

1                   A bill to be entitled  
2           An act relating to direct care; amending s. 400.141,  
3           F.S.; authorizing a nursing home facility to use paid  
4           feeding assistants in accordance with certain federal  
5           regulations under certain circumstances; providing a  
6           requirement for a feeding assistant training program;  
7           amending s. 400.23, F.S.; prohibiting paid feeding  
8           assistants from counting toward compliance with  
9           minimum staffing standards; amending s. 400.462, F.S.;  
10          revising the definition of "home health aide";  
11          amending s. 400.464, F.S.; requiring a licensed home  
12          health agency that authorizes a registered nurse to  
13          delegate tasks to a certified nursing assistant to  
14          ensure that certain requirements are met; amending s.  
15          400.488, F.S.; authorizing an unlicensed person to  
16          assist with self-administration of certain treatments;  
17          revising the requirements for such assistance;  
18          creating s. 400.489, F.S.; authorizing a home health  
19          aide to administer certain prescription medications  
20          under certain conditions; requiring the home health  
21          aide to meet certain training and competency  
22          requirements; requiring that the training,  
23          determination of competency, and annual validations be  
24          performed by a registered nurse or a physician;  
25          requiring a home health aide to complete annual

26 inservice training in medication administration and  
27 medication error prevention in addition to existing  
28 annual inservice training requirements; requiring the  
29 Agency for Health Care Administration, in consultation  
30 with the Board of Nursing, to adopt rules for  
31 medication administration; creating s. 400.490, F.S.;  
32 authorizing a certified nursing assistant or home  
33 health aide to perform tasks delegated by a registered  
34 nurse; creating s. 400.52, F.S.; creating the  
35 Excellence in Home Health Program within the agency;  
36 requiring the agency to adopt rules establishing  
37 program criteria; requiring the agency to annually  
38 evaluate certain home health agencies that apply for a  
39 program award; providing eligibility requirements;  
40 requiring an agency to reapply biennially for the  
41 award designation; authorizing an award recipient to  
42 use the designation in advertising and marketing;  
43 prohibiting a home health agency from using the award  
44 designation in any advertising or marketing under  
45 certain circumstances; providing that an application  
46 for an award designation under the program is not an  
47 application for licensure and such designation or  
48 denial of an award does not constitute final agency  
49 action subject to certain administrative procedures;  
50 creating s. 400.53, F.S.; creating the Nurse Registry

51 Excellence Program within the agency; requiring the  
52 agency to adopt rules establishing program criteria;  
53 requiring the agency to annually evaluate certain  
54 nurse registries that apply for a program award;  
55 providing eligibility requirements; requiring a nurse  
56 registry to reapply biennially for the award  
57 designation; authorizing an award recipient to use the  
58 designation in advertising and marketing; prohibiting  
59 a nurse registry from using the award designation in  
60 any advertising or marketing under certain  
61 circumstances; providing that an application for an  
62 award designation under the program is not an  
63 application for licensure and such designation or  
64 denial of an award does not constitute final agency  
65 action subject to certain administrative procedures;  
66 creating s. 408.064, F.S.; requiring the agency to  
67 create a webpage to provide information to patients  
68 and their families about direct care workers;  
69 providing requirements for the webpage; requiring the  
70 agency to display a link on its website to the  
71 webpage; creating s. 408.822, F.S.; defining the term  
72 "direct care worker"; requiring certain licensees to  
73 provide specified information about employees in a  
74 survey beginning on a specified date; requiring that  
75 the survey be completed on a form with a specified

76 |       attestation adopted by the agency in rule; requiring a  
77 |       licensee to submit such survey by a time designated by  
78 |       the agency in rule; prohibiting the agency from  
79 |       issuing a license renewal until the licensee submits a  
80 |       completed survey; requiring the agency to analyze the  
81 |       results of such survey and publish its results on the  
82 |       agency's website; requiring the agency to update such  
83 |       information monthly; requiring the agency's analysis  
84 |       to include specified information; creating s.  
85 |       464.0156, F.S.; authorizing a registered nurse to  
86 |       delegate tasks to a certified nursing assistant or  
87 |       home health aide under certain conditions; providing  
88 |       the criteria that a registered nurse must consider in  
89 |       determining if a task may be delegated; authorizing a  
90 |       registered nurse to delegate medication administration  
91 |       to a certified nursing assistant or home health aide  
92 |       if certain requirements are met; requiring the Board  
93 |       of Nursing, in consultation with the agency, to adopt  
94 |       rules; amending s. 464.018, F.S.; providing that a  
95 |       registered nurse who delegates certain tasks to a  
96 |       person the registered nurse knows or has reason to  
97 |       know is unqualified is grounds for licensure denial or  
98 |       disciplinary action; providing additional grounds for  
99 |       denial of a license or disciplinary action for  
100 |       advanced practice registered nurses registered to

101 engage in autonomous practice; creating s. 464.2035,  
102 F.S.; authorizing a certified nursing assistant to  
103 administer certain prescription medications under  
104 certain conditions; requiring the certified nursing  
105 assistant to meet certain training and competency  
106 requirements; requiring the training, determination of  
107 competency, and annual validations to be performed by  
108 a registered nurse or a physician; requiring a  
109 certified nursing assistant to complete annual  
110 inservice training in medication administration and  
111 medication error prevention in addition to existing  
112 annual inservice training requirements; requiring the  
113 board, in consultation with the agency, to adopt  
114 rules; amending s. 409.905, F.S.; requiring the Agency  
115 for Health Care Administration to pay for services  
116 provided to Medicaid recipients by a licensed advanced  
117 practice registered nurse who is registered to engage  
118 in autonomous practice; amending s. 456.0391, F.S.;  
119 requiring an autonomous physician assistant to submit  
120 certain information to the Department of Health;  
121 requiring the department to send a notice to  
122 autonomous physician assistants regarding the required  
123 information; requiring autonomous physician assistants  
124 who have submitted required information to update such  
125 information in writing; providing penalties; amending

126 s. 456.041, F.S.; requiring the department to provide  
127 a practitioner profile for an autonomous physician  
128 assistant; amending ss. 458.347 and 459.022, F.S.;  
129 defining the term "autonomous physician assistant";  
130 authorizing third-party payors to reimburse employers  
131 for services provided by autonomous physician  
132 assistants; deleting a requirement that a physician  
133 assistant must inform a patient of a right to see a  
134 physician before prescribing or dispensing a  
135 prescription; revising the requirements for physician  
136 assistant education and training programs; authorizing  
137 the Board of Medicine to impose certain penalties upon  
138 an autonomous physician assistant; requiring the board  
139 to register a physician assistant as an autonomous  
140 physician assistant if the applicant meets certain  
141 criteria; providing requirements; providing  
142 exceptions; requiring the department to distinguish  
143 such autonomous physician assistants' licenses;  
144 authorizing such autonomous physician assistants to  
145 perform specified acts without physician supervision  
146 or supervisory protocol; requiring biennial  
147 registration renewal; requiring the Council on  
148 Physician Assistants to establish rules; revising the  
149 membership and duties of the council; prohibiting a  
150 person who is not registered as an autonomous

151 physician assistant from using the title; providing  
152 for the denial, suspension, or revocation of the  
153 registration of an autonomous physician assistant;  
154 requiring the board to adopt rules; requiring  
155 autonomous physician assistants to report adverse  
156 incidents to the department; amending s. 464.012,  
157 F.S.; requiring applicants for registration as an  
158 advanced practice registered nurse to apply to the  
159 Board of Nursing; authorizing an advanced practice  
160 registered nurse to sign, certify, stamp, verify, or  
161 endorse a document that requires the signature,  
162 certification, stamp, verification, affidavit, or  
163 endorsement of a physician within the framework of an  
164 established protocol; providing an exception; creating  
165 s. 464.0123, F.S.; defining the term "autonomous  
166 practice"; providing for the registration of an  
167 advanced practice registered nurse to engage in  
168 autonomous practice; providing registration  
169 requirements; requiring the department to distinguish  
170 such advanced practice registered nurses' licenses and  
171 include the registration in their practitioner  
172 profiles; authorizing such advanced practice  
173 registered nurses to perform specified acts without  
174 physician supervision or supervisory protocol;  
175 requiring biennial registration renewal and continuing

176 education; authorizing the Board of Nursing to  
177 establish an advisory committee to determine the  
178 medical acts that may be performed by such advanced  
179 practice registered nurses; providing for appointment  
180 and terms of committee members; requiring the board to  
181 adopt rules; creating s. 464.0155, F.S.; requiring  
182 advanced practice registered nurses registered to  
183 engage in autonomous practice to report adverse  
184 incidents to the Department of Health; providing  
185 requirements; defining the term "adverse incident";  
186 providing for department review of such reports;  
187 authorizing the department to take disciplinary  
188 action; amending s. 39.01, F.S.; revising the  
189 definition of the term "licensed health care  
190 professional" to include an autonomous physician  
191 assistant; amending s. 39.303, F.S.; authorizing a  
192 specified autonomous physician assistant to review  
193 certain cases of abuse or neglect and standards for  
194 face-to-face medical evaluations by a Child Protection  
195 Team; amending s. 39.304, F.S.; authorizing an  
196 autonomous physician assistant to perform or order an  
197 examination and diagnose a child without parental  
198 consent under certain circumstances; amending s.  
199 110.12315, F.S.; revising requirements for  
200 reimbursement of pharmacies for specified prescription



201 | drugs and supplies under the state employees'  
202 | prescription drug program; amending s. 252.515, F.S.;  
203 | providing immunity from civil liability for an  
204 | autonomous physician assistant under the Postdisaster  
205 | Relief Assistance Act; amending ss. 310.071, 310.073,  
206 | and 310.081, F.S.; authorizing an autonomous physician  
207 | assistant and a physician assistant to administer the  
208 | physical examination required for deputy pilot  
209 | certification and state pilot licensure; authorizing  
210 | an applicant for a deputy pilot certificate or a state  
211 | pilot license to use controlled substances prescribed  
212 | by an autonomous physician assistant; amending s.  
213 | 320.0848, F.S.; authorizing an autonomous physician  
214 | assistant to certify that a person is disabled to  
215 | satisfy requirements for certain permits; amending s.  
216 | 381.00315, F.S.; providing for the temporary  
217 | reactivation of the registration of an autonomous  
218 | physician assistant in a public health emergency;  
219 | amending s. 381.00593, F.S.; revising the definition  
220 | of the term "health care practitioner" to include an  
221 | autonomous physician assistant for purposes of the  
222 | Public School Volunteer Health Care Practitioner Act;  
223 | amending s. 381.026, F.S.; revising the definition of  
224 | the term "health care provider" to include an advanced  
225 | practice registered nurse and an autonomous physician

226 assistant for purposes of the Florida Patient's Bill  
227 of Rights and Responsibilities; amending s. 382.008,  
228 F.S.; authorizing an autonomous physician assistant, a  
229 physician assistant, and an advanced practice  
230 registered nurse to file a certificate of death or  
231 fetal death under certain circumstances; authorizing a  
232 certified nurse midwife to provide certain information  
233 to the funeral director within a specified time  
234 period; replacing the term "primary or attending  
235 physician" with "primary or attending practitioner";  
236 defining the term "primary or attending practitioner";  
237 amending s. 382.011, F.S.; conforming a provision to  
238 changes made by the act; amending s. 383.14, F.S.;  
239 authorizing the release of certain newborn tests and  
240 screening results to an autonomous physician  
241 assistant; revising the definition of the term "health  
242 care practitioner" to include an autonomous physician  
243 assistant for purposes of screening for certain  
244 disorders and risk factors; amending s. 390.0111,  
245 F.S.; authorizing a certain action by an autonomous  
246 physician assistant before an abortion procedure;  
247 amending s. 390.012, F.S.; authorizing certain actions  
248 by an autonomous physician assistant during and after  
249 an abortion procedure; amending s. 394.463, F.S.;  
250 authorizing an autonomous physician assistant, a

251 physician assistant, and an advanced practice  
252 registered nurse to initiate an involuntary  
253 examination for mental illness under certain  
254 circumstances; authorizing a physician assistant to  
255 examine a patient; amending s. 395.0191, F.S.;  
256 providing an exception to certain onsite medical  
257 direction requirements for a specified advanced  
258 practice registered nurse; amending s. 395.602, F.S.;  
259 authorizing the Department of Health to use certain  
260 funds to increase the number of autonomous physician  
261 assistants in rural areas; amending s. 397.501, F.S.;  
262 prohibiting the denial of certain services to an  
263 individual who takes medication prescribed by an  
264 autonomous physician assistant, a physician assistant,  
265 or an advanced practice registered nurse; amending ss.  
266 397.679 and 397.6793, F.S.; authorizing an autonomous  
267 physician assistant to execute a certificate for  
268 emergency admission of a person who is substance abuse  
269 impaired; amending s. 400.021, F.S.; revising the  
270 definition of the term "geriatric outpatient clinic"  
271 to include a site staffed by an autonomous physician  
272 assistant; amending s. 400.172, F.S.; authorizing an  
273 autonomous physician assistant and an advanced  
274 practice registered nurse to provide certain medical  
275 information to a prospective respite care resident;

276 | amending s. 400.487, F.S.; authorizing an autonomous  
277 | physician assistant to establish treatment orders for  
278 | certain patients under certain circumstances; amending  
279 | s. 400.506, F.S.; requiring an autonomous physician  
280 | assistant to comply with specified treatment plan  
281 | requirements; amending ss. 400.9973, 400.9974,  
282 | 400.9976, and 400.9979, F.S.; authorizing an  
283 | autonomous physician assistant to prescribe client  
284 | admission to a transitional living facility and care  
285 | for such client, order treatment plans, supervise and  
286 | record client medications, and order physical and  
287 | chemical restraints, respectively; amending s.  
288 | 401.445, F.S.; prohibiting recovery of damages in  
289 | court against a registered autonomous physician  
290 | assistant under certain circumstances; requiring an  
291 | autonomous physician assistant to attempt to obtain a  
292 | person's consent before providing emergency services;  
293 | amending ss. 409.906 and 409.908, F.S.; authorizing  
294 | the agency to reimburse an autonomous physician  
295 | assistant for providing certain optional Medicaid  
296 | services; amending s. 409.973, F.S.; requiring managed  
297 | care plans to cover autonomous physician assistant  
298 | services; amending s. 429.26, F.S.; prohibiting  
299 | autonomous physician assistants from having a  
300 | financial interest in the assisted living facility at

301 which they are employed; authorizing an autonomous  
302 physician assistant to examine an assisted living  
303 facility resident before admission; amending s.  
304 429.918, F.S.; revising the definition of the term  
305 "ADRD participant" to include a participant who has a  
306 specified diagnosis from an autonomous physician  
307 assistant; authorizing an autonomous physician  
308 assistant to provide signed documentation to an ADRD  
309 participant; amending s. 440.102, F.S.; authorizing an  
310 autonomous physician assistant to collect a specimen  
311 for a drug test for specified purposes; amending s.  
312 456.053, F.S.; revising definitions; authorizing an  
313 advanced practice registered nurse registered to  
314 engage in autonomous practice and an autonomous  
315 physician assistant to make referrals under certain  
316 circumstances; conforming a cross-reference; amending  
317 s. 456.072, F.S.; providing penalties for an  
318 autonomous physician assistant who prescribes or  
319 dispenses a controlled substance in a certain manner;  
320 amending s. 456.44, F.S.; revising the definition of  
321 the term "registrant" to include an autonomous  
322 physician assistant for purposes of controlled  
323 substance prescribing; providing requirements for an  
324 autonomous physician assistant who prescribes  
325 controlled substances for the treatment of chronic

326 nonmalignant pain; amending ss. 458.3265 and 459.0137,  
327 F.S.; requiring an autonomous physician assistant to  
328 perform a physical examination of a patient at a pain-  
329 management clinic under certain circumstances;  
330 amending ss. 458.331 and 459.015, F.S.; providing  
331 grounds for denial of a license or disciplinary action  
332 against an autonomous physician assistant for certain  
333 violations; amending s. 464.003, F.S.; revising the  
334 definition of the term "practice of practical nursing"  
335 to include an autonomous physician assistant for  
336 purposes of authorizing such assistant to supervise a  
337 licensed practical nurse; amending s. 464.0205, F.S.;  
338 authorizing an autonomous physician assistant to  
339 directly supervise a certified retired volunteer  
340 nurse; amending s. 480.0475, F.S.; authorizing the  
341 operation of a massage establishment during specified  
342 hours if the massage therapy is prescribed by an  
343 autonomous physician assistant; amending s. 493.6108,  
344 F.S.; authorizing an autonomous physician assistant to  
345 certify the physical fitness of a certain class of  
346 applicants to bear a weapon or firearm; amending s.  
347 626.9707, F.S.; prohibiting an insurer from refusing  
348 to issue and deliver certain disability insurance that  
349 covers any medical treatment or service furnished by  
350 an autonomous physician assistant or an advanced

351 practice registered nurse; amending s. 627.357, F.S.;

352 revising the definition of the term "health care

353 provider" to include an autonomous physician assistant

354 for purposes of medical malpractice self-insurance;

355 amending s. 627.736, F.S.; requiring personal injury

356 protection insurance to cover a certain percentage of

357 medical services and care provided by specified health

358 care providers; providing for specified reimbursement

359 of advanced practice registered nurses registered to

360 engage in autonomous practice or autonomous physician

361 assistants; amending s. 633.412, F.S.; authorizing an

362 autonomous physician assistant to medically examine an

363 applicant for firefighter certification; amending s.

364 641.495, F.S.; requiring certain health maintenance

365 organization documents to disclose that certain

366 services may be provided by autonomous physician

367 assistants or advanced practice registered nurses;

368 amending s. 744.2006, F.S.; authorizing an autonomous

369 physician assistant to carry out guardianship

370 functions under a contract with a public guardian;

371 conforming terminology; amending s. 744.331, F.S.;

372 authorizing an autonomous physician assistant or a

373 physician assistant to be an eligible member of an

374 examining committee; conforming terminology; amending

375 s. 744.3675, F.S.; authorizing an advanced practice

376 registered nurse, autonomous physician assistant, or  
 377 physician assistant to provide the medical report of a  
 378 ward in an annual guardianship plan; amending s.  
 379 766.103, F.S.; prohibiting recovery of damages against  
 380 an autonomous physician assistant under certain  
 381 conditions; amending s. 766.105, F.S.; revising the  
 382 definition of the term "health care provider" to  
 383 include an autonomous physician assistants for  
 384 purposes of the Florida Patient's Compensation Fund;  
 385 amending ss. 766.1115 and 766.1116, F.S.; revising the  
 386 definitions of the terms "health care provider" and  
 387 "health care practitioner," respectively, to include  
 388 autonomous physician assistants for purposes of the  
 389 Access to Health Care Act; amending s. 766.118, F.S.;  
 390 revising the definition of the term "practitioner" to  
 391 include an advanced practice registered nurse  
 392 registered to engage in autonomous practice and an  
 393 autonomous physician assistant; amending s. 768.135,  
 394 F.S.; providing immunity from liability for an  
 395 advanced practice registered nurse registered to  
 396 engage in autonomous practice or an autonomous  
 397 physician assistant who provides volunteer services  
 398 under certain circumstances; amending s. 794.08, F.S.;  
 399 providing an exception to medical procedures conducted  
 400 by an autonomous physician assistant under certain



401 circumstances; amending s. 893.02, F.S.; revising the  
402 definition of the term "practitioner" to include an  
403 autonomous physician assistant; amending s. 943.13,  
404 F.S.; authorizing an autonomous physician assistant to  
405 conduct a physical examination for a law enforcement  
406 or correctional officer to satisfy qualifications for  
407 employment or appointment; amending s. 945.603, F.S.;  
408 authorizing the Correctional Medical Authority to  
409 review and make recommendations relating to the use of  
410 autonomous physician assistants as physician  
411 extenders; amending s. 948.03, F.S.; authorizing an  
412 autonomous physician assistant to prescribe drugs or  
413 narcotics to a probationer; amending ss. 984.03 and  
414 985.03, F.S.; revising the definition of the term  
415 "licensed health care professional" to include an  
416 autonomous physician assistant; amending ss. 1002.20  
417 and 1002.42, F.S.; providing immunity from liability  
418 for autonomous physician assistants who administer  
419 epinephrine auto-injectors in public and private  
420 schools; amending s. 1006.062, F.S.; authorizing an  
421 autonomous physician assistant to provide training in  
422 the administration of medication to designated school  
423 personnel; requiring an autonomous physician assistant  
424 to monitor such personnel; authorizing an autonomous  
425 physician assistant to determine whether such

426 personnel may perform certain invasive medical  
427 services; amending s. 1006.20, F.S.; authorizing an  
428 autonomous physician assistant to medically evaluate a  
429 student athlete; amending s. 1009.65, F.S.;  
430 authorizing an autonomous physician assistant to  
431 participate in the Medical Education Reimbursement and  
432 Loan Repayment Program; providing appropriations and  
433 authorizing positions; providing an effective date.  
434

435 Be It Enacted by the Legislature of the State of Florida:  
436

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

439 400.141 Administration and management of nursing home  
440 facilities.—

441 (1) Every licensed facility shall comply with all  
442 applicable standards and rules of the agency and shall:

443 (v) Be allowed to use a paid feeding assistant in  
444 accordance with federal nursing home regulations, if the paid  
445 feeding assistant has successfully completed a feeding assistant  
446 training program that meets federal nursing home requirements  
447 and has been approved by the agency. The feeding assistant  
448 training program must consist of a minimum of 12 hours of  
449 education.

450 Section 2. Paragraph (b) of subsection (3) of section

451 400.23, Florida Statutes, is amended to read:

452 400.23 Rules; evaluation and deficiencies; licensure  
453 status.—

454 (3)

455 (b) Paid feeding assistants and nonnursing staff providing  
456 eating assistance to residents may ~~shall~~ not count toward  
457 compliance with minimum staffing standards.

458 Section 3. Subsection (15) of section 400.462, Florida  
459 Statutes, is amended to read:

460 400.462 Definitions.—As used in this part, the term:

461 (15) "Home health aide" means a person who is trained or  
462 qualified, as provided by rule, and who provides hands-on  
463 personal care, performs simple procedures as an extension of  
464 therapy or nursing services, assists in ambulation or exercises,  
465 or assists in administering medications as permitted in rule and  
466 for which the person has received training established by the  
467 agency under this part or performs tasks delegated to him or her  
468 pursuant to chapter 464 s. 400.497(1).

469 Section 4. Subsections (5) and (6) of section 400.464,  
470 Florida Statutes, are renumbered as subsections (6) and (7),  
471 respectively, present subsection (6) is amended, and a new  
472 subsection (5) is added to that section, to read:

473 400.464 Home health agencies to be licensed; expiration of  
474 license; exemptions; unlawful acts; penalties.—

475 (5) If a licensed home health agency authorizes a

476 registered nurse to delegate tasks, including medication  
477 administration, to a certified nursing assistant pursuant to  
478 chapter 464 or a home health aide pursuant to s. 400.490, the  
479 licensed home health agency must ensure that such delegation  
480 meets the requirements of this chapter, chapter 464, and the  
481 rules adopted thereunder.

482 (7)~~(6)~~ Any person, entity, or organization providing home  
483 health services which is exempt from licensure under subsection  
484 (6) ~~(5)~~ may voluntarily apply for a certificate of exemption  
485 from licensure under its exempt status with the agency on a form  
486 that specifies its name or names and addresses, a statement of  
487 the reasons why it is exempt from licensure as a home health  
488 agency, and other information deemed necessary by the agency. A  
489 certificate of exemption is valid for a period of not more than  
490 2 years and is not transferable. The agency may charge an  
491 applicant \$100 for a certificate of exemption or charge the  
492 actual cost of processing the certificate.

493 Section 5. Subsections (2) and (3) of section 400.488,  
494 Florida Statutes, are amended to read:

495 400.488 Assistance with self-administration of  
496 medication.—

497 (2) Patients who are capable of self-administering their  
498 own medications without assistance shall be encouraged and  
499 allowed to do so. However, an unlicensed person may, consistent  
500 with a dispensed prescription's label or the package directions

501 of an over-the-counter medication, assist a patient whose  
502 condition is medically stable with the self-administration of  
503 routine, regularly scheduled medications that are intended to be  
504 self-administered. Assistance with self-medication by an  
505 unlicensed person may occur only upon a documented request by,  
506 and the written informed consent of, a patient or the patient's  
507 surrogate, guardian, or attorney in fact. For purposes of this  
508 section, self-administered medications include both legend and  
509 over-the-counter oral dosage forms, topical dosage forms, and  
510 topical ophthalmic, otic, and nasal dosage forms, including  
511 solutions, suspensions, sprays, ~~and~~ inhalers, and nebulizer  
512 treatments.

513 (3) Assistance with self-administration of medication  
514 includes:

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

518 (b) In the presence of the patient, confirming that the  
519 medication is intended for that patient, orally advising the  
520 patient of the medication name and purpose ~~reading the label,~~  
521 opening the container, removing a prescribed amount of  
522 medication from the container, and closing the container.

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

526 (d) Applying topical medications, including routine  
 527 preventive skin care and applying and replacing bandages for  
 528 minor cuts and abrasions as provided by the agency in rule.

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

530 (f) For nebulizer treatments, assisting with setting up  
 531 and cleaning the device in the presence of the patient,  
 532 confirming that the medication is intended for that patient,  
 533 orally advising the patient of the medication name and purpose,  
 534 opening the container, removing the prescribed amount for a  
 535 single treatment dose from a properly labeled container, and  
 536 assisting the patient with placing the dose into the medicine  
 537 receptacle or mouthpiece.

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

540 Section 6. Section 400.489, Florida Statutes, is created  
 541 to read:

542 400.489 Administration of medication by a home health  
 543 aide; staff training requirements.—

544 (1) A home health aide may administer oral, transdermal,  
 545 ophthalmic, otic, rectal, inhaled, enteral, or topical  
 546 prescription medications if the home health aide has been  
 547 delegated such task by a registered nurse licensed under chapter  
 548 464; has satisfactorily completed an initial 6-hour training  
 549 course approved by the agency; and has been found competent to  
 550 administer medication to a patient in a safe and sanitary

551 manner. The training, determination of competency, and initial  
552 and annual validations required in this section shall be  
553 conducted by a registered nurse licensed under chapter 464 or a  
554 physician licensed under chapter 458 or chapter 459.

555 (2) A home health aide must annually and satisfactorily  
556 complete a 2-hour inservice training course in medication  
557 administration and medication error prevention approved by the  
558 agency. The inservice training course shall be in addition to  
559 the annual inservice training hours required by agency rules.

560 (3) The agency, in consultation with the Board of Nursing,  
561 shall establish by rule standards and procedures that a home  
562 health aide must follow when administering medication to a  
563 patient. Such rules must, at a minimum, address qualification  
564 requirements for trainers, requirements for labeling medication,  
565 documentation and recordkeeping, the storage and disposal of  
566 medication, instructions concerning the safe administration of  
567 medication, informed-consent requirements and records, and the  
568 training curriculum and validation procedures

569 Section 7. Section 400.490, Florida Statutes, is created  
570 to read:

571 400.490 Nurse delegated tasks.—A certified nursing  
572 assistant or home health aide may perform any task delegated by  
573 a registered nurse as provided in chapter 464, including, but  
574 not limited to, medication administration.

575 Section 8. Section 400.52, Florida Statutes, is created to

576 read:

577 400.52 Excellence in Home Health Program.—

578 (1) There is created within the agency the Excellence in  
579 Home Health Program for the purpose of awarding home health  
580 agencies that meet the criteria specified in this section.

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

584 1. Patient satisfaction.

585 2. Patients requiring emergency care for wound infections.

586 3. Patients admitted or readmitted to an acute care  
587 hospital.

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

589 5. Employee satisfaction.

590 6. Quality of employee training.

591 7. Employee retention rates.

592 8. High performance under federal Medicaid electronic  
593 visit verification requirements.

594 (b) The agency must annually evaluate home health agencies  
595 seeking the award which apply on a form and in the manner  
596 designated by rule.

597 (3) The home health agency must:

598 (a) Be actively licensed and operating for at least 24  
599 months to be eligible to apply for a program award. An award  
600 under the program is not transferrable to another license,



601 except when the existing home health agency is being relicensed  
602 in the name of an entity related to the current licenseholder by  
603 common control or ownership, and there will be no change in the  
604 management, operation, or programs of the home health agency as  
605 a result of the relicensure.

606 (b) Have had no licensure denials, revocations, or any  
607 Class I, Class II, or uncorrected Class III deficiencies within  
608 the 24 months preceding the application for the program award.

609 (4) The award designation shall expire on the same date as  
610 the home health agency's license. A home health agency must  
611 reapply and be approved for the award designation to continue  
612 using the award designation in the manner authorized under  
613 subsection (5).

614 (5) A home health agency that is awarded under the program  
615 may use the designation in advertising and marketing. However, a  
616 home health agency may not use the award designation in any  
617 advertising or marketing if the home health agency:

618 (a) Has not been awarded the designation;

619 (b) Fails to renew the award upon expiration of the award  
620 designation;

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

623 (d) Has been notified that it no longer meets the criteria  
624 for the award upon reapplication after expiration of the award  
625 designation.

626       (6) An application for an award designation under the  
627 program is not an application for licensure. A designation award  
628 or denial by the agency under this section does not constitute  
629 final agency action subject to chapter 120.

630       Section 9. Section 400.53, Florida Statutes, is created to  
631 read:

632       400.53 Nurse Registry Excellence Program.—

633       (1) There is created within the agency the Nurse Registry  
634 Excellence Program for the purpose of awarding nurse registries  
635 that meet the criteria specified in this section.

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

639           1. Patient or client satisfaction.

640           2. Patients or clients requiring emergency care for wound  
641 infections.

642           3. Patients or clients admitted or readmitted to an acute  
643 care hospital.

644           4. Patient or client longevity with the nurse registry.

645           5. Independent contractor satisfaction.

646           6. Independent contractor longevity with the nurse  
647 registry.

648           7. High performance under federal Medicaid electronic  
649 visit verification requirements.

650       (b) The agency must annually evaluate nurse registries

651 seeking the award which apply on a form and in the manner  
652 designated by rule.

653 (3) The nurse registry must:

654 (a) Be actively licensed and operating for at least 24  
655 months to be eligible to apply for a program award. An award  
656 under the program is not transferrable to another license,  
657 except when the existing nurse registry is being relicensed in  
658 the name of an entity related to the current licenseholder by  
659 common control or ownership, and there will be no change in the  
660 management, operation, or programs of the nurse registry as a  
661 result of the relicensure.

662 (b) Have had no licensure denials, revocations, or any  
663 Class I, Class II, or uncorrected Class III deficiencies within  
664 the 24 months preceding the application for the program award.

665 (4) The award designation shall expire on the same date as  
666 the nurse registry's license. A nurse registry must reapply and  
667 be approved for the award designation to continue using the  
668 award designation in the manner authorized under subsection (5).

669 (5) A nurse registry that is awarded under the program may  
670 use the designation in advertising and marketing. However, a  
671 nurse registry may not use the award designation in any  
672 advertising or marketing if the nurse registry:

673 (a) Has not been awarded the designation;

674 (b) Fails to renew the award upon expiration of the award  
675 designation;

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

678 (d) Has been notified that it no longer meets the criteria  
679 for the award upon reapplication after expiration of the award  
680 designation.

681 (6) An application for an award designation under the  
682 program is not an application for licensure. A designation award  
683 or denial by the agency under this section does not constitute  
684 final agency action subject to chapter 120.

685 Section 10. Section 408.064, Florida Statutes, is created  
686 to read:

687 408.064 Direct care worker education and awareness.—

688 (1) The agency shall create a webpage dedicated solely to  
689 providing information to patients and their families about  
690 direct care workers, as defined in s. 408.822, including, but  
691 not limited to, a description of:

692 (a) Each type of direct care worker, including any  
693 licensure or certification requirements.

694 (b) The services that each type of direct care worker  
695 typically provides.

696 (c) The business relationship that each type of direct  
697 care worker typically has with a patient or a patient's family,  
698 including the responsibilities of the consumer for each type of  
699 business relationship.

700 (2) The webpage shall contain a link to health-related

701 data required by s. 408.05, which allows consumers to search and  
702 locate direct care workers by county and statewide. The agency  
703 shall prominently display a link on its website to the webpage  
704 created under this section.

705 Section 11. Section 408.822, Florida Statutes, is created  
706 to read:

707 408.822 Direct care workforce survey.—

708 (1) For purposes of this section, the term "direct care  
709 worker" means a certified nursing assistant, home health aide,  
710 personal care assistant, companion services or homemaker  
711 services provider, paid feeding assistant, or other individuals  
712 who provide personal care as defined in s. 400.462 to  
713 individuals who are elderly, developmentally disabled, or  
714 chronically ill.

715 (2) Beginning January 1, 2021, each licensee that applies  
716 for licensure renewal as a nursing home facility licensed under  
717 part II of chapter 400; an assisted living facility licensed  
718 under part I of chapter 429; or a home health agency, nurse  
719 registry, or a companion services or homemaker services provider  
720 licensed under part III of chapter 400 must furnish the  
721 following information to the agency in a survey on the direct  
722 care workforce:

723 (a) The number of registered nurses, licensed practical  
724 nurses, and direct care workers employed or contracted by the  
725 licensee.

726 (b) The turnover and vacancy rates of employed registered  
727 nurses, licensed practical nurses, and direct care workers and  
728 contributing factors to the rates, as applicable.

729 (c) Average wage for registered nurses, licensed practical  
730 nurses, and each category of direct care workers, including  
731 employees and independent contractors.

732 (d) Employment benefits for employed direct care workers  
733 or independent contractors and the average cost to the employer  
734 and employee or independent contractor, as applicable.

735 (e) Type and availability of training for employed  
736 registered nurses, licensed practical nurses, and direct care  
737 workers, as applicable.

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

743 (4) The licensee must submit the completed survey by a  
744 time designated by the agency in rule. The agency may not issue  
745 a license renewal until the licensee submits a completed survey.

746 (5) The agency shall continually analyze the results of  
747 the survey and publish the results on its website. The agency  
748 must update the information published on its website monthly.  
749 The analysis must include the:

750 (a) Number of direct workers in the state, including the

751 number of full-time workers and the number of part-time workers.

752 (b) Turnover rate and causes of turnover.

753 (c) Vacancy rate.

754 (d) Average hourly wage.

755 (e) Benefits offered.

756 (f) Availability of post-employment training.

757 Section 12. Section 464.0156, Florida Statutes, is created  
758 to read:

759 464.0156 Delegation of duties.—

760 (1) A registered nurse may delegate a task to a certified  
761 nursing assistant certified under part II of this chapter or a  
762 home health aide as defined in s. 400.462, if the registered  
763 nurse determines that the certified nursing assistant or home  
764 health aide is competent to perform the task, the task is  
765 delegable under federal law, and the task:

766 (a) Is within the nurse's scope of practice.

767 (b) Frequently recurs in the routine care of a patient or  
768 group of patients.

769 (c) Is performed according to an established sequence of  
770 steps.

771 (d) Involves little or no modification from one patient to  
772 another.

773 (e) May be performed with a predictable outcome.

774 (f) Does not inherently involve ongoing assessment,  
775 interpretation, or clinical judgement.

776 (g) Does not endanger a patient's life or well-being.

777 (2) A registered nurse may delegate to a certified nursing  
778 assistant or a home health aide the administration of medication  
779 of oral, transdermal, ophthalmic, otic, rectal, inhaled,  
780 enteral, or topical prescription medications to a patient of a  
781 home health agency if the certified nursing assistant or home  
782 health aide meets the requirements of s. 464.2035 or s. 400.489,  
783 respectively. A registered nurse may not delegate the  
784 administration of any controlled substance listed in Schedule  
785 II, Schedule III, or Schedule IV of s. 893.03 or 21 U.S.C. s.  
786 812.

787 (3) The board, in consultation with the Agency for Health  
788 Care Administration, shall adopt rules to implement this  
789 section.

790 Section 13. Paragraphs (r) and (s) are added to subsection  
791 (1) of section 464.018, Florida Statutes, to read:

792 464.018 Disciplinary actions.—

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

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

800 (s) For an advanced practice registered nurse registered



801 to engage in autonomous practice under s. 464.0123:

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

812 2. Exercising influence within a patient-advanced practice  
813 registered nurse relationship for purposes of engaging a patient  
814 in sexual activity. A patient shall be presumed to be incapable  
815 of giving free, full, and informed consent to sexual activity  
816 with his or her advanced practice registered nurse.

817 3. Making deceptive, untrue, or fraudulent representations  
818 in or related to, or employing a trick or scheme in or related  
819 to, advanced or specialized nursing practice.

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

825 5. Failing to keep legible, as defined by department rule

826 in consultation with the board, medical records that identify  
827 the advanced practice registered nurse by name and professional  
828 title who is responsible for rendering, ordering, supervising,  
829 or billing for each diagnostic or treatment procedure and that  
830 justify the course of treatment of the patient, including, but  
831 not limited to, patient histories; examination results; test  
832 results; records of drugs prescribed, dispensed, or  
833 administered; and reports of consultations or referrals.

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

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

842 8. Performing any procedure or prescribing any therapy  
843 that, by the prevailing standards of advanced or specialized  
844 nursing practice in the community, would constitute  
845 experimentation on a human subject, without first obtaining  
846 full, informed, and written consent.

847 9. Delegating professional responsibilities to a person  
848 when the advanced practice registered nurse delegating such  
849 responsibilities knows or has reason to believe that such person  
850 is not qualified by training, experience, or licensure to

851 perform such responsibilities.

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

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

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

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

864 Section 14. Section 464.2035, Florida Statutes, is created  
865 to read:

866 464.2035 Administration of medication.—

867 (1) A certified nursing assistant may administer oral,  
868 transdermal, ophthalmic, otic, rectal, inhaled, enteral, or  
869 topical prescription medication to a patient of a home health  
870 agency if the certified nursing assistant has been delegated  
871 such task by a registered nurse licensed under part I of this  
872 chapter, has satisfactorily completed an initial 6-hour training  
873 course approved by the board, and has been found competent to  
874 administer medication to a patient in a safe and sanitary  
875 manner. The training, determination of competency, and initial

876 and annual validations required in this section shall be  
877 conducted by a registered nurse licensed under this chapter or a  
878 physician licensed under chapter 458 or chapter 459.

879 (2) A certified nursing assistant must annually and  
880 satisfactorily complete 2 hours of inservice training in  
881 medication administration and medication error prevention  
882 approved by the board, in consultation with the Agency for  
883 Health Care Administration. The inservice training is in  
884 addition to the annual inservice training hours required under  
885 this part.

886 (3) The board, in consultation with the Agency for Health  
887 Care Administration, shall establish by rule standards and  
888 procedures that a certified nursing assistant must follow when  
889 administering medication to a patient of a home health agency.  
890 Such rules must, at a minimum, address qualification  
891 requirements for trainers, requirements for labeling medication,  
892 documentation and recordkeeping, the storage and disposal of  
893 medication, instructions concerning the safe administration of  
894 medication, informed-consent requirements and records, and the  
895 training curriculum and validation procedures.

896 Section 15. Subsection (1) of section 409.905, Florida  
897 Statutes, is amended to read:

898 409.905 Mandatory Medicaid services.—The agency may make  
899 payments for the following services, which are required of the  
900 state by Title XIX of the Social Security Act, furnished by

901 Medicaid providers to recipients who are determined to be  
902 eligible on the dates on which the services were provided. Any  
903 service under this section shall be provided only when medically  
904 necessary and in accordance with state and federal law.  
905 Mandatory services rendered by providers in mobile units to  
906 Medicaid recipients may be restricted by the agency. Nothing in  
907 this section shall be construed to prevent or limit the agency  
908 from adjusting fees, reimbursement rates, lengths of stay,  
909 number of visits, number of services, or any other adjustments  
910 necessary to comply with the availability of moneys and any  
911 limitations or directions provided for in the General  
912 Appropriations Act or chapter 216.

913 (1) ADVANCED PRACTICE REGISTERED NURSE SERVICES.—The  
914 agency shall pay for services provided to a recipient by a  
915 licensed advanced practice registered nurse who has a valid  
916 collaboration agreement with a licensed physician on file with  
917 the Department of Health or who provides anesthesia services in  
918 accordance with established protocol required by state law and  
919 approved by the medical staff of the facility in which the  
920 anesthetic service is performed. Reimbursement for such services  
921 must be provided in an amount that equals not less than 80  
922 percent of the reimbursement to a physician who provides the  
923 same services, unless otherwise provided for in the General  
924 Appropriations Act. The agency shall also pay for services  
925 provided to a recipient by a licensed advance practice

926 registered nurse who is registered to engage in autonomous  
927 practice under s. 464.0123.

928 Section 16. Subsections (1), (2), and (3) of section  
929 456.0391, Florida Statutes, are amended to read:

930 456.0391 Advanced practice registered nurses and  
931 autonomous physician assistants; information required for  
932 licensure or registration.—

933 (1) (a) Each person who applies for initial licensure under  
934 s. 464.012 or initial registration under s. 458.347(8) or s.  
935 459.022(8) must, at the time of application, and each person  
936 licensed under s. 464.012 or registered under s. 458.347(8) or  
937 s. 459.022(8) who applies for licensure or registration renewal  
938 must, in conjunction with the renewal of such licensure or  
939 registration and under procedures adopted by the Department of  
940 Health, and in addition to any other information that may be  
941 required from the applicant, furnish the following information  
942 to the Department of Health:

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

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

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

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

957           5. The year that the applicant received initial  
958 certification, ~~or~~ licensure, or registration and began  
959 practicing the profession in any jurisdiction and the year that  
960 the applicant received initial certification, ~~or~~ licensure, or  
961 registration in this state.

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

967           7. A description of any criminal offense of which the  
968 applicant has been found guilty, regardless of whether  
969 adjudication of guilt was withheld, or to which the applicant  
970 has pled guilty or nolo contendere. A criminal offense committed  
971 in another jurisdiction which would have been a felony or  
972 misdemeanor if committed in this state must be reported. If the  
973 applicant indicates that a criminal offense is under appeal and  
974 submits a copy of the notice for appeal of that criminal  
975 offense, the department must state that the criminal offense is

976 | under appeal if the criminal offense is reported in the  
977 | applicant's profile. If the applicant indicates to the  
978 | department that a criminal offense is under appeal, the  
979 | applicant must, within 15 days after the disposition of the  
980 | appeal, submit to the department a copy of the final written  
981 | order of disposition.

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

999 |       (b) In addition to the information required under  
1000 | paragraph (a), each applicant for initial licensure or



1001 registration or licensure or registration renewal must provide  
 1002 the information required of licensees pursuant to s. 456.049.

1003 (2) The Department of Health shall send a notice to each  
 1004 person licensed under s. 464.012 or registered under s.  
 1005 458.347(8) or s. 459.022(8) at the licensee's or registrant's  
 1006 last known address of record regarding the requirements for  
 1007 information to be submitted by such person ~~advanced practice~~  
 1008 ~~registered nurses~~ pursuant to this section in conjunction with  
 1009 the renewal of such license or registration.

1010 (3) Each person licensed under s. 464.012 or registered  
 1011 under s. 458.347(8) or s. 459.022(8) who has submitted  
 1012 information pursuant to subsection (1) must update that  
 1013 information in writing by notifying the Department of Health  
 1014 within 45 days after the occurrence of an event or the  
 1015 attainment of a status that is required to be reported by  
 1016 subsection (1). Failure to comply with the requirements of this  
 1017 subsection to update and submit information constitutes a ground  
 1018 for disciplinary action under the applicable practice act  
 1019 ~~chapter 464~~ and s. 456.072(1)(k). For failure to comply with the  
 1020 requirements of this subsection to update and submit  
 1021 information, the department or board, as appropriate, may:

1022 (a) Refuse to issue a license or registration to any  
 1023 person applying for initial licensure or registration who fails  
 1024 to submit and update the required information.

1025 (b) Issue a citation to any certificateholder, ~~or~~

1026 | licensee, or registrant who fails to submit and update the  
1027 | required information and may fine the certificateholder, ~~or~~  
1028 | licensee, or registrant up to \$50 for each day that the  
1029 | certificateholder, ~~or~~ licensee, or registrant is not in  
1030 | compliance with this subsection. The citation must clearly state  
1031 | that the certificateholder, ~~or~~ licensee, or registrant may  
1032 | choose, in lieu of accepting the citation, to follow the  
1033 | procedure under s. 456.073. If the certificateholder, ~~or~~  
1034 | licensee, or registrant disputes the matter in the citation, the  
1035 | procedures set forth in s. 456.073 must be followed. However, if  
1036 | the certificateholder, ~~or~~ licensee, or registrant does not  
1037 | dispute the matter in the citation with the department within 30  
1038 | days after the citation is served, the citation becomes a final  
1039 | order and constitutes discipline. Service of a citation may be  
1040 | made by personal service or certified mail, restricted delivery,  
1041 | to the subject at the certificateholder's, ~~or~~ licensee's, or  
1042 | registrant's last known address.

1043 |       Section 17. Subsection (6) of section 456.041, Florida  
1044 | Statutes, is amended to read:

1045 |       456.041 Practitioner profile; creation.—

1046 |       (6) The Department of Health shall provide in each  
1047 | practitioner profile for every physician, autonomous physician  
1048 | assistant, or advanced practice registered nurse terminated for  
1049 | cause from participating in the Medicaid program, pursuant to s.  
1050 | 409.913, or sanctioned by the Medicaid program a statement that

1051 the practitioner has been terminated from participating in the  
 1052 Florida Medicaid program or sanctioned by the Medicaid program.

1053 Section 18. Subsections (8) through (17) of section  
 1054 458.347, Florida Statutes, are renumbered as subsections (9)  
 1055 through (18), respectively, subsection (2), paragraphs (b), (e),  
 1056 and (f) of subsection (4), paragraph (a) of subsection (6),  
 1057 paragraphs (a) and (f) of subsection (7), and present  
 1058 subsections (9), (11), (12), and (13) are amended, and new  
 1059 subsections (8) and (19) are added to that section, to read:

1060 458.347 Physician assistants.—

1061 (2) DEFINITIONS.—As used in this section:

1062 (a) "Approved program" means a program, formally approved  
 1063 by the boards, for the education of physician assistants.

1064 (b) "Autonomous physician assistant" means a physician  
 1065 assistant who meets the requirements of subsection (8) to  
 1066 practice primary care without physician supervision.

1067 (c) ~~(b)~~ "Boards" means the Board of Medicine and the Board  
 1068 of Osteopathic Medicine.

1069 (d) ~~(h)~~ "Continuing medical education" means courses  
 1070 recognized and approved by the boards, the American Academy of  
 1071 Physician Assistants, the American Medical Association, the  
 1072 American Osteopathic Association, or the Accreditation Council  
 1073 on Continuing Medical Education.

1074 (e) ~~(e)~~ "Council" means the Council on Physician  
 1075 Assistants.

1076        (f)~~(e)~~ "Physician assistant" means a person who is a  
 1077 graduate of an approved program or its equivalent or meets  
 1078 standards approved by the boards and is licensed to perform  
 1079 medical services delegated by the supervising physician.

1080        (g) "Proficiency examination" means an entry-level  
 1081 examination approved by the boards, including, but not limited  
 1082 to, those examinations administered by the National Commission  
 1083 on Certification of Physician Assistants.

1084        (h)~~(f)~~ "Supervision" means responsible supervision and  
 1085 control. Except in cases of emergency, supervision requires the  
 1086 easy availability or physical presence of the licensed physician  
 1087 for consultation and direction of the actions of the physician  
 1088 assistant. For the purposes of this definition, the term "easy  
 1089 availability" includes the ability to communicate by way of  
 1090 telecommunication. The boards shall establish rules as to what  
 1091 constitutes responsible supervision of the physician assistant.

1092        (i)~~(d)~~ "Trainee" means a person who is currently enrolled  
 1093 in an approved program.

1094        (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

1095        (b) This chapter does not prevent third-party payors from  
 1096 reimbursing employers of autonomous physician assistants or  
 1097 physician assistants for covered services rendered by registered  
 1098 autonomous physician assistants or licensed physician  
 1099 assistants.

1100        (e) A supervising physician may delegate to a fully

1101 licensed physician assistant the authority to prescribe or  
1102 dispense any medication used in the supervising physician's  
1103 practice unless such medication is listed on the formulary  
1104 created pursuant to paragraph (f). A fully licensed physician  
1105 assistant may only prescribe or dispense such medication under  
1106 the following circumstances:

1107 1. A physician assistant must clearly identify to the  
1108 patient that he or she is a physician assistant ~~and inform the~~  
1109 ~~patient that the patient has the right to see the physician~~  
1110 ~~before a prescription is prescribed or dispensed by the~~  
1111 ~~physician assistant.~~

1112 2. The supervising physician must notify the department of  
1113 his or her intent to delegate, on a department-approved form,  
1114 before delegating such authority and of any change in  
1115 prescriptive privileges of the physician assistant. Authority to  
1116 dispense may be delegated only by a supervising physician who is  
1117 registered as a dispensing practitioner in compliance with s.  
1118 465.0276.

1119 3. The physician assistant must complete a minimum of 10  
1120 continuing medical education hours in the specialty practice in  
1121 which the physician assistant has prescriptive privileges with  
1122 each licensure renewal. Three of the 10 hours must consist of a  
1123 continuing education course on the safe and effective  
1124 prescribing of controlled substance medications which is offered  
1125 by a statewide professional association of physicians in this

1126 state accredited to provide educational activities designated  
1127 for the American Medical Association Physician's Recognition  
1128 Award Category 1 credit or designated by the American Academy of  
1129 Physician Assistants as a Category 1 credit.

1130 4. The department may issue a prescriber number to the  
1131 physician assistant granting authority for the prescribing of  
1132 medicinal drugs authorized within this paragraph upon completion  
1133 of the requirements of this paragraph. The physician assistant  
1134 is not required to independently register pursuant to s.  
1135 465.0276.

1136 5. The prescription may be in paper or electronic form but  
1137 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499  
1138 and must contain, in addition to the supervising physician's  
1139 name, address, and telephone number, the physician assistant's  
1140 prescriber number. Unless it is a drug or drug sample dispensed  
1141 by the physician assistant, the prescription must be filled in a  
1142 pharmacy permitted under chapter 465 and must be dispensed in  
1143 that pharmacy by a pharmacist licensed under chapter 465. The  
1144 inclusion of the prescriber number creates a presumption that  
1145 the physician assistant is authorized to prescribe the medicinal  
1146 drug and the prescription is valid.

1147 6. The physician assistant must note the prescription or  
1148 dispensing of medication in the appropriate medical record.

1149 (f)1. The council shall establish a formulary of medicinal  
1150 drugs that a registered autonomous physician assistant or fully

1151 licensed physician assistant having prescribing authority under  
1152 this section or s. 459.022 may not prescribe. The formulary must  
1153 include general anesthetics and radiographic contrast materials  
1154 and must limit the prescription of Schedule II controlled  
1155 substances as listed in s. 893.03 or 21 U.S.C. s. 812 to a 7-day  
1156 supply. The formulary must also restrict the prescribing of  
1157 psychiatric mental health controlled substances for children  
1158 younger than 18 years of age.

1159         2. In establishing the formulary, the council shall  
1160 consult with a pharmacist licensed under chapter 465, but not  
1161 licensed under this chapter or chapter 459, who shall be  
1162 selected by the State Surgeon General.

1163         3. Only the council shall add to, delete from, or modify  
1164 the formulary. Any person who requests an addition, a deletion,  
1165 or a modification of a medicinal drug listed on such formulary  
1166 has the burden of proof to show cause why such addition,  
1167 deletion, or modification should be made.

1168         4. The boards shall adopt the formulary required by this  
1169 paragraph, and each addition, deletion, or modification to the  
1170 formulary, by rule. Notwithstanding any provision of chapter 120  
1171 to the contrary, the formulary rule shall be effective 60 days  
1172 after the date it is filed with the Secretary of State. Upon  
1173 adoption of the formulary, the department shall mail a copy of  
1174 such formulary to each registered autonomous physician assistant  
1175 or fully licensed physician assistant having prescribing

1176 authority under this section or s. 459.022, and to each pharmacy  
1177 licensed by the state. The boards shall establish, by rule, a  
1178 fee not to exceed \$200 to fund ~~the provisions of~~ this paragraph  
1179 and paragraph (e).

1180 (6) PROGRAM APPROVAL.—

1181 (a) The boards shall approve programs, ~~based on~~  
1182 ~~recommendations by the council,~~ for the education and training  
1183 of physician assistants which meet standards established by rule  
1184 of the boards. ~~The council may recommend only those physician~~  
1185 ~~assistant programs that hold full accreditation or provisional~~  
1186 ~~accreditation from the Commission on Accreditation of Allied~~  
1187 ~~Health Programs or its successor organization. Any educational~~  
1188 ~~institution offering a physician assistant program approved by~~  
1189 ~~the boards pursuant to this paragraph may also offer the~~  
1190 ~~physician assistant program authorized in paragraph (c) for~~  
1191 ~~unlicensed physicians.~~

1192 (7) PHYSICIAN ASSISTANT LICENSURE.—

1193 (a) Any person desiring to be licensed as a physician  
1194 assistant must apply to the department. The department shall  
1195 issue a license to any person certified by the council as having  
1196 met the following requirements:

1197 1. Is at least 18 years of age.

1198 2. Has satisfactorily passed a proficiency examination by  
1199 an acceptable score established by the National Commission on  
1200 Certification of Physician Assistants. If an applicant does not



1201 hold a current certificate issued by the National Commission on  
 1202 Certification of Physician Assistants and has not actively  
 1203 practiced as a physician assistant within the immediately  
 1204 preceding 4 years, the applicant must retake and successfully  
 1205 complete the entry-level examination of the National Commission  
 1206 on Certification of Physician Assistants to be eligible for  
 1207 licensure.

1208 3. Has completed the application form and remitted an  
 1209 application fee not to exceed \$300 as set by the boards. An  
 1210 application for licensure made by a physician assistant must  
 1211 include:

1212 a. Has graduated from a board-approved ~~A certificate of~~  
 1213 ~~completion of a~~ physician assistant training program as  
 1214 specified in subsection (6).

1215 b. Acknowledgment of any prior felony convictions.

1216 c. Acknowledgment of any previous revocation or denial of  
 1217 licensure or certification in any state.

1218 d. A copy of course transcripts and a copy of the course  
 1219 description from a physician assistant training program  
 1220 describing course content in pharmacotherapy, if the applicant  
 1221 wishes to apply for prescribing authority. These documents must  
 1222 meet the evidence requirements for prescribing authority.

1223 (f) The Board of Medicine may impose any of the penalties  
 1224 authorized under ss. 456.072 and 458.331(2) upon an autonomous  
 1225 physician assistant or a physician assistant if the autonomous

1226 physician assistant, physician assistant, or ~~the~~ supervising  
 1227 physician has been found guilty of or is being investigated for  
 1228 any act that constitutes a violation of this chapter or chapter  
 1229 456.

1230 (8) PERFORMANCE OF AUTONOMOUS PHYSICIAN ASSISTANTS.-

1231 (a) The boards shall register a physician assistant as an  
 1232 autonomous physician assistant if the applicant demonstrates  
 1233 that he or she:

1234 1. Holds an active, unencumbered license to practice as a  
 1235 physician assistant in this state.

1236 2. Has not been subject to any disciplinary action as  
 1237 specified in s. 456.072, s. 458.331, or s. 459.015, or any  
 1238 similar disciplinary action in any jurisdiction of the United  
 1239 States, within the 5 years immediately preceding the  
 1240 registration request.

1241 3. Has completed, in any jurisdiction of the United  
 1242 States, at least 2,000 clinical practice hours within the 5  
 1243 years immediately preceding the submission of the registration  
 1244 request while practicing as a physician assistant under the  
 1245 supervision of an allopathic or osteopathic physician who held  
 1246 an active, unencumbered license issued by any state, the  
 1247 District of Columbia, or a possession or territory of the United  
 1248 States during the period of such supervision.

1249 4. Has completed a graduate-level course in pharmacology.

1250 5. Obtains and maintains professional liability coverage

1251 at the same level and in the same manner as in s. 458.320(1)(b)  
1252 or (c). However, the requirements of this subparagraph do not  
1253 apply to:

1254 a. Any person registered under this subsection who  
1255 practices exclusively as an officer, employee, or agent of the  
1256 Federal Government or of the state or its agencies or its  
1257 subdivisions.

1258 b. Any person whose license has become inactive and who is  
1259 not practicing as an autonomous physician assistant in this  
1260 state.

1261 c. Any person who practices as an autonomous physician  
1262 assistant only in conjunction with his or her teaching duties at  
1263 an accredited school or its main teaching hospitals. Such  
1264 practice is limited to that which is incidental to and a  
1265 necessary part of duties in connection with the teaching  
1266 position.

1267 d. Any person who holds an active registration under this  
1268 subsection who is not practicing as an autonomous physician  
1269 assistant in this state. If such person initiates or resumes any  
1270 practice as an autonomous physician assistant, he or she must  
1271 notify the department of such activity and fulfill the  
1272 professional liability coverage requirements of this  
1273 subparagraph.

1274 (b) The department shall conspicuously distinguish an  
1275 autonomous physician assistant license if he or she is

1276 registered under this subsection.

1277 (c) An autonomous physician assistant may:

1278 1. Render only primary care services as defined by rule of  
1279 the boards without physician supervision.

1280 2. Provide any service that is within the scope of the  
1281 autonomous physician assistant's education and experience and  
1282 provided in accordance with rules adopted by the board without  
1283 physician supervision.

1284 3. Prescribe, dispense, administer, or order any medicinal  
1285 drug, including those medicinal drugs to the extent authorized  
1286 under paragraph (4) (f) and the formulary adopted in that  
1287 paragraph.

1288 4. Order any medication for administration to a patient in  
1289 a facility licensed under chapter 395 or part II of chapter 400,  
1290 notwithstanding chapter 465 or chapter 893.

1291 5. Provide a signature, certification, stamp,  
1292 verification, affidavit, or other endorsement that is otherwise  
1293 required by law to be provided by a physician.

1294 (d) An autonomous physician assistant must biennially  
1295 renew his or her registration under this subsection. The  
1296 biennial renewal shall coincide with the autonomous physician  
1297 assistant's biennial renewal period for physician assistant  
1298 licensure.

1299 (e) The council shall develop rules defining the primary  
1300 care practice of autonomous physician assistants, which may

1301 include internal medicine, general pediatrics, family medicine,  
1302 geriatrics, and general obstetrics and gynecology practices.

1303 ~~(10)-(9)~~ COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on  
1304 Physician Assistants is created within the department.

1305 (a) The council shall consist of five members appointed as  
1306 follows:

1307 1. The chairperson of the Board of Medicine shall appoint  
1308 one member who is a physician and a member ~~three members who are~~  
1309 ~~physicians and members~~ of the Board of Medicine. ~~One of The~~  
1310 physician ~~physicians~~ must supervise a physician assistant in his  
1311 or her ~~the physician's~~ practice.

1312 2. The chairperson of the Board of Osteopathic Medicine  
1313 shall appoint one member who is a physician and a member of the  
1314 Board of Osteopathic Medicine. The physician must supervise a  
1315 physician assistant in his or her practice.

1316 3. The State Surgeon General or his or her designee shall  
1317 appoint three ~~a~~ fully licensed physician assistants ~~assistant~~  
1318 licensed under this chapter or chapter 459.

1319 ~~(b) Two of the members appointed to the council must be~~  
1320 ~~physicians who supervise physician assistants in their practice.~~  
1321 Members shall be appointed to terms of 4 years, except that of  
1322 the initial appointments, two members shall be appointed to  
1323 terms of 2 years, two members shall be appointed to terms of 3  
1324 years, and one member shall be appointed to a term of 4 years,  
1325 as established by rule of the boards. Council members may not

1326 | serve more than two consecutive terms. The council shall  
1327 | annually elect a chairperson from among its members.

1328 | (c) The council shall:

1329 | 1. Recommend to the department the licensure of physician  
1330 | assistants.

1331 | 2. Develop all rules regulating the primary care practice  
1332 | of autonomous physician assistants and the use of physician  
1333 | assistants by physicians under this chapter and chapter 459,  
1334 | except for rules relating to the formulary developed under  
1335 | paragraph (4) (f). The council shall also develop rules to ensure  
1336 | that the continuity of supervision is maintained in each  
1337 | practice setting. The boards shall consider adopting a proposed  
1338 | rule developed by the council at the regularly scheduled meeting  
1339 | immediately following the submission of the proposed rule by the  
1340 | council. A proposed rule submitted by the council may not be  
1341 | adopted by either board unless both boards have accepted and  
1342 | approved the identical language contained in the proposed rule.  
1343 | The language of all proposed rules submitted by the council must  
1344 | be approved by both boards pursuant to each respective board's  
1345 | guidelines and standards regarding the adoption of proposed  
1346 | rules. If either board rejects the council's proposed rule, that  
1347 | board must specify its objection to the council with  
1348 | particularity and include any recommendations it may have for  
1349 | the modification of the proposed rule.

1350 | 3. Make recommendations to the boards regarding all

1351 matters relating to autonomous physician assistants and  
 1352 physician assistants.

1353 4. Address concerns and problems of practicing autonomous  
 1354 physician assistants and physician assistants in order to  
 1355 improve safety in the clinical practices of registered  
 1356 autonomous physician assistants and licensed physician  
 1357 assistants.

1358 (d) When the council finds that an applicant for licensure  
 1359 has failed to meet, to the council's satisfaction, each of the  
 1360 requirements for licensure set forth in this section, the  
 1361 council may enter an order to:

- 1362 1. Refuse to certify the applicant for licensure;
- 1363 2. Approve the applicant for licensure with restrictions  
 1364 on the scope of practice or license; or
- 1365 3. Approve the applicant for conditional licensure. Such  
 1366 conditions may include placement of the licensee on probation  
 1367 for a period of time and subject to such conditions as the  
 1368 council may specify, including but not limited to, requiring the  
 1369 licensee to undergo treatment, to attend continuing education  
 1370 courses, to work under the direct supervision of a physician  
 1371 licensed in this state, or to take corrective action.

1372 ~~(12)-(11)~~ PENALTY.—Any person who has not been registered  
 1373 or licensed by the council and approved by the department and  
 1374 who holds himself or herself out as an autonomous physician  
 1375 assistant or a physician assistant or who uses any other term in

1376 indicating or implying that he or she is an autonomous physician  
1377 assistant or a physician assistant commits a felony of the third  
1378 degree, punishable as provided in s. 775.082 or s. 775.084 or by  
1379 a fine not exceeding \$5,000.

1380 (13)~~(12)~~ DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—  
1381 The boards may deny, suspend, or revoke the registration of an  
1382 autonomous physician assistant or the license of a physician  
1383 assistant license if a board determines that the autonomous  
1384 physician assistant or physician assistant has violated this  
1385 chapter.

1386 (14)~~(13)~~ RULES.—The boards shall adopt rules to implement  
1387 this section, including rules detailing the contents of the  
1388 application for licensure and notification pursuant to  
1389 subsection (7), rules relating to the registration of autonomous  
1390 physician assistants under subsection (8), and rules to ensure  
1391 ~~both~~ the continued competency of autonomous physician assistants  
1392 and physician assistants and the proper utilization of them by  
1393 physicians or groups of physicians.

1394 (19) ADVERSE INCIDENTS.—An autonomous physician assistant  
1395 must report adverse incidents to the department in accordance  
1396 with s. 458.351.

1397 Section 19. Subsections (8) through (17) of section  
1398 459.022, Florida Statutes, are renumbered as subsections (9)  
1399 through (18), respectively, subsection (2), paragraphs (b) and  
1400 (e) of subsection (4), paragraph (a) of subsection (6),



1401 paragraphs (a) and (f) of subsection (7), and present  
1402 subsections (9), (11), (12), and (13) are amended, and new  
1403 subsections (8) and (19) are added to that section, to read:

1404 459.022 Physician assistants.—

1405 (2) DEFINITIONS.—As used in this section:

1406 (a) "Approved program" means a program, formally approved  
1407 by the boards, for the education of physician assistants.

1408 (b) "Autonomous physician assistant" means a physician  
1409 assistant who meets the requirements of subsection (8) to  
1410 practice primary care without physician supervision.

1411 (c)~~(b)~~ "Boards" means the Board of Medicine and the Board  
1412 of Osteopathic Medicine.

1413 (d)~~(h)~~ "Continuing medical education" means courses  
1414 recognized and approved by the boards, the American Academy of  
1415 Physician Assistants, the American Medical Association, the  
1416 American Osteopathic Association, or the Accreditation Council  
1417 on Continuing Medical Education.

1418 (e)~~(e)~~ "Council" means the Council on Physician  
1419 Assistants.

1420 (f)~~(e)~~ "Physician assistant" means a person who is a  
1421 graduate of an approved program or its equivalent or meets  
1422 standards approved by the boards and is licensed to perform  
1423 medical services delegated by the supervising physician.

1424 (g) "Proficiency examination" means an entry-level  
1425 examination approved by the boards, including, but not limited

1426 to, those examinations administered by the National Commission  
1427 on Certification of Physician Assistants.

1428 (h)~~(f)~~ "Supervision" means responsible supervision and  
1429 control. Except in cases of emergency, supervision requires the  
1430 easy availability or physical presence of the licensed physician  
1431 for consultation and direction of the actions of the physician  
1432 assistant. For the purposes of this definition, the term "easy  
1433 availability" includes the ability to communicate by way of  
1434 telecommunication. The boards shall establish rules as to what  
1435 constitutes responsible supervision of the physician assistant.

1436 (i)~~(d)~~ "Trainee" means a person who is currently enrolled  
1437 in an approved program.

1438 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

1439 (b) This chapter does not prevent third-party payors from  
1440 reimbursing employers of autonomous physician assistants or  
1441 physician assistants for covered services rendered by registered  
1442 autonomous physician assistants or licensed physician  
1443 assistants.

1444 (e) A supervising physician may delegate to a fully  
1445 licensed physician assistant the authority to prescribe or  
1446 dispense any medication used in the supervising physician's  
1447 practice unless such medication is listed on the formulary  
1448 created pursuant to s. 458.347. A fully licensed physician  
1449 assistant may only prescribe or dispense such medication under  
1450 the following circumstances:

1451           1. A physician assistant must clearly identify to the  
1452 patient that she or he is a physician assistant ~~and must inform~~  
1453 ~~the patient that the patient has the right to see the physician~~  
1454 ~~before a prescription is prescribed or dispensed by the~~  
1455 ~~physician assistant.~~

1456           2. The supervising physician must notify the department of  
1457 her or his intent to delegate, on a department-approved form,  
1458 before delegating such authority and of any change in  
1459 prescriptive privileges of the physician assistant. Authority to  
1460 dispense may be delegated only by a supervising physician who is  
1461 registered as a dispensing practitioner in compliance with s.  
1462 465.0276.

1463           3. The physician assistant must complete a minimum of 10  
1464 continuing medical education hours in the specialty practice in  
1465 which the physician assistant has prescriptive privileges with  
1466 each licensure renewal.

1467           4. The department may issue a prescriber number to the  
1468 physician assistant granting authority for the prescribing of  
1469 medicinal drugs authorized within this paragraph upon completion  
1470 of the requirements of this paragraph. The physician assistant  
1471 is not required to independently register pursuant to s.  
1472 465.0276.

1473           5. The prescription may be in paper or electronic form but  
1474 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499  
1475 and must contain, in addition to the supervising physician's

1476 name, address, and telephone number, the physician assistant's  
1477 prescriber number. Unless it is a drug or drug sample dispensed  
1478 by the physician assistant, the prescription must be filled in a  
1479 pharmacy permitted under chapter 465, and must be dispensed in  
1480 that pharmacy by a pharmacist licensed under chapter 465. The  
1481 inclusion of the prescriber number creates a presumption that  
1482 the physician assistant is authorized to prescribe the medicinal  
1483 drug and the prescription is valid.

1484 6. The physician assistant must note the prescription or  
1485 dispensing of medication in the appropriate medical record.

1486 (6) PROGRAM APPROVAL.—

1487 (a) The boards shall approve programs, ~~based on~~  
1488 ~~recommendations by the council,~~ for the education and training  
1489 of physician assistants which meet standards established by rule  
1490 of the boards. ~~The council may recommend only those physician~~  
1491 ~~assistant programs that hold full accreditation or provisional~~  
1492 ~~accreditation from the Commission on Accreditation of Allied~~  
1493 ~~Health Programs or its successor organization.~~

1494 (7) PHYSICIAN ASSISTANT LICENSURE.—

1495 (a) Any person desiring to be licensed as a physician  
1496 assistant must apply to the department. The department shall  
1497 issue a license to any person certified by the council as having  
1498 met the following requirements:

- 1499 1. Is at least 18 years of age.
- 1500 2. Has satisfactorily passed a proficiency examination by

1501 an acceptable score established by the National Commission on  
 1502 Certification of Physician Assistants. If an applicant does not  
 1503 hold a current certificate issued by the National Commission on  
 1504 Certification of Physician Assistants and has not actively  
 1505 practiced as a physician assistant within the immediately  
 1506 preceding 4 years, the applicant must retake and successfully  
 1507 complete the entry-level examination of the National Commission  
 1508 on Certification of Physician Assistants to be eligible for  
 1509 licensure.

1510 3. Has completed the application form and remitted an  
 1511 application fee not to exceed \$300 as set by the boards. An  
 1512 application for licensure made by a physician assistant must  
 1513 include:

1514 a. Has graduated from a board-approved ~~A certificate of~~  
 1515 ~~completion of a~~ physician assistant training program as  
 1516 specified in subsection (6).

1517 b. Acknowledgment of any prior felony convictions.

1518 c. Acknowledgment of any previous revocation or denial of  
 1519 licensure or certification in any state.

1520 d. A copy of course transcripts and a copy of the course  
 1521 description from a physician assistant training program  
 1522 describing course content in pharmacotherapy, if the applicant  
 1523 wishes to apply for prescribing authority. These documents must  
 1524 meet the evidence requirements for prescribing authority.

1525 (f) The Board of Osteopathic Medicine may impose any of

1526 the penalties authorized under ss. 456.072 and 459.015(2) upon  
1527 an autonomous physician assistant or a physician assistant if  
1528 the autonomous physician assistant, physician assistant, or the  
1529 supervising physician has been found guilty of or is being  
1530 investigated for any act that constitutes a violation of this  
1531 chapter or chapter 456.

1532 (8) PERFORMANCE OF AUTONOMOUS PHYSICIAN ASSISTANTS.—

1533 (a) The boards shall register a physician assistant as an  
1534 autonomous physician assistant if the applicant demonstrates  
1535 that he or she:

1536 1. Holds an active, unencumbered license to practice as a  
1537 physician assistant in this state.

1538 2. Has not been subject to any disciplinary action as  
1539 specified in s. 456.072, s. 458.331, or s. 459.015, or any  
1540 similar disciplinary action in any jurisdiction of the United  
1541 States, within the 5 years immediately preceding the  
1542 registration request.

1543 3. Has completed, in any jurisdiction of the United  
1544 States, at least 2,000 clinical practice hours within the 5  
1545 years immediately preceding the submission of the registration  
1546 request while practicing as a physician assistant under the  
1547 supervision of an allopathic or osteopathic physician who held  
1548 an active, unencumbered license issued by any state, the  
1549 District of Columbia, or a possession or territory of the United  
1550 States during the period of such supervision.

1551 4. Has completed a graduate-level course in pharmacology.

1552 5. Obtains and maintains professional liability coverage  
1553 at the same level and in the same manner as in s. 458.320(1)(b)  
1554 or (c). However, the requirements of this subparagraph do not  
1555 apply to:

1556 a. Any person registered under this subsection who  
1557 practices exclusively as an officer, employee, or agent of the  
1558 Federal Government or of the state or its agencies or its  
1559 subdivisions.

1560 b. Any person whose license has become inactive and who is  
1561 not practicing as an autonomous physician assistant in this  
1562 state.

1563 c. Any person who practices as an autonomous physician  
1564 assistant only in conjunction with his or her teaching duties at  
1565 an accredited school or its main teaching hospitals. Such  
1566 practice is limited to that which is incidental to and a  
1567 necessary part of duties in connection with the teaching  
1568 position.

1569 d. Any person who holds an active registration under this  
1570 subsection who is not practicing as an autonomous physician  
1571 assistant in this state. If such person initiates or resumes any  
1572 practice as an autonomous physician assistant, he or she must  
1573 notify the department of such activity and fulfill the  
1574 professional liability coverage requirements of this  
1575 subparagraph.

1576 (b) The department shall conspicuously distinguish an  
1577 autonomous physician assistant license if he or she is  
1578 registered under this subsection.

1579 (c) An autonomous physician assistant may:

1580 1. Render only primary care services as defined by rule of  
1581 the boards without physician supervision.

1582 2. Provide any service that is within the scope of the  
1583 autonomous physician assistant's education and experience and  
1584 provided in accordance with rules adopted by the board without  
1585 physician supervision.

1586 3. Prescribe, dispense, administer, or order any medicinal  
1587 drug, including those medicinal drugs to the extent authorized  
1588 under paragraph (4) (f) and the formulary adopted thereunder.

1589 4. Order any medication for administration to a patient in  
1590 a facility licensed under chapter 395 or part II of chapter 400,  
1591 notwithstanding chapter 465 or chapter 893.

1592 5. Provide a signature, certification, stamp,  
1593 verification, affidavit, or other endorsement that is otherwise  
1594 required by law to be provided by a physician.

1595 (d) An autonomous physician assistant must biennially  
1596 renew his or her registration under this subsection. The  
1597 biennial renewal shall coincide with the autonomous physician  
1598 assistant's biennial renewal period for physician assistant  
1599 licensure.

1600 (e) The council shall develop rules defining the primary



1601 care practice of autonomous physician assistants, which may  
1602 include internal medicine, general pediatrics, family medicine,  
1603 geriatrics, and general obstetrics and gynecology practices.

1604 ~~(10)(9)~~ COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on  
1605 Physician Assistants is created within the department.

1606 (a) The council shall consist of five members appointed as  
1607 follows:

1608 1. The chairperson of the Board of Medicine shall appoint  
1609 one member who is a physician and a member ~~three members who are~~  
1610 ~~physicians and members~~ of the Board of Medicine. ~~One of The~~  
1611 physician ~~physicians~~ must supervise a physician assistant in his  
1612 or her ~~the physician's~~ practice.

1613 2. The chairperson of the Board of Osteopathic Medicine  
1614 shall appoint one member who is a physician and a member of the  
1615 Board of Osteopathic Medicine. The physician must supervise a  
1616 physician assistant in his or her practice.

1617 3. The State Surgeon General or her or his designee shall  
1618 appoint three ~~a~~ fully licensed physician assistants ~~assistant~~  
1619 licensed under chapter 458 or this chapter.

1620 (b) ~~Two of the members appointed to the council must be~~  
1621 ~~physicians who supervise physician assistants in their practice.~~  
1622 Members shall be appointed to terms of 4 years, except that of  
1623 the initial appointments, two members shall be appointed to  
1624 terms of 2 years, two members shall be appointed to terms of 3  
1625 years, and one member shall be appointed to a term of 4 years,

1626 as established by rule of the boards. Council members may not  
1627 serve more than two consecutive terms. The council shall  
1628 annually elect a chairperson from among its members.

1629 (c) The council shall:

1630 1. Recommend to the department the licensure of physician  
1631 assistants.

1632 2. Develop all rules regulating the primary care practice  
1633 of autonomous physician assistants and the use of physician  
1634 assistants by physicians under chapter 458 and this chapter,  
1635 except for rules relating to the formulary developed under s.  
1636 458.347. The council shall also develop rules to ensure that the  
1637 continuity of supervision is maintained in each practice  
1638 setting. The boards shall consider adopting a proposed rule  
1639 developed by the council at the regularly scheduled meeting  
1640 immediately following the submission of the proposed rule by the  
1641 council. A proposed rule submitted by the council may not be  
1642 adopted by either board unless both boards have accepted and  
1643 approved the identical language contained in the proposed rule.  
1644 The language of all proposed rules submitted by the council must  
1645 be approved by both boards pursuant to each respective board's  
1646 guidelines and standards regarding the adoption of proposed  
1647 rules. If either board rejects the council's proposed rule, that  
1648 board must specify its objection to the council with  
1649 particularity and include any recommendations it may have for  
1650 the modification of the proposed rule.

1651           3. Make recommendations to the boards regarding all  
 1652 matters relating to autonomous physician assistants and  
 1653 physician assistants.

1654           4. Address concerns and problems of practicing autonomous  
 1655 physician assistants and physician assistants in order to  
 1656 improve safety in the clinical practices of registered  
 1657 autonomous physician assistants and licensed physician  
 1658 assistants.

1659           (d) When the council finds that an applicant for licensure  
 1660 has failed to meet, to the council's satisfaction, each of the  
 1661 requirements for licensure set forth in this section, the  
 1662 council may enter an order to:

- 1663           1. Refuse to certify the applicant for licensure;
- 1664           2. Approve the applicant for licensure with restrictions  
 1665 on the scope of practice or license; or

1666           3. Approve the applicant for conditional licensure. Such  
 1667 conditions may include placement of the licensee on probation  
 1668 for a period of time and subject to such conditions as the  
 1669 council may specify, including but not limited to, requiring the  
 1670 licensee to undergo treatment, to attend continuing education  
 1671 courses, to work under the direct supervision of a physician  
 1672 licensed in this state, or to take corrective action.

1673           ~~(12)-(11)~~ PENALTY.—Any person who has not been registered  
 1674 or licensed by the council and approved by the department and  
 1675 who holds herself or himself out as an autonomous physician

1676 assistant or a physician assistant or who uses any other term in  
1677 indicating or implying that she or he is an autonomous physician  
1678 assistant or a physician assistant commits a felony of the third  
1679 degree, punishable as provided in s. 775.082 or s. 775.084 or by  
1680 a fine not exceeding \$5,000.

1681 ~~(13)~~ ~~(12)~~ DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—  
1682 The boards may deny, suspend, or revoke the registration of an  
1683 autonomous physician assistant or the license of a physician  
1684 assistant license if a board determines that the autonomous  
1685 physician assistant or physician assistant has violated this  
1686 chapter.

1687 ~~(14)~~ ~~(13)~~ RULES.—The boards shall adopt rules to implement  
1688 this section, including rules detailing the contents of the  
1689 application for licensure and notification pursuant to  
1690 subsection (7), rules relating to the registration of autonomous  
1691 physician assistants under subsection (8), and rules to ensure  
1692 ~~both~~ the continued competency of autonomous physician assistants  
1693 and physician assistants and the proper utilization of them by  
1694 physicians or groups of physicians.

1695 (19) ADVERSE INCIDENTS.—An autonomous physician assistant  
1696 must report adverse incidents to the department in accordance  
1697 with s. 459.026.

1698 Section 20. Subsections (1) and (3) of section 464.012,  
1699 Florida Statutes, are amended to read:

1700 464.012 Licensure of advanced practice registered nurses;

1701 fees; controlled substance prescribing.—

1702 (1) Any nurse desiring to be licensed as an advanced  
1703 practice registered nurse must apply to the board ~~department~~ and  
1704 submit proof that he or she holds a current license to practice  
1705 professional nursing or holds an active multistate license to  
1706 practice professional nursing pursuant to s. 464.0095 and ~~that~~  
1707 ~~he or she~~ meets one or more of the following requirements ~~as~~  
1708 ~~determined by the board:~~

1709 (a) Certification by an appropriate specialty board. Such  
1710 certification is required for initial state licensure and any  
1711 licensure renewal as a certified nurse midwife, certified nurse  
1712 practitioner, certified registered nurse anesthetist, clinical  
1713 nurse specialist, or psychiatric nurse. The board may by rule  
1714 provide for provisional state licensure of certified registered  
1715 nurse anesthetists, clinical nurse specialists, certified nurse  
1716 practitioners, psychiatric nurses, and certified nurse midwives  
1717 for a period of time determined to be appropriate for preparing  
1718 for and passing the national certification examination.

1719 (b) Graduation from a ~~program leading to a~~ master's degree  
1720 program in a nursing clinical specialty area with preparation in  
1721 specialized practitioner skills. For applicants graduating on or  
1722 after October 1, 1998, graduation from a master's degree program  
1723 is required for initial licensure as a certified nurse  
1724 practitioner under paragraph (4) (a).

1725 1. For applicants graduating on or after October 1, 2001,

1726 graduation from a master's degree program is required for  
1727 initial licensure as a certified registered nurse anesthetist  
1728 who may perform the acts listed in paragraph (4) (b).

1729 2. For applicants graduating on or after October 1, 1998,  
1730 graduation from a master's degree program is required for  
1731 initial licensure as a certified nurse midwife who may perform  
1732 the acts listed in paragraph (4) (c).

1733 3. For applicants graduating on or after July 1, 2007,  
1734 graduation from a master's degree program is required for  
1735 initial licensure as a clinical nurse specialist who may perform  
1736 the acts listed in paragraph (4) (d).

1737 (3) An advanced practice registered nurse shall perform  
1738 those functions authorized in this section within the framework  
1739 of an established protocol that must be maintained on site at  
1740 the location or locations at which an advanced practice  
1741 registered nurse practices, unless the advanced practice  
1742 registered nurse is registered to engage in autonomous practice  
1743 under s. 464.0123. In the case of multiple supervising  
1744 physicians in the same group, an advanced practice registered  
1745 nurse must enter into a supervisory protocol with at least one  
1746 physician within the physician group practice. A practitioner  
1747 currently licensed under chapter 458, chapter 459, or chapter  
1748 466 shall maintain supervision for directing the specific course  
1749 of medical treatment. Within the established framework, an  
1750 advanced practice registered nurse may:

1751 (a) Prescribe, dispense, administer, or order any drug;  
1752 however, an advanced practice registered nurse may prescribe or  
1753 dispense a controlled substance as defined in s. 893.03 only if  
1754 the advanced practice registered nurse has graduated from a  
1755 program leading to a master's or doctoral degree in a clinical  
1756 nursing specialty area with training in specialized practitioner  
1757 skills.

1758 (b) Initiate appropriate therapies for certain conditions.

1759 (c) Perform additional functions as may be determined by  
1760 rule in accordance with s. 464.003(2).

1761 (d) Order diagnostic tests and physical and occupational  
1762 therapy.

1763 (e) Order any medication for administration to a patient  
1764 in a facility licensed under chapter 395 or part II of chapter  
1765 400, notwithstanding any provisions in chapter 465 or chapter  
1766 893.

1767 (f) Sign, certify, stamp, verify, or endorse a document  
1768 that requires the signature, certification, stamp, verification,  
1769 affidavit, or endorsement of a physician. However, a supervisory  
1770 physician may not delegate the authority to issue a documented  
1771 approval to release a patient from a receiving facility or its  
1772 contractor under s. 394.463(2)(f) to an advanced practice  
1773 registered nurse.

1774 Section 21. Section 464.0123, Florida Statutes, is created  
1775 to read:

1776 464.0123 Autonomous practice by an advanced practice  
1777 registered nurse.—

1778 (1) For purposes of this section, the term "autonomous  
1779 practice" means advanced or specialized nursing practice by an  
1780 advanced practice registered nurse who is not subject to  
1781 supervision by a physician or a supervisory protocol.

1782 (2) The board shall register an advanced practice  
1783 registered nurse as an autonomous advanced practice registered  
1784 nurse if the applicant demonstrates that he or she:

1785 (a) Holds an active, unencumbered license to practice  
1786 advanced or specialized nursing in this state.

1787 (b) Has not been subject to any disciplinary action as  
1788 specified in s. 456.072 or s. 464.018, or any similar  
1789 disciplinary action in any other jurisdiction of the United  
1790 States, within the 5 years immediately preceding the  
1791 registration request.

1792 (c) Has completed, in any jurisdiction of the United  
1793 States, at least 2,000 clinical practice hours or clinical  
1794 instructional hours within the 5 years immediately preceding the  
1795 registration request while practicing as an advanced practice  
1796 registered nurse under the supervision of an allopathic or  
1797 osteopathic physician who held an active, unencumbered license  
1798 issued by any state, the District of Columbia, or a possession  
1799 or territory of the United States during the period of such  
1800 supervision.



1801 (d) Has completed a graduate-level course in pharmacology.

1802 (3) The board may provide by rule additional requirements  
1803 for an advanced practice registered nurse who is registered  
1804 under this section when performing acts within his or her  
1805 specialty pursuant to s. 464.012(4).

1806 (4) (a) An advanced practice registered nurse registered  
1807 under this section must by one of the following methods  
1808 demonstrate to the satisfaction of the board and the department  
1809 financial responsibility to pay claims and costs ancillary  
1810 thereto arising out of the rendering of, or the failure to  
1811 render, medical or nursing care or services:

1812 1. Obtaining and maintaining professional liability  
1813 coverage in an amount not less than \$100,000 per claim, with a  
1814 minimum annual aggregate of not less than \$300,000, from an  
1815 authorized insurer as defined in s. 624.09, from a surplus lines  
1816 insurer as defined in s. 626.914(2), from a risk retention group  
1817 as defined in s. 627.942, from the Joint Underwriting  
1818 Association established under s. 627.351(4), or through a plan  
1819 of self-insurance as provided in s. 627.357; or

1820 2. Obtaining and maintaining an unexpired, irrevocable  
1821 letter of credit, established pursuant to chapter 675, in an  
1822 amount of not less than \$100,000 per claim, with a minimum  
1823 aggregate availability of credit of not less than \$300,000. The  
1824 letter of credit must be payable to the advanced practice  
1825 registered nurse as beneficiary upon presentment of a final

1826 judgment indicating liability and awarding damages to be paid by  
1827 the advanced practice registered nurse or upon presentment of a  
1828 settlement agreement signed by all parties to such agreement  
1829 when such final judgment or settlement is a result of a claim  
1830 arising out of the rendering of, or the failure to render,  
1831 medical or nursing care and services.

1832 (b) The requirements of paragraph (a) do not apply to:

1833 1. Any person registered under this subsection who  
1834 practices exclusively as an officer, employee, or agent of the  
1835 Federal Government or of the state or its agencies or its  
1836 subdivisions.

1837 2. Any person whose license has become inactive and who is  
1838 not practicing as an advanced practice registered nurse  
1839 registered under this section in this state.

1840 3. Any person who practices as an advanced practice  
1841 registered nurse registered under this section only in  
1842 conjunction with his or her teaching duties at an accredited  
1843 school or its main teaching hospitals. Such practice is limited  
1844 to that which is incidental to and a necessary part of duties in  
1845 connection with the teaching position.

1846 4. Any person who holds an active registration under this  
1847 section who is not practicing as an autonomous advanced practice  
1848 registered nurse registered under this section in this state. If  
1849 such person initiates or resumes any practice as an autonomous  
1850 advanced practice registered nurse, he or she must notify the

1851 department of such activity and fulfill the professional  
1852 liability coverage requirements of paragraph (a).

1853 (5) The department shall conspicuously distinguish an  
1854 advanced practice registered nurse's license if he or she is  
1855 registered with the board under this section and include the  
1856 registration in the advanced practice registered nurse's  
1857 practitioner profile created under s. 456.041.

1858 (6) An advanced practice registered nurse who is  
1859 registered under this section may perform the general functions  
1860 of an advanced practice registered nurse under s. 464.012(3),  
1861 the acts within his or her specialty under s. 464.012(4), and  
1862 the following:

1863 (a) For a patient who requires the services of a health  
1864 care facility, as defined in s. 408.032(8):

1865 1. Admit the patient to the facility.

1866 2. Manage the care received by the patient in the  
1867 facility.

1868 3. Discharge the patient from the facility, unless  
1869 prohibited by federal law or rule.

1870 (b) Provide a signature, certification, stamp,  
1871 verification, affidavit, or endorsement that is otherwise  
1872 required by law to be provided by a physician.

1873 (7) (a) An advanced practice registered nurse must  
1874 biennially renew his or her registration under this section. The  
1875 biennial renewal for registration shall coincide with the

1876 advanced practice registered nurse's biennial renewal period for  
1877 licensure.

1878 (b) To renew his or her registration under this section,  
1879 an advanced practice registered nurse must complete at least 10  
1880 hours of continuing education approved by the board in addition  
1881 to completing the continuing education requirements established  
1882 by board rule pursuant to s. 464.013. If the initial renewal  
1883 period occurs before January 1, 2021, an advanced practice  
1884 registered nurse who is registered under this section is not  
1885 required to complete the continuing education requirement under  
1886 this paragraph until the following biennial renewal period.

1887 (8) The board may establish an advisory committee to make  
1888 evidence-based recommendations about medical acts that an  
1889 advanced practice registered nurse who is registered under this  
1890 section may perform. The committee must consist of four advanced  
1891 practice registered nurses licensed under this chapter,  
1892 appointed by the board; two physicians licensed under chapter  
1893 458 or chapter 459 who have professional experience with  
1894 advanced practice registered nurses, appointed by the Board of  
1895 Medicine; and the State Surgeon General or his or her designee.  
1896 Each committee member appointed by a board shall serve a term of  
1897 4 years, unless a shorter term is required to establish or  
1898 maintain staggered terms. The Board of Nursing shall act upon  
1899 the recommendations from the committee within 90 days after the  
1900 submission of such recommendations.

1901        (9) The board shall adopt rules as necessary to implement  
1902 this section.

1903        Section 22. Section 464.0155, Florida Statutes, is created  
1904 to read:

1905        464.0155 Reports of adverse incidents by advanced practice  
1906 registered nurses.—

1907        (1) An advanced practice registered nurse registered to  
1908 engage in autonomous practice under s. 464.0123 must report an  
1909 adverse incident to the department in accordance with this  
1910 section.

1911        (2) The report must be in writing, sent to the department  
1912 by certified mail, and postmarked within 15 days after the  
1913 occurrence of the adverse incident if the adverse incident  
1914 occurs when the patient is at the office of the advanced  
1915 practice registered nurse. If the adverse incident occurs when  
1916 the patient is not at the office of the advanced practice  
1917 registered nurse, the report must be postmarked within 15 days  
1918 after the advanced practice registered nurse discovers, or  
1919 reasonably should have discovered, the occurrence of the adverse  
1920 incident.

1921        (3) For purposes of this section, the term "adverse  
1922 incident" means any of the following events when it is  
1923 reasonable to believe that the event is attributable to the  
1924 prescription of a controlled substance regulated under chapter  
1925 893 or 21 U.S.C. s. 812 by the advanced practice registered

1926 nurse:

1927 (a) A condition that requires the transfer of a patient to

1928 a hospital licensed under chapter 395.

1929 (b) Permanent physical injury to the patient.

1930 (c) Death of the patient.

1931 (4) The department shall review each report of an adverse

1932 incident and determine whether the adverse incident was

1933 attributable to conduct by the advanced practice registered

1934 nurse. Upon such a determination, the board may take

1935 disciplinary action pursuant to s. 456.073.

1936 Section 23. Subsection (43) of section 39.01, Florida

1937 Statutes, is amended to read:

1938 39.01 Definitions.—When used in this chapter, unless the

1939 context otherwise requires:

1940 (43) "Licensed health care professional" means a physician

1941 licensed under chapter 458, an osteopathic physician licensed

1942 under chapter 459, a nurse licensed under part I of chapter 464,

1943 an autonomous physician assistant or a physician assistant

1944 registered or licensed under chapter 458 or chapter 459, or a

1945 dentist licensed under chapter 466.

1946 Section 24. Paragraphs (d) and (e) of subsection (5) of

1947 section 39.303, Florida Statutes, are redesignated as paragraphs

1948 (e) and (f), respectively, a new paragraph (d) is added to that

1949 subsection, and paragraph (a) of subsection (6) of that section

1950 is amended, to read:

1951           39.303 Child Protection Teams and sexual abuse treatment  
 1952 programs; services; eligible cases.—

1953           (5) All abuse and neglect cases transmitted for  
 1954 investigation to a circuit by the hotline must be simultaneously  
 1955 transmitted to the Child Protection Team for review. For the  
 1956 purpose of determining whether a face-to-face medical evaluation  
 1957 by a Child Protection Team is necessary, all cases transmitted  
 1958 to the Child Protection Team which meet the criteria in  
 1959 subsection (4) must be timely reviewed by:

1960           (d) An autonomous physician assistant registered under  
 1961 chapter 458 or chapter 459 who has a specialty in pediatrics or  
 1962 family medicine and is member of the Child Protection Team;

1963           (6) A face-to-face medical evaluation by a Child  
 1964 Protection Team is not necessary when:

1965           (a) The child was examined for the alleged abuse or  
 1966 neglect by a physician who is not a member of the Child  
 1967 Protection Team, and a consultation between the Child Protection  
 1968 Team medical director or a Child Protection Team board-certified  
 1969 pediatrician, advanced practice registered nurse, autonomous  
 1970 physician assistant, or physician assistant working under the  
 1971 supervision of a Child Protection Team medical director or a  
 1972 Child Protection Team board-certified pediatrician, or  
 1973 registered nurse working under the direct supervision of a Child  
 1974 Protection Team medical director or a Child Protection Team  
 1975 board-certified pediatrician, and the examining physician

1976 | concludes that a further medical evaluation is unnecessary;

1977 |

1978 | Notwithstanding paragraphs (a), (b), and (c), a Child Protection  
 1979 | Team medical director or a Child Protection Team pediatrician,  
 1980 | as authorized in subsection (5), may determine that a face-to-  
 1981 | face medical evaluation is necessary.

1982 | Section 25. Paragraph (b) of subsection (1) of section  
 1983 | 39.304, Florida Statutes, is amended to read:

1984 | 39.304 Photographs, medical examinations, X rays, and  
 1985 | medical treatment of abused, abandoned, or neglected child.—

1986 | (1)

1987 | (b) If the areas of trauma visible on a child indicate a  
 1988 | need for a medical examination, or if the child verbally  
 1989 | complains or otherwise exhibits distress as a result of injury  
 1990 | through suspected child abuse, abandonment, or neglect, or is  
 1991 | alleged to have been sexually abused, the person required to  
 1992 | investigate may cause the child to be referred for diagnosis to  
 1993 | a licensed physician or an emergency department in a hospital  
 1994 | without the consent of the child's parents or legal custodian.  
 1995 | Such examination may be performed by any licensed physician,  
 1996 | registered autonomous physician assistant, licensed physician  
 1997 | assistant, or an advanced practice registered nurse licensed or  
 1998 | registered under ~~pursuant to~~ part I of chapter 464. Any licensed  
 1999 | physician, registered autonomous physician assistant, licensed  
 2000 | physician assistant, or advanced practice registered nurse



2001 licensed or registered under ~~pursuant to~~ part I of chapter 464  
 2002 who has reasonable cause to suspect that an injury was the  
 2003 result of child abuse, abandonment, or neglect may authorize a  
 2004 radiological examination to be performed on the child without  
 2005 the consent of the child's parent or legal custodian.

2006 Section 26. Paragraph (d) of subsection (2) of section  
 2007 110.12315, Florida Statutes, is amended to read:

2008 110.12315 Prescription drug program.—The state employees'  
 2009 prescription drug program is established. This program shall be  
 2010 administered by the Department of Management Services, according  
 2011 to the terms and conditions of the plan as established by the  
 2012 relevant provisions of the annual General Appropriations Act and  
 2013 implementing legislation, subject to the following conditions:

2014 (2) In providing for reimbursement of pharmacies for  
 2015 prescription drugs and supplies dispensed to members of the  
 2016 state group health insurance plan and their dependents under the  
 2017 state employees' prescription drug program:

2018 (d) The department shall establish the reimbursement  
 2019 schedule for prescription drugs and supplies dispensed under the  
 2020 program. Reimbursement rates for a prescription drug or supply  
 2021 must be based on the cost of the generic equivalent drug or  
 2022 supply if a generic equivalent exists, unless the physician,  
 2023 advanced practice registered nurse, autonomous physician  
 2024 assistant, or physician assistant prescribing the drug or supply  
 2025 clearly states on the prescription that the brand name drug or

2026 supply is medically necessary or that the drug or supply is  
 2027 included on the formulary of drugs and supplies that may not be  
 2028 interchanged as provided in chapter 465, in which case  
 2029 reimbursement must be based on the cost of the brand name drug  
 2030 or supply as specified in the reimbursement schedule adopted by  
 2031 the department.

2032 Section 27. Paragraph (a) of subsection (3) of section  
 2033 252.515, Florida Statutes, is amended to read:

2034 252.515 Postdisaster Relief Assistance Act; immunity from  
 2035 civil liability.—

2036 (3) As used in this section, the term:

2037 (a) "Emergency first responder" means:

- 2038 1. A physician licensed under chapter 458.
- 2039 2. An osteopathic physician licensed under chapter 459.
- 2040 3. A chiropractic physician licensed under chapter 460.
- 2041 4. A podiatric physician licensed under chapter 461.
- 2042 5. A dentist licensed under chapter 466.
- 2043 6. An advanced practice registered nurse licensed under s.  
 2044 464.012.
- 2045 7. An autonomous physician assistant or a physician  
 2046 assistant registered or licensed under chapter 458 ~~s. 458.347~~ or  
 2047 chapter 459 ~~s. 459.022~~.
- 2048 8. A worker employed by a public or private hospital in  
 2049 the state.
- 2050 9. A paramedic as defined in s. 401.23(17).

2051 10. An emergency medical technician as defined in s.  
2052 401.23(11).

2053 11. A firefighter as defined in s. 633.102.

2054 12. A law enforcement officer as defined in s. 943.10.

2055 13. A member of the Florida National Guard.

2056 14. Any other personnel designated as emergency personnel  
2057 by the Governor pursuant to a declared emergency.

2058 Section 28. Paragraph (c) of subsection (1) of section  
2059 310.071, Florida Statutes, is amended to read:

2060 310.071 Deputy pilot certification.—

2061 (1) In addition to meeting other requirements specified in  
2062 this chapter, each applicant for certification as a deputy pilot  
2063 must:

2064 (c) Be in good physical and mental health, as evidenced by  
2065 documentary proof of having satisfactorily passed a complete  
2066 physical examination administered by a licensed physician within  
2067 the preceding 6 months. The board shall adopt rules to establish  
2068 requirements for passing the physical examination, which rules  
2069 shall establish minimum standards for the physical or mental  
2070 capabilities necessary to carry out the professional duties of a  
2071 certificated deputy pilot. Such standards shall include zero  
2072 tolerance for any controlled substance regulated under chapter  
2073 893 unless that individual is under the care of a physician, an  
2074 advanced practice registered nurse, an autonomous physician  
2075 assistant, or a physician assistant and that controlled

2076 substance was prescribed by that physician, advanced practice  
2077 registered nurse, autonomous physician assistant, or physician  
2078 assistant. To maintain eligibility as a certificated deputy  
2079 pilot, each certificated deputy pilot must annually provide  
2080 documentary proof of having satisfactorily passed a complete  
2081 physical examination administered by a licensed physician. The  
2082 physician must know the minimum standards and certify that the  
2083 certificateholder satisfactorily meets the standards. The  
2084 standards for certificateholders shall include a drug test.

2085 Section 29. Subsection (3) of section 310.073, Florida  
2086 Statutes, is amended to read:

2087 310.073 State pilot licensing.—In addition to meeting  
2088 other requirements specified in this chapter, each applicant for  
2089 license as a state pilot must:

2090 (3) Be in good physical and mental health, as evidenced by  
2091 documentary proof of having satisfactorily passed a complete  
2092 physical examination administered by a licensed physician within  
2093 the preceding 6 months. The board shall adopt rules to establish  
2094 requirements for passing the physical examination, which rules  
2095 shall establish minimum standards for the physical or mental  
2096 capabilities necessary to carry out the professional duties of a  
2097 licensed state pilot. Such standards shall include zero  
2098 tolerance for any controlled substance regulated under chapter  
2099 893 unless that individual is under the care of a physician, an  
2100 advanced practice registered nurse, an autonomous physician

2101 assistant, or a physician assistant and that controlled  
2102 substance was prescribed by that physician, advanced practice  
2103 registered nurse, autonomous physician assistant, or physician  
2104 assistant. To maintain eligibility as a licensed state pilot,  
2105 each licensed state pilot must annually provide documentary  
2106 proof of having satisfactorily passed a complete physical  
2107 examination administered by a licensed physician. The physician  
2108 must know the minimum standards and certify that the licensee  
2109 satisfactorily meets the standards. The standards for licensees  
2110 shall include a drug test.

2111 Section 30. Paragraph (b) of subsection (3) of section  
2112 310.081, Florida Statutes, is amended to read:

2113 310.081 Department to examine and license state pilots and  
2114 certificate deputy pilots; vacancies.—

2115 (3) Pilots shall hold their licenses or certificates  
2116 pursuant to the requirements of this chapter so long as they:

2117 (b) Are in good physical and mental health as evidenced by  
2118 documentary proof of having satisfactorily passed a physical  
2119 examination administered by a licensed physician or physician  
2120 assistant within each calendar year. The board shall adopt rules  
2121 to establish requirements for passing the physical examination,  
2122 which rules shall establish minimum standards for the physical  
2123 or mental capabilities necessary to carry out the professional  
2124 duties of a licensed state pilot or a certificated deputy pilot.  
2125 Such standards shall include zero tolerance for any controlled

2126 substance regulated under chapter 893 unless that individual is  
 2127 under the care of a physician, an advanced practice registered  
 2128 nurse, an autonomous physician assistant, or a physician  
 2129 assistant and that controlled substance was prescribed by that  
 2130 physician, advanced practice registered nurse, autonomous  
 2131 physician assistant, or physician assistant. To maintain  
 2132 eligibility as a certificated deputy pilot or licensed state  
 2133 pilot, each certificated deputy pilot or licensed state pilot  
 2134 must annually provide documentary proof of having satisfactorily  
 2135 passed a complete physical examination administered by a  
 2136 licensed physician. The physician must know the minimum  
 2137 standards and certify that the certificateholder or licensee  
 2138 satisfactorily meets the standards. The standards for  
 2139 certificateholders and for licensees shall include a drug test.

2140  
 2141 Upon resignation or in the case of disability permanently  
 2142 affecting a pilot's ability to serve, the state license or  
 2143 certificate issued under this chapter shall be revoked by the  
 2144 department.

2145 Section 31. Paragraph (b) of subsection (1) of section  
 2146 320.0848, Florida Statutes, is amended to read:

2147 320.0848 Persons who have disabilities; issuance of  
 2148 disabled parking permits; temporary permits; permits for certain  
 2149 providers of transportation services to persons who have  
 2150 disabilities.-

2151 (1)

2152 (b)1. The person must be currently certified as being  
2153 legally blind or as having any of the following disabilities  
2154 that render him or her unable to walk 200 feet without stopping  
2155 to rest:

2156 a. Inability to walk without the use of or assistance from  
2157 a brace, cane, crutch, prosthetic device, or other assistive  
2158 device, or without the assistance of another person. If the  
2159 assistive device significantly restores the person's ability to  
2160 walk to the extent that the person can walk without severe  
2161 limitation, the person is not eligible for the exemption parking  
2162 permit.

2163 b. The need to permanently use a wheelchair.

2164 c. Restriction by lung disease to the extent that the  
2165 person's forced (respiratory) expiratory volume for 1 second,  
2166 when measured by spirometry, is less than 1 liter, or the  
2167 person's arterial oxygen is less than 60 mm/hg on room air at  
2168 rest.

2169 d. Use of portable oxygen.

2170 e. Restriction by cardiac condition to the extent that the  
2171 person's functional limitations are classified in severity as  
2172 Class III or Class IV according to standards set by the American  
2173 Heart Association.

2174 f. Severe limitation in the person's ability to walk due  
2175 to an arthritic, neurological, or orthopedic condition.

2176           2. The certification of disability which is required under  
 2177 subparagraph 1. must be provided by a physician licensed under  
 2178 chapter 458, chapter 459, or chapter 460, by a podiatric  
 2179 physician licensed under chapter 461, by an optometrist licensed  
 2180 under chapter 463, by an advanced practice registered nurse  
 2181 licensed under chapter 464 under the protocol of a licensed  
 2182 physician as stated in this subparagraph, by an autonomous  
 2183 physician assistant or a physician assistant registered or  
 2184 licensed under chapter 458 or chapter 459, or by a similarly  
 2185 licensed physician from another state if the application is  
 2186 accompanied by documentation of the physician's licensure in the  
 2187 other state and a form signed by the out-of-state physician  
 2188 verifying his or her knowledge of this state's eligibility  
 2189 guidelines.

2190           Section 32. Paragraph (c) of subsection (1) of section  
 2191 381.00315, Florida Statutes, is amended to read:

2192           381.00315 Public health advisories; public health  
 2193 emergencies; isolation and quarantines.—The State Health Officer  
 2194 is responsible for declaring public health emergencies, issuing  
 2195 public health advisories, and ordering isolation or quarantines.

2196           (1) As used in this section, the term:

2197           (c) "Public health emergency" means any occurrence, or  
 2198 threat thereof, whether natural or manmade, which results or may  
 2199 result in substantial injury or harm to the public health from  
 2200 infectious disease, chemical agents, nuclear agents, biological



2201 toxins, or situations involving mass casualties or natural  
2202 disasters. Before declaring a public health emergency, the State  
2203 Health Officer shall, to the extent possible, consult with the  
2204 Governor and shall notify the Chief of Domestic Security. The  
2205 declaration of a public health emergency shall continue until  
2206 the State Health Officer finds that the threat or danger has  
2207 been dealt with to the extent that the emergency conditions no  
2208 longer exist and he or she terminates the declaration. However,  
2209 a declaration of a public health emergency may not continue for  
2210 longer than 60 days unless the Governor concurs in the renewal  
2211 of the declaration. The State Health Officer, upon declaration  
2212 of a public health emergency, may take actions that are  
2213 necessary to protect the public health. Such actions include,  
2214 but are not limited to:

2215 1. Directing manufacturers of prescription drugs or over-  
2216 the-counter drugs who are permitted under chapter 499 and  
2217 wholesalers of prescription drugs located in this state who are  
2218 permitted under chapter 499 to give priority to the shipping of  
2219 specified drugs to pharmacies and health care providers within  
2220 geographic areas that have been identified by the State Health  
2221 Officer. The State Health Officer must identify the drugs to be  
2222 shipped. Manufacturers and wholesalers located in the state must  
2223 respond to the State Health Officer's priority shipping  
2224 directive before shipping the specified drugs.

2225 2. Notwithstanding chapters 465 and 499 and rules adopted

2226 thereunder, directing pharmacists employed by the department to  
2227 compound bulk prescription drugs and provide these bulk  
2228 prescription drugs to physicians and nurses of county health  
2229 departments or any qualified person authorized by the State  
2230 Health Officer for administration to persons as part of a  
2231 prophylactic or treatment regimen.

2232 3. Notwithstanding s. 456.036, temporarily reactivating  
2233 the inactive license or registration of the following health  
2234 care practitioners, when such practitioners are needed to  
2235 respond to the public health emergency: physicians, autonomous  
2236 physician assistants, or physician assistants licensed or  
2237 registered under chapter 458 or chapter 459; ~~physician~~  
2238 ~~assistants licensed under chapter 458 or chapter 459;~~ licensed  
2239 practical nurses, registered nurses, and advanced practice  
2240 registered nurses licensed under part I of chapter 464;  
2241 respiratory therapists licensed under part V of chapter 468; and  
2242 emergency medical technicians and paramedics certified under  
2243 part III of chapter 401. Only those health care practitioners  
2244 specified in this paragraph who possess an unencumbered inactive  
2245 license and who request that such license be reactivated are  
2246 eligible for reactivation. An inactive license that is  
2247 reactivated under this paragraph shall return to inactive status  
2248 when the public health emergency ends or before the end of the  
2249 public health emergency if the State Health Officer determines  
2250 that the health care practitioner is no longer needed to provide

2251 services during the public health emergency. Such licenses may  
2252 only be reactivated for a period not to exceed 90 days without  
2253 meeting the requirements of s. 456.036 or chapter 401, as  
2254 applicable.

2255 4. Ordering an individual to be examined, tested,  
2256 vaccinated, treated, isolated, or quarantined for communicable  
2257 diseases that have significant morbidity or mortality and  
2258 present a severe danger to public health. Individuals who are  
2259 unable or unwilling to be examined, tested, vaccinated, or  
2260 treated for reasons of health, religion, or conscience may be  
2261 subjected to isolation or quarantine.

2262 a. Examination, testing, vaccination, or treatment may be  
2263 performed by any qualified person authorized by the State Health  
2264 Officer.

2265 b. If the individual poses a danger to the public health,  
2266 the State Health Officer may subject the individual to isolation  
2267 or quarantine. If there is no practical method to isolate or  
2268 quarantine the individual, the State Health Officer may use any  
2269 means necessary to vaccinate or treat the individual.

2270  
2271 Any order of the State Health Officer given to effectuate this  
2272 paragraph shall be immediately enforceable by a law enforcement  
2273 officer under s. 381.0012.

2274 Section 33. Subsection (3) of section 381.00593, Florida  
2275 Statutes, is amended to read:

2276 381.00593 Public school volunteer health care practitioner  
2277 program.—

2278 (3) For purposes of this section, the term "health care  
2279 practitioner" means a physician or autonomous physician  
2280 assistant licensed or registered under chapter 458; an  
2281 osteopathic physician or autonomous physician assistant licensed  
2282 or registered under chapter 459; a chiropractic physician  
2283 licensed under chapter 460; a podiatric physician licensed under  
2284 chapter 461; an optometrist licensed under chapter 463; an  
2285 advanced practice registered nurse, registered nurse, or  
2286 licensed practical nurse licensed under part I of chapter 464; a  
2287 pharmacist licensed under chapter 465; a dentist or dental  
2288 hygienist licensed under chapter 466; a midwife licensed under  
2289 chapter 467; a speech-language pathologist or audiologist  
2290 licensed under part I of chapter 468; a dietitian/nutritionist  
2291 licensed under part X of chapter 468; or a physical therapist  
2292 licensed under chapter 486.

2293 Section 34. Paragraph (c) of subsection (2) of section  
2294 381.026, Florida Statutes, is amended to read:

2295 381.026 Florida Patient's Bill of Rights and  
2296 Responsibilities.—

2297 (2) DEFINITIONS.—As used in this section and s. 381.0261,  
2298 the term:

2299 (c) "Health care provider" means a physician licensed  
2300 under chapter 458, an osteopathic physician licensed under

2301 chapter 459, ~~or~~ a podiatric physician licensed under chapter  
 2302 461, an autonomous physician assistant registered under s.  
 2303 458.347(8), or an advanced practice registered nurse registered  
 2304 to engage in autonomous practice under s. 464.0123.

2305 Section 35. Paragraph (a) of subsection (2) and  
 2306 subsections (3), (4), and (5) of section 382.008, Florida  
 2307 Statutes, are amended to read:

2308 382.008 Death, fetal death, and nonviable birth  
 2309 registration.—

2310 (2) (a) The funeral director who first assumes custody of a  
 2311 dead body or fetus shall file the certificate of death or fetal  
 2312 death. In the absence of the funeral director, the physician,  
 2313 autonomous physician assistant, physician assistant, advanced  
 2314 practice registered nurse, or other person in attendance at or  
 2315 after the death or the district medical examiner of the county  
 2316 in which the death occurred or the body was found shall file the  
 2317 certificate of death or fetal death. The person who files the  
 2318 certificate shall obtain personal data from a legally authorized  
 2319 person as described in s. 497.005 or the best qualified person  
 2320 or source available. The medical certification of cause of death  
 2321 shall be furnished to the funeral director, either in person or  
 2322 via certified mail or electronic transfer, by the physician,  
 2323 autonomous physician assistant, physician assistant, advanced  
 2324 practice registered nurse, or medical examiner responsible for  
 2325 furnishing such information. For fetal deaths, the physician,

2326 certified nurse midwife, midwife, or hospital administrator  
2327 shall provide any medical or health information to the funeral  
2328 director within 72 hours after expulsion or extraction.

2329 (3) Within 72 hours after receipt of a death or fetal  
2330 death certificate from the funeral director, the medical  
2331 certification of cause of death shall be completed and made  
2332 available to the funeral director by the decedent's primary or  
2333 attending practitioner ~~physician~~ or, if s. 382.011 applies, the  
2334 district medical examiner of the county in which the death  
2335 occurred or the body was found. The primary or attending  
2336 practitioner ~~physician~~ or the medical examiner shall certify  
2337 over his or her signature the cause of death to the best of his  
2338 or her knowledge and belief. As used in this section, the term  
2339 "primary or attending practitioner ~~physician~~" means a physician,  
2340 autonomous physician assistant, physician assistant, or advanced  
2341 practice registered nurse who treated the decedent through  
2342 examination, medical advice, or medication during the 12 months  
2343 preceding the date of death.

2344 (a) The department may grant the funeral director an  
2345 extension of time upon a good and sufficient showing of any of  
2346 the following conditions:

- 2347 1. An autopsy is pending.
- 2348 2. Toxicology, laboratory, or other diagnostic reports  
2349 have not been completed.
- 2350 3. The identity of the decedent is unknown and further

2351 investigation or identification is required.

2352 (b) If the decedent's primary or attending practitioner  
2353 ~~physician~~ or the district medical examiner of the county in  
2354 which the death occurred or the body was found indicates that he  
2355 or she will sign and complete the medical certification of cause  
2356 of death but will not be available until after the 5-day  
2357 registration deadline, the local registrar may grant an  
2358 extension of 5 days. If a further extension is required, the  
2359 funeral director must provide written justification to the  
2360 registrar.

2361 (4) If the department or local registrar grants an  
2362 extension of time to provide the medical certification of cause  
2363 of death, the funeral director shall file a temporary  
2364 certificate of death or fetal death which shall contain all  
2365 available information, including the fact that the cause of  
2366 death is pending. The decedent's primary or attending  
2367 practitioner ~~physician~~ or the district medical examiner of the  
2368 county in which the death occurred or the body was found shall  
2369 provide an estimated date for completion of the permanent  
2370 certificate.

2371 (5) A permanent certificate of death or fetal death,  
2372 containing the cause of death and any other information that was  
2373 previously unavailable, shall be registered as a replacement for  
2374 the temporary certificate. The permanent certificate may also  
2375 include corrected information if the items being corrected are

2376 | noted on the back of the certificate and dated and signed by the  
 2377 | funeral director, physician, autonomous physician assistant,  
 2378 | physician assistant, advanced practice registered nurse, or  
 2379 | district medical examiner of the county in which the death  
 2380 | occurred or the body was found, as appropriate.

2381 |       Section 36. Subsection (1) of section 382.011, Florida  
 2382 | Statutes, is amended to read:

2383 |       382.011 Medical examiner determination of cause of death.—

2384 |       (1) In the case of any death or fetal death due to causes  
 2385 | or conditions listed in s. 406.11, any death that occurred more  
 2386 | than 12 months after the decedent was last treated by a primary  
 2387 | or attending physician ~~as defined in s. 382.008(3),~~ or any death  
 2388 | for which there is reason to believe that the death may have  
 2389 | been due to an unlawful act or neglect, the funeral director or  
 2390 | other person to whose attention the death may come shall refer  
 2391 | the case to the district medical examiner of the county in which  
 2392 | the death occurred or the body was found for investigation and  
 2393 | determination of the cause of death.

2394 |       Section 37. Paragraph (c) of subsection (1) of section  
 2395 | 383.14, Florida Statutes, is amended to read:

2396 |       383.14 Screening for metabolic disorders, other hereditary  
 2397 | and congenital disorders, and environmental risk factors.—

2398 |       (1) SCREENING REQUIREMENTS.—To help ensure access to the  
 2399 | maternal and child health care system, the Department of Health  
 2400 | shall promote the screening of all newborns born in Florida for



2401 metabolic, hereditary, and congenital disorders known to result  
2402 in significant impairment of health or intellect, as screening  
2403 programs accepted by current medical practice become available  
2404 and practical in the judgment of the department. The department  
2405 shall also promote the identification and screening of all  
2406 newborns in this state and their families for environmental risk  
2407 factors such as low income, poor education, maternal and family  
2408 stress, emotional instability, substance abuse, and other high-  
2409 risk conditions associated with increased risk of infant  
2410 mortality and morbidity to provide early intervention,  
2411 remediation, and prevention services, including, but not limited  
2412 to, parent support and training programs, home visitation, and  
2413 case management. Identification, perinatal screening, and  
2414 intervention efforts shall begin before ~~prior to~~ and immediately  
2415 following the birth of the child by the attending health care  
2416 provider. Such efforts shall be conducted in hospitals,  
2417 perinatal centers, county health departments, school health  
2418 programs that provide prenatal care, and birthing centers, and  
2419 reported to the Office of Vital Statistics.

2420 (c) Release of screening results.—Notwithstanding any law  
2421 to the contrary, the State Public Health Laboratory may release,  
2422 directly or through the Children's Medical Services program, the  
2423 results of a newborn's hearing and metabolic tests or screenings  
2424 to the newborn's health care practitioner, the newborn's parent  
2425 or legal guardian, the newborn's personal representative, or a

2426 person designated by the newborn's parent or legal guardian. As  
 2427 used in this paragraph, the term "health care practitioner"  
 2428 means a physician, autonomous physician assistant, or physician  
 2429 assistant licensed or registered under chapter 458; an  
 2430 osteopathic physician, autonomous physician assistant, or  
 2431 physician assistant licensed or registered under chapter 459; an  
 2432 advanced practice registered nurse, registered nurse, or  
 2433 licensed practical nurse licensed under part I of chapter 464; a  
 2434 midwife licensed under chapter 467; a speech-language  
 2435 pathologist or audiologist licensed under part I of chapter 468;  
 2436 or a dietician or nutritionist licensed under part X of chapter  
 2437 468.

2438 Section 38. Paragraph (a) of subsection (3) of section  
 2439 390.0111, Florida Statutes, is amended to read:

2440 390.0111 Termination of pregnancies.—

2441 (3) CONSENTS REQUIRED.—A termination of pregnancy may not  
 2442 be performed or induced except with the voluntary and informed  
 2443 written consent of the pregnant woman or, in the case of a  
 2444 mental incompetent, the voluntary and informed written consent  
 2445 of her court-appointed guardian.

2446 (a) Except in the case of a medical emergency, consent to  
 2447 a termination of pregnancy is voluntary and informed only if:

2448 1. The physician who is to perform the procedure, or the  
 2449 referring physician, has, at a minimum, orally, while physically  
 2450 present in the same room, and at least 24 hours before the

2451 procedure, informed the woman of:

2452 a. The nature and risks of undergoing or not undergoing  
2453 the proposed procedure that a reasonable patient would consider  
2454 material to making a knowing and willful decision of whether to  
2455 terminate a pregnancy.

2456 b. The probable gestational age of the fetus, verified by  
2457 an ultrasound, at the time the termination of pregnancy is to be  
2458 performed.

2459 (I) The ultrasound must be performed by the physician who  
2460 is to perform the abortion or by a person having documented  
2461 evidence that he or she has completed a course in the operation  
2462 of ultrasound equipment as prescribed by rule and who is working  
2463 in conjunction with the physician.

2464 (II) The person performing the ultrasound must offer the  
2465 woman the opportunity to view the live ultrasound images and  
2466 hear an explanation of them. If the woman accepts the  
2467 opportunity to view the images and hear the explanation, a  
2468 physician or a registered nurse, licensed practical nurse,  
2469 advanced practice registered nurse, autonomous physician  
2470 assistant, or physician assistant working in conjunction with  
2471 the physician must contemporaneously review and explain the  
2472 images to the woman before the woman gives informed consent to  
2473 having an abortion procedure performed.

2474 (III) The woman has a right to decline to view and hear  
2475 the explanation of the live ultrasound images after she is

2476 informed of her right and offered an opportunity to view the  
2477 images and hear the explanation. If the woman declines, the  
2478 woman shall complete a form acknowledging that she was offered  
2479 an opportunity to view and hear the explanation of the images  
2480 but that she declined that opportunity. The form must also  
2481 indicate that the woman's decision was not based on any undue  
2482 influence from any person to discourage her from viewing the  
2483 images or hearing the explanation and that she declined of her  
2484 own free will.

2485 (IV) Unless requested by the woman, the person performing  
2486 the ultrasound may not offer the opportunity to view the images  
2487 and hear the explanation and the explanation may not be given  
2488 if, at the time the woman schedules or arrives for her  
2489 appointment to obtain an abortion, a copy of a restraining  
2490 order, police report, medical record, or other court order or  
2491 documentation is presented which provides evidence that the  
2492 woman is obtaining the abortion because the woman is a victim of  
2493 rape, incest, domestic violence, or human trafficking or that  
2494 the woman has been diagnosed as having a condition that, on the  
2495 basis of a physician's good faith clinical judgment, would  
2496 create a serious risk of substantial and irreversible impairment  
2497 of a major bodily function if the woman delayed terminating her  
2498 pregnancy.

2499 c. The medical risks to the woman and fetus of carrying  
2500 the pregnancy to term.

2501  
2502 The physician may provide the information required in this  
2503 subparagraph within 24 hours before the procedure if requested  
2504 by the woman at the time she schedules or arrives for her  
2505 appointment to obtain an abortion and if she presents to the  
2506 physician a copy of a restraining order, police report, medical  
2507 record, or other court order or documentation evidencing that  
2508 she is obtaining the abortion because she is a victim of rape,  
2509 incest, domestic violence, or human trafficking.

2510 2. Printed materials prepared and provided by the  
2511 department have been provided to the pregnant woman, if she  
2512 chooses to view these materials, including:

2513 a. A description of the fetus, including a description of  
2514 the various stages of development.

2515 b. A list of entities that offer alternatives to  
2516 terminating the pregnancy.

2517 c. Detailed information on the availability of medical  
2518 assistance benefits for prenatal care, childbirth, and neonatal  
2519 care.

2520 3. The woman acknowledges in writing, before the  
2521 termination of pregnancy, that the information required to be  
2522 provided under this subsection has been provided.

2523  
2524 Nothing in this paragraph is intended to prohibit a physician  
2525 from providing any additional information which the physician

2526 | deems material to the woman's informed decision to terminate her  
 2527 | pregnancy.

2528 | Section 39. Paragraphs (c), (e), and (f) of subsection (3)  
 2529 | of section 390.012, Florida Statutes, are amended to read:

2530 | 390.012 Powers of agency; rules; disposal of fetal  
 2531 | remains.—

2532 | (3) For clinics that perform or claim to perform abortions  
 2533 | after the first trimester of pregnancy, the agency shall adopt  
 2534 | rules pursuant to ss. 120.536(1) and 120.54 to implement the  
 2535 | provisions of this chapter, including the following:

2536 | (c) Rules relating to abortion clinic personnel. At a  
 2537 | minimum, these rules shall require that:

2538 | 1. The abortion clinic designate a medical director who is  
 2539 | licensed to practice medicine in this state, and all physicians  
 2540 | who perform abortions in the clinic have admitting privileges at  
 2541 | a hospital within reasonable proximity to the clinic, unless the  
 2542 | clinic has a written patient transfer agreement with a hospital  
 2543 | within reasonable proximity to the clinic which includes the  
 2544 | transfer of the patient's medical records held by both the  
 2545 | clinic and the treating physician.

2546 | 2. If a physician is not present after an abortion is  
 2547 | performed, a registered nurse, licensed practical nurse,  
 2548 | advanced practice registered nurse, autonomous physician  
 2549 | assistant, or physician assistant be present and remain at the  
 2550 | clinic to provide postoperative monitoring and care until the

2551 patient is discharged.

2552 3. Surgical assistants receive training in counseling,  
2553 patient advocacy, and the specific responsibilities associated  
2554 with the services the surgical assistants provide.

2555 4. Volunteers receive training in the specific  
2556 responsibilities associated with the services the volunteers  
2557 provide, including counseling and patient advocacy as provided  
2558 in the rules adopted by the director for different types of  
2559 volunteers based on their responsibilities.

2560 (e) Rules relating to the abortion procedure. At a  
2561 minimum, these rules shall require:

2562 1. That a physician, registered nurse, licensed practical  
2563 nurse, advanced practice registered nurse, autonomous physician  
2564 assistant, or physician assistant is available to all patients  
2565 throughout the abortion procedure.

2566 2. Standards for the safe conduct of abortion procedures  
2567 that conform to obstetric standards in keeping with established  
2568 standards of care regarding the estimation of fetal age as  
2569 defined in rule.

2570 3. Appropriate use of general and local anesthesia,  
2571 analgesia, and sedation if ordered by the physician.

2572 4. Appropriate precautions, such as the establishment of  
2573 intravenous access at least for patients undergoing post-first  
2574 trimester abortions.

2575 5. Appropriate monitoring of the vital signs and other

2576 defined signs and markers of the patient's status throughout the  
2577 abortion procedure and during the recovery period until the  
2578 patient's condition is deemed to be stable in the recovery room.

2579 (f) Rules that prescribe minimum recovery room standards.

2580 At a minimum, these rules must require that:

2581 1. Postprocedure recovery rooms be supervised and staffed  
2582 to meet the patients' needs.

2583 2. Immediate postprocedure care consist of observation in  
2584 a supervised recovery room for as long as the patient's  
2585 condition warrants.

2586 3. A registered nurse, licensed practical nurse, advanced  
2587 practice registered nurse, autonomous physician assistant, or  
2588 physician assistant who is trained in the management of the  
2589 recovery area and is capable of providing basic cardiopulmonary  
2590 resuscitation and related emergency procedures remain on the  
2591 premises of the abortion clinic until all patients are  
2592 discharged.

2593 4. A physician sign the discharge order and be readily  
2594 accessible and available until the last patient is discharged to  
2595 facilitate the transfer of emergency cases if hospitalization of  
2596 the patient or viable fetus is necessary.

2597 5. A physician discuss Rho(D) immune globulin with each  
2598 patient for whom it is indicated and ensure that it is offered  
2599 to the patient in the immediate postoperative period or will be  
2600 available to her within 72 hours after completion of the



2601 abortion procedure. If the patient refuses the Rho(D) immune  
2602 globulin, she and a witness must sign a refusal form approved by  
2603 the agency which must be included in the medical record.

2604 6. Written instructions with regard to postabortion  
2605 coitus, signs of possible problems, and general aftercare which  
2606 are specific to the patient be given to each patient. The  
2607 instructions must include information regarding access to  
2608 medical care for complications, including a telephone number for  
2609 use in the event of a medical emergency.

2610 7. A minimum length of time be specified, by type of  
2611 abortion procedure and duration of gestation, during which a  
2612 patient must remain in the recovery room.

2613 8. The physician ensure that, with the patient's consent,  
2614 a registered nurse, licensed practical nurse, advanced practice  
2615 registered nurse, autonomous physician assistant, or physician  
2616 assistant from the abortion clinic makes a good faith effort to  
2617 contact the patient by telephone within 24 hours after surgery  
2618 to assess the patient's recovery.

2619 9. Equipment and services be readily accessible to provide  
2620 appropriate emergency resuscitative and life support procedures  
2621 pending the transfer of the patient or viable fetus to the  
2622 hospital.

2623 Section 40. Paragraphs (a) and (f) of subsection (2) of  
2624 section 394.463, Florida Statutes, are amended to read:

2625 394.463 Involuntary examination.—

2626 (2) INVOLUNTARY EXAMINATION.—

2627 (a) An involuntary examination may be initiated by any one  
2628 of the following means:

2629 1. A circuit or county court may enter an ex parte order  
2630 stating that a person appears to meet the criteria for  
2631 involuntary examination and specifying the findings on which  
2632 that conclusion is based. The ex parte order for involuntary  
2633 examination must be based on written or oral sworn testimony  
2634 that includes specific facts that support the findings. If other  
2635 less restrictive means are not available, such as voluntary  
2636 appearance for outpatient evaluation, a law enforcement officer,  
2637 or other designated agent of the court, shall take the person  
2638 into custody and deliver him or her to an appropriate, or the  
2639 nearest, facility within the designated receiving system  
2640 pursuant to s. 394.462 for involuntary examination. The order of  
2641 the court shall be made a part of the patient's clinical record.  
2642 A fee may not be charged for the filing of an order under this  
2643 subsection. A facility accepting the patient based on this order  
2644 must send a copy of the order to the department within 5 working  
2645 days. The order may be submitted electronically through existing  
2646 data systems, if available. The order shall be valid only until  
2647 the person is delivered to the facility or for the period  
2648 specified in the order itself, whichever comes first. If a ~~no~~  
2649 time limit is not specified in the order, the order is ~~shall be~~  
2650 valid for 7 days after the date that the order was signed.

2651           2. A law enforcement officer shall take a person who  
2652 appears to meet the criteria for involuntary examination into  
2653 custody and deliver the person or have him or her delivered to  
2654 an appropriate, or the nearest, facility within the designated  
2655 receiving system pursuant to s. 394.462 for examination. The  
2656 officer shall execute a written report detailing the  
2657 circumstances under which the person was taken into custody,  
2658 which must be made a part of the patient's clinical record. Any  
2659 facility accepting the patient based on this report must send a  
2660 copy of the report to the department within 5 working days.

2661           3. A physician, autonomous physician assistant, physician  
2662 assistant, clinical psychologist, psychiatric nurse, advanced  
2663 practice registered nurse, mental health counselor, marriage and  
2664 family therapist, or clinical social worker may execute a  
2665 certificate stating that he or she has examined a person within  
2666 the preceding 48 hours and finds that the person appears to meet  
2667 the criteria for involuntary examination and stating the  
2668 observations upon which that conclusion is based. If other less  
2669 restrictive means, such as voluntary appearance for outpatient  
2670 evaluation, are not available, a law enforcement officer shall  
2671 take into custody the person named in the certificate and  
2672 deliver him or her to the appropriate, or nearest, facility  
2673 within the designated receiving system pursuant to s. 394.462  
2674 for involuntary examination. The law enforcement officer shall  
2675 execute a written report detailing the circumstances under which

2676 | the person was taken into custody. The report and certificate  
2677 | shall be made a part of the patient's clinical record. Any  
2678 | facility accepting the patient based on this certificate must  
2679 | send a copy of the certificate to the department within 5  
2680 | working days. The document may be submitted electronically  
2681 | through existing data systems, if applicable.

2682 |  
2683 | When sending the order, report, or certificate to the  
2684 | department, a facility shall, at a minimum, provide information  
2685 | about which action was taken regarding the patient under  
2686 | paragraph (g), which information shall also be made a part of  
2687 | the patient's clinical record.

2688 |       (f) A patient shall be examined by a physician, physician  
2689 | assistant, or ~~a~~ clinical psychologist, or by a psychiatric nurse  
2690 | performing within the framework of an established protocol with  
2691 | a psychiatrist, at a facility without unnecessary delay to  
2692 | determine if the criteria for involuntary services are met.  
2693 | Emergency treatment may be provided upon the order of a  
2694 | physician if the physician determines that such treatment is  
2695 | necessary for the safety of the patient or others. The patient  
2696 | may not be released by the receiving facility or its contractor  
2697 | without the documented approval of a psychiatrist or a clinical  
2698 | psychologist or, if the receiving facility is owned or operated  
2699 | by a hospital or health system, the release may also be approved  
2700 | by a psychiatric nurse performing within the framework of an

2701 established protocol with a psychiatrist, or an attending  
2702 emergency department physician with experience in the diagnosis  
2703 and treatment of mental illness after completion of an  
2704 involuntary examination pursuant to this subsection. A  
2705 psychiatric nurse may not approve the release of a patient if  
2706 the involuntary examination was initiated by a psychiatrist  
2707 unless the release is approved by the initiating psychiatrist.

2708 Section 41. Paragraph (b) of subsection (2) of section  
2709 395.0191, Florida Statutes, is amended to read:

2710 395.0191 Staff membership and clinical privileges.—  
2711 (2)

2712 (b) An advanced practice registered nurse who is certified  
2713 as a registered nurse anesthetist licensed under part I of  
2714 chapter 464 shall administer anesthesia under the onsite medical  
2715 direction of a professional licensed under chapter 458, chapter  
2716 459, or chapter 466, and in accordance with an established  
2717 protocol approved by the medical staff. The medical direction  
2718 shall specifically address the needs of the individual patient.  
2719 This paragraph does not apply to a certified registered nurse  
2720 anesthetist registered to engage in autonomous practice under s.  
2721 464.0123.

2722 Section 42. Subsection (3) of section 395.602, Florida  
2723 Statutes, is amended to read:

2724 395.602 Rural hospitals.—

2725 (3) USE OF FUNDS.—It is the intent of the Legislature that

2726 funds as appropriated shall be utilized by the department for  
2727 the purpose of increasing the number of primary care physicians,  
2728 autonomous physician assistants, physician assistants, certified  
2729 nurse midwives, nurse practitioners, and nurses in rural areas,  
2730 either through the Medical Education Reimbursement and Loan  
2731 Repayment Program as defined by s. 1009.65 or through a federal  
2732 loan repayment program which requires state matching funds. The  
2733 department may use funds appropriated for the Medical Education  
2734 Reimbursement and Loan Repayment Program as matching funds for  
2735 federal loan repayment programs for health care personnel, such  
2736 as that authorized in Pub. L. No. 100-177, s. 203. If the  
2737 department receives federal matching funds, the department shall  
2738 only implement the federal program. Reimbursement through either  
2739 program shall be limited to:

2740 (a) Primary care physicians, autonomous physician  
2741 assistants, physician assistants, certified nurse midwives,  
2742 nurse practitioners, and nurses employed by or affiliated with  
2743 rural hospitals, as defined in this act; and

2744 (b) Primary care physicians, autonomous physician  
2745 assistants, physician assistants, certified nurse midwives,  
2746 nurse practitioners, and nurses employed by or affiliated with  
2747 rural area health education centers, as defined in this section.  
2748 These personnel shall practice:

2749 1. In a county with a population density of no greater  
2750 than 100 persons per square mile; or

2751           2. Within the boundaries of a hospital tax district which  
2752 encompasses a population of no greater than 100 persons per  
2753 square mile.

2754  
2755 If the department administers a federal loan repayment program,  
2756 priority shall be given to obligating state and federal matching  
2757 funds pursuant to paragraphs (a) and (b). The department may use  
2758 federal matching funds in other health workforce shortage areas  
2759 and medically underserved areas in the state for loan repayment  
2760 programs for primary care physicians, autonomous physician  
2761 assistants, physician assistants, certified nurse midwives,  
2762 nurse practitioners, and nurses who are employed by publicly  
2763 financed health care programs that serve medically indigent  
2764 persons.

2765           Section 43. Paragraph (a) of subsection (2) of section  
2766 397.501, Florida Statutes, is amended to read:

2767           397.501 Rights of individuals.—Individuals receiving  
2768 substance abuse services from any service provider are  
2769 guaranteed protection of the rights specified in this section,  
2770 unless otherwise expressly provided, and service providers must  
2771 ensure the protection of such rights.

2772           (2) RIGHT TO NONDISCRIMINATORY SERVICES.—

2773           (a) Service providers may not deny an individual access to  
2774 substance abuse services solely on the basis of race, gender,  
2775 ethnicity, age, sexual preference, human immunodeficiency virus

2776 status, prior service departures against medical advice,  
2777 disability, or number of relapse episodes. Service providers may  
2778 not deny an individual who takes medication prescribed by a  
2779 physician, autonomous physician assistant, physician assistant,  
2780 or advanced practice registered nurse access to substance abuse  
2781 services solely on that basis. Service providers who receive  
2782 state funds to provide substance abuse services may not, if  
2783 space and sufficient state resources are available, deny access  
2784 to services based solely on inability to pay.

2785 Section 44. Section 397.679, Florida Statutes, is amended  
2786 to read:

2787 397.679 Emergency admission; circumstances justifying.—A  
2788 person who meets the criteria for involuntary admission in s.  
2789 397.675 may be admitted to a hospital or to a licensed  
2790 detoxification facility or addictions receiving facility for  
2791 emergency assessment and stabilization, or to a less intensive  
2792 component of a licensed service provider for assessment only,  
2793 upon receipt by the facility of a certificate by a physician, an  
2794 autonomous physician assistant, an advanced practice registered  
2795 nurse, a psychiatric nurse, a clinical psychologist, a clinical  
2796 social worker, a marriage and family therapist, a mental health  
2797 counselor, a physician assistant working under the scope of  
2798 practice of the supervising physician, or a master's-level-  
2799 certified addictions professional for substance abuse services,  
2800 if the certificate is specific to substance abuse impairment,



2801 and the completion of an application for emergency admission.

2802 Section 45. Subsection (1) of section 397.6793, Florida  
2803 Statutes, is amended to read:

2804 397.6793 Professional's certificate for emergency  
2805 admission.—

2806 (1) A physician, a clinical psychologist, an autonomous  
2807 physician assistant, a physician assistant working under the  
2808 scope of practice of the supervising physician, a psychiatric  
2809 nurse, an advanced practice registered nurse, a mental health  
2810 counselor, a marriage and family therapist, a master's-level-  
2811 certified addictions professional for substance abuse services,  
2812 or a clinical social worker may execute a professional's  
2813 certificate for emergency admission. The professional's  
2814 certificate must include the name of the person to be admitted,  
2815 the relationship between the person and the professional  
2816 executing the certificate, the relationship between the  
2817 applicant and the professional, any relationship between the  
2818 professional and the licensed service provider, a statement that  
2819 the person has been examined and assessed within the preceding 5  
2820 days after the application date, and factual allegations with  
2821 respect to the need for emergency admission, including:

2822 (a) The reason for the belief that the person is substance  
2823 abuse impaired;

2824 (b) The reason for the belief that because of such  
2825 impairment the person has lost the power of self-control with

2826 | respect to substance abuse; and

2827 |       (c)1. The reason for the belief that, without care or  
2828 | treatment, the person is likely to suffer from neglect or refuse  
2829 | to care for himself or herself; that such neglect or refusal  
2830 | poses a real and present threat of substantial harm to his or  
2831 | her well-being; and that it is not apparent that such harm may  
2832 | be avoided through the help of willing family members or friends  
2833 | or the provision of other services, or there is substantial  
2834 | likelihood that the person has inflicted or, unless admitted, is  
2835 | likely to inflict, physical harm on himself, herself, or  
2836 | another; or

2837 |       2. The reason for the belief that the person's refusal to  
2838 | voluntarily receive care is based on judgment so impaired by  
2839 | reason of substance abuse that the person is incapable of  
2840 | appreciating his or her need for care and of making a rational  
2841 | decision regarding his or her need for care.

2842 |       Section 46. Subsection (8) of section 400.021, Florida  
2843 | Statutes, is amended to read:

2844 |       400.021 Definitions.—When used in this part, unless the  
2845 | context otherwise requires, the term:

2846 |       (8) "Geriatric outpatient clinic" means a site for  
2847 | providing outpatient health care to persons 60 years of age or  
2848 | older, which is staffed by a registered nurse, a physician  
2849 | assistant, or a licensed practical nurse under the direct  
2850 | supervision of a registered nurse, advanced practice registered

2851 nurse, physician assistant, autonomous physician assistant, or  
 2852 physician.

2853 Section 47. Subsection (3) of section 400.172, Florida  
 2854 Statutes, is amended to read:

2855 400.172 Respite care provided in nursing home facilities.—

2856 (3) A prospective respite care resident must provide  
 2857 medical information from a physician, autonomous physician  
 2858 assistant, physician assistant, or nurse practitioner and any  
 2859 other information provided by the primary caregiver required by  
 2860 the facility before or when the person is admitted to receive  
 2861 respite care. The medical information must include a physician's  
 2862 order for respite care and proof of a physical examination by a  
 2863 licensed physician, autonomous physician assistant, physician  
 2864 assistant, or nurse practitioner. The physician's order and  
 2865 physical examination may be used to provide intermittent respite  
 2866 care for up to 12 months after the date the order is written.

2867 Section 48. Subsection (2) of section 400.487, Florida  
 2868 Statutes, is amended to read:

2869 400.487 Home health service agreements; physician's,  
 2870 physician assistant's, autonomous physician assistant's, and  
 2871 advanced practice registered nurse's treatment orders; patient  
 2872 assessment; establishment and review of plan of care; provision  
 2873 of services; orders not to resuscitate.—

2874 (2) When required by ~~the provisions of~~ chapter 464; part  
 2875 I, part III, or part V of chapter 468; or chapter 486, the

2876 attending physician, autonomous physician assistant, physician  
2877 assistant, or advanced practice registered nurse, acting within  
2878 his or her respective scope of practice, shall establish  
2879 treatment orders for a patient who is to receive skilled care.  
2880 The treatment orders must be signed by the physician, autonomous  
2881 physician assistant, physician assistant, or advanced practice  
2882 registered nurse before a claim for payment for the skilled  
2883 services is submitted by the home health agency. If the claim is  
2884 submitted to a managed care organization, the treatment orders  
2885 must be signed within the time allowed under the provider  
2886 agreement. The treatment orders shall be reviewed, as frequently  
2887 as the patient's illness requires, by the physician, autonomous  
2888 physician assistant, physician assistant, or advanced practice  
2889 registered nurse in consultation with the home health agency.

2890 Section 49. Paragraph (a) of subsection (13) of section  
2891 400.506, Florida Statutes, is amended to read:

2892 400.506 Licensure of nurse registries; requirements;  
2893 penalties.—

2894 (13) All persons referred for contract in private  
2895 residences by a nurse registry must comply with the following  
2896 requirements for a plan of treatment:

2897 (a) When, in accordance with the privileges and  
2898 restrictions imposed upon a nurse under part I of chapter 464,  
2899 the delivery of care to a patient is under the direction or  
2900 supervision of a physician or when a physician is responsible

2901 for the medical care of the patient, a medical plan of treatment  
2902 must be established for each patient receiving care or treatment  
2903 provided by a licensed nurse in the home. The original medical  
2904 plan of treatment must be timely signed by the physician,  
2905 autonomous physician assistant, physician assistant, or advanced  
2906 practice registered nurse, acting within his or her respective  
2907 scope of practice, and reviewed in consultation with the  
2908 licensed nurse at least every 2 months. Any additional order or  
2909 change in orders must be obtained from the physician, autonomous  
2910 physician assistant, physician assistant, or advanced practice  
2911 registered nurse and reduced to writing and timely signed by the  
2912 physician, autonomous physician assistant, physician assistant,  
2913 or advanced practice registered nurse. The delivery of care  
2914 under a medical plan of treatment must be substantiated by the  
2915 appropriate nursing notes or documentation made by the nurse in  
2916 compliance with nursing practices established under part I of  
2917 chapter 464.

2918 Section 50. Subsection (5) and paragraph (b) of subsection  
2919 (7) of section 400.9973, Florida Statutes, are amended to read:

2920 400.9973 Client admission, transfer, and discharge.—

2921 (5) A client admitted to a transitional living facility  
2922 must be admitted upon prescription by a licensed physician,  
2923 autonomous physician assistant, physician assistant, or advanced  
2924 practice registered nurse and must remain under the care of a  
2925 licensed physician, autonomous physician assistant, physician

2926 | assistant, or advanced practice registered nurse for the  
 2927 | duration of the client's stay in the facility.

2928 |         (7) A person may not be admitted to a transitional living  
 2929 | facility if the person:

2930 |             (b) Is a danger to himself or herself or others as  
 2931 | determined by a physician, autonomous physician assistant,  
 2932 | physician assistant, advanced practice registered nurse, or a  
 2933 | mental health practitioner licensed under chapter 490 or chapter  
 2934 | 491, unless the facility provides adequate staffing and support  
 2935 | to ensure patient safety;

2936 |         Section 51. Paragraphs (a) and (b) of subsection (2) of  
 2937 | section 400.9974, Florida Statutes, are amended to read:

2938 |             400.9974 Client comprehensive treatment plans; client  
 2939 | services.—

2940 |             (2) The comprehensive treatment plan must include:

2941 |                 (a) Orders obtained from the physician, autonomous  
 2942 | physician assistant, physician assistant, or advanced practice  
 2943 | registered nurse and the client's diagnosis, medical history,  
 2944 | physical examination, and rehabilitative or restorative needs.

2945 |                 (b) A preliminary nursing evaluation, including orders for  
 2946 | immediate care provided by the physician, autonomous physician  
 2947 | assistant, physician assistant, or advanced practice registered  
 2948 | nurse, which shall be completed when the client is admitted.

2949 |         Section 52. Section 400.9976, Florida Statutes, is amended  
 2950 | to read:

2951 400.9976 Administration of medication.—

2952 (1) An individual medication administration record must be  
2953 maintained for each client. A dose of medication, including a  
2954 self-administered dose, shall be properly recorded in the  
2955 client's record. A client who self-administers medication shall  
2956 be given a pill organizer. Medication must be placed in the pill  
2957 organizer by a nurse. A nurse shall document the date and time  
2958 that medication is placed into each client's pill organizer. All  
2959 medications must be administered in compliance with orders of a  
2960 physician, autonomous physician assistant, physician assistant,  
2961 or advanced practice registered nurse.

2962 (2) If an interdisciplinary team determines that self-  
2963 administration of medication is an appropriate objective, and if  
2964 the physician, autonomous physician assistant, physician  
2965 assistant, or advanced practice registered nurse does not  
2966 specify otherwise, the client must be instructed by the  
2967 physician, autonomous physician assistant, physician assistant,  
2968 or advanced practice registered nurse to self-administer his or  
2969 her medication without the assistance of a staff person. All  
2970 forms of self-administration of medication, including  
2971 administration orally, by injection, and by suppository, shall  
2972 be included in the training. The client's physician, autonomous  
2973 physician assistant, physician assistant, or advanced practice  
2974 registered nurse must be informed of the interdisciplinary  
2975 team's decision that self-administration of medication is an

2976 | objective for the client. A client may not self-administer  
 2977 | medication until he or she demonstrates the competency to take  
 2978 | the correct medication in the correct dosage at the correct  
 2979 | time, to respond to missed doses, and to contact the appropriate  
 2980 | person with questions.

2981 | (3) Medication administration discrepancies and adverse  
 2982 | drug reactions must be recorded and reported immediately to a  
 2983 | physician, autonomous physician assistant, physician assistant,  
 2984 | or advanced practice registered nurse.

2985 | Section 53. Subsections (2) through (5) of section  
 2986 | 400.9979, Florida Statutes, are amended to read:

2987 | 400.9979 Restraint and seclusion; client safety.—

2988 | (2) The use of physical restraints must be ordered and  
 2989 | documented by a physician, autonomous physician assistant,  
 2990 | physician assistant, or advanced practice registered nurse and  
 2991 | must be consistent with the policies and procedures adopted by  
 2992 | the facility. The client or, if applicable, the client's  
 2993 | representative shall be informed of the facility's physical  
 2994 | restraint policies and procedures when the client is admitted.

2995 | (3) The use of chemical restraints shall be limited to  
 2996 | prescribed dosages of medications as ordered by a physician,  
 2997 | autonomous physician assistant, physician assistant, or advanced  
 2998 | practice registered nurse and must be consistent with the  
 2999 | client's diagnosis and the policies and procedures adopted by  
 3000 | the facility. The client and, if applicable, the client's



3001 representative shall be informed of the facility's chemical  
3002 restraint policies and procedures when the client is admitted.

3003 (4) Based on the assessment by a physician, autonomous  
3004 physician assistant, physician assistant, or advanced practice  
3005 registered nurse, if a client exhibits symptoms that present an  
3006 immediate risk of injury or death to himself or herself or  
3007 others, a physician, physician assistant, or advanced practice  
3008 registered nurse may issue an emergency treatment order to  
3009 immediately administer rapid-response psychotropic medications  
3010 or other chemical restraints. Each emergency treatment order  
3011 must be documented and maintained in the client's record.

3012 (a) An emergency treatment order is not effective for more  
3013 than 24 hours.

3014 (b) Whenever a client is medicated under this subsection,  
3015 the client's representative or a responsible party and the  
3016 client's physician, autonomous physician assistant, physician  
3017 assistant, or advanced practice registered nurse shall be  
3018 notified as soon as practicable.

3019 (5) A client who is prescribed and receives a medication  
3020 that can serve as a chemical restraint for a purpose other than  
3021 an emergency treatment order must be evaluated by his or her  
3022 physician, autonomous physician assistant, physician assistant,  
3023 or advanced practice registered nurse at least monthly to  
3024 assess:

3025 (a) The continued need for the medication.

3026 (b) The level of the medication in the client's blood.

3027 (c) The need for adjustments to the prescription.

3028 Section 54. Subsections (1) and (2) of section 401.445,  
3029 Florida Statutes, are amended to read:

3030 401.445 Emergency examination and treatment of  
3031 incapacitated persons.—

3032 (1) ~~No Recovery~~ is not shall be allowed in any court in  
3033 this state against any emergency medical technician, paramedic,  
3034 or physician as defined in this chapter, any advanced practice  
3035 registered nurse licensed under s. 464.012, or any autonomous  
3036 physician assistant or physician assistant registered or  
3037 licensed under s. 458.347 or s. 459.022, or any person acting  
3038 under the direct medical supervision of a physician, in an  
3039 action brought for examining or treating a patient without his  
3040 or her informed consent if:

3041 (a) The patient at the time of examination or treatment is  
3042 intoxicated, under the influence of drugs, or otherwise  
3043 incapable of providing informed consent as provided in s.  
3044 766.103;

3045 (b) The patient at the time of examination or treatment is  
3046 experiencing an emergency medical condition; and

3047 (c) The patient would reasonably, under all the  
3048 surrounding circumstances, undergo such examination, treatment,  
3049 or procedure if he or she were advised by the emergency medical  
3050 technician, paramedic, physician, advanced practice registered

3051 nurse, autonomous physician assistant, or physician assistant in  
3052 accordance with s. 766.103(3).

3053

3054 Examination and treatment provided under this subsection shall  
3055 be limited to reasonable examination of the patient to determine  
3056 the medical condition of the patient and treatment reasonably  
3057 necessary to alleviate the emergency medical condition or to  
3058 stabilize the patient.

3059 (2) In examining and treating a person who is apparently  
3060 intoxicated, under the influence of drugs, or otherwise  
3061 incapable of providing informed consent, the emergency medical  
3062 technician, paramedic, physician, advanced practice registered  
3063 nurse, autonomous physician assistant, or physician assistant,  
3064 or any person acting under the direct medical supervision of a  
3065 physician, shall proceed wherever possible with the consent of  
3066 the person. If the person reasonably appears to be incapacitated  
3067 and refuses his or her consent, the person may be examined,  
3068 treated, or taken to a hospital or other appropriate treatment  
3069 resource if he or she is in need of emergency attention, without  
3070 his or her consent, but unreasonable force shall not be used.

3071 Section 55. Subsection (18) of section 409.906, Florida  
3072 Statutes, is amended to read:

3073 409.906 Optional Medicaid services.—Subject to specific  
3074 appropriations, the agency may make payments for services which  
3075 are optional to the state under Title XIX of the Social Security

3076 Act and are furnished by Medicaid providers to recipients who  
 3077 are determined to be eligible on the dates on which the services  
 3078 were provided. Any optional service that is provided shall be  
 3079 provided only when medically necessary and in accordance with  
 3080 state and federal law. Optional services rendered by providers  
 3081 in mobile units to Medicaid recipients may be restricted or  
 3082 prohibited by the agency. Nothing in this section shall be  
 3083 construed to prevent or limit the agency from adjusting fees,  
 3084 reimbursement rates, lengths of stay, number of visits, or  
 3085 number of services, or making any other adjustments necessary to  
 3086 comply with the availability of moneys and any limitations or  
 3087 directions provided for in the General Appropriations Act or  
 3088 chapter 216. If necessary to safeguard the state's systems of  
 3089 providing services to elderly and disabled persons and subject  
 3090 to the notice and review provisions of s. 216.177, the Governor  
 3091 may direct the Agency for Health Care Administration to amend  
 3092 the Medicaid state plan to delete the optional Medicaid service  
 3093 known as "Intermediate Care Facilities for the Developmentally  
 3094 Disabled." Optional services may include:

3095 (18) PHYSICIAN ASSISTANT SERVICES.—The agency may pay for  
 3096 all services provided to a recipient by an autonomous physician  
 3097 assistant or a physician assistant registered or licensed under  
 3098 s. 458.347 or s. 459.022. Reimbursement for such services must  
 3099 be not less than 80 percent of the reimbursement that would be  
 3100 paid to a physician who provided the same services.

3101           Section 56. Paragraph (m) of subsection (3) of section  
 3102 409.908, Florida Statutes, is amended to read:  
 3103           409.908 Reimbursement of Medicaid providers.—Subject to  
 3104 specific appropriations, the agency shall reimburse Medicaid  
 3105 providers, in accordance with state and federal law, according  
 3106 to methodologies set forth in the rules of the agency and in  
 3107 policy manuals and handbooks incorporated by reference therein.  
 3108 These methodologies may include fee schedules, reimbursement  
 3109 methods based on cost reporting, negotiated fees, competitive  
 3110 bidding pursuant to s. 287.057, and other mechanisms the agency  
 3111 considers efficient and effective for purchasing services or  
 3112 goods on behalf of recipients. If a provider is reimbursed based  
 3113 on cost reporting and submits a cost report late and that cost  
 3114 report would have been used to set a lower reimbursement rate  
 3115 for a rate semester, then the provider's rate for that semester  
 3116 shall be retroactively calculated using the new cost report, and  
 3117 full payment at the recalculated rate shall be effected  
 3118 retroactively. Medicare-granted extensions for filing cost  
 3119 reports, if applicable, shall also apply to Medicaid cost  
 3120 reports. Payment for Medicaid compensable services made on  
 3121 behalf of Medicaid eligible persons is subject to the  
 3122 availability of moneys and any limitations or directions  
 3123 provided for in the General Appropriations Act or chapter 216.  
 3124 Further, nothing in this section shall be construed to prevent  
 3125 or limit the agency from adjusting fees, reimbursement rates,

3126 | lengths of stay, number of visits, or number of services, or  
 3127 | making any other adjustments necessary to comply with the  
 3128 | availability of moneys and any limitations or directions  
 3129 | provided for in the General Appropriations Act, provided the  
 3130 | adjustment is consistent with legislative intent.

3131 |         (3) Subject to any limitations or directions provided for  
 3132 | in the General Appropriations Act, the following Medicaid  
 3133 | services and goods may be reimbursed on a fee-for-service basis.  
 3134 | For each allowable service or goods furnished in accordance with  
 3135 | Medicaid rules, policy manuals, handbooks, and state and federal  
 3136 | law, the payment shall be the amount billed by the provider, the  
 3137 | provider's usual and customary charge, or the maximum allowable  
 3138 | fee established by the agency, whichever amount is less, with  
 3139 | the exception of those services or goods for which the agency  
 3140 | makes payment using a methodology based on capitation rates,  
 3141 | average costs, or negotiated fees.

3142 |         (m) Autonomous physician assistant and physician assistant  
 3143 | services.

3144 |         Section 57. Paragraphs (c) through (cc) of subsection (1)  
 3145 | of section 409.973, Florida Statutes, are redesignated as  
 3146 | paragraphs (d) through (dd), respectively, and a new paragraph  
 3147 | (c) is added to that subsection to read:

3148 |             409.973 Benefits.—

3149 |         (1) MINIMUM BENEFITS.—Managed care plans shall cover, at a  
 3150 | minimum, the following services:

3151 (c) Autonomous physician assistant services.

3152 Section 58. Subsections (2), (4), and (5) of section  
3153 429.26, Florida Statutes, are amended to read:

3154 429.26 Appropriateness of placements; examinations of  
3155 residents.—

3156 (2) A physician, autonomous physician assistant, physician  
3157 assistant, or nurse practitioner who is employed by an assisted  
3158 living facility to provide an initial examination for admission  
3159 purposes may not have financial interest in the facility.

3160 (4) If possible, each resident shall have been examined by  
3161 a licensed physician, an autonomous physician assistant, a  
3162 licensed physician assistant, or a licensed nurse practitioner  
3163 within 60 days before admission to the facility. The signed and  
3164 completed medical examination report shall be submitted to the  
3165 owner or administrator of the facility who shall use the  
3166 information contained therein to assist in the determination of  
3167 the appropriateness of the resident's admission and continued  
3168 stay in the facility. The medical examination report shall  
3169 become a permanent part of the record of the resident at the  
3170 facility and shall be made available to the agency during  
3171 inspection or upon request. An assessment that has been  
3172 completed through the Comprehensive Assessment and Review for  
3173 Long-Term Care Services (CARES) Program fulfills the  
3174 requirements for a medical examination under this subsection and  
3175 s. 429.07(3)(b)6.

3176 (5) Except as provided in s. 429.07, if a medical  
3177 examination has not been completed within 60 days before the  
3178 admission of the resident to the facility, a licensed physician,  
3179 a registered autonomous physician assistant, a licensed  
3180 physician assistant, or a licensed nurse practitioner shall  
3181 examine the resident and complete a medical examination form  
3182 provided by the agency within 30 days following the admission to  
3183 the facility to enable the facility owner or administrator to  
3184 determine the appropriateness of the admission. The medical  
3185 examination form shall become a permanent part of the record of  
3186 the resident at the facility and shall be made available to the  
3187 agency during inspection by the agency or upon request.

3188 Section 59. Paragraph (a) of subsection (2) and paragraph  
3189 (a) of subsection (7) of section 429.918, Florida Statutes, are  
3190 amended to read:

3191 429.918 Licensure designation as a specialized Alzheimer's  
3192 services adult day care center.—

3193 (2) As used in this section, the term:

3194 (a) "ADRD participant" means a participant who has a  
3195 documented diagnosis of Alzheimer's disease or a dementia-  
3196 related disorder (ADRD) from a licensed physician, a registered  
3197 autonomous physician assistant, a licensed physician assistant,  
3198 or a licensed advanced practice registered nurse.

3199 (7) (a) An ADRD participant admitted to an adult day care  
3200 center having a license designated under this section, or the



3201 caregiver when applicable, must:

3202 1. Require ongoing supervision to maintain the highest  
 3203 level of medical or custodial functioning and have a  
 3204 demonstrated need for a responsible party to oversee his or her  
 3205 care.

3206 2. Not actively demonstrate aggressive behavior that  
 3207 places himself, herself, or others at risk of harm.

3208 3. Provide the following medical documentation signed by a  
 3209 licensed physician, a registered autonomous physician assistant,  
 3210 a licensed physician assistant, or a licensed advanced practice  
 3211 registered nurse:

3212 a. Any physical, health, or emotional conditions that  
 3213 require medical care.

3214 b. A listing of the ADRD participant's current prescribed  
 3215 and over-the-counter medications and dosages, diet restrictions,  
 3216 mobility restrictions, and other physical limitations.

3217 4. Provide documentation signed by a health care provider  
 3218 licensed in this state which indicates that the ADRD participant  
 3219 is free of the communicable form of tuberculosis and free of  
 3220 signs and symptoms of other communicable diseases.

3221 Section 60. Paragraph (e) of subsection (5) of section  
 3222 440.102, Florida Statutes, is amended to read:

3223 440.102 Drug-free workplace program requirements.—The  
 3224 following provisions apply to a drug-free workplace program  
 3225 implemented pursuant to law or to rules adopted by the Agency

3226 | for Health Care Administration:

3227 |       (5) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen  
3228 | collection and testing for drugs under this section shall be  
3229 | performed in accordance with the following procedures:

3230 |       (e) A specimen for a drug test may be taken or collected  
3231 | by any of the following persons:

3232 |       1. A physician, an autonomous physician assistant, a  
3233 | physician assistant, a registered professional nurse, a licensed  
3234 | practical nurse, or a nurse practitioner or a certified  
3235 | paramedic who is present at the scene of an accident for the  
3236 | purpose of rendering emergency medical service or treatment.

3237 |       2. A qualified person employed by a licensed or certified  
3238 | laboratory as described in subsection (9).

3239 |       Section 61. Paragraphs (a), (i), (o), and (r) of  
3240 | subsection (3) and paragraph (g) of subsection (5) of section  
3241 | 456.053, Florida Statutes, are amended to read:

3242 |       456.053 Financial arrangements between referring health  
3243 | care providers and providers of health care services.—

3244 |       (3) DEFINITIONS.—For the purpose of this section, the  
3245 | word, phrase, or term:

3246 |       (a) "Board" means any of the following boards relating to  
3247 | the respective professions: the Board of Medicine as created in  
3248 | s. 458.307; the Board of Osteopathic Medicine as created in s.  
3249 | 459.004; the Board of Chiropractic Medicine as created in s.  
3250 | 460.404; the Board of Podiatric Medicine as created in s.

3251 461.004; the Board of Optometry as created in s. 463.003; the  
3252 Board of Nursing as created in s. 464.004; the Board of Pharmacy  
3253 as created in s. 465.004; and the Board of Dentistry as created  
3254 in s. 466.004.

3255 (i) "Health care provider" means a ~~any~~ physician licensed  
3256 under chapter 458, chapter 459, chapter 460, or chapter 461; an  
3257 autonomous physician assistant registered under chapter 458 or  
3258 chapter 459; an advanced practice registered nurse registered to  
3259 engage in autonomous practice under s. 464.0123;~~7~~ or any health  
3260 care provider licensed under chapter 463 or chapter 466.

3261 (o) "Referral" means any referral of a patient by a health  
3262 care provider for health care services, including, without  
3263 limitation:

3264 1. The forwarding of a patient by a health care provider  
3265 to another health care provider or to an entity which provides  
3266 or supplies designated health services or any other health care  
3267 item or service; or

3268 2. The request or establishment of a plan of care by a  
3269 health care provider, which includes the provision of designated  
3270 health services or other health care item or service.

3271 3. The following orders, recommendations, or plans of care  
3272 shall not constitute a referral by a health care provider:

3273 a. By a radiologist for diagnostic-imaging services.

3274 b. By a physician specializing in the provision of  
3275 radiation therapy services for such services.

3276 c. By a medical oncologist for drugs and solutions to be  
3277 prepared and administered intravenously to such oncologist's  
3278 patient, as well as for the supplies and equipment used in  
3279 connection therewith to treat such patient for cancer and the  
3280 complications thereof.

3281 d. By a cardiologist for cardiac catheterization services.

3282 e. By a pathologist for diagnostic clinical laboratory  
3283 tests and pathological examination services, if furnished by or  
3284 under the supervision of such pathologist pursuant to a  
3285 consultation requested by another physician.

3286 f. By a health care provider who is the sole provider or  
3287 member of a group practice for designated health services or  
3288 other health care items or services that are prescribed or  
3289 provided solely for such referring health care provider's or  
3290 group practice's own patients, and that are provided or  
3291 performed by or under the direct supervision of such referring  
3292 health care provider or group practice; provided, however, ~~that~~  
3293 ~~effective July 1, 1999,~~ a health care provider ~~physician~~  
3294 ~~licensed pursuant to chapter 458, chapter 459, chapter 460, or~~  
3295 ~~chapter 461~~ may refer a patient to a sole provider or group  
3296 practice for diagnostic imaging services, excluding radiation  
3297 therapy services, for which the sole provider or group practice  
3298 billed both the technical and the professional fee for or on  
3299 behalf of the patient, if the referring health care provider  
3300 does not have an ~~physician has no~~ investment interest in the

3301 practice. The diagnostic imaging service referred to a group  
3302 practice or sole provider must be a diagnostic imaging service  
3303 normally provided within the scope of practice to the patients  
3304 of the group practice or sole provider. The group practice or  
3305 sole provider may accept no more than 15 percent of their  
3306 patients receiving diagnostic imaging services from outside  
3307 referrals, excluding radiation therapy services.

3308 g. By a health care provider for services provided by an  
3309 ambulatory surgical center licensed under chapter 395.

3310 h. By a urologist for lithotripsy services.

3311 i. By a dentist for dental services performed by an  
3312 employee of or health care provider who is an independent  
3313 contractor with the dentist or group practice of which the  
3314 dentist is a member.

3315 j. By a physician for infusion therapy services to a  
3316 patient of that physician or a member of that physician's group  
3317 practice.

3318 k. By a nephrologist for renal dialysis services and  
3319 supplies, except laboratory services.

3320 l. By a health care provider whose principal professional  
3321 practice consists of treating patients in their private  
3322 residences for services to be rendered in such private  
3323 residences, except for services rendered by a home health agency  
3324 licensed under chapter 400. For purposes of this sub-  
3325 subparagraph, the term "private residences" includes patients'

3326 private homes, independent living centers, and assisted living  
 3327 facilities, but does not include skilled nursing facilities.

3328 m. By a health care provider for sleep-related testing.

3329 (r) "Sole provider" means one health care provider  
 3330 licensed under chapter 458, chapter 459, chapter 460, or chapter  
 3331 461, or registered under s. 464.0123, who maintains a separate  
 3332 medical office and a medical practice separate from any other  
 3333 health care provider and who bills for his or her services  
 3334 separately from the services provided by any other health care  
 3335 provider. A sole provider shall not share overhead expenses or  
 3336 professional income with any other person or group practice.

3337 (5) PROHIBITED REFERRALS AND CLAIMS FOR PAYMENT.—Except as  
 3338 provided in this section:

3339 (g) A violation of this section by a health care provider  
 3340 shall constitute grounds for disciplinary action to be taken by  
 3341 the applicable board pursuant to s. 458.331(2), s. 459.015(2),  
 3342 s. 460.413(2), s. 461.013(2), s. 463.016(2), s. 464.018, or s.  
 3343 466.028(2). Any hospital licensed under chapter 395 found in  
 3344 violation of this section shall be subject to s. 395.0185(2).

3345 Section 62. Subsection (7) of section 456.072, Florida  
 3346 Statutes, is amended to read:

3347 456.072 Grounds for discipline; penalties; enforcement.—

3348 (7) Notwithstanding subsection (2), upon a finding that a  
 3349 physician or autonomous physician assistant has prescribed or  
 3350 dispensed a controlled substance, or caused a controlled

3351 substance to be prescribed or dispensed, in a manner that  
3352 violates the standard of practice set forth in s. 458.331(1)(q)  
3353 or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s), or s.  
3354 466.028(1)(p) or (x), or that an advanced practice registered  
3355 nurse has prescribed or dispensed a controlled substance, or  
3356 caused a controlled substance to be prescribed or dispensed, in  
3357 a manner that violates the standard of practice set forth in s.  
3358 464.018(1)(n) or (p)6., the physician, autonomous physician  
3359 assistant, or advanced practice registered nurse shall be  
3360 suspended for a period of not less than 6 months and pay a fine  
3361 of not less than \$10,000 per count. Repeated violations shall  
3362 result in increased penalties.

3363 Section 63. Paragraph (h) of subsection (1) and subsection  
3364 (2) of section 456.44, Florida Statutes, are amended to read:

3365 456.44 Controlled substance prescribing.—

3366 (1) DEFINITIONS.—As used in this section, the term:

3367 (h) "Registrant" means a physician, an autonomous  
3368 physician assistant, a physician assistant, or an advanced  
3369 practice registered nurse who meets the requirements of  
3370 subsection (2).

3371 (2) REGISTRATION.—A physician licensed under chapter 458,  
3372 chapter 459, chapter 461, or chapter 466, an autonomous  
3373 physician assistant or a physician assistant registered or  
3374 licensed under chapter 458 or chapter 459, or an advanced  
3375 practice registered nurse licensed under part I of chapter 464

3376 | who prescribes any controlled substance, listed in Schedule II,  
 3377 | Schedule III, or Schedule IV as defined in s. 893.03, for the  
 3378 | treatment of chronic nonmalignant pain, must:

3379 |       (a) Designate himself or herself as a controlled substance  
 3380 | prescribing practitioner on his or her practitioner profile.

3381 |       (b) Comply with the requirements of this section and  
 3382 | applicable board rules.

3383 |       Section 64. Paragraph (c) of subsection (3) of section  
 3384 | 458.3265, Florida Statutes, is amended to read:

3385 |       458.3265 Pain-management clinics.—

3386 |       (3) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
 3387 | apply to any physician who provides professional services in a  
 3388 | pain-management clinic that is required to be registered in  
 3389 | subsection (1).

3390 |       (c) A physician, an autonomous physician assistant, a  
 3391 | physician assistant, or an advanced practice registered nurse  
 3392 | must perform a physical examination of a patient on the same day  
 3393 | that the physician prescribes a controlled substance to a  
 3394 | patient at a pain-management clinic. If the physician prescribes  
 3395 | more than a 72-hour dose of controlled substances for the  
 3396 | treatment of chronic nonmalignant pain, the physician must  
 3397 | document in the patient's record the reason for prescribing that  
 3398 | quantity.

3399 |       Section 65. Paragraph (ii) of subsection (1) and  
 3400 | subsection (10) of section 458.331, Florida Statutes, are



3401 amended to read:

3402 458.331 Grounds for disciplinary action; action by the  
3403 board and department.—

3404 (1) The following acts constitute grounds for denial of a  
3405 license or disciplinary action, as specified in s. 456.072(2):

3406 (ii) Failing to report to the department any licensee  
3407 under this chapter or under chapter 459 who the physician,  
3408 autonomous physician assistant, or physician assistant knows has  
3409 violated the grounds for disciplinary action set out in the law  
3410 under which that person is licensed and who provides health care  
3411 services in a facility licensed under chapter 395, or a health  
3412 maintenance organization certificated under part I of chapter  
3413 641, in which the physician, autonomous physician assistant, or  
3414 physician assistant also provides services.

3415 (10) A probable cause panel convened to consider  
3416 disciplinary action against an autonomous physician assistant or  
3417 a physician assistant alleged to have violated s. 456.072 or  
3418 this section must include one physician assistant. The physician  
3419 assistant must hold a valid license to practice as a physician  
3420 assistant in this state and be appointed to the panel by the  
3421 Council of Physician Assistants. The physician assistant may  
3422 hear only cases involving disciplinary actions against a  
3423 physician assistant. If the appointed physician assistant is not  
3424 present at the disciplinary hearing, the panel may consider the  
3425 matter and vote on the case in the absence of the physician

3426 assistant. The training requirements set forth in s. 458.307(4)  
 3427 do not apply to the appointed physician assistant. Rules need  
 3428 not be adopted to implement this subsection.

3429 Section 66. Paragraph (c) of subsection (3) of section  
 3430 459.0137, Florida Statutes, is amended to read:

3431 459.0137 Pain-management clinics.—

3432 (3) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
 3433 apply to any osteopathic physician who provides professional  
 3434 services in a pain-management clinic that is required to be  
 3435 registered in subsection (1).

3436 (c) An osteopathic physician, an autonomous physician  
 3437 assistant, a physician assistant, or an advanced practice  
 3438 registered nurse must perform a physical examination of a  
 3439 patient on the same day that the physician prescribes a  
 3440 controlled substance to a patient at a pain-management clinic.  
 3441 If the osteopathic physician prescribes more than a 72-hour dose  
 3442 of controlled substances for the treatment of chronic  
 3443 nonmalignant pain, the osteopathic physician must document in  
 3444 the patient's record the reason for prescribing that quantity.

3445 Section 67. Paragraph (11) of subsection (1) and  
 3446 subsection (10) of section 459.015, Florida Statutes, are  
 3447 amended to read:

3448 459.015 Grounds for disciplinary action; action by the  
 3449 board and department.—

3450 (1) The following acts constitute grounds for denial of a

3451 license or disciplinary action, as specified in s. 456.072(2):  
3452 (11) Failing to report to the department any licensee  
3453 under chapter 458 or under this chapter who the osteopathic  
3454 physician, autonomous physician assistant, or physician  
3455 assistant knows has violated the grounds for disciplinary action  
3456 set out in the law under which that person is licensed and who  
3457 provides health care services in a facility licensed under  
3458 chapter 395, or a health maintenance organization certificated  
3459 under part I of chapter 641, in which the osteopathic physician,  
3460 autonomous physician assistant, or physician assistant also  
3461 provides services.

3462 (10) A probable cause panel convened to consider  
3463 disciplinary action against an autonomous physician assistant or  
3464 a physician assistant alleged to have violated s. 456.072 or  
3465 this section must include one physician assistant. The physician  
3466 assistant must hold a valid license to practice as a physician  
3467 assistant in this state and be appointed to the panel by the  
3468 Council of Physician Assistants. The physician assistant may  
3469 hear only cases involving disciplinary actions against a  
3470 physician assistant. If the appointed physician assistant is not  
3471 present at the disciplinary hearing, the panel may consider the  
3472 matter and vote on the case in the absence of the physician  
3473 assistant. The training requirements set forth in s. 458.307(4)  
3474 do not apply to the appointed physician assistant. Rules need  
3475 not be adopted to implement this subsection.

3476 Section 68. Subsection (17) of section 464.003, Florida  
 3477 Statutes, is amended to read:

3478 464.003 Definitions.—As used in this part, the term:

3479 (17) "Practice of practical nursing" means the performance  
 3480 of selected acts, including the administration of treatments and  
 3481 medications, in the care of the ill, injured, or infirm; the  
 3482 promotion of wellness, maintenance of health, and prevention of  
 3483 illness of others under the direction of a registered nurse, a  
 3484 licensed physician, a licensed osteopathic physician, a licensed  
 3485 podiatric physician, a registered autonomous physician  
 3486 assistant, or a licensed dentist; and the teaching of general  
 3487 principles of health and wellness to the public and to students  
 3488 other than nursing students. A practical nurse is responsible  
 3489 and accountable for making decisions that are based upon the  
 3490 individual's educational preparation and experience in nursing.

3491 Section 69. Paragraph (a) of subsection (4) of section  
 3492 464.0205, Florida Statutes, is amended to read:

3493 464.0205 Retired volunteer nurse certificate.—

3494 (4) A retired volunteer nurse receiving certification from  
 3495 the board shall:

3496 (a) Work under the direct supervision of the director of a  
 3497 county health department, a physician working under a limited  
 3498 license issued pursuant to s. 458.317 or s. 459.0075, a  
 3499 physician or an autonomous physician assistant licensed or  
 3500 registered under chapter 458 or chapter 459, an advanced

3501 practice registered nurse licensed under s. 464.012, or a  
 3502 registered nurse licensed under s. 464.008 or s. 464.009.

3503 Section 70. Paragraph (b) of subsection (1) of section  
 3504 480.0475, Florida Statutes, is amended to read:

3505 480.0475 Massage establishments; prohibited practices.—

3506 (1) A person may not operate a massage establishment  
 3507 between the hours of midnight and 5 a.m. This subsection does  
 3508 not apply to a massage establishment:

3509 (b) In which every massage performed between the hours of  
 3510 midnight and 5 a.m. is performed by a massage therapist acting  
 3511 under the prescription of a physician, autonomous physician  
 3512 assistant, or physician assistant licensed or registered under  
 3513 chapter 458; ~~an osteopathic physician, autonomous physician~~  
 3514 assistant, or physician assistant licensed or registered under  
 3515 chapter 459; ~~a chiropractic physician licensed under chapter~~  
 3516 ~~460; a podiatric physician licensed under chapter 461; an~~  
 3517 ~~advanced practice registered nurse licensed under part I of~~  
 3518 ~~chapter 464; or a dentist licensed under chapter 466; or~~

3519 Section 71. Subsection (2) of section 493.6108, Florida  
 3520 Statutes, is amended to read:

3521 493.6108 Investigation of applicants by Department of  
 3522 Agriculture and Consumer Services.—

3523 (2) In addition to subsection (1), the department shall  
 3524 make an investigation of the general physical fitness of the  
 3525 Class "G" applicant to bear a weapon or firearm. Determination

3526 of physical fitness shall be certified by a physician,  
 3527 autonomous physician assistant, or physician assistant currently  
 3528 licensed or registered under ~~pursuant to~~ chapter 458, chapter  
 3529 459, or any similar law of another state or authorized to act as  
 3530 a licensed physician by a federal agency or department or by an  
 3531 advanced practice registered nurse currently licensed pursuant  
 3532 to chapter 464. Such certification shall be submitted on a form  
 3533 provided by the department.

3534 Section 72. Subsection (1) of section 626.9707, Florida  
 3535 Statutes, is amended to read:

3536 626.9707 Disability insurance; discrimination on basis of  
 3537 sickle-cell trait prohibited.—

3538 (1) An ~~No~~ insurer authorized to transact insurance in this  
 3539 state may not shall refuse to issue and deliver in this state  
 3540 any policy of disability insurance, whether such policy is  
 3541 defined as individual, group, blanket, franchise, industrial, or  
 3542 otherwise, which is currently being issued for delivery in this  
 3543 state and which affords benefits and coverage for any medical  
 3544 treatment or service authorized and permitted to be furnished by  
 3545 a hospital, a clinic, a health clinic, a neighborhood health  
 3546 clinic, a health maintenance organization, a physician, an  
 3547 autonomous physician assistant, a physician ~~physician's~~  
 3548 assistant, an advanced practice registered nurse ~~practitioner,~~  
 3549 or a medical service facility or personnel solely because the  
 3550 person to be insured has the sickle-cell trait.

3551 Section 73. Paragraph (b) of subsection (1) of section  
 3552 627.357, Florida Statutes, is amended to read:  
 3553 627.357 Medical malpractice self-insurance.—  
 3554 (1) DEFINITIONS.—As used in this section, the term:  
 3555 (b) "Health care provider" means any:  
 3556 1. Hospital licensed under chapter 395.  
 3557 2. Physician, autonomous physician assistant licensed, or  
 3558 physician assistant registered or licensed,~~7~~ under chapter 458.  
 3559 3. Osteopathic physician, autonomous physician assistant,  
 3560 or physician assistant registered or licensed under chapter 459.  
 3561 4. Podiatric physician licensed under chapter 461.  
 3562 5. Health maintenance organization certificated under part  
 3563 I of chapter 641.  
 3564 6. Ambulatory surgical center licensed under chapter 395.  
 3565 7. Chiropractic physician licensed under chapter 460.  
 3566 8. Psychologist licensed under chapter 490.  
 3567 9. Optometrist licensed under chapter 463.  
 3568 10. Dentist licensed under chapter 466.  
 3569 11. Pharmacist licensed under chapter 465.  
 3570 12. Registered nurse, licensed practical nurse, or  
 3571 advanced practice registered nurse licensed or registered under  
 3572 part I of chapter 464.  
 3573 13. Other medical facility.  
 3574 14. Professional association, partnership, corporation,  
 3575 joint venture, or other association established by the

3576 individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9.,  
3577 10., 11., and 12. for professional activity.

3578 Section 74. Paragraph (a) of subsection (1) of section  
3579 627.736, Florida Statutes, is amended to read:

3580 627.736 Required personal injury protection benefits;  
3581 exclusions; priority; claims.—

3582 (1) REQUIRED BENEFITS.—An insurance policy complying with  
3583 the security requirements of s. 627.733 must provide personal  
3584 injury protection to the named insured, relatives residing in  
3585 the same household, persons operating the insured motor vehicle,  
3586 passengers in the motor vehicle, and other persons struck by the  
3587 motor vehicle and suffering bodily injury while not an occupant  
3588 of a self-propelled vehicle, subject to subsection (2) and  
3589 paragraph (4) (e), to a limit of \$10,000 in medical and  
3590 disability benefits and \$5,000 in death benefits resulting from  
3591 bodily injury, sickness, disease, or death arising out of the  
3592 ownership, maintenance, or use of a motor vehicle as follows:

3593 (a) Medical benefits.—Eighty percent of all reasonable  
3594 expenses for medically necessary medical, surgical, X-ray,  
3595 dental, and rehabilitative services, including prosthetic  
3596 devices and medically necessary ambulance, hospital, and nursing  
3597 services if the individual receives initial services and care  
3598 pursuant to subparagraph 1. within 14 days after the motor  
3599 vehicle accident. The medical benefits provide reimbursement  
3600 only for:



3601 1. Initial services and care that are lawfully provided,  
3602 supervised, ordered, or prescribed by a physician or an  
3603 autonomous physician assistant licensed or registered under  
3604 chapter 458 or chapter 459, a dentist licensed under chapter  
3605 466, ~~or~~ a chiropractic physician licensed under chapter 460, or  
3606 an advanced practice registered nurse registered to engage in  
3607 autonomous practice under s. 464.0123 or that are provided in a  
3608 hospital or in a facility that owns, or is wholly owned by, a  
3609 hospital. Initial services and care may also be provided by a  
3610 person or entity licensed under part III of chapter 401 which  
3611 provides emergency transportation and treatment.

3612 2. Upon referral by a provider described in subparagraph  
3613 1., followup services and care consistent with the underlying  
3614 medical diagnosis rendered pursuant to subparagraph 1. which may  
3615 be provided, supervised, ordered, or prescribed only by a  
3616 physician or an autonomous physician assistant licensed or  
3617 registered under chapter 458 or chapter 459, a chiropractic  
3618 physician licensed under chapter 460, a dentist licensed under  
3619 chapter 466, or an advanced practice registered nurse registered  
3620 to engage in autonomous practice under s. 464.0123, or, to the  
3621 extent permitted by applicable law and under the supervision of  
3622 such physician, osteopathic physician, chiropractic physician,  
3623 or dentist, by a physician assistant licensed under chapter 458  
3624 or chapter 459 or an advanced practice registered nurse licensed  
3625 under chapter 464. Followup services and care may also be

3626 provided by the following persons or entities:

3627       a. A hospital or ambulatory surgical center licensed under  
3628 chapter 395.

3629       b. An entity wholly owned by one or more physicians or  
3630 autonomous physician assistants licensed or registered under  
3631 chapter 458 or chapter 459, chiropractic physicians licensed  
3632 under chapter 460, advanced practice registered nurses  
3633 registered to engage in autonomous practice under s. 464.0123,  
3634 or dentists licensed under chapter 466 or by such practitioners  
3635 and the spouse, parent, child, or sibling of such practitioners.

3636       c. An entity that owns or is wholly owned, directly or  
3637 indirectly, by a hospital or hospitals.

3638       d. A physical therapist licensed under chapter 486, based  
3639 upon a referral by a provider described in this subparagraph.

3640       e. A health care clinic licensed under part X of chapter  
3641 400 which is accredited by an accrediting organization whose  
3642 standards incorporate comparable regulations required by this  
3643 state, or

3644           (I) Has a medical director licensed under chapter 458,  
3645 chapter 459, or chapter 460;

3646           (II) Has been continuously licensed for more than 3 years  
3647 or is a publicly traded corporation that issues securities  
3648 traded on an exchange registered with the United States  
3649 Securities and Exchange Commission as a national securities  
3650 exchange; and

3651 (III) Provides at least four of the following medical  
 3652 specialties:

3653 (A) General medicine.

3654 (B) Radiography.

3655 (C) Orthopedic medicine.

3656 (D) Physical medicine.

3657 (E) Physical therapy.

3658 (F) Physical rehabilitation.

3659 (G) Prescribing or dispensing outpatient prescription  
 3660 medication.

3661 (H) Laboratory services.

3662 3. Reimbursement for services and care provided in  
 3663 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician  
 3664 licensed under chapter 458 or chapter 459, a dentist licensed  
 3665 under chapter 466, an autonomous physician assistant or a  
 3666 physician assistant registered or licensed under chapter 458 or  
 3667 chapter 459, or an advanced practice registered nurse licensed  
 3668 under chapter 464 has determined that the injured person had an  
 3669 emergency medical condition.

3670 4. Reimbursement for services and care provided in  
 3671 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a  
 3672 provider listed in subparagraph 1. or subparagraph 2. determines  
 3673 that the injured person did not have an emergency medical  
 3674 condition.

3675 5. Medical benefits do not include massage as defined in

3676 s. 480.033 or acupuncture as defined in s. 457.102, regardless  
3677 of the person, entity, or licensee providing massage or  
3678 acupuncture, and a licensed massage therapist or licensed  
3679 acupuncturist may not be reimbursed for medical benefits under  
3680 this section.

3681 6. The Financial Services Commission shall adopt by rule  
3682 the form that must be used by an insurer and a health care  
3683 provider specified in sub-subparagraph 2.b., sub-subparagraph  
3684 2.c., or sub-subparagraph 2.e. to document that the health care  
3685 provider meets the criteria of this paragraph. Such rule must  
3686 include a requirement for a sworn statement or affidavit.

3687  
3688 Only insurers writing motor vehicle liability insurance in this  
3689 state may provide the required benefits of this section, and  
3690 such insurer may not require the purchase of any other motor  
3691 vehicle coverage other than the purchase of property damage  
3692 liability coverage as required by s. 627.7275 as a condition for  
3693 providing such benefits. Insurers may not require that property  
3694 damage liability insurance in an amount greater than \$10,000 be  
3695 purchased in conjunction with personal injury protection. Such  
3696 insurers shall make benefits and required property damage  
3697 liability insurance coverage available through normal marketing  
3698 channels. An insurer writing motor vehicle liability insurance  
3699 in this state who fails to comply with such availability  
3700 requirement as a general business practice violates part IX of

3701 chapter 626, and such violation constitutes an unfair method of  
3702 competition or an unfair or deceptive act or practice involving  
3703 the business of insurance. An insurer committing such violation  
3704 is subject to the penalties provided under that part, as well as  
3705 those provided elsewhere in the insurance code.

3706 Section 75. Subsection (5) of section 633.412, Florida  
3707 Statutes, is amended to read:

3708 633.412 Firefighters; qualifications for certification.—A  
3709 person applying for certification as a firefighter must:

3710 (5) Be in good physical condition as determined by a  
3711 medical examination given by a physician, surgeon, or autonomous  
3712 physician assistant or physician assistant licensed or  
3713 registered under ~~to practice in the state pursuant to~~ chapter  
3714 458; an osteopathic physician, surgeon, autonomous physician  
3715 assistant, or physician assistant licensed or registered under  
3716 ~~to practice in the state pursuant to~~ chapter 459; or an advanced  
3717 practice registered nurse licensed under ~~to practice in the~~  
3718 ~~state pursuant to~~ chapter 464. Such examination may include, but  
3719 need not be limited to, the National Fire Protection Association  
3720 Standard 1582. A medical examination evidencing good physical  
3721 condition shall be submitted to the division, on a form as  
3722 provided by rule, before an individual is eligible for admission  
3723 into a course under s. 633.408.

3724 Section 76. Subsection (8) of section 641.495, Florida  
3725 Statutes, is amended to read:

3726 641.495 Requirements for issuance and maintenance of  
 3727 certificate.—

3728 (8) Each organization's contracts, certificates, and  
 3729 subscriber handbooks shall contain a provision, if applicable,  
 3730 disclosing that, for certain types of described medical  
 3731 procedures, services may be provided by autonomous physician  
 3732 assistants, physician assistants, advanced practice registered  
 3733 nurses ~~nurse-practitioners~~, or other individuals who are not  
 3734 licensed physicians.

3735 Section 77. Subsection (1) of section 744.2006, Florida  
 3736 Statutes, is amended to read:

3737 744.2006 Office of Public and Professional Guardians;  
 3738 appointment, notification.—

3739 (1) The executive director of the Office of Public and  
 3740 Professional Guardians, after consultation with the chief judge  
 3741 and other circuit judges within the judicial circuit and with  
 3742 appropriate advocacy groups and individuals and organizations  
 3743 who are knowledgeable about the needs of incapacitated persons,  
 3744 may establish, within a county in the judicial circuit or within  
 3745 the judicial circuit, one or more offices of public guardian and  
 3746 if so established, shall create a list of persons best qualified  
 3747 to serve as the public guardian, who have been investigated  
 3748 pursuant to s. 744.3135. The public guardian must have knowledge  
 3749 of the legal process and knowledge of social services available  
 3750 to meet the needs of incapacitated persons. The public guardian

3751 shall maintain a staff or contract with professionally qualified  
3752 individuals to carry out the guardianship functions, including  
3753 an attorney who has experience in probate areas and another  
3754 person who has a master's degree in social work, or a  
3755 gerontologist, psychologist, autonomous physician assistant,  
3756 advanced practice registered nurse, or registered nurse,~~or~~  
3757 ~~nurse practitioner~~. A public guardian that is a nonprofit  
3758 corporate guardian under s. 744.309(5) must receive tax-exempt  
3759 status from the United States Internal Revenue Service.

3760 Section 78. Paragraph (a) of subsection (3) of section  
3761 744.331, Florida Statutes, is amended to read:

3762 744.331 Procedures to determine incapacity.—

3763 (3) EXAMINING COMMITTEE.—

3764 (a) Within 5 days after a petition for determination of  
3765 incapacity has been filed, the court shall appoint an examining  
3766 committee consisting of three members. One member must be a  
3767 psychiatrist or other physician. The remaining members must be  
3768 either a psychologist, a gerontologist, a ~~another~~ psychiatrist,  
3769 a ~~or other~~ physician, an autonomous physician assistant, a  
3770 physician assistant, an advanced practice registered nurse, a  
3771 registered nurse, ~~nurse practitioner,~~ a licensed social worker,  
3772 a person with an advanced degree in gerontology from an  
3773 accredited institution of higher education, or any other person  
3774 who by knowledge, skill, experience, training, or education may,  
3775 in the court's discretion, advise the court in the form of an

3776 expert opinion. One of three members of the committee must have  
3777 knowledge of the type of incapacity alleged in the petition.  
3778 Unless good cause is shown, the attending or family physician  
3779 may not be appointed to the committee. If the attending or  
3780 family physician is available for consultation, the committee  
3781 must consult with the physician. Members of the examining  
3782 committee may not be related to or associated with one another,  
3783 with the petitioner, with counsel for the petitioner or the  
3784 proposed guardian, or with the person alleged to be totally or  
3785 partially incapacitated. A member may not be employed by any  
3786 private or governmental agency that has custody of, or  
3787 furnishes, services or subsidies, directly or indirectly, to the  
3788 person or the family of the person alleged to be incapacitated  
3789 or for whom a guardianship is sought. A petitioner may not serve  
3790 as a member of the examining committee. Members of the examining  
3791 committee must be able to communicate, either directly or  
3792 through an interpreter, in the language that the alleged  
3793 incapacitated person speaks or to communicate in a medium  
3794 understandable to the alleged incapacitated person if she or he  
3795 is able to communicate. The clerk of the court shall send notice  
3796 of the appointment to each person appointed no later than 3 days  
3797 after the court's appointment.

3798 Section 79. Paragraph (b) of subsection (1) of section  
3799 744.3675, Florida Statutes, is amended to read:

3800 744.3675 Annual guardianship plan.—Each guardian of the



3801 person must file with the court an annual guardianship plan  
 3802 which updates information about the condition of the ward. The  
 3803 annual plan must specify the current needs of the ward and how  
 3804 those needs are proposed to be met in the coming year.

3805 (1) Each plan for an adult ward must, if applicable,  
 3806 include:

3807 (b) Information concerning the medical and mental health  
 3808 conditions and treatment and rehabilitation needs of the ward,  
 3809 including:

3810 1. A resume of any professional medical treatment given to  
 3811 the ward during the preceding year.

3812 2. The report of a physician, autonomous physician  
 3813 assistant, physician assistant, or advanced practice registered  
 3814 nurse who examined the ward no more than 90 days before the  
 3815 beginning of the applicable reporting period. The report must  
 3816 contain an evaluation of the ward's condition and a statement of  
 3817 the current level of capacity of the ward.

3818 3. The plan for providing medical, mental health, and  
 3819 rehabilitative services in the coming year.

3820 Section 80. Subsection (3) of section 766.103, Florida  
 3821 Statutes, is amended to read:

3822 766.103 Florida Medical Consent Law.—

3823 (3) ~~No~~ Recovery is not ~~shall be~~ allowed in any court in  
 3824 this state against any physician licensed under chapter 458,  
 3825 osteopathic physician licensed under chapter 459, chiropractic

3826 physician licensed under chapter 460, podiatric physician  
3827 licensed under chapter 461, dentist licensed under chapter 466,  
3828 advanced practice registered nurse licensed under s. 464.012,  
3829 autonomous physician assistant registered under chapter 458 or  
3830 chapter 459, or physician assistant licensed under s. 458.347 or  
3831 s. 459.022 in an action brought for treating, examining, or  
3832 operating on a patient without his or her informed consent when:  
3833 (a)1. The action of the physician, osteopathic physician,  
3834 chiropractic physician, podiatric physician, dentist, advanced  
3835 practice registered nurse, autonomous physician assistant, or  
3836 physician assistant in obtaining the consent of the patient or  
3837 another person authorized to give consent for the patient was in  
3838 accordance with an accepted standard of medical practice among  
3839 members of the medical profession with similar training and  
3840 experience in the same or similar medical community as that of  
3841 the person treating, examining, or operating on the patient for  
3842 whom the consent is obtained; and  
3843 2. A reasonable individual, from the information provided  
3844 by the physician, osteopathic physician, chiropractic physician,  
3845 podiatric physician, dentist, advanced practice registered  
3846 nurse, autonomous physician assistant, or physician assistant,  
3847 under the circumstances, would have a general understanding of  
3848 the procedure, the medically acceptable alternative procedures  
3849 or treatments, and the substantial risks and hazards inherent in  
3850 the proposed treatment or procedures, which are recognized among

3851 other physicians, osteopathic physicians, chiropractic  
 3852 physicians, podiatric physicians, or dentists in the same or  
 3853 similar community who perform similar treatments or procedures;  
 3854 or

3855 (b) The patient would reasonably, under all the  
 3856 surrounding circumstances, have undergone such treatment or  
 3857 procedure had he or she been advised by the physician,  
 3858 osteopathic physician, chiropractic physician, podiatric  
 3859 physician, dentist, advanced practice registered nurse,  
 3860 autonomous physician assistant, or physician assistant in  
 3861 accordance with ~~the provisions of~~ paragraph (a).

3862 Section 81. Paragraph (b) of subsection (1) and paragraph  
 3863 (e) of subsection (2) of section 766.105, Florida Statutes, are  
 3864 amended to read:

3865 766.105 Florida Patient's Compensation Fund.—

3866 (1) DEFINITIONS.—The following definitions apply in the  
 3867 interpretation and enforcement of this section:

3868 (b) The term "health care provider" means any:

- 3869 1. Hospital licensed under chapter 395.
- 3870 2. Physician, autonomous physician assistant, or physician  
 3871 assistant licensed or registered under chapter 458.
- 3872 3. Osteopathic physician, autonomous physician assistant,  
 3873 or physician assistant licensed or registered under chapter 459.
- 3874 4. Podiatric physician licensed under chapter 461.
- 3875 5. Health maintenance organization certificated under part

3876 I of chapter 641.

3877 6. Ambulatory surgical center licensed under chapter 395.

3878 7. "Other medical facility" as defined in paragraph (c).

3879 8. Professional association, partnership, corporation,  
3880 joint venture, or other association by the individuals set forth  
3881 in subparagraphs 2., 3., and 4. for professional activity.

3882 (2) COVERAGE.—

3883 (e) The coverage afforded by the fund for a participating  
3884 hospital or ambulatory surgical center shall apply to the  
3885 officers, trustees, volunteer workers, trainees, committee  
3886 members (including physicians, osteopathic physicians, podiatric  
3887 physicians, and dentists), and employees of the hospital or  
3888 ambulatory surgical center, other than employed physicians  
3889 licensed under chapter 458, autonomous physician assistants or  
3890 physician assistants registered or licensed under chapter 458 or  
3891 chapter 459, osteopathic physicians licensed under chapter 459,  
3892 dentists licensed under chapter 466, and podiatric physicians  
3893 licensed under chapter 461. However, the coverage afforded by  
3894 the fund for a participating hospital shall apply to house  
3895 physicians, interns, employed physician residents in a resident  
3896 training program, or physicians performing purely administrative  
3897 duties for the participating hospitals other than the treatment  
3898 of patients. This coverage shall apply to the hospital or  
3899 ambulatory surgical center and those included in this subsection  
3900 as one health care provider.

3901 Section 82. Paragraph (d) of subsection (3) of section  
3902 766.1115, Florida Statutes, is amended to read:

3903 766.1115 Health care providers; creation of agency  
3904 relationship with governmental contractors.—

3905 (3) DEFINITIONS.—As used in this section, the term:

3906 (d) "Health care provider" or "provider" means:

- 3907 1. A birth center licensed under chapter 383.
- 3908 2. An ambulatory surgical center licensed under chapter  
3909 395.
- 3910 3. A hospital licensed under chapter 395.
- 3911 4. A physician, autonomous physician assistant, or  
3912 physician assistant licensed or registered under chapter 458.
- 3913 5. An osteopathic physician, autonomous physician  
3914 assistant, or ~~osteopathic~~ physician assistant licensed or  
3915 registered under chapter 459.
- 3916 6. A chiropractic physician licensed under chapter 460.
- 3917 7. A podiatric physician licensed under chapter 461.
- 3918 8. A registered nurse, nurse midwife, licensed practical  
3919 nurse, or advanced practice registered nurse licensed or  
3920 registered under part I of chapter 464 or any facility which  
3921 employs nurses licensed or registered under part I of chapter  
3922 464 to supply all or part of the care delivered under this  
3923 section.
- 3924 9. A midwife licensed under chapter 467.
- 3925 10. A health maintenance organization certificated under

3926 | part I of chapter 641.

3927 |       11. A health care professional association and its  
3928 | employees or a corporate medical group and its employees.

3929 |       12. Any other medical facility the primary purpose of  
3930 | which is to deliver human medical diagnostic services or which  
3931 | delivers nonsurgical human medical treatment, and which includes  
3932 | an office maintained by a provider.

3933 |       13. A dentist or dental hygienist licensed under chapter  
3934 | 466.

3935 |       14. A free clinic that delivers only medical diagnostic  
3936 | services or nonsurgical medical treatment free of charge to all  
3937 | low-income recipients.

3938 |       15. Any other health care professional, practitioner,  
3939 | provider, or facility under contract with a governmental  
3940 | contractor, including a student enrolled in an accredited  
3941 | program that prepares the student for licensure as any one of  
3942 | the professionals listed in subparagraphs 4.-9.

3943 |  
3944 | The term includes any nonprofit corporation qualified as exempt  
3945 | from federal income taxation under s. 501(a) of the Internal  
3946 | Revenue Code, and described in s. 501(c) of the Internal Revenue  
3947 | Code, which delivers health care services provided by licensed  
3948 | professionals listed in this paragraph, any federally funded  
3949 | community health center, and any volunteer corporation or  
3950 | volunteer health care provider that delivers health care

3951 services.

3952 Section 83. Subsection (1) of section 766.1116, Florida  
3953 Statutes, is amended to read:

3954 766.1116 Health care practitioner; waiver of license  
3955 renewal fees and continuing education requirements.—

3956 (1) As used in this section, the term "health care  
3957 practitioner" means a physician, autonomous physician assistant,  
3958 or physician assistant licensed or registered under chapter 458;  
3959 an osteopathic physician, autonomous physician assistant, or  
3960 physician assistant licensed or registered under chapter 459; a  
3961 chiropractic physician licensed under chapter 460; a podiatric  
3962 physician licensed under chapter 461; an advanced practice  
3963 registered nurse, registered nurse, or licensed practical nurse  
3964 licensed under part I of chapter 464; a dentist or dental  
3965 hygienist licensed under chapter 466; or a midwife licensed  
3966 under chapter 467, who participates as a health care provider  
3967 under s. 766.1115.

3968 Section 84. Paragraph (c) of subsection (1) of section  
3969 766.118, Florida Statutes, is amended to read:

3970 766.118 Determination of noneconomic damages.—

3971 (1) DEFINITIONS.—As used in this section, the term:

3972 (c) "Practitioner" means any person licensed or registered  
3973 under chapter 458, chapter 459, chapter 460, chapter 461,  
3974 chapter 462, chapter 463, chapter 466, chapter 467, chapter 486,  
3975 ~~or~~ s. 464.012, or s. 464.0123. "Practitioner" also means any

3976 association, corporation, firm, partnership, or other business  
 3977 entity under which such practitioner practices or any employee  
 3978 of such practitioner or entity acting in the scope of his or her  
 3979 employment. For the purpose of determining the limitations on  
 3980 noneconomic damages set forth in this section, the term  
 3981 "practitioner" includes any person or entity for whom a  
 3982 practitioner is vicariously liable and any person or entity  
 3983 whose liability is based solely on such person or entity being  
 3984 vicariously liable for the actions of a practitioner.

3985 Section 85. Subsection (3) of section 768.135, Florida  
 3986 Statutes, is amended to read:

3987 768.135 Volunteer team physicians; immunity.—

3988 (3) A practitioner licensed or registered under chapter  
 3989 458, chapter 459, chapter 460, ~~or~~ s. 464.012, or s. 464.0123 who  
 3990 gratuitously and in good faith conducts an evaluation pursuant  
 3991 to s. 1006.20(2)(c) is not liable for any civil damages arising  
 3992 from that evaluation unless the evaluation was conducted in a  
 3993 wrongful manner.

3994 Section 86. Subsection (5) of section 794.08, Florida  
 3995 Statutes, is amended to read:

3996 794.08 Female genital mutilation.—

3997 (5) This section does not apply to procedures performed by  
 3998 or under the direction of a physician licensed under chapter  
 3999 458, an osteopathic physician licensed under chapter 459, a  
 4000 registered nurse licensed under part I of chapter 464, a



4001 practical nurse licensed under part I of chapter 464, an  
4002 advanced practice registered nurse licensed under part I of  
4003 chapter 464, a midwife licensed under chapter 467, or an  
4004 autonomous physician assistant or a physician assistant  
4005 registered or licensed under chapter 458 or chapter 459 when  
4006 necessary to preserve the physical health of a female person.  
4007 This section also does not apply to any autopsy or limited  
4008 dissection conducted pursuant to chapter 406.

4009 Section 87. Subsection (23) of section 893.02, Florida  
4010 Statutes, is amended to read:

4011 893.02 Definitions.—The following words and phrases as  
4012 used in this chapter shall have the following meanings, unless  
4013 the context otherwise requires:

4014 (23) "Practitioner" means a physician licensed under  
4015 chapter 458, a dentist licensed under chapter 466, a  
4016 veterinarian licensed under chapter 474, an osteopathic  
4017 physician licensed under chapter 459, an advanced practice  
4018 registered nurse licensed under chapter 464, a naturopath  
4019 licensed under chapter 462, a certified optometrist licensed  
4020 under chapter 463, a psychiatric nurse as defined in s. 394.455,  
4021 a podiatric physician licensed under chapter 461, an autonomous  
4022 physician assistant registered under chapter 458 or chapter 459,  
4023 or a physician assistant licensed under chapter 458 or chapter  
4024 459, provided such practitioner holds a valid federal controlled  
4025 substance registry number.

4026 Section 88. Subsection (6) of section 943.13, Florida  
 4027 Statutes, is amended to read:

4028 943.13 Officers' minimum qualifications for employment or  
 4029 appointment.—On or after October 1, 1984, any person employed or  
 4030 appointed as a full-time, part-time, or auxiliary law  
 4031 enforcement officer or correctional officer; on or after October  
 4032 1, 1986, any person employed as a full-time, part-time, or  
 4033 auxiliary correctional probation officer; and on or after  
 4034 October 1, 1986, any person employed as a full-time, part-time,  
 4035 or auxiliary correctional officer by a private entity under  
 4036 contract to the Department of Corrections, to a county  
 4037 commission, or to the Department of Management Services shall:

4038 (6) Have passed a physical examination by a licensed  
 4039 physician, registered autonomous physician assistant, licensed  
 4040 physician assistant, or licensed advanced practice registered  
 4041 nurse, based on specifications established by the commission. In  
 4042 order to be eligible for the presumption set forth in s. 112.18  
 4043 while employed with an employing agency, a law enforcement  
 4044 officer, correctional officer, or correctional probation officer  
 4045 must have successfully passed the physical examination required  
 4046 by this subsection upon entering into service as a law  
 4047 enforcement officer, correctional officer, or correctional  
 4048 probation officer with the employing agency, which examination  
 4049 must have failed to reveal any evidence of tuberculosis, heart  
 4050 disease, or hypertension. A law enforcement officer,

4051 correctional officer, or correctional probation officer may not  
4052 use a physical examination from a former employing agency for  
4053 purposes of claiming the presumption set forth in s. 112.18  
4054 against the current employing agency.

4055 Section 89. Subsection (2) of section 945.603, Florida  
4056 Statutes, is amended to read:

4057 945.603 Powers and duties of authority.—The purpose of the  
4058 authority is to assist in the delivery of health care services  
4059 for inmates in the Department of Corrections by advising the  
4060 Secretary of Corrections on the professional conduct of primary,  
4061 convalescent, dental, and mental health care and the management  
4062 of costs consistent with quality care, by advising the Governor  
4063 and the Legislature on the status of the Department of  
4064 Corrections' health care delivery system, and by assuring that  
4065 adequate standards of physical and mental health care for  
4066 inmates are maintained at all Department of Corrections  
4067 institutions. For this purpose, the authority has the authority  
4068 to:

4069 (2) Review and make recommendations regarding health care  
4070 for the delivery of health care services including, but not  
4071 limited to, acute hospital-based services and facilities,  
4072 primary and tertiary care services, ancillary and clinical  
4073 services, dental services, mental health services, intake and  
4074 screening services, medical transportation services, and the use  
4075 of nurse practitioner, autonomous physician assistant, and

4076 physician assistant personnel to act as physician extenders as  
 4077 these relate to inmates in the Department of Corrections.

4078 Section 90. Paragraph (n) of subsection (1) of section  
 4079 948.03, Florida Statutes, is amended to read:

4080 948.03 Terms and conditions of probation.—

4081 (1) The court shall determine the terms and conditions of  
 4082 probation. Conditions specified in this section do not require  
 4083 oral pronouncement at the time of sentencing and may be  
 4084 considered standard conditions of probation. These conditions  
 4085 may include among them the following, that the probationer or  
 4086 offender in community control shall:

4087 (n) Be prohibited from using intoxicants to excess or  
 4088 possessing any drugs or narcotics unless prescribed by a  
 4089 physician, an advanced practice registered nurse, an autonomous  
 4090 physician assistant, or a physician assistant. The probationer  
 4091 or community controllee may not knowingly visit places where  
 4092 intoxicants, drugs, or other dangerous substances are unlawfully  
 4093 sold, dispensed, or used.

4094 Section 91. Subsection (34) of section 984.03, Florida  
 4095 Statutes, is amended to read:

4096 984.03 Definitions.—When used in this chapter, the term:

4097 (34) "Licensed health care professional" means a physician  
 4098 licensed under chapter 458, an osteopathic physician licensed  
 4099 under chapter 459, a nurse licensed under part I of chapter 464,  
 4100 an autonomous physician assistant or a physician assistant

4101 registered or licensed under chapter 458 or chapter 459, or a  
4102 dentist licensed under chapter 466.

4103 Section 92. Subsection (30) of section 985.03, Florida  
4104 Statutes, is amended to read:

4105 985.03 Definitions.—As used in this chapter, the term:

4106 (30) "Licensed health care professional" means a physician  
4107 licensed under chapter 458, an osteopathic physician licensed  
4108 under chapter 459, a nurse licensed under part I of chapter 464,  
4109 an autonomous physician assistant or a physician assistant  
4110 registered or licensed under chapter 458 or chapter 459, or a  
4111 dentist licensed under chapter 466.

4112 Section 93. Paragraph (i) of subsection (3) of section  
4113 1002.20, Florida Statutes, is amended to read:

4114 1002.20 K-12 student and parent rights.—Parents of public  
4115 school students must receive accurate and timely information  
4116 regarding their child's academic progress and must be informed  
4117 of ways they can help their child to succeed in school. K-12  
4118 students and their parents are afforded numerous statutory  
4119 rights including, but not limited to, the following:

4120 (3) HEALTH ISSUES.—

4121 (i) Epinephrine use and supply.—

4122 1. A student who has experienced or is at risk for life-  
4123 threatening allergic reactions may carry an epinephrine auto-  
4124 injector and self-administer epinephrine by auto-injector while  
4125 in school, participating in school-sponsored activities, or in

4126 transit to or from school or school-sponsored activities if the  
4127 school has been provided with parental and physician  
4128 authorization. The State Board of Education, in cooperation with  
4129 the Department of Health, shall adopt rules for such use of  
4130 epinephrine auto-injectors that shall include provisions to  
4131 protect the safety of all students from the misuse or abuse of  
4132 auto-injectors. A school district, county health department,  
4133 public-private partner, and their employees and volunteers shall  
4134 be indemnified by the parent of a student authorized to carry an  
4135 epinephrine auto-injector for any and all liability with respect  
4136 to the student's use of an epinephrine auto-injector pursuant to  
4137 this paragraph.

4138 2. A public school may purchase a supply of epinephrine  
4139 auto-injectors from a wholesale distributor as defined in s.  
4140 499.003 or may enter into an arrangement with a wholesale  
4141 distributor or manufacturer as defined in s. 499.003 for the  
4142 epinephrine auto-injectors at fair-market, free, or reduced  
4143 prices for use in the event a student has an anaphylactic  
4144 reaction. The epinephrine auto-injectors must be maintained in a  
4145 secure location on the public school's premises. The  
4146 participating school district shall adopt a protocol developed  
4147 by a licensed physician for the administration by school  
4148 personnel who are trained to recognize an anaphylactic reaction  
4149 and to administer an epinephrine auto-injection. The supply of  
4150 epinephrine auto-injectors may be provided to and used by a

4151 student authorized to self-administer epinephrine by auto-  
4152 injector under subparagraph 1. or trained school personnel.

4153 3. The school district and its employees, agents, and the  
4154 physician who provides the standing protocol for school  
4155 epinephrine auto-injectors are not liable for any injury arising  
4156 from the use of an epinephrine auto-injector administered by  
4157 trained school personnel who follow the adopted protocol and  
4158 whose professional opinion is that the student is having an  
4159 anaphylactic reaction:

4160 a. Unless the trained school personnel's action is willful  
4161 and wanton;

4162 b. Notwithstanding that the parents or guardians of the  
4163 student to whom the epinephrine is administered have not been  
4164 provided notice or have not signed a statement acknowledging  
4165 that the school district is not liable; and

4166 c. Regardless of whether authorization has been given by  
4167 the student's parents or guardians or by the student's  
4168 physician, autonomous physician assistant, physician ~~physician's~~  
4169 assistant, or advanced practice registered nurse.

4170 Section 94. Paragraph (b) of subsection (17) of section  
4171 1002.42, Florida Statutes, is amended to read:

4172 1002.42 Private schools.—

4173 (17) EPINEPHRINE SUPPLY.—

4174 (b) The private school and its employees, agents, and the  
4175 physician who provides the standing protocol for school

4176 epinephrine auto-injectors are not liable for any injury arising  
 4177 from the use of an epinephrine auto-injector administered by  
 4178 trained school personnel who follow the adopted protocol and  
 4179 whose professional opinion is that the student is having an  
 4180 anaphylactic reaction:

4181 1. Unless the trained school personnel's action is willful  
 4182 and wanton;

4183 2. Notwithstanding that the parents or guardians of the  
 4184 student to whom the epinephrine is administered have not been  
 4185 provided notice or have not signed a statement acknowledging  
 4186 that the school district is not liable; and

4187 3. Regardless of whether authorization has been given by  
 4188 the student's parents or guardians or by the student's  
 4189 physician, autonomous physician assistant, physician ~~physician's~~  
 4190 assistant, or advanced practice registered nurse.

4191 Section 95. Paragraph (a) of subsection (1) and  
 4192 subsections (4) and (5) of section 1006.062, Florida Statutes,  
 4193 are amended to read:

4194 1006.062 Administration of medication and provision of  
 4195 medical services by district school board personnel.—

4196 (1) Notwithstanding the provisions of the Nurse Practice  
 4197 Act, part I of chapter 464, district school board personnel may  
 4198 assist students in the administration of prescription medication  
 4199 when the following conditions have been met:

4200 (a) Each district school board shall include in its



4201 approved school health services plan a procedure to provide  
4202 training, by a registered nurse, a licensed practical nurse, or  
4203 an advanced practice registered nurse licensed under chapter 464  
4204 or by a physician, autonomous physician assistant, or physician  
4205 assistant licensed or registered under ~~pursuant to~~ chapter 458  
4206 or chapter 459, ~~or a physician assistant licensed pursuant to~~  
4207 ~~chapter 458 or chapter 459~~, to the school personnel designated  
4208 by the school principal to assist students in the administration  
4209 of prescribed medication. Such training may be provided in  
4210 collaboration with other school districts, through contract with  
4211 an education consortium, or by any other arrangement consistent  
4212 with the intent of this subsection.

4213 (4) Nonmedical assistive personnel shall be allowed to  
4214 perform health-related services upon successful completion of  
4215 child-specific training by a registered nurse or advanced  
4216 practice registered nurse licensed under chapter 464 or, a  
4217 physician, autonomous physician assistant, or physician  
4218 assistant licensed or registered under ~~pursuant to~~ chapter 458  
4219 or chapter 459, ~~or a physician assistant licensed pursuant to~~  
4220 ~~chapter 458 or chapter 459~~. All procedures shall be monitored  
4221 periodically by a nurse, advanced practice registered nurse,  
4222 autonomous physician assistant, physician assistant, or  
4223 physician, including, but not limited to:

- 4224 (a) Intermittent clean catheterization.  
4225 (b) Gastrostomy tube feeding.

4226 (c) Monitoring blood glucose.  
 4227 (d) Administering emergency injectable medication.  
 4228 (5) For all other invasive medical services not listed in  
 4229 this subsection, a registered nurse or advanced practice  
 4230 registered nurse licensed under chapter 464 or, a physician,  
 4231 autonomous physician assistant, or physician assistant licensed  
 4232 or registered under ~~pursuant to~~ chapter 458 or chapter 459, ~~or a~~  
 4233 ~~physician assistant licensed pursuant to chapter 458 or chapter~~  
 4234 ~~459~~ shall determine if nonmedical district school board  
 4235 personnel shall be allowed to perform such service.

4236 Section 96. Paragraph (c) of subsection (2) of section  
 4237 1006.20, Florida Statutes, is amended to read:

4238 1006.20 Athletics in public K-12 schools.—

4239 (2) ADOPTION OF BYLAWS, POLICIES, OR GUIDELINES.—

4240 (c) The FHSAA shall adopt bylaws that require all students  
 4241 participating in interscholastic athletic competition or who are  
 4242 candidates for an interscholastic athletic team to  
 4243 satisfactorily pass a medical evaluation each year before ~~prior~~  
 4244 ~~to~~ participating in interscholastic athletic competition or  
 4245 engaging in any practice, tryout, workout, or other physical  
 4246 activity associated with the student's candidacy for an  
 4247 interscholastic athletic team. Such medical evaluation may be  
 4248 administered only by a practitioner licensed or registered under  
 4249 chapter 458, chapter 459, chapter 460, ~~or~~ s. 464.012, or s.  
 4250 464.0123 and in good standing with the practitioner's regulatory

4251 board. The bylaws shall establish requirements for eliciting a  
4252 student's medical history and performing the medical evaluation  
4253 required under this paragraph, which shall include a physical  
4254 assessment of the student's physical capabilities to participate  
4255 in interscholastic athletic competition as contained in a  
4256 uniform preparticipation physical evaluation and history form.  
4257 The evaluation form shall incorporate the recommendations of the  
4258 American Heart Association for participation cardiovascular  
4259 screening and shall provide a place for the signature of the  
4260 practitioner performing the evaluation with an attestation that  
4261 each examination procedure listed on the form was performed by  
4262 the practitioner or by someone under the direct supervision of  
4263 the practitioner. The form shall also contain a place for the  
4264 practitioner to indicate if a referral to another practitioner  
4265 was made in lieu of completion of a certain examination  
4266 procedure. The form shall provide a place for the practitioner  
4267 to whom the student was referred to complete the remaining  
4268 sections and attest to that portion of the examination. The  
4269 preparticipation physical evaluation form shall advise students  
4270 to complete a cardiovascular assessment and shall include  
4271 information concerning alternative cardiovascular evaluation and  
4272 diagnostic tests. Results of such medical evaluation must be  
4273 provided to the school. A student is not eligible to  
4274 participate, as provided in s. 1006.15(3), in any  
4275 interscholastic athletic competition or engage in any practice,

4276 | tryout, workout, or other physical activity associated with the  
4277 | student's candidacy for an interscholastic athletic team until  
4278 | the results of the medical evaluation have been received and  
4279 | approved by the school.

4280 |       Section 97. Subsection (1) of section 1009.65, Florida  
4281 | Statutes, is amended to read:

4282 |       1009.65 Medical Education Reimbursement and Loan Repayment  
4283 | Program.—

4284 |       (1) To encourage qualified medical professionals to  
4285 | practice in underserved locations where there are shortages of  
4286 | such personnel, there is established the Medical Education  
4287 | Reimbursement and Loan Repayment Program. The function of the  
4288 | program is to make payments that offset loans and educational  
4289 | expenses incurred by students for studies leading to a medical  
4290 | or nursing degree, medical or nursing licensure, ~~or~~ advanced  
4291 | practice registered nurse licensure, autonomous physician  
4292 | assistant registration, or physician assistant licensure. The  
4293 | following licensed or certified health care professionals are  
4294 | eligible to participate in this program: medical doctors with  
4295 | primary care specialties, doctors of osteopathic medicine with  
4296 | primary care specialties, autonomous physician assistants,  
4297 | physician ~~physician's~~ assistants, licensed practical nurses and  
4298 | registered nurses, and advanced practice registered nurses with  
4299 | primary care specialties such as certified nurse midwives.  
4300 | Primary care medical specialties for physicians include

4301 obstetrics, gynecology, general and family practice, internal  
4302 medicine, pediatrics, and other specialties which may be  
4303 identified by the Department of Health.

4304       Section 98. For the 2020-2021 fiscal year, two full-time  
4305 equivalent positions with associated salary rate of 82,211 are  
4306 authorized and the sums of \$320,150 in recurring and \$232,342 in  
4307 nonrecurring funds from the Health Care Trust Fund are  
4308 appropriated to the Agency for Health Care Administration for  
4309 the purpose of implementing ss. 400.52, 400.53, 408.064, and  
4310 408.822, Florida Statutes, as created by this act.

4311       Section 99. For the 2020-2021 fiscal year, 3.5 full-time  
4312 equivalent positions with associated salary rate of 183,895 are  
4313 authorized and the sums of \$219,089 in recurring funds and  
4314 \$17,716 in nonrecurring funds from the Medical Quality Assurance  
4315 Trust Fund are appropriated to the Department of Health for the  
4316 purpose of implementing section 464.0123, Florida Statutes, as  
4317 created by this act.

4318       Section 100. This act shall take effect July 1, 2020.