A bill to be entitled
An act relating to health care practitioners; amending
s. 456.0391, F.S.; requiring an autonomous physician
assistant to submit certain information to the
Department of Health; requiring the department to send
a notice to autonomous physician assistants regarding
the required information; requiring autonomous
physician assistants who have submitted required
information to update such information in writing;
providing penalties; amending s. 456.041, F.S.;
requiring the department to provide a practitioner
profile for an autonomous physician assistant;
amending ss. 458.347 and 459.022, F.S.; defining the
term "autonomous physician assistant"; authorizing
third-party payors to reimburse employers for services
provided by autonomous physician assistants; deleting
a requirement that a physician assistant must inform a
patient of a right to see a physician before
prescribing or dispensing a prescription; revising the
requirements for physician assistant education and
training programs; authorizing the Board of Medicine
to impose certain penalties upon an autonomous
physician assistant; requiring the board to register a
physician assistant as an autonomous physician
assistant if the applicant meets certain criteria;
providing requirements; providing exceptions; requiring the department to distinguish such autonomous physician assistants' licenses; authorizing such autonomous physician assistants to perform specified acts without physician supervision or supervisory protocol; requiring biennial registration renewal; requiring the Council on Physician Assistants to establish rules; revising the membership and duties of the council; prohibiting a person who is not registered as an autonomous physician assistant from using the title; providing for the denial, suspension, or revocation of the registration of an autonomous physician assistant; requiring the board to adopt rules; requiring autonomous physician assistants to report adverse incidents to the department; amending s. 464.012, F.S.; requiring applicants for registration as an advanced practice registered nurse to apply to the Board of Nursing; authorizing an advanced practice registered nurse to sign, certify, stamp, verify, or endorse a document that requires the signature, certification, stamp, verification, affidavit, or endorsement of a physician within the framework of an established protocol; providing an exception; creating s. 464.0123, F.S.; defining the term "autonomous practice"; providing for the
registration of an advanced practice registered nurse
to engage in autonomous practice; providing
registration requirements; requiring the department to
distinguish such advanced practice registered nurses'
licenses and include the registration in their
practitioner profiles; authorizing such advanced
practice registered nurses to perform specified acts
without physician supervision or supervisory protocol;
requiring biennial registration renewal and continuing
education; authorizing the Board of Nursing to
establish an advisory committee to determine the
medical acts that may be performed by such advanced
practice registered nurses; providing for appointment
and terms of committee members; requiring the board to
adopt rules; creating s. 464.0155, F.S.; requiring
advanced practice registered nurses registered to
engage in autonomous practice to report adverse
incidents to the Department of Health; providing
requirements; defining the term "adverse incident";
providing for department review of such reports;
authorizing the department to take disciplinary
action; amending s. 464.018, F.S.; providing
additional grounds for denial of a license or
disciplinary action for advanced practice registered
nurses registered to engage in autonomous practice;
amending s. 39.01, F.S.; revising the definition of
the term "licensed health care professional" to
include an autonomous physician assistant; amending s.
39.303, F.S.; authorizing a specified autonomous
physician assistant to review certain cases of abuse
or neglect and standards for face-to-face medical
evaluations by a Child Protection Team; amending s.
39.304, F.S.; authorizing an autonomous physician
assistant to perform or order an examination and
diagnose a child without parental consent under
certain circumstances; amending s. 110.12315, F.S.;
revising requirements for reimbursement of pharmacies
for specified prescription drugs and supplies under
the state employees' prescription drug program;
amending s. 252.515, F.S.; providing immunity from
civil liability for an autonomous physician assistant
under the Postdisaster Relief Assistance Act; amending
ss. 310.071, 310.073, and 310.081, F.S.; authorizing
an autonomous physician assistant and a physician
assistant to administer the physical examination
required for deputy pilot certification and state
pilot licensure; authorizing an applicant for a deputy
pilot certificate or a state pilot license to use
controlled substances prescribed by an autonomous
physician assistant; amending s. 320.0848, F.S.;
authorizing an autonomous physician assistant to
certify that a person is disabled to satisfy
requirements for certain permits; amending s.
381.00315, F.S.; providing for the temporary
reactivation of the registration of an autonomous
physician assistant in a public health emergency;
amending s. 381.00593, F.S.; revising the definition
of the term "health care practitioner" to include an
autonomous physician assistant for purposes of the
Public School Volunteer Health Care Practitioner Act;
amending s. 381.026, F.S.; revising the definition of
the term "health care provider" to include an advanced
practice registered nurse and an autonomous physician
assistant for purposes of the Florida Patient's Bill
of Rights and Responsibilities; amending s. 382.008,
F.S.; authorizing an autonomous physician assistant, a
physician assistant, and an advanced practice
registered nurse to file a certificate of death or
fetal death under certain circumstances; authorizing a
certified nurse midwife to provide certain information
to the funeral director within a specified time
period; replacing the term "primary or attending
physician" with "primary or attending practitioner";
defining the term "primary or attending practitioner";
amending s. 382.011, F.S.; conforming a provision to
changes made by the act; amending s. 383.14, F.S.;
authorizing the release of certain newborn tests and
screening results to an autonomous physician
assistant; revising the definition of the term "health
care practitioner" to include an autonomous physician
assistant for purposes of screening for certain
disorders and risk factors; amending s. 390.0111,
F.S.; authorizing a certain action by an autonomous
physician assistant before an abortion procedure;
amending s. 390.012, F.S.; authorizing certain actions
by an autonomous physician assistant during and after
an abortion procedure; amending s. 394.463, F.S.;
authorizing an autonomous physician assistant, a
physician assistant, and an advanced practice
registered nurse to initiate an involuntary
examination for mental illness under certain
circumstances; authorizing a physician assistant to
examine a patient; amending s. 395.0191, F.S.;
providing an exception to certain onsite medical
direction requirements for a specified advanced
practice registered nurse; amending 395.602, F.S.;
authorizing the Department of Health to use certain
funds to increase the number of autonomous physician
assistants in rural areas; amending s. 397.501, F.S.;
prohibiting the denial of certain services to an
individual who takes medication prescribed by an autonomous physician assistant, a physician assistant, or an advanced practice registered nurse; amending ss. 397.679 and 397.6793, F.S.; authorizing an autonomous physician assistant to execute a certificate for emergency admission of a person who is substance abuse impaired; amending s. 400.021, F.S.; revising the definition of the term "geriatric outpatient clinic" to include a site staffed by an autonomous physician assistant; amending s. 400.172, F.S.; authorizing an autonomous physician assistant and an advanced practice registered nurse to provide certain medical information to a prospective respite care resident; amending s. 400.487, F.S.; authorizing an autonomous physician assistant to establish treatment orders for certain patients under certain circumstances; amending s. 400.506, F.S.; requiring an autonomous physician assistant to comply with specified treatment plan requirements; amending ss. 400.9973, 400.9974, 400.9976, and 400.9979, F.S.; authorizing an autonomous physician assistant to prescribe client admission to a transitional living facility and care for such client, order treatment plans, supervise and record client medications, and order physical and chemical restraints, respectively; amending s.
401.445, F.S.; prohibiting recovery of damages in court against a registered autonomous physician assistant under certain circumstances; requiring an autonomous physician assistant to attempt to obtain a person's consent before providing emergency services; amending ss. 409.906 and 409.908, F.S.; authorizing the agency to reimburse an autonomous physician assistant for providing certain optional Medicaid services; amending s. 409.973, F.S.; requiring managed care plans to cover autonomous physician assistant services; amending s. 429.26, F.S.; prohibiting autonomous physician assistants from having a financial interest in the assisted living facility at which they are employed; authorizing an autonomous physician assistant to examine an assisted living facility resident before admission; amending s. 429.918, F.S.; revising the definition of the term "ADRD participant" to include a participant who has a specified diagnosis from an autonomous physician assistant; authorizing an autonomous physician assistant to provide signed documentation to an ADRD participant; amending s. 440.102, F.S.; authorizing an autonomous physician assistant to collect a specimen for a drug test for specified purposes; amending s. 456.053, F.S.; revising definitions; authorizing an
advanced practice registered nurse registered to
engage in autonomous practice and an autonomous
physician assistant to make referrals under certain
circumstances; conforming a cross-reference; amending
s. 456.072, F.S.; providing penalties for an
autonomous physician assistant who prescribes or
dispenses a controlled substance in a certain manner;
amending s. 456.44, F.S.; revising the definition of
the term "registrant" to include an autonomous
physician assistant for purposes of controlled
substance prescribing; providing requirements for an
autonomous physician assistant who prescribes
controlled substances for the treatment of chronic
nonmalignant pain; amending ss. 458.3265 and 459.0137,
F.S.; requiring an autonomous physician assistant to
perform a physical examination of a patient at a pain-
management clinic under certain circumstances;
amending ss. 458.331 and 459.015, F.S.; providing
grounds for denial of a license or disciplinary action
against an autonomous physician assistant for certain
violations; amending s. 464.003, F.S.; revising the
definition of the term "practice of practical nursing"
to include an autonomous physician assistant for
purposes of authorizing such assistant to supervise a
licensed practical nurse; amending s. 464.0205, F.S.;
authorization an autonomous physician assistant to
directly supervise a certified retired volunteer
nurse; amending s. 480.0475, F.S.; authorizing the
operation of a massage establishment during specified
hours if the massage therapy is prescribed by an
autonomous physician assistant; amending s. 493.6108,
F.S.; authorizing an autonomous physician assistant to
certify the physical fitness of a certain class of
applicants to bear a weapon or firearm; amending s.
626.9707, F.S.; prohibiting an insurer from refusing
to issue and deliver certain disability insurance that
covers any medical treatment or service furnished by
an autonomous physician assistant or an advanced
practice registered nurse; amending s. 627.357, F.S.;
revising the definition of the term "health care
provider" to include an autonomous physician assistant
for purposes of medical malpractice self-insurance;
amending s. 627.736, F.S.; requiring personal injury
protection insurance to cover a certain percentage of
medical services and care provided by specified health
care providers; providing for specified reimbursement
of advanced practice registered nurses registered to
engage in autonomous practice or autonomous physician
assistants; amending s. 633.412, F.S.; authorizing an
autonomous physician assistant to medically examine an
applicant for firefighter certification; amending s. 641.495, F.S.; requiring certain health maintenance organization documents to disclose that certain services may be provided by autonomous physician assistants or advanced practice registered nurses; amending s. 744.2006, F.S.; authorizing an autonomous physician assistant to carry out guardianship functions under a contract with a public guardian; conforming terminology; amending s. 744.331, F.S.; authorizing an autonomous physician assistant or a physician assistant to be an eligible member of an examining committee; conforming terminology; amending s. 744.3675, F.S.; authorizing an advanced practice registered nurse, autonomous physician assistant, or physician assistant to provide the medical report of a ward in an annual guardianship plan; amending s. 766.103, F.S.; prohibiting recovery of damages against an autonomous physician assistant under certain conditions; amending s. 766.105, F.S.; revising the definition of the term "health care provider" to include an autonomous physician assistants for purposes of the Florida Patient's Compensation Fund; amending ss. 766.1115 and 766.1116, F.S.; revising the definitions of the terms "health care provider" and "health care practitioner," respectively, to include
autonomous physician assistants for purposes of the Access to Health Care Act; amending s. 766.118, F.S.; revising the definition of the term "practitioner" to include an advanced practice registered nurse registered to engage in autonomous practice and an autonomous physician assistant; amending s. 768.135, F.S.; providing immunity from liability for an advanced practice registered nurse registered to engage in autonomous practice or an autonomous physician assistant who provides volunteer services under certain circumstances; amending s. 794.08, F.S.; providing an exception to medical procedures conducted by an autonomous physician assistant under certain circumstances; amending s. 893.02, F.S.; revising the definition of the term "practitioner" to include an autonomous physician assistant; amending s. 943.13, F.S.; authorizing an autonomous physician assistant to conduct a physical examination for a law enforcement or correctional officer to satisfy qualifications for employment or appointment; amending s. 945.603, F.S.; authorizing the Correctional Medical Authority to review and make recommendations relating to the use of autonomous physician assistants as physician extenders; amending s. 948.03, F.S.; authorizing an autonomous physician assistant to prescribe drugs or
narcotics to a probationer; amending ss. 984.03 and 985.03, F.S.; revising the definition of the term "licensed health care professional" to include an autonomous physician assistant; amending ss. 1002.20 and 1002.42, F.S.; providing immunity from liability for autonomous physician assistants who administer epinephrine auto-injectors in public and private schools; amending s. 1006.062, F.S.; authorizing an autonomous physician assistant to provide training in the administration of medication to designated school personnel; requiring an autonomous physician assistant to monitor such personnel; authorizing an autonomous physician assistant to determine whether such personnel may perform certain invasive medical services; amending s. 1006.20, F.S.; authorizing an autonomous physician assistant to medically evaluate a student athlete; amending s. 1009.65, F.S.; authorizing an autonomous physician assistant to participate in the Medical Education Reimbursement and Loan Repayment Program; providing appropriations and authorizing positions; providing an effective date.

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

Section 1. Subsections (1), (2), and (3) of section
456.0391, Florida Statutes, are amended to read:

456.0391  Advanced practice registered nurses and autonomous physician assistants; information required for licensure or registration.—

(1)(a) Each person who applies for initial licensure under s. 464.012 or initial registration under s. 458.347(8) or s. 459.022(8) must, at the time of application, and each person licensed under s. 464.012 or registered under s. 458.347(8) or s. 459.022(8) who applies for licensure or registration renewal must, in conjunction with the renewal of such licensure or registration and under procedures adopted by the Department of Health, and in addition to any other information that may be required from the applicant, furnish the following information to the Department of Health:

1. The name of each school or training program that the applicant has attended, with the months and years of attendance and the month and year of graduation, and a description of all graduate professional education completed by the applicant, excluding any coursework taken to satisfy continuing education requirements.

2. The name of each location at which the applicant practices.

3. The address at which the applicant will primarily conduct his or her practice.

4. Any certification or designation that the applicant has
received from a specialty or certification board that is recognized or approved by the regulatory board or department to which the applicant is applying.

5. The year that the applicant received initial certification, licensure, or registration and began practicing the profession in any jurisdiction and the year that the applicant received initial certification, licensure, or registration in this state.

6. Any appointment which the applicant currently holds to the faculty of a school related to the profession and an indication as to whether the applicant has had the responsibility for graduate education within the most recent 10 years.

7. A description of any criminal offense of which the applicant has been found guilty, regardless of whether adjudication of guilt was withheld, or to which the applicant has pled guilty or nolo contendere. A criminal offense committed in another jurisdiction which would have been a felony or misdemeanor if committed in this state must be reported. If the applicant indicates that a criminal offense is under appeal and submits a copy of the notice for appeal of that criminal offense, the department must state that the criminal offense is under appeal if the criminal offense is reported in the applicant's profile. If the applicant indicates to the department that a criminal offense is under appeal, the
applicant must, within 15 days after the disposition of the appeal, submit to the department a copy of the final written order of disposition.

8. A description of any final disciplinary action taken within the previous 10 years against the applicant by a licensing or regulatory body in any jurisdiction, by a specialty board that is recognized by the board or department, or by a licensed hospital, health maintenance organization, prepaid health clinic, ambulatory surgical center, or nursing home. Disciplinary action includes resignation from or nonrenewal of staff membership or the restriction of privileges at a licensed hospital, health maintenance organization, prepaid health clinic, ambulatory surgical center, or nursing home taken in lieu of or in settlement of a pending disciplinary case related to competence or character. If the applicant indicates that the disciplinary action is under appeal and submits a copy of the document initiating an appeal of the disciplinary action, the department must state that the disciplinary action is under appeal if the disciplinary action is reported in the applicant's profile.

(b) In addition to the information required under paragraph (a), each applicant for initial licensure or registration or licensure or registration renewal must provide the information required of licensees pursuant to s. 456.049.

(2) The Department of Health shall send a notice to each
person licensed under s. 464.012 or registered under s. 458.347(8) or s. 459.022(8) at the licensee's or registrant's last known address of record regarding the requirements for information to be submitted by such person advanced practice registered nurse pursuant to this section in conjunction with the renewal of such license or registration.

(3) Each person licensed under s. 464.012 or registered under s. 458.347(8) or s. 459.022(8) who has submitted information pursuant to subsection (1) must update that information in writing by notifying the Department of Health within 45 days after the occurrence of an event or the attainment of a status that is required to be reported by subsection (1). Failure to comply with the requirements of this subsection to update and submit information constitutes a ground for disciplinary action under the applicable practice act chapter 464 and s. 456.072(1)(k). For failure to comply with the requirements of this subsection to update and submit information, the department or board, as appropriate, may:

(a) Refuse to issue a license or registration to any person applying for initial licensure or registration who fails to submit and update the required information.

(b) Issue a citation to any certificateholder, licensee, or registrant who fails to submit and update the required information and may fine the certificateholder, licensee, or registrant up to $50 for each day that the
certificateholder, or licensee, or registrant is not in compliance with this subsection. The citation must clearly state that the certificateholder, or licensee, or registrant may choose, in lieu of accepting the citation, to follow the procedure under s. 456.073. If the certificateholder, or licensee, or registrant disputes the matter in the citation, the procedures set forth in s. 456.073 must be followed. However, if the certificateholder, or licensee, or registrant does not dispute the matter in the citation with the department within 30 days after the citation is served, the citation becomes a final order and constitutes discipline. Service of a citation may be made by personal service or certified mail, restricted delivery, to the subject at the certificateholder’s, or licensee’s, or registrant’s last known address.

Section 2. Subsection (6) of section 456.041, Florida Statutes, is amended to read:

456.041 Practitioner profile; creation.—
(6) The Department of Health shall provide in each practitioner profile for every physician, autonomous physician assistant, or advanced practice registered nurse terminated for cause from participating in the Medicaid program, pursuant to s. 409.913, or sanctioned by the Medicaid program a statement that the practitioner has been terminated from participating in the Florida Medicaid program or sanctioned by the Medicaid program.

Section 3. Subsections (8) through (17) of section
458.347, Florida Statutes, are renumbered as subsections (9) through (18), respectively, subsection (2), paragraphs (b), (e), and (f) of subsection (4), paragraph (a) of subsection (6), paragraphs (a) and (f) of subsection (7), present subsection (9), and present subsections (11) through (13) are amended, paragraph (b) is added to subsection (2), and new subsections (8) and (19) are added to that section, to read:

458.347 Physician assistants.—

(2) DEFINITIONS.—As used in this section:

(a) "Approved program" means a program, formally approved by the boards, for the education of physician assistants.

(b) "Autonomous physician assistant" means a physician assistant who meets the requirements of subsection (8) to practice primary care without physician supervision.

(c) "Boards" means the Board of Medicine and the Board of Osteopathic Medicine.

(d) "Continuing medical education" means courses recognized and approved by the boards, the American Academy of Physician Assistants, the American Medical Association, the American Osteopathic Association, or the Accreditation Council on Continuing Medical Education.

(e) "Council" means the Council on Physician Assistants.

(f) "Physician assistant" means a person who is a graduate of an approved program or its equivalent or meets
standards approved by the boards and is licensed to perform medical services delegated by the supervising physician.

(g) "Proficiency examination" means an entry-level examination approved by the boards, including, but not limited to, those examinations administered by the National Commission on Certification of Physician Assistants.

(h) "Supervision" means responsible supervision and control. Except in cases of emergency, supervision requires the easy availability or physical presence of the licensed physician for consultation and direction of the actions of the physician assistant. For the purposes of this definition, the term "easy availability" includes the ability to communicate by way of telecommunication. The boards shall establish rules as to what constitutes responsible supervision of the physician assistant.

(i) "Trainee" means a person who is currently enrolled in an approved program.

(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

(b) This chapter does not prevent third-party payors from reimbursing employers of autonomous physician assistants or physician assistants for covered services rendered by registered autonomous physician assistants or licensed physician assistants.

(e) A supervising physician may delegate to a fully licensed physician assistant the authority to prescribe or dispense any medication used in the supervising physician's
practice unless such medication is listed on the formulary
created pursuant to paragraph (f). A fully licensed physician
assistant may only prescribe or dispense such medication under
the following circumstances:

1. A physician assistant must clearly identify to the
patient that he or she is a physician assistant and inform the
patient that the patient has the right to see the physician
before a prescription is prescribed or dispensed by the
physician assistant.

2. The supervising physician must notify the department of
his or her intent to delegate, on a department-approved form,
before delegating such authority and of any change in
prescriptive privileges of the physician assistant. Authority to
dispense may be delegated only by a supervising physician who is
registered as a dispensing practitioner in compliance with s.
465.0276.

3. The physician assistant must complete a minimum of 10
continuing medical education hours in the specialty practice in
which the physician assistant has prescriptive privileges with
each licensure renewal. Three of the 10 hours must consist of a
continuing education course on the safe and effective
prescribing of controlled substance medications which is offered
by a statewide professional association of physicians in this
state accredited to provide educational activities designated
for the American Medical Association Physician's Recognition

Award Category 1 credit or designated by the American Academy of
Physician Assistants as a Category 1 credit.

4. The department may issue a prescriber number to the
physician assistant granting authority for the prescribing of
medicinal drugs authorized within this paragraph upon completion
of the requirements of this paragraph. The physician assistant
is not required to independently register pursuant to s.
465.0276.

5. The prescription may be in paper or electronic form but
must comply with ss. 456.0392(1) and 456.42(1) and chapter 499
and must contain, in addition to the supervising physician's
name, address, and telephone number, the physician assistant's
prescriber number. Unless it is a drug or drug sample dispensed
by the physician assistant, the prescription must be filled in a
pharmacy permitted under chapter 465 and must be dispensed in
that pharmacy by a pharmacist licensed under chapter 465. The
inclusion of the prescriber number creates a presumption that
the physician assistant is authorized to prescribe the medicinal
drug and the prescription is valid.

6. The physician assistant must note the prescription or
dispensing of medication in the appropriate medical record.

(f)1. The council shall establish a formulary of medicinal
drugs that a registered autonomous physician assistant or fully
licensed physician assistant having prescribing authority under
this section or s. 459.022 may not prescribe. The formulary must
include general anesthetics and radiographic contrast materials and must limit the prescription of Schedule II controlled substances as listed in s. 893.03 or 21 U.S.C. s. 812 to a 7-day supply. The formulary must also restrict the prescribing of psychiatric mental health controlled substances for children younger than 18 years of age.

2. In establishing the formulary, the council shall consult with a pharmacist licensed under chapter 465, but not licensed under this chapter or chapter 459, who shall be selected by the State Surgeon General.

3. Only the council shall add to, delete from, or modify the formulary. Any person who requests an addition, a deletion, or a modification of a medicinal drug listed on such formulary has the burden of proof to show cause why such addition, deletion, or modification should be made.

4. The boards shall adopt the formulary required by this paragraph, and each addition, deletion, or modification to the formulary, by rule. Notwithstanding any provision of chapter 120 to the contrary, the formulary rule shall be effective 60 days after the date it is filed with the Secretary of State. Upon adoption of the formulary, the department shall mail a copy of such formulary to each registered autonomous physician assistant or fully licensed physician assistant having prescribing authority under this section or s. 459.022, and to each pharmacy licensed by the state. The boards shall establish, by rule, a
fee not to exceed $200 to fund the provisions of this paragraph and paragraph (e).

(6) PROGRAM APPROVAL.—

(a) The boards shall approve programs, based on recommendations by the council, for the education and training of physician assistants which meet standards established by rule of the boards. The council may recommend only those physician assistant programs that hold full accreditation or provisional accreditation from the Commission on Accreditation of Allied Health Programs or its successor organization. Any educational institution offering a physician assistant program approved by the boards pursuant to this paragraph may also offer the physician assistant program authorized in paragraph (c) for unlicensed physicians.

(7) PHYSICIAN ASSISTANT LICENSURE.—

(a) Any person desiring to be licensed as a physician assistant must apply to the department. The department shall issue a license to any person certified by the council as having met the following requirements:

1. Is at least 18 years of age.

2. Has satisfactorily passed a proficiency examination by an acceptable score established by the National Commission on Certification of Physician Assistants. If an applicant does not hold a current certificate issued by the National Commission on Certification of Physician Assistants and has not actively
practiced as a physician assistant within the immediately preceding 4 years, the applicant must retake and successfully complete the entry-level examination of the National Commission on Certification of Physician Assistants to be eligible for licensure.

3. Has completed the application form and remitted an application fee not to exceed $300 as set by the boards. An application for licensure made by a physician assistant must include:
   a. Has graduated from a board-approved A certificate of completion of a physician assistant training program as specified in subsection (6).
   b. Acknowledgment of any prior felony convictions.
   c. Acknowledgment of any previous revocation or denial of licensure or certification in any state.
   d. A copy of course transcripts and a copy of the course description from a physician assistant training program describing course content in pharmacotherapy, if the applicant wishes to apply for prescribing authority. These documents must meet the evidence requirements for prescribing authority.

(f) The Board of Medicine may impose any of the penalties authorized under ss. 456.072 and 458.331(2) upon an autonomous physician assistant or a physician assistant if the autonomous physician assistant, physician assistant, or the supervising physician has been found guilty of or is being investigated for
any act that constitutes a violation of this chapter or chapter 456.

(8) PERFORMANCE OF AUTONOMOUS PHYSICIAN ASSISTANTS.—

(a) The boards shall register a physician assistant as an autonomous physician assistant if the applicant demonstrates that he or she:

1. Holds an active, unencumbered license to practice as a physician assistant in this state.

2. Has not been subject to any disciplinary action as specified in s. 456.072, s. 458.331, or s. 459.015, or any similar disciplinary action in any jurisdiction of the United States, within the 5 years immediately preceding the registration request.

3. Has completed, in any jurisdiction of the United States, at least 2,000 clinical practice hours within the 3 years immediately preceding the submission of the registration request while practicing as a physician assistant under the supervision of an allopathic or osteopathic physician who held an active, unencumbered license issued by another state, the District of Columbia, or a possession or territory of the United States during the period of such supervision.

4. Has completed a graduate-level course in pharmacology.

5. Obtains and maintains professional liability coverage at the same level and in the same manner as in s. 458.320(1)(b) or (c). However, the requirements of this subparagraph do not
apply to:
   a. Any person registered under this subsection who practices exclusively as an officer, employee, or agent of the Federal Government or of the state or its agencies or its subdivisions.
   b. Any person whose license has become inactive and who is not practicing as an autonomous physician assistant in this state.
   c. Any person who practices as an autonomous physician assistant 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.
   d. Any person who holds an active registration under this subsection who is not practicing as an autonomous physician assistant in this state. If such person initiates or resumes any practice as an autonomous physician assistant, he or she must notify the department of such activity and fulfill the professional liability coverage requirements of this subparagraph.

(b) The department shall conspicuously distinguish an autonomous physician assistant license if he or she is registered under this subsection.

(c) An autonomous physician assistant may:
1. Render only primary care services as defined by rule of the boards without physician supervision.

2. Provide any service that is within the scope of the autonomous physician assistant's education and experience and provided in accordance with rules adopted by the board without physician supervision.

3. Prescribe, dispense, administer, or order any medicinal drug, including those medicinal drugs to the extent authorized under paragraph (4)(f) and the formulary adopted in that paragraph.

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

5. Provide a signature, certification, stamp, verification, affidavit, or other endorsement that is otherwise required by law to be provided by a physician.

(d) An autonomous physician assistant must biennially renew his or her registration under this subsection. The biennial renewal shall coincide with the autonomous physician assistant's biennial renewal period for physician assistant licensure.

(e) The council shall develop rules defining the primary care practice of autonomous physician assistants, which may include internal medicine, general pediatrics, family medicine, geriatrics, and general obstetrics and gynecology practices.
COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on Physician Assistants is created within the department.

(a) The council shall consist of five members appointed as follows:

1. The chairperson of the Board of Medicine shall appoint one member who is a physician and a member three members who are physicians and members of the Board of Medicine. One of The physician physicians must supervise a physician assistant in his or her the physician's practice.

2. The chairperson of the Board of Osteopathic Medicine shall appoint one member who is a physician and a member of the Board of Osteopathic Medicine. The physician must supervise a physician assistant in his or her practice.

3. The State Surgeon General or his or her designee shall appoint three fully licensed physician assistants licensed under this chapter or chapter 459.

(b) Two of the members appointed to the council must be physicians who supervise physician assistants in their practice. Members shall be appointed to terms of 4 years, except that of the initial appointments, two members shall be appointed to terms of 2 years, two members shall be appointed to terms of 3 years, and one member shall be appointed to a term of 4 years, as established by rule of the boards. Council members may not serve more than two consecutive terms. The council shall annually elect a chairperson from among its members.
(c) The council shall:

1. Recommend to the department the licensure of physician assistants.

2. Develop all rules regulating the primary care practice of autonomous physician assistants and the use of physician assistants by physicians under this chapter and chapter 459, except for rules relating to the formulary developed under paragraph (4)(f). The council shall also develop rules to ensure that the continuity of supervision is maintained in each practice setting. The boards shall consider adopting a proposed rule developed by the council at the regularly scheduled meeting immediately following the submission of the proposed rule by the council. A proposed rule submitted by the council may not be adopted by either board unless both boards have accepted and approved the identical language contained in the proposed rule. The language of all proposed rules submitted by the council must be approved by both boards pursuant to each respective board's guidelines and standards regarding the adoption of proposed rules. If either board rejects the council's proposed rule, that board must specify its objection to the council with particularity and include any recommendations it may have for the modification of the proposed rule.

3. Make recommendations to the boards regarding all matters relating to autonomous physician assistants and physician assistants.
4. Address concerns and problems of practicing autonomous physician assistants and physician assistants in order to improve safety in the clinical practices of registered autonomous physician assistants and licensed physician assistants.

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

1. Refuse to certify the applicant for licensure;

2. Approve the applicant for licensure with restrictions on the scope of practice or license; or

3. Approve the applicant for conditional licensure. Such conditions may include placement of the licensee on probation for a period of time and subject to such conditions as the council may specify, including but not limited to, requiring the licensee to undergo treatment, to attend continuing education courses, to work under the direct supervision of a physician licensed in this state, or to take corrective action.

(12) PENALTY.—Any person who has not been registered or licensed by the council and approved by the department and who holds himself or herself out as an autonomous physician assistant or a physician assistant or who uses any other term in indicating or implying that he or she is an autonomous physician assistant or a physician assistant commits a felony of the third
degree, punishable as provided in s. 775.082 or s. 775.084 or by a fine not exceeding $5,000.

(13) DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—The boards may deny, suspend, or revoke the registration of an autonomous physician assistant or the license of a physician assistant if a board determines that the autonomous physician assistant or physician assistant has violated this chapter.

(14) RULES.—The boards shall adopt rules to implement this section, including rules detailing the contents of the application for licensure and notification pursuant to subsection (7), rules relating to the registration of autonomous physician assistants under subsection (8), and rules to ensure both the continued competency of autonomous physician assistants and physician assistants and the proper utilization of them by physicians or groups of physicians.

(19) ADVERSE INCIDENTS.—An autonomous physician assistant must report adverse incidents to the department in accordance with s. 458.351.

Section 4. Subsections (8) through (17) of section 459.022, Florida Statutes, are renumbered as subsections (9) through (18), respectively, subsection (2), paragraphs (b) and (e) of subsection (4), paragraph (a) of subsection (6), paragraphs (a) and (f) of subsection (7), present subsection (9), and present subsections (11) through (13) are amended,
paragraph (b) is added to subsection (2), and new subsections (8) and (19) are added to that section, to read:

459.022  Physician assistants.—

(2) DEFINITIONS.—As used in this section:

(a) "Approved program" means a program, formally approved by the boards, for the education of physician assistants.

(b) "Autonomous physician assistant" means a physician assistant who meets the requirements of subsection (8) to practice primary care without physician supervision.

(c) "Boards" means the Board of Medicine and the Board of Osteopathic Medicine.

(d) "Continuing medical education" means courses recognized and approved by the boards, the American Academy of Physician Assistants, the American Medical Association, the American Osteopathic Association, or the Accreditation Council on Continuing Medical Education.

(e) "Council" means the Council on Physician Assistants.

(f) "Physician assistant" means a person who is a graduate of an approved program or its equivalent or meets standards approved by the boards and is licensed to perform medical services delegated by the supervising physician.

(g) "Proficiency examination" means an entry-level examination approved by the boards, including, but not limited to, those examinations administered by the National Commission...
on Certification of Physician Assistants.

(h) "Supervision" means responsible supervision and control. Except in cases of emergency, supervision requires the easy availability or physical presence of the licensed physician for consultation and direction of the actions of the physician assistant. For the purposes of this definition, the term "easy availability" includes the ability to communicate by way of telecommunication. The boards shall establish rules as to what constitutes responsible supervision of the physician assistant.

(i) "Trainee" means a person who is currently enrolled in an approved program.

(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

(b) This chapter does not prevent third-party payors from reimbursing employers of autonomous physician assistants or physician assistants for covered services rendered by registered autonomous physician assistants or licensed physician assistants.

(e) A supervising physician may delegate to a fully licensed physician assistant the authority to prescribe or dispense any medication used in the supervising physician's practice unless such medication is listed on the formulary created pursuant to s. 458.347. A fully licensed physician assistant may only prescribe or dispense such medication under the following circumstances:

1. A physician assistant must clearly identify to the
patient that she or he is a physician assistant and must inform
the patient that the patient has the right to see the physician
before a prescription is prescribed or dispensed by the
physician assistant.

2. The supervising physician must notify the department of
her or his intent to delegate, on a department-approved form,
before delegating such authority and of any change in
prescriptive privileges of the physician assistant. Authority to
dispense may be delegated only by a supervising physician who is
registered as a dispensing practitioner in compliance with s.
465.0276.

3. The physician assistant must complete a minimum of 10
continuing medical education hours in the specialty practice in
which the physician assistant has prescriptive privileges with
each licensure renewal.

4. The department may issue a prescriber number to the
physician assistant granting authority for the prescribing of
medicinal drugs authorized within this paragraph upon completion
of the requirements of this paragraph. The physician assistant
is not required to independently register pursuant to s.
465.0276.

5. The prescription may be in paper or electronic form but
must comply with ss. 456.0392(1) and 456.42(1) and chapter 499
and must contain, in addition to the supervising physician's
name, address, and telephone number, the physician assistant's
prescriber number. Unless it is a drug or drug sample dispensed by the physician assistant, the prescription must be filled in a pharmacy permitted under chapter 465, and must be dispensed in that pharmacy by a pharmacist licensed under chapter 465. The inclusion of the prescriber number creates a presumption that the physician assistant is authorized to prescribe the medicinal drug and the prescription is valid.

6. The physician assistant must note the prescription or dispensing of medication in the appropriate medical record.

(6) PROGRAM APPROVAL.—
(a) The boards shall approve programs, based on recommendations by the council, for the education and training of physician assistants which meet standards established by rule of the boards. The council may recommend only those physician assistant programs that hold full accreditation or provisional accreditation from the Commission on Accreditation of Allied Health Programs or its successor organization.

(7) PHYSICIAN ASSISTANT LICENSURE.—
(a) Any person desiring to be licensed as a physician assistant must apply to the department. The department shall issue a license to any person certified by the council as having met the following requirements:

1. Is at least 18 years of age.
2. Has satisfactorily passed a proficiency examination by an acceptable score established by the National Commission on
Certification of Physician Assistants. If an applicant does not hold a current certificate issued by the National Commission on Certification of Physician Assistants and has not actively practiced as a physician assistant within the immediately preceding 4 years, the applicant must retake and successfully complete the entry-level examination of the National Commission on Certification of Physician Assistants to be eligible for licensure.

3. Has completed the application form and remitted an application fee not to exceed $300 as set by the boards. An application for licensure made by a physician assistant must include:
   a. Has graduated from a board-approved A certificate of completion of a physician assistant training program as specified in subsection (6).
   b. Acknowledgment of any prior felony convictions.
   c. Acknowledgment of any previous revocation or denial of licensure or certification in any state.
   d. A copy of course transcripts and a copy of the course description from a physician assistant training program describing course content in pharmacotherapy, if the applicant wishes to apply for prescribing authority. These documents must meet the evidence requirements for prescribing authority.
   (f) The Board of Osteopathic Medicine may impose any of the penalties authorized under ss. 456.072 and 459.015(2) upon
an autonomous physician assistant or a physician assistant if
the autonomous physician assistant, physician assistant, or the
supervising physician has been found guilty of or is being
investigated for any act that constitutes a violation of this
chapter or chapter 456.

(8) PERFORMANCE OF AUTONOMOUS PHYSICIAN ASSISTANTS.—

(a) The boards shall register a physician assistant as an
autonomous physician assistant if the applicant demonstrates
that he or she:

1. Holds an active, unencumbered license to practice as a
physician assistant in this state.

2. Has not been subject to any disciplinary action as
specified in s. 456.072, s. 458.331, or s. 459.015, or any
similar disciplinary action in any jurisdiction of the United
States, within the 5 years immediately preceding the
registration request.

3. Has completed, in any jurisdiction of the United
States, at least 2,000 clinical practice hours within the 3
years immediately preceding the submission of the registration
request while practicing as a physician assistant under the
supervision of an allopathic or osteopathic physician who held
an active, unencumbered license issued by any state, the
District of Columbia, or a possession or territory of the United
States during the period of such supervision.

4. Has completed a graduate-level course in pharmacology.
5. Obtains and maintains professional liability coverage at the same level and in the same manner as in s. 458.320(1)(b) or (c). However, the requirements of this subparagraph do not apply to:

a. Any person registered under this subsection who practices exclusively as an officer, employee, or agent of the Federal Government or of the state or its agencies or its subdivisions.

b. Any person whose license has become inactive and who is not practicing as an autonomous physician assistant in this state.

c. Any person who practices as an autonomous physician assistant 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.

d. Any person who holds an active registration under this subsection who is not practicing as an autonomous physician assistant in this state. If such person initiates or resumes any practice as an autonomous physician assistant, he or she must notify the department of such activity and fulfill the professional liability coverage requirements of this subparagraph.

(b) The department shall conspicuously distinguish an
autonomous physician assistant license if he or she is registered under this subsection.

(c) An autonomous physician assistant may:

1. Render only primary care services as defined by rule of the boards without physician supervision.

2. Provide any service that is within the scope of the autonomous physician assistant's education and experience and provided in accordance with rules adopted by the board without physician supervision.

3. Prescribe, dispense, administer, or order any medicinal drug, including those medicinal drugs to the extent authorized under paragraph (4)(f) and the formulary adopted thereunder.

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

5. Provide a signature, certification, stamp, verification, affidavit, or other endorsement that is otherwise required by law to be provided by a physician.

(d) An autonomous physician assistant must biennially renew his or her registration under this subsection. The biennial renewal shall coincide with the autonomous physician assistant's biennial renewal period for physician assistant licensure.

(e) The council shall develop rules defining the primary care practice of autonomous physician assistants, which may
include internal medicine, general pediatrics, family medicine, geriatrics, and general obstetrics and gynecology practices.

(10) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on Physician Assistants is created within the department.

(a) The council shall consist of five members appointed as follows:

1. The chairperson of the Board of Medicine shall appoint one member who is a physician and a member three members who are physicians and members of the Board of Medicine. One of The physician must supervise a physician assistant in his or her practice.

2. The chairperson of the Board of Osteopathic Medicine shall appoint one member who is a physician and a member of the Board of Osteopathic Medicine. The physician must supervise a physician assistant in his or her practice.

3. The State Surgeon General or her or his designee shall appoint three fully licensed physician assistants licensed under chapter 458 or this chapter.

(b) Two of the members appointed to the council must be physicians who supervise physician assistants in their practice.
serve more than two consecutive terms. The council shall annually elect a chairperson from among its members.

(c) The council shall:

1. Recommend to the department the licensure of physician assistants.

2. Develop all rules regulating the primary care practice of autonomous physician assistants and the use of physician assistants by physicians under chapter 458 and this chapter, except for rules relating to the formulary developed under s. 458.347. The council shall also develop rules to ensure that the continuity of supervision is maintained in each practice setting. The boards shall consider adopting a proposed rule developed by the council at the regularly scheduled meeting immediately following the submission of the proposed rule by the council. A proposed rule submitted by the council may not be adopted by either board unless both boards have accepted and approved the identical language contained in the proposed rule. The language of all proposed rules submitted by the council must be approved by both boards pursuant to each respective board's guidelines and standards regarding the adoption of proposed rules. If either board rejects the council's proposed rule, that board must specify its objection to the council with particularity and include any recommendations it may have for the modification of the proposed rule.

3. Make recommendations to the boards regarding all
matters relating to autonomous physician assistants and physician assistants.

4. Address concerns and problems of practicing autonomous physician assistants and physician assistants in order to improve safety in the clinical practices of registered autonomous physician assistants and licensed physician assistants.

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

1. Refuse to certify the applicant for licensure;
2. Approve the applicant for licensure with restrictions on the scope of practice or license; or
3. Approve the applicant for conditional licensure. Such conditions may include placement of the licensee on probation for a period of time and subject to such conditions as the council may specify, including but not limited to, requiring the licensee to undergo treatment, to attend continuing education courses, to work under the direct supervision of a physician licensed in this state, or to take corrective action.

(12) PENALTY.—Any person who has not been registered or licensed by the council and approved by the department and who holds herself or himself out as an autonomous physician assistant or a physician assistant or who uses any other term in
indicating or implying that she or he is an autonomous physician assistant or a physician assistant commits a felony of the third degree, punishable as provided in s. 775.082 or s. 775.084 or by a fine not exceeding $5,000.

The boards may deny, suspend, or revoke the registration of an autonomous physician assistant or the license of a physician assistant if a board determines that the autonomous physician assistant or physician assistant has violated this chapter.

The boards shall adopt rules to implement this section, including rules detailing the contents of the application for licensure and notification pursuant to subsection (7), rules relating to the registration of autonomous physician assistants under subsection (8), and rules to ensure both the continued competency of autonomous physician assistants and physician assistants and the proper utilization of them by physicians or groups of physicians.

An autonomous physician assistant must report adverse incidents to the department in accordance with s. 459.026.
(1) Any nurse desiring to be licensed as an advanced practice registered nurse must apply to the board department and submit proof that he or she holds a current license to practice professional nursing or holds an active multistate license to practice professional nursing pursuant to s. 464.0095 and that he or she meets one or more of the following requirements as determined by the board:

(a) Certification by an appropriate specialty board. Such certification is required for initial state licensure and any licensure renewal as a certified nurse midwife, certified nurse practitioner, certified registered nurse anesthetist, clinical nurse specialist, or psychiatric nurse. The board may by rule provide for provisional state licensure of certified registered nurse anesthetists, clinical nurse specialists, certified nurse practitioners, psychiatric nurses, and certified nurse midwives for a period of time determined to be appropriate for preparing for and passing the national certification examination.

(b) Graduation from a program leading to a master's degree program in a nursing clinical specialty area with preparation in specialized practitioner skills. For applicants graduating on or after October 1, 1998, graduation from a master's degree program is required for initial licensure as a certified nurse practitioner under paragraph (4)(a).

1. For applicants graduating on or after October 1, 2001, graduation from a master's degree program is required for
initial licensure as a certified registered nurse anesthetist
who may perform the acts listed in paragraph (4)(b).

    2. For applicants graduating on or after October 1, 1998,
graduation from a master's degree program is required for
initial licensure as a certified nurse midwife who may perform
the acts listed in paragraph (4)(c).

    3. For applicants graduating on or after July 1, 2007,
graduation from a master's degree program is required for
initial licensure as a clinical nurse specialist who may perform
the acts listed in paragraph (4)(d).

    (3) An advanced practice registered nurse shall perform
those functions authorized in this section within the framework
of an established protocol that must be maintained on site at
the location or locations at which an advanced practice
registered nurse practices, unless the advanced practice
registered nurse is registered to engage in autonomous practice
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.

(f) Sign, certify, stamp, verify, or endorse a document
that requires the signature, certification, stamp, verification,
affidavit, or endorsement of a physician. However, a supervisory
physician may not delegate the authority to issue a documented
approval to release a patient from a receiving facility or its
contractor under s. 394.463(2)(f) to an advanced practice
registered nurse.

Section 6. Section 464.0123, Florida Statutes, is created
to read:

464.0123 Autonomous practice by an advanced practice
registered nurse.—

(1) For purposes of this section, the term "autonomous practice" means advanced or specialized nursing practice by an advanced practice registered nurse who is not subject to supervision by a physician or a supervisory protocol.

(2) 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 or specialized nursing in this state.

(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 any other jurisdiction of the United States, within the 5 years immediately preceding the registration request.

(c) Has completed, in any jurisdiction of the United States, at least 2,000 clinical practice hours or clinical instructional hours 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 another state, the District of Columbia, or a possession or territory of the United States during the period of such supervision.

(d) Has completed a graduate-level course in pharmacology.
(3) The board may provide by rule additional requirements for an advanced practice registered nurse who is registered under this section when performing acts within his or her specialty pursuant to s. 464.012(4).

(4)(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, medical or nursing care 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,
medical or nursing care and services.

(b) The requirements of paragraph (a) do not apply to:
1. Any person registered under this subsection who
practices exclusively as an officer, employee, or agent of the
Federal Government or of the state or its agencies or its
subdivisions.
2. Any person whose license has become inactive and who is
not practicing as an advanced practice registered nurse
registered under this section in this state.
3. Any person who practices as an advanced practice
registered nurse registered under this section 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. Any person who holds an active registration under this
section who is not practicing as an autonomous advanced practice
registered nurse registered 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).

(5) 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.

(6) An advanced practice registered nurse who is registered under this section may perform the general functions of an advanced practice registered nurse under s. 464.012(3), the acts within his or her specialty under s. 464.012(4), and the following:

(a) For a patient who requires the services of a health care facility, as defined in s. 408.032(8):
   1. Admit the patient to the facility.
   2. Manage the care received by the patient in the facility.
   3. Discharge the patient from the facility, unless prohibited by federal law or rule.

(b) Provide a signature, certification, stamp, verification, affidavit, or endorsement that is otherwise required by law to be provided by a physician.

(7)(a) An advanced practice registered nurse must biennially renew his or her registration under this section. The biennial renewal for registration shall coincide with the advanced practice registered nurse's biennial renewal period for

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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 the continuing education requirements established by board rule pursuant to s. 464.013. 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 under this paragraph until the following biennial renewal period.

(8) The board may establish an advisory committee to make evidence-based recommendations about medical acts that an advanced practice registered nurse who is registered under this section may perform. The committee must consist of four advanced practice registered nurses licensed under this chapter, appointed by the board; two physicians licensed under chapter 458 or chapter 459 who have professional experience with advanced practice registered nurses, appointed by the Board of Medicine; and the State Surgeon General or his or her designee. Each committee member appointed by a board shall serve a term of 4 years, unless a shorter term is required to establish or maintain staggered terms. The Board of Nursing shall act upon the recommendations from the committee within 90 days after the submission of such recommendations.

(9) The board shall adopt rules as necessary to implement
Section 7. Section 464.0155, Florida Statutes, is created to read:

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

(1) An advanced practice registered nurse registered to engage in autonomous practice 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 at the office of the advanced practice registered nurse. If the adverse incident occurs when the patient is not at the office of the advanced practice registered nurse, 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 any of the following events when it is reasonable to believe that the event is attributable to the prescription of a controlled substance regulated under chapter 893 or 21 U.S.C. s. 812 by the advanced practice registered nurse:
(a) A condition that requires the transfer of a patient to a hospital licensed under chapter 395.

(b) Permanent physical injury to the patient.

(c) Death of the patient.

(4) 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 such a determination, the board may take disciplinary action pursuant to s. 456.073.

Section 8. 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 to engage in autonomous practice 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 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.

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
full, informed, and written consent.

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 the requirements of ss. 381.026
and 381.0261 related 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 9. Subsection (43) of section 39.01, Florida Statutes, is amended to read:

39.01 Definitions.—When used in this chapter, unless the context otherwise requires:

(43) "Licensed health care professional" means a physician licensed under chapter 458, an osteopathic physician licensed under chapter 459, a nurse licensed under part I of chapter 464, an autonomous physician assistant or a physician assistant registered or licensed under chapter 458 or chapter 459, or a dentist licensed under chapter 466.

Section 10. Paragraphs (d) and (e) of subsection (5) of section 39.303, Florida Statutes, are redesignated as paragraphs (e) and (f), respectively, a new paragraph (d) is added to that subsection, and paragraph (a) of subsection (6) of that section is amended, to read:

39.303 Child Protection Teams and sexual abuse treatment programs; services; eligible cases.—

(5) All abuse and neglect cases transmitted for investigation to a circuit by the hotline must be simultaneously transmitted to the Child Protection Team for review. For the purpose of determining whether a face-to-face medical evaluation
by a Child Protection Team is necessary, all cases transmitted
to the Child Protection Team which meet the criteria in
subsection (4) must be timely reviewed by:
(d) An autonomous physician assistant registered under
chapter 458 or chapter 459 who has a specialty in pediatrics or
family medicine and is member of the Child Protection Team;
(6) A face-to-face medical evaluation by a Child
Protection Team is not necessary when:
(a) The child was examined for the alleged abuse or
neglect by a physician who is not a member of the Child
Protection Team, and a consultation between the Child Protection
Team medical director or a Child Protection Team board-certified
pediatrician, advanced practice registered nurse, autonomous
physician assistant, or physician assistant working under the
supervision of a Child Protection Team medical director or a
Child Protection Team board-certified pediatrician, or
registered nurse working under the direct supervision of a Child
Protection Team medical director or a Child Protection Team
board-certified pediatrician, and the examining physician
concludes that a further medical evaluation is unnecessary;
Notwithstanding paragraphs (a), (b), and (c), a Child Protection
Team medical director or a Child Protection Team pediatrician,
as authorized in subsection (5), may determine that a face-to-
faced medical evaluation is necessary.
Section 11. Paragraph (b) of subsection (1) of section 39.304, Florida Statutes, is amended to read:

39.304 Photographs, medical examinations, X rays, and medical treatment of abused, abandoned, or neglected child.—

(1)

(b) If the areas of trauma visible on a child indicate a need for a medical examination, or if the child verbally complains or otherwise exhibits distress as a result of injury through suspected child abuse, abandonment, or neglect, or is alleged to have been sexually abused, the person required to investigate may cause the child to be referred for diagnosis to a licensed physician or an emergency department in a hospital without the consent of the child's parents or legal custodian. Such examination may be performed by any licensed physician, registered autonomous physician assistant, licensed physician assistant, or an advanced practice registered nurse licensed or registered under pursuant to part I of chapter 464. Any licensed physician, registered autonomous physician assistant, licensed physician assistant, or advanced practice registered nurse licensed or registered under pursuant to part I of chapter 464 who has reasonable cause to suspect that an injury was the result of child abuse, abandonment, or neglect may authorize a radiological examination to be performed on the child without the consent of the child's parent or legal custodian.

Section 12. Paragraph (d) of subsection (2) of section
110.12315, Florida Statutes, is amended to read:

110.12315 Prescription drug program.—The state employees' prescription drug program is established. This program shall be administered by the Department of Management Services, according to the terms and conditions of the plan as established by the relevant provisions of the annual General Appropriations Act and implementing legislation, subject to the following conditions:

(2) In providing for reimbursement of pharmacies for prescription drugs and supplies dispensed to members of the state group health insurance plan and their dependents under the state employees' prescription drug program:

(d) The department shall establish the reimbursement schedule for prescription drugs and supplies dispensed under the program. Reimbursement rates for a prescription drug or supply must be based on the cost of the generic equivalent drug or supply if a generic equivalent exists, unless the physician, advanced practice registered nurse, autonomous physician assistant, or physician assistant prescribing the drug or supply clearly states on the prescription that the brand name drug or supply is medically necessary or that the drug or supply is included on the formulary of drugs and supplies that may not be interchanged as provided in chapter 465, in which case reimbursement must be based on the cost of the brand name drug or supply as specified in the reimbursement schedule adopted by the department.
Section 13. Paragraph (a) of subsection (3) of section 252.515, Florida Statutes, is amended to read:

252.515 Postdisaster Relief Assistance Act; immunity from civil liability.—

(3) As used in this section, the term:

(a) "Emergency first responder" means:

1. A physician licensed under chapter 458.
2. An osteopathic physician licensed under chapter 459.
3. A chiropractic physician licensed under chapter 460.
4. A podiatric physician licensed under chapter 461.
5. A dentist licensed under chapter 466.
6. An advanced practice registered nurse licensed under s. 464.012.
7. An autonomous physician assistant or a physician assistant licensed under chapter 458 s. 458.347 or chapter 459 s. 459.022.
8. A worker employed by a public or private hospital in the state.
9. A paramedic as defined in s. 401.23(17).
10. An emergency medical technician as defined in s. 401.23(11).
11. A firefighter as defined in s. 633.102.
12. A law enforcement officer as defined in s. 943.10.
13. A member of the Florida National Guard.
14. Any other personnel designated as emergency personnel.
by the Governor pursuant to a declared emergency.

Section 14. Paragraph (c) of subsection (1) of section 310.071, Florida Statutes, is amended to read:

310.071 Deputy pilot certification.—

(1) In addition to meeting other requirements specified in this chapter, each applicant for certification as a deputy pilot must:

(c) Be in good physical and mental health, as evidenced by documentary proof of having satisfactorily passed a complete physical examination administered by a licensed physician within the preceding 6 months. The board shall adopt rules to establish requirements for passing the physical examination, which rules shall establish minimum standards for the physical or mental capabilities necessary to carry out the professional duties of a certificated deputy pilot. Such standards shall include zero tolerance for any controlled substance regulated under chapter 893 unless that individual is under the care of a physician, an advanced practice registered nurse, an autonomous physician assistant, or a physician assistant and that controlled substance was prescribed by that physician, advanced practice registered nurse, autonomous physician assistant, or physician assistant. To maintain eligibility as a certificated deputy pilot, each certificated deputy pilot must annually provide documentary proof of having satisfactorily passed a complete physical examination administered by a licensed physician.
physician must know the minimum standards and certify that the
certificateholder satisfactorily meets the standards. The
standards for certificateholders shall include a drug test.

Section 15. Subsection (3) of section 310.073, Florida
Statutes, is amended to read:

310.073 State pilot licensing.—In addition to meeting other requirements specified in this chapter, each applicant for license as a state pilot must:

(3) Be in good physical and mental health, as evidenced by documentary proof of having satisfactorily passed a complete physical examination administered by a licensed physician within the preceding 6 months. The board shall adopt rules to establish requirements for passing the physical examination, which rules shall establish minimum standards for the physical or mental capabilities necessary to carry out the professional duties of a licensed state pilot. Such standards shall include zero tolerance for any controlled substance regulated under chapter 893 unless that individual is under the care of a physician, an advanced practice registered nurse, an autonomous physician assistant, or a physician assistant and that controlled substance was prescribed by that physician, advanced practice registered nurse, autonomous physician assistant, or physician assistant. To maintain eligibility as a licensed state pilot, each licensed state pilot must annually provide documentary proof of having satisfactorily passed a complete physical
examination administered by a licensed physician. The physician
must know the minimum standards and certify that the licensee
satisfactorily meets the standards. The standards for licensees
shall include a drug test.

Section 16. Paragraph (b) of subsection (3) of section
310.081, Florida Statutes, is amended to read:

310.081 Department to examine and license state pilots and
certificate deputy pilots; vacancies.—

(3) Pilots shall hold their licenses or certificates
pursuant to the requirements of this chapter so long as they:

(b) Are in good physical and mental health as evidenced by
documentary proof of having satisfactorily passed a physical
examination administered by a licensed physician or physician
assistant within each calendar year. The board shall adopt rules
to establish requirements for passing the physical examination,
which rules shall establish minimum standards for the physical
or mental capabilities necessary to carry out the professional
duties of a licensed state pilot or a certificated deputy pilot.
Such standards shall include zero tolerance for any controlled
substance regulated under chapter 893 unless that individual is
under the care of a physician, an advanced practice registered
nurse, an autonomous physician assistant, or a physician
assistant and that controlled substance was prescribed by that
physician, advanced practice registered nurse, autonomous
physician assistant, or physician assistant. To maintain
eligibility as a certificated deputy pilot or licensed state pilot, each certificated deputy pilot or licensed state pilot must annually provide documentary proof of having satisfactorily passed a complete physical examination administered by a licensed physician. The physician must know the minimum standards and certify that the certificateholder or licensee satisfactorily meets the standards. The standards for certificateholders and for licensees shall include a drug test.

Upon resignation or in the case of disability permanently affecting a pilot’s ability to serve, the state license or certificate issued under this chapter shall be revoked by the department.

Section 17. Paragraph (b) of subsection (1) of section 320.0848, Florida Statutes, is amended to read:

320.0848 Persons who have disabilities; issuance of disabled parking permits; temporary permits; permits for certain providers of transportation services to persons who have disabilities.—

(1)

(b) 1. The person must be currently certified as being legally blind or as having any of the following disabilities that render him or her unable to walk 200 feet without stopping to rest:

a. Inability to walk without the use of or assistance from
a brace, cane, crutch, prosthetic device, or other assistive
device, or without the assistance of another person. If the
assistive device significantly restores the person's ability to
walk to the extent that the person can walk without severe
limitation, the person is not eligible for the exemption parking
permit.

b. The need to permanently use a wheelchair.

c. Restriction by lung disease to the extent that the
person's forced (respiratory) expiratory volume for 1 second,
when measured by spirometry, is less than 1 liter, or the
person's arterial oxygen is less than 60 mm/hg on room air at
rest.

d. Use of portable oxygen.

e. Restriction by cardiac condition to the extent that the
person's functional limitations are classified in severity as
Class III or Class IV according to standards set by the American
Heart Association.

f. Severe limitation in the person's ability to walk due
to an arthritic, neurological, or orthopedic condition.

2. The certification of disability which is required under
subparagraph 1. must be provided by a physician licensed under
chapter 458, chapter 459, or chapter 460, by a podiatric
physician licensed under chapter 461, by an optometrist licensed
under chapter 463, by an advanced practice registered nurse
licensed under chapter 464 under the protocol of a licensed
physician as stated in this subparagraph, by an autonomous
physician assistant or a physician assistant registered or
licensed under chapter 458 or chapter 459, or by a similarly
licensed physician from another state if the application is
accompanied by documentation of the physician's licensure in the
other state and a form signed by the out-of-state physician
verifying his or her knowledge of this state's eligibility
guidelines.

Section 18. Paragraph (c) of subsection (1) of section
381.00315, Florida Statutes, is amended to read:
381.00315 Public health advisories; public health
emergencies; isolation and quarantines.—The State Health Officer
is responsible for declaring public health emergencies, issuing
public health advisories, and ordering isolation or quarantines.
(1) As used in this section, the term:
(c) "Public health emergency" means any occurrence, or
threat thereof, whether natural or manmade, which results or may
result in substantial injury or harm to the public health from
infectious disease, chemical agents, nuclear agents, biological
toxins, or situations involving mass casualties or natural
disasters. Before declaring a public health emergency, the State
Health Officer shall, to the extent possible, consult with the
Governor and shall notify the Chief of Domestic Security. The
declaration of a public health emergency shall continue until
the State Health Officer finds that the threat or danger has
been dealt with to the extent that the emergency conditions no longer exist and he or she terminates the declaration. However, a declaration of a public health emergency may not continue for longer than 60 days unless the Governor concurs in the renewal of the declaration. The State Health Officer, upon declaration of a public health emergency, may take actions that are necessary to protect the public health. Such actions include,
but are not limited to:

1. Directing manufacturers of prescription drugs or over-the-counter drugs who are permitted under chapter 499 and wholesalers of prescription drugs located in this state who are permitted under chapter 499 to give priority to the shipping of specified drugs to pharmacies and health care providers within geographic areas that have been identified by the State Health Officer. The State Health Officer must identify the drugs to be shipped. Manufacturers and wholesalers located in the state must respond to the State Health Officer's priority shipping directive before shipping the specified drugs.

2. Notwithstanding chapters 465 and 499 and rules adopted thereunder, directing pharmacists employed by the department to compound bulk prescription drugs and provide these bulk prescription drugs to physicians and nurses of county health departments or any qualified person authorized by the State Health Officer for administration to persons as part of a prophylactic or treatment regimen.
3. Notwithstanding s. 456.036, temporarily reactivating
the inactive license or registration of the following health
care practitioners, when such practitioners are needed to
respond to the public health emergency: physicians, autonomous
physician assistants, or physician assistants licensed or
registered under chapter 458 or chapter 459; physician
assistants licensed under chapter 458 or chapter 459; licensed
practical nurses, registered nurses, and advanced practice
registered nurses licensed under part I of chapter 464;
respiratory therapists licensed under part V of chapter 468; and
emergency medical technicians and paramedics certified under
part III of chapter 401. Only those health care practitioners
specified in this paragraph who possess an unencumbered inactive
license and who request that such license be reactivated are
eligible for reactivation. An inactive license that is
reactivated under this paragraph shall return to inactive status
when the public health emergency ends or before the end of the
public health emergency if the State Health Officer determines
that the health care practitioner is no longer needed to provide
services during the public health emergency. Such licenses may
only be reactivated for a period not to exceed 90 days without
meeting the requirements of s. 456.036 or chapter 401, as
applicable.

4. Ordering an individual to be examined, tested,
vaccinated, treated, isolated, or quarantined for communicable
diseases that have significant morbidity or mortality and present a severe danger to public health. Individuals who are unable or unwilling to be examined, tested, vaccinated, or treated for reasons of health, religion, or conscience may be subjected to isolation or quarantine.

a. Examination, testing, vaccination, or treatment may be performed by any qualified person authorized by the State Health Officer.

b. If the individual poses a danger to the public health, the State Health Officer may subject the individual to isolation or quarantine. If there is no practical method to isolate or quarantine the individual, the State Health Officer may use any means necessary to vaccinate or treat the individual.

Any order of the State Health Officer given to effectuate this paragraph shall be immediately enforceable by a law enforcement officer under s. 381.0012.

Section 19. Subsection (3) of section 381.00593, Florida Statutes, is amended to read:

381.00593 Public school volunteer health care practitioner program.—

(3) For purposes of this section, the term "health care practitioner" means a physician or autonomous physician assistant licensed or registered under chapter 458; an osteopathic physician or autonomous physician assistant licensed
or registered under chapter 459; a chiropractic physician licensed under chapter 460; a podiatric physician licensed under chapter 461; an optometrist licensed under chapter 463; an advanced practice registered nurse, registered nurse, or licensed practical nurse licensed under part I of chapter 464; a pharmacist licensed under chapter 465; a dentist or dental hygienist licensed under chapter 466; a midwife licensed under chapter 467; a speech-language pathologist or audiologist licensed under part I of chapter 468; a dietitian/nutritionist licensed under part X of chapter 468; or a physical therapist licensed under chapter 486.

Section 20. Paragraph (c) of subsection (2) of section 381.026, Florida Statutes, is amended to read:

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

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

(c) "Health care provider" means a physician licensed under chapter 458, an osteopathic physician licensed under chapter 459, or a podiatric physician licensed under chapter 461, an autonomous physician assistant registered under s. 458.347(8), or an advanced practice registered nurse registered to engage in autonomous practice under s. 464.0123.
Statutes, are amended to read:

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

(2)(a) The funeral director who first assumes custody of a dead body or fetus shall file the certificate of death or fetal death. In the absence of the funeral director, the physician, autonomous physician assistant, physician assistant, advanced practice registered nurse, or other person in attendance at or after the death or the district medical examiner of the county in which the death occurred or the body was found shall file the certificate of death or fetal death. The person who files the certificate shall obtain personal data from a legally authorized person as described in s. 497.005 or the best qualified person or source available. The medical certification of cause of death shall be furnished to the funeral director, either in person or via certified mail or electronic transfer, by the physician, autonomous physician assistant, physician assistant, advanced practice registered nurse, or medical examiner responsible for furnishing such information. For fetal deaths, the physician, certified nurse midwife, midwife, or hospital administrator shall provide any medical or health information to the funeral director within 72 hours after expulsion or extraction.

(3) Within 72 hours after receipt of a death or fetal death certificate from the funeral director, the medical certification of cause of death shall be completed and made
available to the funeral director by the decedent's primary or attending practitioner physician or, if s. 382.011 applies, the district medical examiner of the county in which the death occurred or the body was found. The primary or attending practitioner physician or the medical examiner shall certify over his or her signature the cause of death to the best of his or her knowledge and belief. As used in this section, the term "primary or attending practitioner physician" means a physician, autonomous physician assistant, physician assistant, or advanced practice registered nurse who treated the decedent through examination, medical advice, or medication during the 12 months preceding the date of death.

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

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

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

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

(5) A permanent certificate of death or fetal death,
containing the cause of death and any other information that was
previously unavailable, shall be registered as a replacement for
the temporary certificate. The permanent certificate may also
include corrected information if the items being corrected are
noted on the back of the certificate and dated and signed by the
funeral director, physician, autonomous physician assistant,
physician assistant, advanced practice registered nurse, or
district medical examiner of the county in which the death
occurred or the body was found, as appropriate.

Section 22. Subsection (1) of section 382.011, Florida
Statutes, is amended to read:

382.011 Medical examiner determination of cause of death.—

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

Section 23. Paragraph (c) of subsection (1) of section 383.14, Florida Statutes, is amended to read:

383.14 Screening for metabolic disorders, other hereditary and congenital disorders, and environmental risk factors.—

(1) SCREENING REQUIREMENTS.—To help ensure access to the maternal and child health care system, the Department of Health shall promote the screening of all newborns born in Florida for metabolic, hereditary, and congenital disorders known to result in significant impairment of health or intellect, as screening programs accepted by current medical practice become available and practical in the judgment of the department. The department shall also promote the identification and screening of all newborns in this state and their families for environmental risk
factors such as low income, poor education, maternal and family stress, emotional instability, substance abuse, and other high-risk conditions associated with increased risk of infant mortality and morbidity to provide early intervention, remediation, and prevention services, including, but not limited to, parent support and training programs, home visitation, and case management. Identification, perinatal screening, and intervention efforts shall begin before prior to and immediately following the birth of the child by the attending health care provider. Such efforts shall be conducted in hospitals, perinatal centers, county health departments, school health programs that provide prenatal care, and birthing centers, and reported to the Office of Vital Statistics.

(c) Release of screening results.—Notwithstanding any law to the contrary, the State Public Health Laboratory may release, directly or through the Children's Medical Services program, the results of a newborn's hearing and metabolic tests or screenings to the newborn's health care practitioner, the newborn's parent or legal guardian, the newborn's personal representative, or a person designated by the newborn's parent or legal guardian. As used in this paragraph, the term "health care practitioner" means a physician, autonomous physician assistant, or physician assistant licensed or registered under chapter 458; an osteopathic physician, autonomous physician assistant, or physician assistant licensed or registered under chapter 459; an
advanced practice registered nurse, registered nurse, or licensed practical nurse licensed under part I of chapter 464; a midwife licensed under chapter 467; a speech-language pathologist or audiologist licensed under part I of chapter 468; or a dietician or nutritionist licensed under part X of chapter 468.

Section 24. Paragraph (a) of subsection (3) of section 390.0111, Florida Statutes, is amended to read:

390.0111 Termination of pregnancies.—

(3) CONSENTS REQUIRED.—A termination of pregnancy may not be performed or induced except with the voluntary and informed written consent of the pregnant woman or, in the case of a mental incompetent, the voluntary and informed written consent of her court-appointed guardian.

(a) Except in the case of a medical emergency, consent to a termination of pregnancy is voluntary and informed only if:

1. The physician who is to perform the procedure, or the referring physician, has, at a minimum, orally, while physically present in the same room, and at least 24 hours before the procedure, informed the woman of:

   a. The nature and risks of undergoing or not undergoing the proposed procedure that a reasonable patient would consider material to making a knowing and willful decision of whether to terminate a pregnancy.

   b. The probable gestational age of the fetus, verified by
an ultrasound, at the time the termination of pregnancy is to be performed.

(I) The ultrasound must be performed by the physician who is to perform the abortion or by a person having documented evidence that he or she has completed a course in the operation of ultrasound equipment as prescribed by rule and who is working in conjunction with the physician.

(II) The person performing the ultrasound must offer the woman the opportunity to view the live ultrasound images and hear an explanation of them. If the woman accepts the opportunity to view the images and hear the explanation, a physician or a registered nurse, licensed practical nurse, advanced practice registered nurse, autonomous physician assistant, or physician assistant working in conjunction with the physician must contemporaneously review and explain the images to the woman before the woman gives informed consent to having an abortion procedure performed.

(III) The woman has a right to decline to view and hear the explanation of the live ultrasound images after she is informed of her right and offered an opportunity to view the images and hear the explanation. If the woman declines, the woman shall complete a form acknowledging that she was offered an opportunity to view and hear the explanation of the images but that she declined that opportunity. The form must also indicate that the woman's decision was not based on any undue
influence from any person to discourage her from viewing the
images or hearing the explanation and that she declined of her
own free will.

(IV) Unless requested by the woman, the person performing
the ultrasound may not offer the opportunity to view the images
and hear the explanation and the explanation may not be given
if, at the time the woman schedules or arrives for her
appointment to obtain an abortion, a copy of a restraining
order, police report, medical record, or other court order or
documentation is presented which provides evidence that the
woman is obtaining the abortion because the woman is a victim of
rape, incest, domestic violence, or human trafficking or that
the woman has been diagnosed as having a condition that, on the
basis of a physician's good faith clinical judgment, would
create a serious risk of substantial and irreversible impairment
of a major bodily function if the woman delayed terminating her
pregnancy.

c. The medical risks to the woman and fetus of carrying
the pregnancy to term.

The physician may provide the information required in this
subparagraph within 24 hours before the procedure if requested
by the woman at the time she schedules or arrives for her
appointment to obtain an abortion and if she presents to the
physician a copy of a restraining order, police report, medical
record, or other court order or documentation evidencing that she is obtaining the abortion because she is a victim of rape, incest, domestic violence, or human trafficking.

2. Printed materials prepared and provided by the department have been provided to the pregnant woman, if she chooses to view these materials, including:
   a. A description of the fetus, including a description of the various stages of development.
   b. A list of entities that offer alternatives to terminating the pregnancy.
   c. Detailed information on the availability of medical assistance benefits for prenatal care, childbirth, and neonatal care.

3. The woman acknowledges in writing, before the termination of pregnancy, that the information required to be provided under this subsection has been provided.

Nothing in this paragraph is intended to prohibit a physician from providing any additional information which the physician deems material to the woman's informed decision to terminate her pregnancy.

Section 25. Paragraphs (c), (e), and (f) of subsection (3) of section 390.012, Florida Statutes, are amended to read:

390.012  Powers of agency; rules; disposal of fetal remains.—
(3) For clinics that perform or claim to perform abortions after the first trimester of pregnancy, the agency shall adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this chapter, including the following:

(c) Rules relating to abortion clinic personnel. At a minimum, these rules shall require that:

1. The abortion clinic designate a medical director who is licensed to practice medicine in this state, and all physicians who perform abortions in the clinic have admitting privileges at a hospital within reasonable proximity to the clinic, unless the clinic has a written patient transfer agreement with a hospital within reasonable proximity to the clinic which includes the transfer of the patient's medical records held by both the clinic and the treating physician.

2. If a physician is not present after an abortion is performed, a registered nurse, licensed practical nurse, advanced practice registered nurse, autonomous physician assistant, or physician assistant be present and remain at the clinic to provide postoperative monitoring and care until the patient is discharged.

3. Surgical assistants receive training in counseling, patient advocacy, and the specific responsibilities associated with the services the surgical assistants provide.

4. Volunteers receive training in the specific responsibilities associated with the services the volunteers
provide, including counseling and patient advocacy as provided in the rules adopted by the director for different types of volunteers based on their responsibilities.

(e) Rules relating to the abortion procedure. At a minimum, these rules shall require:

1. That a physician, registered nurse, licensed practical nurse, advanced practice registered nurse, autonomous physician assistant, or physician assistant is available to all patients throughout the abortion procedure.

2. Standards for the safe conduct of abortion procedures that conform to obstetric standards in keeping with established standards of care regarding the estimation of fetal age as defined in rule.

3. Appropriate use of general and local anesthesia, analgesia, and sedation if ordered by the physician.

4. Appropriate precautions, such as the establishment of intravenous access at least for patients undergoing post-first trimester abortions.

5. Appropriate monitoring of the vital signs and other defined signs and markers of the patient's status throughout the abortion procedure and during the recovery period until the patient's condition is deemed to be stable in the recovery room.

(f) Rules that prescribe minimum recovery room standards. At a minimum, these rules must require that:

1. Postprocedure recovery rooms be supervised and staffed
to meet the patients' needs.

2. Immediate postprocedure care consist of observation in a supervised recovery room for as long as the patient's condition warrants.

3. A registered nurse, licensed practical nurse, advanced practice registered nurse, autonomous physician assistant, or physician assistant who is trained in the management of the recovery area and is capable of providing basic cardiopulmonary resuscitation and related emergency procedures remain on the premises of the abortion clinic until all patients are discharged.

4. A physician sign the discharge order and be readily accessible and available until the last patient is discharged to facilitate the transfer of emergency cases if hospitalization of the patient or viable fetus is necessary.

5. A physician discuss Rho(D) immune globulin with each patient for whom it is indicated and ensure that it is offered to the patient in the immediate postoperative period or will be available to her within 72 hours after completion of the abortion procedure. If the patient refuses the Rho(D) immune globulin, she and a witness must sign a refusal form approved by the agency which must be included in the medical record.

6. Written instructions with regard to postabortion coitus, signs of possible problems, and general aftercare which are specific to the patient be given to each patient. The
instructions must include information regarding access to medical care for complications, including a telephone number for use in the event of a medical emergency.

7. A minimum length of time be specified, by type of abortion procedure and duration of gestation, during which a patient must remain in the recovery room.

8. The physician ensure that, with the patient's consent, a registered nurse, licensed practical nurse, advanced practice registered nurse, autonomous physician assistant, or physician assistant from the abortion clinic makes a good faith effort to contact the patient by telephone within 24 hours after surgery to assess the patient's recovery.

9. Equipment and services be readily accessible to provide appropriate emergency resuscitative and life support procedures pending the transfer of the patient or viable fetus to the hospital.

Section 26. Paragraphs (a) and (f) of subsection (2) of section 394.463, Florida Statutes, are amended to read:

394.463 Involuntary examination.—
(2) INVOLUNTARY EXAMINATION.—
(a) An involuntary examination may be initiated by any one of the following means:

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

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

3. A physician, autonomous physician assistant, physician
assistant, clinical psychologist, psychiatric nurse, advanced
practice registered nurse, mental health counselor, marriage and
family therapist, or clinical social worker may execute a
certificate stating that he or she has examined a person within
the preceding 48 hours and finds that the person appears to meet
the criteria for involuntary examination and stating the
observations upon which that conclusion is based. If other less
restrictive means, such as voluntary appearance for outpatient
evaluation, are not available, a law enforcement officer shall
take into custody the person named in the certificate and
deliver him or her to the appropriate, or nearest, facility
within the designated receiving system pursuant to s. 394.462
for involuntary examination. The law enforcement officer shall
execute a written report detailing the circumstances under which
the person was taken into custody. The report and certificate
shall be made a part of the patient's clinical record. Any
facility accepting the patient based on this certificate must
send a copy of the certificate to the department within 5
working days. The document may be submitted electronically
through existing data systems, if applicable.
When sending the order, report, or certificate to the department, a facility shall, at a minimum, provide information about which action was taken regarding the patient under paragraph (g), which information shall also be made a part of the patient's clinical record.

(f) A patient shall be examined by a physician, physician assistant, or a clinical psychologist, or by a psychiatric nurse performing within the framework of an established protocol with a psychiatrist at a facility without unnecessary delay to determine if the criteria for involuntary services are met. Emergency treatment may be provided upon the order of a physician if the physician determines that such treatment is necessary for the safety of the patient or others. The patient may not be released by the receiving facility or its contractor without the documented approval of a psychiatrist or a clinical psychologist or, if the receiving facility is owned or operated by a hospital or health system, the release may also be approved by a psychiatric nurse performing within the framework of an established protocol with a psychiatrist, or an attending emergency department physician with experience in the diagnosis and treatment of mental illness after completion of an involuntary examination pursuant to this subsection. A psychiatric nurse may not approve the release of a patient if the involuntary examination was initiated by a psychiatrist.
unless the release is approved by the initiating psychiatrist.

Section 27. Paragraph (b) of subsection (2) of section 395.0191, Florida Statutes, is amended to read:

395.0191 Staff membership and clinical privileges.—

(2)

(b) An advanced practice registered nurse who is certified as a registered nurse anesthetist licensed under part I of chapter 464 shall administer anesthesia under the onsite medical direction of a professional licensed under chapter 458, chapter 459, or chapter 466, and in accordance with an established protocol approved by the medical staff. The medical direction shall specifically address the needs of the individual patient. This paragraph does not apply to a certified registered nurse anesthetist registered to engage in autonomous practice under s. 464.0123.

Section 28. Subsection (3) of section 395.602, Florida Statutes, is amended to read:

395.602 Rural hospitals.—

(3) USE OF FUNDS.—It is the intent of the Legislature that funds as appropriated shall be utilized by the department for the purpose of increasing the number of primary care physicians, autonomous physician assistants, physician assistants, certified nurse midwives, nurse practitioners, and nurses in rural areas, either through the Medical Education Reimbursement and Loan Repayment Program as defined by s. 1009.65 or through a federal
loan repayment program which requires state matching funds. The department may use funds appropriated for the Medical Education Reimbursement and Loan Repayment Program as matching funds for federal loan repayment programs for health care personnel, such as that authorized in Pub. L. No. 100-177, s. 203. If the department receives federal matching funds, the department shall only implement the federal program. Reimbursement through either program shall be limited to:

(a) Primary care physicians, autonomous physician assistants, physician assistants, certified nurse midwives, nurse practitioners, and nurses employed by or affiliated with rural hospitals, as defined in this act; and

(b) Primary care physicians, autonomous physician assistants, physician assistants, certified nurse midwives, nurse practitioners, and nurses employed by or affiliated with rural area health education centers, as defined in this section. These personnel shall practice:

1. In a county with a population density of no greater than 100 persons per square mile; or

2. Within the boundaries of a hospital tax district which encompasses a population of no greater than 100 persons per square mile.

If the department administers a federal loan repayment program, priority shall be given to obligating state and federal matching funds.
funds pursuant to paragraphs (a) and (b). The department may use federal matching funds in other health workforce shortage areas and medically underserved areas in the state for loan repayment programs for primary care physicians, autonomous physician assistants, physician assistants, certified nurse midwives, nurse practitioners, and nurses who are employed by publicly financed health care programs that serve medically indigent persons.

Section 29. Paragraph (a) of subsection (2) of section 397.501, Florida Statutes, is amended to read:

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

(2) RIGHT TO NONDISCRIMINATORY SERVICES.—

(a) Service providers may not deny an individual access to substance abuse services solely on the basis of race, gender, ethnicity, age, sexual preference, human immunodeficiency virus status, prior service departures against medical advice, disability, or number of relapse episodes. Service providers may not deny an individual who takes medication prescribed by a physician, autonomous physician assistant, physician assistant, or advanced practice registered nurse access to substance abuse services solely on that basis. Service providers who receive
state funds to provide substance abuse services may not, if
space and sufficient state resources are available, deny access
to services based solely on inability to pay.

Section 30. Section 397.679, Florida Statutes, is amended
to read:

397.679 Emergency admission; circumstances justifying.—A
person who meets the criteria for involuntary admission in s.
397.675 may be admitted to a hospital or to a licensed
detoxification facility or addictions receiving facility for
emergency assessment and stabilization, or to a less intensive
component of a licensed service provider for assessment only,
upon receipt by the facility of a certificate by a physician, an
autonomous physician assistant, an advanced practice registered
nurse, a psychiatric nurse, a clinical psychologist, a clinical
social worker, a marriage and family therapist, a mental health
counselor, a physician assistant working under the scope of
practice of the supervising physician, or a master's-level-
certified addictions professional for substance abuse services,
if the certificate is specific to substance abuse impairment,
and the completion of an application for emergency admission.

Section 31. Subsection (1) of section 397.6793, Florida
Statutes, is amended to read:

397.6793 Professional's certificate for emergency
admission.—

(1) A physician, a clinical psychologist, an autonomous
physician assistant, a physician assistant working under the
scope of practice of the supervising physician, a psychiatric
nurse, an advanced practice registered nurse, a mental health
counselor, a marriage and family therapist, a master's-level-
certified addictions professional for substance abuse services,
or a clinical social worker may execute a professional's
certificate for emergency admission. The professional's
certificate must include the name of the person to be admitted,
the relationship between the person and the professional
executing the certificate, the relationship between the
applicant and the professional, any relationship between the
professional and the licensed service provider, a statement that
the person has been examined and assessed within the preceding 5
days after the application date, and factual allegations with
respect to the need for emergency admission, including:

(a) The reason for the belief that the person is substance
abuse impaired;

(b) The reason for the belief that because of such
impairment the person has lost the power of self-control with
respect to substance abuse; and

(c)1. The reason for the belief that, without care or
treatment, the person is likely to suffer from neglect or refuse
to care for himself or herself; that such neglect or refusal
poses a real and present threat of substantial harm to his or
her well-being; and that it is not apparent that such harm may
be avoided through the help of willing family members or friends or the provision of other services, or there is substantial likelihood that the person has inflicted or, unless admitted, is likely to inflict, physical harm on himself, herself, or another; or

2. The reason for the belief that the person's refusal to voluntarily receive care is based on judgment so impaired by reason of substance abuse that the person is incapable of appreciating his or her need for care and of making a rational decision regarding his or her need for care.

Section 32. Subsection (8) of section 400.021, Florida Statutes, is amended to read:

400.021 Definitions.—When used in this part, unless the context otherwise requires, the term:

(8) "Geriatric outpatient clinic" means a site for providing outpatient health care to persons 60 years of age or older, which is staffed by a registered nurse, a physician assistant, or a licensed practical nurse under the direct supervision of a registered nurse, advanced practice registered nurse, physician assistant, autonomous physician assistant, or physician.

Section 33. Subsection (3) of section 400.172, Florida Statutes, is amended to read:

400.172 Respite care provided in nursing home facilities.—

(3) A prospective respite care resident must provide
medical information from a physician, autonomous physician assistant, physician assistant, or nurse practitioner and any other information provided by the primary caregiver required by the facility before or when the person is admitted to receive respite care. The medical information must include a physician's order for respite care and proof of a physical examination by a licensed physician, autonomous physician assistant, physician assistant, or nurse practitioner. The physician's order and physical examination may be used to provide intermittent respite care for up to 12 months after the date the order is written.

Section 34. Subsection (2) of section 400.487, Florida Statutes, is amended to read:

400.487 Home health service agreements; physician's, physician assistant's, autonomous physician assistant's, and advanced practice registered nurse's treatment orders; patient assessment; establishment and review of plan of care; provision of services; orders not to resuscitate.—

(2) When required by the provisions of chapter 464; part I, part III, or part V of chapter 468; or chapter 486, the attending physician, autonomous physician assistant, physician assistant, or advanced practice registered nurse, acting within his or her respective scope of practice, shall establish treatment orders for a patient who is to receive skilled care. The treatment orders must be signed by the physician, autonomous physician assistant, physician assistant, or advanced practice
registered nurse before a claim for payment for the skilled
services is submitted by the home health agency. If the claim is
submitted to a managed care organization, the treatment orders
must be signed within the time allowed under the provider
agreement. The treatment orders shall be reviewed, as frequently
as the patient's illness requires, by the physician, autonomous
physician assistant, physician assistant, or advanced practice
registered nurse in consultation with the home health agency.

Section 35. Paragraph (a) of subsection (13) of section
400.506, Florida Statutes, is amended to read:
400.506 Licensure of nurse registries; requirements;
penalties.—

(13) All persons referred for contract in private
residences by a nurse registry must comply with the following
requirements for a plan of treatment:

(a) When, in accordance with the privileges and
restrictions imposed upon a nurse under part I of chapter 464,
the delivery of care to a patient is under the direction or
supervision of a physician or when a physician is responsible
for the medical care of the patient, a medical plan of treatment
must be established for each patient receiving care or treatment
provided by a licensed nurse in the home. The original medical
plan of treatment must be timely signed by the physician,
autonomous physician assistant, physician assistant, or advanced
practice registered nurse, acting within his or her respective
scope of practice, and reviewed in consultation with the licensed nurse at least every 2 months. Any additional order or change in orders must be obtained from the physician, autonomous physician assistant, physician assistant, or advanced practice registered nurse and reduced to writing and timely signed by the physician, autonomous physician assistant, physician assistant, or advanced practice registered nurse. The delivery of care under a medical plan of treatment must be substantiated by the appropriate nursing notes or documentation made by the nurse in compliance with nursing practices established under part I of chapter 464.

Section 36. Subsection (5) and paragraph (b) of subsection (7) of section 400.9973, Florida Statutes, are amended to read:

400.9973 Client admission, transfer, and discharge.—
(5) A client admitted to a transitional living facility must be admitted upon prescription by a licensed physician, autonomous physician assistant, physician assistant, or advanced practice registered nurse and must remain under the care of a licensed physician, autonomous physician assistant, physician assistant, or advanced practice registered nurse for the duration of the client's stay in the facility.

(7) A person may not be admitted to a transitional living facility if the person:

(b) Is a danger to himself or herself or others as determined by a physician, autonomous physician assistant,
physician assistant, advanced practice registered nurse, or a mental health practitioner licensed under chapter 490 or chapter 491, unless the facility provides adequate staffing and support to ensure patient safety;

Section 37. Paragraphs (a) and (b) of subsection (2) of section 400.9974, Florida Statutes, are amended to read:

400.9974 Client comprehensive treatment plans; client services.—

(2) The comprehensive treatment plan must include:

(a) Orders obtained from the physician, autonomous physician assistant, physician assistant, or advanced practice registered nurse and the client's diagnosis, medical history, physical examination, and rehabilitative or restorative needs.

(b) A preliminary nursing evaluation, including orders for immediate care provided by the physician, autonomous physician assistant, physician assistant, or advanced practice registered nurse, which shall be completed when the client is admitted.

Section 38. Section 400.9976, Florida Statutes, is amended to read:

400.9976 Administration of medication.—

(1) An individual medication administration record must be maintained for each client. A dose of medication, including a self-administered dose, shall be properly recorded in the client's record. A client who self-administers medication shall be given a pill organizer. Medication must be placed in the pill
organizer by a nurse. A nurse shall document the date and time that medication is placed into each client's pill organizer. All medications must be administered in compliance with orders of a physician, autonomous physician assistant, physician assistant, or advanced practice registered nurse.

(2) If an interdisciplinary team determines that self-administration of medication is an appropriate objective, and if the physician, autonomous physician assistant, physician assistant, or advanced practice registered nurse does not specify otherwise, the client must be instructed by the physician, autonomous physician assistant, physician assistant, or advanced practice registered nurse to self-administer his or her medication without the assistance of a staff person. All forms of self-administration of medication, including administration orally, by injection, and by suppository, shall be included in the training. The client's physician, autonomous physician assistant, physician assistant, or advanced practice registered nurse must be informed of the interdisciplinary team's decision that self-administration of medication is an objective for the client. A client may not self-administer medication until he or she demonstrates the competency to take the correct medication in the correct dosage at the correct time, to respond to missed doses, and to contact the appropriate person with questions.

(3) Medication administration discrepancies and adverse
drug reactions must be recorded and reported immediately to a physician, autonomous physician assistant, physician assistant, or advanced practice registered nurse.

Section 39. Subsections (2) through (5) of section 400.9979, Florida Statutes, are amended to read:

(2) The use of physical restraints must be ordered and documented by a physician, autonomous physician assistant, physician assistant, or advanced practice registered nurse and must be consistent with the policies and procedures adopted by the facility. The client or, if applicable, the client's representative shall be informed of the facility's physical restraint policies and procedures when the client is admitted.

(3) The use of chemical restraints shall be limited to prescribed dosages of medications as ordered by a physician, autonomous physician assistant, physician assistant, or advanced practice registered nurse and must be consistent with the client's diagnosis and the policies and procedures adopted by the facility. The client and, if applicable, the client's representative shall be informed of the facility's chemical restraint policies and procedures when the client is admitted.

(4) Based on the assessment by a physician, autonomous physician assistant, physician assistant, or advanced practice registered nurse, if a client exhibits symptoms that present an immediate risk of injury or death to himself or herself or
others, a physician, physician assistant, or advanced practice registered nurse may issue an emergency treatment order to immediately administer rapid-response psychotropic medications or other chemical restraints. Each emergency treatment order must be documented and maintained in the client's record.

(a) An emergency treatment order is not effective for more than 24 hours.

(b) Whenever a client is medicated under this subsection, the client's representative or a responsible party and the client's physician, autonomous physician assistant, physician assistant, or advanced practice registered nurse shall be notified as soon as practicable.

(5) A client who is prescribed and receives a medication that can serve as a chemical restraint for a purpose other than an emergency treatment order must be evaluated by his or her physician, autonomous physician assistant, physician assistant, or advanced practice registered nurse at least monthly to assess:

(a) The continued need for the medication.

(b) The level of the medication in the client's blood.

(c) The need for adjustments to the prescription.

Section 40. Subsections (1) and (2) of section 401.445, Florida Statutes, are amended to read:

401.445 Emergency examination and treatment of incapacitated persons.—
(1) No Recovery is not shall be allowed in any court in this state against any emergency medical technician, paramedic, or physician as defined in this chapter, any advanced practice registered nurse licensed under s. 464.012, or any autonomous physician assistant or physician assistant registered or licensed under s. 458.347 or s. 459.022, or any person acting under the direct medical supervision of a physician, in an action brought for examining or treating a patient without his or her informed consent if:

(a) The patient at the time of examination or treatment is intoxicated, under the influence of drugs, or otherwise incapable of providing informed consent as provided in s. 766.103;

(b) The patient at the time of examination or treatment is experiencing an emergency medical condition; and

(c) The patient would reasonably, under all the surrounding circumstances, undergo such examination, treatment, or procedure if he or she were advised by the emergency medical technician, paramedic, physician, advanced practice registered nurse, autonomous physician assistant, or physician assistant in accordance with s. 766.103(3).

Examination and treatment provided under this subsection shall be limited to reasonable examination of the patient to determine the medical condition of the patient and treatment reasonably
necessary to alleviate the emergency medical condition or to stabilize the patient.

(2) In examining and treating a person who is apparently intoxicated, under the influence of drugs, or otherwise incapable of providing informed consent, the emergency medical technician, paramedic, physician, advanced practice registered nurse, autonomous physician assistant, or physician assistant, or any person acting under the direct medical supervision of a physician, shall proceed wherever possible with the consent of the person. If the person reasonably appears to be incapacitated and refuses his or her consent, the person may be examined, treated, or taken to a hospital or other appropriate treatment resource if he or she is in need of emergency attention, without his or her consent, but unreasonable force shall not be used.

Section 41. Subsection (18) of section 409.906, Florida Statutes, is amended to read:

409.906 Optional Medicaid services.—Subject to specific appropriations, the agency may make payments for services which are optional to the state under Title XIX of the Social Security Act and are furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Any optional service that is provided shall be provided only when medically necessary and in accordance with state and federal law. Optional services rendered by providers in mobile units to Medicaid recipients may be restricted or
prohibited by the agency. Nothing in this section shall be
construed to prevent or limit the agency from adjusting fees,
reimbursement rates, lengths of stay, number of visits, or
number of services, or making any other adjustments necessary to
comply with the availability of moneys and any limitations or
directions provided for in the General Appropriations Act or
chapter 216. If necessary to safeguard the state's systems of
providing services to elderly and disabled persons and subject
to the notice and review provisions of s. 216.177, the Governor
may direct the Agency for Health Care Administration to amend
the Medicaid state plan to delete the optional Medicaid service
known as "Intermediate Care Facilities for the Developmentally
Disabled." Optional services may include:

(18) PHYSICIAN ASSISTANT SERVICES.—The agency may pay for
all services provided to a recipient by an autonomous physician
assistant or a physician assistant registered or licensed under
s. 458.347 or s. 459.022. Reimbursement for such services must
be not less than 80 percent of the reimbursement that would be
paid to a physician who provided the same services.

Section 42. Paragraph (m) of subsection (3) of section
409.908, Florida Statutes, is amended to read:
409.908 Reimbursement of Medicaid providers.—Subject to
specific appropriations, the agency shall reimburse Medicaid
providers, in accordance with state and federal law, according
to methodologies set forth in the rules of the agency and in
policy manuals and handbooks incorporated by reference therein.

These methodologies may include fee schedules, reimbursement methods based on cost reporting, negotiated fees, competitive bidding pursuant to s. 287.057, and other mechanisms the agency considers efficient and effective for purchasing services or goods on behalf of recipients. If a provider is reimbursed based on cost reporting and submits a cost report late and that cost report would have been used to set a lower reimbursement rate for a rate semester, then the provider's rate for that semester shall be retroactively calculated using the new cost report, and full payment at the recalculated rate shall be effected retroactively. Medicare-granted extensions for filing cost reports, if applicable, shall also apply to Medicaid cost reports. Payment for Medicaid compensable services made on behalf of Medicaid eligible persons is subject to the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. Further, nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act, provided the adjustment is consistent with legislative intent.

(3) Subject to any limitations or directions provided for

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in the General Appropriations Act, the following Medicaid services and goods may be reimbursed on a fee-for-service basis. For each allowable service or goods furnished in accordance with Medicaid rules, policy manuals, handbooks, and state and federal law, the payment shall be the amount billed by the provider, the provider's usual and customary charge, or the maximum allowable fee established by the agency, whichever amount is less, with the exception of those services or goods for which the agency makes payment using a methodology based on capitation rates, average costs, or negotiated fees.

(m) Autonomous physician assistant and physician assistant services.

Section 43. Paragraphs (c) through (cc) of subsection (1) of section 409.973, Florida Statutes, are redesignated as paragraphs (d) through (dd), respectively, and a new paragraph (c) is added to that subsection to read:

409.973 Benefits.—

(1) MINIMUM BENEFITS.—Managed care plans shall cover, at a minimum, the following services:

(c) Autonomous physician assistant services.

Section 44. Subsections (2), (4), and (5) of section 429.26, Florida Statutes, are amended to read:

429.26 Appropriateness of placements; examinations of residents.—

(2) A physician, autonomous physician assistant, physician
assistant, or nurse practitioner who is employed by an assisted living facility to provide an initial examination for admission purposes may not have financial interest in the facility.

(4) If possible, each resident shall have been examined by a licensed physician, an autonomous physician assistant, a licensed physician assistant, or a licensed nurse practitioner within 60 days before admission to the facility. The signed and completed medical examination report shall be submitted to the owner or administrator of the facility who shall use the information contained therein to assist in the determination of the appropriateness of the resident's admission and continued stay in the facility. The medical examination report shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6.

(5) Except as provided in s. 429.07, if a medical examination has not been completed within 60 days before the admission of the resident to the facility, a licensed physician, a registered autonomous physician assistant, a licensed physician assistant, or a licensed nurse practitioner shall examine the resident and complete a medical examination form.
provided by the agency within 30 days following the admission to the facility to enable the facility owner or administrator to determine the appropriateness of the admission. The medical examination form shall become a permanent part of the record of the resident at the facility and shall be made available to the agency during inspection by the agency or upon request.

Section 45. Paragraph (a) of subsection (2) and paragraph (a) of subsection (7) of section 429.918, Florida Statutes, are amended to read:

429.918 Licensure designation as a specialized Alzheimer's services adult day care center.—

(2) As used in this section, the term:

(a) "ADRD participant" means a participant who has a documented diagnosis of Alzheimer's disease or a dementia-related disorder (ADRD) from a licensed physician, a registered autonomous physician assistant, a licensed physician assistant, or a licensed advanced practice registered nurse.

(7)(a) An ADRD participant admitted to an adult day care center having a license designated under this section, or the caregiver when applicable, must:

1. Require ongoing supervision to maintain the highest level of medical or custodial functioning and have a demonstrated need for a responsible party to oversee his or her care.

2. Not actively demonstrate aggressive behavior that
places himself, herself, or others at risk of harm.

3. Provide the following medical documentation signed by a licensed physician, a registered autonomous physician assistant, a licensed physician assistant, or a licensed advanced practice registered nurse:

   a. Any physical, health, or emotional conditions that require medical care.

   b. A listing of the ADRD participant's current prescribed and over-the-counter medications and dosages, diet restrictions, mobility restrictions, and other physical limitations.

4. Provide documentation signed by a health care provider licensed in this state which indicates that the ADRD participant is free of the communicable form of tuberculosis and free of signs and symptoms of other communicable diseases.

Section 46. Paragraph (e) of subsection (5) of section 440.102, Florida Statutes, is amended to read:

440.102 Drug-free workplace program requirements.—The following provisions apply to a drug-free workplace program implemented pursuant to law or to rules adopted by the Agency for Health Care Administration:

(5) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen collection and testing for drugs under this section shall be performed in accordance with the following procedures:

   (e) A specimen for a drug test may be taken or collected by any of the following persons:
1. A physician, an autonomous physician assistant, a physician assistant, a registered professional nurse, a licensed practical nurse, or a nurse practitioner or a certified paramedic who is present at the scene of an accident for the purpose of rendering emergency medical service or treatment.

2. A qualified person employed by a licensed or certified laboratory as described in subsection (9).

Section 47. Paragraphs (a), (i), (o), and (r) of subsection (3) and paragraph (g) of subsection (5) of section 456.053, Florida Statutes, are amended to read:

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

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

(a) "Board" means any of the following boards relating to the respective professions: the Board of Medicine as created in s. 458.307; the Board of Osteopathic Medicine as created in s. 459.004; the Board of Chiropractic Medicine as created in s. 460.404; the Board of Podiatric Medicine as created in s. 461.004; the Board of Optometry as created in s. 463.003; the Board of Nursing as created in s. 464.004; the Board of Pharmacy as created in s. 465.004; and the Board of Dentistry as created in s. 466.004.

(i) "Health care provider" means any physician licensed under chapter 458, chapter 459, chapter 460, or chapter 461; an
autonomous physician assistant registered under chapter 458 or chapter 459; an advanced practice registered nurse registered to engage in autonomous practice under s. 464.0123; or any health care provider licensed under chapter 463 or chapter 466.

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

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

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

3. The following orders, recommendations, or plans of care shall not constitute a referral by a health care provider:

   a. By a radiologist for diagnostic-imaging services.

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

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

   d. By a cardiologist for cardiac catheterization services.
e. By a pathologist for diagnostic clinical laboratory tests and pathological examination services, if furnished by or under the supervision of such pathologist pursuant to a consultation requested by another physician.

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

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

h. By a urologist for lithotripsy services.

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

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

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

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

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

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

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

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

Section 48. Subsection (7) of section 456.072, Florida Statutes, is amended to read:

456.072 Grounds for discipline; penalties; enforcement.—

(7) Notwithstanding subsection (2), upon a finding that a physician or autonomous physician assistant has prescribed or dispensed a controlled substance, or caused a controlled substance to be prescribed or dispensed, in a manner that violates the standard of practice set forth in s. 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s), or s. 466.028(1)(p) or (x), or that an advanced practice registered nurse has prescribed or dispensed a controlled substance, or caused a controlled substance to be prescribed or dispensed, in
a manner that violates the standard of practice set forth in s. 464.018(1)(n) or (p)6., the physician, autonomous physician assistant, or advanced practice registered nurse shall be suspended for a period of not less than 6 months and pay a fine of not less than $10,000 per count. Repeated violations shall result in increased penalties.

Section 49. Paragraph (h) of subsection (1) and subsection (2) of section 456.44, Florida Statutes, are amended to read:

456.44 Controlled substance prescribing.—
(1) DEFINITIONS.—As used in this section, the term:
(h) "Registrant" means a physician, an autonomous physician assistant, a physician assistant, or an advanced practice registered nurse who meets the requirements of subsection (2).

(2) REGISTRATION.—A physician licensed under chapter 458, chapter 459, chapter 461, or chapter 466, an autonomous physician assistant or a physician assistant registered or licensed under chapter 458 or chapter 459, or an advanced practice registered nurse licensed under part I of chapter 464 who prescribes any controlled substance, listed in Schedule II, Schedule III, or Schedule IV as defined in s. 893.03, for the treatment of chronic nonmalignant pain, must:
(a) Designate himself or herself as a controlled substance prescribing practitioner on his or her practitioner profile.
(b) Comply with the requirements of this section and

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applicable board rules.

Section 50. Paragraph (c) of subsection (3) of section 458.3265, Florida Statutes, is amended to read:

458.3265 Pain-management clinics.—

(3) PHYSICIAN RESPONSIBILITIES.—These responsibilities apply to any physician who provides professional services in a pain-management clinic that is required to be registered in subsection (1).

(c) A physician, an autonomous physician assistant, a physician assistant, or an advanced practice registered nurse must perform a physical examination of a patient on the same day that the physician prescribes a controlled substance to a patient at a pain-management clinic. If the physician prescribes more than a 72-hour dose of controlled substances for the treatment of chronic nonmalignant pain, the physician must document in the patient's record the reason for prescribing that quantity.

Section 51. Paragraph (ii) of subsection (1) and subsection (10) of section 458.331, Florida Statutes, are amended to read:

458.331 Grounds for disciplinary action; action by the board and department.—

(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):

(ii) Failing to report to the department any licensee
under this chapter or under chapter 459 who the physician, autonomous physician assistant, or physician assistant knows has violated the grounds for disciplinary action set out in the law under which that person is licensed and who provides health care services in a facility licensed under chapter 395, or a health maintenance organization certificated under part I of chapter 641, in which the physician, autonomous physician assistant, or physician assistant also provides services.

(10) A probable cause panel convened to consider disciplinary action against an autonomous physician assistant or a physician assistant alleged to have violated s. 456.072 or this section must include one physician assistant. The physician assistant must hold a valid license to practice as a physician assistant in this state and be appointed to the panel by the Council of Physician Assistants. The physician assistant may hear only cases involving disciplinary actions against a physician assistant. If the appointed physician assistant is not present at the disciplinary hearing, the panel may consider the matter and vote on the case in the absence of the physician assistant. The training requirements set forth in s. 458.307(4) do not apply to the appointed physician assistant. Rules need not be adopted to implement this subsection.

Section 52. Paragraph (c) of subsection (3) of section 459.0137, Florida Statutes, is amended to read:

459.0137 Pain-management clinics.—
(3) PHYSICIAN RESPONSIBILITIES.—These responsibilities apply to any osteopathic physician who provides professional services in a pain-management clinic that is required to be registered in subsection (1).

(c) An osteopathic physician, an autonomous physician assistant, a physician assistant, or an advanced practice registered nurse must perform a physical examination of a patient on the same day that the physician prescribes a controlled substance to a patient at a pain-management clinic.

If the osteopathic physician prescribes more than a 72-hour dose of controlled substances for the treatment of chronic nonmalignant pain, the osteopathic physician must document in the patient's record the reason for prescribing that quantity.

Section 53. Paragraph (ll) of subsection (1) and subsection (10) of section 459.015, Florida Statutes, are amended to read:

459.015 Grounds for disciplinary action; action by the board and department.—

(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):

(ll) Failing to report to the department any licensee under chapter 458 or under this chapter who the osteopathic physician, autonomous physician assistant, or physician assistant knows has violated the grounds for disciplinary action set out in the law under which that person is licensed and who
provides health care services in a facility licensed under chapter 395, or a health maintenance organization certificated under part I of chapter 641, in which the osteopathic physician, autonomous physician assistant, or physician assistant also provides services.

(10) A probable cause panel convened to consider disciplinary action against an autonomous physician assistant or a physician assistant alleged to have violated s. 456.072 or this section must include one physician assistant. The physician assistant must hold a valid license to practice as a physician assistant in this state and be appointed to the panel by the Council of Physician Assistants. The physician assistant may hear only cases involving disciplinary actions against a physician assistant. If the appointed physician assistant is not present at the disciplinary hearing, the panel may consider the matter and vote on the case in the absence of the physician assistant. The training requirements set forth in s. 458.307(4) do not apply to the appointed physician assistant. Rules need not be adopted to implement this subsection.

Section 54. Subsection (17) of section 464.003, Florida Statutes, is amended to read:

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

(17) "Practice of practical nursing" means the performance of selected acts, including the administration of treatments and medications, in the care of the ill, injured, or infirm; the
promotion of wellness, maintenance of health, and prevention of illness of others under the direction of a registered nurse, a licensed physician, a licensed osteopathic physician, a licensed podiatric physician, a registered autonomous physician assistant, or a licensed dentist; and the teaching of general principles of health and wellness to the public and to students other than nursing students. A practical nurse is responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing.

Section 55. Paragraph (a) of subsection (4) of section 464.0205, Florida Statutes, is amended to read:

464.0205  Retired volunteer nurse certificate.—

(4) A retired volunteer nurse receiving certification from the board shall:

(a) Work under the direct supervision of the director of a county health department, a physician working under a limited license issued pursuant to s. 458.317 or s. 459.0075, a physician or an autonomous physician assistant licensed or registered under chapter 458 or chapter 459, an advanced practice registered nurse licensed under s. 464.012, or a registered nurse licensed under s. 464.008 or s. 464.009.

Section 56. Paragraph (b) of subsection (1) of section 480.0475, Florida Statutes, is amended to read:

480.0475  Massage establishments; prohibited practices.—

(1) A person may not operate a massage establishment
between the hours of midnight and 5 a.m. This subsection does
not apply to a massage establishment:

(b) In which every massage performed between the hours of
midnight and 5 a.m. is performed by a massage therapist acting
under the prescription of a physician, autonomous physician
assistant, or physician assistant licensed or registered under
chapter 458, an osteopathic physician, autonomous physician
assistant, or physician assistant licensed or registered under
chapter 459, a chiropractic physician licensed under chapter
460, a podiatric physician licensed under chapter 461, an
advanced practice registered nurse licensed under part I of
chapter 464, or a dentist licensed under chapter 466; or

Section 57. Subsection (2) of section 493.6108, Florida
Statutes, is amended to read:

493.6108 Investigation of applicants by Department of
Agriculture and Consumer Services.—

(2) In addition to subsection (1), the department shall
make an investigation of the general physical fitness of the
Class "G" applicant to bear a weapon or firearm. Determination
of physical fitness shall be certified by a physician,
autonomous physician assistant, or physician assistant currently
licensed or registered under pursuant to chapter 458, chapter
459, or any similar law of another state or authorized to act as
a licensed physician by a federal agency or department or by an
advanced practice registered nurse currently licensed pursuant
to chapter 464. Such certification shall be submitted on a form provided by the department.

Section 58. 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 a hospital, a clinic, a health clinic, a neighborhood health clinic, a health maintenance organization, a physician, an autonomous physician assistant, a physician's assistant, an advanced practice registered nurse practitioner, or a medical service facility or personnel solely because the person to be insured has the sickle-cell trait.

Section 59. Paragraph (b) of subsection (1) of section 627.357, Florida Statutes, is amended to read:

627.357 Medical malpractice self-insurance.—

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

(b) "Health care provider" means any:

1. Hospital licensed under chapter 395.
2. Physician, autonomous physician assistant licensed, or physician assistant registered or licensed under chapter 458.

3. Osteopathic physician, autonomous physician assistant, or physician assistant registered or licensed under chapter 459.

4. Podiatric physician licensed under chapter 461.

5. Health maintenance organization certificated under part I of chapter 641.

6. Ambulatory surgical center licensed under chapter 395.

7. Chiropractic physician licensed under chapter 460.

8. Psychologist licensed under chapter 490.


10. Dentist licensed under chapter 466.

11. Pharmacist licensed under chapter 465.

12. Registered nurse, licensed practical nurse, or advanced practice registered nurse licensed or registered under part I of chapter 464.

13. Other medical facility.


Section 60. 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 or an autonomous physician assistant licensed or registered 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 to engage in
autonomous practice 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 or an autonomous physician assistant licensed or registered 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 to engage in autonomous practice 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 or autonomous physician assistants licensed or registered under chapter 458 or chapter 459, chiropractic physicians licensed
under chapter 460, advanced practice registered nurses
registered to engage in autonomous practice 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, an autonomous physician assistant or a physician assistant registered or 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 61. Subsection (5) of section 633.412, Florida
633.412  Firefighters; qualifications for certification.—A person applying for certification as a firefighter must:

(5) Be in good physical condition as determined by a medical examination given by a physician, surgeon, or autonomous physician assistant or physician assistant licensed or registered under to practice in the state pursuant to chapter 458; an osteopathic physician, surgeon, autonomous physician assistant, or physician assistant licensed or registered under to practice in the state pursuant to chapter 459; or an advanced practice registered nurse licensed under to practice in the state pursuant to chapter 464. Such examination may include, but need not be limited to, the National Fire Protection Association Standard 1582. A medical examination evidencing good physical condition shall be submitted to the division, on a form as provided by rule, before an individual is eligible for admission into a course under s. 633.408.

Section 62. 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 autonomous physician...
assistants, physician assistants, advanced practice registered nurses, nurse practitioners, or other individuals who are not licensed physicians.

Section 63. 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, autonomous physician assistant, 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 64. 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 autonomous physician assistant, a physician assistant, 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 65. 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, autonomous physician assistant, physician assistant, or advanced practice registered nurse 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 66. Subsection (3) of section 766.103, Florida Statutes, is amended to read:

766.103 Florida Medical Consent Law.—

(3) No Recovery is not allowed in any court in this state against any physician licensed under chapter 458, osteopathic physician licensed under chapter 459, chiropractic physician licensed under chapter 460, podiatric physician licensed under chapter 461, dentist licensed under chapter 466, advanced practice registered nurse licensed under s. 464.012, autonomous physician assistant registered under chapter 458 or chapter 459, or physician assistant licensed under s. 458.347 or s. 459.022 in an action brought for treating, examining, or
operating on a patient without his or her informed consent when:

(a) 1. The action of the physician, osteopathic physician, chiropractic physician, podiatric physician, dentist, advanced practice registered nurse, autonomous physician assistant, or physician assistant in obtaining the consent of the patient or another person authorized to give consent for the patient was in accordance with an accepted standard of medical practice among members of the medical profession with similar training and experience in the same or similar medical community as that of the person treating, examining, or operating on the patient for whom the consent is obtained; and

2. A reasonable individual, from the information provided by the physician, osteopathic physician, chiropractic physician, podiatric physician, dentist, advanced practice registered nurse, autonomous physician assistant, or physician assistant, under the circumstances, would have a general understanding of the procedure, the medically acceptable alternative procedures or treatments, and the substantial risks and hazards inherent in the proposed treatment or procedures, which are recognized among other physicians, osteopathic physicians, chiropractic physicians, podiatric physicians, or dentists in the same or similar community who perform similar treatments or procedures; or

(b) The patient would reasonably, under all the surrounding circumstances, have undergone such treatment or
procedure had he or she been advised by the physician, osteopathic physician, chiropractic physician, podiatric physician, dentist, advanced practice registered nurse, autonomous physician assistant, or physician assistant in accordance with the provisions of paragraph (a).

Section 67. Paragraph (b) of subsection (1) and paragraph (e) of subsection (2) of section 766.105, Florida Statutes, are amended to read:

Section 766.105 Florida Patient's Compensation Fund.—

(1) DEFINITIONS.—The following definitions apply in the interpretation and enforcement of this section:

(b) The term "health care provider" means any:

1. Hospital licensed under chapter 395.

2. Physician, autonomous physician assistant, or physician assistant licensed or registered under chapter 458.

3. Osteopathic physician, autonomous physician assistant, or physician assistant licensed or registered under chapter 459.

4. Podiatric physician licensed under chapter 461.

5. Health maintenance organization certificated under part I of chapter 641.

6. Ambulatory surgical center licensed under chapter 395.

7. "Other medical facility" as defined in paragraph (c).

8. Professional association, partnership, corporation, joint venture, or other association by the individuals set forth in subparagraphs 2., 3., and 4. for professional activity.
(2) COVERAGE.—

(e) The coverage afforded by the fund for a participating hospital or ambulatory surgical center shall apply to the officers, trustees, volunteer workers, trainees, committee members (including physicians, osteopathic physicians, podiatric physicians, and dentists), and employees of the hospital or ambulatory surgical center, other than employed physicians licensed under chapter 458, autonomous physician assistants or physician assistants registered or licensed under chapter 458 or chapter 459, osteopathic physicians licensed under chapter 459, dentists licensed under chapter 466, and podiatric physicians licensed under chapter 461. However, the coverage afforded by the fund for a participating hospital shall apply to house physicians, interns, employed physician residents in a resident training program, or physicians performing purely administrative duties for the participating hospitals other than the treatment of patients. This coverage shall apply to the hospital or ambulatory surgical center and those included in this subsection as one health care provider.

Section 68. Paragraph (d) of subsection (3) of section 766.1115, Florida Statutes, is amended to read:

766.1115 Health care providers; creation of agency relationship with governmental contractors.—

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

(d) "Health care provider" or "provider" means:
1. A birth center licensed under chapter 383.
2. An ambulatory surgical center licensed under chapter 395.
3. A hospital licensed under chapter 395.
4. A physician, autonomous physician assistant, or physician assistant licensed or registered under chapter 458.
5. An osteopathic physician, autonomous physician assistant, or osteopathic physician assistant licensed or registered under chapter 459.
6. A chiropractic physician licensed under chapter 460.
7. A podiatric physician licensed under chapter 461.
8. A registered nurse, nurse midwife, licensed practical nurse, or advanced practice registered nurse licensed or registered under part I of chapter 464 or any facility which employs nurses licensed or registered under part I of chapter 464 to supply all or part of the care delivered under this section.
10. A health maintenance organization certificated under part I of chapter 641.
11. A health care professional association and its employees or a corporate medical group and its employees.
12. Any other medical facility the primary purpose of which is to deliver human medical diagnostic services or which delivers nonsurgical human medical treatment, and which includes
an office maintained by a provider.

13. A dentist or dental hygienist licensed under chapter 466.

14. A free clinic that delivers only medical diagnostic services or nonsurgical medical treatment free of charge to all low-income recipients.

15. Any other health care professional, practitioner, provider, or facility under contract with a governmental contractor, including a student enrolled in an accredited program that prepares the student for licensure as any one of the professionals listed in subparagraphs 4.-9.

The term includes any nonprofit corporation qualified as exempt from federal income taxation under s. 501(a) of the Internal Revenue Code, and described in s. 501(c) of the Internal Revenue Code, which delivers health care services provided by licensed professionals listed in this paragraph, any federally funded community health center, and any volunteer corporation or volunteer health care provider that delivers health care services.

Section 69. Subsection (1) of section 766.1116, Florida Statutes, is amended to read:

766.1116 Health care practitioner; waiver of license renewal fees and continuing education requirements.—

(1) As used in this section, the term "health care
"practitioner" means a physician, autonomous physician assistant, or physician assistant licensed or registered under chapter 458; an osteopathic physician, autonomous physician assistant, or physician assistant licensed or registered under chapter 459; a chiropractic physician licensed under chapter 460; a podiatric physician licensed under chapter 461; an advanced practice registered nurse, registered nurse, or licensed practical nurse licensed under part I of chapter 464; a dentist or dental hygienist licensed under chapter 466; or a midwife licensed under chapter 467, who participates as a health care provider under s. 766.1115.

Section 70. 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 or registered under chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, chapter 466, chapter 467, chapter 486, or s. 464.012, or 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 71. Subsection (3) of section 768.135, Florida
Statutes, is amended to read:

768.135 Volunteer team physicians; immunity.—
(3) A practitioner licensed or registered under chapter
458, chapter 459, chapter 460, or s. 464.012, or s. 464.0123 who
gratuitously and in good faith conducts an evaluation pursuant
to s. 1006.20(2)(c) is not liable for any civil damages arising
from that evaluation unless the evaluation was conducted in a
wrongful manner.

Section 72. Subsection (5) of section 794.08, Florida
Statutes, is amended to read:
794.08 Female genital mutilation.—
(5) This section does not apply to procedures performed by
or under the direction of a physician licensed under chapter
458, an osteopathic physician licensed under chapter 459, a
registered nurse licensed under part I of chapter 464, a
practical nurse licensed under part I of chapter 464, an
advanced practice registered nurse licensed under part I of
chapter 464, a midwife licensed under chapter 467, or an
autonomous physician assistant or a physician assistant
registered or licensed under chapter 458 or chapter 459 when
necessary to preserve the physical health of a female person.
This section also does not apply to any autopsy or limited dissection conducted pursuant to chapter 406.

Section 73. Subsection (23) of section 893.02, Florida Statutes, is amended to read:

893.02 Definitions.—The following words and phrases as used in this chapter shall have the following meanings, unless the context otherwise requires:

(23) "Practitioner" means a physician licensed under chapter 458, a dentist licensed under chapter 466, a veterinarian licensed under chapter 474, an osteopathic physician licensed under chapter 459, an advanced practice registered nurse licensed under chapter 464, a naturopath licensed under chapter 462, a certified optometrist licensed under chapter 463, a psychiatric nurse as defined in s. 394.455, a podiatric physician licensed under chapter 461, an autonomous physician assistant registered under chapter 458 or chapter 459, or a physician assistant licensed under chapter 458 or chapter 459, provided such practitioner holds a valid federal controlled substance registry number.

Section 74. Subsection (6) of section 943.13, Florida Statutes, is amended to read:

943.13 Officers' minimum qualifications for employment or appointment.—On or after October 1, 1984, any person employed or appointed as a full-time, part-time, or auxiliary law enforcement officer or correctional officer; on or after October
1, 1986, any person employed as a full-time, part-time, or auxiliary correctional probation officer; and on or after October 1, 1986, any person employed as a full-time, part-time, or auxiliary correctional officer by a private entity under contract to the Department of Corrections, to a county commission, or to the Department of Management Services shall:

(6) Have passed a physical examination by a licensed physician, registered autonomous physician assistant, licensed physician assistant, or licensed advanced practice registered nurse, based on specifications established by the commission. In order to be eligible for the presumption set forth in s. 112.18 while employed with an employing agency, a law enforcement officer, correctional officer, or correctional probation officer must have successfully passed the physical examination required by this subsection upon entering into service as a law enforcement officer, correctional officer, or correctional probation officer with the employing agency, which examination must have failed to reveal any evidence of tuberculosis, heart disease, or hypertension. A law enforcement officer, correctional officer, or correctional probation officer may not use a physical examination from a former employing agency for purposes of claiming the presumption set forth in s. 112.18 against the current employing agency.

Section 75. Subsection (2) of section 945.603, Florida Statutes, is amended to read:
945.603 Powers and duties of authority.—The purpose of the authority is to assist in the delivery of health care services for inmates in the Department of Corrections by advising the Secretary of Corrections on the professional conduct of primary, convalescent, dental, and mental health care and the management of costs consistent with quality care, by advising the Governor and the Legislature on the status of the Department of Corrections' health care delivery system, and by assuring that adequate standards of physical and mental health care for inmates are maintained at all Department of Corrections institutions. For this purpose, the authority has the authority to:

(2) Review and make recommendations regarding health care for the delivery of health care services including, but not limited to, acute hospital-based services and facilities, primary and tertiary care services, ancillary and clinical services, dental services, mental health services, intake and screening services, medical transportation services, and the use of nurse practitioner, autonomous physician assistant, and physician assistant personnel to act as physician extenders as these relate to inmates in the Department of Corrections.

Section 76. Paragraph (n) of subsection (1) of section 948.03, Florida Statutes, is amended to read:

948.03 Terms and conditions of probation.—

(1) The court shall determine the terms and conditions of
probation. Conditions specified in this section do not require oral pronouncement at the time of sentencing and may be considered standard conditions of probation. These conditions may include among them the following, that the probationer or offender in community control shall:

(n) Be prohibited from using intoxicants to excess or possessing any drugs or narcotics unless prescribed by a physician, an advanced practice registered nurse, an autonomous physician assistant, or a physician assistant. The probationer or community controllee may not knowingly visit places where intoxicants, drugs, or other dangerous substances are unlawfully sold, dispensed, or used.

Section 77. Subsection (34) of section 984.03, Florida Statutes, is amended to read:

984.03 Definitions.—When used in this chapter, the term:

(34) "Licensed health care professional" means a physician licensed under chapter 458, an osteopathic physician licensed under chapter 459, a nurse licensed under part I of chapter 464, an autonomous physician assistant or a physician assistant registered or licensed under chapter 458 or chapter 459, or a dentist licensed under chapter 466.

Section 78. Subsection (30) of section 985.03, Florida Statutes, is amended to read:

985.03 Definitions.—As used in this chapter, the term:

(30) "Licensed health care professional" means a physician
Section 79. Paragraph (i) of subsection (3) of section 1002.20, Florida Statutes, is amended to read:

1002.20 K-12 student and parent rights.—Parents of public school students must receive accurate and timely information regarding their child's academic progress and must be informed of ways they can help their child to succeed in school. K-12 students and their parents are afforded numerous statutory rights including, but not limited to, the following:

(3) HEALTH ISSUES.—

(i) Epinephrine use and supply.—

1. A student who has experienced or is at risk for life-threatening allergic reactions may carry an epinephrine auto-injector and self-administer epinephrine by auto-injector while in school, participating in school-sponsored activities, or in transit to or from school or school-sponsored activities if the school has been provided with parental and physician authorization. The State Board of Education, in cooperation with the Department of Health, shall adopt rules for such use of epinephrine auto-injectors that shall include provisions to protect the safety of all students from the misuse or abuse of
auto-injectors. A school district, county health department, public-private partner, and their employees and volunteers shall be indemnified by the parent of a student authorized to carry an epinephrine auto-injector for any and all liability with respect to the student's use of an epinephrine auto-injector pursuant to this paragraph.

2. A public school may purchase a supply of epinephrine auto-injectors from a wholesale distributor as defined in s. 499.003 or may enter into an arrangement with a wholesale distributor or manufacturer as defined in s. 499.003 for the epinephrine auto-injectors at fair-market, free, or reduced prices for use in the event a student has an anaphylactic reaction. The epinephrine auto-injectors must be maintained in a secure location on the public school's premises. The participating school district shall adopt a protocol developed by a licensed physician for the administration by school personnel who are trained to recognize an anaphylactic reaction and to administer an epinephrine auto-injection. The supply of epinephrine auto-injectors may be provided to and used by a student authorized to self-administer epinephrine by auto-injector under subparagraph 1. or trained school personnel.

3. The school district and its employees, agents, and the physician who provides the standing protocol for school epinephrine auto-injectors are not liable for any injury arising from the use of an epinephrine auto-injector administered by
trained school personnel who follow the adopted protocol and
whose professional opinion is that the student is having an
anaphylactic reaction:
  a. Unless the trained school personnel's action is willful
and wanton;
  b. Notwithstanding that the parents or guardians of the
student to whom the epinephrine is administered have not been
provided notice or have not signed a statement acknowledging
that the school district is not liable; and
  c. Regardless of whether authorization has been given by
the student's parents or guardians or by the student's
physician, autonomous physician assistant, physician assistant, or advanced practice registered nurse.

Section 80. Paragraph (b) of subsection (17) of section
1002.42, Florida Statutes, is amended to read:

1002.42 Private schools.—
(17) EPINEPHRINE SUPPLY.—
(b) The private school and its employees, agents, and the
physician who provides the standing protocol for school
epinephrine auto-injectors are not liable for any injury arising
from the use of an epinephrine auto-injector administered by
trained school personnel who follow the adopted protocol and
whose professional opinion is that the student is having an
anaphylactic reaction:
  1. Unless the trained school personnel's action is willful
and wanton;

2. Notwithstanding that the parents or guardians of the student to whom the epinephrine is administered have not been provided notice or have not signed a statement acknowledging that the school district is not liable; and

3. Regardless of whether authorization has been given by the student's parents or guardians or by the student's physician, autonomous physician assistant, physician assistant, or advanced practice registered nurse.

Section 81. Paragraph (a) of subsection (1) and subsections (4) and (5) 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, autonomous physician assistant, or physician assistant licensed or registered under, 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.

(4) Nonmedical assistive personnel shall be allowed to
perform health-related services upon successful completion of
child-specific training by a registered nurse or advanced
practice registered nurse licensed under chapter 464 or a
physician, autonomous physician assistant, or physician
assistant licensed or registered under pursuant to chapter 458
or chapter 459, or a physician assistant licensed pursuant to
chapter 458 or chapter 459. All procedures shall be monitored
periodically by a nurse, advanced practice registered nurse,
autonomous physician assistant, physician assistant, or
physician, including, but not limited to:

(a) Intermittent clean catheterization.
(b) Gastrostomy tube feeding.
(c) Monitoring blood glucose.
(d) Administering emergency injectable medication.

(5) For all other invasive medical services not listed in
this subsection, a registered nurse or advanced practice
registered nurse licensed under chapter 464 or a physician,
autonomous physician assistant, or physician assistant licensed
or registered under pursuant to chapter 458 or chapter 459, or a physician assistant licensed pursuant to chapter 458 or chapter 459 shall determine if nonmedical district school board personnel shall be allowed to perform such service.

Section 82. 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 or registered under chapter 458, chapter 459, chapter 460, or s. 464.012, or 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 83. Subsection (1) of section 1009.65, Florida Statutes, is 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, autonomous physician assistant registration, or physician assistant licensure. The following licensed or certified health care professionals are eligible to participate in this program: medical doctors with primary care specialties, doctors of osteopathic medicine with primary care specialties, autonomous physician assistants, 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.

Section 84. For the 2020-2021 fiscal year, 3.5 full-time equivalent positions with associated salary rate of 183,895 are authorized and 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 for the purpose of implementing this act.

Section 85. This act shall take effect July 1, 2020.