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# **Select Committee on Health Care Workforce Innovation**

**Tuesday, February 18, 2014  
3:30 PM - 6:30 PM  
Morris Hall (17 HOB)**

**Will Weatherford  
Speaker**

**Jose R. Oliva  
Chair**

# Committee Meeting Notice

## HOUSE OF REPRESENTATIVES

### Select Committee on Health Care Workforce Innovation

**Start Date and Time:** Tuesday, February 18, 2014 03:30 pm  
**End Date and Time:** Tuesday, February 18, 2014 06:30 pm  
**Location:** Morris Hall (17 HOB)  
**Duration:** 3.00 hrs

**Consideration of the following proposed committee bill(s):**

PCB SCHCWI 14-01 -- Advanced Practice Registered Nurses

Pursuant to rule 7.12, the deadline for amendments to bills on the agenda by non-appointed members is 6:00 p.m., Monday, February 17, 2014.

By request of the chair, all committee members are asked to have amendments to bills on the agenda submitted to staff by 6:00 p.m., Monday, February 17, 2014.

**NOTICE FINALIZED on 02/11/2014 16:19 by Villar.Melissa**

## HOUSE OF REPRESENTATIVES STAFF ANALYSIS

**BILL #:** PCB SCHCWI 14-01 Advanced Practice Registered Nurses  
**SPONSOR(S):** Select Committee on Health Care Workforce Innovation; Pigman  
**TIED BILLS:** **IDEN./SIM. BILLS:**

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
Orig. Comm.: Select Committee on Health Care Workforce Innovation		O'Callaghan	Calamas

### SUMMARY ANALYSIS

Florida is the most restrictive practice state for advanced registered nurse practitioners (ARNPs) in the country. Florida's laws require ARNPs to practice under a supervising physician and only to the extent that a written protocol allows. Additionally, Florida is the only state that prohibits ARNPs from prescribing controlled substances. The proposed committee bill (PCB) amends laws governing ARNPs by:

- Changing the term "advanced registered nurse practitioner" to "advanced practice registered nurse" (APRN) throughout Florida Statutes, which aligns Florida with a majority of other states that use that title;
- Authorizing them to prescribe controlled substances if allowed under a written protocol signed by the supervising physician;
- Authorizing them certify a person to be involuntarily examined under the Baker Act; and
- Authorizing those who are nationally certified as psychiatric-mental health advanced practice nurses to examine persons admitted into receiving facilities under the Baker Act and approve their releases.

The PCB sets standards for controlled substance prescribing by APRNs, requiring them to:

- Be designated on their practitioner profile as a prescriber of controlled substances for the treatment of chronic nonmalignant pain and meet the same requirements provided for physicians under current law to be able to prescribe controlled substances for chronic nonmalignant pain.
- Comply with the prescribing and dispensing requirements and limitations under the Florida Comprehensive Drug Abuse Prevention and Control Act.
- Be subject to administrative disciplinary actions for committing certain prohibited acts related to prescribing, administering, and dispensing medicinal drugs, including controlled substances.

The PCB allows APRNs who meet certain criteria to register with the Board of Nursing (Board) to practice any authorized nursing act without physician supervision or a protocol. These "independent advanced practice registered nurses" (IAPRNs) are given title protection in the PCB. In addition to currently authorized APRN nursing acts, the PCB authorizes IAPRNs to:

- Provide a signature, certification, stamp, verification, affidavit, or other endorsement that is otherwise required by law to be signed by a physician;
- Certify a cause of death and sign, correct, and file death certificates;
- Perform certain physical examinations currently reserved to physicians and physician assistants by Florida law, such as examinations of pilots, law enforcement officers, and suspected child abuse victims;
- Be reimbursed under personal injury protection insurance for initial and follow-up medical services, consistent with current law applicable to physicians.

IAPRNs may be administratively disciplined if they commit specified prohibited acts related to unethical and substandard business practices. The PCB also imposes additional requirements on IAPRNs for controlled substance prescribing. IAPRNs must complete 10 hours of continuing education related to pharmacology prior to biennial registration renewal and report controlled substance-related adverse incidents to the Board.

The fiscal impact of the PCB is indeterminate. The PCB provides an effective date of July 1, 2014.

**This document does not reflect the intent or official position of the bill sponsor or House of Representatives.**

**STORAGE NAME:** pcb01.SCHCWI

**DATE:** 2/14/2014

## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. EFFECT OF PROPOSED CHANGES:

##### Background

##### Health Care Workforce Supply and Demand

Due to the aging and growth of the U.S. population and implementation of the Patient Protection and Affordable Care Act (PPACA), demand of the national health care workforce will outpace supply through 2025 and beyond.<sup>1</sup> Such demand will be magnified even further in Florida where there is a more abundant aging population, and consequently, both a disproportionately higher health care demand and a larger retiring health care workforce. Future shortages will likely result in longer wait times for medical appointments, increased travel distances to access care, shorter visit times with practitioners, and increased costs of care.<sup>2</sup>

Some states are acting to counter health care workforce shortages in their respective states. For example, New Mexico's Governor proposed on November 13, 2013, that the state streamline the requirements for nurses licensed in other states to become licensed in New Mexico and proposed that almost \$220,000 in recurring marketing and advertising funds be used to recruit certified nurse practitioners to the state.<sup>3</sup> Other states have formed advisory councils and task forces to conduct workforce studies, have funded educational and training programs to recruit and retain health care workers, and have used resources to aggregate comprehensive workforce data to link workforce supply to demand.<sup>4</sup>

In 2008, the Robert Wood Johnson Foundation and the Institute of Medicine launched a two-year initiative to research and analyze the nursing profession and how it may be reformed in order to combat the current and projected workforce shortage. The effort resulted in a report, which included as its number one recommendation that scope of practice barriers should be removed for advanced practice nurses and they should be able to practice to the full extent of their education and training.<sup>5</sup>

##### Physician Workforce Data

The Association of American Medical Colleges Center for Workforce Studies estimates that, in 2015, the U.S. will face a physician shortage of 62,900 that will increase to 130,000 across all specialties by 2025.<sup>6</sup>

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<sup>1</sup> The Association of American Medical Colleges (AAMC), "The Complexities of Physician Supply and Demand: Projections Through 2025," available at: <https://members.aamc.org/eweb/upload/The%20Complexities%20of%20Physician%20Supply.pdf> (last visited on February 9, 2014). *See also*, American Association of Colleges of Nursing, "Nursing Shortage," available at: <https://www.aacn.nche.edu/media-relations/fact-sheets/nursing-shortage> (last visited on February 9, 2014).

<sup>2</sup> *Id.*, AAMC, "The Complexities of Physician Supply and Demand: Projections Through 2025," at pg. 7.

<sup>3</sup> State of New Mexico, Office of the Governor, Susana Martinez, Press Release, "Governor Susana Martinez Proposes Streamlining Licensure for Nurses Relocating to New Mexico," available at: [http://www.governor.state.nm.us/uploads/PressRelease/191a415014634aa89604e0b4790e4768/Governor\\_Susana\\_Martinez\\_Proposes\\_Streamlining\\_Licensure\\_for\\_Nurses\\_Relocating\\_to\\_New\\_Mexico.pdf](http://www.governor.state.nm.us/uploads/PressRelease/191a415014634aa89604e0b4790e4768/Governor_Susana_Martinez_Proposes_Streamlining_Licensure_for_Nurses_Relocating_to_New_Mexico.pdf) (last visited on February 12, 2014).

<sup>4</sup> Association of Academic Health Centers, "State Actions and the Health Workforce Crisis," available at: [http://www.aahcdc.org/policy/reddot/AAHC\\_Workforce\\_State\\_Actions.pdf](http://www.aahcdc.org/policy/reddot/AAHC_Workforce_State_Actions.pdf) (last visited on February 12, 2014).

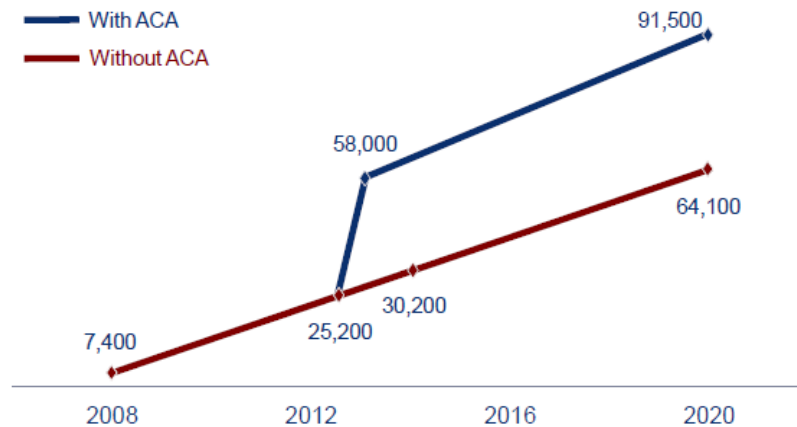
<sup>5</sup> Institute of Medicine of the National Academies, "The Future of Nursing: Leading Change, Advancing Health," "Report Recommendations," available at: <http://www.iom.edu/~media/Files/Report%20Files/2010/The-Future-of-Nursing/Future%20of%20Nursing%202010%20Recommendations.pdf> (last visited on February 12, 2014).

<sup>6</sup> American Medical Association, "Reducing medical student debt strengthens the physician workforce," available at: <http://www.ama-assn.org/resources/doc/mss/student-debt-mss-advocacy.pdf> (last visited on February 14, 2014).

In 2012, there were 260.5 physicians<sup>7</sup> actively practicing per 100,000 population in the U.S., ranging from a high of 421.5 in Massachusetts to a low of 180.8 in Mississippi. The states with the highest number of physicians per 100,000 population are concentrated in the northeastern states.<sup>8</sup> Regarding primary care physicians, there were 90.1 per 100,000 population.<sup>9</sup>

The following chart illustrates the projected physician shortage, nationally, with and without full implementation of the Patient Protection and Affordable Care Act.

### National projected physician shortages



Source: Kirch DG, Henderson MK, Dill MJ (2011). "Physician Workforce Projections in an Era of Health Care Reform." *Annual Review of Medicine*.

Florida had 252.9 actively practicing physicians per 100,000 population in 2012. Although Florida is the fourth most populous state in the nation,<sup>10</sup> it ranks as having the 23rd highest physician to population ratio.<sup>11</sup> In 2012, Florida had a ratio of 84.8 primary care physicians per 100,000 population, ranking Florida 30th compared to other states.<sup>12</sup>

In 2013, 13.2 percent of Florida's physicians reported that they were planning to retire within the next five years, which will exacerbate Florida's shortage of physicians.<sup>13</sup> The following map<sup>14</sup> illustrates that not only does Florida have a shortage of physicians, but there is a maldistribution of physicians and they are generally concentrated in urban areas.

<sup>7</sup> These totals include allopathic and osteopathic doctors.

<sup>8</sup> AAMC, "2013 State Physician Workforce Data Book," November 2013, available at:

[https://members.aamc.org/eweb/upload/State%20Physician%20Workforce%20Data%20Book%202013%20\(PDF\).pdf](https://members.aamc.org/eweb/upload/State%20Physician%20Workforce%20Data%20Book%202013%20(PDF).pdf) (last visited on February 11, 2014).

<sup>9</sup> *Id.* at pg. 5.

<sup>10</sup> The U.S. Census Bureau estimated Florida to have 19,552,860 residents in 2013, behind California (38,332,521), Texas (26,448,193), and New York (19,651,127). U.S. Census Bureau, "Annual Estimates of the Resident Population: 2013 Population Estimates," available at: <http://factfinder2.census.gov/faces/tableservices/jsf/pages/productview.xhtml?src=bkmk> (last visited on February 11, 2014).

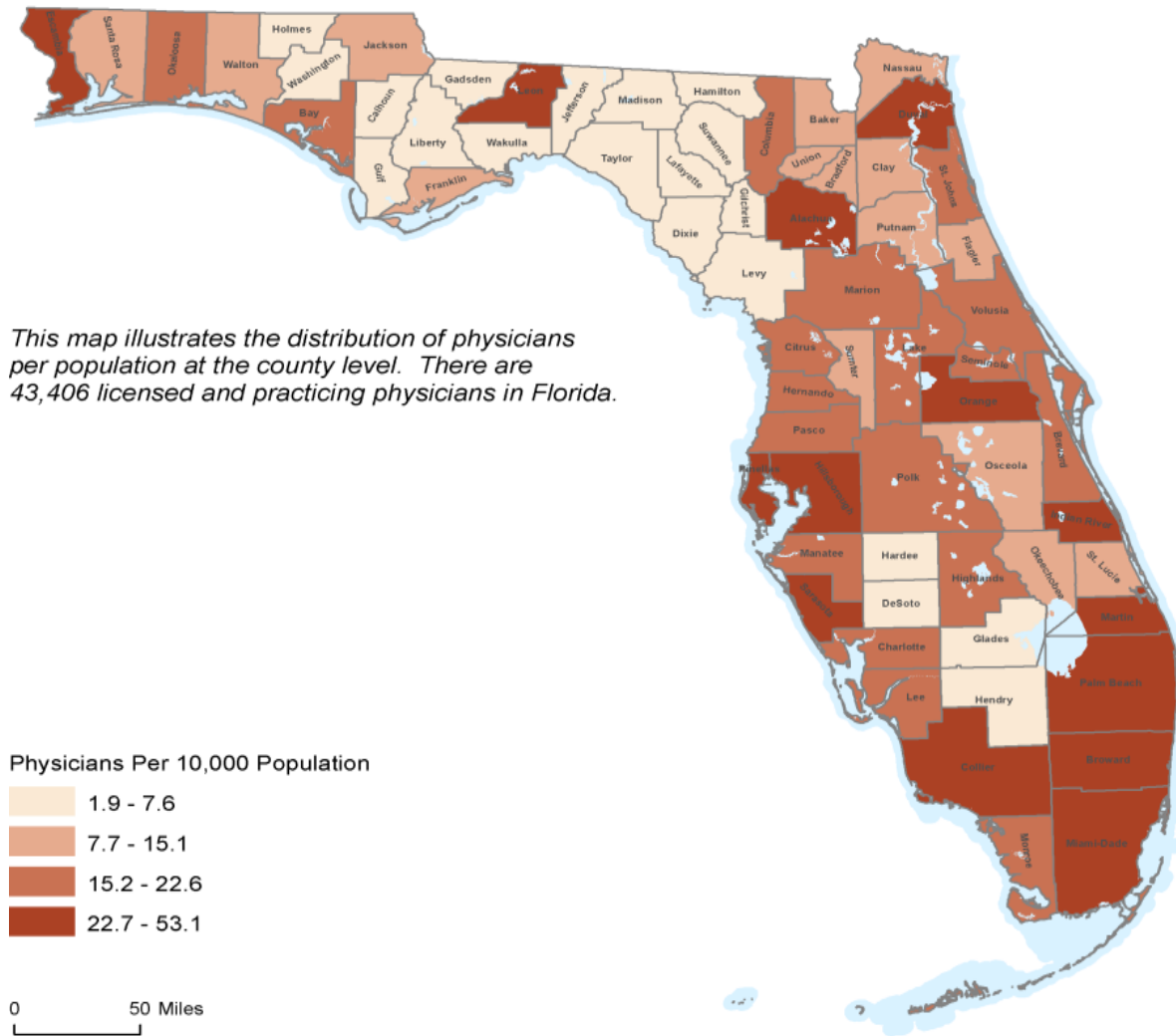
<sup>11</sup> *Id.* at pg. 9.

<sup>12</sup> *Id.* at pg. 13.

<sup>13</sup> Florida Department of Health, "2013 Physician Workforce Annual Report," available at: <http://www.floridahealth.gov/provider-and-partner-resources/community-health-workers/physician-workforce-development-and-recruitment/physicianworkforce13final.pdf> (last visited on February 11, 2014).

<sup>14</sup> *Supra* fn. 13, at pg. 8.

## Florida's Physician Workforce by County 2012-2013



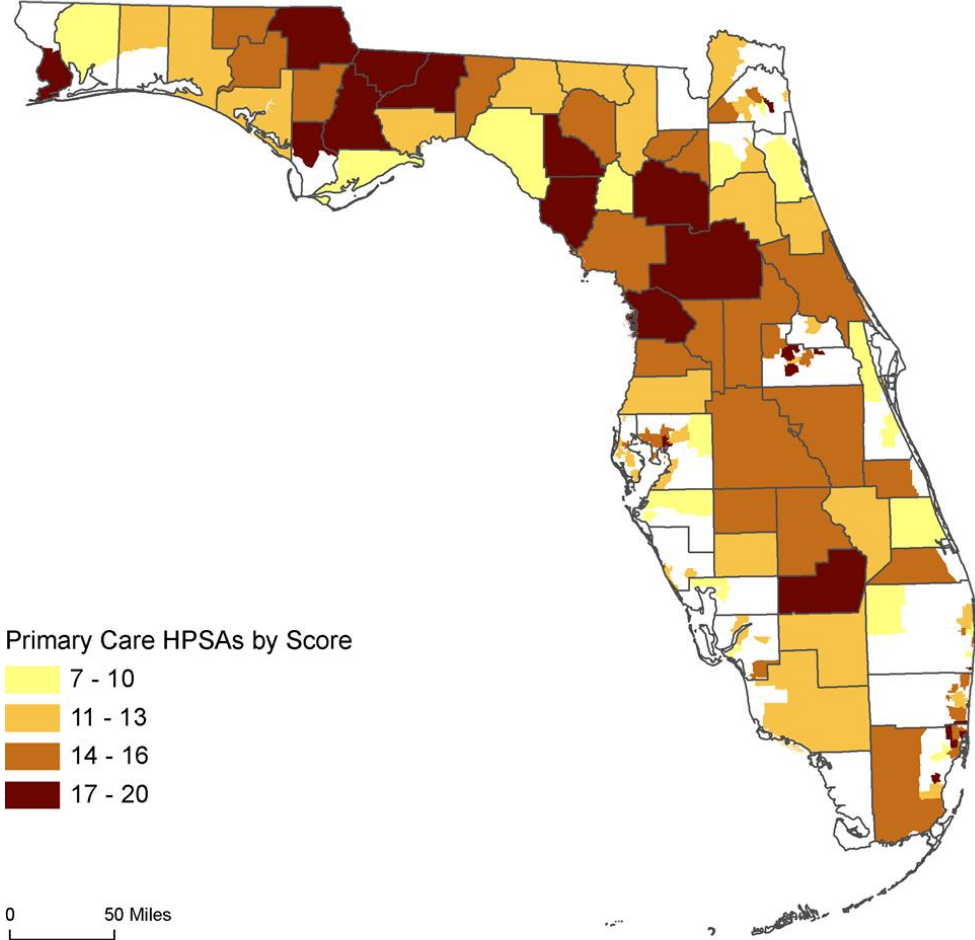
As of November 2013, the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services designated approximately 5,800 locations in the U.S. as primary care Health Professional Shortage Areas (HPSAs).<sup>15</sup> Primary care HPSAs are based on a physician to population ratio of 1:3,500. In other words, when there are 3,500 or more people per primary care physician, an area is eligible to be designated as a primary care HPSA. Applying this formula, it would take approximately 7,500 additional primary care physicians to eliminate the current primary care HPSA designations, nationally.<sup>16</sup>

<sup>15</sup> U.S. Department of Health and Human Services, Health Resources and Services Administration, "Shortage Designation: Health Professional Shortage Areas & Medically Underserved Areas/Populations," available at: <http://www.hrsa.gov/shortage/> (last visited on February 11, 2014).

<sup>16</sup> While the 1:3,500 ratio has been a long-standing ratio used to identify high need areas, it is important to note that there is no generally accepted ratio of physician to population ratio. Furthermore, primary care needs of an individual community will vary by a number of factors such as the age of the community's population. Additionally, the formula used to designate primary care HPSAs does not take into account the availability of additional primary care services provided by Nurse Practitioners and Physician Assistants in an area. U.S. Department of Health and Human Services, Health Resources and Services Administration, "Shortage Designation: Health Professional Shortage Areas & Medically Underserved Areas/Populations," available at: <http://www.hrsa.gov/shortage/> (last visited on February 11, 2014).

As of November 2014, there were 327 primary care HPSAs in Florida. Those HPSAs would need at least 890 primary care physicians to remove the HPSA designation.

### Florida Primary Care Health Professional Shortage Areas



Health Resources and Services Administration, October 2013.

In addition to Florida’s primary care HPSAs, the state has 275 dental HPSAs and 306 mental health care HPSAs, which would require 870 dentists and 155 psychiatrists, respectively, to remove the HPSA designation.<sup>17</sup>

One factor contributing to the shortage of primary care physicians is that medical students are choosing to go into specialty practice to pay off large student loans that they have accumulated.<sup>18</sup> Physicians in

<sup>17</sup> Florida Department of Health, Presentation on Health Care Workforce: Physician Workforce and Florida CHARTS Data, November 6, 2013, available at:

<http://myfloridahouse.gov/Sections/Documents/loadoc.aspx?PublicationType=Committees&CommitteeId=2786&Session=2014&DocumentType=Meeting Packets&FileName=schcwi 11-6-13.pdf> (last visited on February 11, 2014).

<sup>18</sup> A study conducted by the Robert Graham Center found that the income gap between primary care and subspecialists has an impressively negative impact on choice of primary care specialties and of practicing in rural or underserved settings. Robert Graham Center, “What Influences Medical Student & Resident Choices?”, March 2, 2009, available at: <http://www.graham-center.org>

12 specialties, such as radiology, psychiatry and anesthesiology, may earn up to twice the income (from \$191,000 to >\$400,000 per year) of primary care physicians (from \$183,000 to \$201,000 per year).<sup>19</sup> It is estimated that 86% of the medical school graduating class of 2013 will have education-related debt.<sup>20</sup> With an average medical student debt of \$169,901, debt plays a major role in medical students' career decisions.<sup>21</sup>

### Nurse Workforce Data

In 2012, there were approximately 110,200 certified nurse practitioners (CNP), 35,200 certified registered nurse anesthetists (CRNAs), 6,000 certified nurse midwives (CNMs), and 2,711,000 registered nurses employed in the U.S.<sup>22</sup> There were 34.8 CNPs, 1.89 CNMs, 11.1 CRNAs, and 857.3 RNs per 100,000 population in 2012.<sup>23</sup>

As of January 2014, there were 18,843 advanced registered nurse practitioners (ARNPs) holding a certificate to practice in Florida, including 13,590 CNPs, 4,550 CRNAs, and 703 CNMs. There were also 246,397 RNs with active licenses as of January 2014.<sup>24</sup> Based on those figures, Florida has approximately the following number of nurses per 100,000 population: 69.5 CNPs, 3.6 CNMs, 23.2 CRNAs, and 1,260.4 RNs.<sup>25,26</sup>

The Florida Center for Nursing (center) projects that there will be a shortage of approximately 20,600 RNs in 2025, and if PPACA were to be fully implemented Florida would have a shortage of approximately 50,300 RNs.<sup>27</sup>

The center has also reported that over 30 percent of Florida's ARNPs and RNs are 51 to 60 years old, meaning there will be a large sector of Florida's nursing workforce retiring in the near future.<sup>28</sup>

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[center.org/online/etc/medialib/graham/documents/publications/mongraphs-books/2009/rgcmo-specialty-geographic.Par.0001.File.tmp/Specialty-geography-compressed.pdf](http://center.org/online/etc/medialib/graham/documents/publications/mongraphs-books/2009/rgcmo-specialty-geographic.Par.0001.File.tmp/Specialty-geography-compressed.pdf) (last visited on February 14, 2014).

<sup>19</sup> Grayson, M., Newton, D., Thompson, L., "Payback time: the associations of debt and income with medical student career choice," *Medical Education*, Volume 46, Issue 10, pg. 984, October 2012, on file with committee staff.

<sup>20</sup> Association of American Medical Colleges, "Medical Student Education: Debt, Costs, and Loan Repayment Fact Card," October 2013, available at: <https://www.aamc.org/download/152968/data/debtfactcard.pdf> (last visited on February 14, 2014).

<sup>21</sup> *Id.*

<sup>22</sup> U.S. Department of Labor, Bureau of Labor Statistics, "Employment Projections," available at: <http://data.bls.gov/projections/occupationProj> (last visited on February 11, 2014).

<sup>23</sup> These ratios were calculated using the U.S. Census Bureau's population estimate for 2012 was 316,266,000, which is available at: <https://www.census.gov/prod/2011pubs/12statab/pop.pdf> (last visited on February 11, 2014) and the U.S. Bureau of Labor Statistics 2012 data on employment projections available at: <http://data.bls.gov/projections/occupationProj> (last visited on February 11, 2014).

<sup>24</sup> The Florida Department of Health, Division of Medical Quality Assurance, provided the licensee information, which is on file with committee staff.

<sup>25</sup> These ratios were calculated using population estimates for FY 2013-2014 provided by the Florida Office of Economic & Demographic Research and available at: <http://edr.state.fl.us/Content/conferences/population/ComponentsofChange.pdf> (last visited on February 11, 2014).

<sup>26</sup> Although it appears from this data that Florida has a higher ratio of nurses than the national ratio, the national data used to calculate the ratios only considers the number of nurses "employed" in the U.S. No similar employment data exists in Florida for 2012 to correlate with the national numbers. The numbers used to calculate Florida's ratios includes all active licensees, whom may not necessarily be employed, hence the larger ratios.

<sup>27</sup> The estimates are based on full-time equivalent (FTE) registered nurses. The Florida Center for Nursing, "RN and LPN Supply and Demand Forecasts, 2010-2025: Florida's Projected Nursing Shortage in View of the Recession and Healthcare Reform," October 2010, available at:

[http://www.flcenterfornursing.org/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core\\_Download&EntryId=17&PortalId=0&TabId=151](http://www.flcenterfornursing.org/DesktopModules/Bring2mind/DMX/Download.aspx?Command=Core_Download&EntryId=17&PortalId=0&TabId=151) (last visited on February 11, 2014).

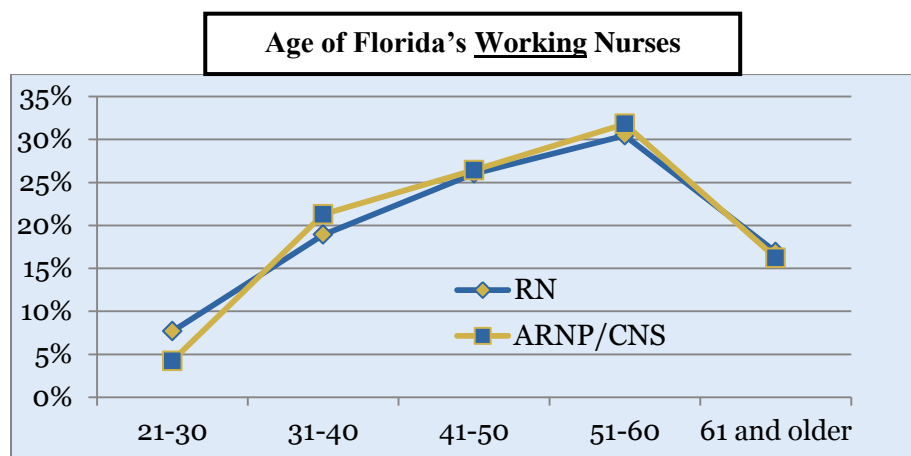
<sup>28</sup> Florida Center for Nursing, Presentation on Florida's Nurse Workforce, November 6, 2013, available at:

[http://myfloridahouse.gov/Sections/Documents/loadoc.aspx?PublicationType=Committees&CommitteeId=2786&Session=2014&DocumentType=Meeting Packets&FileName=schcwi 11-6-13.pdf](http://myfloridahouse.gov/Sections/Documents/loadoc.aspx?PublicationType=Committees&CommitteeId=2786&Session=2014&DocumentType=Meeting%20Packets&FileName=schcwi%2011-6-13.pdf) (last visited on February 11, 2014).

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### Advanced Practice Nurses

The term advanced practice nurse (APN) refers to registered nurses who have completed rigorous training and advanced education, usually resulting in a master's degree or higher. The titles of APNs vary from state to state. The National Council of State Boards of Nursing encourages states to use the term "advanced practice registered nurse" (APRN) to promote uniformity and title recognition across the nation.<sup>29</sup>

#### Florida APNs

In Florida, an APN is titled as an "advanced registered nurse practitioner" (ARNP)<sup>30</sup> and is categorized as a certified nurse practitioner (CNP), certified nurse midwife (CNM), or certified registered nurse anesthetist (CRNA).<sup>31</sup> As of January 2014, Florida had 13,590 CNPs, 4,550 CRNAs, and 703 CNMs.

ARNPs are regulated under part I of ch. 464, F.S., the Nurse Practice Act. The Board of Nursing (Board), established under s. 464.004, F.S., provides by rule the eligibility criteria for applicants to be certified as ARNPs and the applicable regulatory standards for ARNP nursing practices. Additionally, the Board is responsible for administratively disciplining an ARNP who commits an act prohibited under ss. 464.018 or 456.072, F.S.

For an applicant to be eligible to be certified as an ARNP, the applicant must be licensed as a registered nurse, must have a master's degree, and must submit to the Board proof that the applicant holds a current national advanced practice certification from a board-approved nursing specialty board.<sup>32</sup> A nursing specialty board must attest to the competency of nurses in a clinical specialty area, require nurses to take a written examination prior to certification, require nurses to complete a formal program prior to eligibility of examination, maintain program accreditation, and identify standards or scope of practice statements appropriate for each nursing specialty.

Pursuant to s. 456.048, F.S., all ARNPs must carry malpractice insurance or demonstrate proof of financial responsibility. Any applicant for certification is required to submit proof of coverage or financial responsibility within sixty days of certification and prior to each biennial certification renewal. The ARNP must have professional liability coverage of at least \$100,000 per claim with a minimum annual aggregate of at least \$300,000 or an unexpired irrevocable letter of credit in the amount of at least

<sup>29</sup> National Council of State Boards of Nursing, "APRN Talking Points: Consensus Model for APRN Regulation," available at: [https://www.ncsbn.org/2010\\_APRN\\_TalkingPoints\\_web.pdf](https://www.ncsbn.org/2010_APRN_TalkingPoints_web.pdf) (last visited on February 11, 2014).

<sup>30</sup> Section 464.003(3), F.S.

<sup>31</sup> Section 464.012(4), F.S.

<sup>32</sup> Section 464.012(1), F.S. and Rule 64B9-4.002, F.A.C.

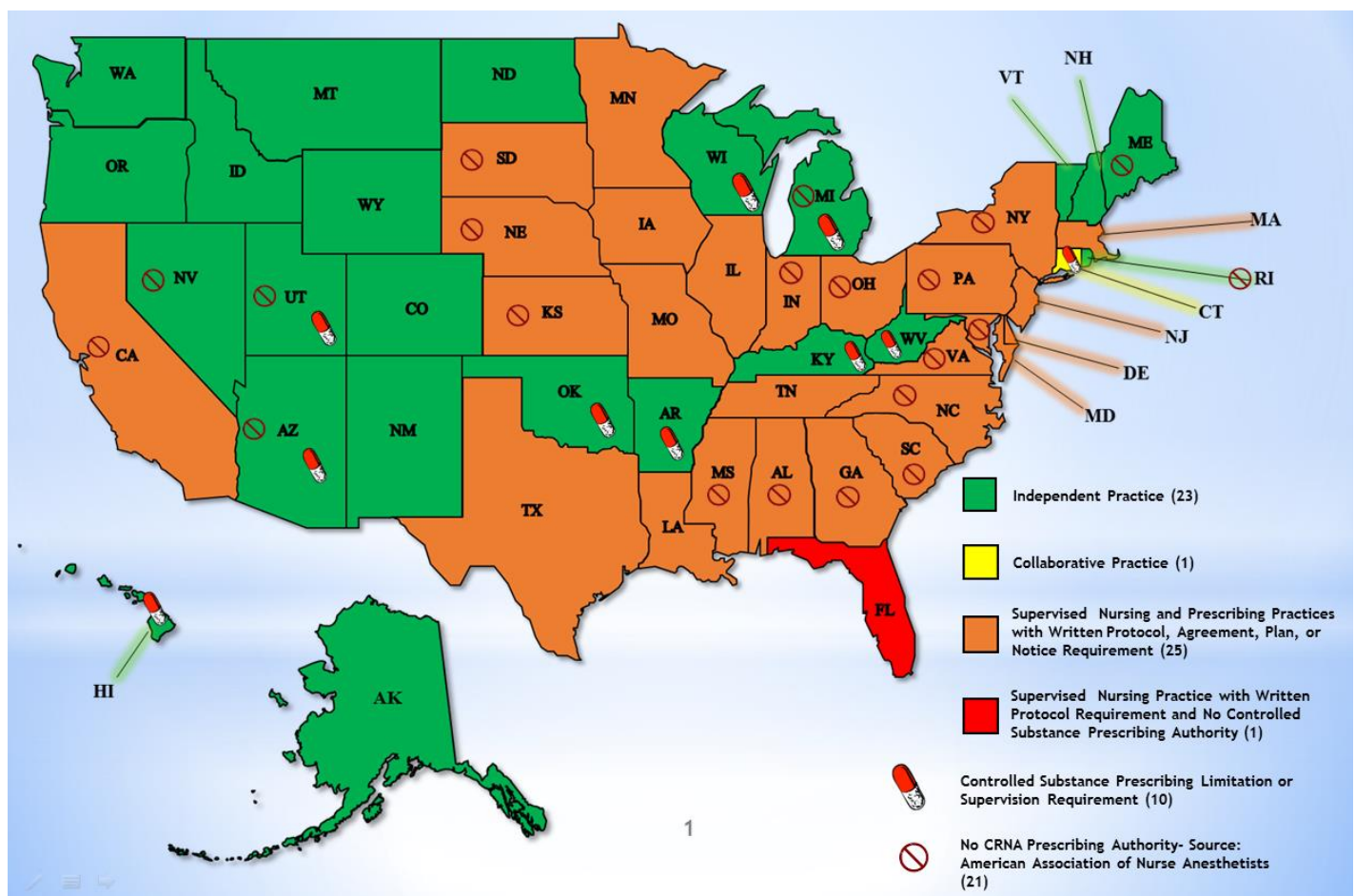
\$100,000 per claim with a minimum aggregate availability of at least \$300,000 and which is payable to the ARNP as beneficiary.<sup>33</sup> Physicians are not required by Florida law to carry malpractice insurance.

### Scope and Autonomy of Practice

The scope and autonomy of practice for APNs vary widely by state and by specialty. For example, a total of 23 states allow an APN to diagnose and treat a patient without physician supervision. Eleven of those states also authorize an APN to prescribe controlled substances to a patient without physician supervision. However, 6 of the 23 states prohibit CRNAs from prescribing any drugs. Nine of the 23 states require physician supervision of APNs to allow them to prescribe controlled substances or limit the amount, to whom, or in what health setting an APN may prescribe controlled substances.<sup>34</sup>

Twenty-five states authorize a CNP or CNM to diagnose, treat, and prescribe controlled substances to a patient, if the APN practices under a physician's protocol or enters into a collaborative agreement with a supervising physician. Fifteen of the 25 states prohibit CRNAs from prescribing any drugs.<sup>35</sup>

Florida is the only state in the U.S. that requires an APN to be supervised by a physician and prohibits an APN from prescribing controlled substances.<sup>36</sup> The following map illustrates the variety of scopes of practice and autonomy of practice for APNs throughout the U.S.



<sup>33</sup> Rule 64B9-4.002(5), F.A.C.

<sup>34</sup> Findings based on committee staff research conducted in 2013, on file with the Select Committee on Health Care Workforce Innovation.

<sup>35</sup> *Id.*

<sup>36</sup> *Id.*

At least 4 states grant APNs authority to sign or certify any document that is required by law to be signed by a physician.<sup>37</sup> This authority is often referred to as “global signature authority.” Many states specify in law the types of things an APN may sign, such as death certificates, handicapped license designations, and advanced directives.<sup>38</sup>

Nineteen states statutorily recognize APNs as “primary care providers.”<sup>39</sup> Recognizing APNs as primary care providers assists them with being able to directly bill public or private payers for services provided, order certain tests, and establish independent primary care practices.<sup>40</sup>

The Veterans Health Administration (VHA) of the U.S. Department of Veterans Affairs is drafting a new Nursing Handbook to recognize APNs as “Licensed Independent Practitioners” in all VHA facilities and allow such nurses to practice to the full extent of their education and training without physician supervision.<sup>41</sup> In Florida, there are 56 VHA medical centers and health care clinics that would be affected by this policy change.<sup>42</sup>

## Reports and Studies Related to Advanced Practice Nurses

### Patient Health Care Outcomes

Despite concerns that APNs provide a different quality of care than physicians,<sup>43</sup> there are a multitude of reports and studies that suggest treatment by an APN is just as safe, if not safer, than treatment by a physician. In 2009, the Cochrane Collaboration published a review of the findings of 25 articles comparing physician and APN patient outcomes. The review found that, in general, there are no appreciable differences between physicians and APNs in health outcomes for patients, process of care, resource utilization, or cost.<sup>44</sup>

Similar to the Cochrane review, the National Governors Association performed a review of various studies to determine whether there were differences in the quality of care provided by CNPs compared to physicians. The studies measured quality of care components such as patient satisfaction, time spent with patients, and prescribing accuracy. The review of those studies found that CNPs provided at least equal quality of care to patients as compared to physicians and, in fact, CNPs were found to have

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<sup>37</sup> The states with global signature authority are Hawaii, Maine, Rhode Island, and Vermont.

<sup>38</sup> *Id.*

<sup>39</sup> Office of Program Policy Analysis & Government Accountability, “States Vary in Their Treatment of Advanced Registered Nurse Practitioners as Primary Care Providers,” October 2013, on file with committee staff.

<sup>40</sup> National Nursing Centers Consortium, “Insurers’ contracting policies on nurse practitioners as primary care providers: the current landscape and what needs to change,” *Policy, Politics & Nursing Practice*, 7(3), 216-226, August 2006, abstract available at: <http://www.ncbi.nlm.nih.gov/pubmed/17071708> (last visited on February 12, 2014).

<sup>41</sup> U.S. Department of Veterans Affairs, Office of Nursing Services, “APRN Practice,” updated February 20, 2013, on file with committee staff. Although APRNs will be able to practice independently in VHA facilities, they may not be able to prescribe controlled substances because they must adhere to the laws in the state in which they are licensed regarding prescribing authority for controlled substances. Under current law, Florida-licensed ARNPs practicing in the VHA cannot prescribe controlled substances while working alongside APN peers who can.

<sup>42</sup> U.S. Department of Veterans Affairs, Veterans Health Administration, “Locations: Florida,” available at: <http://www.va.gov/directory/guide/state.asp?STATE=FL&dnum=1> (last visited on February 12, 2014).

<sup>43</sup> When 972 clinicians, including 467 nurse practitioners and 505 physicians, were surveyed in a study as to whether physicians provide a higher quality of examination and consultation, the respondents were diametrically opposed. Approximately 66.1% of physicians agreed with the statement and 75.3% of nurse practitioners disagreed with the statement. Donelan, K., Sc.D., DesRoches, C., Dr. P.H., Dittus, R., M.D., M.P.H., and Buerhaus, P., R.N., Ph.D., “Perspectives of Physicians and Nurse Practitioners on Primary Care Practice,” *N. Engl. J. Med.* 2013, 368:1898-1906, available at: <http://www.nejm.org/doi/full/10.1056/NEJMsa1212938#t=articleTop> (last visited on February 13, 2014).

<sup>44</sup> Laurant, M., Reeves, D., Hermens, R., Braspenning, J., Grol, R., & Sibbald, B., The Cochrane Collaboration, “Substitution of doctors by nurses in primary care,” October 18, 2004, on file with committee staff.

equal or higher patient satisfaction rates and tended to spend more time with patients during clinical visits.<sup>45</sup>

A 2013 study, found that allowing CNPs to practice and prescribe drugs without physician oversight leads to increased primary health care utilization and improvements in health outcomes.<sup>46</sup>

### Cost Savings

The rising cost of health care is a concern for individuals, families, businesses, government entities, and society as a whole. These rising costs will only be intensified by the increasing number of persons with health care coverage resulting from implementation of the PPACA and the shortage of health care workers.<sup>47</sup> According to data maintained by the Centers for Medicare & Medicaid Services, in 2012, total personal health care expenditures reached over \$2.3 trillion.<sup>48</sup>

In 2012, the Perryman Group conducted a study to determine whether Texas could achieve any cost-savings by increasing the utilization of APNs. A report of the study's findings concluded that greater utilization of APNs would improve patient outcomes, reduce overall health care costs, and increase access to health care. The estimated savings were \$16.1 billion in total expenditures and \$8 billion in output (gross product) each year. Additionally, it was estimated that 97,205 permanent jobs would be added to Texas' workforce. Finally, the report estimated that Texas would receive additional tax receipts of up to \$483.9 million to the state and \$233.2 million to local government entities each year.<sup>49</sup>

Another study found that states that allow APRNs to practice and prescribe without physician supervision experience 16-35% increases in health care utilization, increases in care quality, and reductions in inappropriate emergency room use. The researchers concluded these advances were primarily due to elimination of supervision time (10%) and lower indirect costs (such as better appointment availability and lower patient travel costs).<sup>50</sup>

### **Effect of Proposed Changes**

To address the current and impending health care workforce shortage in Florida, this PCB expands the scope of practice for ARNPs and authorizes certain qualified ARNPs to practice autonomously.

### Advanced Practice Registered Nurses

The PCB authorizes APRNs to prescribe controlled substances, if allowed under a supervising physician's protocol. The PCB imposes provides safeguards to ensure APRNs safely prescribe controlled substances and are held accountable if they do otherwise. Specifically, APRNs:

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<sup>45</sup> National Governors Association, "The Role of Nurse Practitioners in Meeting Increasing Demand for Primary Care," December 2012, available at: <http://www.nga.org/files/live/sites/NGA/files/pdf/1212NursePractitionersPaper.pdf> (last visited on February 14, 2014).

<sup>46</sup> Udalova, V., Traczynski, J., "Nurse Practitioner Independence, Health Care Utilization, and Health Outcomes," March 15, 2013, available at: [http://www.lafollette.wisc.edu/research/health\\_economics/Traczynski.pdf](http://www.lafollette.wisc.edu/research/health_economics/Traczynski.pdf) (last visited on February 12, 2014).

<sup>47</sup> The Perryman Group, "The Economic Benefits of More Fully Utilizing Advanced Practice Registered Nurses in the Provision of Health Care in Texas," May 2012, available at: <http://c.ymcdn.com/sites/www.texasnp.org/resource/resmgr/Advocacy/Perryman%20APRN%20Utilization%20Economic%20Impact%20Report%20May%202012.pdf> (last visited on February 13, 2014).

<sup>48</sup> Centers for Medicare & Medicaid Services, Office of the Actuary, national Health Statistics Group, "Medicare & Medicaid Research Review: Table 1.4," available at: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MedicareMedicaidStatSupp/2013.html> (last visited on February 13, 2014).

<sup>49</sup> *Supra* fn. 38.

<sup>50</sup> *Supra* fn. 37.

- Must report adverse incidents attributable to the prescription of a controlled substance. Adverse incidents are only those events that require the transfer of a patient to a hospital or cause permanent physical injury or death.
- May be administratively disciplined for several delineated prohibited acts related to inappropriate prescribing, relationships with patients, business practices, and nursing practices.
- Are required to register as prescribers of controlled substances for chronic nonmalignant pain, if they prescribe such substances, and must meet statutory requirements related to treatment plans, recordkeeping, patient examinations, written agreements, and referrals.
- Must comply with the prescribing and dispensing requirements and limitations under the Florida Comprehensive Drug Abuse Prevention and Control Act.<sup>51</sup>
- Are authorized to access the Prescription Drug Monitoring Program database to determine if a patient is abusing controlled substances.

The PCB also authorizes both APRNs to:

- Execute a certificate to subject a person to involuntary examination under the Baker Act.<sup>52</sup>
- Certify causes of death and sign, correct, and file death certificates.
- Examine, and approve the release of, a person admitted into a receiving facility under the Baker Act, if the APRN holds a national certification as a psychiatric-mental health advanced practice nurse.

Additionally, the PCB changes the term “advanced registered nurse practitioner” to “advanced practice registered nurse” to align with a majority of states that use this title and to facilitate title recognition across state lines. The PCB makes numerous conforming changes throughout Florida Statutes to accommodate this title change.

### Independent Practice

The PCB allows a certified APRN who meets certain eligibility criteria to register as an “Independent Advanced Practice Registered Nurse” (IAPRN). The PCB establishes title protection for this new title.

To register as an IAPRN, the applicant must hold an active and valid APRN certificate, pay an application fee set by the Board (not to exceed \$100), and must have:

- Completed, in any U.S. jurisdiction, at least 2000 clinical practice hours within a three-year period immediately prior to applying for registration;
- Not been subject to any disciplinary action during the five years immediately preceding the application; and
- Completed a graduate level course in pharmacology.

To maintain their registration, IAPRNs must complete at least 10 hours of continuing education in pharmacology prior to biennial renewal, unless an exception applies for the first biennial renewal. APRNs registered as IAPRNs must also ensure that their practitioner profiles created by the Department of Health reflect their registration as an IAPRN.

IAPRNs are authorized to perform any act currently authorized for an APRN, including the new functions noted above, but may perform such acts without the supervision of a physician or a written protocol. In addition to those acts, an IAPRN may independently and without supervision or a written protocol perform the following acts:

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<sup>51</sup> Section 893.01, F.S.

<sup>52</sup> The Baker Act is also titled the “Florida Mental Health Act” under s. 394.451, F.S.

- Admit, discharge, or manage the care of, a patient requiring the services of a health care facility.
- Provide a signature, certification, stamp, verification, affidavit, or other endorsement that is otherwise required by law to be provided by a physician.
- Perform certain physical examinations currently reserved to physicians and physician assistants by Florida law, such as examinations of pilots, law enforcement officers, and suspected child abuse victims;
- Be reimbursed under personal injury protection insurance for initial and follow-up medical services, consistent with current law applicable to physicians.

IAPRNs are subject to all the controlled substance prescribing requirements imposed on APRNs, noted above. To align IAPRNs with the same oversight and accountability measures required for physicians, IAPRNs are prohibited from making certain referrals when certain financial arrangements between referring health care providers or practitioners exist. These current prohibitions on self-referral and kick-backs will now apply to IAPRNs, not only to physicians, under the PCB. In addition, IAPRNs are required to maintain malpractice insurance or prove financial responsibility as provided by Board rule to ensure claims due to malpractice are covered.

The PCB requires an IAPRN, instead of an APRN, to serve on an existing joint committee, which is charged with determining whether APRNs or IAPRNs may perform certain medical acts.

The PCB revises the definition of “registered nurse” to continue to require supervision of those nurses, and revises the definition of “psychiatric nurse” to include APRNs and IAPRNs who have obtained national certification as a psychiatric-mental health advanced practice nurse.

Finally, the PCB also removes certain obsolete provisions and makes numerous conforming changes.

The PCB provides an effective date of July 1, 2014.

## B. SECTION DIRECTORY:

**Section 1:** Amends s. 464.003, F.S., relating to definitions.

**Section 2:** Amends s. 464.012, F.S., relating to certification of advanced registered nurse practitioners and fees.

**Section 3:** Creates s. 464.0125, F.S., relating to registration of independent advanced practice registered nurses and fees.

**Section 4:** Amends s. 464.015, F.S., relating to titles and abbreviations, restrictions, and penalty.

**Section 5:** Creates s. 464.0155, F.S., relating to reports of adverse incidents by independent advanced practice registered nurses.

**Section 6:** Amends s. 464.016, F.S., relating to violations and penalties.

**Section 7:** Amends s. 464.018, F.S., relating to disciplinary actions.

**Section 8:** Amends s. 39.303, F.S., relating to child protection teams, services, and eligible cases.

**Section 9:** Amends s. 39.304, F.S., relating to photographs, medical examinations, x rays, and medical treatment of abused, abandoned, or neglected child.

**Section 10:** Amends s. 90.503, F.S., relating to psychotherapist-patient privilege.

**Section 11:** Amends s. 110.12315, F.S., relating to the prescription drug program.

**Section 12:** Amends s. 112.0455, F.S., relating to the Drug-Free Workplace Act.

**Section 13:** Amends s. 121.0515, F.S., relating to special risk

**Section 14:** Amends s. 252.515, F.S., relating to the Postdisaster Relief Assistance Act and immunity from civil liability.

**Section 15:** Amends s. 310.071, F.S., relating to deputy pilot certification.

**Section 16:** Amends s. 310.073, F.S., relating to state pilot licensing.

- Section 17:** Amends s. 310.081, F.S., relating to department to examine and license state pilots and certificate deputy pilots, vacancies.
- Section 18:** Amends s. 320.0848, F.S., relating to persons who have disabilities, issuance of disabled parking permits, temporary permits, and permits for certain providers of transportation services to persons who have disabilities.
- Section 19:** Amends s. 381.00315, F.S., relating to public health advisories, public health emergencies, and quarantines.
- Section 20:** Amends s. 381.00593, F.S., relating to public school volunteer health care practitioner program.
- Section 21:** Amends s. 381.026, F.S., relating to definitions.
- Section 22:** Amends s. 382.008, F.S., relating to death and fetal death registration.
- Section 23:** Amends s. 383.141, F.S., relating to prenatally diagnosed conditions, patient to be provided information, definitions, information clearinghouse, and advisory council.
- Section 24:** Amends s. 390.0111, F.S., relating to termination of pregnancies.
- Section 25:** Amends s. 390.012, F.S., relating to powers of agency, rules, and disposal of fetal remains.
- Section 26:** Amends s. 394.455, F.S., relating to definitions.
- Section 27:** Amends s. 394.463, F.S., relating to involuntary examination.
- Section 28:** Amends s. 395.0191, F.S., relating to staff membership and clinical privileges.
- Section 29:** Amends s. 395.602, F.S., relating to rural hospitals.
- Section 30:** Amends s. 395.605, F.S., relating to emergency care hospitals.
- Section 31:** Amends s. 397.311, F.S., relating to definitions.
- Section 32:** Amends s. 397.405, F.S., relating to exemptions from licensure.
- Section 33:** Amends s. 397.427, F.S., relating to medication-assisted treatment service providers, rehabilitation program, needs assessment and provisions of services, persons authorized to issue takeout medication, unlawful operation, and penalty.
- Section 34:** Amends s. 397.501, F.S., relating to rights of individuals.
- Section 35:** Amends s. 400.021, F.S., relating to definitions.
- Section 36:** Amends s. 400.0255, F.S., relating to resident transfer or discharge, requirements and procedures, and hearings.
- Section 37:** Amends s. 400.172, F.S., relating to respite care provided in nursing home facilities.
- Section 38:** Amends s. 400.462, F.S., relating to definitions.
- Section 39:** Amends s. 400.487, F.S., relating to home health service agreements, physician's, physician assistant's, and advanced registered nurse practitioner's treatment orders, patient assessment, establishment and review of plan of care, provision of services, and orders not to resuscitate.
- Section 40:** Amends s. 400.506, F.S., relating to licensure of nurse registries, requirements, and penalties.
- Section 41:** Amends s. 400.9905, F.S., relating to definitions.
- Section 42:** Amends s. 401.445, F.S., relating to emergency examination and treatment of incapacitated persons.
- Section 43:** Amends s. 409.905, F.S., relating to mandatory Medicaid services.
- Section 44:** Amends s. 409.908, F.S., relating to reimbursement of Medicaid providers.
- Section 45:** Amends s. 409.9081, F.S., relating to copayments.
- Section 46:** Amends s. 409.973, F.S., relating to benefits.
- Section 47:** Amends s. 429.26, F.S., relating to appropriateness of placements and examinations of residents.
- Section 48:** Amends s. 429.918, F.S., relating to licensure designation as a specialized Alzheimer's services adult day care center.
- Section 49:** Amends s. 440.102, F.S., relating to drug-free workplace program requirements.
- Section 50:** Amends s. 456.0391, F.S., relating to advanced registered nurse practitioners; information required for certification.
- Section 51:** Amends s. 456.0392, F.S., relating to prescription labeling.

- Section 52:** Amends s. 456.041, F.S., relating to practitioner profile and creation.
- Section 53:** Amends s. 456.048, F.S., relating to financial responsibility requirements for certain health care practitioners.
- Section 54:** Amends s. 456.053, F.S., relating to financial arrangements between referring health care providers and providers of health care services.
- Section 55:** Amends s. 456.072, F.S., relating to grounds for discipline, penalties, and enforcement.
- Section 56:** Amends s. 456.44, F.S., relating to controlled substance prescribing.
- Section 57:** Amends s. 458.3265, F.S., relating to pain-management clinics.
- Section 58:** Amends s. 458.331, F.S., relating to grounds for disciplinary action, action by the board and department.
- Section 59:** Amends s. 458.348, F.S., relating to formal supervisory relationships, standing orders, and established protocols; notice; standards.
- Section 60:** Amends s. 459.0137, F.S., relating to pain-management clinics.
- Section 61:** Amends s. 459.015, F.S., relating to grounds for disciplinary action, action by the board and department.
- Section 62:** Amends s. 459.025, F.S., relating to formal supervisory relationships, standing orders, and established protocols; notice; standards.
- Section 63:** Amends s. 464.004, F.S., relating to Board of Nursing, membership, appointment, and terms.
- Section 64:** Amends s. 464.0205, F.S., relating to retired volunteer nurse certificate.
- Section 65:** Amends s. 467.003, F.S., relating to definitions.
- Section 66:** Amends s. 480.0475, F.S., relating to massage establishments and prohibited practices.
- Section 67:** Amends s. 483.041, F.S., relating to definitions.
- Section 68:** Amends s. 483.181, F.S., relating to acceptance, collection, identification, and examination of specimens.
- Section 69:** Amends s. 483.801, F.S., relating to exemptions.
- Section 70:** Amends s. 486.021, F.S., relating to definitions.
- Section 71:** Amends s. 490.012, F.S., relating to violations, penalties, and injunction.
- Section 72:** Amends s. 491.0057, F.S., relating to dual licensure as a marriage and family therapist.
- Section 73:** Amends s. 491.012, F.S., relating to violations, penalty, and injunction.
- Section 74:** Amends s. 493.6108, F.S., relating to investigation of applicants by Department of Agriculture and Consumer Services.
- Section 75:** Amends s. 626.9707, F.S., relating to disability insurance; discrimination on basis of sickle-cell trait prohibited.
- Section 76:** Amends s. 627.357, F.S., relating to medical malpractice self-insurance.
- Section 77:** Amends s. 627.736, F.S., relating to required personal injury protection benefits, exclusions, priority, and claims.
- Section 78:** Amends s. 627.6471, F.S., relating to contracts for reduced rates of payment, limitations, coinsurance and deductibles.
- Section 79:** Amends s. 627.6472, F.S., relating to exclusive provider organizations.
- Section 80:** Amends s. 633.412, F.S., relating to firefighters and qualifications for certification.
- Section 81:** Amends s. 641.3923, F.S., relating to discrimination against providers prohibited.
- Section 82:** Amends s. 641.495, F.S., relating to requirements for issuance and maintenance of certificate.
- Section 83:** Amends s. 744.331, F.S., relating to procedures to determine incapacity.
- Section 84:** Amends s. 744.703, F.S., relating to office of public guardian; appointment, notification.
- Section 85:** Amends s. 766.102, F.S., relating to medical negligence, standards of recovery, and expert witness.
- Section 86:** Amends s. 766.103, F.S., relating to Florida Medical Consent Law.
- Section 87:** Amends s. 766.1115, F.S., relating to health care providers; creation of agency relationship with governmental contractors.
- Section 88:** Amends s. 766.1116, F.S., relating to health care practitioner, waiver of license renewal fees, and continuing education requirements.



- Section 89:** Amends s. 766.118, F.S., relating to determination of noneconomic damages.
- Section 90:** Amends s. 768.135, F.S., relating to volunteer team physicians and immunity.
- Section 91:** Amends s. 782.071, F.S., relating to vehicular homicide.
- Section 92:** Amends s. 794.08, F.S., relating to female genital mutilation.
- Section 93:** Amends s. 893.02, F.S., relating to definitions.
- Section 94:** Amends s. 943.13, F.S., relating to officers' minimum qualifications for employment or appointment.
- Section 95:** Amends s. 945.603, F.S., relating to powers and duties of authority.
- Section 96:** Amends s. 1002.20, F.S., relating to K-12 student and parent rights.
- Section 97:** Amends s. 1002.42, F.S., relating to private schools.
- Section 98:** Amends s. 1006.062, F.S., relating to administration of medication and provision of medical services by district school board personnel.
- Section 99:** Amends s. 1006.20, F.S., relating to athletics in public K-12 schools.
- Section 100:** Amends s. 1009.65, F.S., relating to Medical Education Reimbursement and Loan Repayment Program.
- Section 101:** Amends s. 1009.66, F.S., relating to Nursing Student Loan Forgiveness Program.
- Section 102:** Amends s. 1009.67, F.S., relating to nursing scholarship program.
- Section 103:** Provides an effective date of July 1, 2014.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

### A. FISCAL IMPACT ON STATE GOVERNMENT:

#### 1. Revenues:

Applicants for registration as an IAPRN will have to pay an initial application fee, and registered IAPRNs will have to pay a biennial renewal fee, to the Department of Health. The total amount the Department of Health will receive from such fees is indeterminate, because the number of APRNs who choose to register as IAPRNs is not predictable.

#### 2. Expenditures:

The Board may incur indeterminate, but nominal costs associated with rulemaking, which can be absorbed within existing resources.

### B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

#### 1. Revenues:

None.

#### 2. Expenditures:

None.

### C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

Applicants for registration as an IAPRN will have to pay an application fee and IAPRNs renewing their registration will be subject to renewal fees. The PCB authorizes the Board to set the application and biennial renewal fees, but they may not exceed \$100 and \$50 respectively.

The PCB requires IAPRNs to obtain medical malpractice insurance. The Board may require IAPRNs to have more coverage and therefore a more expensive policy than what is required for APRNs.

ARNPs who have paid physicians in order to be supervised under a protocol achieve some cost-savings if they register as an IAPRN and practice without a written protocol.

D. FISCAL COMMENTS:

None.

**III. COMMENTS**

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. The PCB does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The Board and the Department of Health have sufficient rule-making authority to implement the provisions of the PCB.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

**IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES**

**PCB SCHCWI 14-01**  
**Changes from the Original Draft**

Line	Change	Explanation
459	Deletes the word “prescription.”	Conforming: Clarifies that the joint committee in current law, which approves the types of medical (non-nursing) acts an advanced practice nurse may perform, will no longer make determinations about prescribing. This is because the PCB allows APRNs to prescribe all medicinal drugs.
514-519	Revises the definition of “registered nurse.”	Conforming: Clarifies that registered nurses will continue to be supervised by physicians when administering medications and treatments.
660-663	Requires applicant to complete at least 2000 clinical practice hours within 3 years prior to applying for registration as an IAPRN, instead of a 3 year full-time work history requirement.	Allows those APRNs who work part-time as faculty to be eligible to apply for registration as an IAPRN.
674-675	Moves the language “acts within his or her specialty as described in s. 464.012(4)” within the section relating to the acts that IAPRNs may perform independently.	Conforming: Clarifies that IAPRNs may perform not only general nursing acts, but also their specialty practices, independently and without supervision.
756-757	Deleted between these lines the requirement to report adverse incidents if an incident required a patient to obtain care from a physician.	The original language was overly broad, potentially requiring the reporting of minor drug side effects.
787-788, 794-795, 837-839	Replaces the word “nurse” with “advanced practice registered nurse” and “independent advanced practice registered nurse.”	Conforming: Clarifies who (APRNs and IAPRNS) are subject to disciplinary action for certain violations related to prescribing, dispensing, administering, mixing or preparing drugs.
1379-1445	Authorizes APRNs and IAPRNs to certify causes of death and to sign, correct, and file death certificates.	Prevents disruption in care for APRNs providing primary care services or end of life services to patients, and aligns with the change in the PCB allowing IAPRNs to have “global signature authority.”
1700-1714	Authorizes “psychiatric nurses,” as defined in the PCB, to examine persons at receiving facilities under the Baker Act and approve their release from such facilities.	Allows APRNs and IAPRNs, who are specially trained in mental health, to examine persons under the Baker Act and release those persons from receiving facilities.

1                                       A bill to be entitled  
 2           An act relating to advanced practice registered  
 3           nurses; amending s. 464.003, F.S.; redefining the  
 4           terms "advanced or specialized nursing practice,"  
 5           "practice of professional nursing," and "registered  
 6           nurse"; including practices by independent advanced  
 7           practice registered nurses within the definition of  
 8           the term "advanced or specialized nursing practice";  
 9           requiring a joint committee to consist of at least one  
 10          independent advanced practice registered nurse;  
 11          requiring certain medical acts to be supervised by a  
 12          physician unless such acts are performed by an  
 13          independent advanced practice registered nurse;  
 14          creating a definition for the term "independent  
 15          advanced practice registered nurse"; making conforming  
 16          changes; providing a citation; amending s. 464.012,  
 17          F.S.; revising the certification requirements for  
 18          advanced practice registered nurses; authorizing  
 19          advanced practice registered nurses to administer,  
 20          dispense, and prescribe medicinal drugs pursuant to a  
 21          protocol; making conforming changes; creating s.  
 22          464.0125, F.S.; providing for the registration of  
 23          independent advanced practice registered nurses who  
 24          meet certain requirements; specifying acts that  
 25          independent advanced practice registered nurses are  
 26          authorized to perform without physician supervision or

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27 a protocol; providing for biennial renewal of  
28 registration, including continuing education  
29 requirements; providing for application and biennial  
30 renewal fees; providing rulemaking authority; amending  
31 s. 464.015, F.S.; providing title protection for  
32 independent advanced practice registered nurses;  
33 creating s. 464.0155, F.S.; requiring independent  
34 advanced practice registered nurses to report adverse  
35 incidents to the Board of Nursing in a certain manner;  
36 providing for board review of the adverse incident;  
37 authorizing the board to take disciplinary action for  
38 adverse incidents; amending s. 464.016, F.S.;;  
39 providing for penalties for illegally using certain  
40 titles; making a conforming change; amending s.  
41 464.018, F.S.; adding certain acts to an existing list  
42 of acts for which nurses may be administratively  
43 disciplined; amending s. 39.303, F.S.; specifying a  
44 face-to-face medical evaluation by a child protection  
45 team is not necessary when a child is examined by an  
46 independent advanced practice registered nurse or an  
47 independent advanced practice registered nurse  
48 concludes further medical evaluation is unnecessary;  
49 making conforming changes; amending s. 39.304, F.S.;;  
50 authorizing an independent advanced practice  
51 registered nurse to perform or order an examination  
52 and diagnose a child under certain circumstances

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53 without parental consent; making conforming changes;  
 54 amending s. 90.503, F.S.; redefining the term  
 55 "psychotherapist" to include an independent advanced  
 56 practice registered nurse who practices within a  
 57 specified scope of practice; amending s. 110.12315,  
 58 F.S.; making a conforming change; amending s.  
 59 112.0455, F.S.; authorizing an independent advanced  
 60 practice registered nurse to collect a specimen for a  
 61 drug test at the scene of an accident for a specified  
 62 purpose; making a conforming change; amending s.  
 63 121.0515, F.S.; including an independent advanced  
 64 practice registered nurse in a class for to authorize  
 65 the designation as a special risk member if certain  
 66 conditions are met; making a conforming change;  
 67 amending s. 252.515, F.S.; redefining the term  
 68 "emergency first responder" to include an independent  
 69 advanced practice registered nurse; making a  
 70 conforming change; amending s. 310.071, F.S.;  
 71 authorizing a deputy pilot applicant to satisfy  
 72 certification requirements by completing a physical  
 73 examination administered by an independent advanced  
 74 practice registered nurse; broadening an exception to  
 75 the prohibition against the use of controlled  
 76 substances by an applicant for a deputy pilot  
 77 certificate to allow the use of controlled substances  
 78 prescribed by an independent advanced practice

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79 registered nurse or an advanced practice registered  
 80 nurse; requiring an advanced practice registered nurse  
 81 performing the physical examination to know the  
 82 minimum certification standards; amending s. 310.073,  
 83 F.S.; authorizing a state pilot applicant to satisfy  
 84 licensure requirements by completing a physical  
 85 examination administered by an independent advanced  
 86 practice registered nurse; broadening an exception to  
 87 the prohibition against the use of controlled  
 88 substances by an applicant for a pilot license to  
 89 allow the use of controlled substances prescribed by  
 90 an independent advanced practice registered nurse or  
 91 an advanced practice registered nurse; requiring an  
 92 advanced practice registered nurse performing the  
 93 physical examination to know the minimum licensure  
 94 standards; amending s. 310.081, F.S.; authorizing a  
 95 deputy pilot or state pilot applicant to satisfy  
 96 certification or licensure requirements by completing  
 97 a physical examination administered by an independent  
 98 advanced practice registered nurse who must know the  
 99 minimum certification or licensure standards;  
 100 requiring an independent advanced practice registered  
 101 nurse to certify whether the applicant meets the  
 102 minimum standards; amending s. 320.0848, F.S.;

103 authorizing an independent advanced practice  
 104 registered nurse to certify a person is disabled;

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105 making a conforming change; amending s. 381.00315,  
 106 F.S.; authorizing the reactivation of an independent  
 107 advanced practice registered nurse licensee in a  
 108 public health emergency; making conforming changes;  
 109 amending s. 381.00593, F.S.; redefining the term  
 110 "health care practitioner" to include an independent  
 111 advanced practice registered nurse; making a  
 112 conforming change; amending s. 381.026, F.S.;  
 113 redefining the term "health care provider" to include  
 114 an independent advanced practice registered nurse;  
 115 amending s. 382.008, F.S.; authorizing independent  
 116 advanced practice registered nurses and advanced  
 117 practice registered nurses to certify causes of death  
 118 and to sign, correct, and file death certificates;  
 119 amending s. 383.141, F.S.; redefining the term "health  
 120 care provider" to include an independent advanced  
 121 practice registered nurse; making a conforming change;  
 122 amending s. 390.0111, F.S.; including an independent  
 123 advanced practice registered nurse in the list of  
 124 health care practitioners that may review an  
 125 ultrasound with a woman prior to an abortion  
 126 procedure; making a conforming change; amending s.  
 127 390.012, F.S.; including an independent advanced  
 128 practice registered nurse in the list of health care  
 129 practitioners that may provide postoperative  
 130 monitoring, must be available throughout an abortion



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131 procedure, must remain at the abortion clinic until  
 132 all patients are discharged, and must attempt to  
 133 assess the patient's recovery within a specified time;  
 134 making conforming changes; amending s. 394.455, F.S.;  
 135 redefining the term "psychiatric nurse" to include an  
 136 independent advanced practice registered nurse  
 137 certified in a specified specialty; amending s.  
 138 394.463, F.S.; authorizing independent advanced  
 139 practice registered nurses and advanced practice  
 140 registered nurses to execute a certificate to require,  
 141 under the Baker Act, an involuntary examination of a  
 142 person; authorizing a psychiatric nurse to examine a  
 143 person at a receiving facility and approve the release  
 144 of a person at the receiving facility under the Baker  
 145 Act; amending s. 395.0191, F.S.; providing for the  
 146 eligibility of clinical privileges for an independent  
 147 advanced practice registered nurse; providing an  
 148 exception to the requirement for onsite medical  
 149 direction for certain independent advanced practice  
 150 registered nurses; making conforming changes; amending  
 151 s. 395.602, F.S.; making conforming changes; amending  
 152 s. 395.605, F.S.; including independent advanced  
 153 practice registered nurses in a list of health care  
 154 practitioners that must supervise the care of a  
 155 patient or be on duty for a specified duration in an  
 156 emergency care setting; making conforming changes;

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157 amending s. 397.311, F.S.; redefining the term  
 158 "qualified professional" to include an independent  
 159 advanced practice registered nurse; making conforming  
 160 changes; amending s. 397.405, F.S.; providing that an  
 161 independent advanced practice registered nurse's  
 162 practice may not be limited under certain  
 163 circumstances; making conforming changes; amending s.  
 164 397.427, F.S.; making conforming changes; amending s.  
 165 397.501, F.S.; prohibiting the denial of certain  
 166 services for an individual who takes medicine  
 167 prescribed by an independent advanced practice  
 168 registered nurse; amending s. 400.021, F.S.; revising  
 169 the term "geriatric outpatient clinic" to include a  
 170 site staffed by an independent advanced practice  
 171 registered nurse; making a conforming change; amending  
 172 s. 400.0255, F.S.; including independent advanced  
 173 practice registered nurses in a list of health care  
 174 practitioners who must sign a notice of discharge or  
 175 transfer; making a conforming change; amending s.  
 176 400.172, F.S.; including independent advanced practice  
 177 registered nurses and advanced practice registered  
 178 nurses in a list of health care practitioners from  
 179 whom a prospective respite care resident may obtain  
 180 certain medical information; making conforming  
 181 changes; amending s. 400.462, F.S.; adding a  
 182 definition of the term "independent advanced practice

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183 registered nurse; making a conforming change; amending  
 184 s. 400.487, F.S.; including in a list of health care  
 185 practitioners who must establish treatment orders for  
 186 certain patients and under certain circumstances;  
 187 making conforming changes; amending s. 400.506, F.S.;  
 188 applying requirements applicable to medical plans of  
 189 treatment to independent advanced practice registered  
 190 nurses; making conforming changes; amending s.  
 191 400.9905, F.S.; adding advanced practice registered  
 192 nurses to a list of health care practitioners who are  
 193 not to be defined and required to be licensed as a  
 194 clinic; amending s. 401.445, F.S.; prohibiting  
 195 recovery of damages in court against an independent  
 196 advanced practice registered nurse under certain  
 197 circumstances; requiring an independent advanced  
 198 practice registered nurse to attempt to obtain consent  
 199 of a person prior to providing emergency services;  
 200 making conforming changes; amending s. 409.905, F.S.;  
 201 providing for the payment of independent advanced  
 202 practice registered nurses by the Agency for Health  
 203 Care Services for mandatory Medicaid services;  
 204 providing for the qualification of rural health  
 205 clinics to be paid by the agency amending s. 409.908,  
 206 F.S.; providing for the reimbursement of Medicaid  
 207 services provided by independent advanced practice  
 208 registered nurses; making a conforming change;

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209 amending s. 409.9081, F.S.; requiring copayments under  
 210 the Medicaid program to be paid for independent  
 211 advanced practice registered nurse services; making a  
 212 conforming change; amending s. 409.973, F.S.;  
 213 requiring managed care plans to cover independent  
 214 advanced practice registered nurse services; making a  
 215 conforming change; amending s. 429.26, F.S.;  
 216 prohibiting independent advanced practice registered  
 217 nurses and advanced practice registered nurses from  
 218 having a financial interest in the assisted living  
 219 facility that employs them; including independent  
 220 advanced practice registered nurses in a list of  
 221 health care practitioners from whom an assisted living  
 222 facility resident may obtain an examination prior to  
 223 admission; amending s. 429.918, F.S.; revising the  
 224 definition of the term "ADRD participant" to include  
 225 participants who have a documented diagnosis of  
 226 Alzheimer's disease or a dementia-related disorder  
 227 from an independent advanced practice registered  
 228 nurse; including independent advanced practice  
 229 registered nurses in a list of health care  
 230 practitioners from whom an ADRD participant may obtain  
 231 signed medical documentation; making conforming  
 232 changes; amending s. 440.102, F.S.; authorizing, for  
 233 the purpose of drug-free workforce program  
 234 requirements, an independent advanced practice

F L O R I D A H O U S E O F R E P R E S E N T A T I V E S

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235 registered nurse and an advanced practice registered  
 236 nurse to collect a specimen for a drug test; making  
 237 technical changes; amending s. 456.0391, F.S.; making  
 238 conforming changes; amending s. 456.0392, F.S.; making  
 239 a conforming change by deleting a reference to  
 240 controlled substances listed in chapter 893 and  
 241 revising the title of advanced registered nurse  
 242 practitioner to advanced practice registered nurse;  
 243 amending s. 456.041, F.S.; making conforming changes;  
 244 amending s. 456.048, F.S.; requiring independent  
 245 advanced practice registered nurses to maintain  
 246 medical malpractice insurance or provide proof of  
 247 financial responsibility; exempting independent  
 248 advanced practice registered nurses from such  
 249 requirements under certain circumstances; amending s.  
 250 456.053, F.S.; adding the Board of Nursing to the  
 251 definition of the term "Board"; adding an independent  
 252 advanced practice registered nurse to the definition  
 253 of the term "health care provider"; removing an  
 254 obsolete effective date; authorizing an independent  
 255 advanced practice registered nurse to make referrals  
 256 under certain circumstances; adding independent  
 257 advanced practice registered nurses to a list of  
 258 health care providers under the definition of the term  
 259 "sole provider"; amending s. 456.072, F.S.; requiring  
 260 the suspension and fining of an independent advanced

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261 practice registered nurse or advanced practice  
 262 registered nurse for prescribing or dispensing a  
 263 controlled substances in a certain manner; amending s.  
 264 456.44, F.S.; providing certain requirements for  
 265 independent advanced practice registered nurses and  
 266 advanced practice registered nurses who prescribe  
 267 controlled substances for the treatment of chronic  
 268 nonmalignant pain; amending s. 458.3265, F.S.;  
 269 requiring an independent advanced practice registered  
 270 nurse to perform a physical examination of a patient  
 271 at a pain management clinic under certain  
 272 circumstances; making a conforming change; amending s.  
 273 458.331, F.S.; making a conforming change; amending s.  
 274 458.348, F.S.; making conforming changes; deleting  
 275 obsolete provisions; amending s. 459.0137, F.S.;  
 276 requiring an independent advanced practice registered  
 277 nurse to perform a physical examination of a patient  
 278 at a pain management clinic under certain  
 279 circumstances; making a conforming change; amending s.  
 280 459.015, F.S.; making a conforming change; amending s.  
 281 459.025, F.S.; making conforming changes; deleting  
 282 obsolete provisions; amending s. 464.004, F.S.; making  
 283 a conforming change; amending s. 464.0205, F.S.;  
 284 authorizing a retired volunteer nurse to work under  
 285 the direct supervision of an independent advanced  
 286 practice registered nurse; making a conforming change;

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287 amending s. 467.003, F.S.; making conforming changes;  
 288 amending s. 480.0475; authorizing the operation of a  
 289 massage establishment during certain times if a  
 290 massage performed during those times is prescribed by  
 291 an independent advanced practice registered nurse;  
 292 making a conforming change; amending s. 483.041, F.S.;  
 293 including an independent advanced practice registered  
 294 nurse within the definition of the term "licensed  
 295 practitioner"; making a conforming change; amending s.  
 296 483.181, F.S.; making a cross-reference to require  
 297 clinical laboratories to accept a human specimen  
 298 submitted by an independent advanced practice  
 299 registered nurse; amending s. 483.801, F.S.; making a  
 300 conforming change; amending s. 486.021, F.S.;  
 301 authorizing a physical therapist to implement a plan  
 302 of treatment provided by an independent advanced  
 303 practice registered nurse; making a conforming change;  
 304 amending s. 490.012, F.S.; allowing certain qualified  
 305 independent advanced practice registered nurses to use  
 306 the word, or a form of the word, "psychotherapy";  
 307 making a conforming change; amending s. 491.0057,  
 308 F.S.; authorizing certain qualified independent  
 309 advanced practice registered nurses to be licensed as  
 310 marriage and family therapists; making a conforming  
 311 change; amending s. 491.012, F.S.; authorizing certain  
 312 qualified independent advanced practice registered

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313 nurses to use the terms psychotherapist, sex  
 314 therapist, or juvenile sexual offender therapist, and  
 315 other specified terms; making a conforming change;  
 316 amending s. 493.6108, F.S.; authorizing an independent  
 317 advanced practice registered nurse to certify the  
 318 physical fitness of a certain applicant to bear a  
 319 weapon or firearm; making a conforming change;  
 320 amending s. 626.9707, F.S.; prohibiting discrimination  
 321 by insurer of person with sickle-cell trait for  
 322 services authorized to be provided by an independent  
 323 advanced practice registered nurse; making a  
 324 conforming change; amending s. 627.357, F.S.;  
 325 including independent advanced practice registered  
 326 nurses within the definition of "health care  
 327 provider"; making conforming changes; amending s.  
 328 627.736, F.S.; requiring personal injury protection  
 329 insurance to cover a certain amount of medical  
 330 services provided by an independent advanced practice  
 331 registered nurse, by practitioners supervised by an  
 332 independent advanced practice registered nurse, or by  
 333 an entity wholly owned by one or more independent  
 334 advanced practice registered nurses; providing for  
 335 reimbursement amounts for independent advanced  
 336 practice registered nurses; making conforming changes;  
 337 amending s. 627.6471, F.S.; requiring insurers under  
 338 certain circumstances to provide eligibility criteria



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339 for qualified independent advanced practice registered  
 340 nurses; making a conforming change; amending s.  
 341 627.6472, F.S.; requiring insurers under certain  
 342 circumstances to provide eligibility criteria for  
 343 qualified independent advanced practice registered  
 344 nurses; making a conforming change; prohibiting an  
 345 exclusive provider organization from discriminating  
 346 against participation by a qualified independent  
 347 advanced practice registered nurse; making a  
 348 conforming change; amending s. 633.412, F.S.; allowing  
 349 an applicant for certification as a firefighter to  
 350 obtain a medical examination by an independent  
 351 advanced practice registered nurse; making a  
 352 conforming change; clarifying a cross-reference;  
 353 amending s. 641.3923, F.S.; prohibiting a health  
 354 maintenance organization from discriminating against  
 355 the participation of an independent advanced practice  
 356 registered nurse; making conforming changes; amending  
 357 s. 641.495, F.S.; requiring a health maintenance  
 358 organization to disclose in certain documents that  
 359 certain services may be provided by independent  
 360 advanced practice registered nurses and advanced  
 361 practice registered nurse; amending s. 744.331, F.S.;  
 362 making a conforming change; amending s. 744.703, F.S.;  
 363 adding independent advanced practice registered nurses  
 364 and advanced practice registered nurses to a list of

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365 authorized professionals with whom a public guardian  
 366 may contract with to carry out guardianship functions;  
 367 amending s. 766.102, F.S.; providing requirements for  
 368 qualification as an expert witness in a medical  
 369 negligence case concerning the standard of care for an  
 370 independent advanced practice registered nurse; making  
 371 a conforming change; amending s. 766.103, F.S.;

372 prohibiting recovery of damages against an independent  
 373 advanced practice registered nurse under certain  
 374 conditions; amending s. 766.1115, F.S.; including an  
 375 independent advanced practice registered nurse within  
 376 the definition of the term "health care provider";  
 377 making conforming changes; amending s. 766.1116, F.S.;

378 including an independent advanced practice registered  
 379 nurse within the definition of the term "health care  
 380 practitioner"; making conforming changes; amending s.  
 381 766.118, F.S.; including an independent advanced  
 382 practice registered nurse within the definition of the  
 383 term "practitioner"; amending s. 768.135, F.S.; making  
 384 an independent advanced practice registered nurse  
 385 immune from civil damages for providing volunteer  
 386 services under certain circumstances; amending s.  
 387 782.071, F.S.; allowing a person serving community  
 388 service in a trauma center or hospital to be under the  
 389 supervision of an independent advanced practice  
 390 registered nurse or an advanced practice registered

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391 nurse; amending s. 794.08, F.S.; providing an  
 392 exception for procedures performed by or under the  
 393 direction of an independent advanced practice  
 394 registered nurse; amending s. 893.02, F.S.; including  
 395 an independent advanced practice registered nurse and  
 396 an advanced practice registered nurse within the  
 397 definition of the term "practitioner"; amending s.  
 398 943.13, F.S.; authorizing a law enforcement officer or  
 399 correctional officer to satisfy qualifications for  
 400 employment or appointment by passing a physical  
 401 examination conducted by an independent advanced  
 402 practice registered nurse; making a conforming change;  
 403 amending s. 945.603, F.S.; authorizing the  
 404 Correctional Medical Authority to review and make  
 405 recommendations as to the use of advanced practice  
 406 registered nurses to act as physician extenders;  
 407 making a technical correction; amending s. 1002.20,  
 408 F.S.; preventing school districts and its employees  
 409 and agents from being held liable for the use of  
 410 epinephrine auto-injectors under certain circumstances  
 411 regardless if authorized by an independent advanced  
 412 practice registered nurse; making conforming changes;  
 413 amending s. 1002.42, F.S.; preventing a private school  
 414 and its employees and agents from being held liable  
 415 for the use of epinephrine auto-injectors under  
 416 certain circumstances regardless if authorized by an

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417 independent advanced practice registered nurse;  
 418 amending s. 1006.062, F.S.; authorizing nonmedical  
 419 assistive personnel to perform health services if  
 420 trained by an independent advanced practice registered  
 421 nurse; requiring monitoring of such personnel by an  
 422 independent advanced practice registered nurse;  
 423 including independent advanced practice registered  
 424 nurses in a list of practitioners who must determine  
 425 whether such personnel may perform certain invasive  
 426 medical services; making a conforming change; amending  
 427 s. 1006.20, F.S.; authorizing students athletes to  
 428 satisfy a medical evaluation requirement by having an  
 429 independent advanced practice registered nurse  
 430 perform the evaluation; amending s. 1009.65, F.S.;  
 431 making conforming changes; amending s. 1009.66, F.S.;  
 432 making a conforming change; amending s. 1009.67, F.S.;  
 433 making a conforming change; providing an effective  
 434 date.

435

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

437

438 Section 1. Subsections (16), (17), (18), (19), (20), (21),  
 439 (22), and (23) of section 464.003, Florida Statutes, are  
 440 renumbered as subsections (17), (18), (19), (20), (21), (22),  
 441 (23), and (24), respectively, subsections (2), (3), (20), and  
 442 (22) are amended in that section, and subsection (16) is added

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443 | to that section, to read:  
 444 |       464.003 Definitions.—As used in this part, the term:  
 445 |       (2) "Advanced or specialized nursing practice" or "to  
 446 | practice advanced or specialized nursing" means, in addition to  
 447 | the practice of professional nursing, the performance of  
 448 | advanced-level nursing acts approved by the board which, by  
 449 | virtue of postbasic specialized education, training, and  
 450 | experience, are appropriately performed by an independent  
 451 | advanced practice registered nurse or an advanced practice  
 452 | registered nurse practitioner. Within the context of advanced or  
 453 | specialized nursing practice, the independent advanced practice  
 454 | registered nurse and advanced practice registered nurse  
 455 | practitioner may perform acts of nursing diagnosis and nursing  
 456 | treatment of alterations of the health status. The independent  
 457 | advanced practice registered nurse and advanced practice  
 458 | registered nurse practitioner may also perform acts of medical  
 459 | diagnosis, ~~and treatment, prescription,~~ and operation which are  
 460 | identified and approved by a joint committee composed of three  
 461 | members appointed by the Board of Nursing, one of whom must be  
 462 | an independent advanced practice registered nurse and one ~~two~~ of  
 463 | whom must be an advanced practice registered nurse ~~nurse~~  
 464 | ~~practitioners~~; three members appointed by the Board of Medicine,  
 465 | two of whom must have had work experience with advanced practice  
 466 | registered nurses ~~nurse practitioners~~; and the State Surgeon  
 467 | General or the State Surgeon General's designee. Each committee  
 468 | member appointed by a board shall be appointed to a term of 4

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469 years unless a shorter term is required to establish or maintain  
 470 staggered terms. The Board of Nursing shall adopt rules  
 471 authorizing the performance of any such acts approved by the  
 472 joint committee. Unless otherwise specified by the joint  
 473 committee and unless such acts are performed by independent  
 474 advanced practice registered nurses, such medical acts must be  
 475 performed under the general supervision of a practitioner  
 476 licensed under chapter 458, chapter 459, or chapter 466 within  
 477 the framework of standing protocols which identify the medical  
 478 acts to be performed and the conditions for their performance.  
 479 The department may, by rule, require that a copy of the protocol  
 480 be filed with the department along with the notice required by  
 481 s. 458.348 or s. 459.025.

482 (3) "Advanced practice registered nurse ~~practitioner~~"  
 483 means any person licensed in this state to practice professional  
 484 nursing and certified in advanced or specialized nursing  
 485 practice, including certified registered nurse anesthetists,  
 486 certified nurse midwives, and certified nurse practitioners.

487 (16) "Independent advanced practice registered nurse"  
 488 means an advanced practice registered nurse who maintains an  
 489 active and valid certification under s. 464.012(2) and  
 490 registration under s. 464.0125 to practice advanced or  
 491 specialized nursing independently and without the supervision of  
 492 a physician or a protocol.

493 (21) ~~(20)~~ "Practice of professional nursing" means the  
 494 performance of those acts requiring substantial specialized

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495 knowledge, judgment, and nursing skill based upon applied  
 496 principles of psychological, biological, physical, and social  
 497 sciences which shall include, but not be limited to:

498 (a) The observation, assessment, nursing diagnosis,  
 499 planning, intervention, and evaluation of care; health teaching  
 500 and counseling of the ill, injured, or infirm; and the promotion  
 501 of wellness, maintenance of health, and prevention of illness of  
 502 others.

503 (b) The administration and prescribing of medications and  
 504 treatments as ~~prescribed or~~ authorized by a ~~duly licensed~~  
 505 ~~practitioner authorized by the laws of this state to prescribe~~  
 506 ~~such medications and treatments.~~

507 (c) The supervision and teaching of other personnel in the  
 508 theory and performance of any of the acts described in this  
 509 subsection.

510  
 511 A professional nurse is responsible and accountable for making  
 512 decisions that are based upon the individual's educational  
 513 preparation and experience in nursing.

514 (22) "Registered nurse" means any person licensed in this  
 515 state to practice professional nursing, except such licensed  
 516 person may only administer medications and treatments as  
 517 prescribed or authorized by a duly licensed practitioner  
 518 authorized by the laws of this state to prescribe such  
 519 medications and treatments.

520 Section 2. Section 464.012, Florida Statutes, is amended

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521 to read:

522 464.012 Certification of advanced practice registered  
523 nurses ~~nurse practitioners~~; fees.—

524 (1) Any nurse desiring to be certified as an advanced  
525 practice registered nurse ~~practitioner~~ shall apply to the board  
526 ~~department~~ and submit proof that he or she holds a current  
527 license to practice professional nursing and that he or she  
528 meets ~~one or more of~~ the following requirements ~~as determined by~~  
529 ~~the board~~:

530 (a) ~~Satisfactory completion of a formal postbasic~~  
531 ~~educational program of at least one academic year, the primary~~  
532 ~~purpose of which is to prepare nurses for advanced or~~  
533 ~~specialized practice.~~

534 ~~(b)~~ Certification by an appropriate specialty board. Such  
535 certification shall be required for initial state certification  
536 and any recertification as a nurse practitioner, registered  
537 nurse anesthetist, or nurse midwife. The board may by rule  
538 provide for provisional state certification of graduate nurse  
539 practitioners, nurse anesthetists, and nurse midwives for a  
540 period of time determined to be appropriate for preparing for  
541 and passing the national certification examination.

542 ~~(b)(c)~~ Graduation from a ~~program leading to a~~ master's  
543 degree program in a nursing clinical specialty area with  
544 preparation in specialized practitioner skills. ~~For applicants~~  
545 ~~graduating on or after October 1, 1998, graduation from a~~  
546 ~~master's degree program shall be required for initial~~



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547 ~~certification as a nurse practitioner under paragraph (4)(c).~~  
 548 ~~For applicants graduating on or after October 1, 2001,~~  
 549 ~~graduation from a master's degree program shall be required for~~  
 550 ~~initial certification as a registered nurse anesthetist under~~  
 551 ~~paragraph (4)(a).~~

552 (2) The board shall provide by rule the appropriate  
 553 requirements for advanced practice registered nurses ~~nurse~~  
 554 ~~practitioners~~ in the categories of certified registered nurse  
 555 anesthetist, certified nurse midwife, and certified nurse  
 556 practitioner.

557 (3) An advanced practice registered nurse ~~practitioner~~  
 558 shall perform those functions authorized in this section within  
 559 the framework of an established protocol that is filed with the  
 560 board upon biennial license renewal and within 30 days after  
 561 entering into a supervisory relationship with a physician or  
 562 changes to the protocol. The board shall review the protocol to  
 563 ensure compliance with applicable regulatory standards for  
 564 protocols. The board shall refer to the department licensees  
 565 submitting protocols that are not compliant with the regulatory  
 566 standards for protocols. A practitioner currently licensed under  
 567 chapter 458, chapter 459, or chapter 466 shall maintain  
 568 supervision for directing the specific course of medical  
 569 treatment. Within the established framework, an advanced  
 570 practice registered nurse ~~practitioner~~ may:

- 571 (a) Monitor and alter drug therapies.
- 572 (b) Initiate appropriate therapies for certain conditions.

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

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

577 (e) Administer, dispense, and prescribe medicinal drugs,  
578 including controlled substances.

579 (4) In addition to the general functions specified in  
580 subsection (3), an advanced practice registered nurse  
581 ~~practitioner~~ may perform the following acts within his or her  
582 specialty:

583 (a) The certified registered nurse anesthetist may, to the  
584 extent authorized by established protocol approved by the  
585 medical staff of the facility in which the anesthetic service is  
586 performed, perform any or all of the following:

587 1. Determine the health status of the patient as it  
588 relates to the risk factors and to the anesthetic management of  
589 the patient through the performance of the general functions.

590 2. Based on history, physical assessment, and supplemental  
591 laboratory results, determine, with the consent of the  
592 responsible physician, the appropriate type of anesthesia within  
593 the framework of the protocol.

594 3. Order under the protocol preanesthetic medication.

595 4. Perform under the protocol procedures commonly used to  
596 render the patient insensible to pain during the performance of  
597 surgical, obstetrical, therapeutic, or diagnostic clinical  
598 procedures. These procedures include ordering and administering

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599 regional, spinal, and general anesthesia; inhalation agents and  
 600 techniques; intravenous agents and techniques; and techniques of  
 601 hypnosis.

602 5. Order or perform monitoring procedures indicated as  
 603 pertinent to the anesthetic health care management of the  
 604 patient.

605 6. Support life functions during anesthesia health care,  
 606 including induction and intubation procedures, the use of  
 607 appropriate mechanical supportive devices, and the management of  
 608 fluid, electrolyte, and blood component balances.

609 7. Recognize and take appropriate corrective action for  
 610 abnormal patient responses to anesthesia, adjunctive medication,  
 611 or other forms of therapy.

612 8. Recognize and treat a cardiac arrhythmia while the  
 613 patient is under anesthetic care.

614 9. Participate in management of the patient while in the  
 615 postanesthesia recovery area, including ordering the  
 616 administration of fluids and drugs.

617 10. Place special peripheral and central venous and  
 618 arterial lines for blood sampling and monitoring as appropriate.

619 (b) The certified nurse midwife may, to the extent  
 620 authorized by an established protocol which has been approved by  
 621 the medical staff of the health care facility in which the  
 622 midwifery services are performed, or approved by the nurse  
 623 midwife's physician backup when the delivery is performed in a  
 624 patient's home, perform any or all of the following:

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- 625 1. Perform superficial minor surgical procedures.
- 626 2. Manage the patient during labor and delivery to include
- 627 amniotomy, episiotomy, and repair.
- 628 3. Order, initiate, and perform appropriate anesthetic
- 629 procedures.
- 630 4. Perform postpartum examination.
- 631 5. Order appropriate medications.
- 632 6. Provide family-planning services and well-woman care.
- 633 7. Manage the medical care of the normal obstetrical
- 634 patient and the initial care of a newborn patient.
- 635 (c) The certified nurse practitioner may perform any or
- 636 all of the following acts within the framework of established
- 637 protocol:
- 638 1. Manage selected medical problems.
- 639 2. Order physical and occupational therapy.
- 640 3. Initiate, monitor, or alter therapies for certain
- 641 uncomplicated acute illnesses.
- 642 4. Monitor and manage patients with stable chronic
- 643 diseases.
- 644 5. Establish behavioral problems and diagnosis and make
- 645 treatment recommendations.
- 646 (5) The board shall certify, and the department shall
- 647 issue a certificate to, any nurse meeting the qualifications in
- 648 this section. The board shall establish an application fee not
- 649 to exceed \$100 and a biennial renewal fee not to exceed \$50. The
- 650 board is authorized to adopt such other rules as are necessary

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651 to implement the provisions of this section.

652 Section 3. Section 464.0125, Florida Statutes, is created  
653 to read:

654 464.0125 Registration of independent advanced practice  
655 registered nurses; fees.-

656 (1) To be registered as an independent advanced practice  
657 registered nurse, an applicant must submit proof to the board  
658 that the applicant has:

659 (a) An active and valid certificate under s. 464.012;

660 (b) Completed, in any U.S. jurisdiction, at least 2000  
661 clinical practice hours within a three year period immediately  
662 preceding submission of the application and while practicing as  
663 an advanced practice registered nurse;

664 (c) Not been subject to any disciplinary action under s.  
665 464.018 or s. 456.072, or any similar disciplinary action in any  
666 other jurisdiction, during the 5 years immediately preceding the  
667 application; and

668 (d) Completed a graduate level course in pharmacology.

669 (2) The board may provide by rule additional requirements  
670 appropriate for each applicant practicing in a specialty under  
671 s. 464.012(4).

672 (3) An independent advanced practice registered nurse may  
673 perform, without physician supervision or a protocol, the acts  
674 authorized in s. 464.012(3), acts within his or her specialty as  
675 described in s. 464.012(4), and any of the following:

676 (a) For a patient who requires the services of a health

677 care facility, as defined in s. 408.032(8):  
 678 1. Admit the patient to the facility.  
 679 2. Manage the care the patient receives in the facility.  
 680 3. Discharge the patient from the facility.  
 681 (b) Provide a signature, certification, stamp,  
 682 verification, affidavit, or other endorsement that is otherwise  
 683 required by law to be provided by a physician.  
 684 (4) An advanced practice registered nurse registered under  
 685 this section must submit to the department proof of registration  
 686 along with the certification information required under s.  
 687 456.0391, and the department shall include the registration in  
 688 the advanced practice registered nurse's practitioner profile  
 689 created pursuant to s. 456.041.  
 690 (5) To be eligible for biennial renewal of registration,  
 691 an independent advanced practice registered nurse must complete  
 692 at least 10 hours of continuing education in pharmacology in  
 693 addition to completing the continuing education requirements  
 694 provided for in board rule pursuant to s. 464.013. The biennial  
 695 renewal for registration shall coincide with the independent  
 696 advanced practice registered nurse's biennial renewal period for  
 697 his or her advanced practice registered nurse certification.  
 698 If, consequently, the initial renewal period occurs prior to  
 699 January 1, 2015, the independent advanced practice registered  
 700 nurse is not required to complete the continuing education  
 701 requirement under this subsection until the following biennial  
 702 renewal period.

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703       (6) The board shall register any nurse meeting the  
 704 qualifications in this section. The board shall establish an  
 705 application fee not to exceed \$100 and a biennial renewal fee  
 706 not to exceed \$50. The board is authorized to adopt such other  
 707 rules as are necessary to implement the provisions of this  
 708 section.

709           Section 4. Subsections (8) and (9) of section 464.015,  
 710 Florida Statutes, are amended to read:

711           464.015 Titles and abbreviations; restrictions; penalty.-

712           (8) Only persons certified under s. 464.012 ~~who hold valid~~  
 713 ~~certificates~~ to practice as advanced practice registered nurses  
 714 ~~nurse practitioners~~ in this state may use the title "Advanced  
 715 Practice Registered Nurse Practitioner" and the abbreviation  
 716 "A.P.R.N." Only persons registered under s. 464.0125 to practice  
 717 as independent advanced practice registered nurses in this state  
 718 may use the title "Independent Advanced Practice Registered  
 719 Nurse" and the abbreviation "I.A.P.R.N." "A.R.N.P."

720           (9) A person may not practice or advertise as, or assume  
 721 the title of, registered nurse, licensed practical nurse,  
 722 clinical nurse specialist, certified registered nurse  
 723 anesthetist, certified nurse midwife, certified nurse  
 724 practitioner, ~~or~~ advanced practice registered nurse, or  
 725 independent advanced practice registered nurse practitioner or  
 726 use the abbreviation "R.N.," "L.P.N.," "C.N.S.," "C.R.N.A.,"  
 727 "C.N.M.," "C.N.P.," "A.P.R.N.," or "I.A.P.R.N." "A.R.N.P." or  
 728 take any other action that would lead the public to believe that

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729 person was certified or registered as such or is performing  
 730 nursing services pursuant to the exception set forth in s.  
 731 464.022(8), unless that person is licensed, ~~or certified,~~ or  
 732 registered to practice as such.

733 Section 5. Section 464.0155, Florida Statutes, is created  
 734 to read:

735 464.0155 Reports of adverse incidents by independent  
 736 advanced practice registered nurses.-

737 (1) Effective January 1, 2015, an independent advanced  
 738 practice registered nurse must report an adverse incident to the  
 739 board in accordance with this section.

740 (2) The report must be in writing, sent to the board by  
 741 certified mail, and postmarked within 15 days after the adverse  
 742 incident if the adverse incident occurs when the patient is at  
 743 the office of the independent advanced practice registered  
 744 nurse. If the adverse incident occurs when the patient is not at  
 745 the office of the independent advanced practice registered  
 746 nurse, the report must be postmarked within 15 days after the  
 747 independent advanced practice registered nurse discovers, or  
 748 reasonably should have discovered, the occurrence of the adverse  
 749 incident.

750 (3) For the purpose of this section, the term "adverse  
 751 incident" means any of the following events when it is  
 752 reasonable to believe that the event is attributable to the  
 753 prescription of a controlled substance by the independent  
 754 advanced practice registered nurse:



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755           (a) Any condition that requires the transfer of a patient  
 756 to a hospital licensed under chapter 395.

757           (b) Permanent physical injury to the patient.

758           (c) Death of the patient.

759           (4) The board shall review each adverse incident and  
 760 determine whether the adverse incident is caused by the  
 761 independent advanced practice registered nurse. The board may  
 762 take disciplinary action upon such a finding, in which event s.  
 763 456.073 applies.

764           Section 6. Paragraph (a) of subsection (2) of section  
 765 464.016, Florida Statutes, is amended to read:

766           464.016 Violations and penalties.—

767           (2) Each of the following acts constitutes a misdemeanor  
 768 of the first degree, punishable as provided in s. 775.082 or s.  
 769 775.083:

770           (a) Using the name or title "Nurse," "Registered Nurse,"  
 771 "Licensed Practical Nurse," "Clinical Nurse Specialist,"  
 772 "Certified Registered Nurse Anesthetist," "Certified Nurse  
 773 Midwife," "Certified Nurse Practitioner," "Advanced Practice  
 774 Registered Nurse Practitioner," "Independent Advanced Practice  
 775 Registered Nurse," or any other name or title which implies that  
 776 a person was licensed or certified as same, unless such person  
 777 is duly licensed or certified.

778           Section 7. Paragraphs (p), (q), (r), (s), (t), (u), (v),  
 779 (w), (x), (y) and (z) are added to subsection (1) of section  
 780 464.018, Florida Statutes, to read:

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781 464.018 Disciplinary actions.—  
 782 (1) The following acts constitute grounds for denial of a  
 783 license or disciplinary action, as specified in s. 456.072(2):  
 784 (p) Prescribing, dispensing, administering, mixing, or  
 785 otherwise preparing a legend drug, including any controlled  
 786 substance, other than in the course of the professional practice  
 787 of the independent advanced practice registered nurse or  
 788 advanced practice registered nurse. For the purposes of this  
 789 paragraph, it shall be legally presumed that prescribing,  
 790 dispensing, administering, mixing, or otherwise preparing legend  
 791 drugs, including all controlled substances, inappropriately or  
 792 in excessive or inappropriate quantities is not in the best  
 793 interest of the patient and is not in the course of the  
 794 professional practice of the independent advanced practice  
 795 registered nurse or advanced practice registered nurse, without  
 796 regard to the nurse's intent.  
 797 (q) Dispensing a controlled substance listed in Schedule  
 798 II or Schedule III in violation of s. 465.0276.  
 799 (r) Presigning blank prescription forms.  
 800 (s) Prescribing any medicinal drug appearing on Schedule  
 801 II in chapter 893 by the nurse for office use.  
 802 (t) Prescribing, ordering, dispensing, administering,  
 803 supplying, selling, or giving any Schedule II drug that is an  
 804 amphetamine or sympathomimetic amine or any compound thereof,  
 805 pursuant to chapter 893, to or for any person except for:  
 806 1. The treatment of narcolepsy; hyperkinesis; behavioral

807 syndrome characterized by the developmentally inappropriate  
 808 symptoms of moderate to severe distractability, short attention  
 809 span, hyperactivity, emotional liability, and impulsivity; or  
 810 drug-induced brain dysfunction;

811 2. The differential diagnostic psychiatric evaluation of  
 812 depression or the treatment of depression shown to be refractory  
 813 to other therapeutic modalities; or

814 3. The clinical investigation of the effects of such drugs  
 815 or compounds when an investigative protocol therefor is  
 816 submitted to, reviewed, and approved by the board before such  
 817 investigation is begun.

818 (u) Prescribing, ordering, dispensing, administering,  
 819 supplying, selling, or giving growth hormones, testosterone or  
 820 its analogs, human chorionic gonadotropin (HCG), or other  
 821 hormones for the purpose of muscle building or to enhance  
 822 athletic performance. For the purposes of this subsection, the  
 823 term "muscle building" does not include the treatment of injured  
 824 muscle. A prescription written for the drug products listed  
 825 above may be dispensed by the pharmacist with the presumption  
 826 that the prescription is for legitimate medical use.

827 (v) Prescribing, ordering, dispensing, administering,  
 828 supplying, selling, or giving amygdalin (laetrile) to any  
 829 person.

830 (w) Promoting or advertising on any prescription form of a  
 831 community pharmacy, unless the form shall also state "This  
 832 prescription may be filled at any pharmacy of your choice."

833           (x) Promoting or advertising through any communication  
 834 media the use, sale, or dispensing of any controlled substance  
 835 appearing on any schedule in chapter 893.

836           (y) Prescribing or dispensing any medicinal drug appearing  
 837 on any schedule set forth in chapter 893 by the independent  
 838 advanced practice registered nurse, or advanced practice  
 839 registered nurse, for himself or herself or administering any  
 840 such drug by the nurse to himself or herself unless such drug is  
 841 prescribed for the nurse by another practitioner authorized to  
 842 prescribe medicinal drugs.

843           (z) For an independent advanced practice registered nurse  
 844 registered under s. 464.0125:

845           1. Paying or receiving any commission, bonus, kickback, or  
 846 rebate, or engaging in any split-fee arrangement in any form  
 847 whatsoever with a health care practitioner, organization,  
 848 agency, or person, either directly or indirectly, for patients  
 849 referred to providers of health care goods and services,  
 850 including, but not limited to, hospitals, nursing homes,  
 851 clinical laboratories, ambulatory surgical centers, or  
 852 pharmacies. The provisions of this paragraph shall not be  
 853 construed to prevent an independent advanced practice registered  
 854 nurse from receiving a fee for professional consultation  
 855 services.

856           2. Exercising influence within a patient-independent  
 857 advanced practice registered nurse relationship for purposes of  
 858 engaging a patient in sexual activity. A patient shall be

859 presumed to be incapable of giving free, full, and informed  
 860 consent to sexual activity with his or her independent advanced  
 861 practice registered nurse.

862 3. Making deceptive, untrue, or fraudulent representations  
 863 in or related to the practice of advanced or specialized nursing  
 864 or employing a trick or scheme in the practice of advanced or  
 865 specialized nursing.

866 4. Soliciting patients, either personally or through an  
 867 agent, through the use of fraud, intimidation, undue influence,  
 868 or a form of overreaching or vexatious conduct. A solicitation  
 869 is any communication which directly or implicitly requests an  
 870 immediate oral response from the recipient.

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

881 6. Exercising influence on the patient or client in such a  
 882 manner as to exploit the patient or client for financial gain of  
 883 the licensee or of a third party, which shall include, but not  
 884 be limited to, the promoting or selling of services, goods,

885 appliances, or drugs.

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

889 8. Performing any procedure or prescribing any therapy  
 890 which, by the prevailing standards of advanced or specialized  
 891 nursing practice in the community, would constitute  
 892 experimentation on a human subject, without first obtaining  
 893 full, informed, and written consent.

894 9. Delegating professional responsibilities to a person  
 895 when the licensee delegating such responsibilities knows or has  
 896 reason to know that such person is not qualified by training,  
 897 experience, or licensure to perform them.

898 10. Conspiring with another independent advanced practice  
 899 registered nurse or with any other person to commit an act, or  
 900 committing an act, which would tend to coerce, intimidate, or  
 901 preclude another independent advanced practice registered nurse  
 902 from lawfully advertising his or her services.

903 11. Advertising or holding oneself out as having  
 904 certification in a specialty which the independent advanced  
 905 practice registered nurse has not received.

906 12. Failing to comply with the requirements of ss. 381.026  
 907 and 381.0261 to provide patients with information about their  
 908 patient rights and how to file a patient complaint.

909 13. Providing deceptive or fraudulent expert witness  
 910 testimony related to the advanced or specialized practice of

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911 | nursing.

912 |         Section 8. Paragraph (c) of subsection (3) and paragraph  
 913 | (a) of subsection (4) of section 39.303, Florida Statutes, are  
 914 | amended to read:

915 |         39.303 Child protection teams; services; eligible cases.-  
 916 | The Children's Medical Services Program in the Department of  
 917 | Health shall develop, maintain, and coordinate the services of  
 918 | one or more multidisciplinary child protection teams in each of  
 919 | the service districts of the Department of Children and Family  
 920 | Services. Such teams may be composed of appropriate  
 921 | representatives of school districts and appropriate health,  
 922 | mental health, social service, legal service, and law  
 923 | enforcement agencies. The Legislature finds that optimal  
 924 | coordination of child protection teams and sexual abuse  
 925 | treatment programs requires collaboration between the Department  
 926 | of Health and the Department of Children and Family Services.  
 927 | The two departments shall maintain an interagency agreement that  
 928 | establishes protocols for oversight and operations of child  
 929 | protection teams and sexual abuse treatment programs. The State  
 930 | Surgeon General and the Deputy Secretary for Children's Medical  
 931 | Services, in consultation with the Secretary of Children and  
 932 | Family Services, shall maintain the responsibility for the  
 933 | screening, employment, and, if necessary, the termination of  
 934 | child protection team medical directors, at headquarters and in  
 935 | the 15 districts. Child protection team medical directors shall  
 936 | be responsible for oversight of the teams in the districts.

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937 (3) All abuse and neglect cases transmitted for  
 938 investigation to a district by the hotline must be  
 939 simultaneously transmitted to the Department of Health child  
 940 protection team for review. For the purpose of determining  
 941 whether face-to-face medical evaluation by a child protection  
 942 team is necessary, all cases transmitted to the child protection  
 943 team which meet the criteria in subsection (2) must be timely  
 944 reviewed by:

945 (c) An advanced practice registered nurse certified, or an  
 946 independent advanced practice registered nurse registered,  
 947 ~~practitioner licensed~~ under chapter 464, who has a specialty  
 948 ~~speciality~~ in pediatrics or family medicine and is a member of a  
 949 child protection team;

950 (4) A face-to-face medical evaluation by a child  
 951 protection team is not necessary when:

952 (a) The child was examined for the alleged abuse or  
 953 neglect by a physician or an independent advanced practice  
 954 registered nurse, who is not a member of the child protection  
 955 team, and a consultation between the child protection team  
 956 board-certified pediatrician, advanced practice registered nurse  
 957 ~~practitioner,~~ physician assistant working under the supervision  
 958 of a child protection team board-certified pediatrician, or  
 959 registered nurse working under the direct supervision of a child  
 960 protection team board-certified pediatrician, and the examining  
 961 practitioner ~~physician~~ concludes that a further medical  
 962 evaluation is unnecessary;



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963  
 964 Notwithstanding paragraphs (a), (b), and (c), a child protection  
 965 team pediatrician, as authorized in subsection (3), may  
 966 determine that a face-to-face medical evaluation is necessary.  
 967 Section 9. Paragraph (b) of subsection (1) of section  
 968 39.304, Florida Statutes, is amended to read:  
 969 39.304 Photographs, medical examinations, X rays, and  
 970 medical treatment of abused, abandoned, or neglected child.—  
 971 (1)  
 972 (b) If the areas of trauma visible on a child indicate a  
 973 need for a medical examination, or if the child verbally  
 974 complains or otherwise exhibits distress as a result of injury  
 975 through suspected child abuse, abandonment, or neglect, or is  
 976 alleged to have been sexually abused, the person required to  
 977 investigate may cause the child to be referred for diagnosis to  
 978 a licensed physician, independent advanced practice registered  
 979 nurse, or an emergency department in a hospital without the  
 980 consent of the child's parents or legal custodian. Such  
 981 examination may be performed by a ~~any~~ licensed physician, a  
 982 registered independent advanced practice registered nurse, or a  
 983 certified an advanced practice registered nurse practitioner  
 984 ~~licensed pursuant to part I of chapter 464~~. Any examining  
 985 practitioner licensed physician, or advanced registered nurse  
 986 ~~practitioner licensed pursuant to part I of chapter 464~~, who has  
 987 reasonable cause to suspect that an injury was the result of  
 988 child abuse, abandonment, or neglect may authorize a

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989 radiological examination to be performed on the child without  
 990 the consent of the child's parent or legal custodian.

991 Section 10. Paragraph (a) of subsection (1) of section  
 992 90.503, Florida Statutes, is amended to read:

993 90.503 Psychotherapist-patient privilege.—

994 (1) For purposes of this section:

995 (a) A "psychotherapist" is:

996 1. A person authorized to practice medicine in any state  
 997 or nation, or reasonably believed by the patient so to be, who  
 998 is engaged in the diagnosis or treatment of a mental or  
 999 emotional condition, including alcoholism and other drug  
 1000 addiction;

1001 2. A person licensed or certified as a psychologist under  
 1002 the laws of any state or nation, who is engaged primarily in the  
 1003 diagnosis or treatment of a mental or emotional condition,  
 1004 including alcoholism and other drug addiction;

1005 3. A person licensed or certified as a clinical social  
 1006 worker, marriage and family therapist, or mental health  
 1007 counselor under the laws of this state, who is engaged primarily  
 1008 in the diagnosis or treatment of a mental or emotional  
 1009 condition, including alcoholism and other drug addiction;

1010 4. Treatment personnel of facilities licensed by the state  
 1011 pursuant to chapter 394, chapter 395, or chapter 397, of  
 1012 facilities designated by the Department of Children and Families  
 1013 ~~Family Services~~ pursuant to chapter 394 as treatment facilities,  
 1014 or of facilities defined as community mental health centers

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1015 | pursuant to s. 394.907(1), who are engaged primarily in the  
 1016 | diagnosis or treatment of a mental or emotional condition,  
 1017 | including alcoholism and other drug addiction; or

1018 |         5. An independent advanced practice registered nurse or  
 1019 | advanced practice registered nurse ~~practitioner certified under~~  
 1020 | ~~s. 464.012~~, whose primary scope of practice is the diagnosis or  
 1021 | treatment of mental or emotional conditions, including chemical  
 1022 | abuse, and limited only to actions performed in accordance with  
 1023 | part I of chapter 464.

1024 |         Section 11. Subsection (3) of section 110.12315, Florida  
 1025 | Statutes, is amended to read:

1026 |         110.12315 Prescription drug program.—The state employees'  
 1027 | prescription drug program is established. This program shall be  
 1028 | administered by the Department of Management Services, according  
 1029 | to the terms and conditions of the plan as established by the  
 1030 | relevant provisions of the annual General Appropriations Act and  
 1031 | implementing legislation, subject to the following conditions:

1032 |         (3) The Department of Management Services shall establish  
 1033 | the reimbursement schedule for prescription pharmaceuticals  
 1034 | dispensed under the program. Reimbursement rates for a  
 1035 | prescription pharmaceutical must be based on the cost of the  
 1036 | generic equivalent drug if a generic equivalent exists, unless  
 1037 | the health care practitioner ~~physician~~ prescribing the  
 1038 | pharmaceutical clearly states on the prescription that the brand  
 1039 | name drug is medically necessary or that the drug product is  
 1040 | included on the formulary of drug products that may not be

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1041 | interchanged as provided in chapter 465, in which case  
 1042 | reimbursement must be based on the cost of the brand name drug  
 1043 | as specified in the reimbursement schedule adopted by the  
 1044 | Department of Management Services.

1045 |       Section 12. Paragraph (e) of subsection (8) of section  
 1046 | 112.0455, Florida Statutes, is amended to read:

1047 |       112.0455 Drug-Free Workplace Act.—

1048 |       (8) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen  
 1049 | collection and testing for drugs under this section shall be  
 1050 | performed in accordance with the following procedures:

1051 |       (e) A specimen for a drug test may be taken or collected  
 1052 | by any of the following persons:

1053 |       1. A physician, a physician's assistant, an independent  
 1054 | advanced practice registered nurse, an advanced practice  
 1055 | registered nurse, a registered ~~professional~~ nurse, a licensed  
 1056 | practical nurse, ~~a nurse practitioner,~~ or a certified paramedic  
 1057 | who is present at the scene of an accident for the purpose of  
 1058 | rendering emergency medical service or treatment.

1059 |       2. A qualified person employed by a licensed laboratory.

1060 |       Section 13. Paragraph (f) of subsection (3) of section  
 1061 | 121.0515, Florida Statutes, is amended to read:

1062 |       121.0515 Special Risk Class.—

1063 |       (3) CRITERIA.—A member, to be designated as a special risk  
 1064 | member, must meet the following criteria:

1065 |       (f) Effective January 1, 2001, the member must be employed  
 1066 | in one of the following classes and must spend at least 75

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- 1067 | percent of his or her time performing duties which involve  
 1068 | contact with patients or inmates in a correctional or forensic  
 1069 | facility or institution:
- 1070 | 1. Dietitian (class codes 5203 and 5204);
  - 1071 | 2. Public health nutrition consultant (class code 5224);
  - 1072 | 3. Psychological specialist (class codes 5230 and 5231);
  - 1073 | 4. Psychologist (class code 5234);
  - 1074 | 5. Senior psychologist (class codes 5237 and 5238);
  - 1075 | 6. Regional mental health consultant (class code 5240);
  - 1076 | 7. Psychological Services Director-DCF (class code 5242);
  - 1077 | 8. Pharmacist (class codes 5245 and 5246);
  - 1078 | 9. Senior pharmacist (class codes 5248 and 5249);
  - 1079 | 10. Dentist (class code 5266);
  - 1080 | 11. Senior dentist (class code 5269);
  - 1081 | 12. Registered nurse (class codes 5290 and 5291);
  - 1082 | 13. Senior registered nurse (class codes 5292 and 5293);
  - 1083 | 14. Registered nurse specialist (class codes 5294 and  
 1084 | 5295);
  - 1085 | 15. Clinical associate (class codes 5298 and 5299);
  - 1086 | 16. Advanced practice registered nurse ~~practitioner~~ (class  
 1087 | codes 5297 and 5300);
  - 1088 | 17. Advanced practice registered nurse ~~practitioner~~  
 1089 | specialist (class codes 5304 and 5305);
  - 1090 | 18. Registered nurse supervisor (class codes 5306 and  
 1091 | 5307);
  - 1092 | 19. Senior registered nurse supervisor (class codes 5308

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1093 and 5309);

1094 20. Registered nursing consultant (class codes 5312 and

1095 5313);

1096 21. Quality management program supervisor (class code

1097 5314);

1098 22. Executive nursing director (class codes 5320 and

1099 5321);

1100 23. Speech and hearing therapist (class code 5406); or

1101 24. Pharmacy manager (class code 5251);

1102 Section 14. Paragraph (a) of subsection (3) of section

1103 252.515, Florida Statutes, is amended to read:

1104 252.515 Postdisaster Relief Assistance Act; immunity from

1105 civil liability.-

1106 (3) As used in this section, the term:

1107 (a) "Emergency first responder" means:

1108 1. A physician licensed under chapter 458.

1109 2. An osteopathic physician licensed under chapter 459.

1110 3. A chiropractic physician licensed under chapter 460.

1111 4. A podiatric physician licensed under chapter 461.

1112 5. A dentist licensed under chapter 466.

1113 6. An advanced practice registered nurse ~~practitioner~~

1114 certified under s. 464.012.

1115 7. A physician assistant licensed under s. 458.347 or s.

1116 459.022.

1117 8. A worker employed by a public or private hospital in

1118 the state.

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- 1119 9. A paramedic as defined in s. 401.23(17).
- 1120 10. An emergency medical technician as defined in s.
- 1121 401.23(11).
- 1122 11. A firefighter as defined in s. 633.102.
- 1123 12. A law enforcement officer as defined in s. 943.10.
- 1124 13. A member of the Florida National Guard.
- 1125 14. Any other personnel designated as emergency personnel
- 1126 by the Governor pursuant to a declared emergency.

1127 Section 15. Paragraph (c) of subsection (1) of section  
 1128 310.071, Florida Statutes, is amended to read:

1129 310.071 Deputy pilot certification.—

1130 (1) In addition to meeting other requirements specified in  
 1131 this chapter, each applicant for certification as a deputy pilot  
 1132 must:

1133 (c) Be in good physical and mental health, as evidenced by  
 1134 documentary proof of having satisfactorily passed a complete  
 1135 physical examination administered by a licensed physician or  
 1136 independent advanced practice registered nurse within the  
 1137 preceding 6 months. The board shall adopt rules to establish  
 1138 requirements for passing the physical examination, which rules  
 1139 shall establish minimum standards for the physical or mental  
 1140 capabilities necessary to carry out the professional duties of a  
 1141 certificated deputy pilot. Such standards shall include zero  
 1142 tolerance for any controlled substance regulated under chapter  
 1143 893 unless that individual is under the care of a physician, an  
 1144 independent advanced practice registered nurse, or an advanced

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1145 | practice registered nurse and that controlled substance was  
 1146 | prescribed by that physician, independent advanced practice  
 1147 | registered nurse, or advanced practice registered nurse. To  
 1148 | maintain eligibility as a certificated deputy pilot, each  
 1149 | certificated deputy pilot must annually provide documentary  
 1150 | proof of having satisfactorily passed a complete physical  
 1151 | examination administered by a licensed physician or independent  
 1152 | advanced practice registered nurse. The examining practitioner  
 1153 | ~~physician~~ must know the minimum standards and certify that the  
 1154 | certificateholder satisfactorily meets the standards. The  
 1155 | standards for certificateholders shall include a drug test.

1156 | Section 16. Subsection (3) of section 310.073, Florida  
 1157 | Statutes, is amended to read:

1158 | 310.073 State pilot licensing.—In addition to meeting  
 1159 | other requirements specified in this chapter, each applicant for  
 1160 | license as a state pilot must:

1161 | (3) Be in good physical and mental health, as evidenced by  
 1162 | documentary proof of having satisfactorily passed a complete  
 1163 | physical examination administered by a licensed physician or an  
 1164 | independent advanced practice registered nurse within the  
 1165 | preceding 6 months. The board shall adopt rules to establish  
 1166 | requirements for passing the physical examination, which rules  
 1167 | shall establish minimum standards for the physical or mental  
 1168 | capabilities necessary to carry out the professional duties of a  
 1169 | licensed state pilot. Such standards shall include zero  
 1170 | tolerance for any controlled substance regulated under chapter



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1171 893 unless that individual is under the care of a physician, an  
 1172 independent advanced practice registered nurse, or an advanced  
 1173 practice registered nurse and that controlled substance was  
 1174 prescribed by that physician, independent advanced practice  
 1175 registered nurse, or advanced practice registered nurse. To  
 1176 maintain eligibility as a licensed state pilot, each licensed  
 1177 state pilot must annually provide documentary proof of having  
 1178 satisfactorily passed a complete physical examination  
 1179 administered by a licensed physician or an independent advanced  
 1180 practice registered nurse. The examining practitioner ~~physician~~  
 1181 must know the minimum standards and certify that the licensee  
 1182 satisfactorily meets the standards. The standards for licensees  
 1183 shall include a drug test.

1184 Section 17. Paragraph (b) of subsection (3) of section  
 1185 310.081, Florida Statutes, is amended to read:

1186 310.081 Department to examine and license state pilots and  
 1187 certificate deputy pilots; vacancies.—

1188 (3) Pilots shall hold their licenses or certificates  
 1189 pursuant to the requirements of this chapter so long as they:

1190 (b) Are in good physical and mental health as evidenced by  
 1191 documentary proof of having satisfactorily passed a physical  
 1192 examination administered by a licensed physician, an independent  
 1193 advanced practice registered nurse, or a physician assistant  
 1194 within each calendar year. The board shall adopt rules to  
 1195 establish requirements for passing the physical examination,  
 1196 which rules shall establish minimum standards for the physical

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1197 or mental capabilities necessary to carry out the professional  
 1198 duties of a licensed state pilot or a certificated deputy pilot.  
 1199 Such standards shall include zero tolerance for any controlled  
 1200 substance regulated under chapter 893 unless that individual is  
 1201 under the care of a physician, an independent advanced practice  
 1202 registered nurse, or an advanced practice registered nurse and  
 1203 that controlled substance was prescribed by that physician,  
 1204 independent advanced practice registered nurse, or advanced  
 1205 practice registered nurse. To maintain eligibility as a  
 1206 certificated deputy pilot or licensed state pilot, each  
 1207 certificated deputy pilot or licensed state pilot must annually  
 1208 provide documentary proof of having satisfactorily passed a  
 1209 complete physical examination administered by a licensed  
 1210 physician or an independent advanced practice registered nurse.  
 1211 The physician or independent advanced practice registered nurse  
 1212 must know the minimum standards and certify that the  
 1213 certificateholder or licensee satisfactorily meets the  
 1214 standards. The standards for certificateholders and for  
 1215 licensees shall include a drug test.

1216  
 1217 Upon resignation or in the case of disability permanently  
 1218 affecting a pilot's ability to serve, the state license or  
 1219 certificate issued under this chapter shall be revoked by the  
 1220 department.

1221 Section 18. Paragraph (b) of subsection (1) of section  
 1222 320.0848, Florida Statutes, is amended to read:

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1223           320.0848 Persons who have disabilities; issuance of  
 1224 disabled parking permits; temporary permits; permits for certain  
 1225 providers of transportation services to persons who have  
 1226 disabilities.-

1227           (1)

1228           (b)1. The person must be currently certified as being  
 1229 legally blind or as having any of the following disabilities  
 1230 that render him or her unable to walk 200 feet without stopping  
 1231 to rest:

1232           a. Inability to walk without the use of or assistance from  
 1233 a brace, cane, crutch, prosthetic device, or other assistive  
 1234 device, or without the assistance of another person. If the  
 1235 assistive device significantly restores the person's ability to  
 1236 walk to the extent that the person can walk without severe  
 1237 limitation, the person is not eligible for the exemption parking  
 1238 permit.

1239           b. The need to permanently use a wheelchair.

1240           c. Restriction by lung disease to the extent that the  
 1241 person's forced (respiratory) expiratory volume for 1 second,  
 1242 when measured by spirometry, is less than 1 liter, or the  
 1243 person's arterial oxygen is less than 60 mm/hg on room air at  
 1244 rest.

1245           d. Use of portable oxygen.

1246           e. Restriction by cardiac condition to the extent that the  
 1247 person's functional limitations are classified in severity as  
 1248 Class III or Class IV according to standards set by the American

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1249 Heart Association.

1250       f. Severe limitation in the person's ability to walk due

1251 to an arthritic, neurological, or orthopedic condition.

1252       2. The certification of disability which is required under

1253 subparagraph 1. must be provided by a physician licensed under

1254 chapter 458, chapter 459, or chapter 460;~~;~~;~~by~~ a podiatric

1255 physician licensed under chapter 461;~~;~~;~~by~~ an optometrist

1256 licensed under chapter 463;~~;~~;~~by~~ an independent advanced practice

1257 registered nurse registered, or an advanced practice registered

1258 nurse certified, practitioner licensed under part I of chapter

1259 464; ~~under the protocol of a licensed physician as stated in~~

1260 ~~this subparagraph,~~ by a physician assistant licensed under

1261 chapter 458 or chapter 459;~~;~~; or by a similarly licensed

1262 physician from another state if the application is accompanied

1263 by documentation of the physician's licensure in the other state

1264 and a form signed by the out-of-state physician verifying his or

1265 her knowledge of this state's eligibility guidelines.

1266       Section 19. Paragraph (b) of subsection (1) of section

1267 381.00315, Florida Statutes, is amended to read:

1268       381.00315 Public health advisories; public health

1269 emergencies; quarantines.—The State Health Officer is

1270 responsible for declaring public health emergencies and

1271 quarantines and issuing public health advisories.

1272       (1) As used in this section, the term:

1273       (b) "Public health emergency" means any occurrence, or

1274 threat thereof, whether natural or man made, which results or

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1275 may result in substantial injury or harm to the public health  
 1276 from infectious disease, chemical agents, nuclear agents,  
 1277 biological toxins, or situations involving mass casualties or  
 1278 natural disasters. Prior to declaring a public health emergency,  
 1279 the State Health Officer shall, to the extent possible, consult  
 1280 with the Governor and shall notify the Chief of Domestic  
 1281 Security. The declaration of a public health emergency shall  
 1282 continue until the State Health Officer finds that the threat or  
 1283 danger has been dealt with to the extent that the emergency  
 1284 conditions no longer exist and he or she terminates the  
 1285 declaration. However, a declaration of a public health emergency  
 1286 may not continue for longer than 60 days unless the Governor  
 1287 concurs in the renewal of the declaration. The State Health  
 1288 Officer, upon declaration of a public health emergency, may take  
 1289 actions that are necessary to protect the public health. Such  
 1290 actions include, but are not limited to:

1291 1. Directing manufacturers of prescription drugs or over-  
 1292 the-counter drugs who are permitted under chapter 499 and  
 1293 wholesalers of prescription drugs located in this state who are  
 1294 permitted under chapter 499 to give priority to the shipping of  
 1295 specified drugs to pharmacies and health care providers within  
 1296 geographic areas that have been identified by the State Health  
 1297 Officer. The State Health Officer must identify the drugs to be  
 1298 shipped. Manufacturers and wholesalers located in the state must  
 1299 respond to the State Health Officer's priority shipping  
 1300 directive before shipping the specified drugs.

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1301           2. Notwithstanding chapters 465 and 499 and rules adopted  
 1302 thereunder, directing pharmacists employed by the department to  
 1303 compound bulk prescription drugs and provide these bulk  
 1304 prescription drugs to physicians and nurses of county health  
 1305 departments or any qualified person authorized by the State  
 1306 Health Officer for administration to persons as part of a  
 1307 prophylactic or treatment regimen.

1308           3. Notwithstanding s. 456.036, temporarily reactivating  
 1309 the inactive license of the following health care practitioners,  
 1310 when such practitioners are needed to respond to the public  
 1311 health emergency: physicians licensed under chapter 458 or  
 1312 chapter 459; physician assistants licensed under chapter 458 or  
 1313 chapter 459; independent advanced practice registered nurses  
 1314 registered, ~~licensed~~ practical nurses, or registered nurses  
 1315 licensed, and advanced practice registered nurses certified  
 1316 ~~nurse practitioners licensed~~ under part I of chapter 464;  
 1317 respiratory therapists licensed under part V of chapter 468; and  
 1318 emergency medical technicians and paramedics certified under  
 1319 part III of chapter 401. Only those health care practitioners  
 1320 specified in this paragraph who possess an unencumbered inactive  
 1321 license and who request that such license be reactivated are  
 1322 eligible for reactivation. An inactive license that is  
 1323 reactivated under this paragraph shall return to inactive status  
 1324 when the public health emergency ends or prior to the end of the  
 1325 public health emergency if the State Health Officer determines  
 1326 that the health care practitioner is no longer needed to provide

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1327 services during the public health emergency. Such licenses may  
 1328 only be reactivated for a period not to exceed 90 days without  
 1329 meeting the requirements of s. 456.036 or chapter 401, as  
 1330 applicable.

1331 4. Ordering an individual to be examined, tested,  
 1332 vaccinated, treated, or quarantined for communicable diseases  
 1333 that have significant morbidity or mortality and present a  
 1334 severe danger to public health. Individuals who are unable or  
 1335 unwilling to be examined, tested, vaccinated, or treated for  
 1336 reasons of health, religion, or conscience may be subjected to  
 1337 quarantine.

1338 a. Examination, testing, vaccination, or treatment may be  
 1339 performed by any qualified person authorized by the State Health  
 1340 Officer.

1341 b. If the individual poses a danger to the public health,  
 1342 the State Health Officer may subject the individual to  
 1343 quarantine. If there is no practical method to quarantine the  
 1344 individual, the State Health Officer may use any means necessary  
 1345 to vaccinate or treat the individual.

1346  
 1347 Any order of the State Health Officer given to effectuate this  
 1348 paragraph shall be immediately enforceable by a law enforcement  
 1349 officer under s. 381.0012.

1350 Section 20. Subsection (3) of section 381.00593, Florida  
 1351 Statutes, is amended to read:

1352 381.00593 Public school volunteer health care practitioner

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1353 program.—

1354 (3) For purposes of this section, the term "health care  
 1355 practitioner" means a physician licensed under chapter 458; an  
 1356 osteopathic physician licensed under chapter 459; a chiropractic  
 1357 physician licensed under chapter 460; a podiatric physician  
 1358 licensed under chapter 461; an optometrist licensed under  
 1359 chapter 463; an independent advanced practice registered nurse  
 1360 registered, an advanced practice registered nurse certified  
 1361 ~~practitioner, or a registered nurse, or licensed practical nurse~~  
 1362 licensed, under part I of chapter 464; a pharmacist licensed  
 1363 under chapter 465; a dentist or dental hygienist licensed under  
 1364 chapter 466; a midwife licensed under chapter 467; a speech-  
 1365 language pathologist or audiologist licensed under part I of  
 1366 chapter 468; a dietitian/nutritionist licensed under part X of  
 1367 chapter 468; or a physical therapist licensed under chapter 486.

1368 Section 21. Paragraph (c) of subsection (2) of section  
 1369 381.026, Florida Statutes, is amended to read:

1370 381.026 Florida Patient's Bill of Rights and  
 1371 Responsibilities.—

1372 (2) DEFINITIONS.—As used in this section and s. 381.0261,  
 1373 the term:

1374 (c) "Health care provider" means a physician licensed  
 1375 under chapter 458, an osteopathic physician licensed under  
 1376 chapter 459, ~~or~~ a podiatric physician licensed under chapter  
 1377 461, or an independent advanced practice registered nurse  
 1378 registered under part I of chapter 464.



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1379 Section 22. Paragraph (a) of subsection (2), paragraph (b)  
 1380 of subsection (3), and subsections (4) and (5) of section  
 1381 382.008, Florida Statutes, are amended to read:

1382 382.008 Death and fetal death registration.—

1383 (2)(a) The funeral director who first assumes custody of a  
 1384 dead body or fetus shall file the certificate of death or fetal  
 1385 death. In the absence of the funeral director, the physician,  
 1386 independent advanced practice registered nurse, advanced  
 1387 practice registered nurse, or other person in attendance at or  
 1388 after the death or the district medical examiner of the county  
 1389 in which the death occurred or the body was found shall file the  
 1390 certificate of death or fetal death. The person who files the  
 1391 certificate shall obtain personal data from the next of kin or  
 1392 the best qualified person or source available. The medical  
 1393 certification of cause of death shall be furnished to the  
 1394 funeral director, either in person or via certified mail or  
 1395 electronic transfer, by the physician, independent advanced  
 1396 practice registered nurse, advanced practice registered nurse,  
 1397 or medical examiner responsible for furnishing such information.  
 1398 For fetal deaths, the physician, certified nurse midwife,  
 1399 midwife, or hospital administrator shall provide any medical or  
 1400 health information to the funeral director within 72 hours after  
 1401 expulsion or extraction.

1402 (3) Within 72 hours after receipt of a death or fetal  
 1403 death certificate from the funeral director, the medical  
 1404 certification of cause of death shall be completed and made

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1405 available to the funeral director by the decedent's primary or  
 1406 attending practitioner ~~physician~~ or, if s. 382.011 applies, the  
 1407 district medical examiner of the county in which the death  
 1408 occurred or the body was found. The primary or attending  
 1409 practitioner ~~physician~~ or the medical examiner shall certify  
 1410 over his or her signature the cause of death to the best of his  
 1411 or her knowledge and belief. As used in this section, the term  
 1412 "primary or attending practitioner ~~physician~~" means a physician,  
 1413 independent advanced practice registered nurse, or advanced  
 1414 practice registered nurse, who treated the decedent through  
 1415 examination, medical advice, or medication during the 12 months  
 1416 preceding the date of death.

1417 (b) If the decedent's primary or attending practitioner,  
 1418 ~~physician~~ or the district medical examiner of the county in  
 1419 which the death occurred or the body was found, indicates that  
 1420 he or she will sign and complete the medical certification of  
 1421 cause of death but will not be available until after the 5-day  
 1422 registration deadline, the local registrar may grant an  
 1423 extension of 5 days. If a further extension is required, the  
 1424 funeral director must provide written justification to the  
 1425 registrar.

1426 (4) If the department or local registrar grants an  
 1427 extension of time to provide the medical certification of cause  
 1428 of death, the funeral director shall file a temporary  
 1429 certificate of death or fetal death which shall contain all  
 1430 available information, including the fact that the cause of

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1431 death is pending. The decedent's primary or attending  
 1432 practitioner ~~physician~~ or the district medical examiner of the  
 1433 county in which the death occurred or the body was found shall  
 1434 provide an estimated date for completion of the permanent  
 1435 certificate.

1436 (5) A permanent certificate of death or fetal death,  
 1437 containing the cause of death and any other information that was  
 1438 previously unavailable, shall be registered as a replacement for  
 1439 the temporary certificate. The permanent certificate may also  
 1440 include corrected information if the items being corrected are  
 1441 noted on the back of the certificate and dated and signed by the  
 1442 funeral director, physician, independent advanced practice  
 1443 registered nurse, advanced practice registered nurse, or  
 1444 district medical examiner of the county in which the death  
 1445 occurred or the body was found, as appropriate.

1446 Section 23. Paragraph (c) of subsection (1) of section  
 1447 383.141, Florida Statutes, is amended to read:

1448 383.141 Prenatally diagnosed conditions; patient to be  
 1449 provided information; definitions; information clearinghouse;  
 1450 advisory council.-

1451 (1) As used in this section, the term:

1452 (c) "Health care provider" means a practitioner licensed  
 1453 or registered under chapter 458 or chapter 459, or an  
 1454 independent advanced practice registered nurse registered, or an  
 1455 advanced practice registered nurse ~~practitioner~~ certified, under  
 1456 part I of chapter 464.

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1457 Section 24. Paragraph (a) of subsection (3) of section  
 1458 390.0111, Florida Statutes, is amended to read:

1459 390.0111 Termination of pregnancies.—

1460 (3) CONSENTS REQUIRED.—A termination of pregnancy may not  
 1461 be performed or induced except with the voluntary and informed  
 1462 written consent of the pregnant woman or, in the case of a  
 1463 mental incompetent, the voluntary and informed written consent  
 1464 of her court-appointed guardian.

1465 (a) Except in the case of a medical emergency, consent to  
 1466 a termination of pregnancy is voluntary and informed only if:

1467 1. The physician who is to perform the procedure, or the  
 1468 referring physician, has, at a minimum, orally, in person,  
 1469 informed the woman of:

1470 a. The nature and risks of undergoing or not undergoing  
 1471 the proposed procedure that a reasonable patient would consider  
 1472 material to making a knowing and willful decision of whether to  
 1473 terminate a pregnancy.

1474 b. The probable gestational age of the fetus, verified by  
 1475 an ultrasound, at the time the termination of pregnancy is to be  
 1476 performed.

1477 (I) The ultrasound must be performed by the physician who  
 1478 is to perform the abortion or by a person having documented  
 1479 evidence that he or she has completed a course in the operation  
 1480 of ultrasound equipment as prescribed by rule and who is working  
 1481 in conjunction with the physician.

1482 (II) The person performing the ultrasound must offer the

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1483 woman the opportunity to view the live ultrasound images and  
 1484 hear an explanation of them. If the woman accepts the  
 1485 opportunity to view the images and hear the explanation, a  
 1486 physician or a registered nurse, licensed practical nurse,  
 1487 advanced practice registered nurse ~~practitioner~~, independent  
 1488 advanced practice registered nurse, or physician assistant  
 1489 working in conjunction with the physician must contemporaneously  
 1490 review and explain the images to the woman before the woman  
 1491 gives informed consent to having an abortion procedure  
 1492 performed.

1493 (III) The woman has a right to decline to view and hear  
 1494 the explanation of the live ultrasound images after she is  
 1495 informed of her right and offered an opportunity to view the  
 1496 images and hear the explanation. If the woman declines, the  
 1497 woman shall complete a form acknowledging that she was offered  
 1498 an opportunity to view and hear the explanation of the images  
 1499 but that she declined that opportunity. The form must also  
 1500 indicate that the woman's decision was not based on any undue  
 1501 influence from any person to discourage her from viewing the  
 1502 images or hearing the explanation and that she declined of her  
 1503 own free will.

1504 (IV) Unless requested by the woman, the person performing  
 1505 the ultrasound may not offer the opportunity to view the images  
 1506 and hear the explanation and the explanation may not be given  
 1507 if, at the time the woman schedules or arrives for her  
 1508 appointment to obtain an abortion, a copy of a restraining

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1509 order, police report, medical record, or other court order or  
 1510 documentation is presented which provides evidence that the  
 1511 woman is obtaining the abortion because the woman is a victim of  
 1512 rape, incest, domestic violence, or human trafficking or that  
 1513 the woman has been diagnosed as having a condition that, on the  
 1514 basis of a physician's good faith clinical judgment, would  
 1515 create a serious risk of substantial and irreversible impairment  
 1516 of a major bodily function if the woman delayed terminating her  
 1517 pregnancy.

1518 c. The medical risks to the woman and fetus of carrying  
 1519 the pregnancy to term.

1520 2. Printed materials prepared and provided by the  
 1521 department have been provided to the pregnant woman, if she  
 1522 chooses to view these materials, including:

1523 a. A description of the fetus, including a description of  
 1524 the various stages of development.

1525 b. A list of entities that offer alternatives to  
 1526 terminating the pregnancy.

1527 c. Detailed information on the availability of medical  
 1528 assistance benefits for prenatal care, childbirth, and neonatal  
 1529 care.

1530 3. The woman acknowledges in writing, before the  
 1531 termination of pregnancy, that the information required to be  
 1532 provided under this subsection has been provided.

1533

1534 Nothing in this paragraph is intended to prohibit a physician

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1535 from providing any additional information which the physician  
 1536 deems material to the woman's informed decision to terminate her  
 1537 pregnancy.

1538 Section 25. Paragraphs (c), (e), and (f) of subsection (3)  
 1539 of section 390.012, Florida Statutes, are amended to read:

1540 390.012 Powers of agency; rules; disposal of fetal  
 1541 remains.—

1542 (3) For clinics that perform or claim to perform abortions  
 1543 after the first trimester of pregnancy, the agency shall adopt  
 1544 rules pursuant to ss. 120.536(1) and 120.54 to implement the  
 1545 provisions of this chapter, including the following:

1546 (c) Rules relating to abortion clinic personnel. At a  
 1547 minimum, these rules shall require that:

1548 1. The abortion clinic designate a medical director who is  
 1549 licensed to practice medicine in this state and who has  
 1550 admitting privileges at a licensed hospital in this state or has  
 1551 a transfer agreement with a licensed hospital within reasonable  
 1552 proximity of the clinic.

1553 2. If a physician is not present after an abortion is  
 1554 performed, a registered nurse, licensed practical nurse,  
 1555 advanced practice registered nurse ~~practitioner~~, independent  
 1556 advanced practice registered nurse, or physician assistant shall  
 1557 be present and remain at the clinic to provide postoperative  
 1558 monitoring and care until the patient is discharged.

1559 3. Surgical assistants receive training in counseling,  
 1560 patient advocacy, and the specific responsibilities associated

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1561 with the services the surgical assistants provide.  
 1562 4. Volunteers receive training in the specific  
 1563 responsibilities associated with the services the volunteers  
 1564 provide, including counseling and patient advocacy as provided  
 1565 in the rules adopted by the director for different types of  
 1566 volunteers based on their responsibilities.  
 1567 (e) Rules relating to the abortion procedure. At a  
 1568 minimum, these rules shall require:  
 1569 1. That a physician, registered nurse, licensed practical  
 1570 nurse, advanced practice registered nurse ~~practitioner~~,  
 1571 independent advanced practice registered nurse, or physician  
 1572 assistant is available to all patients throughout the abortion  
 1573 procedure.  
 1574 2. Standards for the safe conduct of abortion procedures  
 1575 that conform to obstetric standards in keeping with established  
 1576 standards of care regarding the estimation of fetal age as  
 1577 defined in rule.  
 1578 3. Appropriate use of general and local anesthesia,  
 1579 analgesia, and sedation if ordered by the physician.  
 1580 4. Appropriate precautions, such as the establishment of  
 1581 intravenous access at least for patients undergoing post-first  
 1582 trimester abortions.  
 1583 5. Appropriate monitoring of the vital signs and other  
 1584 defined signs and markers of the patient's status throughout the  
 1585 abortion procedure and during the recovery period until the  
 1586 patient's condition is deemed to be stable in the recovery room.



1587 (f) Rules that prescribe minimum recovery room standards.  
 1588 At a minimum, these rules shall require that:  
 1589 1. Postprocedure recovery rooms are supervised and staffed  
 1590 to meet the patients' needs.  
 1591 2. Immediate postprocedure care consists of observation in  
 1592 a supervised recovery room for as long as the patient's  
 1593 condition warrants.  
 1594 3. The clinic arranges hospitalization if any complication  
 1595 beyond the medical capability of the staff occurs or is  
 1596 suspected.  
 1597 4. A registered nurse, licensed practical nurse, advanced  
 1598 practice registered nurse practitioner, independent advanced  
 1599 practice registered nurse, or physician assistant who is trained  
 1600 in the management of the recovery area and is capable of  
 1601 providing basic cardiopulmonary resuscitation and related  
 1602 emergency procedures remains on the premises of the abortion  
 1603 clinic until all patients are discharged.  
 1604 5. A physician shall sign the discharge order and be  
 1605 readily accessible and available until the last patient is  
 1606 discharged to facilitate the transfer of emergency cases if  
 1607 hospitalization of the patient or viable fetus is necessary.  
 1608 6. A physician discusses Rho(D) immune globulin with each  
 1609 patient for whom it is indicated and ensures that it is offered  
 1610 to the patient in the immediate postoperative period or that it  
 1611 will be available to her within 72 hours after completion of the  
 1612 abortion procedure. If the patient refuses the Rho(D) immune

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1613 globulin, a refusal form approved by the agency shall be signed  
 1614 by the patient and a witness and included in the medical record.

1615 7. Written instructions with regard to postabortion  
 1616 coitus, signs of possible problems, and general aftercare are  
 1617 given to each patient. Each patient shall have specific written  
 1618 instructions regarding access to medical care for complications,  
 1619 including a telephone number to call for medical emergencies.

1620 8. There is a specified minimum length of time that a  
 1621 patient remains in the recovery room by type of abortion  
 1622 procedure and duration of gestation.

1623 9. The physician ensures that a registered nurse, licensed  
 1624 practical nurse, advanced practice registered nurse  
 1625 ~~practitioner~~, independent advanced practice registered nurse, or  
 1626 physician assistant from the abortion clinic makes a good faith  
 1627 effort to contact the patient by telephone, with the patient's  
 1628 consent, within 24 hours after surgery to assess the patient's  
 1629 recovery.

1630 10. Equipment and services are readily accessible to  
 1631 provide appropriate emergency resuscitative and life support  
 1632 procedures pending the transfer of the patient or viable fetus  
 1633 to the hospital.

1634 Section 26. Subsection (23) of section 394.455, Florida  
 1635 Statutes, is amended to read:

1636 394.455 Definitions.—As used in this part, unless the  
 1637 context clearly requires otherwise, the term:

1638 (23) "Psychiatric nurse" means a registered nurse licensed

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1639 under part I of chapter 464 who has a master's degree or a  
 1640 doctorate in psychiatric nursing and 2 years of post-master's  
 1641 clinical experience under the supervision of a physician, or an  
 1642 independent advanced practice registered nurse registered, or an  
 1643 advanced practice registered nurse certified, under part I of  
 1644 chapter 464, who obtains national certification as a  
 1645 psychiatric-mental health advanced practice nurse.

1646 Section 27. Paragraph (a) and (f) of subsection (2) of  
 1647 section 394.463, Florida Statutes, is amended to read:

1648 394.463 Involuntary examination.—

1649 (2) INVOLUNTARY EXAMINATION.—

1650 (a) An involuntary examination may be initiated by any one  
 1651 of the following means:

1652 1. A court may enter an ex parte order stating that a  
 1653 person appears to meet the criteria for involuntary examination,  
 1654 giving the findings on which that conclusion is based. The ex  
 1655 parte order for involuntary examination must be based on sworn  
 1656 testimony, written or oral. If other less restrictive means are  
 1657 not available, such as voluntary appearance for outpatient  
 1658 evaluation, a law enforcement officer, or other designated agent  
 1659 of the court, shall take the person into custody and deliver him  
 1660 or her to the nearest receiving facility for involuntary  
 1661 examination. The order of the court shall be made a part of the  
 1662 patient's clinical record. No fee shall be charged for the  
 1663 filing of an order under this subsection. Any receiving facility  
 1664 accepting the patient based on this order must send a copy of

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1665 the order to the Agency for Health Care Administration on the  
 1666 next working day. The order shall be valid only until executed  
 1667 or, if not executed, for the period specified in the order  
 1668 itself. If no time limit is specified in the order, the order  
 1669 shall be valid for 7 days after the date that the order was  
 1670 signed.

1671 2. A law enforcement officer shall take a person who  
 1672 appears to meet the criteria for involuntary examination into  
 1673 custody and deliver the person or have him or her delivered to  
 1674 the nearest receiving facility for examination. The officer  
 1675 shall execute a written report detailing the circumstances under  
 1676 which the person was taken into custody, and the report shall be  
 1677 made a part of the patient's clinical record. Any receiving  
 1678 facility accepting the patient based on this report must send a  
 1679 copy of the report to the Agency for Health Care Administration  
 1680 on the next working day.

1681 3. A physician, clinical psychologist, psychiatric nurse,  
 1682 independent advanced practice registered nurse, advanced  
 1683 practice registered nurse, mental health counselor, marriage and  
 1684 family therapist, or clinical social worker may execute a  
 1685 certificate stating that he or she has examined a person within  
 1686 the preceding 48 hours and finds that the person appears to meet  
 1687 the criteria for involuntary examination and stating the  
 1688 observations upon which that conclusion is based. If other less  
 1689 restrictive means are not available, such as voluntary  
 1690 appearance for outpatient evaluation, a law enforcement officer

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1691 shall take the person named in the certificate into custody and  
 1692 deliver him or her to the nearest receiving facility for  
 1693 involuntary examination. The law enforcement officer shall  
 1694 execute a written report detailing the circumstances under which  
 1695 the person was taken into custody. The report and certificate  
 1696 shall be made a part of the patient's clinical record. Any  
 1697 receiving facility accepting the patient based on this  
 1698 certificate must send a copy of the certificate to the Agency  
 1699 for Health Care Administration on the next working day.

1700 (f) A patient shall be examined by a physician, ~~or~~  
 1701 clinical psychologist, or psychiatric nurse at a receiving  
 1702 facility without unnecessary delay and may, upon the order of a  
 1703 physician, be given emergency treatment if it is determined that  
 1704 such treatment is necessary for the safety of the patient or  
 1705 others. The patient may not be released by the receiving  
 1706 facility or its contractor without the documented approval of a  
 1707 psychiatrist, a clinical psychologist, a psychiatric nurse, or,  
 1708 if the receiving facility is a hospital, the release may also be  
 1709 approved by an attending emergency department physician with  
 1710 experience in the diagnosis and treatment of mental and nervous  
 1711 disorders and after completion of an involuntary examination  
 1712 pursuant to this subsection. However, a patient may not be held  
 1713 in a receiving facility for involuntary examination longer than  
 1714 72 hours.

1715 Section 28. Paragraphs (a) and (b) of subsection (2) and  
 1716 subsection (4) of section 395.0191, Florida Statutes, are

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1717 amended to read:

1718 395.0191 Staff membership and clinical privileges.—

1719 (2) (a) Each licensed facility shall establish rules and  
 1720 procedures for consideration of an application for clinical  
 1721 privileges submitted by an independent advanced practice  
 1722 registered nurse registered, or an advanced practice registered  
 1723 nurse practitioner licensed and certified, under part I of  
 1724 chapter 464, in accordance with the provisions of this section.  
 1725 No licensed facility shall deny such application solely because  
 1726 the applicant is registered or certified ~~licensed~~ under part I  
 1727 of chapter 464 or because the applicant is not a participant in  
 1728 the Florida Birth-Related Neurological Injury Compensation Plan.

1729 (b) An advanced practice registered nurse ~~practitioner~~ who  
 1730 is a certified ~~as a~~ registered nurse anesthetist ~~licensed~~ under  
 1731 part I of chapter 464 shall administer anesthesia under the  
 1732 onsite medical direction of a professional licensed under  
 1733 chapter 458, chapter 459, or chapter 466, and in accordance with  
 1734 an established protocol approved by the medical staff. The  
 1735 medical direction shall specifically address the needs of the  
 1736 individual patient. This paragraph does not apply to an  
 1737 independent advanced practice registered nurse who is a  
 1738 certified registered nurse anesthetist under part I of chapter  
 1739 464.

1740 (4) Nothing herein shall restrict in any way the authority  
 1741 of the medical staff of a licensed facility to review for  
 1742 approval or disapproval all applications for appointment and

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1743 reappointment to all categories of staff and to make  
 1744 recommendations on each applicant to the governing board,  
 1745 including the delineation of privileges to be granted in each  
 1746 case. In making such recommendations and in the delineation of  
 1747 privileges, each applicant shall be considered individually  
 1748 pursuant to criteria for a doctor licensed under chapter 458,  
 1749 chapter 459, chapter 461, or chapter 466, or for an independent  
 1750 advanced practice registered nurse registered, or an advanced  
 1751 practice registered nurse ~~practitioner licensed and certified,~~  
 1752 under part I of chapter 464, or for a psychologist licensed  
 1753 under chapter 490, as applicable. The applicant's eligibility  
 1754 for staff membership or clinical privileges shall be determined  
 1755 by the applicant's background, experience, health, training, and  
 1756 demonstrated competency; the applicant's adherence to applicable  
 1757 professional ethics; the applicant's reputation; and the  
 1758 applicant's ability to work with others and by such other  
 1759 elements as determined by the governing board, consistent with  
 1760 this part.

1761 Section 29. Subsection (3) of section 395.602, Florida  
 1762 Statutes, is amended to read:

1763 395.602 Rural hospitals.—

1764 (3) USE OF FUNDS.—It is the intent of the Legislature that  
 1765 funds as appropriated shall be utilized by the department for  
 1766 the purpose of increasing the number of primary care physicians,  
 1767 physician assistants, certified nurse midwives, certified nurse  
 1768 practitioners, and nurses in rural areas, either through the

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1769 Medical Education Reimbursement and Loan Repayment Program as  
 1770 defined by s. 1009.65 or through a federal loan repayment  
 1771 program which requires state matching funds. The department may  
 1772 use funds appropriated for the Medical Education Reimbursement  
 1773 and Loan Repayment Program as matching funds for federal loan  
 1774 repayment programs for health care personnel, such as that  
 1775 authorized in Pub. L. No. 100-177, s. 203. If the department  
 1776 receives federal matching funds, the department shall only  
 1777 implement the federal program. Reimbursement through either  
 1778 program shall be limited to:

1779 (a) Primary care physicians, physician assistants,  
 1780 certified nurse midwives, certified nurse practitioners, and  
 1781 nurses employed by or affiliated with rural hospitals, as  
 1782 defined in this act; and

1783 (b) Primary care physicians, physician assistants,  
 1784 certified nurse midwives, certified nurse practitioners, and  
 1785 nurses employed by or affiliated with rural area health  
 1786 education centers, as defined in this section. These personnel  
 1787 shall practice:

1788 1. In a county with a population density of no greater  
 1789 than 100 persons per square mile; or

1790 2. Within the boundaries of a hospital tax district which  
 1791 encompasses a population of no greater than 100 persons per  
 1792 square mile.

1793

1794 If the department administers a federal loan repayment program,



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1795 priority shall be given to obligating state and federal matching  
 1796 funds pursuant to paragraphs (a) and (b). The department may use  
 1797 federal matching funds in other health workforce shortage areas  
 1798 and medically underserved areas in the state for loan repayment  
 1799 programs for primary care physicians, physician assistants,  
 1800 certified nurse midwives, certified nurse practitioners, and  
 1801 nurses who are employed by publicly financed health care  
 1802 programs that serve medically indigent persons.

1803 Section 30. Paragraphs (b) and (c) of subsection (8) of  
 1804 section 395.605, Florida Statutes, are amended to read:

1805 395.605 Emergency care hospitals.—

1806 (8)

1807 (b) All patients shall be under the care of a physician or  
 1808 an independent advanced practice registered nurse, or under the  
 1809 care of an advanced practice registered ~~a nurse practitioner~~ or  
 1810 physician assistant supervised by a physician.

1811 (c) A physician, independent advanced practice registered  
 1812 nurse, advanced practice registered ~~nurse practitioner~~, or  
 1813 physician assistant shall be on duty at all times, or a  
 1814 physician shall be on call and available within 30 minutes at  
 1815 all times.

1816 Section 31. Subsection (26) of section 397.311, Florida  
 1817 Statutes, is amended to read:

1818 397.311 Definitions.—As used in this chapter, except part  
 1819 VIII, the term:

1820 (26) "Qualified professional" means a physician or a

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1821 physician assistant licensed under chapter 458 or chapter 459; a  
 1822 professional licensed under chapter 490 or chapter 491; an  
 1823 independent advanced practice registered nurse or advanced  
 1824 practice registered nurse, who has ~~practitioner having a~~  
 1825 specialty in psychiatry and is registered or certified ~~licensed~~  
 1826 under part I of chapter 464; or a person who is certified  
 1827 through a department-recognized certification process for  
 1828 substance abuse treatment services and who holds, at a minimum,  
 1829 a bachelor's degree. A person who is certified in substance  
 1830 abuse treatment services by a state-recognized certification  
 1831 process in another state at the time of employment with a  
 1832 licensed substance abuse provider in this state may perform the  
 1833 functions of a qualified professional as defined in this chapter  
 1834 but must meet certification requirements contained in this  
 1835 subsection no later than 1 year after his or her date of  
 1836 employment.

1837 Section 32. Subsection (11) of section 397.405, Florida  
 1838 Statutes, is amended to read:

1839 397.405 Exemptions from licensure.—The following are  
 1840 exempt from the licensing provisions of this chapter:

1841 (11) A facility licensed under s. 394.875 as a crisis  
 1842 stabilization unit.

1843  
 1844 The exemptions from licensure in this section do not apply to  
 1845 any service provider that receives an appropriation, grant, or  
 1846 contract from the state to operate as a service provider as

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1847 defined in this chapter or to any substance abuse program  
 1848 regulated pursuant to s. 397.406. Furthermore, this chapter may  
 1849 not be construed to limit the practice of a physician or  
 1850 physician assistant licensed under chapter 458 or chapter 459, a  
 1851 psychologist licensed under chapter 490, a psychotherapist  
 1852 licensed under chapter 491, or an independent advanced practice  
 1853 registered nurse registered, or an advanced practice registered  
 1854 nurse certified, practitioner licensed under part I of chapter  
 1855 464, who provides substance abuse treatment, ~~so long as~~ unless a  
 1856 practitioner represents the physician, physician assistant,  
 1857 psychologist, psychotherapist, or advanced registered nurse  
 1858 ~~practitioner does not represent~~ to the public that he or she is  
 1859 a licensed service provider and provides ~~does not provide~~  
 1860 services to individuals pursuant to part V of this chapter.  
 1861 Failure to comply with any requirement necessary to maintain an  
 1862 exempt status under this section is a misdemeanor of the first  
 1863 degree, punishable as provided in s. 775.082 or s. 775.083.

1864 Section 33. Paragraph (a) of subsection (5) and  
 1865 subsections (9) and (10) of section 397.427, Florida Statutes,  
 1866 are amended to read:

1867 397.427 Medication-assisted treatment service providers;  
 1868 rehabilitation program; needs assessment and provision of  
 1869 services; persons authorized to issue takeout medication;  
 1870 unlawful operation; penalty.-

1871 (5) Notwithstanding s. 465.019(2), a physician assistant,  
 1872 a registered nurse, an advanced practice registered nurse

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1873 ~~practitioner~~, or a licensed practical nurse working for a  
 1874 licensed service provider may deliver takeout medication for  
 1875 opiate treatment to persons enrolled in a maintenance treatment  
 1876 program for medication-assisted treatment for opiate addiction  
 1877 if:

1878 (a) The medication-assisted treatment program for opiate  
 1879 addiction has an appropriate valid permit issued pursuant to  
 1880 rules adopted by the Board of Pharmacy;

1881 (9) A physician assistant, a registered nurse, an advanced  
 1882 practice registered nurse ~~practitioner~~, or a licensed practical  
 1883 nurse working for a licensed service provider may deliver  
 1884 medication as prescribed by rule if:

1885 (a) The service provider is authorized to provide  
 1886 medication-assisted treatment;

1887 (b) The medication has been administered pursuant to a  
 1888 valid prescription written by the program's physician who is  
 1889 licensed under chapter 458 or chapter 459; and

1890 (c) The medication ordered appears on a formulary or meets  
 1891 federal requirements for medication-assisted treatment.

1892 (10) Each licensed service provider that provides  
 1893 medication-assisted treatment must adopt written protocols as  
 1894 specified by the department and in accordance with federally  
 1895 required rules, regulations, or procedures. The protocol shall  
 1896 provide for the supervision of the physician assistant,  
 1897 registered nurse, advanced practice registered nurse  
 1898 ~~practitioner~~, or licensed practical nurse working under the

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1899 supervision of a physician who is licensed under chapter 458 or  
 1900 chapter 459. The protocol must specify how the medication will  
 1901 be used in conjunction with counseling or psychosocial treatment  
 1902 and that the services provided will be included on the treatment  
 1903 plan. The protocol must specify the procedures by which  
 1904 medication-assisted treatment may be administered by the  
 1905 ~~physician assistant, registered nurse, advanced registered nurse~~  
 1906 supervised practitioner, ~~or licensed practical nurse~~. These  
 1907 protocols shall be signed by the supervising physician and the  
 1908 ~~administering physician assistant, registered nurse, advanced~~  
 1909 ~~registered nurse~~ supervised practitioner, ~~or licensed practical~~  
 1910 ~~nurse~~.

1911 Section 34. Paragraph (a) of subsection (2) of section  
 1912 397.501, Florida Statutes, is amended to read:

1913 397.501 Rights of individuals.—Individuals receiving  
 1914 substance abuse services from any service provider are  
 1915 guaranteed protection of the rights specified in this section,  
 1916 unless otherwise expressly provided, and service providers must  
 1917 ensure the protection of such rights.

1918 (2) RIGHT TO NONDISCRIMINATORY SERVICES.—

1919 (a) Service providers may not deny an individual access to  
 1920 substance abuse services solely on the basis of race, gender,  
 1921 ethnicity, age, sexual preference, human immunodeficiency virus  
 1922 status, prior service departures against medical advice,  
 1923 disability, or number of relapse episodes. Service providers may  
 1924 not deny an individual who takes medication prescribed by a

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1925 physician, independent advanced practice registered nurse, or  
 1926 advanced practice registered nurse access to substance abuse  
 1927 services solely on that basis. Service providers who receive  
 1928 state funds to provide substance abuse services may not, if  
 1929 space and sufficient state resources are available, deny access  
 1930 to services based solely on inability to pay.

1931 Section 35. Subsection (8) of section 400.021, Florida  
 1932 Statutes, is amended to read:

1933 400.021 Definitions.—When used in this part, unless the  
 1934 context otherwise requires, the term:

1935 (8) "Geriatric outpatient clinic" means a site for  
 1936 providing outpatient health care to persons 60 years of age or  
 1937 older, which is staffed by a registered nurse, a physician  
 1938 assistant, or a licensed practical nurse under the direct  
 1939 supervision of a registered nurse, independent advanced practice  
 1940 registered nurse, advanced practice registered nurse  
 1941 ~~practitioner~~, physician assistant, or physician.

1942 Section 36. Subsection (3) of section 400.0255, Florida  
 1943 Statutes, is amended to read:

1944 400.0255 Resident transfer or discharge; requirements and  
 1945 procedures; hearings.—

1946 (3) When a discharge or transfer is initiated by the  
 1947 nursing home, the nursing home administrator employed by the  
 1948 nursing home that is discharging or transferring the resident,  
 1949 or an individual employed by the nursing home who is designated  
 1950 by the nursing home administrator to act on behalf of the

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1951 administration, must sign the notice of discharge or transfer.  
 1952 Any notice indicating a medical reason for transfer or discharge  
 1953 must either be signed by the resident's attending physician or  
 1954 the medical director of the facility, or include an attached  
 1955 written order for the discharge or transfer. The notice or the  
 1956 order must be signed by the resident's physician, medical  
 1957 director, treating physician, independent advanced practice  
 1958 registered nurse, advanced practice registered nurse  
 1959 ~~practitioner~~, or physician assistant.

1960 Section 37. Subsection (3) of section 400.172, Florida  
 1961 Statutes, is amended to read:

1962 400.172 Respite care provided in nursing home facilities.-

1963 (3) A prospective respite care resident must provide  
 1964 medical information from a physician, physician assistant,  
 1965 independent advanced practice registered nurse, or advanced  
 1966 practice registered nurse ~~practitioner~~ and any other information  
 1967 provided by the primary caregiver required by the facility  
 1968 before or when the person is admitted to receive respite care.  
 1969 The medical information must include a physician's or an  
 1970 independent advanced practice registered nurse's order for  
 1971 respite care and proof of a physical examination by a licensed  
 1972 physician, physician assistant, independent advanced practice  
 1973 registered nurse, or advanced practice registered nurse  
 1974 ~~practitioner~~. The ~~physician's or~~ order and physical examination  
 1975 may be used to provide intermittent respite care for up to 12  
 1976 months after the date the order is written.

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1977 Section 38. Subsections (20), (21), (22), (23), (24),  
 1978 (25), (26), (27), (28), and (29) of section 400.462, Florida  
 1979 Statutes, are renumbered as subsections (21), (22), (23), (24),  
 1980 (25), (26), (27), (28), (29), and (30), respectively, subsection  
 1981 (3) is amended in that section, and subsection (20) is added to  
 1982 that section to read:

1983 400.462 Definitions.—As used in this part, the term:

1984 (3) "Advanced practice registered nurse practitioner"  
 1985 means a person licensed in this state to practice professional  
 1986 nursing and certified in advanced or specialized nursing  
 1987 practice, as defined in s. 464.003.

1988 (20) "Independent advanced practice registered nurse"  
 1989 means a person licensed in this state to practice professional  
 1990 nursing and registered to practice advanced or specialized  
 1991 nursing independently and without physician supervision or a  
 1992 protocol, as defined in s. 464.003.

1993 Section 39. Subsection (2) of section 400.487, Florida  
 1994 Statutes, is amended to read:

1995 400.487 Home health service agreements; physician's,  
 1996 physician assistant's, independent advanced practice registered  
 1997 nurse's, and advanced practice registered nurse's ~~nurse~~  
 1998 ~~practitioner's~~ treatment orders; patient assessment;  
 1999 establishment and review of plan of care; provision of services;  
 2000 orders not to resuscitate.—

2001 (2) When required by the provisions of chapter 464; part  
 2002 I, part III, or part V of chapter 468; or chapter 486, the



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2003 attending physician, physician assistant, independent advanced  
 2004 practice registered nurse, or advanced practice registered nurse  
 2005 ~~practitioner~~, acting within his or her respective scope of  
 2006 practice, shall establish treatment orders for a patient who is  
 2007 to receive skilled care. The treatment orders must be signed by  
 2008 the physician, physician assistant, independent advanced  
 2009 practice registered nurse, or advanced practice registered nurse  
 2010 ~~practitioner~~ before a claim for payment for the skilled services  
 2011 is submitted by the home health agency. If the claim is  
 2012 submitted to a managed care organization, the treatment orders  
 2013 must be signed within the time allowed under the provider  
 2014 agreement. The treatment orders shall be reviewed, as frequently  
 2015 as the patient's illness requires, by the physician, physician  
 2016 assistant, independent advanced practice registered nurse, or  
 2017 advanced practice registered nurse ~~practitioner~~ in consultation  
 2018 with the home health agency.

2019 Section 40. Paragraph (a) of subsection (13) of section  
 2020 400.506, Florida Statutes, is amended to read:

2021 400.506 Licensure of nurse registries; requirements;  
 2022 penalties.-

2023 (13) All persons referred for contract in private  
 2024 residences by a nurse registry must comply with the following  
 2025 requirements for a plan of treatment:

2026 (a) When, in accordance with the privileges and  
 2027 restrictions imposed upon a nurse under part I of chapter 464,  
 2028 the delivery of care to a patient is under the direction or

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2029 supervision of a physician or when a physician is responsible  
 2030 for the medical care of the patient, a medical plan of treatment  
 2031 must be established for each patient receiving care or treatment  
 2032 provided by a licensed nurse in the home. The original medical  
 2033 plan of treatment must be timely signed by the physician,  
 2034 physician assistant, independent advanced practice registered  
 2035 nurse, or advanced practice registered nurse ~~practitioner~~,  
 2036 acting within his or her respective scope of practice, and  
 2037 reviewed in consultation with the licensed nurse at least every  
 2038 2 months. Any additional order or change in orders must be  
 2039 obtained from, reduced to writing by, and timely signed by, the  
 2040 physician, physician assistant, independent advanced practice  
 2041 registered nurse, or advanced practice registered nurse  
 2042 ~~practitioner and reduced to writing and timely signed by the~~  
 2043 ~~physician, physician assistant, or advanced registered nurse~~  
 2044 ~~practitioner~~. The delivery of care under a medical plan of  
 2045 treatment must be substantiated by the appropriate nursing notes  
 2046 or documentation made by the nurse in compliance with nursing  
 2047 practices established under part I of chapter 464.

2048 Section 41. Paragraph (g) of subsection (4) of section  
 2049 400.9905, Florida Statutes, is amended to read:

2050 400.9905 Definitions.—

2051 (4) "Clinic" means an entity where health care services  
 2052 are provided to individuals and which tenders charges for  
 2053 reimbursement for such services, including a mobile clinic and a  
 2054 portable equipment provider. As used in this part, the term does

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2055 | not include and the licensure requirements of this part do not  
 2056 | apply to:

2057 |         (g) A sole proprietorship, group practice, partnership, or  
 2058 | corporation that provides health care services by licensed  
 2059 | health care practitioners under chapter 457, chapter 458,  
 2060 | chapter 459, chapter 460, chapter 461, chapter 462, chapter 463,  
 2061 | chapter 466, chapter 467, chapter 480, chapter 484, chapter 486,  
 2062 | chapter 490, chapter 491, or part I, part III, part X, part  
 2063 | XIII, or part XIV of chapter 468, s. 464.0125, or s. 464.012,  
 2064 | and that is wholly owned by one or more licensed health care  
 2065 | practitioners, or the licensed health care practitioners set  
 2066 | forth in this paragraph and the spouse, parent, child, or  
 2067 | sibling of a licensed health care practitioner if one of the  
 2068 | owners who is a licensed health care practitioner is supervising  
 2069 | the business activities and is legally responsible for the  
 2070 | entity's compliance with all federal and state laws. However, a  
 2071 | health care practitioner may not supervise services beyond the  
 2072 | scope of the practitioner's license, except that, for the  
 2073 | purposes of this part, a clinic owned by a licensee in s.  
 2074 | 456.053(3)(b) which provides only services authorized pursuant  
 2075 | to s. 456.053(3)(b) may be supervised by a licensee specified in  
 2076 | s. 456.053(3)(b).

2077 |  
 2078 | Notwithstanding this subsection, an entity shall be deemed a  
 2079 | clinic and must be licensed under this part in order to receive  
 2080 | reimbursement under the Florida Motor Vehicle No-Fault Law, ss.

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2081 627.730-627.7405, unless exempted under s. 627.736(5)(h).  
 2082 Section 42. Paragraph (c) of subsection (1) and subsection  
 2083 (2) of section 401.445, Florida Statutes, is amended to read:  
 2084 401.445 Emergency examination and treatment of  
 2085 incapacitated persons.—  
 2086 (1) No recovery shall be allowed in any court in this  
 2087 state against any emergency medical technician, paramedic, or  
 2088 physician as defined in this chapter, any independent advanced  
 2089 practice registered nurse registered under s. 464.0125, any  
 2090 advanced practice registered nurse ~~practitioner~~ certified under  
 2091 s. 464.012, or any physician assistant licensed under s. 458.347  
 2092 or s. 459.022, or any person acting under the direct medical  
 2093 supervision of a physician, in an action brought for examining  
 2094 or treating a patient without his or her informed consent if:  
 2095 (c) The patient would reasonably, under all the  
 2096 surrounding circumstances, undergo such examination, treatment,  
 2097 or procedure if he or she were advised by the emergency medical  
 2098 technician, paramedic, physician, independent advanced practice  
 2099 registered nurse, advanced practice registered nurse  
 2100 ~~practitioner~~, or physician assistant in accordance with s.  
 2101 766.103(3).  
 2102  
 2103 Examination and treatment provided under this subsection shall  
 2104 be limited to reasonable examination of the patient to determine  
 2105 the medical condition of the patient and treatment reasonably  
 2106 necessary to alleviate the emergency medical condition or to

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2107 stabilize the patient.

2108 (2) In examining and treating a person who is apparently  
 2109 intoxicated, under the influence of drugs, or otherwise  
 2110 incapable of providing informed consent, the emergency medical  
 2111 technician, paramedic, physician, independent advanced practice  
 2112 registered nurse, advanced practice registered nurse  
 2113 ~~practitioner~~, or physician assistant, or any person acting under  
 2114 the direct medical supervision of a physician, shall proceed  
 2115 wherever possible with the consent of the person. If the person  
 2116 reasonably appears to be incapacitated and refuses his or her  
 2117 consent, the person may be examined, treated, or taken to a  
 2118 hospital or other appropriate treatment resource if he or she is  
 2119 in need of emergency attention, without his or her consent, but  
 2120 unreasonable force shall not be used.

2121 Section 43. Subsections (1) and (11) of section 409.905,  
 2122 Florida Statutes, are amended to read:

2123 409.905 Mandatory Medicaid services.—The agency may make  
 2124 payments for the following services, which are required of the  
 2125 state by Title XIX of the Social Security Act, furnished by  
 2126 Medicaid providers to recipients who are determined to be  
 2127 eligible on the dates on which the services were provided. Any  
 2128 service under this section shall be provided only when medically  
 2129 necessary and in accordance with state and federal law.

2130 Mandatory services rendered by providers in mobile units to  
 2131 Medicaid recipients may be restricted by the agency. Nothing in  
 2132 this section shall be construed to prevent or limit the agency

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2133 from adjusting fees, reimbursement rates, lengths of stay,  
 2134 number of visits, number of services, or any other adjustments  
 2135 necessary to comply with the availability of moneys and any  
 2136 limitations or directions provided for in the General  
 2137 Appropriations Act or chapter 216.

2138 (1) INDEPENDENT ADVANCED PRACTICE REGISTERED NURSE AND  
 2139 ADVANCED PRACTICE REGISTERED NURSE PRACTITIONER SERVICES.—The  
 2140 agency shall pay for services provided to a recipient by a  
 2141 registered independent advanced practice registered nurse, a  
 2142 certified ~~licensed~~ advanced practice registered nurse  
 2143 practitioner who has a valid collaboration agreement with a  
 2144 licensed physician on file with the Department of Health, or a  
 2145 certified registered nurse anesthetist who provides anesthesia  
 2146 services in accordance with established protocol required by  
 2147 state law and approved by the medical staff of the facility in  
 2148 which the anesthetic service is performed. Reimbursement for  
 2149 such services must be provided in an amount that equals not less  
 2150 than 80 percent of the reimbursement to a physician who provides  
 2151 the same services, unless otherwise provided for in the General  
 2152 Appropriations Act.

2153 (11) RURAL HEALTH CLINIC SERVICES.—The agency shall pay  
 2154 for outpatient primary health care services for a recipient  
 2155 provided by a clinic certified by and participating in the  
 2156 Medicare program which is located in a federally designated,  
 2157 rural, medically underserved area and has on its staff one or  
 2158 more certified ~~licensed~~ primary care nurse practitioners or

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2159 physician assistants, and a licensed staff supervising  
 2160 physician, ~~or~~ a consulting supervising physician, or an  
 2161 independent advanced practice registered nurse.

2162 Section 44. Paragraph (a) of subsection (3) and subsection  
 2163 (7) of section 409.908, Florida Statutes, is amended to read:

2164 409.908 Reimbursement of Medicaid providers.—Subject to  
 2165 specific appropriations, the agency shall reimburse Medicaid  
 2166 providers, in accordance with state and federal law, according  
 2167 to methodologies set forth in the rules of the agency and in  
 2168 policy manuals and handbooks incorporated by reference therein.  
 2169 These methodologies may include fee schedules, reimbursement  
 2170 methods based on cost reporting, negotiated fees, competitive  
 2171 bidding pursuant to s. 287.057, and other mechanisms the agency  
 2172 considers efficient and effective for purchasing services or  
 2173 goods on behalf of recipients. If a provider is reimbursed based  
 2174 on cost reporting and submits a cost report late and that cost  
 2175 report would have been used to set a lower reimbursement rate  
 2176 for a rate semester, then the provider's rate for that semester  
 2177 shall be retroactively calculated using the new cost report, and  
 2178 full payment at the recalculated rate shall be effected  
 2179 retroactively. Medicare-granted extensions for filing cost  
 2180 reports, if applicable, shall also apply to Medicaid cost  
 2181 reports. Payment for Medicaid compensable services made on  
 2182 behalf of Medicaid eligible persons is subject to the  
 2183 availability of moneys and any limitations or directions  
 2184 provided for in the General Appropriations Act or chapter 216.

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2185 Further, nothing in this section shall be construed to prevent  
 2186 or limit the agency from adjusting fees, reimbursement rates,  
 2187 lengths of stay, number of visits, or number of services, or  
 2188 making any other adjustments necessary to comply with the  
 2189 availability of moneys and any limitations or directions  
 2190 provided for in the General Appropriations Act, provided the  
 2191 adjustment is consistent with legislative intent.

2192 (3) Subject to any limitations or directions provided for  
 2193 in the General Appropriations Act, the following Medicaid  
 2194 services and goods may be reimbursed on a fee-for-service basis.  
 2195 For each allowable service or goods furnished in accordance with  
 2196 Medicaid rules, policy manuals, handbooks, and state and federal  
 2197 law, the payment shall be the amount billed by the provider, the  
 2198 provider's usual and customary charge, or the maximum allowable  
 2199 fee established by the agency, whichever amount is less, with  
 2200 the exception of those services or goods for which the agency  
 2201 makes payment using a methodology based on capitation rates,  
 2202 average costs, or negotiated fees.

2203 (a) Independent advanced practice registered nurse or  
 2204 advanced ~~Advanced practice registered nurse practitioner~~  
 2205 services.

2206 (7) A provider of family planning services shall be  
 2207 reimbursed the lesser of the amount billed by the provider or an  
 2208 all-inclusive amount per type of visit for physicians,  
 2209 independent advanced practice registered nurses, and advanced  
 2210 practice registered nurses ~~nurse practitioners,~~ as established

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2211 by the agency in a fee schedule.

2212 Section 45. Subsection (2) of section 409.9081, Florida  
 2213 Statutes, is amended to read:

2214 409.9081 Copayments.—

2215 (2) The agency shall, subject to federal regulations and  
 2216 any directions or limitations provided for in the General  
 2217 Appropriations Act, require copayments for the following  
 2218 additional services: hospital inpatient, laboratory and X-ray  
 2219 services, transportation services, home health care services,  
 2220 community mental health services, rural health services,  
 2221 federally qualified health clinic services, and independent  
 2222 advanced practice registered nurse or advanced practice  
 2223 registered nurse practitioner services. The agency may only  
 2224 establish copayments for prescribed drugs or for any other  
 2225 federally authorized service if such copayment is specifically  
 2226 provided for in the General Appropriations Act or other law.

2227 Section 46. Paragraph (a) of subsection (1) of section  
 2228 409.973, Florida Statutes, is amended to read:

2229 409.973 Benefits.—

2230 (1) MINIMUM BENEFITS.—Managed care plans shall cover, at a  
 2231 minimum, the following services:

2232 (a) Independent advanced practice registered nurse and  
 2233 advanced ~~Advanced~~ practice registered nurse practitioner  
 2234 services.

2235 Section 47. Subsections (2), (4), and (5) of section  
 2236 429.26, Florida Statutes, are amended to read:

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2237 429.26 Appropriateness of placements; examinations of  
 2238 residents.-

2239 (2) A physician, physician assistant, independent advanced  
 2240 practice registered nurse, or advanced practice registered nurse  
 2241 ~~practitioner~~ who is employed by an assisted living facility to  
 2242 provide an initial examination for admission purposes may not  
 2243 have financial interest in the facility.

2244 (4) If possible, each resident shall have been examined by  
 2245 a licensed physician, a licensed physician assistant, a  
 2246 registered independent advanced practice registered nurse, or a  
 2247 certified advanced practice registered ~~licensed~~ nurse  
 2248 ~~practitioner~~ within 60 days before admission to the facility.

2249 The signed and completed medical examination report shall be  
 2250 submitted to the owner or administrator of the facility who  
 2251 shall use the information contained therein to assist in the  
 2252 determination of the appropriateness of the resident's admission  
 2253 and continued stay in the facility. The medical examination  
 2254 report shall become a permanent part of the record of the  
 2255 resident at the facility and shall be made available to the  
 2256 agency during inspection or upon request. An assessment that has  
 2257 been completed through the Comprehensive Assessment and Review  
 2258 for Long-Term Care Services (CARES) Program fulfills the  
 2259 requirements for a medical examination under this subsection and  
 2260 s. 429.07(3)(b)6.

2261 (5) Except as provided in s. 429.07, if a medical  
 2262 examination has not been completed within 60 days before the

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2263 admission of the resident to the facility, a licensed physician,  
 2264 licensed physician assistant, registered independent advanced  
 2265 practice registered nurse, or certified advanced practice  
 2266 registered licensed nurse practitioner shall examine the  
 2267 resident and complete a medical examination form provided by the  
 2268 agency within 30 days following the admission to the facility to  
 2269 enable the facility owner or administrator to determine the  
 2270 appropriateness of the admission. The medical examination form  
 2271 shall become a permanent part of the record of the resident at  
 2272 the facility and shall be made available to the agency during  
 2273 inspection by the agency or upon request.

2274 Section 48. Paragraph (a) of subsection (2) and paragraph  
 2275 (a) of subsection (7) of section 429.918, Florida Statutes, is  
 2276 amended to read:

2277 429.918 Licensure designation as a specialized Alzheimer's  
 2278 services adult day care center.-

2279 (2) As used in this section, the term:

2280 (a) "ADRD participant" means a participant who has a  
 2281 documented diagnosis of Alzheimer's disease or a dementia-  
 2282 related disorder (ADRD) from a licensed physician, licensed  
 2283 physician assistant, registered independent advanced practice  
 2284 registered nurse, or a certified licensed advanced practice  
 2285 registered nurse practitioner.

2286 (7)(a) An ADRD participant admitted to an adult day care  
 2287 center having a license designated under this section, or the  
 2288 caregiver when applicable, must:

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2289 1. Require ongoing supervision to maintain the highest  
 2290 level of medical or custodial functioning and have a  
 2291 demonstrated need for a responsible party to oversee his or her  
 2292 care.

2293 2. Not actively demonstrate aggressive behavior that  
 2294 places himself, herself, or others at risk of harm.

2295 3. Provide the following medical documentation signed by a  
 2296 licensed physician, licensed physician assistant, registered  
 2297 independent advanced practice registered nurse, or a certified  
 2298 ~~licensed~~ advanced practice registered nurse ~~practitioner~~:

2299 a. Any physical, health, or emotional conditions that  
 2300 require medical care.

2301 b. A listing of the ADRD participant's current prescribed  
 2302 and over-the-counter medications and dosages, diet restrictions,  
 2303 mobility restrictions, and other physical limitations.

2304 4. Provide documentation signed by a health care provider  
 2305 licensed in this state which indicates that the ADRD participant  
 2306 is free of the communicable form of tuberculosis and free of  
 2307 signs and symptoms of other communicable diseases.

2308 Section 49. Paragraph (e) of subsection (5) of section  
 2309 440.102, Florida Statutes, is amended to read:

2310 440.102 Drug-free workplace program requirements.—The  
 2311 following provisions apply to a drug-free workplace program  
 2312 implemented pursuant to law or to rules adopted by the Agency  
 2313 for Health Care Administration:

2314 (5) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen

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2315 collection and testing for drugs under this section shall be  
 2316 performed in accordance with the following procedures:

2317 (e) A specimen for a drug test may be taken or collected  
 2318 by any of the following persons:

2319 1. A physician, a physician assistant, an independent  
 2320 advanced practice registered nurse, an advanced practice  
 2321 registered nurse, a registered ~~professional~~ nurse, a licensed  
 2322 practical nurse, or a ~~nurse practitioner~~ or a certified  
 2323 paramedic who is present at the scene of an accident for the  
 2324 purpose of rendering emergency medical service or treatment.

2325 2. A qualified person employed by a licensed or certified  
 2326 laboratory as described in subsection (9).

2327 Section 50. Subsection (2) and paragraph (d) of subsection  
 2328 (4) of section 456.0391, Florida Statutes, is amended to read:

2329 456.0391 Advanced practice registered nurses ~~nurse~~  
 2330 ~~practitioners~~; information required for certification.-

2331 (2) The Department of Health shall send a notice to each  
 2332 person certified under s. 464.012 at the certificateholder's  
 2333 last known address of record regarding the requirements for  
 2334 information to be submitted by advanced practice registered  
 2335 nurses ~~nurse-practitioners~~ pursuant to this section in  
 2336 conjunction with the renewal of such certificate.

2337 (4)

2338 (d) Any applicant for initial certification or renewal of  
 2339 certification as an advanced practice registered nurse  
 2340 ~~practitioner~~ who submits to the Department of Health a set of

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2341 fingerprints and information required for the criminal history  
 2342 check required under this section shall not be required to  
 2343 provide a subsequent set of fingerprints or other duplicate  
 2344 information required for a criminal history check to the Agency  
 2345 for Health Care Administration, the Department of Juvenile  
 2346 Justice, or the Department of Children and Family Services for  
 2347 employment or licensure with such agency or department, if the  
 2348 applicant has undergone a criminal history check as a condition  
 2349 of initial certification or renewal of certification as an  
 2350 advanced practice registered nurse ~~practitioner~~ with the  
 2351 Department of Health, notwithstanding any other provision of law  
 2352 to the contrary. In lieu of such duplicate submission, the  
 2353 Agency for Health Care Administration, the Department of  
 2354 Juvenile Justice, and the Department of Children and Family  
 2355 Services shall obtain criminal history information for  
 2356 employment or licensure of persons certified under s. 464.012 by  
 2357 such agency or department from the Department of Health's health  
 2358 care practitioner credentialing system.

2359 Section 51. Subsection (2) of section 456.0392, Florida  
 2360 Statutes, is amended to read:

2361 456.0392 Prescription labeling.-

2362 (2) A prescription for a drug ~~that is not listed as a~~  
 2363 ~~controlled substance in chapter 893~~ which is written by an  
 2364 advanced practice registered nurse ~~practitioner~~ certified under  
 2365 s. 464.012 is presumed, subject to rebuttal, to be valid and  
 2366 within the parameters of the prescriptive authority delegated by

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2367 a practitioner licensed under chapter 458, chapter 459, or  
 2368 chapter 466.

2369 Section 52. Paragraph (a) of subsection (1) and subsection  
 2370 (6) of section 456.041, Florida Statutes, is amended to read:

2371 456.041 Practitioner profile; creation.-

2372 (1)(a) The Department of Health shall compile the  
 2373 information submitted pursuant to s. 456.039 into a practitioner  
 2374 profile of the applicant submitting the information, except that  
 2375 the Department of Health shall develop a format to compile  
 2376 uniformly any information submitted under s. 456.039(4)(b).

2377 Beginning July 1, 2001, the Department of Health may compile the  
 2378 information submitted pursuant to s. 456.0391 into a  
 2379 practitioner profile of the applicant submitting the  
 2380 information. The protocol submitted pursuant to s. 464.012(3)  
 2381 must be included in the practitioner profile of the advanced  
 2382 practice registered nurse ~~practitioner~~.

2383 (6) The Department of Health shall provide in each  
 2384 practitioner profile for every physician or advanced practice  
 2385 registered nurse ~~practitioner~~ terminated for cause from  
 2386 participating in the Medicaid program, pursuant to s. 409.913,  
 2387 or sanctioned by the Medicaid program a statement that the  
 2388 practitioner has been terminated from participating in the  
 2389 Florida Medicaid program or sanctioned by the Medicaid program.

2390 Section 53. Subsection (1) of section 456.048, Florida  
 2391 Statutes, and paragraphs (a), (d), and (e) of subsection (2) are  
 2392 amended to read:

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2393 456.048 Financial responsibility requirements for certain  
 2394 health care practitioners.-

2395 (1) As a prerequisite for licensure or license renewal,  
 2396 the Board of Acupuncture, the Board of Chiropractic Medicine,  
 2397 the Board of Podiatric Medicine, and the Board of Dentistry  
 2398 shall, by rule, require that all health care practitioners  
 2399 licensed under the respective board, and the Board of Medicine  
 2400 and the Board of Osteopathic Medicine shall, by rule, require  
 2401 that all anesthesiologist assistants licensed pursuant to s.  
 2402 458.3475 or s. 459.023, and the Board of Nursing shall, by rule,  
 2403 require that independent advanced practice registered nurses  
 2404 registered under s. 464.0125 and advanced practice registered  
 2405 nurses ~~nurse practitioners~~ certified under s. 464.012, and the  
 2406 department shall, by rule, require that midwives maintain  
 2407 medical malpractice insurance or provide proof of financial  
 2408 responsibility in an amount and in a manner determined by the  
 2409 board or department to be sufficient to cover claims arising out  
 2410 of the rendering of or failure to render professional care and  
 2411 services in this state.

2412 (2) The board or department may grant exemptions upon  
 2413 application by practitioners meeting any of the following  
 2414 criteria:

2415 (a) Any person licensed under chapter 457, s. 458.3475, s.  
 2416 459.023, chapter 460, chapter 461, s. 464.012, s. 464.0125,  
 2417 chapter 466, or chapter 467 who practices exclusively as an  
 2418 officer, employee, or agent of the Federal Government or of the



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2419 state or its agencies or its subdivisions. For the purposes of  
 2420 this subsection, an agent of the state, its agencies, or its  
 2421 subdivisions is a person who is eligible for coverage under any  
 2422 self-insurance or insurance program authorized by the provisions  
 2423 of s. 768.28(16) or who is a volunteer under s. 110.501(1).

2424 (d) Any person licensed or certified under chapter 457, s.  
 2425 458.3475, s. 459.023, chapter 460, chapter 461, s. 464.012, s.  
 2426 464.0125, chapter 466, or chapter 467 who practices only in  
 2427 conjunction with his or her teaching duties at an accredited  
 2428 school or in its main teaching hospitals. Such person may engage  
 2429 in the practice of medicine to the extent that such practice is  
 2430 incidental to and a necessary part of duties in connection with  
 2431 the teaching position in the school.

2432 (e) Any person holding an active license or certification  
 2433 under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter  
 2434 461, s. 464.012, s. 464.0125, chapter 466, or chapter 467 who is  
 2435 not practicing in this state. If such person initiates or  
 2436 resumes practice in this state, he or she must notify the  
 2437 department of such activity.

2438 Section 54. Paragraphs (a), (i), (o), and (r) of  
 2439 subsection (3) and paragraph (g) of subsection (5) of section  
 2440 456.053, Florida Statutes, are amended to read:

2441 456.053 Financial arrangements between referring health  
 2442 care providers and providers of health care services.—

2443 (3) DEFINITIONS.—For the purpose of this section, the  
 2444 word, phrase, or term:

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2445 (a) "Board" means any of the following boards relating to  
 2446 the respective professions: the Board of Medicine as created in  
 2447 s. 458.307; the Board of Osteopathic Medicine as created in s.  
 2448 459.004; the Board of Chiropractic Medicine as created in s.  
 2449 460.404; the Board of Podiatric Medicine as created in s.  
 2450 461.004; the Board of Optometry as created in s. 463.003; the  
 2451 Board of Pharmacy as created in s. 465.004; ~~and~~ the Board of  
 2452 Dentistry as created in s. 466.004; and the Board of Nursing as  
 2453 created in s. 464.004.

2454 (i) "Health care provider" means any physician licensed  
 2455 under chapter 458, chapter 459, chapter 460, or chapter 461, an  
 2456 independent advanced practice registered nurse registered under  
 2457 s. 464.0125, or any health care provider licensed under chapter  
 2458 463 or chapter 466.

2459 (o) "Referral" means any referral of a patient by a health  
 2460 care provider for health care services, including, without  
 2461 limitation:

2462 1. The forwarding of a patient by a health care provider  
 2463 to another health care provider or to an entity which provides  
 2464 or supplies designated health services or any other health care  
 2465 item or service; or

2466 2. The request or establishment of a plan of care by a  
 2467 health care provider, which includes the provision of designated  
 2468 health services or other health care item or service.

2469 3. The following orders, recommendations, or plans of care  
 2470 shall not constitute a referral by a health care provider:

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- 2471 a. By a radiologist for diagnostic-imaging services.
- 2472 b. By a physician specializing in the provision of
- 2473 radiation therapy services for such services.
- 2474 c. By a medical oncologist for drugs and solutions to be
- 2475 prepared and administered intravenously to such oncologist's
- 2476 patient, as well as for the supplies and equipment used in
- 2477 connection therewith to treat such patient for cancer and the
- 2478 complications thereof.
- 2479 d. By a cardiologist for cardiac catheterization services.
- 2480 e. By a pathologist for diagnostic clinical laboratory
- 2481 tests and pathological examination services, if furnished by or
- 2482 under the supervision of such pathologist pursuant to a
- 2483 consultation requested by another physician.
- 2484 f. By a health care provider who is the sole provider or
- 2485 member of a group practice for designated health services or
- 2486 other health care items or services that are prescribed or
- 2487 provided solely for such referring health care provider's or
- 2488 group practice's own patients, and that are provided or
- 2489 performed by or under the direct supervision of such referring
- 2490 health care provider or group practice; provided, however, ~~that~~
- 2491 ~~effective July 1, 1999,~~ a physician licensed pursuant to chapter
- 2492 458, chapter 459, chapter 460, or chapter 461 or an independent
- 2493 advanced practice registered nurse registered under s. 464.0125
- 2494 may refer a patient to a sole provider or group practice for
- 2495 diagnostic imaging services, excluding radiation therapy
- 2496 services, for which the sole provider or group practice billed

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2497 both the technical and the professional fee for or on behalf of  
 2498 the patient, if the referring physician or independent advanced  
 2499 practice registered nurse has no investment interest in the  
 2500 practice. The diagnostic imaging service referred to a group  
 2501 practice or sole provider must be a diagnostic imaging service  
 2502 normally provided within the scope of practice to the patients  
 2503 of the group practice or sole provider. The group practice or  
 2504 sole provider may accept no more than 15 percent of their  
 2505 patients receiving diagnostic imaging services from outside  
 2506 referrals, excluding radiation therapy services.

2507         g. By a health care provider for services provided by an  
 2508 ambulatory surgical center licensed under chapter 395.

2509         h. By a urologist for lithotripsy services.

2510         i. By a dentist for dental services performed by an  
 2511 employee of or health care provider who is an independent  
 2512 contractor with the dentist or group practice of which the  
 2513 dentist is a member.

2514         j. By a physician for infusion therapy services to a  
 2515 patient of that physician or a member of that physician's group  
 2516 practice.

2517         k. By a nephrologist for renal dialysis services and  
 2518 supplies, except laboratory services.

2519         l. By a health care provider whose principal professional  
 2520 practice consists of treating patients in their private  
 2521 residences for services to be rendered in such private  
 2522 residences, except for services rendered by a home health agency

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2523 licensed under chapter 400. For purposes of this sub-  
 2524 subparagraph, the term "private residences" includes patients'  
 2525 private homes, independent living centers, and assisted living  
 2526 facilities, but does not include skilled nursing facilities.

2527 m. By a health care provider for sleep-related testing.

2528 (r) "Sole provider" means one health care provider  
 2529 licensed under chapter 458, chapter 459, chapter 460, ~~or~~ chapter  
 2530 461, or s. 464.0125, who maintains a separate medical office and  
 2531 a medical practice separate from any other health care provider  
 2532 and who bills for his or her services separately from the  
 2533 services provided by any other health care provider. A sole  
 2534 provider shall not share overhead expenses or professional  
 2535 income with any other person or group practice.

2536 (5) PROHIBITED REFERRALS AND CLAIMS FOR PAYMENT.—Except as  
 2537 provided in this section:

2538 (g) A violation of this section by a health care provider  
 2539 shall constitute grounds for disciplinary action to be taken by  
 2540 the applicable board pursuant to s. 458.331(2), s. 459.015(2),  
 2541 s. 460.413(2), s. 461.013(2), s. 463.016(2), s. 464.018 or s.  
 2542 466.028(2). Any hospital licensed under chapter 395 found in  
 2543 violation of this section shall be subject to s. 395.0185(2).

2544 Section 55. Subsection (7) of section 456.072, Florida  
 2545 Statutes, is amended to read:

2546 456.072 Grounds for discipline; penalties; enforcement.—

2547 (7) Notwithstanding subsection (2), upon a finding that a  
 2548 physician, an independent advanced practice registered nurse, or

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2549 an advanced practice registered nurse has prescribed or  
 2550 dispensed a controlled substance, or caused a controlled  
 2551 substance to be prescribed or dispensed, in a manner that  
 2552 violates the standard of practice set forth in s. 458.331(1)(q)  
 2553 or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s),  
 2554 464.018(1)(p) or s. 466.028(1)(p) or (x), ~~the physician such~~  
 2555 practitioner shall be suspended for a period of not less than 6  
 2556 months and pay a fine of not less than \$10,000 per count.  
 2557 Repeated violations shall result in increased penalties.

2558 Section 56. Paragraph (a) of subsection (2) and paragraphs  
 2559 (b), (c), (d), (e), (f), and (g) of subsection (3) of section  
 2560 456.44, Florida Statutes, are amended to read:

2561 456.44 Controlled substance prescribing.—

2562 (2) REGISTRATION.—Effective January 1, 2012, a physician  
 2563 licensed under chapter 458, chapter 459, chapter 461, or chapter  
 2564 466, or an independent advanced practice registered nurse  
 2565 registered, or an advanced practice registered nurse certified,  
 2566 under part I of chapter 464, who prescribes any controlled  
 2567 substance, listed in Schedule II, Schedule III, or Schedule IV  
 2568 as defined in s. 893.03, for the treatment of chronic  
 2569 nonmalignant pain, must:

2570 (a) Designate himself or herself as a controlled substance  
 2571 prescribing practitioner on the practitioner's ~~physician's~~  
 2572 ~~practitioner~~ profile.

2573 (3) STANDARDS OF PRACTICE.—The standards of practice in  
 2574 this section do not supersede the level of care, skill, and

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2575 treatment recognized in general law related to health care  
 2576 licensure.

2577 (b) Each registrant must develop a written individualized  
 2578 treatment plan for each patient. The treatment plan shall state  
 2579 objectives that will be used to determine treatment success,  
 2580 such as pain relief and improved physical and psychosocial  
 2581 function, and shall indicate if any further diagnostic  
 2582 evaluations or other treatments are planned. After treatment  
 2583 begins, the practitioner ~~physician~~ shall adjust drug therapy to  
 2584 the individual medical needs of each patient. Other treatment  
 2585 modalities, including a rehabilitation program, shall be  
 2586 considered depending on the etiology of the pain and the extent  
 2587 to which the pain is associated with physical and psychosocial  
 2588 impairment. The interdisciplinary nature of the treatment plan  
 2589 shall be documented.

2590 (c) The practitioner ~~physician~~ shall discuss the risks and  
 2591 benefits of the use of controlled substances, including the  
 2592 risks of abuse and addiction, as well as physical dependence and  
 2593 its consequences, with the patient, persons designated by the  
 2594 patient, or the patient's surrogate or guardian if the patient  
 2595 is incompetent. The practitioner ~~physician~~ shall use a written  
 2596 controlled substance agreement between the practitioner  
 2597 ~~physician~~ and the patient outlining the patient's  
 2598 responsibilities, including, but not limited to:

- 2599 1. Number and frequency of controlled substance  
 2600 prescriptions and refills.

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2601           2. Patient compliance and reasons for which drug therapy  
2602 may be discontinued, such as a violation of the agreement.

2603           3. An agreement that controlled substances for the  
2604 treatment of chronic nonmalignant pain shall be prescribed by a  
2605 single treating practitioner ~~physician~~ unless otherwise  
2606 authorized by the treating practitioner ~~physician~~ and documented  
2607 in the medical record.

2608           (d) The patient shall be seen by the practitioner  
2609 ~~physician~~ at regular intervals, not to exceed 3 months, to  
2610 assess the efficacy of treatment, ensure that controlled  
2611 substance therapy remains indicated, evaluate the patient's  
2612 progress toward treatment objectives, consider adverse drug  
2613 effects, and review the etiology of the pain. Continuation or  
2614 modification of therapy shall depend on the practitioner's  
2615 ~~physician's~~ evaluation of the patient's progress. If treatment  
2616 goals are not being achieved, despite medication adjustments,  
2617 the practitioner ~~physician~~ shall reevaluate the appropriateness  
2618 of continued treatment. The practitioner ~~physician~~ shall monitor  
2619 patient compliance in medication usage, related treatment plans,  
2620 controlled substance agreements, and indications of substance  
2621 abuse or diversion at a minimum of 3-month intervals.

2622           (e) The practitioner ~~physician~~ shall refer the patient as  
2623 necessary for additional evaluation and treatment in order to  
2624 achieve treatment objectives. Special attention shall be given  
2625 to those patients who are at risk for misusing their medications  
2626 and those whose living arrangements pose a risk for medication



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2627 misuse or diversion. The management of pain in patients with a  
 2628 history of substance abuse or with a comorbid psychiatric  
 2629 disorder requires extra care, monitoring, and documentation and  
 2630 requires consultation with or referral to an addiction medicine  
 2631 specialist or psychiatrist.

2632 (f) A practitioner ~~physician~~ registered under this section  
 2633 must maintain accurate, current, and complete records that are  
 2634 accessible and readily available for review and comply with the  
 2635 requirements of this section, the applicable practice act, and  
 2636 applicable board rules. The medical records must include, but  
 2637 are not limited to:

- 2638 1. The complete medical history and a physical
- 2639 examination, including history of drug abuse or dependence.
- 2640 2. Diagnostic, therapeutic, and laboratory results.
- 2641 3. Evaluations and consultations.
- 2642 4. Treatment objectives.
- 2643 5. Discussion of risks and benefits.
- 2644 6. Treatments.
- 2645 7. Medications, including date, type, dosage, and quantity
- 2646 prescribed.
- 2647 8. Instructions and agreements.
- 2648 9. Periodic reviews.
- 2649 10. Results of any drug testing.
- 2650 11. A photocopy of the patient's government-issued photo
- 2651 identification.
- 2652 12. If a written prescription for a controlled substance

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2653 is given to the patient, a duplicate of the prescription.  
 2654 13. The practitioner's ~~physician's~~ full name presented in  
 2655 a legible manner.  
 2656 (g) Patients with signs or symptoms of substance abuse  
 2657 shall be immediately referred to a board-certified pain  
 2658 management physician, an addiction medicine specialist, or a  
 2659 mental health addiction facility as it pertains to drug abuse or  
 2660 addiction unless the practitioner is a physician who is board-  
 2661 certified or board-eligible in pain management. Throughout the  
 2662 period of time before receiving the consultant's report, a  
 2663 prescribing practitioner ~~physician~~ shall clearly and completely  
 2664 document medical justification for continued treatment with  
 2665 controlled substances and those steps taken to ensure medically  
 2666 appropriate use of controlled substances by the patient. Upon  
 2667 receipt of the consultant's written report, the prescribing  
 2668 practitioner ~~physician~~ shall incorporate the consultant's  
 2669 recommendations for continuing, modifying, or discontinuing  
 2670 controlled substance therapy. The resulting changes in treatment  
 2671 shall be specifically documented in the patient's medical  
 2672 record. Evidence or behavioral indications of diversion shall be  
 2673 followed by discontinuation of controlled substance therapy, and  
 2674 the patient shall be discharged, and all results of testing and  
 2675 actions taken by the physician shall be documented in the  
 2676 patient's medical record.  
 2677  
 2678 This subsection does not apply to a board-eligible or board-

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2679 certified anesthesiologist, physiatrist, rheumatologist, or  
 2680 neurologist, or to a board-certified physician who has surgical  
 2681 privileges at a hospital or ambulatory surgery center and  
 2682 primarily provides surgical services. This subsection does not  
 2683 apply to a board-eligible or board-certified medical specialist  
 2684 who has also completed a fellowship in pain medicine approved by  
 2685 the Accreditation Council for Graduate Medical Education or the  
 2686 American Osteopathic Association, or who is board eligible or  
 2687 board certified in pain medicine by the American Board of Pain  
 2688 Medicine or a board approved by the American Board of Medical  
 2689 Specialties or the American Osteopathic Association and performs  
 2690 interventional pain procedures of the type routinely billed  
 2691 using surgical codes. This subsection does not apply to a  
 2692 practitioner ~~physician~~, who prescribes medically necessary  
 2693 controlled substances for a patient during an inpatient stay in  
 2694 a hospital licensed under chapter 395.

2695 Section 57. Paragraph (c) of subsection (2) of section  
 2696 458.3265, Florida Statutes, is amended to read:

2697 458.3265 Pain-management clinics.—

2698 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
 2699 apply to any physician who provides professional services in a  
 2700 pain-management clinic that is required to be registered in  
 2701 subsection (1).

2702 (c) A physician, a physician assistant, an independent  
 2703 advanced practice registered nurse, or an advanced practice  
 2704 registered nurse ~~practitioner~~ must perform a physical

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2705 examination of a patient on the same day that the physician  
 2706 prescribes a controlled substance to a patient at a pain-  
 2707 management clinic. If the physician prescribes more than a 72-  
 2708 hour dose of controlled substances for the treatment of chronic  
 2709 nonmalignant pain, the physician must document in the patient's  
 2710 record the reason for prescribing that quantity.

2711 Section 58. Paragraph (dd) of subsection (1) of section  
 2712 458.331, Florida Statutes, is amended to read:

2713 458.331 Grounds for disciplinary action; action by the  
 2714 board and department.-

2715 (1) The following acts constitute grounds for denial of a  
 2716 license or disciplinary action, as specified in s. 456.072(2):

2717 (dd) Failing to supervise adequately the activities of  
 2718 those physician assistants, paramedics, emergency medical  
 2719 technicians, advanced practice registered nurses ~~nurse~~  
 2720 ~~practitioners~~, or anesthesiologist assistants acting under the  
 2721 supervision of the physician.

2722 Section 59. Paragraph (a) of subsection (1), subsection  
 2723 (2), and paragraphs (c) and (e) of subsection (4) of section  
 2724 458.348, Florida Statutes, are amended to read:

2725 458.348 Formal supervisory relationships, standing orders,  
 2726 and established protocols; notice; standards.-

2727 (1) NOTICE.-

2728 (a) When a physician enters into a formal supervisory  
 2729 relationship or standing orders with an emergency medical  
 2730 technician or paramedic licensed pursuant to s. 401.27, which

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2731 relationship or orders contemplate the performance of medical  
 2732 acts, or when a physician enters into an established protocol  
 2733 with an advanced practice registered nurse ~~practitioner~~, which  
 2734 protocol contemplates the performance of medical acts identified  
 2735 and approved by the joint committee pursuant to s. 464.003(2) or  
 2736 acts set forth in s. 464.012(3) and (4), the physician shall  
 2737 submit notice to the board. The notice shall contain a statement  
 2738 in substantially the following form:

2739 I, ...(name and professional license number of  
 2740 physician)..., of ...(address of physician)... have hereby  
 2741 entered into a formal supervisory relationship, standing orders,  
 2742 or an established protocol with ...(number of persons)...  
 2743 emergency medical technician(s), ...(number of persons)...  
 2744 paramedic(s), or ...(number of persons)... advanced practice  
 2745 registered nurse(s) ~~nurse practitioner(s)~~.

2746 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The  
 2747 joint committee created under s. 464.003(2) shall determine  
 2748 minimum standards for the content of established protocols  
 2749 pursuant to which an advanced practice registered nurse  
 2750 ~~practitioner~~ may perform medical acts identified and approved by  
 2751 the joint committee pursuant to s. 464.003(2) or acts set forth  
 2752 in s. 464.012(3) and (4) and shall determine minimum standards  
 2753 for supervision of such acts by the physician, unless the joint  
 2754 committee determines that any act set forth in s. 464.012(3) or  
 2755 (4) is not a medical act. Such standards shall be based on risk

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2756 to the patient and acceptable standards of medical care and  
 2757 shall take into account the special problems of medically  
 2758 underserved areas. The standards developed by the joint  
 2759 committee shall be adopted as rules by the Board of Nursing and  
 2760 the Board of Medicine for purposes of carrying out their  
 2761 responsibilities pursuant to part I of chapter 464 and this  
 2762 chapter, respectively, but neither board shall have disciplinary  
 2763 powers over the licensees of the other board.

2764 (4) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—  
 2765 A physician who supervises an advanced practice registered nurse  
 2766 ~~practitioner~~ or physician assistant at a medical office other  
 2767 than the physician's primary practice location, where the  
 2768 advanced practice registered nurse ~~practitioner~~ or physician  
 2769 assistant is not under the onsite supervision of a supervising  
 2770 physician, must comply with the standards set forth in this  
 2771 subsection. For the purpose of this subsection, a physician's  
 2772 "primary practice location" means the address reflected on the  
 2773 physician's profile published pursuant to s. 456.041.

2774 (c) A physician who supervises an advanced practice  
 2775 registered nurse ~~practitioner~~ or physician assistant at a  
 2776 medical office other than the physician's primary practice  
 2777 location, where the advanced practice registered nurse  
 2778 ~~practitioner~~ or physician assistant is not under the onsite  
 2779 supervision of a supervising physician and the services offered  
 2780 at the office are primarily dermatologic or skin care services,  
 2781 which include aesthetic skin care services other than plastic

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2782 surgery, must comply with the standards listed in subparagraphs  
 2783 1.-4. Notwithstanding s. 458.347(4)(e)6., a physician  
 2784 supervising a physician assistant pursuant to this paragraph may  
 2785 not be required to review and cosign charts or medical records  
 2786 prepared by such physician assistant.

2787 1. The physician shall submit to the board the addresses  
 2788 of all offices where he or she is supervising an advanced  
 2789 practice registered nurse ~~practitioner~~ or a physician's  
 2790 assistant which are not the physician's primary practice  
 2791 location.

2792 2. The physician must be board certified or board eligible  
 2793 in dermatology or plastic surgery as recognized by the board  
 2794 pursuant to s. 458.3312.

2795 3. All such offices that are not the physician's primary  
 2796 place of practice must be within 25 miles of the physician's  
 2797 primary place of practice or in a county that is contiguous to  
 2798 the county of the physician's primary place of practice.  
 2799 However, the distance between any of the offices may not exceed  
 2800 75 miles.

2801 4. The physician may supervise only one office other than  
 2802 the physician's primary place of practice ~~except that until July~~  
 2803 ~~1, 2011, the physician may supervise up to two medical offices~~  
 2804 ~~other than the physician's primary place of practice if the~~  
 2805 ~~addresses of the offices are submitted to the board before July~~  
 2806 ~~1, 2006. Effective July 1, 2011, the physician may supervise~~  
 2807 ~~only one office other than the physician's primary place of~~

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2808 ~~practice, regardless of when the addresses of the offices were~~  
 2809 ~~submitted to the board.~~

2810 (e) This subsection does not apply to health care services  
 2811 provided in facilities licensed under chapter 395 or in  
 2812 conjunction with a college of medicine, a college of nursing, an  
 2813 accredited graduate medical program, or a nursing education  
 2814 program; not-for-profit, family-planning clinics that are not  
 2815 licensed pursuant to chapter 390; rural and federally qualified  
 2816 health centers; health care services provided in a nursing home  
 2817 licensed under part II of chapter 400, an assisted living  
 2818 facility licensed under part I of chapter 429, a continuing care  
 2819 facility licensed under chapter 651, or a retirement community  
 2820 consisting of independent living units and a licensed nursing  
 2821 home or assisted living facility; anesthesia services provided  
 2822 in accordance with law; health care services provided in a  
 2823 designated rural health clinic; health care services provided to  
 2824 persons enrolled in a program designed to maintain elderly  
 2825 persons and persons with disabilities in a home or community-  
 2826 based setting; university primary care student health centers;  
 2827 school health clinics; or health care services provided in  
 2828 federal, state, or local government facilities. Subsection (3)  
 2829 and this subsection do not apply to offices at which the  
 2830 exclusive service being performed is laser hair removal by an  
 2831 advanced practice registered nurse ~~practitioner~~ or physician  
 2832 assistant.

2833 Section 60. Paragraph (c) of subsection (2) of section

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2834 459.0137, Florida Statutes, is amended to read:

2835 459.0137 Pain-management clinics.—

2836 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
 2837 apply to any osteopathic physician who provides professional  
 2838 services in a pain-management clinic that is required to be  
 2839 registered in subsection (1).

2840 (c) An osteopathic physician, a physician assistant, an  
 2841 independent advanced practice registered nurse, or an advanced  
 2842 practice registered nurse ~~practitioner~~ must perform a physical  
 2843 examination of a patient on the same day that the physician  
 2844 prescribes a controlled substance to a patient at a pain-  
 2845 management clinic. If the osteopathic physician prescribes more  
 2846 than a 72-hour dose of controlled substances for the treatment  
 2847 of chronic nonmalignant pain, the osteopathic physician must  
 2848 document in the patient's record the reason for prescribing that  
 2849 quantity.

2850 Section 61. Paragraph (hh) of subsection (1) of section  
 2851 459.015, Florida Statutes, is amended to read:

2852 459.015 Grounds for disciplinary action; action by the  
 2853 board and department.—

2854 (1) The following acts constitute grounds for denial of a  
 2855 license or disciplinary action, as specified in s. 456.072(2):

2856 (hh) Failing to supervise adequately the activities of  
 2857 those physician assistants, paramedics, emergency medical  
 2858 technicians, advanced practice registered nurses ~~nurse~~  
 2859 ~~practitioners~~, anesthesiologist assistants, or other persons

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2860 acting under the supervision of the osteopathic physician.  
 2861 Section 62. Paragraph (a) of subsection (1) and paragraphs  
 2862 (c) and (e) of subsection (3) of section 459.025, Florida  
 2863 Statutes, are amended to read:

2864 459.025 Formal supervisory relationships, standing orders,  
 2865 and established protocols; notice; standards.-

2866 (1) NOTICE.-

2867 (a) When an osteopathic physician enters into a formal  
 2868 supervisory relationship or standing orders with an emergency  
 2869 medical technician or paramedic licensed pursuant to s. 401.27,  
 2870 which relationship or orders contemplate the performance of  
 2871 medical acts, or when an osteopathic physician enters into an  
 2872 established protocol with an advanced practice registered nurse  
 2873 ~~practitioner~~, which protocol contemplates the performance of  
 2874 medical acts identified and approved by the joint committee  
 2875 pursuant to s. 464.003(2) or acts set forth in s. 464.012(3) and  
 2876 (4), the osteopathic physician shall submit notice to the board.  
 2877 The notice must contain a statement in substantially the  
 2878 following form:

2879 I, ...(name and professional license number of osteopathic  
 2880 physician)..., of ...(address of osteopathic physician)... have  
 2881 hereby entered into a formal supervisory relationship, standing  
 2882 orders, or an established protocol with ...(number of  
 2883 persons)... emergency medical technician(s), ...(number of  
 2884 persons)... paramedic(s), or ...(number of persons)... advanced

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2885 practice registered nurses ~~nurse practitioner(s)~~.

2886 (3) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—

2887 An osteopathic physician who supervises an advanced practice  
 2888 registered nurse ~~practitioner~~ or physician assistant at a  
 2889 medical office other than the osteopathic physician's primary  
 2890 practice location, where the advanced practice registered nurse  
 2891 ~~practitioner~~ or physician assistant is not under the onsite  
 2892 supervision of a supervising osteopathic physician, must comply  
 2893 with the standards set forth in this subsection. For the purpose  
 2894 of this subsection, an osteopathic physician's "primary practice  
 2895 location" means the address reflected on the physician's profile  
 2896 published pursuant to s. 456.041.

2897 (c) An osteopathic physician who supervises an advanced  
 2898 practice registered nurse ~~practitioner~~ or physician assistant at  
 2899 a medical office other than the osteopathic physician's primary  
 2900 practice location, where the advanced practice registered nurse  
 2901 ~~practitioner~~ or physician assistant is not under the onsite  
 2902 supervision of a supervising osteopathic physician and the  
 2903 services offered at the office are primarily dermatologic or  
 2904 skin care services, which include aesthetic skin care services  
 2905 other than plastic surgery, must comply with the standards  
 2906 listed in subparagraphs 1.-4. Notwithstanding s.  
 2907 459.022(4)(e)6., an osteopathic physician supervising a  
 2908 physician assistant pursuant to this paragraph may not be  
 2909 required to review and cosign charts or medical records prepared

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2910 | by such physician assistant.

2911 |         1. The osteopathic physician shall submit to the Board of  
2912 | Osteopathic Medicine the addresses of all offices where he or  
2913 | she is supervising or has a protocol with an advanced practice  
2914 | registered nurse ~~practitioner~~ or a physician's assistant which  
2915 | are not the osteopathic physician's primary practice location.

2916 |         2. The osteopathic physician must be board certified or  
2917 | board eligible in dermatology or plastic surgery as recognized  
2918 | by the Board of Osteopathic Medicine pursuant to s. 459.0152.

2919 |         3. All such offices that are not the osteopathic  
2920 | physician's primary place of practice must be within 25 miles of  
2921 | the osteopathic physician's primary place of practice or in a  
2922 | county that is contiguous to the county of the osteopathic  
2923 | physician's primary place of practice. However, the distance  
2924 | between any of the offices may not exceed 75 miles.

2925 |         4. The osteopathic physician may supervise only one office  
2926 | other than the osteopathic physician's primary place of practice  
2927 | ~~except that until July 1, 2011, the osteopathic physician may~~  
2928 | ~~supervise up to two medical offices other than the osteopathic~~  
2929 | ~~physician's primary place of practice if the addresses of the~~  
2930 | ~~offices are submitted to the Board of Osteopathic Medicine~~  
2931 | ~~before July 1, 2006. Effective July 1, 2011, the osteopathic~~  
2932 | ~~physician may supervise only one office other than the~~  
2933 | ~~osteopathic physician's primary place of practice, regardless of~~  
2934 | ~~when the addresses of the offices were submitted to the Board of~~  
2935 | ~~Osteopathic Medicine.~~

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2936 (e) This subsection does not apply to health care services  
 2937 provided in facilities licensed under chapter 395 or in  
 2938 conjunction with a college of medicine or college of nursing or  
 2939 an accredited graduate medical or nursing education program;  
 2940 offices where the only service being performed is hair removal  
 2941 by an advanced practice registered nurse ~~practitioner~~ or  
 2942 physician assistant; not-for-profit, family-planning clinics  
 2943 that are not licensed pursuant to chapter 390; rural and  
 2944 federally qualified health centers; health care services  
 2945 provided in a nursing home licensed under part II of chapter  
 2946 400, an assisted living facility licensed under part I of  
 2947 chapter 429, a continuing care facility licensed under chapter  
 2948 651, or a retirement community consisting of independent living  
 2949 units and either a licensed nursing home or assisted living  
 2950 facility; anesthesia services provided in accordance with law;  
 2951 health care services provided in a designated rural health  
 2952 clinic; health care services provided to persons enrolled in a  
 2953 program designed to maintain elderly persons and persons with  
 2954 disabilities in a home or community-based setting; university  
 2955 primary care student health centers; school health clinics; or  
 2956 health care services provided in federal, state, or local  
 2957 government facilities.

2958 Section 63. Subsection (2) of section 464.004, Florida  
 2959 Statutes, is amended to read:

2960 464.004 Board of Nursing; membership; appointment; terms.-  
 2961 (2) Seven members of the board must be registered nurses

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2962 who are residents of this state and who have been engaged in the  
 2963 practice of professional nursing for at least 4 years, including  
 2964 at least one advanced practice registered nurse ~~practitioner~~,  
 2965 one nurse educator member of an approved program, and one nurse  
 2966 executive. These seven board members should be representative of  
 2967 the diverse areas of practice within the nursing profession. In  
 2968 addition, three members of the board must be licensed practical  
 2969 nurses who are residents of this state and who have been  
 2970 actively engaged in the practice of practical nursing for at  
 2971 least 4 years prior to their appointment. The remaining three  
 2972 members must be residents of the state who have never been  
 2973 licensed as nurses and who are in no way connected with the  
 2974 practice of nursing. No person may be appointed as a lay member  
 2975 who is in any way connected with, or has any financial interest  
 2976 in, any health care facility, agency, or insurer. At least one  
 2977 member of the board must be 60 years of age or older.

2978 Section 64. Paragraph (a) of subsection (4) of section  
 2979 464.0205, Florida Statutes, is amended to read:

2980 464.0205 Retired volunteer nurse certificate.-

2981 (4) A retired volunteer nurse receiving certification from  
 2982 the board shall:

2983 (a) Work under the direct supervision of the director of a  
 2984 county health department, a physician working under a limited  
 2985 license issued pursuant to s. 458.317 or s. 459.0075, a  
 2986 physician licensed under chapter 458 or chapter 459, an  
 2987 independent advanced practice registered nurse registered under

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2988 s. 464.0125, an advanced practice registered nurse ~~practitioner~~  
 2989 certified under s. 464.012, or a registered nurse licensed under  
 2990 s. 464.008 or s. 464.009.

2991 Section 65. Subsection (2) of section 467.003, Florida  
 2992 Statutes, is amended to read:

2993 467.003 Definitions.—As used in this chapter, unless the  
 2994 context otherwise requires:

2995 (2) "Certified nurse midwife" means a person who is  
 2996 certified ~~licensed~~ as an advanced practice registered nurse  
 2997 ~~practitioner~~ under part I of chapter 464 and who is certified to  
 2998 practice midwifery by the American College of Nurse Midwives.

2999 Section 66. Paragraph (b) of subsection (1) of section  
 3000 480.0475, Florida Statutes, is amended to read:

3001 480.0475 Massage establishments; prohibited practices.—

3002 (1) A person may not operate a massage establishment  
 3003 between the hours of midnight and 5 a.m. This subsection does  
 3004 not apply to a massage establishment:

3005 (b) In which every massage performed between the hours of  
 3006 midnight and 5 a.m. is performed by a massage therapist acting  
 3007 under the prescription of a physician or physician assistant  
 3008 licensed under chapter 458, an osteopathic physician or  
 3009 physician assistant licensed under chapter 459, a chiropractic  
 3010 physician licensed under chapter 460, a podiatric physician  
 3011 licensed under chapter 461, an independent advanced practice  
 3012 registered nurse registered, or an advanced practice registered  
 3013 nurse certified, ~~practitioner licensed~~ under part I of chapter

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3014 464, or a dentist licensed under chapter 466; or  
 3015 Section 67. Subsection (7) of section 483.041, Florida  
 3016 Statutes, is amended to read:  
 3017 483.041 Definitions.—As used in this part, the term:  
 3018 (7) "Licensed practitioner" means a physician licensed  
 3019 under chapter 458, chapter 459, chapter 460, or chapter 461; a  
 3020 certified optometrist licensed under chapter 463; a dentist  
 3021 licensed under chapter 466; a person licensed under chapter 462;  
 3022 ~~or an independent advanced practice registered nurse registered,~~  
 3023 or an advanced practice registered nurse certified, practitioner  
 3024 ~~licensed~~ under part I of chapter 464; or a duly licensed  
 3025 practitioner from another state licensed under similar statutes  
 3026 who orders examinations on materials or specimens for  
 3027 nonresidents of the State of Florida, but who reside in the same  
 3028 state as the requesting licensed practitioner.

3029 Section 68. Subsection (5) of section 483.181, Florida  
 3030 Statutes, is amended to read:

3031 483.181 Acceptance, collection, identification, and  
 3032 examination of specimens.—

3033 (5) A clinical laboratory licensed under this part must  
 3034 accept a human specimen submitted for examination by a  
 3035 practitioner licensed under chapter 458, chapter 459, chapter  
 3036 460, chapter 461, chapter 462, chapter 463, s. 464.012, s.  
 3037 464.0125, or chapter 466, if the specimen and test are the type  
 3038 performed by the clinical laboratory. A clinical laboratory may  
 3039 only refuse a specimen based upon a history of nonpayment for

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3040 services by the practitioner. A clinical laboratory shall not  
 3041 charge different prices for tests based upon the chapter under  
 3042 which a practitioner submitting a specimen for testing is  
 3043 licensed.

3044 Section 69. Subsection (5) of section 483.801, Florida  
 3045 Statutes, is amended to read:

3046 483.801 Exemptions.—This part applies to all clinical  
 3047 laboratories and clinical laboratory personnel within this  
 3048 state, except:

3049 (5) Advanced practice registered nurses certified ~~nurse~~  
 3050 ~~practitioners licensed~~ under part I of chapter 464 who perform  
 3051 provider-performed microscopy procedures (PPMP) in an exclusive-  
 3052 use laboratory setting.

3053 Section 70. Paragraph (a) of subsection (11) of section  
 3054 486.021, Florida Statutes, is amended to read:

3055 486.021 Definitions.—In this chapter, unless the context  
 3056 otherwise requires, the term:

3057 (11) "Practice of physical therapy" means the performance  
 3058 of physical therapy assessments and the treatment of any  
 3059 disability, injury, disease, or other health condition of human  
 3060 beings, or the prevention of such disability, injury, disease,  
 3061 or other condition of health, and rehabilitation as related  
 3062 thereto by the use of the physical, chemical, and other  
 3063 properties of air; electricity; exercise; massage; the  
 3064 performance of acupuncture only upon compliance with the  
 3065 criteria set forth by the Board of Medicine, when no penetration

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3066 of the skin occurs; the use of radiant energy, including  
 3067 ultraviolet, visible, and infrared rays; ultrasound; water; the  
 3068 use of apparatus and equipment in the application of the  
 3069 foregoing or related thereto; the performance of tests of  
 3070 neuromuscular functions as an aid to the diagnosis or treatment  
 3071 of any human condition; or the performance of electromyography  
 3072 as an aid to the diagnosis of any human condition only upon  
 3073 compliance with the criteria set forth by the Board of Medicine.

3074 (a) A physical therapist may implement a plan of treatment  
 3075 developed by the physical therapist for a patient or provided  
 3076 for a patient by a practitioner of record or by an independent  
 3077 advanced practice registered nurse registered under s. 464.0125  
 3078 or an advanced practice registered nurse certified practitioner  
 3079 ~~licensed~~ under s. 464.012. The physical therapist shall refer  
 3080 the patient to or consult with a practitioner of record if the  
 3081 patient's condition is found to be outside the scope of physical  
 3082 therapy. If physical therapy treatment for a patient is required  
 3083 beyond 21 days for a condition not previously assessed by a  
 3084 practitioner of record, the physical therapist shall obtain a  
 3085 practitioner of record who will review and sign the plan. For  
 3086 purposes of this paragraph, a health care practitioner licensed  
 3087 under chapter 458, chapter 459, chapter 460, chapter 461, or  
 3088 chapter 466 and engaged in active practice is eligible to serve  
 3089 as a practitioner of record.

3090 Section 71. Paragraph (d) of subsection (1) of section  
 3091 490.012, Florida Statutes, is amended to read:

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3092 490.012 Violations; penalties; injunction.-

3093 (1)

3094 (d) No person shall hold herself or himself out by any  
 3095 title or description incorporating the word, or a permutation of  
 3096 the word, "psychotherapy" unless such person holds a valid,  
 3097 active license under chapter 458, chapter 459, chapter 490, or  
 3098 chapter 491, or such person is registered as an independent  
 3099 advanced practice registered nurse, pursuant to s. 464.0125, or  
 3100 certified as an advanced practice registered nurse ~~practitioner~~,  
 3101 pursuant to s. 464.012, who has been determined by the Board of  
 3102 Nursing as a specialist in psychiatric mental health.

3103 Section 72. Subsection (1) of section 491.0057, Florida  
 3104 Statutes, is amended to read:

3105 491.0057 Dual licensure as a marriage and family  
 3106 therapist.-The department shall license as a marriage and family  
 3107 therapist any person who demonstrates to the board that he or  
 3108 she:

3109 (1) Holds a valid, active license as a psychologist under  
 3110 chapter 490 or as a clinical social worker or mental health  
 3111 counselor under this chapter, or is registered as an independent  
 3112 advanced practice registered nurse, pursuant to s. 464.0125, or  
 3113 certified under s. 464.012 as an advanced practice registered  
 3114 nurse, ~~practitioner~~ who has been determined by the Board of  
 3115 Nursing as a specialist in psychiatric mental health.

3116 Section 73. Paragraph (d) of subsection (1) and subsection  
 3117 (2) of section 491.012, Florida Statutes, is amended to read:

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3118 491.012 Violations; penalty; injunction.—  
3119 (1) It is unlawful and a violation of this chapter for any  
3120 person to:  
3121 (d) Use the terms psychotherapist, sex therapist, or  
3122 juvenile sexual offender therapist unless such person is  
3123 licensed pursuant to this chapter or chapter 490, or is  
3124 registered under s. 464.0125 as an independent advanced practice  
3125 registered nurse or certified under s. 464.012 as an advanced  
3126 practice registered nurse and practitioner who has been  
3127 determined by the Board of Nursing to be as a specialist in  
3128 psychiatric mental health and the use of such terms is within  
3129 the scope of her or his practice based on education, training,  
3130 and licensure.  
3131 (2) It is unlawful and a violation of this chapter for any  
3132 person to describe her or his services using the following terms  
3133 or any derivative thereof, unless such person holds a valid,  
3134 active license under this chapter or chapter 490, or is  
3135 registered under s. 464.0125 as an independent advanced practice  
3136 registered nurse or is certified under s. 464.012 as an advanced  
3137 practice registered nurse and practitioner who has been  
3138 determined by the Board of Nursing to be as a specialist in  
3139 psychiatric mental health and the use of such terms is within  
3140 the scope of her or his practice based on education, training,  
3141 and licensure:  
3142 (a) "Psychotherapy."  
3143 (b) "Sex therapy."

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- 3144 (c) "Sex counseling."
- 3145 (d) "Clinical social work."
- 3146 (e) "Psychiatric social work."
- 3147 (f) "Marriage and family therapy."
- 3148 (g) "Marriage and family counseling."
- 3149 (h) "Marriage counseling."
- 3150 (i) "Family counseling."
- 3151 (j) "Mental health counseling."

3152 Section 74. Subsection (2) of section 493.6108, Florida  
 3153 Statutes, is amended to read:

3154 493.6108 Investigation of applicants by Department of  
 3155 Agriculture and Consumer Services.—

3156 (2) In addition to subsection (1), the department shall  
 3157 make an investigation of the general physical fitness of the  
 3158 Class "G" applicant to bear a weapon or firearm. Determination  
 3159 of physical fitness shall be certified by a physician or  
 3160 physician assistant currently licensed pursuant to chapter 458,  
 3161 chapter 459, or any similar law of another state or authorized  
 3162 to act as a licensed physician by a federal agency or  
 3163 department, or by an independent advanced practice registered  
 3164 nurse registered, or an advanced practice registered nurse  
 3165 certified, ~~practitioner currently licensed~~ pursuant to part I of  
 3166 chapter 464. Such certification shall be submitted on a form  
 3167 provided by the department.

3168 Section 75. Subsection (1) of section 626.9707, Florida  
 3169 Statutes, is amended to read:

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3170 626.9707 Disability insurance; discrimination on basis of  
3171 sickle-cell trait prohibited.--

3172 (1) No insurer authorized to transact insurance in this  
3173 state shall refuse to issue and deliver in this state any policy  
3174 of disability insurance, whether such policy is defined as  
3175 individual, group, blanket, franchise, industrial, or otherwise,  
3176 which is currently being issued for delivery in this state and  
3177 which affords benefits and coverage for any medical treatment or  
3178 service authorized and permitted to be furnished by a hospital,  
3179 clinic, health clinic, neighborhood health clinic, health  
3180 maintenance organization, physician, physician's assistant,  
3181 independent advanced practice registered nurse, advanced  
3182 practice registered nurse ~~practitioner~~, or medical service  
3183 facility or personnel solely because the person to be insured  
3184 has the sickle-cell trait.

3185 Section 76. Paragraph (b) of subsection (1) of section  
3186 627.357, Florida Statutes, is amended to read:

3187 627.357 Medical malpractice self-insurance.--

3188 (1) DEFINITIONS.--As used in this section, the term:

3189 (b) "Health care provider" means any:

- 3190 1. Hospital licensed under chapter 395.
- 3191 2. Physician licensed, or physician assistant licensed,  
3192 under chapter 458.
- 3193 3. Osteopathic physician or physician assistant licensed  
3194 under chapter 459.
- 3195 4. Podiatric physician licensed under chapter 461.

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- 3196 5. Health maintenance organization certificated under part  
 3197 I of chapter 641.
- 3198 6. Ambulatory surgical center licensed under chapter 395.
- 3199 7. Chiropractic physician licensed under chapter 460.
- 3200 8. Psychologist licensed under chapter 490.
- 3201 9. Optometrist licensed under chapter 463.
- 3202 10. Dentist licensed under chapter 466.
- 3203 11. Pharmacist licensed under chapter 465.
- 3204 12. Registered nurse, licensed practical nurse,  
 3205 independent advanced practice registered nurse, or advanced  
 3206 practice registered nurse practitioner licensed, registered, or  
 3207 certified registered under part I of chapter 464.
- 3208 13. Other medical facility.
- 3209 14. Professional association, partnership, corporation,  
 3210 joint venture, or other association established by the  
 3211 individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9.,  
 3212 10., 11., and 12. for professional activity.
- 3213 Section 77. Paragraph (a) of subsection (1) of section  
 3214 627.736, Florida Statutes, is amended to read:
- 3215 627.736 Required personal injury protection benefits;  
 3216 exclusions; priority; claims.—
- 3217 (1) REQUIRED BENEFITS.—An insurance policy complying with  
 3218 the security requirements of s. 627.733 must provide personal  
 3219 injury protection to the named insured, relatives residing in  
 3220 the same household, persons operating the insured motor vehicle,  
 3221 passengers in the motor vehicle, and other persons struck by the

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3222 motor vehicle and suffering bodily injury while not an occupant  
 3223 of a self-propelled vehicle, subject to subsection (2) and  
 3224 paragraph (4)(e), to a limit of \$10,000 in medical and  
 3225 disability benefits and \$5,000 in death benefits resulting from  
 3226 bodily injury, sickness, disease, or death arising out of the  
 3227 ownership, maintenance, or use of a motor vehicle as follows:

3228 (a) Medical benefits.—Eighty percent of all reasonable  
 3229 expenses for medically necessary medical, surgical, X-ray,  
 3230 dental, and rehabilitative services, including prosthetic  
 3231 devices and medically necessary ambulance, hospital, and nursing  
 3232 services if the individual receives initial services and care  
 3233 pursuant to subparagraph 1. within 14 days after the motor  
 3234 vehicle accident. The medical benefits provide reimbursement  
 3235 only for:

3236 1. Initial services and care that are lawfully provided,  
 3237 supervised, ordered, or prescribed by a physician licensed under  
 3238 chapter 458 or chapter 459, a dentist licensed under chapter  
 3239 466, ~~or~~ a chiropractic physician licensed under chapter 460, an  
 3240 independent advanced practice registered nurse registered under  
 3241 s. 464.0125, or that are provided in a hospital or in a facility  
 3242 that owns, or is wholly owned by, a hospital. Initial services  
 3243 and care may also be provided by a person or entity licensed  
 3244 under part III of chapter 401 which provides emergency  
 3245 transportation and treatment.

3246 2. Upon referral by a provider described in subparagraph  
 3247 1., followup services and care consistent with the underlying



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3248 | medical diagnosis rendered pursuant to subparagraph 1. which may  
 3249 | be provided, supervised, ordered, or prescribed only by a  
 3250 | physician licensed under chapter 458 or chapter 459, a  
 3251 | chiropractic physician licensed under chapter 460, a dentist  
 3252 | licensed under chapter 466, an independent advanced practice  
 3253 | registered nurse registered under s. 464.0125, or, to the extent  
 3254 | permitted by applicable law and under the supervision of such  
 3255 | physician, osteopathic physician, chiropractic physician, ~~or~~  
 3256 | dentist, or independent advanced practice registered nurse  
 3257 | registered under s. 464.0125, by a physician assistant licensed  
 3258 | under chapter 458 or chapter 459 or an advanced practice  
 3259 | registered nurse certified practitioner licensed under part I of  
 3260 | chapter 464. Followup services and care may also be provided by  
 3261 | the following persons or entities:  
 3262 |       a. A hospital or ambulatory surgical center licensed under  
 3263 | chapter 395.  
 3264 |       b. An entity wholly owned by one or more physicians  
 3265 | licensed under chapter 458 or chapter 459, chiropractic  
 3266 | physicians licensed under chapter 460, ~~or~~ dentists licensed  
 3267 | under chapter 466, independent advanced practice registered  
 3268 | nurses registered under s. 464.0125, or by such practitioners  
 3269 | and the spouse, parent, child, or sibling of such practitioners.  
 3270 |       c. An entity that owns or is wholly owned, directly or  
 3271 | indirectly, by a hospital or hospitals.  
 3272 |       d. A physical therapist licensed under chapter 486, based  
 3273 | upon a referral by a provider described in this subparagraph.

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3274 e. A health care clinic licensed under part X of chapter  
 3275 400 which is accredited by an accrediting organization whose  
 3276 standards incorporate comparable regulations required by this  
 3277 state, or

3278 (I) Has a medical director licensed under chapter 458,  
 3279 chapter 459, or chapter 460;

3280 (II) Has been continuously licensed for more than 3 years  
 3281 or is a publicly traded corporation that issues securities  
 3282 traded on an exchange registered with the United States  
 3283 Securities and Exchange Commission as a national securities  
 3284 exchange; and

3285 (III) Provides at least four of the following medical  
 3286 specialties:

3287 (A) General medicine.

3288 (B) Radiography.

3289 (C) Orthopedic medicine.

3290 (D) Physical medicine.

3291 (E) Physical therapy.

3292 (F) Physical rehabilitation.

3293 (G) Prescribing or dispensing outpatient prescription  
 3294 medication.

3295 (H) Laboratory services.

3296 3. Reimbursement for services and care provided in  
 3297 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician  
 3298 licensed under chapter 458 or chapter 459, a dentist licensed  
 3299 under chapter 466, an independent advanced practice registered

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3300 nurse registered under s. 464.0125, a physician assistant  
 3301 licensed under chapter 458 or chapter 459, or an advanced  
 3302 practice registered nurse certified ~~practitioner licensed~~ under  
 3303 s. 464.012 ~~chapter 464~~ has determined that the injured person  
 3304 had an emergency medical condition.

3305 4. Reimbursement for services and care provided in  
 3306 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a  
 3307 provider listed in subparagraph 1. or subparagraph 2. determines  
 3308 that the injured person did not have an emergency medical  
 3309 condition.

3310 5. Medical benefits do not include massage as defined in  
 3311 s. 480.033 or acupuncture as defined in s. 457.102, regardless  
 3312 of the person, entity, or licensee providing massage or  
 3313 acupuncture, and a licensed massage therapist or licensed  
 3314 acupuncturist may not be reimbursed for medical benefits under  
 3315 this section.

3316 6. The Financial Services Commission shall adopt by rule  
 3317 the form that must be used by an insurer and a health care  
 3318 provider specified in sub-subparagraph 2.b., sub-subparagraph  
 3319 2.c., or sub-subparagraph 2.e. to document that the health care  
 3320 provider meets the criteria of this paragraph. Such rule must  
 3321 include a requirement for a sworn statement or affidavit.  
 3322

3323 Only insurers writing motor vehicle liability insurance in this  
 3324 state may provide the required benefits of this section, and  
 3325 such insurer may not require the purchase of any other motor

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3326 vehicle coverage other than the purchase of property damage  
 3327 liability coverage as required by s. 627.7275 as a condition for  
 3328 providing such benefits. Insurers may not require that property  
 3329 damage liability insurance in an amount greater than \$10,000 be  
 3330 purchased in conjunction with personal injury protection. Such  
 3331 insurers shall make benefits and required property damage  
 3332 liability insurance coverage available through normal marketing  
 3333 channels. An insurer writing motor vehicle liability insurance  
 3334 in this state who fails to comply with such availability  
 3335 requirement as a general business practice violates part IX of  
 3336 chapter 626, and such violation constitutes an unfair method of  
 3337 competition or an unfair or deceptive act or practice involving  
 3338 the business of insurance. An insurer committing such violation  
 3339 is subject to the penalties provided under that part, as well as  
 3340 those provided elsewhere in the insurance code.

3341 Section 78. Subsection (6) of section 627.6471, Florida  
 3342 Statutes, is amended to read:

3343 627.6471 Contracts for reduced rates of payment;  
 3344 limitations; coinsurance and deductibles.-

3345 (6) If psychotherapeutic services are covered by a policy  
 3346 issued by the insurer, the insurer shall provide eligibility  
 3347 criteria for each group of health care providers licensed under  
 3348 chapter 458, chapter 459, chapter 490, or chapter 491, which  
 3349 include psychotherapy within the scope of their practice as  
 3350 provided by law, or for any person who is registered as an  
 3351 independent advanced practice registered nurse under s. 464.0125

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3352 | or certified as an advanced practice registered nurse  
 3353 | ~~practitioner in psychiatric mental health~~ under s. 464.012 and  
 3354 | who specializes in psychiatric mental health. When  
 3355 | psychotherapeutic services are covered, eligibility criteria  
 3356 | shall be established by the insurer to be included in the  
 3357 | insurer's criteria for selection of network providers. The  
 3358 | insurer may not discriminate against a health care provider by  
 3359 | excluding such practitioner from its provider network solely on  
 3360 | the basis of the practitioner's license.

3361 | Section 79. Subsections (15) and (17) of section 627.6472,  
 3362 | Florida Statutes, are amended to read:

3363 | 627.6472 Exclusive provider organizations.—

3364 | (15) If psychotherapeutic services are covered by a policy  
 3365 | issued by the insurer, the insurer shall provide eligibility  
 3366 | criteria for all groups of health care providers licensed under  
 3367 | chapter 458, chapter 459, chapter 490, or chapter 491, which  
 3368 | include psychotherapy within the scope of their practice as  
 3369 | provided by law, or for any person who is registered as an  
 3370 | independent advanced practice registered nurse under s.  
 3371 | 464.0125 or certified as an advanced practice registered nurse  
 3372 | ~~practitioner in psychiatric mental health~~ under s. 464.012, who  
 3373 | specializes in psychiatric mental health. When psychotherapeutic  
 3374 | services are covered, eligibility criteria shall be established  
 3375 | by the insurer to be included in the insurer's criteria for  
 3376 | selection of network providers. The insurer may not discriminate  
 3377 | against a health care provider by excluding such practitioner

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3378 | from its provider network solely on the basis of the  
 3379 | practitioner's license.

3380 |         (17) An exclusive provider organization shall not  
 3381 | discriminate with respect to participation as to any independent  
 3382 | advanced practice registered nurse registered pursuant to s.  
 3383 | 464.0125 or advanced practice registered nurse ~~practitioner~~  
 3384 | ~~licensed and~~ certified pursuant to s. 464.012, who is acting  
 3385 | within the scope of such registration or license ~~and~~  
 3386 | certification, solely on the basis of such ~~license or~~  
 3387 | registration or certification. This subsection shall not be  
 3388 | construed to prohibit a plan from including providers only to  
 3389 | the extent necessary to meet the needs of the plan's enrollees  
 3390 | or from establishing any measure designed to maintain quality  
 3391 | and control costs consistent with the responsibilities of the  
 3392 | plan.

3393 |         Section 80. Paragraph (e) of subsection (1) of section  
 3394 | 633.412, Florida Statutes, is amended to read:

3395 |         633.412 Firefighters; qualifications for certification.—

3396 |         (1) A person applying for certification as a firefighter  
 3397 | must:

3398 |         (e) Be in good physical condition as determined by a  
 3399 | medical examination given by a physician, surgeon, or physician  
 3400 | assistant licensed to practice in the state pursuant to chapter  
 3401 | 458; an osteopathic physician, surgeon, or physician assistant  
 3402 | licensed to practice in the state pursuant to chapter 459; an  
 3403 | independent advanced practice registered nurse registered, or an

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3404 advanced practice registered nurse certified, ~~practitioner~~  
 3405 ~~licensed~~ to practice in the state pursuant to part I of chapter  
 3406 464. Such examination may include, but need not be limited to,  
 3407 the National Fire Protection Association Standard 1582. A  
 3408 medical examination evidencing good physical condition shall be  
 3409 submitted to the division, on a form as provided by rule, before  
 3410 an individual is eligible for admission into a course under s.  
 3411 633.408.

3412 Section 81. Section 641.3923, Florida Statutes, is amended  
 3413 to read:

3414 641.3923 Discrimination against providers prohibited.—A  
 3415 health maintenance organization shall not discriminate with  
 3416 respect to participation as to any independent advanced practice  
 3417 registered nurse registered pursuant to s. 464.0125 or advanced  
 3418 practice registered nurse ~~practitioner licensed and~~ certified  
 3419 pursuant to s. 464.012, who is acting within the scope of such  
 3420 ~~license and registration or~~ certification, solely on the basis  
 3421 of such registration or ~~license or~~ certification. This section  
 3422 shall not be construed to prohibit a plan from including  
 3423 providers only to the extent necessary to meet the needs of the  
 3424 plan's enrollees or from establishing any measure designed to  
 3425 maintain quality and control costs consistent with the  
 3426 responsibilities of the plan.

3427 Section 82. Subsection (8) of section 641.495, Florida  
 3428 Statutes, is amended to read:

3429 641.495 Requirements for issuance and maintenance of

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3430 certificate.-

3431 (8) Each organization's contracts, certificates, and  
 3432 subscriber handbooks shall contain a provision, if applicable,  
 3433 disclosing that, for certain types of described medical  
 3434 procedures, services may be provided by physician assistants,  
 3435 independent advanced practice registered nurses, advanced  
 3436 practice registered nurses ~~nurse practitioners~~, or other  
 3437 individuals who are not licensed physicians.

3438 Section 83. Paragraph (a) of subsection (3) of section  
 3439 744.331, Florida Statutes, is amended to read:

3440 744.331 Procedures to determine incapacity.-

3441 (3) EXAMINING COMMITTEE.-

3442 (a) Within 5 days after a petition for determination of  
 3443 incapacity has been filed, the court shall appoint an examining  
 3444 committee consisting of three members. One member must be a  
 3445 psychiatrist or other physician. The remaining members must be  
 3446 either a psychologist, gerontologist, another psychiatrist, or  
 3447 other physician, a registered nurse, an advanced practice  
 3448 registered nurse practitioner, a licensed social worker, a  
 3449 person with an advanced degree in gerontology from an accredited  
 3450 institution of higher education, or other person who by  
 3451 knowledge, skill, experience, training, or education may, in the  
 3452 court's discretion, advise the court in the form of an expert  
 3453 opinion. One of three members of the committee must have  
 3454 knowledge of the type of incapacity alleged in the petition.  
 3455 Unless good cause is shown, the attending or family physician

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3456 may not be appointed to the committee. If the attending or  
 3457 family physician is available for consultation, the committee  
 3458 must consult with the physician. Members of the examining  
 3459 committee may not be related to or associated with one another,  
 3460 with the petitioner, with counsel for the petitioner or the  
 3461 proposed guardian, or with the person alleged to be totally or  
 3462 partially incapacitated. A member may not be employed by any  
 3463 private or governmental agency that has custody of, or  
 3464 furnishes, services or subsidies, directly or indirectly, to the  
 3465 person or the family of the person alleged to be incapacitated  
 3466 or for whom a guardianship is sought. A petitioner may not serve  
 3467 as a member of the examining committee. Members of the examining  
 3468 committee must be able to communicate, either directly or  
 3469 through an interpreter, in the language that the alleged  
 3470 incapacitated person speaks or to communicate in a medium  
 3471 understandable to the alleged incapacitated person if she or he  
 3472 is able to communicate. The clerk of the court shall send notice  
 3473 of the appointment to each person appointed no later than 3 days  
 3474 after the court's appointment.

3475 Section 84. Subsection (1) of section 744.703, Florida  
 3476 Statutes, is amended to read:

3477 744.703 Office of public guardian; appointment,  
 3478 notification.—

3479 (1) The executive director of the Statewide Public  
 3480 Guardianship Office, after consultation with the chief judge and  
 3481 other circuit judges within the judicial circuit and with

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3482 appropriate advocacy groups and individuals and organizations  
 3483 who are knowledgeable about the needs of incapacitated persons,  
 3484 may establish, within a county in the judicial circuit or within  
 3485 the judicial circuit, one or more offices of public guardian and  
 3486 if so established, shall create a list of persons best qualified  
 3487 to serve as the public guardian, who have been investigated  
 3488 pursuant to s. 744.3135. The public guardian must have knowledge  
 3489 of the legal process and knowledge of social services available  
 3490 to meet the needs of incapacitated persons. The public guardian  
 3491 shall maintain a staff or contract with professionally qualified  
 3492 individuals to carry out the guardianship functions, including  
 3493 an attorney who has experience in probate areas and another  
 3494 person who has a master's degree in social work, or a  
 3495 gerontologist, psychologist, registered nurse, independent  
 3496 advanced practice registered nurse, or advanced practice  
 3497 registered nurse practitioner. A public guardian that is a  
 3498 nonprofit corporate guardian under s. 744.309(5) must receive  
 3499 tax-exempt status from the United States Internal Revenue  
 3500 Service.

3501 Section 85. Subsection (6) of section 766.102, Florida  
 3502 Statutes, is amended to read:

3503 766.102 Medical negligence; standards of recovery; expert  
 3504 witness.—

3505 (6) A physician licensed under chapter 458 or chapter 459  
 3506 who qualifies as an expert witness under subsection (5) and who,  
 3507 by reason of active clinical practice or instruction of

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3508 students, has knowledge of the applicable standard of care for  
 3509 nurses, independent advanced practice registered nurses,  
 3510 advanced practice registered nurses ~~nurse practitioners,~~  
 3511 ~~certified registered nurse anesthetists, certified registered~~  
 3512 ~~nurse midwives,~~ physician assistants, or other medical support  
 3513 staff may give expert testimony in a medical negligence action  
 3514 with respect to the standard of care of such medical support  
 3515 staff.

3516 Section 86. Subsection (3) of section 766.103, Florida  
 3517 Statutes, is amended to read:

3518 766.103 Florida Medical Consent Law.—

3519 (3) No recovery shall be allowed in any court in this  
 3520 state against any physician licensed under chapter 458,  
 3521 osteopathic physician licensed under chapter 459, chiropractic  
 3522 physician licensed under chapter 460, podiatric physician  
 3523 licensed under chapter 461, dentist licensed under chapter 466,  
 3524 independent advanced practice registered nurse registered under  
 3525 s. 464.0125, advanced practice registered nurse ~~practitioner~~  
 3526 certified under s. 464.012, or physician assistant licensed  
 3527 under s. 458.347 or s. 459.022 in an action brought for  
 3528 treating, examining, or operating on a patient without his or  
 3529 her informed consent when:

3530 (a)1. The action of the physician, osteopathic physician,  
 3531 chiropractic physician, podiatric physician, dentist,  
 3532 independent advanced practice registered nurse, advanced  
 3533 practice registered nurse ~~practitioner,~~ or physician assistant

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3534 in obtaining the consent of the patient or another person  
 3535 authorized to give consent for the patient was in accordance  
 3536 with an accepted standard of medical practice among members of  
 3537 the medical profession with similar training and experience in  
 3538 the same or similar medical community as that of the person  
 3539 treating, examining, or operating on the patient for whom the  
 3540 consent is obtained; and

3541 2. A reasonable individual, from the information provided  
 3542 by the physician, osteopathic physician, chiropractic physician,  
 3543 podiatric physician, dentist, independent advanced practice  
 3544 registered nurse, advanced practice registered nurse  
 3545 ~~practitioner~~, or physician assistant, under the circumstances,  
 3546 would have a general understanding of the procedure, the  
 3547 medically acceptable alternative procedures or treatments, and  
 3548 the substantial risks and hazards inherent in the proposed  
 3549 treatment or procedures, which are recognized among other  
 3550 physicians, osteopathic physicians, chiropractic physicians,  
 3551 podiatric physicians, or dentists in the same or similar  
 3552 community who perform similar treatments or procedures; or

3553 (b) The patient would reasonably, under all the  
 3554 surrounding circumstances, have undergone such treatment or  
 3555 procedure had he or she been advised by the physician,  
 3556 osteopathic physician, chiropractic physician, podiatric  
 3557 physician, dentist, independent advanced practice registered  
 3558 nurse, advanced practice registered nurse ~~practitioner~~, or  
 3559 physician assistant in accordance with the provisions of

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3560 paragraph (a).

3561 Section 87. Paragraph (d) of subsection (3) of section

3562 766.1115, Florida Statutes, is amended to read:

3563 766.1115 Health care providers; creation of agency

3564 relationship with governmental contractors.-

3565 (3) DEFINITIONS.-As used in this section, the term:

3566 (d) "Health care provider" or "provider" means:

3567 1. A birth center licensed under chapter 383.

3568 2. An ambulatory surgical center licensed under chapter

3569 395.

3570 3. A hospital licensed under chapter 395.

3571 4. A physician or physician assistant licensed under

3572 chapter 458.

3573 5. An osteopathic physician or osteopathic physician

3574 assistant licensed under chapter 459:

3575 6. A chiropractic physician licensed under chapter 460.

3576 7. A podiatric physician licensed under chapter 461.

3577 8. A registered nurse, ~~nurse midwife~~, licensed practical

3578 nurse, independent advanced practice registered nurse, or

3579 advanced practice registered nurse ~~practitioner~~ licensed,

3580 registered, or certified ~~registered~~ under part I of chapter 464

3581 or any facility which employs nurses licensed, registered, or

3582 certified ~~registered~~ under part I of chapter 464 to supply all

3583 or part of the care delivered under this section.

3584 9. A midwife licensed under chapter 467.

3585 10. A health maintenance organization certificated under

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3586 part I of chapter 641.

3587 11. A health care professional association and its  
3588 employees or a corporate medical group and its employees.

3589 12. Any other medical facility the primary purpose of  
3590 which is to deliver human medical diagnostic services or which  
3591 delivers nonsurgical human medical treatment, and which includes  
3592 an office maintained by a provider.

3593 13. A dentist or dental hygienist licensed under chapter  
3594 466.

3595 14. A free clinic that delivers only medical diagnostic  
3596 services or nonsurgical medical treatment free of charge to all  
3597 low-income recipients.

3598 15. Any other health care professional, practitioner,  
3599 provider, or facility under contract with a governmental  
3600 contractor, including a student enrolled in an accredited  
3601 program that prepares the student for licensure as any one of  
3602 the professionals listed in subparagraphs 4.-9.

3603  
3604 The term includes any nonprofit corporation qualified as exempt  
3605 from federal income taxation under s. 501(a) of the Internal  
3606 Revenue Code, and described in s. 501(c) of the Internal Revenue  
3607 Code, which delivers health care services provided by licensed  
3608 professionals listed in this paragraph, any federally funded  
3609 community health center, and any volunteer corporation or  
3610 volunteer health care provider that delivers health care  
3611 services.

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3612 Section 88. Subsection (1) of section 766.1116, Florida  
 3613 Statutes, is amended to read:

3614 766.1116 Health care practitioner; waiver of license  
 3615 renewal fees and continuing education requirements.—

3616 (1) As used in this section, the term "health care  
 3617 practitioner" means a physician or physician assistant licensed  
 3618 under chapter 458; an osteopathic physician or physician  
 3619 assistant licensed under chapter 459; a chiropractic physician  
 3620 licensed under chapter 460; a podiatric physician licensed under  
 3621 chapter 461; an independent advanced practice registered nurse,  
 3622 an advanced practice registered nurse practitioner, registered  
 3623 nurse, or licensed practical nurse licensed, registered, or  
 3624 certified under part I of chapter 464; a dentist or dental  
 3625 hygienist licensed under chapter 466; or a midwife licensed  
 3626 under chapter 467, who participates as a health care provider  
 3627 under s. 766.1115.

3628 Section 89. Paragraph (c) of subsection (1) of section  
 3629 766.118, Florida Statutes, is amended to read:

3630 766.118 Determination of noneconomic damages.—

3631 (1) DEFINITIONS.—As used in this section, the term:

3632 (c) "Practitioner" means any person licensed under chapter  
 3633 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter  
 3634 463, chapter 466, chapter 467, or chapter 486, registered under  
 3635 s. 464.0125, or certified under s. 464.012. "Practitioner" also  
 3636 means any association, corporation, firm, partnership, or other  
 3637 business entity under which such practitioner practices or any

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3638 employee of such practitioner or entity acting in the scope of  
 3639 his or her employment. For the purpose of determining the  
 3640 limitations on noneconomic damages set forth in this section,  
 3641 the term "practitioner" includes any person or entity for whom a  
 3642 practitioner is vicariously liable and any person or entity  
 3643 whose liability is based solely on such person or entity being  
 3644 vicariously liable for the actions of a practitioner.

3645 Section 90. Subsection (3) of section 768.135, Florida  
 3646 Statutes, is amended to read:

3647 768.135 Volunteer team practitioners ~~physicians~~;  
 3648 immunity.—

3649 (3) A practitioner licensed under chapter 458, chapter  
 3650 459, chapter 460, s. 464.0125, or s. 464.012 who gratuitously  
 3651 and in good faith conducts an evaluation pursuant to s.  
 3652 1006.20(2)(c) is not liable for any civil damages arising from  
 3653 that evaluation unless the evaluation was conducted in a  
 3654 wrongful manner.

3655 Section 91. Subsection (4) of section 782.071, Florida  
 3656 Statutes, is amended to read:

3657 782.071 Vehicular homicide.—"Vehicular homicide" is the  
 3658 killing of a human being, or the killing of a viable fetus by  
 3659 any injury to the mother, caused by the operation of a motor  
 3660 vehicle by another in a reckless manner likely to cause the  
 3661 death of, or great bodily harm to, another.

3662 (4) In addition to any other punishment, the court may  
 3663 order the person to serve 120 community service hours in a



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3664 trauma center or hospital that regularly receives victims of  
 3665 vehicle accidents, under the supervision of an independent  
 3666 advanced practice registered nurse, an advanced practice  
 3667 registered nurse, registered nurse, an emergency room physician,  
 3668 or an emergency medical technician pursuant to a voluntary  
 3669 community service program operated by the trauma center or  
 3670 hospital.

3671 Section 92. Subsection (5) of section 794.08, Florida  
 3672 Statutes, is amended to read:

3673 794.08 Female genital mutilation.—

3674 (5) This section does not apply to procedures performed by  
 3675 or under the direction of a physician licensed under chapter  
 3676 458;~~τ~~ an osteopathic physician licensed under chapter 459;~~τ~~ a  
 3677 registered nurse licensed under part I of chapter 464, a  
 3678 practical nurse licensed under part I of chapter 464, an  
 3679 independent advanced practice registered nurse, or an advanced  
 3680 practice registered nurse licensed, registered, or certified  
 3681 ~~practitioner licensed~~ under part I of chapter 464;~~τ~~ a midwife  
 3682 licensed under chapter 467;~~τ~~ or a physician assistant licensed  
 3683 under chapter 458 or chapter 459;i when necessary to preserve the  
 3684 physical health of a female person. This section also does not  
 3685 apply to any autopsy or limited dissection conducted pursuant to  
 3686 chapter 406.

3687 Section 93. Subsection (21) of section 893.02, Florida  
 3688 Statutes, is amended to read:

3689 893.02 Definitions.—The following words and phrases as

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3690 used in this chapter shall have the following meanings, unless  
 3691 the context otherwise requires:

3692 (21) "Practitioner" means a physician licensed pursuant to  
 3693 chapter 458, a dentist licensed pursuant to chapter 466, a  
 3694 veterinarian licensed pursuant to chapter 474, an osteopathic  
 3695 physician licensed pursuant to chapter 459, a naturopath  
 3696 licensed pursuant to chapter 462, a certified optometrist  
 3697 licensed pursuant to chapter 463, an independent advanced  
 3698 practice registered nurse registered pursuant to s. 464.0125, an  
 3699 advanced practice registered nurse certified pursuant to s.  
 3700 464.012, or a podiatric physician licensed pursuant to chapter  
 3701 461, provided such practitioner holds a valid federal controlled  
 3702 substance registry number.

3703 Section 94. Subsection (6) of section 943.13, Florida  
 3704 Statutes, is amended to read:

3705 943.13 Officers' minimum qualifications for employment or  
 3706 appointment.—On or after October 1, 1984, any person employed or  
 3707 appointed as a full-time, part-time, or auxiliary law  
 3708 enforcement officer or correctional officer; on or after October  
 3709 1, 1986, any person employed as a full-time, part-time, or  
 3710 auxiliary correctional probation officer; and on or after  
 3711 October 1, 1986, any person employed as a full-time, part-time,  
 3712 or auxiliary correctional officer by a private entity under  
 3713 contract to the Department of Corrections, to a county  
 3714 commission, or to the Department of Management Services shall:

3715 (6) Have passed a physical examination by a licensed

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3716 physician, physician assistant, independent advanced practice  
 3717 registered nurse, or certified advanced practice registered  
 3718 nurse ~~practitioner~~, based on specifications established by the  
 3719 commission. In order to be eligible for the presumption set  
 3720 forth in s. 112.18 while employed with an employing agency, a  
 3721 law enforcement officer, correctional officer, or correctional  
 3722 probation officer must have successfully passed the physical  
 3723 examination required by this subsection upon entering into  
 3724 service as a law enforcement officer, correctional officer, or  
 3725 correctional probation officer with the employing agency, which  
 3726 examination must have failed to reveal any evidence of  
 3727 tuberculosis, heart disease, or hypertension. A law enforcement  
 3728 officer, correctional officer, or correctional probation officer  
 3729 may not use a physical examination from a former employing  
 3730 agency for purposes of claiming the presumption set forth in s.  
 3731 112.18 against the current employing agency.

3732 Section 95. Subsection (2) of section 945.603, Florida  
 3733 Statutes, is amended to read:

3734 945.603 Powers and duties of authority.—The purpose of the  
 3735 authority is to assist in the delivery of health care services  
 3736 for inmates in the Department of Corrections by advising the  
 3737 Secretary of Corrections on the professional conduct of primary,  
 3738 convalescent, dental, and mental health care and the management  
 3739 of costs consistent with quality care, by advising the Governor  
 3740 and the Legislature on the status of the Department of  
 3741 Corrections' health care delivery system, and by assuring that

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3742 adequate standards of physical and mental health care for  
 3743 inmates are maintained at all Department of Corrections  
 3744 institutions. For this purpose, the authority has the authority  
 3745 to:

3746 (2) Review and make recommendations regarding health care  
 3747 for the delivery of health care services including, but not  
 3748 limited to, acute hospital-based services and facilities,  
 3749 primary and tertiary care services, ancillary and clinical  
 3750 services, dental services, mental health services, intake and  
 3751 screening services, medical transportation services, and the use  
 3752 of advanced practice registered nurses ~~nurse practitioner~~ and  
 3753 physician assistants ~~assistant personnel~~ to act as physician  
 3754 extenders as these relate to inmates in the Department of  
 3755 Corrections.

3756 Section 96. Paragraph (i) of subsection (3) of section  
 3757 1002.20, Florida Statutes, is amended to read:

3758 1002.20 K-12 student and parent rights.—Parents of public  
 3759 school students must receive accurate and timely information  
 3760 regarding their child's academic progress and must be informed  
 3761 of ways they can help their child to succeed in school. K-12  
 3762 students and their parents are afforded numerous statutory  
 3763 rights including, but not limited to, the following:

3764 (3) HEALTH ISSUES.—

3765 (i) Epinephrine use and supply.—

3766 1. A student who has experienced or is at risk for life-  
 3767 threatening allergic reactions may carry an epinephrine auto-

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3768 injector and self-administer epinephrine by auto-injector while  
 3769 in school, participating in school-sponsored activities, or in  
 3770 transit to or from school or school-sponsored activities if the  
 3771 school has been provided with parental and physician  
 3772 authorization. The State Board of Education, in cooperation with  
 3773 the Department of Health, shall adopt rules for such use of  
 3774 epinephrine auto-injectors that shall include provisions to  
 3775 protect the safety of all students from the misuse or abuse of  
 3776 auto-injectors. A school district, county health department,  
 3777 public-private partner, and their employees and volunteers shall  
 3778 be indemnified by the parent of a student authorized to carry an  
 3779 epinephrine auto-injector for any and all liability with respect  
 3780 to the student's use of an epinephrine auto-injector pursuant to  
 3781 this paragraph.

3782         2. A public school may purchase from a wholesale  
 3783 distributor as defined in s. 499.003 and maintain in a locked,  
 3784 secure location on its premises a supply of epinephrine auto-  
 3785 injectors for use if a student is having an anaphylactic  
 3786 reaction. The participating school district shall adopt a  
 3787 protocol developed by a licensed physician for the  
 3788 administration by school personnel who are trained to recognize  
 3789 an anaphylactic reaction and to administer an epinephrine auto-  
 3790 injection. The supply of epinephrine auto-injectors may be  
 3791 provided to and used by a student authorized to self-administer  
 3792 epinephrine by auto-injector under subparagraph 1. or trained  
 3793 school personnel.

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3794 3. The school district and its employees and agents,  
 3795 including the physician who provides the standing protocol for  
 3796 school epinephrine auto-injectors, are not liable for any injury  
 3797 arising from the use of an epinephrine auto-injector  
 3798 administered by trained school personnel who follow the adopted  
 3799 protocol and whose professional opinion is that the student is  
 3800 having an anaphylactic reaction:

3801 a. Unless the trained school personnel's action is willful  
 3802 and wanton;

3803 b. Notwithstanding that the parents or guardians of the  
 3804 student to whom the epinephrine is administered have not been  
 3805 provided notice or have not signed a statement acknowledging  
 3806 that the school district is not liable; and

3807 c. Regardless of whether authorization has been given by  
 3808 the student's parents or guardians or by the student's  
 3809 physician, a physician ~~physician's~~ assistant, an independent  
 3810 advanced practice registered nurse, or an advanced practice  
 3811 registered nurse practitioner.

3812 Section 97. Paragraph (b) of subsection (17) of section  
 3813 1002.42, Florida Statutes, is amended to read:

3814 1002.42 Private schools.—

3815 (17) EPINEPHRINE SUPPLY.—

3816 (b) The private school and its employees and agents,  
 3817 including the physician who provides the standing protocol for  
 3818 school epinephrine auto-injectors, are not liable for any injury  
 3819 arising from the use of an epinephrine auto-injector

3820 administered by trained school personnel who follow the adopted  
 3821 protocol and whose professional opinion is that the student is  
 3822 having an anaphylactic reaction:

3823 1. Unless the trained school personnel's action is willful  
 3824 and wanton;

3825 2. Notwithstanding that the parents or guardians of the  
 3826 student to whom the epinephrine is administered have not been  
 3827 provided notice or have not signed a statement acknowledging  
 3828 that the school district is not liable; and

3829 3. Regardless of whether authorization has been given by  
 3830 the student's parents or guardians or by the student's  
 3831 physician, a physician ~~physician's assistant~~, an independent  
 3832 advanced practice registered nurse, or an advanced practice  
 3833 registered nurse practitioner.

3834 Section 98. Subsections (4) and (5) of section 1006.062,  
 3835 Florida Statutes, are amended to read:

3836 1006.062 Administration of medication and provision of  
 3837 medical services by district school board personnel.-

3838 (4) Nonmedical assistive personnel shall be allowed to  
 3839 perform health-related services upon successful completion of  
 3840 child-specific training by a registered nurse, an independent  
 3841 advanced practice registered nurse, or an advanced practice  
 3842 registered nurse practitioner licensed, registered, or certified  
 3843 under part I of chapter 464, a physician licensed pursuant to  
 3844 chapter 458 or chapter 459, or a physician assistant licensed  
 3845 pursuant to chapter 458 or chapter 459. All procedures shall be

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3846 monitored periodically by a nurse, an independent advanced  
 3847 practice registered nurse, an advanced practice registered nurse  
 3848 ~~practitioner~~, a physician assistant, or a physician, including,  
 3849 but not limited to:

- 3850 (a) Intermittent clean catheterization.
- 3851 (b) Gastrostomy tube feeding.
- 3852 (c) Monitoring blood glucose.
- 3853 (d) Administering emergency injectable medication.
- 3854 (5) For all other invasive medical services not listed in  
 3855 this subsection, a registered nurse, an independent advanced  
 3856 practice registered nurse, or advanced practice registered nurse  
 3857 ~~practitioner~~ licensed, registered, or certified under part I of  
 3858 chapter 464, a physician licensed pursuant to chapter 458 or  
 3859 chapter 459, or a physician assistant licensed pursuant to  
 3860 chapter 458 or chapter 459 shall determine if nonmedical  
 3861 district school board personnel shall be allowed to perform such  
 3862 service.

3863 Section 99. Paragraph (c) of subsection (2) of section  
 3864 1006.20, Florida Statutes, is amended to read:

3865 1006.20 Athletics in public K-12 schools.—

3866 (2) ADOPTION OF BYLAWS, POLICIES, OR GUIDELINES.—

3867 (c) The FHSAA shall adopt bylaws that require all students  
 3868 participating in interscholastic athletic competition or who are  
 3869 candidates for an interscholastic athletic team to  
 3870 satisfactorily pass a medical evaluation each year prior to  
 3871 participating in interscholastic athletic competition or



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3872 engaging in any practice, tryout, workout, or other physical  
 3873 activity associated with the student's candidacy for an  
 3874 interscholastic athletic team. Such medical evaluation may be  
 3875 administered only by a practitioner licensed under chapter 458,  
 3876 chapter 459, chapter 460, s. 464.0125, or s. 464.012, and in  
 3877 good standing with the practitioner's regulatory board. The  
 3878 bylaws shall establish requirements for eliciting a student's  
 3879 medical history and performing the medical evaluation required  
 3880 under this paragraph, which shall include a physical assessment  
 3881 of the student's physical capabilities to participate in  
 3882 interscholastic athletic competition as contained in a uniform  
 3883 preparticipation physical evaluation and history form. The  
 3884 evaluation form shall incorporate the recommendations of the  
 3885 American Heart Association for participation cardiovascular  
 3886 screening and shall provide a place for the signature of the  
 3887 practitioner performing the evaluation with an attestation that  
 3888 each examination procedure listed on the form was performed by  
 3889 the practitioner or by someone under the direct supervision of  
 3890 the practitioner. The form shall also contain a place for the  
 3891 practitioner to indicate if a referral to another practitioner  
 3892 was made in lieu of completion of a certain examination  
 3893 procedure. The form shall provide a place for the practitioner  
 3894 to whom the student was referred to complete the remaining  
 3895 sections and attest to that portion of the examination. The  
 3896 preparticipation physical evaluation form shall advise students  
 3897 to complete a cardiovascular assessment and shall include

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3898 | information concerning alternative cardiovascular evaluation and  
 3899 | diagnostic tests. Results of such medical evaluation must be  
 3900 | provided to the school. No student shall be eligible to  
 3901 | participate in any interscholastic athletic competition or  
 3902 | engage in any practice, tryout, workout, or other physical  
 3903 | activity associated with the student's candidacy for an  
 3904 | interscholastic athletic team until the results of the medical  
 3905 | evaluation have been received and approved by the school.

3906 |         Section 100. Subsection (1) and paragraph (a) of  
 3907 | subsection (2) of section 1009.65, Florida Statutes, is amended  
 3908 | to read:

3909 |             1009.65 Medical Education Reimbursement and Loan Repayment  
 3910 | Program.—

3911 |             (1) To encourage qualified medical professionals to  
 3912 | practice in underserved locations where there are shortages of  
 3913 | such personnel, there is established the Medical Education  
 3914 | Reimbursement and Loan Repayment Program. The function of the  
 3915 | program is to make payments that offset loans and educational  
 3916 | expenses incurred by students for studies leading to a medical  
 3917 | or nursing degree, medical or nursing licensure, or advanced  
 3918 | practice registered nurse ~~practitioner~~ certification or  
 3919 | physician assistant licensure. The following licensed or  
 3920 | certified health care professionals are eligible to participate  
 3921 | in this program: medical doctors with primary care specialties,  
 3922 | doctors of osteopathic medicine with primary care specialties,  
 3923 | physician's assistants, licensed practical nurses and registered

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3924 nurses, and advanced practice registered nurses ~~nurse~~  
 3925 ~~practitioners~~ with primary care specialties such as certified  
 3926 nurse midwives. Primary care medical specialties for physicians  
 3927 include obstetrics, gynecology, general and family practice,  
 3928 internal medicine, pediatrics, and other specialties which may  
 3929 be identified by the Department of Health.

3930 (2) From the funds available, the Department of Health  
 3931 shall make payments to selected medical professionals as  
 3932 follows:

3933 (a) Up to \$4,000 per year for licensed practical nurses  
 3934 and registered nurses, up to \$10,000 per year for advanced  
 3935 practice registered nurses ~~nurse-practitioners~~ and physician's  
 3936 assistants, and up to \$20,000 per year for physicians. Penalties  
 3937 for noncompliance shall be the same as those in the National  
 3938 Health Services Corps Loan Repayment Program. Educational  
 3939 expenses include costs for tuition, matriculation, registration,  
 3940 books, laboratory and other fees, other educational costs, and  
 3941 reasonable living expenses as determined by the Department of  
 3942 Health.

3943 Section 101. Subsection (2) of section 1009.66, Florida  
 3944 Statutes, is amended to read:

3945 1009.66 Nursing Student Loan Forgiveness Program.—

3946 (2) To be eligible, a candidate must have graduated from  
 3947 an accredited or approved nursing program and have received a  
 3948 Florida license as a licensed practical nurse or a registered  
 3949 nurse or a Florida certificate as an advanced practice

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3950 registered nurse ~~practitioner~~.

3951 Section 102. Subsection (3) of section 1009.67, Florida  
 3952 Statutes, is amended to read:

3953 1009.67 Nursing scholarship program.—

3954 (3) A scholarship may be awarded for no more than 2 years,  
 3955 in an amount not to exceed \$8,000 per year. However, registered  
 3956 nurses pursuing a graduate degree for a faculty position or to  
 3957 practice as an advanced practice registered nurse ~~practitioner~~  
 3958 may receive up to \$12,000 per year. These amounts shall be  
 3959 adjusted by the amount of increase or decrease in the Consumer  
 3960 Price Index for All Urban Consumers published by the United  
 3961 States Department of Commerce.

3962 Section 103. This act shall take effect July 1, 2014.



Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	___	(Y/N)
ADOPTED AS AMENDED	___	(Y/N)
ADOPTED W/O OBJECTION	___	(Y/N)
FAILED TO ADOPT	___	(Y/N)
WITHDRAWN	___	(Y/N)
OTHER	_____	

1 Committee/Subcommittee hearing PCB: Select Committee on Health  
 2 Care Workforce Innovation  
 3 Representative Pigman offered the following:

**Amendment**

6 Remove line 692 and insert:  
 7 at least 10 hours of continuing education approved by the board  
 8 in pharmacology in

