

By the Committees on Appropriations; and Health Policy; and
Senator Albritton

576-04552-20

20201676c2

1 A bill to be entitled
2 An act relating to direct care workers; amending s.
3 400.141, F.S.; authorizing nursing home facilities to
4 use paid feeding assistants in accordance with
5 specified federal law under certain circumstances;
6 providing training program requirements; authorizing
7 the Agency for Health Care Administration to adopt
8 rules; amending s. 400.23, F.S.; prohibiting the
9 counting of paid feeding assistants toward compliance
10 with minimum staffing standards; amending s. 400.461,
11 F.S.; revising a short title; amending s. 400.462,
12 F.S.; revising the definition of the term "home health
13 aide"; amending s. 400.464, F.S.; requiring a licensed
14 home health agency that authorizes a registered nurse
15 to delegate tasks to a certified nursing assistant or
16 a home health aide to ensure that certain requirements
17 are met; amending s. 400.488, F.S.; authorizing an
18 unlicensed person to assist with self-administration
19 of certain treatments; revising the requirements for
20 such assistance; creating s. 400.489, F.S.;

21 authorizing home health aides to administer certain
22 prescription medications under certain conditions;
23 requiring such home health aides to meet certain
24 training and competency requirements; requiring that
25 the training, determination of competency, and annual
26 validation of home health aides be conducted by a
27 registered nurse or a physician; requiring home health
28 aides to complete annual inservice training in
29 medication administration and medication error

576-04552-20

20201676c2

30 prevention, in addition to existing annual inservice
31 training requirements; requiring the agency, in
32 consultation with the Board of Nursing, to establish
33 by rule standards and procedures for medication
34 administration by home health aides; providing
35 requirements for such rules; creating s. 400.490,
36 F.S.; authorizing certified nursing assistants or home
37 health aides to perform certain tasks delegated by a
38 registered nurse; creating s. 400.52, F.S.; creating
39 the Excellence in Home Health Program within the
40 agency for a specified purpose; requiring the agency
41 to adopt rules establishing program criteria;
42 providing requirements for such criteria; requiring
43 the agency to annually evaluate certain home health
44 agencies and nurse registries; providing program
45 designation eligibility requirements; providing that a
46 program designation is not transferable, with an
47 exception; providing for the expiration of awarded
48 designations; requiring home health agencies and nurse
49 registries to biennially renew the awarded program
50 designation; authorizing a program designation award
51 recipient to use the designation in advertising and
52 marketing; specifying circumstances under which a home
53 health agency or nurse registry may not use a program
54 designation in advertising or marketing; providing
55 that an application submitted under the program is not
56 an application for licensure; providing that certain
57 actions by the agency are not subject to certain
58 provisions; creating s. 408.822, F.S.; defining the

576-04552-20

20201676c2

59 term "direct care worker"; requiring certain licensees
60 to provide specified information about their employees
61 in a survey beginning on a specified date; requiring
62 that the survey be completed on a form adopted by the
63 agency by rule and include a specified attestation;
64 requiring a licensee to submit such survey as a
65 contingency of license renewal; requiring the agency
66 to continually analyze the results of such surveys and
67 publish the results on the agency's website; requiring
68 the agency to update such information monthly;
69 creating s. 464.0156, F.S.; authorizing a registered
70 nurse to delegate certain tasks to a certified nursing
71 assistant or a home health aide under certain
72 conditions; providing criteria that a registered nurse
73 must consider in determining if a task may be
74 delegated to a certified nursing assistant or a home
75 health aide; authorizing a registered nurse to
76 delegate prescription medication administration to a
77 certified nursing assistant or a home health aide,
78 subject to certain requirements; providing an
79 exception for certain controlled substances; requiring
80 the Board of Nursing, in consultation with the agency,
81 to adopt rules; amending s. 464.018, F.S.; providing
82 disciplinary action; creating s. 464.2035, F.S.;

83 authorizing certified nursing assistants to administer
84 certain prescription medications under certain
85 conditions; requiring such certified nursing
86 assistants to meet certain training and competency
87 requirements; requiring the training, determination of

576-04552-20

20201676c2

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

576-04552-20

20201676c2

117 duties; requiring the council to develop certain
118 proposed rules; providing for the adoption of the
119 proposed rules; authorizing the council to enter an
120 order to refuse to register an applicant or to approve
121 an applicant for restricted registration or
122 conditional registration under certain circumstances;
123 providing registration and registration renewal
124 requirements; requiring the department to update the
125 practitioner's profile to reflect specified
126 information; providing limitations on the scope of
127 practice of an APRN-IP; requiring the department to
128 adopt specified rules related to the scope of practice
129 for APRN-IPs; requiring APRN-IPs to report adverse
130 incidents to the department within a specified
131 timeframe; defining the term "adverse incident";
132 requiring the department to review adverse incidents
133 and make specified determinations; providing for
134 disciplinary action; requiring the department to adopt
135 certain rules; providing for the reactivation of
136 registration; providing construction; requiring the
137 department to adopt rules; amending s. 464.015, F.S.;
138 prohibiting unregistered persons from using the title
139 or abbreviation of APRN-IP; amending s. 464.018, F.S.;
140 providing additional grounds for denial of a license
141 or disciplinary action for APRN-IPs; amending s.
142 381.026, F.S.; revising the definition of the term
143 "health care provider"; amending s. 382.008, F.S.;
144 authorizing an APRN-IP to file a certificate of death
145 or fetal death under certain circumstances; requiring

576-04552-20

20201676c2

146 an APRN-IP to provide certain information to a funeral
147 director within a specified timeframe; defining the
148 term "primary or attending practitioner"; conforming
149 provisions to changes made by the act; amending s.
150 382.011, F.S.; conforming a provision to changes made
151 by the act; amending s. 394.463, F.S.; authorizing
152 APRN-IPs to examine patients and initiate involuntary
153 examinations for mental illness under certain
154 circumstances; amending s. 397.501, F.S.; prohibiting
155 service providers from denying an individual certain
156 services under certain circumstances; amending s.
157 456.053, F.S.; revising definitions; providing
158 disciplinary action; conforming provisions to changes
159 made by the act; amending s. 626.9707, F.S.;
160 prohibiting an insurer from refusing to issue and
161 deliver certain disability insurance policies that
162 cover any medical treatment or service furnished by an
163 advanced practice registered nurse or an APRN-IP;
164 creating ss. 627.64025 and 627.6621, F.S.; prohibiting
165 certain health insurance policies and certain group,
166 blanket, or franchise health insurance policies,
167 respectively, from requiring or incentivizing an
168 insured to receive services from an APRN-IP in place
169 of a primary care physician; amending s. 627.6699,
170 F.S.; prohibiting certain health benefit plans from
171 requiring or incentivizing an insured to receive
172 services from an APRN-IP in place of a primary care
173 physician; amending s. 627.736, F.S.; requiring
174 personal injury protection insurance policies to cover

576-04552-20

20201676c2

175 a certain percentage of medical services and care
176 provided by an APRN-IP; providing for specified
177 reimbursement of APRN-IPs; amending s. 633.412, F.S.;
178 authorizing an APRN-IP to medically examine an
179 applicant for firefighter certification; creating s.
180 641.31075, F.S.; prohibiting certain health
181 maintenance contracts from requiring or incentivizing
182 a subscriber to receive services from an APRN-IP in
183 place of a primary care physician; amending s.
184 641.495, F.S.; requiring certain health maintenance
185 organization documents to disclose specified
186 information; amending s. 744.3675, F.S.; authorizing
187 an APRN-IP to provide the medical report of a ward in
188 an annual guardianship plan; amending s. 766.118,
189 F.S.; revising the definition of the term
190 "practitioner"; amending s. 768.135, F.S.; providing
191 immunity from liability for an APRN-IP who provides
192 volunteer services, under certain circumstances;
193 amending s. 960.28, F.S.; conforming a cross-
194 reference; providing appropriations; providing
195 effective dates.

196

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

198

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

201 400.141 Administration and management of nursing home
202 facilities.—

203 (1) Every licensed facility shall comply with all

576-04552-20

20201676c2

204 applicable standards and rules of the agency and shall:

205 (v) Be allowed to use paid feeding assistants as defined in
206 42 C.F.R. s. 488.301, and in accordance with 42 C.F.R. s.
207 483.60, if the paid feeding assistant has successfully completed
208 a feeding assistant training program developed by the agency.

209 1. The feeding assistant training program must consist of a
210 minimum of 12 hours of education and training and must include
211 all of the topics and lessons specified in the program
212 curriculum.

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

215 a. Feeding techniques.

216 b. Assistance with feeding and hydration.

217 c. Communication and interpersonal skills.

218 d. Appropriate responses to resident behavior.

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

221 f. Infection control.

222 g. Residents' rights.

223 h. Recognizing changes in residents which are inconsistent
224 with their normal behavior and the importance of reporting those
225 changes to the supervisory nurse.

226
227 The agency may adopt rules to implement this paragraph.

228 Section 2. Paragraph (b) of subsection (3) of section
229 400.23, Florida Statutes, is amended to read:

230 400.23 Rules; evaluation and deficiencies; licensure
231 status.—

232 (3)

576-04552-20

20201676c2

233 (b) Paid feeding assistants and nonnursing staff providing
234 eating assistance to residents shall not count toward compliance
235 with minimum staffing standards.

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

238 400.461 Short title; purpose.—

239 (1) This part, consisting of ss. 400.461-400.52 ~~ss.~~
240 ~~400.461-400.518~~, may be cited as the "Home Health Services Act."

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

243 400.462 Definitions.—As used in this part, the term:

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

252 Section 5. Present subsections (5) and (6) of section
253 400.464, Florida Statutes, are redesignated as subsections (6)
254 and (7), respectively, a new subsection (5) is added to that
255 section, and present subsection (6) of that section is amended,
256 to read:

257 400.464 Home health agencies to be licensed; expiration of
258 license; exemptions; unlawful acts; penalties.—

259 (5) If a licensed home health agency authorizes a
260 registered nurse to delegate tasks, including medication
261 administration, to a certified nursing assistant pursuant to

576-04552-20

20201676c2

262 chapter 464 or to a home health aide pursuant to s. 400.490, the
263 licensed home health agency must ensure that such delegation
264 meets the requirements of this chapter and chapter 464 and the
265 rules adopted thereunder.

266 (7)~~(6)~~ Any person, entity, or organization providing home
267 health services which is exempt from licensure under subsection
268 (6) ~~subsection (5)~~ may voluntarily apply for a certificate of
269 exemption from licensure under its exempt status with the agency
270 on a form that specifies its name or names and addresses, a
271 statement of the reasons why it is exempt from licensure as a
272 home health agency, and other information deemed necessary by
273 the agency. A certificate of exemption is valid for a period of
274 not more than 2 years and is not transferable. The agency may
275 charge an applicant \$100 for a certificate of exemption or
276 charge the actual cost of processing the certificate.

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

279 400.488 Assistance with self-administration of medication.—

280 (2) Patients who are capable of self-administering their
281 own medications without assistance shall be encouraged and
282 allowed to do so. However, an unlicensed person may, consistent
283 with a dispensed prescription's label or the package directions
284 of an over-the-counter medication, assist a patient whose
285 condition is medically stable with the self-administration of
286 routine, regularly scheduled medications that are intended to be
287 self-administered. Assistance with self-medication by an
288 unlicensed person may occur only upon a documented request by,
289 and the written informed consent of, a patient or the patient's
290 surrogate, guardian, or attorney in fact. For purposes of this

576-04552-20

20201676c2

291 section, self-administered medications include both legend and
292 over-the-counter oral dosage forms, topical dosage forms, and
293 topical ophthalmic, otic, and nasal dosage forms, including
294 solutions, suspensions, sprays, ~~and~~ inhalers, intermittent
295 positive pressure breathing treatments, and nebulizer
296 treatments.

297 (3) Assistance with self-administration of medication
298 includes:

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

302 (b) In the presence of the patient, confirming that the
303 medication is intended for that patient, orally advising the
304 patient of the medication name and purpose ~~reading the label,~~
305 opening the container, removing a prescribed amount of
306 medication from the container, and closing the container.

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

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

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

313 (f) For intermittent positive pressure breathing treatments
314 or for nebulizer treatments, assisting with setting up and
315 cleaning the device in the presence of the patient, confirming
316 that the medication is intended for that patient, orally
317 advising the patient of the medication name and purpose, opening
318 the container, removing the prescribed amount for a single
319 treatment dose from a properly labeled container, and assisting

576-04552-20

20201676c2

320 the patient with placing the dose into the medicine receptacle
321 or mouthpiece.

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

324 Section 7. Section 400.489, Florida Statutes, is created to
325 read:

326 400.489 Administration of medication by a home health aide;
327 staff training requirements.-

328 (1) A home health aide may administer oral, transdermal,
329 ophthalmic, otic, rectal, inhaled, enteral, or topical
330 prescription medications if the home health aide has been
331 delegated such task by a registered nurse licensed under chapter
332 464; has satisfactorily completed an initial 6-hour training
333 course approved by the agency; and has been found competent to
334 administer medication to a patient in a safe and sanitary
335 manner. The training, determination of competency, and initial
336 and annual validations required in this section shall be
337 conducted by a registered nurse licensed under chapter 464 or a
338 physician licensed under chapter 458 or chapter 459.

339 (2) A home health aide must annually and satisfactorily
340 complete a 2-hour inservice training course approved by the
341 agency in medication administration and medication error
342 prevention. The inservice training course shall be in addition
343 to the annual inservice training hours required by agency rules.

344 (3) The agency, in consultation with the Board of Nursing,
345 shall establish by rule standards and procedures that a home
346 health aide must follow when administering medication to a
347 patient. Such rules must, at a minimum, address qualification
348 requirements for trainers, requirements for labeling medication,

576-04552-20

20201676c2

349 documentation and recordkeeping, the storage and disposal of
350 medication, instructions concerning the safe administration of
351 medication, informed-consent requirements and records, and the
352 training curriculum and validation procedures.

353 Section 8. Section 400.490, Florida Statutes, is created to
354 read:

355 400.490 Nurse-delegated tasks.—A certified nursing
356 assistant or home health aide may perform any task delegated by
357 a registered nurse as authorized in this part and in chapter
358 464, including, but not limited to, medication administration.

359 Section 9. Section 400.52, Florida Statutes, is created to
360 read:

361 400.52 Excellence in Home Health Program.—

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

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

369 1. Patient satisfaction.

370 2. Patients requiring emergency care for wound infections.

371 3. Patients admitted or readmitted to an acute care

372 hospital.

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

374 5. Employee satisfaction.

375 6. Quality of employee training.

376 7. Employee retention rates.

377 (b) The agency shall annually evaluate home health agencies

576-04552-20

20201676c2

378 and nurse registries seeking the program designation which apply
379 on a form and in the manner designated by rule.

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

382 (a) Be actively licensed and have been operating for at
383 least 24 months before applying for the program designation. A
384 designation awarded under the program is not transferable to
385 another licensee, unless the existing home health agency or
386 nurse registry is being relicensed in the name of an entity
387 related to the current licenseholder by common control or
388 ownership and there will be no change in the management,
389 operation, or programs of the home health agency or nurse
390 registry as a result of the relicensure.

391 (b) Have not had any licensure denials, revocations, or
392 class I, class II, or uncorrected class III deficiencies within
393 the 24 months before the application for the program
394 designation.

395 (4) The program designation expires on the same date as the
396 home health agency's or nurse registry's license. A home health
397 agency or nurse registry must reapply and be approved biennially
398 for the program designation to continue using the program
399 designation in the manner authorized under subsection (5).

400 (5) A home health agency or nurse registry that is awarded
401 a designation under the program may use the designation in
402 advertising and marketing, unless the home health agency or
403 nurse registry:

404 (a) Has not been awarded the designation;

405 (b) Fails to renew the designation upon expiration of the
406 awarded designation;

576-04552-20

20201676c2

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

409 (d) Has been notified that it no longer meets the criteria
410 for the award upon reapplication after expiration of the awarded
411 designation.

412 (6) An application for an award designation under the
413 program is not an application for licensure. A designation award
414 or denial by the agency under this section does not constitute
415 final agency action subject to chapter 120.

416 Section 10. Section 408.822, Florida Statutes, is created
417 to read:

418 408.822 Direct care workforce survey.-

419 (1) For purposes of this section, the term "direct care
420 worker" means a certified nursing assistant, a home health aide,
421 a personal care assistant, a companion services or homemaker
422 services provider, a paid feeding assistant trained under s.
423 400.141(1) (v), or another individual who provides personal care
424 as defined in s. 400.462 to individuals who are elderly,
425 developmentally disabled, or chronically ill.

426 (2) Beginning January 1, 2021, each licensee that applies
427 for licensure renewal as a nursing home facility licensed under
428 part II of chapter 400, an assisted living facility licensed
429 under part I of chapter 429, or a home health agency or
430 companion services or homemaker services provider licensed under
431 part III of chapter 400 shall furnish all of the following
432 information to the agency in a survey on the direct care
433 workforce:

434 (a) The number of registered nurses and the number of
435 direct care workers by category employed by the licensee.

576-04552-20

20201676c2

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

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

440 (d) Employment benefits for registered nurses and direct
441 care workers and the average cost of such benefits to the
442 employer and the employee.

443 (e) Type and availability of training for registered nurses
444 and direct care workers.

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

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

452 (5) The agency shall continually analyze the results of the
453 surveys and publish the results on its website. The agency shall
454 update the information published on its website monthly.

455 Section 11. Section 464.0156, Florida Statutes, is created
456 to read:

457 464.0156 Delegation of duties.—

458 (1) A registered nurse may delegate a task to a certified
459 nursing assistant certified under part II of this chapter or a
460 home health aide as defined in s. 400.462 if the registered
461 nurse determines that the certified nursing assistant or the
462 home health aide is competent to perform the task, the task is
463 delegable under federal law, and the task meets all of the
464 following criteria:

576-04552-20

20201676c2

- 465 (a) Is within the nurse's scope of practice.
- 466 (b) Frequently recurs in the routine care of a patient or
467 group of patients.
- 468 (c) Is performed according to an established sequence of
469 steps.
- 470 (d) Involves little or no modification from one patient to
471 another.
- 472 (e) May be performed with a predictable outcome.
- 473 (f) Does not inherently involve ongoing assessment,
474 interpretation, or clinical judgment.
- 475 (g) Does not endanger a patient's life or well-being.
- 476 (2) A registered nurse may delegate to a certified nursing
477 assistant or a home health aide the administration of oral,
478 transdermal, ophthalmic, otic, rectal, inhaled, enteral, or
479 topical prescription medications to a patient of a home health
480 agency, if the certified nursing assistant or home health aide
481 meets the requirements of s. 464.2035 or s. 400.489,
482 respectively. A registered nurse may not delegate the
483 administration of any controlled substance listed in Schedule
484 II, Schedule III, or Schedule IV of s. 893.03 or 21 U.S.C. s.
485 812.
- 486 (3) The board, in consultation with the Agency for Health
487 Care Administration, shall adopt rules to implement this
488 section.
- 489 Section 12. Paragraph (r) is added to subsection (1) of
490 section 464.018, Florida Statutes, to read:
- 491 464.018 Disciplinary actions.—
- 492 (1) The following acts constitute grounds for denial of a
493 license or disciplinary action, as specified in ss. 456.072(2)

576-04552-20

20201676c2

494 and 464.0095:

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

499 Section 13. Section 464.2035, Florida Statutes, is created
500 to read:

501 464.2035 Administration of medication.-

502 (1) A certified nursing assistant may administer oral,
503 transdermal, ophthalmic, otic, rectal, inhaled, enteral, or
504 topical prescription medication to a patient of a home health
505 agency if the certified nursing assistant has been delegated
506 such task by a registered nurse licensed under part I of this
507 chapter, has satisfactorily completed an initial 6-hour training
508 course approved by the board, and has been found competent to
509 administer medication to a patient in a safe and sanitary
510 manner. The training, determination of competency, and initial
511 and annual validation required under this section must be
512 conducted by a registered nurse licensed under this chapter or a
513 physician licensed under chapter 458 or chapter 459.

514 (2) A certified nursing assistant shall annually and
515 satisfactorily complete 2 hours of inservice training in
516 medication administration and medication error prevention
517 approved by the board, in consultation with the Agency for
518 Health Care Administration. The inservice training is in
519 addition to the other annual inservice training hours required
520 under this part.

521 (3) The board, in consultation with the Agency for Health
522 Care Administration, shall establish by rule standards and

576-04552-20

20201676c2

523 procedures that a certified nursing assistant must follow when
524 administering medication to a patient of a home health agency.
525 Such rules must, at a minimum, address qualification
526 requirements for trainers, requirements for labeling medication,
527 documentation and recordkeeping, the storage and disposal of
528 medication, instructions concerning the safe administration of
529 medication, informed-consent requirements and records, and the
530 training curriculum and validation procedures.

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

533 381.40185 Physician Student Loan Repayment Program.—The
534 Physician Student Loan Repayment Program is established to
535 promote access to primary care by supporting qualified
536 physicians who treat medically underserved populations in
537 primary care health professional shortage areas or medically
538 underserved areas.

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

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

541 (b) "Loan program" means the Physician Student Loan
542 Repayment Program.

543 (c) "Medically underserved area" means a geographic area
544 designated as such by the Health Resources and Services
545 Administration of the United States Department of Health and
546 Human Services.

547 (d) "Primary care health professional shortage area" means
548 a geographic area, an area having a special population, or a
549 facility that is designated by the Health Resources and Services
550 Administration of the United States Department of Health and
551 Human Services as a health professional shortage area as defined

576-04552-20

20201676c2

552 by federal regulation and that has a shortage of primary care
553 professionals who serve Medicaid recipients and other low-income
554 patients.

555 (e) "Public health program" means a county health
556 department, the Children's Medical Services program, a federally
557 funded community health center, a federally funded migrant
558 health center, or any other publicly funded or nonprofit health
559 care program designated by the department.

560 (2) The department shall establish a physician student loan
561 repayment program to benefit physicians licensed under chapter
562 458 or chapter 459 who demonstrate, as required by department
563 rule, active employment providing primary care services in a
564 public health program, an independent practice, or a group
565 practice that serves Medicaid recipients and other low-income
566 patients and that is located in a primary care health
567 professional shortage area or in a medically underserved area.

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

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

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

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

580 (d) A physician may receive funds under the loan program

576-04552-20

20201676c2

581 for at least 1 year, up to a maximum of 5 years.

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

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

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

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

590 or

591 (c) Has disciplinary action taken against his or her
592 license by the Board of Medicine for a violation of s. 458.331
593 or by the Board of Osteopathic Medicine for a violation of s.
594 459.015.

595 (5) The department shall adopt rules to implement the loan
596 program.

597 (6) Implementation of the loan program is subject to
598 legislative appropriation.

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

603 464.003 Definitions.—As used in this part, the term:

604 (4) "Advanced practice registered nurse - independent
605 practitioner" or "APRN-IP" means an advanced practice registered
606 nurse who is registered under s. 464.0123 to provide primary
607 health care services without a protocol agreement or
608 supervision.

609 Section 16. Effective July 1, 2020, section 464.0123,

576-04552-20

20201676c2

610 Florida Statutes, is created to read:

611 464.0123 Patient Access to Primary Care Program.-

612 (1) PROGRAM PURPOSE.-The Patient Access to Primary Care
613 Program is created for the purpose of providing primary health
614 care services in primary care health professional shortage
615 areas. The department shall implement this program.

616 (2) DEFINITIONS.-As used in this section, the term:

617 (a) "Council" means the Council on Advanced Practice
618 Registered Nurse Independent Practice established in subsection
619 (3).

620 (b) "Physician" means a person licensed under chapter 458
621 to practice medicine or a person licensed under chapter 459 to
622 practice osteopathic medicine.

623 (c) "Primary care health professional shortage area" means
624 a geographic area, an area having a special population, or a
625 facility with a score of at least 18, as designated and
626 calculated by the Federal Health Resources and Services
627 Administration or a rural area as defined by the Federal Office
628 of Rural Health Policy.

629 (3) COUNCIL ON ADVANCED PRACTICE REGISTERED NURSE
630 INDEPENDENT PRACTICE.-

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

633 (b) The council shall consist of the following nine
634 members:

635 1. Two members appointed by the chair of the Board of
636 Medicine who are physicians and members of the Board of
637 Medicine.

638 2. Two members appointed by the chair of the Board of

576-04552-20

20201676c2

639 Osteopathic Medicine who are physicians and members of the Board
640 of Osteopathic Medicine.

641 3. Four members appointed by the chair of the Board of
642 Nursing who are advanced practice registered nurses and who have
643 each completed at least 10,000 hours of supervised practice over
644 a period of at least 5 years under a protocol with a supervising
645 physician.

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

647 (c) The Board of Medicine members, the Board of Osteopathic
648 Medicine members, and the Board of Nursing appointee members
649 shall be appointed for terms of 4 years. The initial
650 appointments shall be staggered so that one member from the
651 Board of Medicine, one member from the Board of Osteopathic
652 Medicine, and one appointee member from the Board of Nursing
653 shall each be appointed for a term of 4 years; one member from
654 the Board of Medicine and one appointee member from the Board of
655 Nursing shall each be appointed for a term of 3 years; and one
656 member from the Board of Osteopathic Medicine and two appointee
657 members from the Board of Nursing shall each be appointed for a
658 term of 2 years. Initial physician members appointed to the
659 council must be physicians who have practiced with advanced
660 practice registered nurses under a protocol in their practice.

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

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

666 (f) The council shall:

667 1. Review applications for and recommend to the department

576-04552-20

20201676c2

668 the registration of APRN-IPs.

669 2. Develop proposed rules regulating the practice of APRN-
670 IPs. The council shall also develop proposed rules to ensure
671 that the continuity of practice of APRN-IPs is maintained in
672 primary care health professional shortage areas. The language of
673 proposed rules developed by the council must be submitted to the
674 department. Based on the council's proposed rules, the
675 department shall adopt rules regulating the practice of APRN-
676 IPs.

677 3. Make recommendations to the department regarding all
678 matters relating to APRN-IPs.

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

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

685 1. Refuse to register the applicant;

686 2. Approve the applicant for registration with restrictions
687 on the scope of practice or registration; or

688 3. Approve the applicant for limited registration with
689 conditions. Such conditions may include placement of the
690 registrant on probation for a period of time and subject to such
691 conditions as the council may specify, including, but not
692 limited to, requiring the registrant to undergo treatment, to
693 attend continuing education courses, to work under the direct
694 supervision of a physician licensed in this state, or to take
695 corrective action, as determined by the council.

696 (4) REGISTRATION.—To be registered as an APRN-IP, an

576-04552-20

20201676c2

697 advanced practice registered nurse must apply to the department
698 on forms developed by the department. The council shall review
699 the application and recommend to the department the registration
700 of the advanced practice registered nurse with the Board of
701 Medicine as an APRN-IP if the applicant submits proof that he or
702 she holds an unrestricted license issued under s. 464.012 and
703 provides all of the following information:

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

710 (b) Any certification or designation that the applicant has
711 received from a specialty or certification board which is
712 recognized or approved by the Board of Nursing, the Board of
713 Medicine, the Board of Osteopathic Medicine, or the department.

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

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

717 2. Began practicing in any jurisdiction; and

718 3. Received initial advanced practice registered nurse
719 licensure in this state.

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

722 (e) The name of each school or training program that the
723 applicant has attended, with the months and years of attendance
724 and the month and year of graduation, and a description of all
725 graduate professional education completed by the applicant,

576-04552-20

20201676c2

726 excluding any coursework taken to satisfy continuing education
727 requirements.

728 (f) Any appointment to the faculty of a school related to
729 the profession which the applicant currently holds or has held
730 within the past 10 years and an indication as to whether the
731 applicant has been responsible for graduate education within the
732 past 10 years.

733 (g) A description of any criminal offense of which the
734 applicant has been found guilty, regardless of whether
735 adjudication of guilt was withheld, or to which the applicant
736 has pled guilty or nolo contendere. A criminal offense committed
737 in another jurisdiction which would have been a felony or
738 misdemeanor if committed in this state must be reported. If the
739 applicant indicates to the department that a criminal offense is
740 under appeal and submits a copy of the notice for appeal of that
741 criminal offense, the department must state that the criminal
742 offense is under appeal if the criminal offense is reported in
743 the applicant's profile. If the applicant indicates to the
744 department that a criminal offense is under appeal, the
745 applicant must, within 15 days after the disposition of the
746 appeal, submit to the department a copy of the final written
747 order of disposition.

748 (h) A description of any disciplinary action as specified
749 in s. 456.077, s. 458.320, or s. 464.018 or any similar
750 disciplinary action in any other jurisdiction of the United
751 States by a licensing or regulatory body; by a specialty board
752 that is recognized by the Board of Nursing, the Board of
753 Medicine, the Board of Osteopathic Medicine, or the department;
754 or by a licensed hospital, health maintenance organization,

576-04552-20

20201676c2

755 prepaid health clinic, ambulatory surgical center, or nursing
756 home. Disciplinary action includes resignation from or
757 nonrenewal of staff membership or the restriction of privileges
758 at a licensed hospital, health maintenance organization, prepaid
759 health clinic, ambulatory surgical center, or nursing home taken
760 in lieu of or in settlement of a pending disciplinary case
761 related to competence or character. If the applicant indicates
762 to the department that a disciplinary action is under appeal and
763 submits a copy of the document initiating an appeal of the
764 disciplinary action, the department must state that the
765 disciplinary action is under appeal if the disciplinary action
766 is reported in the applicant's profile. If the applicant
767 indicates to the department that a disciplinary action is under
768 appeal, the applicant must, within 15 days after the disposition
769 of the appeal, submit to the department a copy of the final
770 written order of disposition.

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

777 a. An eligible surplus lines insurer as defined in s.
778 626.914(2);

779 b. A risk retention group as defined in s. 627.942, from
780 the Joint Underwriting Association established under s.
781 627.351(4); or

782 c. A plan of self-insurance as provided in s. 627.357; or
783 2. Proof that he or she has obtained and will be

576-04552-20

20201676c2

784 maintaining an unexpired, irrevocable letter of credit,
785 established pursuant to chapter 675, in an amount of not less
786 than \$100,000 per claim, with a minimum aggregate availability
787 of credit of not less than \$300,000. The letter of credit must
788 be payable to the APRN-IP as beneficiary upon presentment of a
789 final judgment indicating liability and awarding damages to be
790 paid by the APRN-IP or upon presentment of a settlement
791 agreement signed by all parties to such agreement when such
792 final judgment or settlement is a result of a claim arising out
793 of the rendering of, or the failure to render, medical or
794 nursing care and services while practicing as an APRN-IP.

795 (j) Documentation of completion within the last 5 years of
796 three graduate-level semester hours, or the equivalent, in
797 differential diagnosis and three graduate-level semester hours,
798 or the equivalent, in pharmacology, and any additional
799 coursework as recommended by the council. Such hours may not be
800 continuing education courses.

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

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

806 (a) An APRN-IP seeking registration renewal must provide
807 documentation proving his or her completion of a minimum of 40
808 continuing medical education hours. The required continuing
809 medical education hours must include 3 hours on the safe and
810 effective prescribing of controlled substances; 2 hours on human
811 trafficking; 2 hours on the prevention of medical errors; 2
812 hours on domestic violence; and 2 hours on suicide prevention,

576-04552-20

20201676c2

813 which must address suicide risk assessment, treatment, and
814 management, if such topics are not required for licensure under
815 this part.

816 (b) The continuing medical education hours required under
817 paragraph (a):

818 1. Must be obtained in courses approved by the Board of
819 Medicine or the Board of Osteopathic Medicine and offered by a
820 statewide professional association of physicians or osteopathic
821 physicians in this state which is accredited to provide
822 educational activities designated for the American Medical
823 Association Physician's Recognition Award Category 1 credit or
824 the American Osteopathic Category 1-A continuing medical
825 education credit.

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

830 (6) PRACTITIONER PROFILE.—Upon issuing a registration or a
831 renewal of registration, the department shall update the
832 practitioner's profile, as described in s. 456.041, to reflect
833 that the advanced practice registered nurse is registered as an
834 APRN-IP.

835 (7) APRN-IP SCOPE OF PRACTICE.—An APRN-IP may provide
836 primary health care services without a protocol agreement or
837 supervision only in primary care health professional shortage
838 areas during the first 3 years of his or her independent
839 practice without such agreement or supervision. After 3 years of
840 such independent practice in a primary care health professional
841 shortage area, an APRN-IP may practice independently for the

576-04552-20

20201676c2

842 provision of primary health care services in any area of the
843 state. For the purposes of this subsection, "3 years of such
844 independent practice" means an APRN-IP has established an
845 independent practice in a primary care health professional
846 shortage area under this section which serves as his or her
847 primary professional practice and has actively provided primary
848 health care services to patients under that practice for 3 full
849 years.

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

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

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

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

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

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

865 5. Patient populations that the APRN-IP must refer to a
866 physician.

867 6. Guidelines for prescribing controlled substances for the
868 treatment of chronic nonmalignant pain and acute pain, including
869 evaluation of the patient, creation and maintenance of a
870 treatment plan, obtaining informed consent and agreement for

576-04552-20

20201676c2

871 treatment, periodic review of the treatment plan, consultation,
872 medical record review, and compliance with controlled substance
873 laws and regulations.

874 7. Information regarding the credentials of the APRN-IP
875 which must be disclosed to patients in a written informed
876 consent to care and treatment, including, but not limited to,
877 notification to the patient that the APRN-IP is not a physician
878 and may not be referred to as a "doctor" or a "physician" in a
879 medical setting.

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

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

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

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

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

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

898 1. The death of a patient.

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

576-04552-20

20201676c2

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

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

909 (e) The department shall adopt rules to implement this
910 subsection.

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

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

917 (11) RULEMAKING.—The department shall adopt rules to
918 implement this section.

919 Section 17. Effective July 1, 2020, present subsections (9)
920 and (10) of section 464.015, Florida Statutes, are redesignated
921 as subsections (10) and (11), respectively, a new subsection (9)
922 is added to that section, present subsection (9) of that section
923 is amended, and present subsection (10) of that section is
924 republished, to read:

925 464.015 Titles and abbreviations; restrictions; penalty.—

926 (9) Only persons who hold valid registrations to practice
927 as APRN-IPs in this state may use the title "advanced practice
928 registered nurse - independent practitioner" and the

576-04552-20

20201676c2

929 abbreviation "A.P.R.N.-I.P." A health care practitioner or
930 personnel within a health care facility may not refer to an
931 APRN-IP as a "doctor" or a "physician" in a medical setting.

932 (10)~~(9)~~ A person may not practice or advertise as, or
933 assume the title of, registered nurse, licensed practical nurse,
934 clinical nurse specialist, certified registered nurse
935 anesthetist, certified nurse midwife, certified nurse
936 practitioner, ~~or~~ advanced practice registered nurse, or advanced
937 practice registered nurse - independent practitioner; use the
938 abbreviation "R.N.," "L.P.N.," "C.N.S.," "C.R.N.A.," "C.N.M.,"
939 "C.N.P.," ~~or~~ "A.P.R.N.," or "A.P.R.N.-I.P."; or take any other
940 action that would lead the public to believe that person was
941 authorized by law to practice as such or is performing nursing
942 services pursuant to the exception set forth in s. 464.022(8)
943 unless that person is licensed, certified, or authorized
944 pursuant to s. 464.0095 to practice as such.

945 (11)~~(10)~~ A violation of this section is a misdemeanor of
946 the first degree, punishable as provided in s. 775.082 or s.
947 775.083.

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

951 464.018 Disciplinary actions.—

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

955 (s) For an APRN-IP registered under s. 464.0123, in
956 addition to the grounds for discipline set forth in paragraph
957 (p) and in s. 456.072(1), any of the following are grounds for

576-04552-20

20201676c2

958 discipline:

959 1. Paying or receiving any commission, bonus, kickback, or
960 rebate from, or engaging in any split-fee arrangement in any
961 form whatsoever with, a health care practitioner, an
962 organization, an agency, or a person, either directly or
963 implicitly, for referring patients to providers of health care
964 goods or services, including, but not limited to, hospitals,
965 nursing homes, clinical laboratories, ambulatory surgical
966 centers, or pharmacies. This subparagraph may not be construed
967 to prevent an APRN-IP from receiving a fee for professional
968 consultation services.

969 2. Exercising influence within a patient's relationship
970 with an APRN-IP for purposes of engaging a patient in sexual
971 activity. A patient shall be presumed to be incapable of giving
972 free, full, and informed consent to sexual activity with his or
973 her APRN-IP.

974 3. Making deceptive, untrue, or fraudulent representations,
975 or employing a trick or scheme, in or related to advanced
976 practice registered nurse independent practice.

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

982 5. Failing to keep legible medical records, as defined by
983 rules of the Board of Medicine and the Board of Osteopathic
984 Medicine, that identify the APRN-IP, by name and professional
985 title, who is responsible for rendering, ordering, supervising,
986 or billing for the patient's medically necessary care,

576-04552-20

20201676c2

987 treatment, services, diagnostic tests, or treatment procedures;
988 and the medical justification for the patient's course of care
989 and treatment, including, but not limited to, patient histories,
990 examination results, and test results; drugs prescribed,
991 dispensed, or administered; and reports of consultations or
992 referrals.

993 6. Exercising influence on a patient to exploit the patient
994 for the financial gain of the APRN-IP or a third party,
995 including, but not limited to, the promoting or selling of
996 services, goods, appliances, or drugs.

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

1000 8. Performing any procedure or prescribing any medication
1001 or therapy that would constitute experimentation on a human
1002 subject.

1003 9. Delegating professional responsibilities to a person
1004 when the APRN-IP knows, or has reason to believe, that such
1005 person is not qualified by education, training, experience, or
1006 licensure to perform such responsibilities.

1007 10. Committing, or conspiring with another to commit, an
1008 act that would coerce, intimidate, or preclude another APRN-IP
1009 from lawfully advertising his or her services.

1010 11. Advertising or holding himself or herself out as having
1011 a certification in a specialty which he or she has not received.

1012 12. Failing to comply with the requirements of ss. 381.026
1013 and 381.0261 related to providing patients with information
1014 about their rights and how to file a complaint.

1015 13. Providing deceptive or fraudulent expert witness

576-04552-20

20201676c2

1016 testimony related to advanced practice registered nurse
1017 independent practice.

1018 Section 19. Effective July 1, 2020, paragraph (c) of
1019 subsection (2) of section 381.026, Florida Statutes, is amended
1020 to read:

1021 381.026 Florida Patient's Bill of Rights and
1022 Responsibilities.—

1023 (2) DEFINITIONS.—As used in this section and s. 381.0261,
1024 the term:

1025 (c) "Health care provider" means a physician licensed under
1026 chapter 458, an osteopathic physician licensed under chapter
1027 459, ~~or~~ a podiatric physician licensed under chapter 461, or an
1028 APRN-IP registered under s. 464.0123.

1029 Section 20. Effective July 1, 2020, paragraph (a) of
1030 subsection (2) and subsections (3), (4), and (5) of section
1031 382.008, Florida Statutes, are amended to read:

1032 382.008 Death, fetal death, and nonviable birth
1033 registration.—

1034 (2) (a) The funeral director who first assumes custody of a
1035 dead body or fetus shall file the certificate of death or fetal
1036 death. In the absence of the funeral director, the physician,
1037 APRN-IP registered under s. 464.0123, or other person in
1038 attendance at or after the death or the district medical
1039 examiner of the county in which the death occurred or the body
1040 was found shall file the certificate of death or fetal death.
1041 The person who files the certificate shall obtain personal data
1042 from a legally authorized person as described in s. 497.005 or
1043 the best qualified person or source available. The medical
1044 certification of cause of death shall be furnished to the

576-04552-20

20201676c2

1045 funeral director, either in person or via certified mail or
1046 electronic transfer, by the physician, APRN-IP registered under
1047 s. 464.0123, or medical examiner responsible for furnishing such
1048 information. For fetal deaths, the physician, APRN-IP registered
1049 under s. 464.0123, midwife, or hospital administrator shall
1050 provide any medical or health information to the funeral
1051 director within 72 hours after expulsion or extraction.

1052 (3) Within 72 hours after receipt of a death or fetal death
1053 certificate from the funeral director, the medical certification
1054 of cause of death shall be completed and made available to the
1055 funeral director by the decedent's primary or attending
1056 practitioner ~~physician~~ or, if s. 382.011 applies, the district
1057 medical examiner of the county in which the death occurred or
1058 the body was found. The primary or attending practitioner
1059 ~~physician~~ or the medical examiner shall certify over his or her
1060 signature the cause of death to the best of his or her knowledge
1061 and belief. As used in this section, the term "primary or
1062 attending practitioner ~~physician~~" means a physician or an APRN-
1063 IP registered under s. 464.0123 who treated the decedent through
1064 examination, medical advice, or medication during the 12 months
1065 preceding the date of death.

1066 (a) The department may grant the funeral director an
1067 extension of time upon a good and sufficient showing of any of
1068 the following conditions:

- 1069 1. An autopsy is pending.
- 1070 2. Toxicology, laboratory, or other diagnostic reports have
1071 not been completed.
- 1072 3. The identity of the decedent is unknown and further
1073 investigation or identification is required.

576-04552-20

20201676c2

1074 (b) If the decedent's primary or attending practitioner
1075 ~~physician~~ or the district medical examiner of the county in
1076 which the death occurred or the body was found indicates that he
1077 or she will sign and complete the medical certification of cause
1078 of death but will not be available until after the 5-day
1079 registration deadline, the local registrar may grant an
1080 extension of 5 days. If a further extension is required, the
1081 funeral director must provide written justification to the
1082 registrar.

1083 (4) If the department or local registrar grants an
1084 extension of time to provide the medical certification of cause
1085 of death, the funeral director shall file a temporary
1086 certificate of death or fetal death which shall contain all
1087 available information, including the fact that the cause of
1088 death is pending. The decedent's primary or attending
1089 practitioner ~~physician~~ or the district medical examiner of the
1090 county in which the death occurred or the body was found shall
1091 provide an estimated date for completion of the permanent
1092 certificate.

1093 (5) A permanent certificate of death or fetal death,
1094 containing the cause of death and any other information that was
1095 previously unavailable, shall be registered as a replacement for
1096 the temporary certificate. The permanent certificate may also
1097 include corrected information if the items being corrected are
1098 noted on the back of the certificate and dated and signed by the
1099 funeral director, physician, APRN-IP registered under s.
1100 464.0123, or district medical examiner of the county in which
1101 the death occurred or the body was found, as appropriate.

1102 Section 21. Effective July 1, 2020, subsection (1) of

576-04552-20

20201676c2

1103 section 382.011, Florida Statutes, is amended to read:

1104 382.011 Medical examiner determination of cause of death.—

1105 (1) In the case of any death or fetal death due to causes
1106 or conditions listed in s. 406.11, any death that occurred more
1107 than 12 months after the decedent was last treated by a primary
1108 or attending physician or an APRN-IP registered under s.
1109 464.0123 ~~as defined in s. 382.008(3)~~, or any death for which
1110 there is reason to believe that the death may have been due to
1111 an unlawful act or neglect, the funeral director or other person
1112 to whose attention the death may come shall refer the case to
1113 the district medical examiner of the county in which the death
1114 occurred or the body was found for investigation and
1115 determination of the cause of death.

1116 Section 22. Effective July 1, 2020, paragraphs (a) and (f)
1117 of subsection (2) of section 394.463, Florida Statutes, are
1118 amended to read:

1119 394.463 Involuntary examination.—

1120 (2) INVOLUNTARY EXAMINATION.—

1121 (a) An involuntary examination may be initiated by any one
1122 of the following means:

1123 1. A circuit or county court may enter an ex parte order
1124 stating that a person appears to meet the criteria for
1125 involuntary examination and specifying the findings on which
1126 that conclusion is based. The ex parte order for involuntary
1127 examination must be based on written or oral sworn testimony
1128 that includes specific facts that support the findings. If other
1129 less restrictive means are not available, such as voluntary
1130 appearance for outpatient evaluation, a law enforcement officer,
1131 or other designated agent of the court, shall take the person

576-04552-20

20201676c2

1132 into custody and deliver him or her to an appropriate, or the
1133 nearest, facility within the designated receiving system
1134 pursuant to s. 394.462 for involuntary examination. The order of
1135 the court shall be made a part of the patient's clinical record.
1136 A fee may not be charged for the filing of an order under this
1137 subsection. A facility accepting the patient based on this order
1138 must send a copy of the order to the department within 5 working
1139 days. The order may be submitted electronically through existing
1140 data systems, if available. The order shall be valid only until
1141 the person is delivered to the facility or for the period
1142 specified in the order itself, whichever comes first. If a ~~no~~
1143 time limit is not specified in the order, the order is ~~shall be~~
1144 valid for 7 days after the date that the order was signed.

1145 2. A law enforcement officer shall take a person who
1146 appears to meet the criteria for involuntary examination into
1147 custody and deliver the person or have him or her delivered to
1148 an appropriate, or the nearest, facility within the designated
1149 receiving system pursuant to s. 394.462 for examination. The
1150 officer shall execute a written report detailing the
1151 circumstances under which the person was taken into custody,
1152 which must be made a part of the patient's clinical record. Any
1153 facility accepting the patient based on this report must send a
1154 copy of the report to the department within 5 working days.

1155 3. A physician, a clinical psychologist, a psychiatric
1156 nurse, an APRN-IP registered under s. 464.0123, a mental health
1157 counselor, a marriage and family therapist, or a clinical social
1158 worker may execute a certificate stating that he or she has
1159 examined a person within the preceding 48 hours and finds that
1160 the person appears to meet the criteria for involuntary

576-04552-20

20201676c2

1161 examination and stating the observations upon which that
1162 conclusion is based. If other less restrictive means, such as
1163 voluntary appearance for outpatient evaluation, are not
1164 available, a law enforcement officer shall take into custody the
1165 person named in the certificate and deliver him or her to the
1166 appropriate, or nearest, facility within the designated
1167 receiving system pursuant to s. 394.462 for involuntary
1168 examination. The law enforcement officer shall execute a written
1169 report detailing the circumstances under which the person was
1170 taken into custody. The report and certificate shall be made a
1171 part of the patient's clinical record. Any facility accepting
1172 the patient based on this certificate must send a copy of the
1173 certificate to the department within 5 working days. The
1174 document may be submitted electronically through existing data
1175 systems, if applicable.

1176
1177 When sending the order, report, or certificate to the
1178 department, a facility shall, at a minimum, provide information
1179 about which action was taken regarding the patient under
1180 paragraph (g), which information shall also be made a part of
1181 the patient's clinical record.

1182 (f) A patient shall be examined by a physician, an APRN-IP
1183 registered under s. 464.0123, or a clinical psychologist, or by
1184 a psychiatric nurse performing within the framework of an
1185 established protocol with a psychiatrist, at a facility without
1186 unnecessary delay to determine if the criteria for involuntary
1187 services are met. Emergency treatment may be provided upon the
1188 order of a physician if the physician determines that such
1189 treatment is necessary for the safety of the patient or others.

576-04552-20

20201676c2

1190 The patient may not be released by the receiving facility or its
1191 contractor without the documented approval of a psychiatrist or
1192 a clinical psychologist or, if the receiving facility is owned
1193 or operated by a hospital or health system, the release may also
1194 be approved by a psychiatric nurse performing within the
1195 framework of an established protocol with a psychiatrist, or an
1196 attending emergency department physician with experience in the
1197 diagnosis and treatment of mental illness after completion of an
1198 involuntary examination pursuant to this subsection. A
1199 psychiatric nurse may not approve the release of a patient if
1200 the involuntary examination was initiated by a psychiatrist
1201 unless the release is approved by the initiating psychiatrist.

1202 Section 23. Effective July 1, 2020, paragraph (a) of
1203 subsection (2) of section 397.501, Florida Statutes, is amended
1204 to read:

1205 397.501 Rights of individuals.—Individuals receiving
1206 substance abuse services from any service provider are
1207 guaranteed protection of the rights specified in this section,
1208 unless otherwise expressly provided, and service providers must
1209 ensure the protection of such rights.

1210 (2) RIGHT TO NONDISCRIMINATORY SERVICES.—

1211 (a) Service providers may not deny an individual access to
1212 substance abuse services solely on the basis of race, gender,
1213 ethnicity, age, sexual preference, human immunodeficiency virus
1214 status, prior service departures against medical advice,
1215 disability, or number of relapse episodes. Service providers may
1216 not deny an individual who takes medication prescribed by a
1217 physician or an APRN-IP registered under s. 464.0123 access to
1218 substance abuse services solely on that basis. Service providers

576-04552-20

20201676c2

1219 who receive state funds to provide substance abuse services may
1220 not, if space and sufficient state resources are available, deny
1221 access to services based solely on inability to pay.

1222 Section 24. Effective July 1, 2020, paragraphs (i), (o),
1223 and (r) of subsection (3) and paragraph (g) of subsection (5) of
1224 section 456.053, Florida Statutes, are amended to read:

1225 456.053 Financial arrangements between referring health
1226 care providers and providers of health care services.—

1227 (3) DEFINITIONS.—For the purpose of this section, the word,
1228 phrase, or term:

1229 (i) "Health care provider" means a ~~any~~ physician licensed
1230 under chapter 458, chapter 459, chapter 460, or chapter 461; an
1231 APRN-IP registered under s. 464.0123;~~7~~ or any health care
1232 provider licensed under chapter 463 or chapter 466.

1233 (o) 1. "Referral" means any referral of a patient by a
1234 health care provider for health care services, including,
1235 without limitation:

1236 a.1. The forwarding of a patient by a health care provider
1237 to another health care provider or to an entity which provides
1238 or supplies designated health services or any other health care
1239 item or service; or

1240 b.2. The request or establishment of a plan of care by a
1241 health care provider, which includes the provision of designated
1242 health services or other health care item or service.

1243 2.3. The following orders, recommendations, or plans of
1244 care do not ~~shall not~~ constitute a referral by a health care
1245 provider:

1246 a. By a radiologist for diagnostic-imaging services.

1247 b. By a physician specializing in the provision of

576-04552-20

20201676c2

1248 radiation therapy services for such services.

1249 c. By a medical oncologist for drugs and solutions to be
1250 prepared and administered intravenously to such oncologist's
1251 patient, as well as for the supplies and equipment used in
1252 connection therewith to treat such patient for cancer and the
1253 complications thereof.

1254 d. By a cardiologist for cardiac catheterization services.

1255 e. By a pathologist for diagnostic clinical laboratory
1256 tests and pathological examination services, if furnished by or
1257 under the supervision of such pathologist pursuant to a
1258 consultation requested by another physician.

1259 f. By a health care provider who is the sole provider or
1260 member of a group practice for designated health services or
1261 other health care items or services that are prescribed or
1262 provided solely for such referring health care provider's or
1263 group practice's own patients, and that are provided or
1264 performed by or under the direct supervision of such referring
1265 health care provider or group practice; provided, however, ~~that~~
1266 ~~effective July 1, 1999,~~ a health care provider ~~physician~~
1267 ~~licensed pursuant to chapter 458, chapter 459, chapter 460, or~~
1268 ~~chapter 461~~ may refer a patient to a sole provider or group
1269 practice for diagnostic imaging services, excluding radiation
1270 therapy services, for which the sole provider or group practice
1271 billed both the technical and the professional fee for or on
1272 behalf of the patient, if the referring health care provider
1273 does not have an ~~physician has no~~ investment interest in the
1274 practice. The diagnostic imaging service referred to a group
1275 practice or sole provider must be a diagnostic imaging service
1276 normally provided within the scope of practice to the patients

576-04552-20

20201676c2

1277 of the group practice or sole provider. The group practice or
1278 sole provider may accept no more than 15 percent of their
1279 patients receiving diagnostic imaging services from outside
1280 referrals, excluding radiation therapy services.

1281 g. By a health care provider for services provided by an
1282 ambulatory surgical center licensed under chapter 395.

1283 h. By a urologist for lithotripsy services.

1284 i. By a dentist for dental services performed by an
1285 employee of or health care provider who is an independent
1286 contractor with the dentist or group practice of which the
1287 dentist is a member.

1288 j. By a physician for infusion therapy services to a
1289 patient of that physician or a member of that physician's group
1290 practice.

1291 k. By a nephrologist for renal dialysis services and
1292 supplies, except laboratory services.

1293 l. By a health care provider whose principal professional
1294 practice consists of treating patients in their private
1295 residences for services to be rendered in such private
1296 residences, except for services rendered by a home health agency
1297 licensed under chapter 400. For purposes of this sub-
1298 subparagraph, the term "private residences" includes patients'
1299 private homes, independent living centers, and assisted living
1300 facilities, but does not include skilled nursing facilities.

1301 m. By a health care provider for sleep-related testing.

1302 (r) "Sole provider" means one health care provider licensed
1303 under chapter 458, chapter 459, chapter 460, or chapter 461, or
1304 registered under s. 464.0123, who maintains a separate medical
1305 office and a medical practice separate from any other health

576-04552-20

20201676c2

1306 care provider and who bills for his or her services separately
1307 from the services provided by any other health care provider. A
1308 sole provider may not ~~shall not~~ share overhead expenses or
1309 professional income with any other person or group practice.

1310 (5) PROHIBITED REFERRALS AND CLAIMS FOR PAYMENT.—Except as
1311 provided in this section:

1312 (g) A violation of this section by a health care provider
1313 shall constitute grounds for disciplinary action to be taken by
1314 the applicable board pursuant to s. 458.331(2), s. 459.015(2),
1315 s. 460.413(2), s. 461.013(2), s. 463.016(2), s. 464.018, or s.
1316 466.028(2). Any hospital licensed under chapter 395 found in
1317 violation of this section shall be subject to s. 395.0185(2).

1318 Section 25. Effective July 1, 2020, subsection (1) of
1319 section 626.9707, Florida Statutes, is amended to read:

1320 626.9707 Disability insurance; discrimination on basis of
1321 sickle-cell trait prohibited.—

1322 (1) An ~~No~~ insurer authorized to transact insurance in this
1323 state may not ~~shall~~ refuse to issue and deliver in this state
1324 any policy of disability insurance, whether such policy is
1325 defined as individual, group, blanket, franchise, industrial, or
1326 otherwise, which is currently being issued for delivery in this
1327 state and which affords benefits and coverage for any medical
1328 treatment or service authorized and permitted to be furnished by
1329 a hospital, a clinic, a health clinic, a neighborhood health
1330 clinic, a health maintenance organization, a physician, a
1331 physician's assistant, an advanced practice registered nurse, an
1332 APRN-IP registered under s. 464.0123 practitioner, or a medical
1333 service facility or personnel solely because the person to be
1334 insured has the sickle-cell trait.

576-04552-20

20201676c2

1335 Section 26. Effective July 1, 2020, section 627.64025,
1336 Florida Statutes, is created to read:

1337 627.64025 APRN-IP services.-A health insurance policy that
1338 provides major medical coverage and that is delivered, issued,
1339 or renewed in this state on or after January 1, 2021, may not
1340 require an insured to receive services from an APRN-IP
1341 registered under s. 464.0123 in place of a primary care
1342 physician; incentivize the insured to do so through cost sharing
1343 as defined in s. 627.42391 which is lower for services provided
1344 by an APRN-IP than for the same services provided by a primary
1345 care physician; or incentivize the insured do so through a
1346 program authorized pursuant to s. 627.6387.

1347 Section 27. Effective July 1, 2020, section 627.6621,
1348 Florida Statutes, is created to read:

1349 627.6621 APRN-IP services.-A group, blanket, or franchise
1350 health insurance policy that is delivered, issued, or renewed in
1351 this state on or after January 1, 2021, may not require an
1352 insured to receive services from an APRN-IP registered under s.
1353 464.0123 in place of a primary care physician; incentivize the
1354 insured to do so through cost sharing as defined in s. 627.42391
1355 which is lower for services provided by an APRN-IP than for the
1356 same services provided by a primary care physician; or
1357 incentivize the insured do so through a program authorized
1358 pursuant to s. 627.6387.

1359 Section 28. Effective July 1, 2020, paragraph (g) is added
1360 to subsection (5) of section 627.6699, Florida Statutes, to
1361 read:

1362 627.6699 Employee Health Care Access Act.-

1363 (5) AVAILABILITY OF COVERAGE.-

576-04552-20

20201676c2

1364 (g) A health benefit plan covering small employers which is
1365 delivered, issued, or renewed in this state on or after January
1366 1, 2021, may not require an insured to receive services from an
1367 APRN-IP registered under s. 464.0123 in place of a primary care
1368 physician; incentivize the insured to do so through cost sharing
1369 as defined in s. 627.42391 which is lower for services provided
1370 by an APRN-IP than for the same services provided by a primary
1371 care physician; or incentivize the insured do so through a
1372 program authorized pursuant to s. 627.6387.

1373 Section 29. Effective July 1, 2020, paragraph (a) of
1374 subsection (1) of section 627.736, Florida Statutes, is amended
1375 to read:

1376 627.736 Required personal injury protection benefits;
1377 exclusions; priority; claims.—

1378 (1) REQUIRED BENEFITS.—An insurance policy complying with
1379 the security requirements of s. 627.733 must provide personal
1380 injury protection to the named insured, relatives residing in
1381 the same household, persons operating the insured motor vehicle,
1382 passengers in the motor vehicle, and other persons struck by the
1383 motor vehicle and suffering bodily injury while not an occupant
1384 of a self-propelled vehicle, subject to subsection (2) and
1385 paragraph (4) (e), to a limit of \$10,000 in medical and
1386 disability benefits and \$5,000 in death benefits resulting from
1387 bodily injury, sickness, disease, or death arising out of the
1388 ownership, maintenance, or use of a motor vehicle as follows:

1389 (a) *Medical benefits.*—Eighty percent of all reasonable
1390 expenses for medically necessary medical, surgical, X-ray,
1391 dental, and rehabilitative services, including prosthetic
1392 devices and medically necessary ambulance, hospital, and nursing

576-04552-20

20201676c2

1393 services if the individual receives initial services and care
1394 pursuant to subparagraph 1. within 14 days after the motor
1395 vehicle accident. The medical benefits provide reimbursement
1396 only for:

1397 1. Initial services and care that are lawfully provided,
1398 supervised, ordered, or prescribed by a physician licensed under
1399 chapter 458 or chapter 459, a dentist licensed under chapter
1400 466, ~~or~~ a chiropractic physician licensed under chapter 460, or
1401 an APRN-IP registered under s. 464.0123 or that are provided in
1402 a hospital or in a facility that owns, or is wholly owned by, a
1403 hospital. Initial services and care may also be provided by a
1404 person or entity licensed under part III of chapter 401 which
1405 provides emergency transportation and treatment.

1406 2. Upon referral by a provider described in subparagraph
1407 1., followup services and care consistent with the underlying
1408 medical diagnosis rendered pursuant to subparagraph 1. which may
1409 be provided, supervised, ordered, or prescribed only by a
1410 physician licensed under chapter 458 or chapter 459, a
1411 chiropractic physician licensed under chapter 460, a dentist
1412 licensed under chapter 466, or an APRN-IP registered under s.
1413 464.0123 or, to the extent permitted by applicable law and under
1414 the supervision of such physician, osteopathic physician,
1415 chiropractic physician, or dentist, by a physician assistant
1416 licensed under chapter 458 or chapter 459 or an advanced
1417 practice registered nurse licensed under chapter 464. Followup
1418 services and care may also be provided by the following persons
1419 or entities:

1420 a. A hospital or ambulatory surgical center licensed under
1421 chapter 395.

576-04552-20

20201676c2

1422 b. An entity wholly owned by one or more physicians
1423 licensed under chapter 458 or chapter 459, chiropractic
1424 physicians licensed under chapter 460, APRN-IPs registered under
1425 s. 464.0123, or dentists licensed under chapter 466 or by such
1426 practitioners and the spouse, parent, child, or sibling of such
1427 practitioners.

1428 c. An entity that owns or is wholly owned, directly or
1429 indirectly, by a hospital or hospitals.

1430 d. A physical therapist licensed under chapter 486, based
1431 upon a referral by a provider described in this subparagraph.

1432 e. A health care clinic licensed under part X of chapter
1433 400 which is accredited by an accrediting organization whose
1434 standards incorporate comparable regulations required by this
1435 state, or

1436 (I) Has a medical director licensed under chapter 458,
1437 chapter 459, or chapter 460;

1438 (II) Has been continuously licensed for more than 3 years
1439 or is a publicly traded corporation that issues securities
1440 traded on an exchange registered with the United States
1441 Securities and Exchange Commission as a national securities
1442 exchange; and

1443 (III) Provides at least four of the following medical
1444 specialties:

1445 (A) General medicine.

1446 (B) Radiography.

1447 (C) Orthopedic medicine.

1448 (D) Physical medicine.

1449 (E) Physical therapy.

1450 (F) Physical rehabilitation.

576-04552-20

20201676c2

1451 (G) Prescribing or dispensing outpatient prescription
1452 medication.

1453 (H) Laboratory services.

1454 3. Reimbursement for services and care provided in
1455 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician
1456 licensed under chapter 458 or chapter 459, a dentist licensed
1457 under chapter 466, a physician assistant licensed under chapter
1458 458 or chapter 459, ~~or~~ an advanced practice registered nurse
1459 licensed under chapter 464, or an APRN-IP registered under s.
1460 464.0123 has determined that the injured person had an emergency
1461 medical condition.

1462 4. Reimbursement for services and care provided in
1463 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a
1464 provider listed in subparagraph 1. or subparagraph 2. determines
1465 that the injured person did not have an emergency medical
1466 condition.

1467 5. Medical benefits do not include massage as defined in s.
1468 480.033 or acupuncture as defined in s. 457.102, regardless of
1469 the person, entity, or licensee providing massage or
1470 acupuncture, and a licensed massage therapist or licensed
1471 acupuncturist may not be reimbursed for medical benefits under
1472 this section.

1473 6. The Financial Services Commission shall adopt by rule
1474 the form that must be used by an insurer and a health care
1475 provider specified in sub-subparagraph 2.b., sub-subparagraph
1476 2.c., or sub-subparagraph 2.e. to document that the health care
1477 provider meets the criteria of this paragraph. Such rule must
1478 include a requirement for a sworn statement or affidavit.

1479

576-04552-20

20201676c2

1480 Only insurers writing motor vehicle liability insurance in this
1481 state may provide the required benefits of this section, and
1482 such insurer may not require the purchase of any other motor
1483 vehicle coverage other than the purchase of property damage
1484 liability coverage as required by s. 627.7275 as a condition for
1485 providing such benefits. Insurers may not require that property
1486 damage liability insurance in an amount greater than \$10,000 be
1487 purchased in conjunction with personal injury protection. Such
1488 insurers shall make benefits and required property damage
1489 liability insurance coverage available through normal marketing
1490 channels. An insurer writing motor vehicle liability insurance
1491 in this state who fails to comply with such availability
1492 requirement as a general business practice violates part IX of
1493 chapter 626, and such violation constitutes an unfair method of
1494 competition or an unfair or deceptive act or practice involving
1495 the business of insurance. An insurer committing such violation
1496 is subject to the penalties provided under that part, as well as
1497 those provided elsewhere in the insurance code.

1498 Section 30. Effective July 1, 2020, subsection (5) of
1499 section 633.412, Florida Statutes, is amended to read:

1500 633.412 Firefighters; qualifications for certification.—A
1501 person applying for certification as a firefighter must:

1502 (5) Be in good physical condition as determined by a
1503 medical examination given by a physician, surgeon, or physician
1504 assistant licensed under ~~to practice in the state pursuant to~~
1505 chapter 458; an osteopathic physician, a surgeon, or a physician
1506 assistant licensed under ~~to practice in the state pursuant to~~
1507 chapter 459; ~~or~~ an advanced practice registered nurse licensed
1508 under ~~to practice in the state pursuant to~~ chapter 464; or an

576-04552-20

20201676c2

1509 APRN-IP registered under s. 464.0123. Such examination may
1510 include, but need not be limited to, the National Fire
1511 Protection Association Standard 1582. A medical examination
1512 evidencing good physical condition shall be submitted to the
1513 division, on a form as provided by rule, before an individual is
1514 eligible for admission into a course under s. 633.408.

1515 Section 31. Effective July 1, 2020, section 641.31075,
1516 Florida Statutes, is created to read:

1517 641.31075 APRN-IP services.-A health maintenance contract
1518 that is delivered, issued, or renewed in this state on or after
1519 January 1, 2021, may not require a subscriber to receive
1520 services from an APRN-IP registered under s. 464.0123 in place
1521 of a primary care physician; incentivize the subscriber to do so
1522 through cost sharing as defined in s. 641.313 which is lower for
1523 services provided by an APRN-IP than for the same services
1524 provided by a primary care physician; or incentivize the
1525 subscriber do so through a program authorized pursuant to s.
1526 641.31076.

1527 Section 32. Effective July 1, 2020, subsection (8) of
1528 section 641.495, Florida Statutes, is amended to read:

1529 641.495 Requirements for issuance and maintenance of
1530 certificate.-

1531 (8) Each organization's contracts, certificates, and
1532 subscriber handbooks shall contain a provision, if applicable,
1533 disclosing that, for certain types of described medical
1534 procedures, services may be provided by physician assistants,
1535 advanced practice registered nurses, APRN-IPs registered under
1536 s. 464.0123 ~~nurse practitioners~~, or other individuals who are
1537 not licensed physicians.

576-04552-20

20201676c2

1538 Section 33. Effective July 1, 2020, paragraph (b) of
1539 subsection (1) of section 744.3675, Florida Statutes, is amended
1540 to read:

1541 744.3675 Annual guardianship plan.—Each guardian of the
1542 person must file with the court an annual guardianship plan
1543 which updates information about the condition of the ward. The
1544 annual plan must specify the current needs of the ward and how
1545 those needs are proposed to be met in the coming year.

1546 (1) Each plan for an adult ward must, if applicable,
1547 include:

1548 (b) Information concerning the medical and mental health
1549 conditions and treatment and rehabilitation needs of the ward,
1550 including:

1551 1. A resume of any professional medical treatment given to
1552 the ward during the preceding year.

1553 2. The report of a physician or an APRN-IP registered under
1554 s. 464.0123 who examined the ward no more than 90 days before
1555 the beginning of the applicable reporting period. The report
1556 must contain an evaluation of the ward's condition and a
1557 statement of the current level of capacity of the ward.

1558 3. The plan for providing medical, mental health, and
1559 rehabilitative services in the coming year.

1560 Section 34. Effective July 1, 2020, paragraph (c) of
1561 subsection (1) of section 766.118, Florida Statutes, is amended
1562 to read:

1563 766.118 Determination of noneconomic damages.—

1564 (1) DEFINITIONS.—As used in this section, the term:

1565 (c) "Practitioner" means any person licensed or registered
1566 under chapter 458, chapter 459, chapter 460, chapter 461,

576-04552-20

20201676c2

1567 chapter 462, chapter 463, chapter 466, chapter 467, chapter 486,
1568 ~~or~~ s. 464.012, or s. 464.0123. "Practitioner" also means any
1569 association, corporation, firm, partnership, or other business
1570 entity under which such practitioner practices or any employee
1571 of such practitioner or entity acting in the scope of his or her
1572 employment. For the purpose of determining the limitations on
1573 noneconomic damages set forth in this section, the term
1574 "practitioner" includes any person or entity for whom a
1575 practitioner is vicariously liable and any person or entity
1576 whose liability is based solely on such person or entity being
1577 vicariously liable for the actions of a practitioner.

1578 Section 35. Effective July 1, 2020, subsection (3) of
1579 section 768.135, Florida Statutes, is amended to read:

1580 768.135 Volunteer team physicians; immunity.—

1581 (3) A practitioner licensed or registered under chapter
1582 458, chapter 459, chapter 460, ~~or~~ s. 464.012, or s. 464.0123 who
1583 gratuitously and in good faith conducts an evaluation pursuant
1584 to s. 1006.20(2)(c) is not liable for any civil damages arising
1585 from that evaluation unless the evaluation was conducted in a
1586 wrongful manner.

1587 Section 36. Effective July 1, 2020, subsection (2) of
1588 section 960.28, Florida Statutes, is amended to read:

1589 960.28 Payment for victims' initial forensic physical
1590 examinations.—

1591 (2) The Crime Victims' Services Office of the department
1592 shall pay for medical expenses connected with an initial
1593 forensic physical examination of a victim of sexual battery as
1594 defined in chapter 794 or a lewd or lascivious offense as
1595 defined in chapter 800. Such payment shall be made regardless of

576-04552-20

20201676c2

1596 whether the victim is covered by health or disability insurance
1597 and whether the victim participates in the criminal justice
1598 system or cooperates with law enforcement. The payment shall be
1599 made only out of moneys allocated to the Crime Victims' Services
1600 Office for the purposes of this section, and the payment may not
1601 exceed \$1,000 with respect to any violation. The department
1602 shall develop and maintain separate protocols for the initial
1603 forensic physical examination of adults and children. Payment
1604 under this section is limited to medical expenses connected with
1605 the initial forensic physical examination, and payment may be
1606 made to a medical provider using an examiner qualified under
1607 part I of chapter 464, excluding s. 464.003(15) ~~s. 464.003(14)~~;
1608 chapter 458; or chapter 459. Payment made to the medical
1609 provider by the department shall be considered by the provider
1610 as payment in full for the initial forensic physical examination
1611 associated with the collection of evidence. The victim may not
1612 be required to pay, directly or indirectly, the cost of an
1613 initial forensic physical examination performed in accordance
1614 with this section.

1615 Section 37. For the 2020-2021 fiscal year, the sums of
1616 \$400,764 in recurring funds and \$408,731 in nonrecurring funds
1617 from the Health Care Trust Fund are appropriated to the Agency
1618 for Health Care Administration, and three full-time equivalent
1619 positions with associated salary rate of 125,887 and three other
1620 personal services positions are authorized, for the purpose of
1621 implementing sections 400.52 and 408.822, Florida Statutes, as
1622 created by this act.

1623 Section 38. For the 2020-2021 fiscal year, the sums of
1624 \$202,019 in recurring funds and \$24,272 in nonrecurring funds

576-04552-20

20201676c2

1625 from the Medical Quality Assurance Trust Fund are appropriated
1626 to the Department of Health, and four full-time equivalent
1627 positions with associated salary rate of 121,246 are authorized,
1628 for the purpose of implementing section 464.0123, Florida
1629 Statutes, as created by this act.

1630 Section 39. Except as otherwise expressly provided in this
1631 act, this act shall take effect upon becoming a law.