.

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

292 (5) REGISTRATION RENEWAL.—An APRN-IP registration shall be
293 renewed biennially by applying to the department on forms
294 developed by the department. An APRN-IP seeking registration
295 renewal must provide documentation proving his or her completion
296 of a minimum of 10 continuing medical education hours, in
297 addition to the hours required to maintain his or her current
298 and active APRN license. Such continuing medical education hours
299 must be obtained from a statewide professional association of
300 physicians or osteopathic physicians in this state which is



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301 accredited to provide educational activities designated for the
302 American Medical Association Physician's Recognition Award
303 Category 1 Credit or the American Osteopathic Category 1-A
304 continuing medical education credit as part of biennial license
305 renewal.

306 (6) PRACTITIONER PROFILE.—Upon issuing a registration or a
307 renewal of registration, the department shall update the
308 practitioner's profile, as described in s. 456.041, to reflect
309 that the advanced practice registered nurse is registered as an
310 APRN-IP.

311 (7) APRN-IP SCOPE OF PRACTICE.—An APRN-IP may provide
312 primary health care services without a protocol agreement or
313 supervision only in primary care health professional shortage
314 areas.

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

319 (b) The council shall make recommendations to the Board of
320 Medicine and the Board of Osteopathic Medicine for rules to
321 establish the scope of practice for an APRN-IP. The first rule
322 recommendations of the council must be submitted to the Board of
323 Medicine and the Board of Osteopathic Medicine by December 1,
324 2020.

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

329 1. The scope of the medical care, treatment, and services



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- 330 an APRN-IP may provide to patients.
- 331 2. Medical care, treatment, and services that are outside
332 the scope of the practice of an APRN-IP.
- 333 3. Patient populations to which an APRN-IP may provide
334 primary care, treatment, and services.
- 335 4. Patient populations to which an APRN-IP may not provide
336 primary care, treatment, or services.
- 337 5. Patient populations which the APRN-IP must refer to a
338 physician.
- 339 6. Guidelines for prescribing controlled substances for the
340 treatment of chronic nonmalignant pain and acute pain, including
341 evaluation of the patient, creation and maintenance of a
342 treatment plan, obtaining informed consent and agreement for
343 treatment, periodic review of the treatment plan, consultation,
344 medical record review, and compliance with controlled substance
345 laws and regulations.
- 346 7. Referral relationships and protocols for the care and
347 treatment of patients during nonbusiness hours with another
348 APRN-IP or a physician who practices within 50 miles of the
349 APRN-IP's primary practice location.
- 350 8. Referral relationships and protocols with physician
351 specialists to provide care, treatment, and services to patients
352 with medical needs that are outside of the scope of practice for
353 the APRN-IP.
- 354 9. Referral relationships and protocols for the transfer
355 and admission of a patient to a hospital licensed under chapter
356 395 or a nursing home facility licensed under part II of chapter
357 400.
- 358 10. Information regarding the credentials of the APRN-IP



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359 which must be disclosed to patients in a written informed
360 consent to care and treatment, including, but not limited to,
361 notification to the patient that the APRN-IP is not a physician
362 and may not be referred to as a "doctor" or a "physician" in a
363 medical setting.

364 11. Requirements relating to the APRN-IP practice's
365 recordkeeping, record retention, and availability of records for
366 inspection by the department.

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

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

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

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

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

382 1. The death of a patient.

383 2. Brain or spinal damage to a patient.

384 3. The performance of medical care, treatment, or services
385 on the wrong patient.

386 4. The performance of contraindicated medical care,
387 treatment, or services on a patient.



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

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

397 (e) The Board of Medicine shall adopt rules to implement
398 this subsection.

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

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

405 (11) RULEMAKING.—By July 1, 2021, the department shall
406 adopt rules to implement this section.

407 (12) FUTURE REPEAL.—This section is repealed on July 1,
408 2031, unless reviewed and saved from repeal through reenactment
409 by the Legislature.

410 Section 16. Effective July 1, 2020, contingent upon SB __
411 or similar legislation taking effect on that same date after
412 being adopted in the same legislative session or an extension
413 thereof and becoming a law, present subsections (9) and (10) of
414 section 464.015, Florida Statutes, are redesignated as
415 subsections (10) and (11), respectively, a new subsection (9) is
416 added to that section, and present subsection (9) of that



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417 section is amended, to read:

418 464.015 Titles and abbreviations; restrictions; penalty.—

419 (9) Only persons who hold valid registrations to practice
420 as APRN-IPs in this state may use the title "Advanced Practice
421 Registered Nurse - Independent Practitioner" and the
422 abbreviations "A.P.R.N.-I.P." A health care practitioner or
423 personnel within a health care facility may not refer to an
424 APRN-IP as a "doctor" or a "physician" in a medical setting.

425 (10)~~(9)~~ A person may not practice or advertise as, or
426 assume the title of, registered nurse, licensed practical nurse,
427 clinical nurse specialist, certified registered nurse
428 anesthetist, certified nurse midwife, certified nurse
429 practitioner, ~~or~~ advanced practice registered nurse, or advanced
430 practice registered nurse - independent practitioner; use the
431 abbreviation "R.N.," "L.P.N.," "C.N.S.," "C.R.N.A.," "C.N.M.,"
432 "C.N.P.," ~~or~~ "A.P.R.N.," or "A.P.R.N.-I.P."; or take any other
433 action that would lead the public to believe that person was
434 authorized by law to practice as such or is performing nursing
435 services pursuant to the exception set forth in s. 464.022(8)
436 unless that person is licensed, certified, or authorized
437 pursuant to s. 464.0095 to practice as such.

438 (11)~~(10)~~ A violation of this section is a misdemeanor of
439 the first degree, punishable as provided in s. 775.082 or s.
440 775.083.

441 Section 17. Effective July 1, 2020, contingent upon SB __
442 or similar legislation taking effect on that same date after
443 being adopted in the same legislative session or an extension
444 thereof and becoming a law, paragraph (r) is added to subsection
445 (1) of section 464.018, Florida Statutes, to read:



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446 464.018 Disciplinary actions.—

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

450 (r) For an APRN-IP registered under s. 464.0123, in
451 addition to the grounds for discipline set forth in paragraph
452 (p) and in s. 456.072(1), any of the following are grounds for
453 discipline:

454 1. Paying or receiving any commission, bonus, kickback, or
455 rebate from, or engaging in any split-fee arrangement in any
456 form whatsoever with, a health care practitioner, an
457 organization, an agency, or a person, either directly or
458 implicitly, for referring patients to providers of health care
459 goods or services, including, but not limited to, hospitals,
460 nursing homes, clinical laboratories, ambulatory surgical
461 centers, or pharmacies. This subparagraph may not be construed
462 to prevent an APRN-IP from receiving a fee for professional
463 consultation services.

464 2. Exercising influence within a patient's relationship
465 with an APRN-IP for purposes of engaging a patient in sexual
466 activity. A patient shall be presumed to be incapable of giving
467 free, full, and informed consent to sexual activity with his or
468 her APRN-IP.

469 3. Making deceptive, untrue, or fraudulent representations
470 in or related to, or employing a trick or scheme in or related
471 to, advanced practice registered nurse independent practice.

472 4. Soliciting patients, either personally or through an
473 agent, by the use of fraud, intimidation, undue influence, or a
474 form of overreaching or vexatious conduct. As used in this



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475 subparagraph, the term "soliciting" means directly or implicitly
476 requesting an immediate oral response from the recipient.

477 5. Failing to keep legible medical records, as defined by
478 rules of the Board of Medicine and the Board of Osteopathic
479 Medicine, that identify the APRN-IP, by name and professional
480 title, who is responsible for rendering, ordering, supervising,
481 or billing for the patient's medically necessary care,
482 treatment, services, diagnostic tests, or treatment procedures;
483 and the medical justification for the patient's course of care
484 and treatment, including, but not limited to, patient histories,
485 examination results, and test results; drugs prescribed,
486 dispensed, or administered; and reports of consultations or
487 referrals.

488 6. Exercising influence on a patient to exploit the patient
489 for the financial gain of the APRN-IP or a third party,
490 including, but not limited to, the promoting or selling of
491 services, goods, appliances, or drugs.

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

495 8. Performing any procedure or prescribing any medication
496 or therapy that would constitute experimentation on a human
497 subject.

498 9. Delegating professional responsibilities to a person
499 when the APRN-IP knows, or has reason to believe, that such
500 person is not qualified by education, training, experience, or
501 licensure to perform such responsibilities.

502 10. Committing, or conspiring with another to commit, an
503 act that would coerce, intimidate, or preclude another APRN-IP



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504 from lawfully advertising his or her services.

505 11. Advertising or holding himself or herself out as having
506 a certification in a specialty that the he or she has not
507 received.

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

511 13. Providing deceptive or fraudulent expert witness
512 testimony related to advanced practice registered nurse
513 independent practice.

514 Section 18. Effective July 1, 2020, contingent upon SB __
515 or similar legislation taking effect on that same date after
516 being adopted in the same legislative session or an extension
517 thereof and becoming a law, paragraph (c) of subsection (2) of
518 section 381.026, Florida Statutes, is amended to read:

519 381.026 Florida Patient's Bill of Rights and
520 Responsibilities.-

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

523 (c) "Health care provider" means a physician licensed under
524 chapter 458, an osteopathic physician licensed under chapter
525 459, ~~or~~ a podiatric physician licensed under chapter 461, or an
526 APRN-IP registered under s. 464.0123.

527 Section 19. Effective July 1, 2020 and upon SB __, 2020
528 Regular Session, or similar legislation in the same legislative
529 session or an extension thereof being adopted and becoming a
530 law, paragraph (a) of subsection (2) and subsections (3), (4),
531 and (5) of section 382.008, Florida Statutes, are amended to
532 read:



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533 382.008 Death, fetal death, and nonviable birth
534 registration.—

535 (2) (a) The funeral director who first assumes custody of a
536 dead body or fetus shall file the certificate of death or fetal
537 death. In the absence of the funeral director, the physician or
538 APRN-IP registered under s. 464.0123, or other person in
539 attendance at or after the death or the district medical
540 examiner of the county in which the death occurred or the body
541 was found shall file the certificate of death or fetal death.
542 The person who files the certificate shall obtain personal data
543 from a legally authorized person as described in s. 497.005 or
544 the best qualified person or source available. The medical
545 certification of cause of death shall be furnished to the
546 funeral director, either in person or via certified mail or
547 electronic transfer, by the physician, APRN-IP registered under
548 s. 464.0123, or medical examiner responsible for furnishing such
549 information. For fetal deaths, the physician, APRN-IP registered
550 under s. 464.0123, midwife, or hospital administrator shall
551 provide any medical or health information to the funeral
552 director within 72 hours after expulsion or extraction.

553 (3) Within 72 hours after receipt of a death or fetal death
554 certificate from the funeral director, the medical certification
555 of cause of death shall be completed and made available to the
556 funeral director by the decedent's primary or attending
557 practitioner ~~physician~~ or, if s. 382.011 applies, the district
558 medical examiner of the county in which the death occurred or
559 the body was found. The primary or attending practitioner
560 ~~physician~~ or the medical examiner shall certify over his or her
561 signature the cause of death to the best of his or her knowledge



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562 and belief. As used in this section, the term "primary or
563 attending practitioner ~~physician~~" means a physician or an APRN-
564 IP registered under s. 464.0123 who treated the decedent through
565 examination, medical advice, or medication during the 12 months
566 preceding the date of death.

567 (a) The department may grant the funeral director an
568 extension of time upon a good and sufficient showing of any of
569 the following conditions:

570 1. An autopsy is pending.

571 2. Toxicology, laboratory, or other diagnostic reports have
572 not been completed.

573 3. The identity of the decedent is unknown and further
574 investigation or identification is required.

575 (b) If the decedent's primary or attending practitioner
576 ~~physician~~ or the district medical examiner of the county in
577 which the death occurred or the body was found indicates that he
578 or she will sign and complete the medical certification of cause
579 of death but will not be available until after the 5-day
580 registration deadline, the local registrar may grant an
581 extension of 5 days. If a further extension is required, the
582 funeral director must provide written justification to the
583 registrar.

584 (4) If the department or local registrar grants an
585 extension of time to provide the medical certification of cause
586 of death, the funeral director shall file a temporary
587 certificate of death or fetal death which shall contain all
588 available information, including the fact that the cause of
589 death is pending. The decedent's primary or attending
590 practitioner ~~physician~~ or the district medical examiner of the



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591 county in which the death occurred or the body was found shall
592 provide an estimated date for completion of the permanent
593 certificate.

594 (5) A permanent certificate of death or fetal death,
595 containing the cause of death and any other information that was
596 previously unavailable, shall be registered as a replacement for
597 the temporary certificate. The permanent certificate may also
598 include corrected information if the items being corrected are
599 noted on the back of the certificate and dated and signed by the
600 funeral director, physician, APRN-IP registered under s.

601 464.0123, or district medical examiner of the county in which
602 the death occurred or the body was found, as appropriate.

603 Section 20. Effective July 1, 2020, contingent upon SB __
604 or similar legislation taking effect on that same date after
605 being adopted in the same legislative session or an extension
606 thereof and becoming a law, subsection (1) of section 382.011,
607 Florida Statutes, is amended to read:

608 382.011 Medical examiner determination of cause of death.-

609 (1) In the case of any death or fetal death due to causes
610 or conditions listed in s. 406.11, any death that occurred more
611 than 12 months after the decedent was last treated by a primary
612 or attending physician or an APRN-IP registered under s.

613 464.0123 ~~as defined in s. 382.008(3)~~, or any death for which
614 there is reason to believe that the death may have been due to
615 an unlawful act or neglect, the funeral director or other person
616 to whose attention the death may come shall refer the case to
617 the district medical examiner of the county in which the death
618 occurred or the body was found for investigation and
619 determination of the cause of death.



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620 Section 21. Effective July 1, 2020, contingent upon SB ___
621 or similar legislation taking effect on that same date after
622 being adopted in the same legislative session or an extension
623 thereof and becoming a law, paragraphs (a) and (f) of subsection
624 (2) of section 394.463, Florida Statutes, are amended to read:

625 394.463 Involuntary examination.—

626 (2) INVOLUNTARY EXAMINATION.—

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

629 1. A circuit or county court may enter an ex parte order
630 stating that a person appears to meet the criteria for
631 involuntary examination and specifying the findings on which
632 that conclusion is based. The ex parte order for involuntary
633 examination must be based on written or oral sworn testimony
634 that includes specific facts that support the findings. If other
635 less restrictive means are not available, such as voluntary
636 appearance for outpatient evaluation, a law enforcement officer,
637 or other designated agent of the court, shall take the person
638 into custody and deliver him or her to an appropriate, or the
639 nearest, facility within the designated receiving system
640 pursuant to s. 394.462 for involuntary examination. The order of
641 the court shall be made a part of the patient's clinical record.
642 A fee may not be charged for the filing of an order under this
643 subsection. A facility accepting the patient based on this order
644 must send a copy of the order to the department within 5 working
645 days. The order may be submitted electronically through existing
646 data systems, if available. The order shall be valid only until
647 the person is delivered to the facility or for the period
648 specified in the order itself, whichever comes first. If a ~~ne~~



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649 time limit is not specified in the order, the order is ~~shall be~~
650 valid for 7 days after the date that the order was signed.

651 2. A law enforcement officer shall take a person who
652 appears to meet the criteria for involuntary examination into
653 custody and deliver the person or have him or her delivered to
654 an appropriate, or the nearest, facility within the designated
655 receiving system pursuant to s. 394.462 for examination. The
656 officer shall execute a written report detailing the
657 circumstances under which the person was taken into custody,
658 which must be made a part of the patient's clinical record. Any
659 facility accepting the patient based on this report must send a
660 copy of the report to the department within 5 working days.

661 3. A physician, a clinical psychologist, a psychiatric
662 nurse, an APRN-IP registered under s. 464.0123, a mental health
663 counselor, a marriage and family therapist, or a clinical social
664 worker may execute a certificate stating that he or she has
665 examined a person within the preceding 48 hours and finds that
666 the person appears to meet the criteria for involuntary
667 examination and stating the observations upon which that
668 conclusion is based. If other less restrictive means, such as
669 voluntary appearance for outpatient evaluation, are not
670 available, a law enforcement officer shall take into custody the
671 person named in the certificate and deliver him or her to the
672 appropriate, or nearest, facility within the designated
673 receiving system pursuant to s. 394.462 for involuntary
674 examination. The law enforcement officer shall execute a written
675 report detailing the circumstances under which the person was
676 taken into custody. The report and certificate shall be made a
677 part of the patient's clinical record. Any facility accepting



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678 the patient based on this certificate must send a copy of the
679 certificate to the department within 5 working days. The
680 document may be submitted electronically through existing data
681 systems, if applicable.

682

683 When sending the order, report, or certificate to the
684 department, a facility shall, at a minimum, provide information
685 about which action was taken regarding the patient under
686 paragraph (g), which information shall also be made a part of
687 the patient's clinical record.

688 (f) A patient shall be examined by a physician, an APRN-IP
689 registered under s. 464.0123, or a clinical psychologist, or by
690 a psychiatric nurse performing within the framework of an
691 established protocol with a psychiatrist, at a facility without
692 unnecessary delay to determine if the criteria for involuntary
693 services are met. Emergency treatment may be provided upon the
694 order of a physician if the physician determines that such
695 treatment is necessary for the safety of the patient or others.
696 The patient may not be released by the receiving facility or its
697 contractor without the documented approval of a psychiatrist or
698 a clinical psychologist or, if the receiving facility is owned
699 or operated by a hospital or health system, the release may also
700 be approved by a psychiatric nurse performing within the
701 framework of an established protocol with a psychiatrist, or an
702 attending emergency department physician with experience in the
703 diagnosis and treatment of mental illness after completion of an
704 involuntary examination pursuant to this subsection. A
705 psychiatric nurse may not approve the release of a patient if
706 the involuntary examination was initiated by a psychiatrist



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707 unless the release is approved by the initiating psychiatrist.

708 Section 22. Effective July 1, 2020, contingent upon SB __
709 or similar legislation taking effect on that same date after
710 being adopted in the same legislative session or an extension
711 thereof and becoming a law, paragraph (a) of subsection (2) of
712 section 397.501, Florida Statutes, is amended to read:

713 397.501 Rights of individuals.—Individuals receiving
714 substance abuse services from any service provider are
715 guaranteed protection of the rights specified in this section,
716 unless otherwise expressly provided, and service providers must
717 ensure the protection of such rights.

718 (2) RIGHT TO NONDISCRIMINATORY SERVICES.—

719 (a) Service providers may not deny an individual access to
720 substance abuse services solely on the basis of race, gender,
721 ethnicity, age, sexual preference, human immunodeficiency virus
722 status, prior service departures against medical advice,
723 disability, or number of relapse episodes. Service providers may
724 not deny an individual who takes medication prescribed by a
725 physician or an APRN-IP registered under s. 464.0123 access to
726 substance abuse services solely on that basis. Service providers
727 who receive state funds to provide substance abuse services may
728 not, if space and sufficient state resources are available, deny
729 access to services based solely on inability to pay.

730 Section 23. Effective July 1, 2020, contingent upon SB __
731 or similar legislation taking effect on that same date after
732 being adopted in the same legislative session or an extension
733 thereof and becoming a law, paragraphs (i), (o), and (r) of
734 subsection (3) and paragraph (g) of subsection (5) of section
735 456.053, Florida Statutes, are amended to read:



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736 456.053 Financial arrangements between referring health
737 care providers and providers of health care services.—

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

740 (i) "Health care provider" means a ~~any~~ physician licensed
741 under chapter 458, chapter 459, chapter 460, or chapter 461; an
742 APRN-IP registered under s. 464.0123;~~7~~ or any health care
743 provider licensed under chapter 463 or chapter 466.

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

747 a.1. The forwarding of a patient by a health care provider
748 to another health care provider or to an entity which provides
749 or supplies designated health services or any other health care
750 item or service; or

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

754 2.3. The following orders, recommendations, or plans of
755 care do not ~~shall not~~ constitute a referral by a health care
756 provider:

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

758 b. By a physician specializing in the provision of
759 radiation therapy services for such services.

760 c. By a medical oncologist for drugs and solutions to be
761 prepared and administered intravenously to such oncologist's
762 patient, as well as for the supplies and equipment used in
763 connection therewith to treat such patient for cancer and the
764 complications thereof.



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765 d. By a cardiologist for cardiac catheterization services.

766 e. By a pathologist for diagnostic clinical laboratory
767 tests and pathological examination services, if furnished by or
768 under the supervision of such pathologist pursuant to a
769 consultation requested by another physician.

770 f. By a health care provider who is the sole provider or
771 member of a group practice for designated health services or
772 other health care items or services that are prescribed or
773 provided solely for such referring health care provider's or
774 group practice's own patients, and that are provided or
775 performed by or under the direct supervision of such referring
776 health care provider or group practice; provided, however, ~~that~~
777 ~~effective July 1, 1999,~~ a health care provider ~~physician~~
778 ~~licensed pursuant to chapter 458, chapter 459, chapter 460, or~~
779 ~~chapter 461~~ may refer a patient to a sole provider or group
780 practice for diagnostic imaging services, excluding radiation
781 therapy services, for which the sole provider or group practice
782 billed both the technical and the professional fee for or on
783 behalf of the patient, if the referring health care provider
784 does not have an ~~physician has no~~ investment interest in the
785 practice. The diagnostic imaging service referred to a group
786 practice or sole provider must be a diagnostic imaging service
787 normally provided within the scope of practice to the patients
788 of the group practice or sole provider. The group practice or
789 sole provider may accept no more than 15 percent of their
790 patients receiving diagnostic imaging services from outside
791 referrals, excluding radiation therapy services.

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



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794 h. By a urologist for lithotripsy services.
795 i. By a dentist for dental services performed by an
796 employee of or health care provider who is an independent
797 contractor with the dentist or group practice of which the
798 dentist is a member.
799 j. By a physician for infusion therapy services to a
800 patient of that physician or a member of that physician's group
801 practice.
802 k. By a nephrologist for renal dialysis services and
803 supplies, except laboratory services.
804 l. By a health care provider whose principal professional
805 practice consists of treating patients in their private
806 residences for services to be rendered in such private
807 residences, except for services rendered by a home health agency
808 licensed under chapter 400. For purposes of this sub-
809 subparagraph, the term "private residences" includes patients'
810 private homes, independent living centers, and assisted living
811 facilities, but does not include skilled nursing facilities.
812 m. By a health care provider for sleep-related testing.
813 (r) "Sole provider" means one health care provider licensed
814 under chapter 458, chapter 459, chapter 460, or chapter 461, or
815 registered under s. 464.0123, who maintains a separate medical
816 office and a medical practice separate from any other health
817 care provider and who bills for his or her services separately
818 from the services provided by any other health care provider. A
819 sole provider may not ~~shall not~~ share overhead expenses or
820 professional income with any other person or group practice.
821 (5) PROHIBITED REFERRALS AND CLAIMS FOR PAYMENT.—Except as
822 provided in this section:



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823 (g) A violation of this section by a health care provider
824 shall constitute grounds for disciplinary action to be taken by
825 the applicable board pursuant to s. 458.331(2), s. 459.015(2),
826 s. 460.413(2), s. 461.013(2), s. 463.016(2), s. 464.018, or s.
827 466.028(2). Any hospital licensed under chapter 395 found in
828 violation of this section shall be subject to s. 395.0185(2).

829 Section 24. Effective July 1, 2020, contingent upon SB __
830 or similar legislation taking effect on that same date after
831 being adopted in the same legislative session or an extension
832 thereof and becoming a law, subsection (1) of section 626.9707,
833 Florida Statutes, is amended to read:

834 626.9707 Disability insurance; discrimination on basis of
835 sickle-cell trait prohibited.—

836 (1) An ~~No~~ insurer authorized to transact insurance in this
837 state may not ~~shall~~ refuse to issue and deliver in this state
838 any policy of disability insurance, whether such policy is
839 defined as individual, group, blanket, franchise, industrial, or
840 otherwise, which is currently being issued for delivery in this
841 state and which affords benefits and coverage for any medical
842 treatment or service authorized and permitted to be furnished by
843 a hospital, a clinic, a health clinic, a neighborhood health
844 clinic, a health maintenance organization, a physician, a
845 physician's assistant, an advanced practice registered nurse, an
846 APRN-IP registered under s. 464.0123 ~~practitioner~~, or a medical
847 service facility or personnel solely because the person to be
848 insured has the sickle-cell trait.

849 Section 25. Effective July 1, 2020, contingent upon SB __
850 or similar legislation taking effect on that same date after
851 being adopted in the same legislative session or an extension



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852 thereof and becoming a law, section 627.64025, Florida Statutes,
853 is created to read:

854 627.64025 APRN-IP services.—A health insurance policy that
855 provides major medical coverage and that is delivered, issued,
856 or renewed on or after January 1, 2021, may not require an
857 insured to receive services from an APRN-IP registered under s.
858 464.0123 or an advanced practice registered nurse under the
859 supervision of a physician in place of a primary care physician.

860 Section 26. Effective July 1, 2020, contingent upon SB ___
861 or similar legislation taking effect on that same date after
862 being adopted in the same legislative session or an extension
863 thereof and becoming a law, section 627.6621, Florida Statutes,
864 is created to read:

865 627.6621 APRN-IP services.—A group, blanket, or franchise
866 health insurance policy that is issued, or renewed on or after
867 January 1, 2021, may not require an insured to receive services
868 from an APRN-IP registered under s. 464.0123 or an advanced
869 practice registered nurse under the supervision of a physician
870 in place of a primary care physician.

871 Section 27. Effective July 1, 2020, contingent upon SB ___
872 or similar legislation taking effect on that same date after
873 being adopted in the same legislative session or an extension
874 thereof and becoming a law, paragraph (g) is added to subsection
875 (5) of section 627.6699, Florida Statutes, to read:

876 627.6699 Employee Health Care Access Act.—

877 (5) AVAILABILITY OF COVERAGE.—

878 (g) A health benefit plan covering small employers which is
879 issued, or renewed on or after January 1, 2021, may not require
880 an insured to receive services from an APRN-IP registered under



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881 s. 464.0123 or an advanced practice registered nurse under the
882 supervision of a physician in place of a primary care physician.

883 Section 28. Effective July 1, 2020, contingent upon SB ___
884 or similar legislation taking effect on that same date after
885 being adopted in the same legislative session or an extension
886 thereof and becoming a law, paragraph (a) of subsection (1) of
887 section 627.736, Florida Statutes, is amended to read:

888 627.736 Required personal injury protection benefits;
889 exclusions; priority; claims.—

890 (1) REQUIRED BENEFITS.—An insurance policy complying with
891 the security requirements of s. 627.733 must provide personal
892 injury protection to the named insured, relatives residing in
893 the same household, persons operating the insured motor vehicle,
894 passengers in the motor vehicle, and other persons struck by the
895 motor vehicle and suffering bodily injury while not an occupant
896 of a self-propelled vehicle, subject to subsection (2) and
897 paragraph (4) (e), to a limit of \$10,000 in medical and
898 disability benefits and \$5,000 in death benefits resulting from
899 bodily injury, sickness, disease, or death arising out of the
900 ownership, maintenance, or use of a motor vehicle as follows:

901 (a) *Medical benefits.*—Eighty percent of all reasonable
902 expenses for medically necessary medical, surgical, X-ray,
903 dental, and rehabilitative services, including prosthetic
904 devices and medically necessary ambulance, hospital, and nursing
905 services if the individual receives initial services and care
906 pursuant to subparagraph 1. within 14 days after the motor
907 vehicle accident. The medical benefits provide reimbursement
908 only for:

909 1. Initial services and care that are lawfully provided,



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910 supervised, ordered, or prescribed by a physician licensed under
911 chapter 458 or chapter 459, a dentist licensed under chapter
912 466, ~~or~~ a chiropractic physician licensed under chapter 460, or
913 an APRN-IP registered under s. 464.0123 or that are provided in
914 a hospital or in a facility that owns, or is wholly owned by, a
915 hospital. Initial services and care may also be provided by a
916 person or entity licensed under part III of chapter 401 which
917 provides emergency transportation and treatment.

918 2. Upon referral by a provider described in subparagraph
919 1., followup services and care consistent with the underlying
920 medical diagnosis rendered pursuant to subparagraph 1. which may
921 be provided, supervised, ordered, or prescribed only by a
922 physician licensed under chapter 458 or chapter 459, a
923 chiropractic physician licensed under chapter 460, a dentist
924 licensed under chapter 466, or an APRN-IP registered under s.
925 464.0123 or, to the extent permitted by applicable law and under
926 the supervision of such physician, osteopathic physician,
927 chiropractic physician, or dentist, by a physician assistant
928 licensed under chapter 458 or chapter 459 or an advanced
929 practice registered nurse licensed under chapter 464. Followup
930 services and care may also be provided by the following persons
931 or entities:

932 a. A hospital or ambulatory surgical center licensed under
933 chapter 395.

934 b. An entity wholly owned by one or more physicians
935 licensed under chapter 458 or chapter 459, chiropractic
936 physicians licensed under chapter 460, APRN-IPs registered under
937 s. 464.0123, or dentists licensed under chapter 466 or by such
938 practitioners and the spouse, parent, child, or sibling of such



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939 practitioners.

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

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

944 e. A health care clinic licensed under part X of chapter
945 400 which is accredited by an accrediting organization whose
946 standards incorporate comparable regulations required by this
947 state, or

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

950 (II) Has been continuously licensed for more than 3 years
951 or is a publicly traded corporation that issues securities
952 traded on an exchange registered with the United States
953 Securities and Exchange Commission as a national securities
954 exchange; and

955 (III) Provides at least four of the following medical
956 specialties:

957 (A) General medicine.

958 (B) Radiography.

959 (C) Orthopedic medicine.

960 (D) Physical medicine.

961 (E) Physical therapy.

962 (F) Physical rehabilitation.

963 (G) Prescribing or dispensing outpatient prescription
964 medication.

965 (H) Laboratory services.

966 3. Reimbursement for services and care provided in
967 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician



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968 licensed under chapter 458 or chapter 459, a dentist licensed
969 under chapter 466, a physician assistant licensed under chapter
970 458 or chapter 459, ~~or~~ an advanced practice registered nurse
971 licensed under chapter 464, or an APRN-IP registered under s.
972 464.0123 has determined that the injured person had an emergency
973 medical condition.

974 4. Reimbursement for services and care provided in
975 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a
976 provider listed in subparagraph 1. or subparagraph 2. determines
977 that the injured person did not have an emergency medical
978 condition.

979 5. Medical benefits do not include massage as defined in s.
980 480.033 or acupuncture as defined in s. 457.102, regardless of
981 the person, entity, or licensee providing massage or
982 acupuncture, and a licensed massage therapist or licensed
983 acupuncturist may not be reimbursed for medical benefits under
984 this section.

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

991
992 Only insurers writing motor vehicle liability insurance in this
993 state may provide the required benefits of this section, and
994 such insurer may not require the purchase of any other motor
995 vehicle coverage other than the purchase of property damage
996 liability coverage as required by s. 627.7275 as a condition for



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997 providing such benefits. Insurers may not require that property
998 damage liability insurance in an amount greater than \$10,000 be
999 purchased in conjunction with personal injury protection. Such
1000 insurers shall make benefits and required property damage
1001 liability insurance coverage available through normal marketing
1002 channels. An insurer writing motor vehicle liability insurance
1003 in this state who fails to comply with such availability
1004 requirement as a general business practice violates part IX of
1005 chapter 626, and such violation constitutes an unfair method of
1006 competition or an unfair or deceptive act or practice involving
1007 the business of insurance. An insurer committing such violation
1008 is subject to the penalties provided under that part, as well as
1009 those provided elsewhere in the insurance code.

1010 Section 29. Effective July 1, 2020, contingent upon SB __
1011 or similar legislation taking effect on that same date after
1012 being adopted in the same legislative session or an extension
1013 thereof and becoming a law, subsection (5) of section 633.412,
1014 Florida Statutes, is amended to read:

1015 633.412 Firefighters; qualifications for certification.—A
1016 person applying for certification as a firefighter must:

1017 (5) Be in good physical condition as determined by a
1018 medical examination given by a physician, surgeon, or physician
1019 assistant licensed under ~~to practice in the state pursuant to~~
1020 chapter 458; an osteopathic physician, a surgeon, or a physician
1021 assistant licensed under ~~to practice in the state pursuant to~~
1022 chapter 459; ~~or~~ an advanced practice registered nurse licensed
1023 under ~~to practice in the state pursuant to~~ chapter 464; or an
1024 APRN-IP registered under s. 464.0123. Such examination may
1025 include, but need not be limited to, the National Fire



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1026 Protection Association Standard 1582. A medical examination
1027 evidencing good physical condition shall be submitted to the
1028 division, on a form as provided by rule, before an individual is
1029 eligible for admission into a course under s. 633.408.

1030 Section 30. 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, section 641.31075, Florida Statutes,
1034 is created to read:

1035 641.31075 APRN-IP services.-A health maintenance contract
1036 that is issued, or renewed on or after January 1, 2021, may not
1037 require a subscriber to receive services from an APRN-IP
1038 registered under s. 464.0123 in place of a primary care
1039 physician or an advanced practice registered nurse under the
1040 supervision of a physician.

1041 Section 31. Effective July 1, 2020, contingent upon SB ___
1042 or similar legislation taking effect on that same date after
1043 being adopted in the same legislative session or an extension
1044 thereof and becoming a law, subsection (8) of section 641.495,
1045 Florida Statutes, is amended to read:

1046 641.495 Requirements for issuance and maintenance of
1047 certificate.-

1048 (8) Each organization's contracts, certificates, and
1049 subscriber handbooks shall contain a provision, if applicable,
1050 disclosing that, for certain types of described medical
1051 procedures, services may be provided by physician assistants,
1052 advanced practice registered nurses, APRN-IPs registered under
1053 s. 464.0123 nurse practitioners, or other individuals who are
1054 not licensed physicians.



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1055 Section 32. Effective July 1, 2020, contingent upon SB ___
1056 or similar legislation taking effect on that same date after
1057 being adopted in the same legislative session or an extension
1058 thereof and becoming a law, paragraph (b) of subsection (1) of
1059 section 744.3675, Florida Statutes, is amended to read:

1060 744.3675 Annual guardianship plan.—Each guardian of the
1061 person must file with the court an annual guardianship plan
1062 which updates information about the condition of the ward. The
1063 annual plan must specify the current needs of the ward and how
1064 those needs are proposed to be met in the coming year.

1065 (1) Each plan for an adult ward must, if applicable,
1066 include:

1067 (b) Information concerning the medical and mental health
1068 conditions and treatment and rehabilitation needs of the ward,
1069 including:

1070 1. A resume of any professional medical treatment given to
1071 the ward during the preceding year.

1072 2. The report of a physician or an APRN-IP registered under
1073 s. 464.0123 who examined the ward no more than 90 days before
1074 the beginning of the applicable reporting period. The report
1075 must contain an evaluation of the ward's condition and a
1076 statement of the current level of capacity of the ward.

1077 3. The plan for providing medical, mental health, and
1078 rehabilitative services in the coming year.

1079 Section 33. Effective July 1, 2020, contingent upon SB ___
1080 or similar legislation taking effect on that same date after
1081 being adopted in the same legislative session or an extension
1082 thereof and becoming a law, paragraph (c) of subsection (1) of
1083 section 766.118, Florida Statutes, is amended to read:



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1084 766.118 Determination of noneconomic damages.—
1085 (1) DEFINITIONS.—As used in this section, the term:
1086 (c) “Practitioner” means any person licensed or registered
1087 under chapter 458, chapter 459, chapter 460, chapter 461,
1088 chapter 462, chapter 463, chapter 466, chapter 467, chapter 486,
1089 ~~or~~ s. 464.012, or s. 464.0123. “Practitioner” also means any
1090 association, corporation, firm, partnership, or other business
1091 entity under which such practitioner practices or any employee
1092 of such practitioner or entity acting in the scope of his or her
1093 employment. For the purpose of determining the limitations on
1094 noneconomic damages set forth in this section, the term
1095 “practitioner” includes any person or entity for whom a
1096 practitioner is vicariously liable and any person or entity
1097 whose liability is based solely on such person or entity being
1098 vicariously liable for the actions of a practitioner.

1099 Section 34. Effective July 1, 2020, contingent upon SB ___
1100 or similar legislation taking effect on that same date after
1101 being adopted in the same legislative session or an extension
1102 thereof and becoming a law, subsection (3) of section 768.135,
1103 Florida Statutes, is amended to read:

1104 768.135 Volunteer team physicians; immunity.—

1105 (3) A practitioner licensed or registered under chapter
1106 458, chapter 459, chapter 460, ~~or~~ s. 464.012, or s. 464.0123 who
1107 gratuitously and in good faith conducts an evaluation pursuant
1108 to s. 1006.20(2)(c) is not liable for any civil damages arising
1109 from that evaluation unless the evaluation was conducted in a
1110 wrongful manner.

1111 Section 35. Effective July 1, 2020, contingent upon SB ___
1112 or similar legislation taking effect on that same date after



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1113 being adopted in the same legislative session or an extension
1114 thereof and becoming a law, subsection (2) of section 960.28,
1115 Florida Statutes, is amended to read:

1116 960.28 Payment for victims' initial forensic physical
1117 examinations.-

1118 (2) The Crime Victims' Services Office of the department
1119 shall pay for medical expenses connected with an initial
1120 forensic physical examination of a victim of sexual battery as
1121 defined in chapter 794 or a lewd or lascivious offense as
1122 defined in chapter 800. Such payment shall be made regardless of
1123 whether the victim is covered by health or disability insurance
1124 and whether the victim participates in the criminal justice
1125 system or cooperates with law enforcement. The payment shall be
1126 made only out of moneys allocated to the Crime Victims' Services
1127 Office for the purposes of this section, and the payment may not
1128 exceed \$1,000 with respect to any violation. The department
1129 shall develop and maintain separate protocols for the initial
1130 forensic physical examination of adults and children. Payment
1131 under this section is limited to medical expenses connected with
1132 the initial forensic physical examination, and payment may be
1133 made to a medical provider using an examiner qualified under
1134 part I of chapter 464, excluding s. 464.003(15) ~~s. 464.003(14)~~;
1135 chapter 458; or chapter 459. Payment made to the medical
1136 provider by the department shall be considered by the provider
1137 as payment in full for the initial forensic physical examination
1138 associated with the collection of evidence. The victim may not
1139 be required to pay, directly or indirectly, the cost of an
1140 initial forensic physical examination performed in accordance
1141 with this section.



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1142 Section 36. Effective July 1, 2020, contingent upon SB
1143 or similar legislation taking effect on that same date after
1144 being adopted in the same legislative session or an extension
1145 thereof and becoming a law, the Office of Program Policy
1146 Analysis and Government Accountability shall develop a report on
1147 the impact of and recommendations regarding the continuance of
1148 the Patient Access to Primary Care Pilot Program established in
1149 this act. The report shall include, but need not be limited to,
1150 improvements in access to primary care, the number of advanced
1151 practice registered nurse-independent practitioners
1152 participating in the program, cost savings or increases in
1153 services provided, the number of referrals to physicians by
1154 advanced practice registered nurse-independent practitioners
1155 participating in the program, any increase or decrease in the
1156 number of prescriptions written, and any increase or decrease in
1157 the cost of medications. In conducting such research and
1158 analysis, the office may consult with the Council on Advanced
1159 Practice Registered Nurse Independent Practice. The office shall
1160 submit the report and recommendations to the Governor, the
1161 President of the Senate, and the Speaker of the House of
1162 Representatives by September 1, 2030.

1163 Section 37. If s. 464.0123, Florida Statutes, is not saved
1164 from repeal through reenactment by the Legislature, the text of
1165 the statutes amended in sections 14 and 16 through 33 of this
1166 bill shall revert to that in existence on the date this act
1167 became a law, except that any amendments to such text enacted
1168 other than by this act shall be preserved and continue to
1169 operate to the extent that such amendments are not dependent
1170 upon the portions of text which expire pursuant to this section.



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1171 Section 38. Except as otherwise expressly provided in this
1172 act, this act shall take effect upon becoming a law.

1173

1174 ===== T I T L E A M E N D M E N T =====

1175 And the title is amended as follows:

1176 Delete lines 93 - 94

1177 and insert:

1178 certified nursing assistants; creating s. 381.40185,
1179 F.S.; establishing the Physician Student Loan
1180 Repayment Program for a specified purpose; defining
1181 terms; requiring the Department of Health to establish
1182 the program; providing program eligibility
1183 requirements; providing for the award of funds from
1184 the program to repay the student loans of certain
1185 physicians; specifying circumstances under which a
1186 physician is no longer eligible to receive funds from
1187 the program; requiring the department to adopt rules;
1188 making implementation of the program subject to an
1189 appropriation; amending s. 464.003, F.S.; defining the
1190 term "advanced practice registered nurse - independent
1191 practitioner" (APRN-IP); creating s. 464.0123, F.S.;
1192 creating the Patient Access to Primary Care Pilot
1193 Program for a specified purpose; requiring the
1194 department to implement the program; defining terms;
1195 creating the Council on Advanced Practice Registered
1196 Nurse Independent Practice within the department;
1197 providing council membership requirements, terms, and
1198 duties; requiring the council to develop certain
1199 proposed rules; providing for the adoption of the



1200 proposed rules; authorizing the council to enter an
1201 order to refuse to register an applicant or to approve
1202 an applicant for restricted registration or
1203 conditional registration under certain circumstances;
1204 providing registration and registration renewal
1205 requirements; requiring the department to update the
1206 practitioner's profile to reflect specified
1207 information; providing limitations on the scope of
1208 practice of an APRN-IP; requiring the council to
1209 recommend rules regarding the scope of practice for an
1210 APRN-IP; providing for the adoption of such rules;
1211 requiring APRN-IPs to report adverse incidents to the
1212 department within a specified timeframe; defining the
1213 term "adverse incident"; providing construction;
1214 requiring the department to review adverse incidents
1215 and make specified determinations; providing for
1216 disciplinary action; requiring the Board of Medicine
1217 to adopt certain rules; providing for the reactivation
1218 of registration; providing construction; requiring the
1219 department to adopt rules by a specified date;
1220 providing for future repeal; amending s. 464.015,
1221 F.S.; prohibiting unregistered persons from using the
1222 title or abbreviation of APRN-IP; amending s. 464.018,
1223 F.S.; providing additional grounds for denial of a
1224 license or disciplinary action for APRN-IPs; amending
1225 s. 381.026, F.S.; revising the definition of the term
1226 "health care provider"; amending s. 382.008, F.S.;

1227 authorizing an APRN-IP to file a certificate of death
1228 or fetal death under certain circumstances; requiring



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1229 the APRN-IP to provide certain information to the
1230 funeral director within a specified timeframe;
1231 defining the term "primary or attending practitioner";
1232 conforming provisions to changes made by the act;
1233 amending s. 382.011, F.S.; conforming a provision to
1234 changes made by the act; amending s. 394.463, F.S.;
1235 authorizing APRN-IPs to examine patients and initiate
1236 involuntary examinations for mental illness under
1237 certain circumstances; amending s. 397.501, F.S.;
1238 prohibiting service providers from denying an
1239 individual certain services under certain
1240 circumstances; amending s. 456.053, F.S.; revising
1241 definitions; conforming provisions to changes made by
1242 the act; amending s. 626.9707, F.S.; prohibiting an
1243 insurer from refusing to issue and deliver certain
1244 disability insurance that covers any medical treatment
1245 or service furnished by an advanced practice
1246 registered nurse or an APRN-IP; creating s. 627.64025,
1247 F.S.; prohibiting certain health insurance policies
1248 from requiring an insured to receive services from an
1249 APRN-IP or a certain advanced practice registered
1250 nurse in place of a primary care physician; creating
1251 s. 627.6621, F.S.; prohibiting certain group, blanket,
1252 or franchise health insurance policies from requiring
1253 an insured to receive services from an APRN-IP or a
1254 certain advanced practice registered nurse in place of
1255 a primary care physician; amending s. 627.6699, F.S.;
1256 prohibiting certain health benefit plan covering small
1257 employers from requiring an insured to receive



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1258 services from an APRN-IP or a certain advanced
1259 practice registered nurse in place of a primary care
1260 physician; amending s. 627.736, F.S.; requiring
1261 personal injury protection insurance to cover a
1262 certain percentage of medical services and care
1263 provided by an APRN-IP; providing for specified
1264 reimbursement of APRN-IPs; amending s. 633.412, F.S.;
1265 authorizing an APRN-IP to medically examine an
1266 applicant for firefighter certification; creating s.
1267 641.31075, F.S.; prohibiting certain health
1268 maintenance contracts from requiring a subscriber to
1269 receive services from an APRN-IP or a certain advanced
1270 practice registered nurse in place of a primary care
1271 physician; amending s. 641.495, F.S.; requiring
1272 certain health maintenance organization documents to
1273 disclose specified information; amending s. 744.3675,
1274 F.S.; authorizing an APRN-IP to provide the medical
1275 report of a ward in an annual guardianship plan;
1276 amending s. 766.118, F.S.; revising the definition of
1277 the term "practitioner"; amending s. 768.135, F.S.;
1278 providing immunity from liability for an APRN-IP who
1279 provides volunteer services under certain
1280 circumstances; amending s. 960.28, F.S.; conforming a
1281 cross-reference; requiring the Office of Program
1282 Policy Analysis and Government Accountability to
1283 submit a report to the Governor and the Legislature by
1284 a specified date; providing requirements for the
1285 report; providing for the reversion of specified
1286 statutory sections under certain circumstances;



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providing effective dates, including contingent
effective dates.