Senator Albritton moved the following:

**Senate Amendment to Amendment (848330) (with title amendment)**

Delete lines 734 - 1477 and insert:

registered nurse is registered and practicing under s. 464.0123. In the case of multiple supervising physicians in the same group, an advanced practice registered nurse must enter into a supervisory protocol with at least one physician within the physician group practice. A practitioner currently licensed under chapter 458, chapter 459, or chapter 466 shall maintain
supervision for directing the specific course of medical treatment. Within the established framework, an advanced practice registered nurse may:

   (a) Prescribe, dispense, administer, or order any drug; however, an advanced practice registered nurse may prescribe or dispense a controlled substance as defined in s. 893.03 only if the advanced practice registered nurse has graduated from a program leading to a master’s or doctoral degree in a clinical nursing specialty area with training in specialized practitioner skills.

   (b) Initiate appropriate therapies for certain conditions.

   (c) Perform additional functions as may be determined by rule in accordance with s. 464.003(2).

   (d) Order diagnostic tests and physical and occupational therapy.

   (e) Order any medication for administration to a patient in a facility licensed under chapter 395 or part II of chapter 400, notwithstanding any provisions in chapter 465 or chapter 893.

Section 24. Section 464.0123, Florida Statutes, is created to read:

464.0123 Autonomous practice by an advanced practice registered nurse.—

(1) REGISTRATION.—The board shall register an advanced practice registered nurse as an autonomous advanced practice registered nurse if the applicant demonstrates that he or she:

   (a) Holds an active, unencumbered license to practice advanced nursing under s. 464.012.

   (b) Has not been subject to any disciplinary action as specified in s. 456.072 or s. 464.018 or any similar
disciplinary action in another state or other territory or jurisdiction within the 5 years immediately preceding the registration request.

(c) Has completed, in any state, jurisdiction, or territory of the United States, at least 3,000 clinical practice hours, which may include clinical instructional hours provided by the applicant, within the 5 years immediately preceding the registration request while practicing as an advanced practice registered nurse under the supervision of an allopathic or osteopathic physician who held an active, unencumbered license issued by any state, jurisdiction, or territory of the United States during the period of such supervision. For purposes of this paragraph, “clinical instruction” means education provided by faculty in a clinical setting in a graduate program leading to a master’s or doctoral degree in a clinical nursing specialty area.

(d) Has completed within the past 5 years 3 graduate-level semester hours, or the equivalent, in differential diagnosis and 3 graduate-level semester hours, or the equivalent, in pharmacology.

(e) The board may provide additional registration requirements by rule.

(2) FINANCIAL RESPONSIBILITY.—

(a) An advanced practice registered nurse registered under this section must, by one of the following methods, demonstrate to the satisfaction of the board and the department financial responsibility to pay claims and costs ancillary thereto arising out of the rendering of, or the failure to render nursing care, treatment, or services:
1. Obtaining and maintaining professional liability coverage in an amount not less than $100,000 per claim, with a minimum annual aggregate of not less than $300,000, from an authorized insurer as defined in s. 624.09, from a surplus lines insurer as defined in s. 626.914(2), from a risk retention group as defined in s. 627.942, from the Joint Underwriting Association established under s. 627.351(4), or through a plan of self-insurance as provided in s. 627.357; or

2. Obtaining and maintaining an unexpired, irrevocable letter of credit, established pursuant to chapter 675, in an amount of not less than $100,000 per claim, with a minimum aggregate availability of credit of not less than $300,000. The letter of credit must be payable to the advanced practice registered nurse as beneficiary upon presentment of a final judgment indicating liability and awarding damages to be paid by the advanced practice registered nurse or upon presentment of a settlement agreement signed by all parties to such agreement when such final judgment or settlement is a result of a claim arising out of the rendering of, or the failure to render, nursing care and services.

(b) The requirements of paragraph (a) do not apply to:

1. An advanced practice registered nurse registered under this section who practices exclusively as an officer, employee, or agent of the Federal Government or of the state or its agencies or its subdivisions.

2. An advanced practice registered nurse whose registration under this section has become inactive and who is not practicing as an advanced practice registered nurse registered under this section in this state.
3. An advanced practice registered nurse registered under this section who practices only in conjunction with his or her teaching duties at an accredited school or its main teaching hospitals. Such practice is limited to that which is incidental to and a necessary part of duties in connection with the teaching position.

4. An advanced practice registered nurse who holds an active registration under this section and who is not engaged in autonomous practice as authorized under this section in this state. If such person initiates or resumes any practice as an autonomous advanced practice registered nurse, he or she must notify the department of such activity and fulfill the professional liability coverage requirements of paragraph (a).

3) PRACTICE REQUIREMENTS.—
(a) An advanced practice registered nurse who is registered under this section may:

1. Engage in autonomous practice only in primary care practice, including family medicine, general pediatrics, and general internal medicine, as defined by board rule.

2. For certified nurse midwives, engage in autonomous practice in the performance of the acts listed in s. 464.012(4)(c).

3. Perform the general functions of an advanced practice registered nurse under s. 464.012(3) related to primary care.

4. For a patient who requires the services of a health care facility, as defined in s. 408.032(8):

a. Admit the patient to the facility.

b. Manage the care received by the patient in the facility.

c. Discharge the patient from the facility, unless
prohibited by federal law or rule.

5. Provide a signature, certification, stamp, verification, affidavit, or endorsement that is otherwise required by law to be provided by a physician, except an advanced practice registered nurse registered under this section may not issue a physician certification under s. 381.986.

(b) A certified nurse midwife must have a written patient transfer agreement with a hospital and a written referral agreement with a physician licensed under chapter 458 or chapter 459 to engage in nurse midwifery.

(c) An advanced practice registered nurse engaging in autonomous practice under this section may not perform any surgical procedure other than subcutaneous procedures.

(d) The board shall adopt rules, in consultation with the council created in subsection (4), establishing standards of practice, for an advanced practice registered nurse registered under this section.

(4) COUNCIL ON ADVANCED PRACTICE REGISTERED NURSE AUTONOMOUS PRACTICE.

(a) The Council on Advanced Practice Registered Nurse Autonomous Practice is established within the Department of Health. The council must consist of the following nine members:

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

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

3. Four members appointed by the chair of the board who are
advanced practice registered nurses registered under this
chapter with experience practicing advanced or specialized
nursing.

4. The State Surgeon General or his or her designee who
shall serve as the chair of the council.

(b) The Board of Medicine members, the Board of Osteopathic
Medicine members, and the Board of Nursing appointee members
shall be appointed for terms of 4 years. The initial
appointments shall be staggered so that one member from the
Board of Medicine, one member from the Board of Osteopathic
Medicine, and one appointee member from the Board of Nursing
shall each be appointed for a term of 4 years; one member from
the Board of Medicine and one appointee member from the Board of
Nursing shall each be appointed for a term of 3 years; and one
member from the Board of Osteopathic Medicine and two appointee
members from the Board of Nursing shall each be appointed for a
term of 2 years. Physician members appointed to the council must
be physicians who have practiced with advanced practice
registered nurses under a protocol in their practice.

(c) Council members may not serve more than two consecutive
terms.

(d) The council shall recommend standards of practice for
advanced practice registered nurses registered under this
section to the board. If the board rejects a recommendation of
the council, the board must state with particularity the basis
for rejecting the recommendation and provide the council an
opportunity to modify its recommendation. The board must
consider the council’s modified recommendation.

(5) REGISTRATION RENEWAL.
(a) An advanced practice registered nurse must biennially renew registration under this section. The biennial renewal for registration shall coincide with the advanced practice registered nurse’s biennial renewal period for licensure.

(b) To renew his or her registration under this section, an advanced practice registered nurse must complete at least 10 hours of continuing education approved by the board, in addition to completing 30 hours of continuing education requirements established by board rule pursuant to s. 464.013, regardless of whether the registrant is otherwise required to complete this requirement. If the initial renewal period occurs before January 1, 2021, an advanced practice registered nurse who is registered under this section is not required to complete the continuing education requirement within this subsection until the following biennial renewal period.

(6) PRACTITIONER PROFILE.—The department shall conspicuously distinguish an advanced practice registered nurse’s license if he or she is registered with the board under this section and include the registration in the advanced practice registered nurse’s practitioner profile created under s. 456.041.

(7) DISCLOSURES.—When engaging in autonomous practice, an advanced practice registered nurse registered under this section must provide information in writing to a new patient about his or her qualifications and the nature of autonomous practice before or during the initial patient encounter.

(8) RULES.—The board shall adopt rules to implement this section.
to read:

464.0155 Reports of adverse incidents by advanced practice registered nurses.—

(1) An advanced practice registered nurse registered under s. 464.0123 must report an adverse incident to the department in accordance with this section.

(2) The report must be in writing, sent to the department by certified mail, and postmarked within 15 days after the occurrence of the adverse incident if the adverse incident occurs when the patient is in the direct care of the advanced practice registered nurse registered under s. 464.0123. If the adverse incident occurs when the patient is not in the direct care of the advanced practice registered nurse registered under s. 464.0123, the report must be postmarked within 15 days after the advanced practice registered nurse discovers, or reasonably should have discovered, the occurrence of the adverse incident.

(3) For purposes of this section, the term “adverse incident” means an event over which the advanced practice registered nurse registered under s. 464.0123 could exercise control and which is associated in whole or in part with a nursing intervention, rather than the condition for which such intervention occurred, and which results in any of the following patient injuries:

(a) Any condition that required the transfer of a patient from the practice location of the advanced practice registered nurse registered under s. 464.0123 to a hospital licensed under chapter 395.

(b) A permanent physical injury to the patient.

(c) The death of the patient.
The department shall review each report of an adverse incident and determine whether the adverse incident was attributable to conduct by the advanced practice registered nurse. Upon making such a determination, the board may take disciplinary action pursuant to s. 456.073.

Section 26. Paragraph (r) is added to subsection (1) of section 464.018, Florida Statutes, to read:

464.018 Disciplinary actions.—
(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in ss. 456.072(2) and 464.0095:

(r) For an advanced practice registered nurse registered under s. 464.0123:

1. Paying or receiving any commission, bonus, kickback, or rebate from, or engaging in any split-fee arrangement in any form whatsoever with, a health care practitioner, organization, agency, or person, either directly or implicitly, for referring patients to providers of health care goods or services, including, but not limited to, hospitals, nursing homes, clinical laboratories, ambulatory surgical centers, or pharmacies. This subparagraph may not be construed to prevent an advanced practice registered nurse registered under s. 464.0123 from receiving a fee for professional consultation services.

2. Exercising influence within a patient-advanced practice registered nurse relationship for purposes of engaging a patient in sexual activity. A patient shall be presumed to be incapable of giving free, full, and informed consent to sexual activity with his or her advanced practice registered nurse registered under s. 464.0123.
3. Making deceptive, untrue, or fraudulent representations in or related to, or employing a trick or scheme in or related to, advanced or specialized nursing practice.

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

5. Failing to keep legible, as defined by department rule in consultation with the board, medical records that identify the advanced practice registered nurse, by name and professional title, who is responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient, including, but not limited to, patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; and reports of consultations or referrals.

6. Exercising influence on the patient to exploit the patient for the financial gain of the advanced practice registered nurse or a third party, including, but not limited to, the promoting or selling of services, goods, appliances, or drugs.

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

8. Performing any procedure or prescribing any therapy that, by the prevailing standards of advanced or specialized nursing practice in the community, would constitute experimentation on a human subject, without first obtaining
9. Delegating professional responsibilities to a person when the advanced practice registered nurse delegating such responsibilities knows or has reason to believe that such person is not qualified by training, experience, or licensure to perform such responsibilities.

10. Committing, or conspiring with another to commit, an act that would tend to coerce, intimidate, or preclude another advanced practice registered nurse from lawfully advertising his or her services.

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

12. Failing to comply with ss. 381.026 and 381.0261 relating to providing patients with information about their rights and how to file a complaint.

13. Providing deceptive or fraudulent expert witness testimony related to advanced or specialized nursing practice.

Section 27. Subsection (1) of section 626.9707, Florida Statutes, is amended to read:

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

(1) An insurer authorized to transact insurance in this state may not refuse to issue and deliver in this state any policy of disability insurance, whether such policy is defined as individual, group, blanket, franchise, industrial, or otherwise, which is currently being issued for delivery in this state and which affords benefits and coverage for any medical treatment or service authorized and permitted to be furnished by
Section 28. Section 627.64025, Florida Statutes, is created to read:

627.64025 Advanced Practice Registered Nurse Services.—A health insurance policy that provides major medical coverage and that is delivered, issued, or renewed in this state on or after January 1, 2021, may not require an insured to receive services from an advanced practice registered nurse registered under s. 464.0123 in place of a physician.

Section 29. Section 627.6621, Florida Statutes, is created to read:

627.6621 Advanced Practice Registered Nurse Services.—A group, blanket, or franchise health insurance policy that is delivered, issued, or renewed in this state on or after January 1, 2021, may not require an insured to receive services from an advanced practice registered nurse registered under s. 464.0123 in place of a physician.

Section 16. Paragraph (g) is added to subsection (5) of section 627.6699, Florida Statutes, to read:

627.6699 Employee Health Care Access Act.—

(5) AVAILABILITY OF COVERAGE.—

(g) A health benefit plan covering small employers which is delivered, issued, or renewed in this state on or after January 1, 2021, may not require an insured to receive services from an advanced practice registered nurse registered under s. 464.0123...
in place of a physician.

Section 18. Paragraph (a) of subsection (1) of section 627.736, Florida Statutes, is amended to read:

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

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

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

1. Initial services and care that are lawfully provided, supervised, ordered, or prescribed by a physician licensed under chapter 458 or chapter 459, a dentist licensed under chapter 466, or a chiropractic physician licensed under chapter 460, or an advanced practice registered nurse registered under s.
464.0123 or that are provided in a hospital or in a facility
that owns, or is wholly owned by, a hospital. Initial services
and care may also be provided by a person or entity licensed
under part III of chapter 401 which provides emergency
transportation and treatment.

2. Upon referral by a provider described in subparagraph
1., followup services and care consistent with the underlying
medical diagnosis rendered pursuant to subparagraph 1. which may
be provided, supervised, ordered, or prescribed only by a
physician licensed under chapter 458 or chapter 459, a
chiropractic physician licensed under chapter 460, a dentist
licensed under chapter 466, or an advanced practice registered
nurse registered under s. 464.0123, or, to the extent permitted
by applicable law and under the supervision of such physician,
osteopathic physician, chiropractic physician, or dentist, by a
physician assistant licensed under chapter 458 or chapter 459 or
an advanced practice registered nurse licensed under chapter
464. Followup services and care may also be provided by the
following persons or entities:
   a. A hospital or ambulatory surgical center licensed under
      chapter 395.
   b. An entity wholly owned by one or more physicians
      licensed under chapter 458 or chapter 459, chiropractic
      physicians licensed under chapter 460, advanced practice
      registered nurses registered under s. 464.0123, or dentists
      licensed under chapter 466 or by such practitioners and the
      spouse, parent, child, or sibling of such practitioners.
   c. An entity that owns or is wholly owned, directly or
      indirectly, by a hospital or hospitals.
d. A physical therapist licensed under chapter 486, based
upon a referral by a provider described in this subparagraph.

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

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

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

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

(A) General medicine.

(B) Radiography.

(C) Orthopedic medicine.

(D) Physical medicine.

(E) Physical therapy.

(F) Physical rehabilitation.

(G) Prescribing or dispensing outpatient prescription
medication.

(H) Laboratory services.

3. Reimbursement for services and care provided in
subparagraph 1. or subparagraph 2. up to $10,000 if a physician
licensed under chapter 458 or chapter 459, a dentist licensed
under chapter 466, a physician assistant licensed under chapter
458 or chapter 459, or an advanced practice registered nurse
licensed under chapter 464 has determined that the injured
person had an emergency medical condition.

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

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

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

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

Section 19. Section 641.31075, Florida Statutes, is created to read:

641.31075 Advanced Practice Registered Nurse Services.—A health maintenance contract that is delivered, issued, or renewed in this state on or after January 1, 2021, may not require a subscriber to receive services from an advanced practice registered nurse registered under s. 464.0123 in place of a physician.

Section 20. Subsection (8) of section 641.495, Florida Statutes, is amended to read:

641.495 Requirements for issuance and maintenance of certificate.—

(8) Each organization’s contracts, certificates, and subscriber handbooks shall contain a provision, if applicable, disclosing that, for certain types of described medical procedures, services may be provided by physician assistants, advanced practice registered nurses, nurse practitioners, or other individuals who are not licensed physicians.

Section 21. Subsection (1) of section 744.2006, Florida Statutes, is amended to read:
744.2006 Office of Public and Professional Guardians; appointment, notification.—

(1) The executive director of the Office of Public and Professional Guardians, after consultation with the chief judge and other circuit judges within the judicial circuit and with appropriate advocacy groups and individuals and organizations who are knowledgeable about the needs of incapacitated persons, may establish, within a county in the judicial circuit or within the judicial circuit, one or more offices of public guardian and if so established, shall create a list of persons best qualified to serve as the public guardian, who have been investigated pursuant to s. 744.3135. The public guardian must have knowledge of the legal process and knowledge of social services available to meet the needs of incapacitated persons. The public guardian shall maintain a staff or contract with professionally qualified individuals to carry out the guardianship functions, including an attorney who has experience in probate areas and another person who has a master’s degree in social work, or a gerontologist, psychologist, advanced practice registered nurse, or registered nurse, or nurse practitioner. A public guardian that is a nonprofit corporate guardian under s. 744.309(5) must receive tax-exempt status from the United States Internal Revenue Service.

Section 22. Paragraph (a) of subsection (3) of section 744.331, Florida Statutes, is amended to read:

744.331 Procedures to determine incapacity.—

(3) EXAMINING COMMITTEE.—

(a) Within 5 days after a petition for determination of incapacity has been filed, the court shall appoint an examining
committee consisting of three members. One member must be a psychiatrist or other physician. The remaining members must be either a psychologist, a gerontologist, another psychiatrist, an advanced practice registered nurse, a registered nurse, nurse practitioner, a licensed social worker, a person with an advanced degree in gerontology from an accredited institution of higher education, or any other person who by knowledge, skill, experience, training, or education may, in the court’s discretion, advise the court in the form of an expert opinion. One of three members of the committee must have knowledge of the type of incapacity alleged in the petition. Unless good cause is shown, the attending or family physician may not be appointed to the committee. If the attending or family physician is available for consultation, the committee must consult with the physician. Members of the examining committee may not be related to or associated with one another, with the petitioner, with counsel for the petitioner or the proposed guardian, or with the person alleged to be totally or partially incapacitated. A member may not be employed by any private or governmental agency that has custody of, or furnishes, services or subsidies, directly or indirectly, to the person or the family of the person alleged to be incapacitated or for whom a guardianship is sought. A petitioner may not serve as a member of the examining committee. Members of the examining committee must be able to communicate, either directly or through an interpreter, in the language that the alleged incapacitated person speaks or to communicate in a medium understandable to the alleged incapacitated person if she or he is able to communicate. The clerk of the court shall send notice
of the appointment to each person appointed no later than 3 days after the court’s appointment.

Section 23. Paragraph (b) of subsection (1) of section 744.3675, Florida Statutes, is amended to read:

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

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

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

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

      2. The report of a physician or an advanced practice registered nurse registered under s. 464.0123 who examined the ward no more than 90 days before the beginning of the applicable reporting period. The report must contain an evaluation of the ward’s condition and a statement of the current level of capacity of the ward.

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

Section 24. Paragraph (c) of subsection (1) of section 766.118, Florida Statutes, is amended to read:

766.118 Determination of noneconomic damages.—

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

(c) “Practitioner” means any person licensed under chapter
Section 25. Subsection (3) of section 768.135, Florida Statutes, is amended to read:

Section 25. Subsection (3) of section 768.135, Florida Statutes, is amended to read:

768.135 Volunteer team physicians; immunity.—

(3) A practitioner licensed under chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, chapter 466, chapter 467, chapter 486, or s. 464.012 or registered under s. 464.0123. “Practitioner” also means any association, corporation, firm, partnership, or other business entity under which such practitioner practices or any employee of such practitioner or entity acting in the scope of his or her employment. For the purpose of determining the limitations on noneconomic damages set forth in this section, the term “practitioner” includes any person or entity for whom a practitioner is vicariously liable and any person or entity whose liability is based solely on such person or entity being vicariously liable for the actions of a practitioner.

Section 26. Paragraph (a) of subsection (1) of section 1006.062, Florida Statutes, are amended to read:

Section 26. Paragraph (a) of subsection (1) of section 1006.062, Florida Statutes, are amended to read:

1006.062 Administration of medication and provision of medical services by district school board personnel.—

(1) Notwithstanding the provisions of the Nurse Practice Act, part I of chapter 464, district school board personnel may assist students in the administration of prescription medication when the following conditions have been met:
(a) Each district school board shall include in its approved school health services plan a procedure to provide training, by a registered nurse, a licensed practical nurse, or an advanced practice registered nurse licensed under chapter 464 or by a physician licensed pursuant to chapter 458 or chapter 459, or a physician assistant licensed pursuant to chapter 458 or chapter 459, to the school personnel designated by the school principal to assist students in the administration of prescribed medication. Such training may be provided in collaboration with other school districts, through contract with an education consortium, or by any other arrangement consistent with the intent of this subsection.

Section 27. Paragraph (c) of subsection (2) of section 1006.20, Florida Statutes, is amended to read:

1006.20 Athletics in public K-12 schools.—

(2) ADOPTION OF BYLAWS, POLICIES, OR GUIDELINES.—

(c) The FHSAA shall adopt bylaws that require all students participating in interscholastic athletic competition or who are candidates for an interscholastic athletic team to satisfactorily pass a medical evaluation each year before prior to participating in interscholastic athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the student’s candidacy for an interscholastic athletic team. Such medical evaluation may be administered only by a practitioner licensed under chapter 458, chapter 459, chapter 460, or s. 464.012 or registered under s. 464.0123, and in good standing with the practitioner’s regulatory board. The bylaws shall establish requirements for eliciting a student’s medical history and performing the medical
evaluation required under this paragraph, which shall include a physical assessment of the student’s physical capabilities to participate in interscholastic athletic competition as contained in a uniform preparticipation physical evaluation and history form. The evaluation form shall incorporate the recommendations of the American Heart Association for participation cardiovascular screening and shall provide a place for the signature of the practitioner performing the evaluation with an attestation that each examination procedure listed on the form was performed by the practitioner or by someone under the direct supervision of the practitioner. The form shall also contain a place for the practitioner to indicate if a referral to another practitioner was made in lieu of completion of a certain examination procedure. The form shall provide a place for the practitioner to whom the student was referred to complete the remaining sections and attest to that portion of the examination. The preparticipation physical evaluation form shall advise students to complete a cardiovascular assessment and shall include information concerning alternative cardiovascular evaluation and diagnostic tests. Results of such medical evaluation must be provided to the school. A student is not eligible to participate, as provided in s. 1006.15(3), in any interscholastic athletic competition or engage in any practice, tryout, workout, or other physical activity associated with the student’s candidacy for an interscholastic athletic team until the results of the medical evaluation have been received and approved by the school.

Section 28. For the 2020-2021 fiscal year, the sums of $219,089 in recurring funds and $17,716 in nonrecurring funds
from the Medical Quality Assurance Trust Fund are appropriated to the Department of Health, and 3.5 full-time equivalent positions with associated salary rate of 183,895 are authorized, for the purpose of implementing s. 464.0123, Florida Statutes, as created by this act.

Section 24. For the 2020-2021 fiscal year, two full-time equivalent positions with associated salary rate of 82,211 are authorized and the sums of $320,150 in recurring and $232,342 in nonrecurring funds from the Health Care Trust Fund are appropriated to the Agency for Health Care Administration for the purpose of implementing sections 400.52, 400.53, and 408.822, Florida Statutes, as created by this act.

Section 25. Subsection (1) and paragraphs (a) and (b) of subsection (2) of section 1009.65, Florida Statutes, are amended to read:

1009.65 Medical Education Reimbursement and Loan Repayment Program.—

(1) To encourage qualified medical professionals to practice in underserved locations where there are shortages of such personnel, there is established the Medical Education Reimbursement and Loan Repayment Program. The function of the program is to make payments that offset loans and educational expenses incurred by students for studies leading to a medical or nursing degree, medical or nursing licensure, or advanced practice registered nurse licensure or physician assistant licensure. The following licensed or certified health care professionals are eligible to participate in this program:

(a) Medical doctors with primary care specialties, doctors of osteopathic medicine with primary care specialties,
physician’s assistants, licensed practical nurses and registered nurses, and advanced practice registered nurses with primary care specialties such as certified nurse midwives. Primary care medical specialties for physicians include obstetrics, gynecology, general and family practice, internal medicine, pediatrics, and other specialties which may be identified by the Department of Health. (2) From the funds available, the Department of Health shall make payments to selected medical professionals as follows:

1.(a) Up to $4,000 per year for licensed practical nurses and registered nurses, up to $10,000 per year for advanced practice registered nurses and physician’s assistants, and up to $20,000 per year for physicians. Penalties for noncompliance shall be the same as those in the National Health Services Corps Loan Repayment Program. Educational expenses include costs for tuition, matriculation, registration, books, laboratory and other fees, other educational costs, and reasonable living expenses as determined by the Department of Health.

2.(b) All payments are contingent on continued proof of primary care practice in an area defined in s. 395.602(2)(b), or an underserved area designated by the Department of Health, provided the practitioner accepts Medicaid reimbursement if eligible for such reimbursement. Correctional facilities, state hospitals, and other state institutions that employ medical personnel shall be designated by the Department of Health as underserved locations. Locations with high incidences of infant mortality, high morbidity, or low Medicaid participation by health care professionals may be designated as underserved.

(b) Advanced practice registered nurses registered to
engage in autonomous practice under s. 464.0123 and practicing in the primary care specialties of family medicine, general pediatrics, general internal medicine, or midwifery. From the funds available, the Department of Health shall make payments of up to $15,000 per year to advanced practice registered nurses registered under s. 464.0123 who demonstrate, as required by department rule, active employment providing primary care services in a public health program, an independent practice, or a group practice that serves Medicaid recipients and other low-income patients and that is located in a primary care health professional shortage area. Only loans to pay the costs of tuition, books, medical equipment and supplies, uniforms, and living expenses may be covered. For the purposes of this paragraph:

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

2. “Public health program” means a county health
specified federal law under certain circumstances; providing training program requirements; authorizing the Agency for Health Care Administration to adopt rules; amending s. 400.23, F.S.; prohibiting the counting of paid feeding assistants toward compliance with minimum staffing standards; amending s. 400.461, F.S.; revising a short title; amending s. 400.462, F.S.; revising the definition of the term “home health aide”; amending s. 400.464, F.S.; requiring a licensed home health agency that authorizes a registered nurse to delegate tasks to a certified nursing assistant or a home health aide to ensure that certain requirements are met; amending s. 400.488, F.S.; authorizing an unlicensed person to assist with self-administration of certain treatments; revising the requirements for such assistance; creating s. 400.489, F.S.; authorizing home health aides to administer certain prescription medications under certain conditions; requiring such home health aides to meet certain training and competency requirements; requiring that the training, determination of competency, and annual validation of home health aides be conducted by a registered nurse or a physician; requiring home health aides to complete annual inservice training in medication administration and medication error prevention, in addition to existing annual inservice training requirements; requiring the agency, in consultation with the Board of Nursing, to establish by rule standards and procedures for medication
administration by home health aides; providing requirements for such rules; creating s. 400.490, F.S.; authorizing certified nursing assistants or home health aides to perform certain tasks delegated by a registered nurse; creating ss. 400.52 and 400.53, F.S.; creating the Excellence in Home Health Program and the Nurse Registry Excellence Program, respectively, within the agency for a specified purpose; requiring the agency to adopt rules establishing program criteria; providing requirements for such criteria; requiring the agency to annually evaluate certain home health agencies and nurse registries; providing program designation eligibility requirements; providing that a program designation is not transferable, with an exception; providing for the expiration of awarded designations; requiring home health agencies and nurse registries to biennially renew the awarded program designation; authorizing a program designation award recipient to use the designation in advertising and marketing; specifying circumstances under which a home health agency or nurse registry may not use a program designation in advertising or marketing; providing that an application submitted under the program is not an application for licensure; providing that certain actions by the agency are not subject to certain provisions; creating s. 408.822, F.S.; defining the term “direct care worker”; requiring certain licensees to provide specified information about their employees.
in a survey beginning on a specified date; requiring that the survey be completed on a form adopted by the agency by rule and include a specified attestation; requiring a licensee to submit such survey as a contingency of license renewal; requiring the agency to continually analyze the results of such surveys and publish the results on the agency’s website; requiring the agency to update such information monthly; creating s. 464.0156, F.S.; authorizing a registered nurse to delegate certain tasks to a certified nursing assistant or a home health aide under certain conditions; providing criteria that a registered nurse must consider in determining if a task may be delegated to a certified nursing assistant or a home health aide; authorizing a registered nurse to delegate prescription medication administration to a certified nursing assistant or a home health aide, subject to certain requirements; providing an exception for certain controlled substances; requiring the Board of Nursing, in consultation with the agency, to adopt rules; amending s. 464.018, F.S.; providing disciplinary action; creating s. 464.2035, F.S.; authorizing certified nursing assistants to administer certain prescription medications under certain conditions; requiring such certified nursing assistants to meet certain training and competency requirements; requiring the training, determination of competency, and annual validation of certified nursing assistants to be conducted by a registered nurse or a
physician; requiring such certified nursing assistants
to complete annual inservice training in medication
administration and medication error prevention in
addition to existing annual inservice training
requirements; requiring the board, in consultation
with the agency, to adopt by rule standards and
procedures for medication administration by certified
nursing assistants; amending