

1 A bill to be entitled
2 An act relating to health care practitioners; amending
3 s. 456.0391, F.S.; requiring an autonomous physician
4 assistant to submit certain information to the
5 Department of Health; requiring the department to send
6 a notice regarding the required information to submit;
7 requiring autonomous physician assistants who have
8 submitted required information to update such
9 information in writing; providing penalties; amending
10 s. 456.041, F.S.; requiring the department to provide
11 a practitioner profile for an autonomous physician
12 assistant; amending ss. 458.347 and 459.022, F.S.;
13 defining the term "autonomous physician assistant";
14 authorizing third-party payors to reimburse employers
15 for services provided by autonomous physician
16 assistants; deleting a requirement that a physician
17 assistant must inform a patient of a right to see a
18 physician before prescribing or dispensing a
19 prescription; revising the requirements for physician
20 assistant education and training programs; authorizing
21 the Board of Medicine to impose certain penalties upon
22 an autonomous physician assistant; requiring the board
23 to register a physician assistant as an autonomous
24 physician assistant if the applicant meets certain
25 criteria; providing requirements; providing

26 | exceptions; requiring the department to distinguish
27 | such autonomous physician assistants' licenses;
28 | authorizing such autonomous physician assistants to
29 | perform specified acts without physician supervision
30 | or supervisory protocol; requiring biennial
31 | registration renewal; requiring the Council on
32 | Physician Assistants to establish rules; revising the
33 | membership and duties of the council; prohibiting a
34 | person who is not registered as an autonomous
35 | physician assistant from using the title; providing
36 | for the denial, suspension, or revocation of the
37 | registration of an autonomous physician assistant;
38 | requiring the board to adopt rules; requiring
39 | autonomous physician assistants to report adverse
40 | incidents to the department; amending s. 464.012,
41 | F.S.; requiring applicants for registration as an
42 | advanced practice registered nurse to apply to the
43 | Board of Nursing; authorizing an advanced practice
44 | registered nurse to sign, certify, stamp, verify, or
45 | endorse a document that requires the signature,
46 | certification, stamp, verification, affidavit, or
47 | endorsement of a physician within the framework of an
48 | established protocol; providing an exception; creating
49 | s. 464.0123, F.S.; defining the term "autonomous
50 | practice"; providing for the registration of an

51 advanced practice registered nurse to engage in
52 autonomous practice; providing registration
53 requirements; requiring the department to distinguish
54 such advanced practice registered nurses' licenses and
55 include the registration in their practitioner
56 profiles; authorizing such advanced practice
57 registered nurses to perform specified acts without
58 physician supervision or supervisory protocol;
59 requiring biennial registration renewal and continuing
60 education; authorizing the Board of Nursing to
61 establish an advisory committee to determine the
62 medical acts that may be performed by such advanced
63 practice registered nurses; providing for appointment
64 and terms of committee members; requiring the board to
65 adopt rules; creating s. 464.0155, F.S.; requiring
66 advanced practice registered nurses who are registered
67 to engage in autonomous practice to report adverse
68 incidents to the Department of Health; providing
69 requirements; defining the term "adverse incident";
70 providing for department review of such reports;
71 authorizing the department to take disciplinary
72 action; amending s. 464.018, F.S.; providing
73 additional grounds for denial of a license or
74 disciplinary action for advanced practice registered
75 nurses who are registered to engage in autonomous

76 practice; amending s. 39.01, F.S.; revising the
77 definition of the term "licensed health care
78 professional" to include an autonomous physician
79 assistant; amending s. 393.03, F.S.; authorizing a
80 specified autonomous physician assistant to review
81 certain cases of abuse or neglect and standards for
82 face-to-face medical evaluations by a child protection
83 team; amending s. 39.304, F.S.; authorizing an
84 autonomous physician assistant to perform or order an
85 examination and diagnose a child without parental
86 consent under certain circumstances; amending s.
87 110.12315, F.S.; revising requirements for
88 reimbursement of pharmacies for specified prescription
89 drugs and supplies under the state employees'
90 prescription drug program; amending s. 252.515, F.S.;
91 providing immunity from civil liability for an
92 autonomous physician assistant under the Postdisaster
93 Relief Assistance Act; amending ss. 310.071, 310.073,
94 and 310.081, F.S.; authorizing an autonomous physician
95 assistant and a physician assistant to administer the
96 physical examination required for deputy pilot
97 certification and state pilot licensure; authorizing
98 an applicant for a deputy pilot certificate or a state
99 pilot license to use controlled substances prescribed
100 by an autonomous physician assistant; amending s.

101 320.0848, F.S.; authorizing an autonomous physician
102 assistant to certify that a person is disabled to
103 satisfy requirements for certain permits; amending s.
104 381.00315, F.S.; providing for the temporary
105 reactivation of the registration of an autonomous
106 physician assistant in a public health emergency;
107 amending s. 381.00593, F.S.; revising the definition
108 of the term "health care practitioner" to include an
109 autonomous physician assistant for purposes of the
110 Public School Volunteer Health Care Practitioner Act;
111 amending s. 381.026, F.S.; revising the definition of
112 the term "health care provider" to include an advanced
113 practice registered nurse and an autonomous physician
114 assistant for purposes of the Florida Patient's Bill
115 of Rights and Responsibilities; amending s. 382.008,
116 F.S.; authorizing an autonomous physician assistant, a
117 physician assistant, or an advanced practice
118 registered nurse to file a certificate of death or
119 fetal death under certain circumstances; authorizing a
120 certified nurse midwife to provide certain information
121 to the funeral director within a specified time
122 period; replacing the term "primary or attending
123 physician" with "primary or attending practitioner";
124 defining the term "primary or attending practitioner";
125 amending s. 382.011, F.S.; conforming a provision to

126 changes made by the act; amending s. 383.14, F.S.;

127 authorizing the release of certain newborn tests and

128 screening results to an autonomous physician

129 assistant; revising the definition of the term "health

130 care practitioner" to include an autonomous physician

131 assistant for purposes of screening for metabolic

132 disorders, other hereditary and congenital disorders,

133 and environmental risk factors; amending s. 390.0111,

134 F.S.; authorizing an autonomous physician assistant to

135 review an ultrasound with a woman before an abortion

136 procedure; amending s. 390.012, F.S.; authorizing an

137 autonomous physician assistant to provide

138 postoperative monitoring and to be available

139 throughout an abortion procedure, remain at the

140 abortion clinic until all patients are discharged, and

141 attempt to assess the patient's recovery within a

142 specified time period; amending s. 394.463, F.S.;

143 authorizing an autonomous physician assistant, a

144 physician assistant, and an advanced practice

145 registered nurse to initiate an involuntary

146 examination for mental illness under certain

147 circumstances; authorizing a physician assistant to

148 examine a patient; amending s. 395.0191, F.S.;

149 providing an exception to certain onsite medical

150 direction requirements for a specified advanced

151 practice registered nurse; amending 395.602, F.S.;

152 authorizing the Department of Health to use certain

153 funds to increase the number of autonomous physician

154 assistants in rural areas; amending s. 397.501, F.S.;

155 prohibiting the denial of certain services to an

156 individual who takes medication prescribed by an

157 autonomous physician assistant, a physician assistant,

158 or an advanced practice registered nurse; amending ss.

159 397.679 and 397.6793, F.S.; authorizing an autonomous

160 physician assistant to execute a certificate for

161 emergency admission of a person who is substance abuse

162 impaired; amending s. 400.021, F.S.; revising the

163 definition of the term "geriatric outpatient clinic"

164 to include a site staffed by an autonomous physician

165 assistant; amending s. 400.172, F.S.; authorizing an

166 autonomous physician assistant and an advanced

167 practice registered nurse to provide certain medical

168 information to a prospective respite care resident;

169 amending s. 400.487, F.S.; authorizing autonomous

170 physician assistants to establish treatment orders for

171 certain patients under certain circumstances; amending

172 s. 400.506, F.S.; requiring autonomous physician

173 assistants to comply with specified requirements for a

174 plan of treatment; amending ss. 400.9973, 400.9974,

175 400.9976, and 400.9979, F.S.; authorizing an

176 | autonomous physician assistant to prescribe admission
177 | to a transitional living facility and provide care for
178 | the duration of the client's stay in such facility,
179 | provide orders for a comprehensive treatment plan,
180 | supervise and record medications to be administered to
181 | a client, and order physical or chemical restraints
182 | for a client, respectively; amending s. 401.445, F.S.;
183 | prohibiting recovery of damages in court against a
184 | registered autonomous physician assistant under
185 | certain circumstances; requiring an autonomous
186 | physician assistant to attempt to obtain a person's
187 | consent before providing emergency services; amending
188 | ss. 409.906 and 409.908, F.S.; authorizing the agency
189 | to reimburse an autonomous physician assistant for
190 | providing certain optional Medicaid services; amending
191 | s. 409.973, F.S.; requiring managed care plans to
192 | cover autonomous physician assistant services;
193 | amending s. 429.26, F.S.; prohibiting autonomous
194 | physician assistants from having a financial interest
195 | in the assisted living facility that employs them;
196 | authorizing an autonomous physician assistant to
197 | examine an assisted living facility resident before
198 | admission; amending s. 429.918, F.S.; revising the
199 | definition of the term "ADRD participant" to include a
200 | participant who has a specified diagnosis from an

201 autonomous physician assistant; authorizing an
202 autonomous physician assistant to provide signed
203 documentation to an ADRD participant; amending s.
204 440.102, F.S.; authorizing an autonomous physician
205 assistant to collect a specimen for a drug test for
206 specified purposes; amending s. 456.053, F.S.;
207 revising definitions; authorizing an advanced practice
208 registered nurse who is engaging in autonomous
209 practice and an autonomous physician assistant to make
210 referrals under certain circumstances; conforming a
211 cross-reference; amending s. 456.072, F.S.; providing
212 penalties for an autonomous physician assistant who
213 prescribes or dispenses a controlled substance in a
214 certain manner; amending s. 456.44, F.S.; revising the
215 definition of the term "registrant" to include an
216 autonomous physician assistant for purposes of
217 controlled substance prescribing; providing
218 requirements for an autonomous physician assistant who
219 prescribes controlled substances for the treatment of
220 chronic nonmalignant pain; amending ss. 458.3265 and
221 459.0137, F.S.; requiring an autonomous physician
222 assistant to perform a physical examination of a
223 patient at a pain-management clinic under certain
224 circumstances; amending ss. 458.331 and 459.015, F.S.;
225 providing grounds for denial of a license or

226 disciplinary action against an autonomous physician
227 assistant for certain violations; amending s. 464.003,
228 F.S.; revising the definition of the term "practice of
229 practical nursing" to include a registered autonomous
230 physician assistant for purposes of authorizing such
231 assistant to supervise a licensed practical nurse;
232 amending s. 464.0205, F.S.; authorizing an autonomous
233 physician assistant to directly supervise a certified
234 retired volunteer nurse; amending s. 480.0475, F.S.;
235 authorizing the operation of a massage establishment
236 during specified hours if the massage therapy is
237 prescribed by an autonomous physician assistant;
238 amending s. 493.6108, F.S.; authorizing an autonomous
239 physician assistant to certify the physical fitness of
240 a certain class of applicants to bear a weapon or
241 firearm; amending s. 626.9707, F.S.; providing that an
242 autonomous physician assistant and an advanced
243 practice registered nurse may provide services to
244 certain persons without insurer discrimination;
245 amending s. 627.357, F.S.; revising the definition of
246 the term "health care provider" to include an
247 autonomous physician assistant for purposes of medical
248 malpractice self-insurance; amending s. 627.736, F.S.;
249 requiring personal injury protection insurance to
250 cover a certain percentage of medical services and

251 care provided by specified health care providers;
252 providing for reimbursement of advanced practice
253 registered nurses who are registered to engage in
254 autonomous practice or autonomous physician assistants
255 up to a specified amount for providing medical
256 services and care; amending s. 633.412, F.S.;

257 authorizing an autonomous physician assistant to
258 medically examine an applicant for firefighter
259 certification; amending s. 641.495, F.S.; requiring
260 certain health maintenance organization documents to
261 disclose that certain services may be provided by
262 autonomous physician assistants or advanced practice
263 registered nurses; amending s. 744.2006, F.S.;

264 authorizing an autonomous physician assistant to carry
265 out guardianship functions under a contract with a
266 public guardian; conforming terminology; amending s.
267 744.331, F.S.; authorizing an autonomous physician
268 assistant or a physician assistant to be an eligible
269 member of an examining committee; conforming
270 terminology; amending s. 766.103, F.S.; prohibiting
271 recovery of damages against an autonomous physician
272 assistant under certain conditions; amending s.
273 766.105, F.S.; revising the definition of the term
274 "health care provider" to include an autonomous
275 physician assistants for purposes of the Florida

276 Patient's Compensation Fund; amending ss. 766.1115 and
277 766.1116, F.S.; revising the definitions of the terms
278 "health care provider" and "health care practitioner,"
279 respectively, to include autonomous physician
280 assistants for purposes of the Access to Health Care
281 Act; amending s. 766.118, F.S.; revising the
282 definition of the term "practitioner" to include an
283 advanced practice registered nurse who is engaging in
284 autonomous practice and an autonomous physician
285 assistant; amending s. 768.135, F.S.; providing
286 immunity from liability for an advanced practice
287 registered nurse who is engaging in autonomous
288 practice or an autonomous physician assistant who
289 provides volunteer services under certain
290 circumstances; amending s. 794.08, F.S.; providing an
291 exception to medical procedures conducted by an
292 autonomous physician assistant under certain
293 circumstances; amending s. 893.02, F.S.; revising the
294 definition of the term "practitioner" to include an
295 autonomous physician assistant; amending s. 943.13,
296 F.S.; authorizing an autonomous physician assistant to
297 conduct a physical examination for a law enforcement
298 officer or correctional officer to satisfy
299 qualifications for employment or appointment; amending
300 s. 945.603, F.S.; authorizing the Correctional Medical

301 Authority to review and make recommendations relating
302 to the use of autonomous physician assistants as
303 physician extenders; amending s. 948.03, F.S.;
304 authorizing an autonomous physician assistant to
305 prescribe drugs or narcotics to a probationer;
306 amending ss. 984.03 and 985.03, F.S.; revising the
307 definition of the term "licensed health care
308 professional" to include an autonomous physician
309 assistant; amending ss. 1002.20 and 1002.42, F.S.;
310 providing immunity from liability for autonomous
311 physician assistants who administer epinephrine auto-
312 injectors in public and private schools; amending s.
313 1006.062, F.S.; authorizing an autonomous physician
314 assistant to provide training in the administration of
315 medication to designated school personnel; requiring
316 monitoring of such personnel by an autonomous
317 physician assistant; authorizing an autonomous
318 physician assistant to determine whether such
319 personnel may perform certain invasive medical
320 services; amending s. 1006.20, F.S.; authorizing an
321 autonomous physician assistant to medically evaluate a
322 student athlete; amending s. 1009.65, F.S.;
323 authorizing an autonomous physician assistant to
324 participate in the Medical Education Reimbursement and
325 Loan Repayment Program; providing a contingent

326 effective date.

327
328 Be It Enacted by the Legislature of the State of Florida:

329
330 Section 1. Section 456.0391, Florida Statutes, is amended
331 to read:

332 456.0391 Advanced practice registered nurses and
333 autonomous physician assistants; information required for
334 licensure or registration.-

335 (1) (a) Each person who applies for initial licensure under
336 s. 464.012 or initial registration under s. 458.347(8) or s.
337 459.022(8) must, at the time of application, and each person
338 licensed under s. 464.012 or registered under s. 458.347(8) or
339 s. 459.022(8) who applies for licensure or registration renewal
340 must, in conjunction with the renewal of such licensure or
341 registration and under procedures adopted by the Department of
342 Health, and in addition to any other information that may be
343 required from the applicant, furnish the following information
344 to the Department of Health:

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

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

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

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

359 5. The year that the applicant received initial
360 certification, ~~or licensure,~~ or registration and began
361 practicing the profession in any jurisdiction and the year that
362 the applicant received initial certification, ~~or licensure,~~ or
363 registration in this state.

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

369 7. A description of any criminal offense of which the
370 applicant has been found guilty, regardless of whether
371 adjudication of guilt was withheld, or to which the applicant
372 has pled guilty or nolo contendere. A criminal offense committed
373 in another jurisdiction which would have been a felony or
374 misdemeanor if committed in this state must be reported. If the
375 applicant indicates that a criminal offense is under appeal and

376 submits a copy of the notice for appeal of that criminal
377 offense, the department must state that the criminal offense is
378 under appeal if the criminal offense is reported in the
379 applicant's profile. If the applicant indicates to the
380 department that a criminal offense is under appeal, the
381 applicant must, within 15 days after the disposition of the
382 appeal, submit to the department a copy of the final written
383 order of disposition.

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

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

405 (2) The Department of Health shall send a notice to each
 406 person licensed under s. 464.012 or registered under s.
 407 458.347(8) or s. 459.022(8) at the licensee's or registrant's
 408 last known address of record regarding the requirements for
 409 information to be submitted by such person ~~advanced practice~~
 410 ~~registered nurses~~ pursuant to this section in conjunction with
 411 the renewal of such license or registration.

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

424 (a) Refuse to issue a license or registration to any
 425 person applying for initial licensure or registration who fails

426 to submit and update the required information.

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

445 (4) (a) An applicant for initial licensure under s. 464.012
446 must submit a set of fingerprints to the Department of Health on
447 a form and under procedures specified by the department, along
448 with payment in an amount equal to the costs incurred by the
449 Department of Health for a national criminal history check of
450 the applicant.

451 (b) An applicant for renewed licensure who has not
452 previously submitted a set of fingerprints to the Department of
453 Health for purposes of certification must submit a set of
454 fingerprints to the department as a condition of the initial
455 renewal of his or her certificate after the effective date of
456 this section. The applicant must submit the fingerprints on a
457 form and under procedures specified by the department, along
458 with payment in an amount equal to the costs incurred by the
459 Department of Health for a national criminal history check. For
460 subsequent renewals, the applicant for renewed licensure must
461 only submit information necessary to conduct a statewide
462 criminal history check, along with payment in an amount equal to
463 the costs incurred by the Department of Health for a statewide
464 criminal history check.

465 (c)1. The Department of Health shall submit the
466 fingerprints provided by an applicant for initial licensure to
467 the Florida Department of Law Enforcement for a statewide
468 criminal history check, and the Florida Department of Law
469 Enforcement shall forward the fingerprints to the Federal Bureau
470 of Investigation for a national criminal history check of the
471 applicant.

472 2. The department shall submit the fingerprints provided
473 by an applicant for the initial renewal of licensure to the
474 Florida Department of Law Enforcement for a statewide criminal
475 history check, and the Florida Department of Law Enforcement

476 shall forward the fingerprints to the Federal Bureau of
477 Investigation for a national criminal history check for the
478 initial renewal of the applicant's certificate after the
479 effective date of this section.

480 3. For any subsequent renewal of the applicant's
481 certificate, the department shall submit the required
482 information for a statewide criminal history check of the
483 applicant to the Florida Department of Law Enforcement.

484 (d) Any applicant for initial licensure or renewal of
485 licensure as an advanced practice registered nurse who submits
486 to the Department of Health a set of fingerprints and
487 information required for the criminal history check required
488 under this section shall not be required to provide a subsequent
489 set of fingerprints or other duplicate information required for
490 a criminal history check to the Agency for Health Care
491 Administration, the Department of Juvenile Justice, or the
492 Department of Children and Families for employment or licensure
493 with such agency or department, if the applicant has undergone a
494 criminal history check as a condition of initial licensure or
495 renewal of licensure as an advanced practice registered nurse
496 with the Department of Health, notwithstanding any other
497 provision of law to the contrary. In lieu of such duplicate
498 submission, the Agency for Health Care Administration, the
499 Department of Juvenile Justice, and the Department of Children
500 and Families shall obtain criminal history information for

501 employment or licensure of persons licensed under s. 464.012 by
502 such agency or department from the Department of Health's health
503 care practitioner credentialing system.

504 (5) Each person who is required to submit information
505 pursuant to this section may submit additional information to
506 the Department of Health. Such information may include, but is
507 not limited to:

508 (a) Information regarding publications in peer-reviewed
509 professional literature within the previous 10 years.

510 (b) Information regarding professional or community
511 service activities or awards.

512 (c) Languages, other than English, used by the applicant
513 to communicate with patients or clients and identification of
514 any translating service that may be available at the place where
515 the applicant primarily conducts his or her practice.

516 (d) An indication of whether the person participates in
517 the Medicaid program.

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

520 456.041 Practitioner profile; creation.—

521 (6) The Department of Health shall provide in each
522 practitioner profile for every physician, autonomous physician
523 assistant, or advanced practice registered nurse terminated for
524 cause from participating in the Medicaid program, pursuant to s.
525 409.913, or sanctioned by the Medicaid program a statement that

526 | the practitioner has been terminated from participating in the
 527 | Florida Medicaid program or sanctioned by the Medicaid program.

528 | Section 3. Subsections (8) through (17) of section
 529 | 458.347, Florida Statutes, are renumbered as subsections (9)
 530 | through (18), respectively, subsection (2), paragraphs (b), (e),
 531 | and (f) of subsection (4), paragraph (a) of subsection (6),
 532 | paragraphs (a) and (f) of subsection (7), present subsection
 533 | (9), and present subsections (11) through (13) are amended,
 534 | paragraph (b) is added to subsection (2), and new subsections
 535 | (8) and (19) are added to that section, to read:

536 | 458.347 Physician assistants.—

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

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

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

543 | ~~(c)~~ ~~(b)~~ "Boards" means the Board of Medicine and the Board
 544 | of Osteopathic Medicine.

545 | ~~(d)~~ ~~(h)~~ "Continuing medical education" means courses
 546 | recognized and approved by the boards, the American Academy of
 547 | Physician Assistants, the American Medical Association, the
 548 | American Osteopathic Association, or the Accreditation Council
 549 | on Continuing Medical Education.

550 | ~~(e)~~ ~~(e)~~ "Council" means the Council on Physician

551 Assistants.

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

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

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

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

570 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

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

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

588 2. The supervising physician must notify the department of
589 his or her intent to delegate, on a department-approved form,
590 before delegating such authority and of any change in
591 prescriptive privileges of the physician assistant. Authority to
592 dispense may be delegated only by a supervising physician who is
593 registered as a dispensing practitioner in compliance with s.
594 465.0276.

595 3. The physician assistant must complete a minimum of 10
596 continuing medical education hours in the specialty practice in
597 which the physician assistant has prescriptive privileges with
598 each licensure renewal. Three of the 10 hours must consist of a
599 continuing education course on the safe and effective
600 prescribing of controlled substance medications which is offered

601 by a statewide professional association of physicians in this
602 state accredited to provide educational activities designated
603 for the American Medical Association Physician's Recognition
604 Award Category 1 credit or designated by the American Academy of
605 Physician Assistants as a Category 1 credit.

606 4. The department may issue a prescriber number to the
607 physician assistant granting authority for the prescribing of
608 medicinal drugs authorized within this paragraph upon completion
609 of the requirements of this paragraph. The physician assistant
610 is not required to independently register pursuant to s.
611 465.0276.

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

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

625 (f)1. The council shall establish a formulary of medicinal

626 | drugs that a registered autonomous physician assistant or fully
627 | licensed physician assistant having prescribing authority under
628 | this section or s. 459.022 may not prescribe. The formulary must
629 | include general anesthetics and radiographic contrast materials
630 | and must limit the prescription of Schedule II controlled
631 | substances as listed in s. 893.03 or 21 U.S.C. s. 812 to a 7-day
632 | supply. The formulary must also restrict the prescribing of
633 | psychiatric mental health controlled substances for children
634 | younger than 18 years of age.

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

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

644 | 4. The boards shall adopt the formulary required by this
645 | paragraph, and each addition, deletion, or modification to the
646 | formulary, by rule. Notwithstanding any provision of chapter 120
647 | to the contrary, the formulary rule shall be effective 60 days
648 | after the date it is filed with the Secretary of State. Upon
649 | adoption of the formulary, the department shall mail a copy of
650 | such formulary to each registered autonomous physician assistant

651 or fully licensed physician assistant having prescribing
652 authority under this section or s. 459.022, and to each pharmacy
653 licensed by the state. The boards shall establish, by rule, a
654 fee not to exceed \$200 to fund the provisions of this paragraph
655 and paragraph (e).

656 (6) PROGRAM APPROVAL.—

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

668 (7) PHYSICIAN ASSISTANT LICENSURE.—

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

- 673 1. Is at least 18 years of age.
674 2. Has satisfactorily passed a proficiency examination by
675 an acceptable score established by the National Commission on

676 Certification of Physician Assistants. If an applicant does not
677 hold a current certificate issued by the National Commission on
678 Certification of Physician Assistants and has not actively
679 practiced as a physician assistant within the immediately
680 preceding 4 years, the applicant must retake and successfully
681 complete the entry-level examination of the National Commission
682 on Certification of Physician Assistants to be eligible for
683 licensure.

684 3. Has completed the application form and remitted an
685 application fee not to exceed \$300 as set by the boards. An
686 application for licensure made by a physician assistant must
687 include:

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

691 b. Acknowledgment of any prior felony convictions.

692 c. Acknowledgment of any previous revocation or denial of
693 licensure or certification in any state.

694 d. A copy of course transcripts and a copy of the course
695 description from a physician assistant training program
696 describing course content in pharmacotherapy, if the applicant
697 wishes to apply for prescribing authority. These documents must
698 meet the evidence requirements for prescribing authority.

699 (f) The Board of Medicine may impose any of the penalties
700 authorized under ss. 456.072 and 458.331(2) upon an autonomous

701 physician assistant or a physician assistant if the autonomous
702 physician assistant, physician assistant, or the supervising
703 physician has been found guilty of or is being investigated for
704 any act that constitutes a violation of this chapter or chapter
705 456.

706 (8) AUTONOMOUS PHYSICIAN ASSISTANT PERFORMANCE.—

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

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

712 2. Has not been subject to any disciplinary action
713 pursuant to s. 456.072, s. 458.331, or s. 459.015, or any
714 similar disciplinary action in any jurisdiction of the United
715 States, within the 5 years immediately preceding the
716 registration request.

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

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

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

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

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

737 c. Any person who practices as an autonomous physician
738 assistant only in conjunction with his or her teaching duties at
739 an accredited school or its main teaching hospitals. Such
740 practice is limited to that which is incidental to and a
741 necessary part of duties in connection with the teaching
742 position.

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

750 (b) The department shall conspicuously distinguish an

751 autonomous physician assistant license if he or she is
752 registered under this subsection.

753 (c) An autonomous physician assistant may:

754 1. Render only primary care services as defined by the
755 board in rule without physician supervision.

756 2. Render services to patients consistent with his or her
757 education and experience without physician supervision.

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

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

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

768 6. Provide any service that is within the scope of the
769 autonomous physician assistant's education and experience and
770 provided in accordance with rules adopted by the board.

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

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

780 ~~(10)(9)~~ COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on
 781 Physician Assistants is created within the department.

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

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

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

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

796 ~~(b) Two of the members appointed to the council must be~~
 797 ~~physicians who supervise physician assistants in their practice.~~
 798 Members shall be appointed to terms of 4 years, except that of
 799 the initial appointments, two members shall be appointed to
 800 terms of 2 years, two members shall be appointed to terms of 3

801 years, and one member shall be appointed to a term of 4 years,
802 as established by rule of the boards. Council members may not
803 serve more than two consecutive terms. The council shall
804 annually elect a chairperson from among its members.

805 (c) The council shall:

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

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

826 | the modification of the proposed rule.

827 | 3. Make recommendations to the boards regarding all
828 | matters relating to autonomous physician assistants and
829 | physician assistants.

830 | 4. Address concerns and problems of practicing autonomous
831 | physician assistants and physician assistants in order to
832 | improve safety in the clinical practices of registered
833 | autonomous physician assistants and licensed physician
834 | assistants.

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

- 839 | 1. Refuse to certify the applicant for licensure;
840 | 2. Approve the applicant for licensure with restrictions
841 | on the scope of practice or license; or

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

849 | ~~(12)-(11)~~ PENALTY.—Any person who has not been licensed by
850 | the council and approved by the department and who holds himself

851 or herself out as an autonomous physician assistant or a
852 physician assistant or who uses any other term in indicating or
853 implying that he or she is an autonomous physician assistant or
854 a physician assistant commits a felony of the third degree,
855 punishable as provided in s. 775.082 or s. 775.084 or by a fine
856 not exceeding \$5,000.

857 (13)~~(12)~~ DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—
858 The boards may deny, suspend, or revoke the registration of an
859 autonomous physician assistant or the license of a physician
860 assistant license if a board determines that the autonomous
861 physician assistant or physician assistant has violated this
862 chapter.

863 (14)~~(13)~~ RULES.—The boards shall adopt rules to implement
864 this section, including rules detailing the contents of the
865 application for licensure and notification pursuant to
866 subsection (7), rules relating to the registration of autonomous
867 physician assistants pursuant to subsection (8), and rules to
868 ensure ~~both~~ the continued competency of autonomous physician
869 assistants and physician assistants and the proper utilization
870 of them by physicians or groups of physicians.

871 (19) ADVERSE INCIDENTS.—An autonomous physician assistant
872 must report adverse incidents to the department in the manner
873 required under s. 458.351.

874 Section 4. Subsections (8) through (17) of section
875 459.022, Florida Statutes, are renumbered as subsections (9)

876 through (18), respectively, subsection (2), paragraphs (b) and
 877 (e) of subsection (4), paragraph (a) of subsection (6),
 878 paragraphs (a) and (f) of subsection (7), present subsection
 879 (9), and present subsections (11) through (13) are amended,
 880 paragraph (b) is added to subsection (2), and new subsections
 881 (8) and (19) are added to that section, to read:

882 459.022 Physician assistants.—

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

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

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

889 (c)~~(b)~~ "Boards" means the Board of Medicine and the Board
 890 of Osteopathic Medicine.

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

896 (e)~~(e)~~ "Council" means the Council on Physician
 897 Assistants.

898 (f)~~(e)~~ "Physician assistant" means a person who is a
 899 graduate of an approved program or its equivalent or meets
 900 standards approved by the boards and is licensed to perform

901 | medical services delegated by the supervising physician.

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

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

914 | (i)~~(d)~~ "Trainee" means a person who is currently enrolled
 915 | in an approved program.

916 | (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

922 | (e) A supervising physician may delegate to a fully
 923 | licensed physician assistant the authority to prescribe or
 924 | dispense any medication used in the supervising physician's
 925 | practice unless such medication is listed on the formulary

926 created pursuant to s. 458.347. A fully licensed physician
927 assistant may only prescribe or dispense such medication under
928 the following circumstances:

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

934 2. The supervising physician must notify the department of
935 her or his intent to delegate, on a department-approved form,
936 before delegating such authority and of any change in
937 prescriptive privileges of the physician assistant. Authority to
938 dispense may be delegated only by a supervising physician who is
939 registered as a dispensing practitioner in compliance with s.
940 465.0276.

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

945 4. The department may issue a prescriber number to the
946 physician assistant granting authority for the prescribing of
947 medicinal drugs authorized within this paragraph upon completion
948 of the requirements of this paragraph. The physician assistant
949 is not required to independently register pursuant to s.
950 465.0276.

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

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

964 (6) PROGRAM APPROVAL.—

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

972 (7) PHYSICIAN ASSISTANT LICENSURE.—

973 (a) Any person desiring to be licensed as a physician
 974 assistant must apply to the department. The department shall
 975 issue a license to any person certified by the council as having

976 met the following requirements:

977 1. Is at least 18 years of age.

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

988 3. Has completed the application form and remitted an
 989 application fee not to exceed \$300 as set by the boards. An
 990 application for licensure made by a physician assistant must
 991 include:

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

995 b. Acknowledgment of any prior felony convictions.

996 c. Acknowledgment of any previous revocation or denial of
 997 licensure or certification in any state.

998 d. A copy of course transcripts and a copy of the course
 999 description from a physician assistant training program
 1000 describing course content in pharmacotherapy, if the applicant

1001 wishes to apply for prescribing authority. These documents must
 1002 meet the evidence requirements for prescribing authority.

1003 (f) The Board of Osteopathic Medicine may impose any of
 1004 the penalties authorized under ss. 456.072 and 459.015(2) upon
 1005 an autonomous physician assistant or a physician assistant if
 1006 the autonomous physician assistant, the physician assistant, or
 1007 a ~~the~~ supervising physician has been found guilty of or is being
 1008 investigated for any act that constitutes a violation of this
 1009 chapter or chapter 456.

1010 (8) AUTONOMOUS PHYSICIAN ASSISTANT PERFORMANCE.—

1011 (a) The board shall register a physician assistant as an
 1012 autonomous physician assistant if the applicant demonstrates
 1013 that he or she:

1014 1. Holds an active, unencumbered license to practice as a
 1015 physician assistant in this state.

1016 2. Has not been subject to any disciplinary action
 1017 pursuant to s. 456.072, 458.331, or 459.015, or any similar
 1018 disciplinary action in any jurisdiction of the United States,
 1019 within the 5 years immediately preceding the registration
 1020 request.

1021 3. Has completed, in any jurisdiction of the United
 1022 States, at least 2,000 clinical practice hours within the 3
 1023 years immediately preceding the submission of the registration
 1024 request while practicing as a physician assistant under the
 1025 supervision of an allopathic or osteopathic physician who held

1026 an active, unencumbered license issued by any state, the
 1027 District of Columbia, or a possession or territory of the United
 1028 States during the period of such supervision.

1029 4. Has completed a graduate-level course in pharmacology.

1030 5. Obtains and maintains professional liability coverage
 1031 at the same level and in the same manner as s. 458.320(1)(b) or
 1032 s. 458.320(1)(c). However, the requirements of this subparagraph
 1033 do not apply to:

1034 a. Any person registered under this subsection who
 1035 practices exclusively as an officer, employee, or agent of the
 1036 Federal Government or of the state or its agencies or its
 1037 subdivisions.

1038 b. Any person whose license has become inactive and who is
 1039 not practicing as an autonomous physician assistant in this
 1040 state.

1041 c. Any person who practices as an autonomous physician
 1042 assistant only in conjunction with his or her teaching duties at
 1043 an accredited school or its main teaching hospitals. Such
 1044 practice is limited to that which is incidental to and a
 1045 necessary part of duties in connection with the teaching
 1046 position.

1047 d. Any person who holds an active license under this
 1048 subsection who is not practicing as an autonomous physician
 1049 assistant in this state. If such person initiates or resumes any
 1050 practice as an autonomous physician assistant, he or she must

1051 notify the department of such activity and fulfill the
1052 professional liability coverage requirements of this
1053 subparagraph.

1054 (b) The department shall conspicuously distinguish an
1055 autonomous physician assistant license if he or she is
1056 registered under this subsection.

1057 (c) An autonomous physician assistant may:

1058 1. Render only primary care services as defined by the
1059 board in rule without physician supervision.

1060 2. Render services to patients consistent with his or her
1061 education and experience without physician supervision.

1062 3. Prescribe, dispense, administer, or order any medicinal
1063 drug, including those medicinal drugs to the extent authorized
1064 under paragraph (4) (f) and the formulary adopted thereunder.

1065 4. Order any medication for administration to a patient in
1066 a facility licensed under chapter 395 or part II of chapter 400,
1067 notwithstanding any provisions in chapter 465 or chapter 893.

1068 5. Provide a signature, certification, stamp,
1069 verification, affidavit, or other endorsement that is otherwise
1070 required by law to be provided by a physician.

1071 6. Provide any service that is within the scope of the
1072 autonomous physician assistant's education and experience and
1073 provided in accordance with rules adopted by the board.

1074 (d) An autonomous physician assistant must biennially
1075 renew his or her registration under this subsection. The

1076 biennial renewal shall coincide with the autonomous physician
 1077 assistant's biennial renewal period for physician assistant
 1078 licensure.

1079 (e) The council shall develop rules defining the primary
 1080 care practice of autonomous physician assistants, which may
 1081 include internal medicine, general pediatrics, family medicine,
 1082 geriatrics, and general obstetrics and gynecology practices.

1083 (10)-(9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on
 1084 Physician Assistants is created within the department.

1085 (a) The council shall consist of five members appointed as
 1086 follows:

1087 1. The chairperson of the Board of Medicine shall appoint
 1088 one member who is a physician and a member ~~three members who are~~
 1089 ~~physicians and members~~ of the Board of Medicine. ~~One of The~~
 1090 physician ~~physicians~~ must supervise a physician assistant in his
 1091 or her ~~the physician's~~ practice.

1092 2. The chairperson of the Board of Osteopathic Medicine
 1093 shall appoint one member who is a physician and a member of the
 1094 Board of Osteopathic Medicine. The physician must supervise a
 1095 physician assistant in his or her practice.

1096 3. The State Surgeon General or her or his designee shall
 1097 appoint three ~~a~~ fully licensed physician assistants ~~assistant~~
 1098 licensed under chapter 458 or this chapter.

1099 (b) ~~Two of the members appointed to the council must be~~
 1100 ~~physicians who supervise physician assistants in their practice.~~

1101 Members shall be appointed to terms of 4 years, except that of
1102 the initial appointments, two members shall be appointed to
1103 terms of 2 years, two members shall be appointed to terms of 3
1104 years, and one member shall be appointed to a term of 4 years,
1105 as established by rule of the boards. Council members may not
1106 serve more than two consecutive terms. The council shall
1107 annually elect a chairperson from among its members.

1108 (c) The council shall:

1109 1. Recommend to the department the licensure of physician
1110 assistants.

1111 2. Develop all rules regulating the primary care practice
1112 of autonomous physician assistants and the use of physician
1113 assistants by physicians under chapter 458 and this chapter,
1114 except for rules relating to the formulary developed under s.
1115 458.347. The council shall also develop rules to ensure that the
1116 continuity of supervision is maintained in each practice
1117 setting. The boards shall consider adopting a proposed rule
1118 developed by the council at the regularly scheduled meeting
1119 immediately following the submission of the proposed rule by the
1120 council. A proposed rule submitted by the council may not be
1121 adopted by either board unless both boards have accepted and
1122 approved the identical language contained in the proposed rule.
1123 The language of all proposed rules submitted by the council must
1124 be approved by both boards pursuant to each respective board's
1125 guidelines and standards regarding the adoption of proposed

1126 rules. If either board rejects the council's proposed rule, that
1127 board must specify its objection to the council with
1128 particularity and include any recommendations it may have for
1129 the modification of the proposed rule.

1130 3. Make recommendations to the boards regarding all
1131 matters relating to autonomous physician assistants and
1132 physician assistants.

1133 4. Address concerns and problems of practicing autonomous
1134 physician assistants and physician assistants in order to
1135 improve safety in the clinical practices of registered
1136 autonomous physician assistants and licensed physician
1137 assistants.

1138 (d) When the council finds that an applicant for licensure
1139 has failed to meet, to the council's satisfaction, each of the
1140 requirements for licensure set forth in this section, the
1141 council may enter an order to:

1142 1. Refuse to certify the applicant for licensure;

1143 2. Approve the applicant for licensure with restrictions
1144 on the scope of practice or license; or

1145 3. Approve the applicant for conditional licensure. Such
1146 conditions may include placement of the licensee on probation
1147 for a period of time and subject to such conditions as the
1148 council may specify, including but not limited to, requiring the
1149 licensee to undergo treatment, to attend continuing education
1150 courses, to work under the direct supervision of a physician

1151 licensed in this state, or to take corrective action.

1152 (12)~~(11)~~ PENALTY.—Any person who has not been licensed by
1153 the council and approved by the department and who holds herself
1154 or himself out as an autonomous physician assistant or a
1155 physician assistant or who uses any other term in indicating or
1156 implying that she or he is an autonomous physician assistant or
1157 a physician assistant commits a felony of the third degree,
1158 punishable as provided in s. 775.082 or s. 775.084 or by a fine
1159 not exceeding \$5,000.

1160 (13)~~(12)~~ DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—
1161 The boards may deny, suspend, or revoke the registration of an
1162 autonomous physician assistant or the license of a physician
1163 assistant license if a board determines that the autonomous
1164 physician assistant or physician assistant has violated this
1165 chapter.

1166 (14)~~(13)~~ RULES.—The boards shall adopt rules to implement
1167 this section, including rules detailing the contents of the
1168 application for licensure and notification pursuant to
1169 subsection (7), rules relating to the registration of autonomous
1170 physician assistants pursuant to subsection (8), and rules to
1171 ensure ~~both~~ the continued competency of autonomous physician
1172 assistants and physician assistants and the proper utilization
1173 of them by physicians or groups of physicians.

1174 (19) ADVERSE INCIDENTS.—An autonomous physician assistant
1175 must report adverse incidents to the department in the same

1176 | manner as required under s. 459.026.

1177 | Section 5. Subsections (1) and (3) of section 464.012,
 1178 | Florida Statutes, are amended to read:

1179 | 464.012 Licensure of advanced practice registered nurses;
 1180 | fees; controlled substance prescribing.—

1181 | (1) Any nurse desiring to be licensed as an advanced
 1182 | practice registered nurse must apply to the board ~~department~~ and
 1183 | submit proof that he or she holds a current license to practice
 1184 | professional nursing or holds an active multistate license to
 1185 | practice professional nursing pursuant to s. 464.0095 and ~~that~~
 1186 | ~~he or she~~ meets one or more of the following requirements ~~as~~
 1187 | ~~determined by the board:~~

1188 | (a) Certification by an appropriate specialty board. Such
 1189 | certification is required for initial state licensure and any
 1190 | licensure renewal as a certified nurse midwife, certified nurse
 1191 | practitioner, certified registered nurse anesthetist, clinical
 1192 | nurse specialist, or psychiatric nurse. The board may by rule
 1193 | provide for provisional state licensure of certified registered
 1194 | nurse anesthetists, clinical nurse specialists, certified nurse
 1195 | practitioners, psychiatric nurses, and certified nurse midwives
 1196 | for a period of time determined to be appropriate for preparing
 1197 | for and passing the national certification examination.

1198 | (b) Graduation from a ~~program leading to a~~ master's degree
 1199 | program in a nursing clinical specialty area with preparation in
 1200 | specialized practitioner skills. For applicants graduating on or

1201 after October 1, 1998, graduation from a master's degree program
 1202 is required for initial licensure as a certified nurse
 1203 practitioner under paragraph (4) (a).

1204 1. For applicants graduating on or after October 1, 2001,
 1205 graduation from a master's degree program is required for
 1206 initial licensure as a certified registered nurse anesthetist
 1207 who may perform the acts listed in paragraph (4) (b).

1208 2. For applicants graduating on or after October 1, 1998,
 1209 graduation from a master's degree program is required for
 1210 initial licensure as a certified nurse midwife who may perform
 1211 the acts listed in paragraph (4) (c).

1212 3. For applicants graduating on or after July 1, 2007,
 1213 graduation from a master's degree program is required for
 1214 initial licensure as a clinical nurse specialist who may perform
 1215 the acts listed in paragraph (4) (d).

1216 (3) An advanced practice registered nurse shall perform
 1217 those functions authorized in this section within the framework
 1218 of an established protocol that must be maintained on site at
 1219 the location or locations at which an advanced practice
 1220 registered nurse practices, unless the advanced practice
 1221 registered nurse is registered to engage in autonomous practice
 1222 pursuant to s. 464.0123. In the case of multiple supervising
 1223 physicians in the same group, an advanced practice registered
 1224 nurse must enter into a supervisory protocol with at least one
 1225 physician within the physician group practice. A practitioner

1226 | currently licensed under chapter 458, chapter 459, or chapter
 1227 | 466 shall maintain supervision for directing the specific course
 1228 | of medical treatment. Within the established framework, an
 1229 | advanced practice registered nurse may:

1230 | (a) Prescribe, dispense, administer, or order any drug;
 1231 | however, an advanced practice registered nurse may prescribe or
 1232 | dispense a controlled substance as defined in s. 893.03 only if
 1233 | the advanced practice registered nurse has graduated from a
 1234 | program leading to a master's or doctoral degree in a clinical
 1235 | nursing specialty area with training in specialized practitioner
 1236 | skills.

1237 | (b) Initiate appropriate therapies for certain conditions.

1238 | (c) Perform additional functions as may be determined by
 1239 | rule in accordance with s. 464.003(2).

1240 | (d) Order diagnostic tests and physical and occupational
 1241 | therapy.

1242 | (e) Order any medication for administration to a patient
 1243 | in a facility licensed under chapter 395 or part II of chapter
 1244 | 400, notwithstanding any provisions in chapter 465 or chapter
 1245 | 893.

1246 | (f) Sign, certify, stamp, verify, or endorse a document
 1247 | that requires the signature, certification, stamp, verification,
 1248 | affidavit, or endorsement of a physician. However, a supervisory
 1249 | physician may not delegate the authority to issue a documented
 1250 | approval to release a patient from a receiving facility or its

1251 contractor under s. 394.463(2)(f) to an advanced practice
1252 registered nurse.

1253 Section 6. Section 464.0123, Florida Statutes, is created
1254 to read:

1255 464.0123 Autonomous practice by an advanced practice
1256 registered nurse.—

1257 (1) For purposes of this section, the term "autonomous
1258 practice" means advanced or specialized nursing practice by an
1259 advanced practice registered nurse who is not subject to
1260 supervision by a physician or a supervisory protocol.

1261 (2) An advanced practice registered nurse may register
1262 with the board to have the authority to engage in autonomous
1263 practice upon demonstration to the board that he or she:

1264 (a) Holds an active, unencumbered license to practice
1265 advanced or specialized nursing in this state.

1266 (b) Has not been subject to any disciplinary action
1267 pursuant to s. 456.072 or s. 464.018, or any similar
1268 disciplinary action in any other jurisdiction of the United
1269 States, within the 5 years immediately preceding the
1270 registration request.

1271 (c) Has completed, in any jurisdiction of the United
1272 States, at least 2,000 clinical practice hours or clinical
1273 instructional hours within the 5 years immediately preceding the
1274 registration request while practicing as an advanced practice
1275 registered nurse under the supervision of an allopathic or

1276 osteopathic physician who held an active, unencumbered license
1277 issued by another state, the District of Columbia, or a
1278 possession or territory of the United States during the period
1279 of such supervision.

1280 (d) Has completed a graduate-level course in pharmacology.

1281 (3) The board may provide by rule additional requirements
1282 for an advanced practice registered nurse who is registered
1283 under this section when performing acts within his or her
1284 specialty pursuant to s. 464.012(4).

1285 (4)(a) An advanced practice registered nurse registered
1286 under this section must by one of the following methods
1287 demonstrate to the satisfaction of the board and the department
1288 financial responsibility to pay claims and costs ancillary
1289 thereto arising out of the rendering of, or the failure to
1290 render, medical or nursing care or services:

1291 1. Obtaining and maintaining professional liability
1292 coverage in an amount not less than \$100,000 per claim, with a
1293 minimum annual aggregate of not less than \$300,000, from an
1294 authorized insurer as defined under s. 624.09, from a surplus
1295 lines insurer as defined under s. 626.914(2), from a risk
1296 retention group as defined under s. 627.942, from the Joint
1297 Underwriting Association established under s. 627.351(4), or
1298 through a plan of self-insurance as provided in s. 627.357; or

1299 2. Obtaining and maintaining an unexpired, irrevocable
1300 letter of credit, established pursuant to chapter 675, in an

1301 amount of not less than \$100,000 per claim, with a minimum
 1302 aggregate availability of credit of not less than \$300,000. The
 1303 letter of credit must be payable to the advanced practice
 1304 registered nurse as beneficiary upon presentment of a final
 1305 judgment indicating liability and awarding damages to be paid by
 1306 the advanced practice registered nurse or upon presentment of a
 1307 settlement agreement signed by all parties to such agreement
 1308 when such final judgment or settlement is a result of a claim
 1309 arising out of the rendering of, or the failure to render,
 1310 medical or nursing care and services.

1311 (b) The requirements of paragraph (a) do not apply to:

1312 1. Any person registered under this subsection who
 1313 practices exclusively as an officer, employee, or agent of the
 1314 Federal Government or of the state or its agencies or its
 1315 subdivisions.

1316 2. Any person whose license has become inactive and who is
 1317 not practicing as an advanced practice registered nurse
 1318 registered under this section in this state.

1319 3. Any person who practices as an advanced practice
 1320 registered nurse registered under this section only in
 1321 conjunction with his or her teaching duties at an accredited
 1322 school or its main teaching hospitals. Such practice is limited
 1323 to that which is incidental to and a necessary part of duties in
 1324 connection with the teaching position.

1325 4. Any person who holds an active license under this

1326 section who is not practicing as an autonomous advanced practice
1327 registered nurse registered under this section in this state. If
1328 such person initiates or resumes any practice as an autonomous
1329 advanced practice registered nurse, he or she must notify the
1330 department of such activity and fulfill the professional
1331 liability coverage requirements of paragraph (a).

1332 (5) The board shall register an advanced practice
1333 registered nurse who meets the qualifications in this section.

1334 (6) The department shall conspicuously distinguish an
1335 advanced practice registered nurse's license if he or she is
1336 registered with the board under this section and include the
1337 registration in the advanced practice registered nurse's
1338 practitioner profile created under s. 456.041.

1339 (7) An advanced practice registered nurse who is
1340 registered under this section may perform the general functions
1341 of an advanced practice registered nurse pursuant to s.
1342 464.012(3), the acts within his or her specialty pursuant to s.
1343 464.012(4), and the following:

1344 (a) For a patient who requires the services of a health
1345 care facility, as defined in s. 408.032(8):

1346 1. Admit the patient to the facility.

1347 2. Manage the care received by the patient in the
1348 facility.

1349 3. Discharge the patient from the facility, unless
1350 prohibited by federal law or rule.

1351 (b) Provide a signature, certification, stamp,
1352 verification, affidavit, or endorsement that is otherwise
1353 required by law to be provided by a physician.

1354 (8) (a) An advanced practice registered nurse must
1355 biennially renew his or her registration under this section. The
1356 biennial renewal for registration shall coincide with the
1357 advanced practice registered nurse's biennial renewal period for
1358 advanced practice registered nurse licensure.

1359 (b) To renew his or her registration under this section,
1360 an advanced practice registered nurse must complete at least 10
1361 hours of continuing education approved by the board in addition
1362 to completing the continuing education requirements established
1363 by board rule pursuant to s. 464.013. If the initial renewal
1364 period occurs before January 1, 2020, an advanced practice
1365 registered nurse who is registered under this section is not
1366 required to complete the continuing education requirement under
1367 this paragraph until the following biennial renewal period.

1368 (9) The board may establish an advisory committee to make
1369 evidence-based recommendations about medical acts that an
1370 advanced practice registered nurse who is registered under this
1371 section may perform. The committee must consist of four advanced
1372 practice registered nurses licensed under this chapter,
1373 appointed by the board; two physicians licensed under chapter
1374 458 or chapter 459 who have professional experience with
1375 advanced practice registered nurses, appointed by the Board of

1376 Medicine; and the State Surgeon General or his or her designee.
 1377 Each committee member appointed by a board shall serve a term of
 1378 4 years, unless a shorter term is required to establish or
 1379 maintain staggered terms. The Board of Nursing shall act upon
 1380 the recommendations from the committee within 90 days after the
 1381 submission of such recommendations.

1382 (10) The board shall adopt rules as necessary to implement
 1383 this section.

1384 Section 7. Section 464.0155, Florida Statutes, is created
 1385 to read:

1386 464.0155 Reports of adverse incidents by advanced practice
 1387 registered nurses.—

1388 (1) An advanced practice registered nurse who is
 1389 registered to engage in autonomous practice pursuant to s.
 1390 464.0123 must report an adverse incident to the department in
 1391 accordance with this section.

1392 (2) The report must be in writing, sent to the department
 1393 by certified mail, and postmarked within 15 days after the
 1394 occurrence of the adverse incident if the adverse incident
 1395 occurs when the patient is at the office of the advanced
 1396 practice registered nurse. If the adverse incident occurs when
 1397 the patient is not at the office of the advanced practice
 1398 registered nurse, the report must be postmarked within 15 days
 1399 after the advanced practice registered nurse discovers, or
 1400 reasonably should have discovered, the occurrence of the adverse

1401 incident.

1402 (3) For purposes of this section, the term "adverse
 1403 incident" means any of the following events when it is
 1404 reasonable to believe that the event is attributable to the
 1405 prescription of a controlled substance regulated under chapter
 1406 893 or 21 U.S.C. s. 812 by the advanced practice registered
 1407 nurse:

1408 (a) A condition that requires the transfer of a patient to
 1409 a hospital licensed under chapter 395.

1410 (b) Permanent physical injury to the patient.

1411 (c) Death of the patient.

1412 (4) The department shall review each report of an adverse
 1413 incident and determine whether the adverse incident was
 1414 attributable to conduct by the advanced practice registered
 1415 nurse. Upon such a determination, the board may take
 1416 disciplinary action pursuant to s. 456.073.

1417 Section 8. Paragraph (r) is added to subsection (1) of
 1418 section 464.018, Florida Statutes, to read:

1419 464.018 Disciplinary actions.—

1420 (1) The following acts constitute grounds for denial of a
 1421 license or disciplinary action, as specified in ss. 456.072(2)
 1422 and 464.0095:

1423 (r) For an advanced practice registered nurse who is
 1424 registered to engage in autonomous practice pursuant to s.
 1425 464.0123:

1426 1. Paying or receiving any commission, bonus, kickback, or
1427 rebate from, or engaging in any split-fee arrangement in any
1428 form whatsoever with, a health care practitioner, organization,
1429 agency, or person, either directly or implicitly, for referring
1430 patients to providers of health care goods or services,
1431 including, but not limited to, hospitals, nursing homes,
1432 clinical laboratories, ambulatory surgical centers, or
1433 pharmacies. This subparagraph may not be construed to prevent an
1434 advanced practice registered nurse from receiving a fee for
1435 professional consultation services.

1436 2. Exercising influence within a patient-advanced practice
1437 registered nurse relationship for purposes of engaging a patient
1438 in sexual activity. A patient shall be presumed to be incapable
1439 of giving free, full, and informed consent to sexual activity
1440 with his or her advanced practice registered nurse.

1441 3. Making deceptive, untrue, or fraudulent representations
1442 in or related to, or employing a trick or scheme in or related
1443 to, advanced or specialized nursing practice.

1444 4. Soliciting patients, either personally or through an
1445 agent, by the use of fraud, intimidation, undue influence, or a
1446 form of overreaching or vexatious conduct. As used in this
1447 subparagraph, the term "soliciting" means directly or implicitly
1448 requesting an immediate oral response from the recipient.

1449 5. Failing to keep legible, as defined by department rule
1450 in consultation with the board, medical records that identify

1451 the advanced practice registered nurse by name and professional
1452 title who is responsible for rendering, ordering, supervising,
1453 or billing for each diagnostic or treatment procedure and that
1454 justify the course of treatment of the patient, including, but
1455 not limited to, patient histories; examination results; test
1456 results; records of drugs prescribed, dispensed, or
1457 administered; and reports of consultations or referrals.

1458 6. Exercising influence on the patient to exploit the
1459 patient for the financial gain of the advanced practice
1460 registered nurse or a third party, including, but not limited
1461 to, the promoting or selling of services, goods, appliances, or
1462 drugs.

1463 7. Performing professional services that have not been
1464 duly authorized by the patient, or his or her legal
1465 representative, except as provided in s. 766.103 or s. 768.13.

1466 8. Performing any procedure or prescribing any therapy
1467 that, by the prevailing standards of advanced or specialized
1468 nursing practice in the community, would constitute
1469 experimentation on a human subject, without first obtaining
1470 full, informed, and written consent.

1471 9. Delegating professional responsibilities to a person
1472 when the advanced practice registered nurse delegating such
1473 responsibilities knows or has reason to believe that such person
1474 is not qualified by training, experience, or licensure to
1475 perform such responsibilities.

1476 10. Committing, or conspiring with another to commit, an
1477 act that would tend to coerce, intimidate, or preclude another
1478 advanced practice registered nurse from lawfully advertising his
1479 or her services.

1480 11. Advertising or holding himself or herself out as
1481 having certification in a specialty that the he or she has not
1482 received.

1483 12. Failing to comply with the requirements of ss. 381.026
1484 and 381.0261 related to providing patients with information
1485 about their rights and how to file a complaint.

1486 13. Providing deceptive or fraudulent expert witness
1487 testimony related to advanced or specialized nursing practice.

1488 Section 9. Subsection (43) of section 39.01, Florida
1489 Statutes, is amended to read:

1490 39.01 Definitions.—When used in this chapter, unless the
1491 context otherwise requires:

1492 (43) "Licensed health care professional" means a physician
1493 licensed under chapter 458, an osteopathic physician licensed
1494 under chapter 459, a nurse licensed under part I of chapter 464,
1495 an autonomous physician assistant or a physician assistant
1496 registered or licensed under chapter 458 or chapter 459, or a
1497 dentist licensed under chapter 466.

1498 Section 10. Paragraphs (d) and (e) of subsection (5) of
1499 section 39.303, Florida Statutes, are redesignated as paragraphs
1500 (e) and (f), respectively, a new paragraph (d) is added to that

1501 subsection, and paragraph (a) of subsection (6) of that section
 1502 is amended, to read:

1503 39.303 Child protection teams and sexual abuse treatment
 1504 programs; services; eligible cases.—

1505 (5) All abuse and neglect cases transmitted for
 1506 investigation to a circuit by the hotline must be simultaneously
 1507 transmitted to the child protection team for review. For the
 1508 purpose of determining whether a face-to-face medical evaluation
 1509 by a child protection team is necessary, all cases transmitted
 1510 to the child protection team which meet the criteria in
 1511 subsection (4) must be timely reviewed by:

1512 (d) An autonomous physician assistant registered under
 1513 chapter 458 or chapter 459 who has a specialty in pediatrics or
 1514 family medicine and is member of the child protection team;

1515 (6) A face-to-face medical evaluation by a child
 1516 protection team is not necessary when:

1517 (a) The child was examined for the alleged abuse or
 1518 neglect by a physician who is not a member of the child
 1519 protection team, and a consultation between the child protection
 1520 team medical director or a child protection team board-certified
 1521 pediatrician, advanced practice registered nurse, autonomous
 1522 physician assistant, or physician assistant working under the
 1523 supervision of a child protection team medical director or a
 1524 child protection team board-certified pediatrician, or
 1525 registered nurse working under the direct supervision of a child

1526 protection team medical director or a child protection team
 1527 board-certified pediatrician, and the examining physician
 1528 concludes that a further medical evaluation is unnecessary;

1529
 1530 Notwithstanding paragraphs (a), (b), and (c), a child protection
 1531 team medical director or a child protection team pediatrician,
 1532 as authorized in subsection (5), may determine that a face-to-
 1533 face medical evaluation is necessary.

1534 Section 11. Paragraph (b) of subsection (1) of section
 1535 39.304, Florida Statutes, is amended to read:

1536 39.304 Photographs, medical examinations, X rays, and
 1537 medical treatment of abused, abandoned, or neglected child.—

1538 (1)

1539 (b) If the areas of trauma visible on a child indicate a
 1540 need for a medical examination, or if the child verbally
 1541 complains or otherwise exhibits distress as a result of injury
 1542 through suspected child abuse, abandonment, or neglect, or is
 1543 alleged to have been sexually abused, the person required to
 1544 investigate may cause the child to be referred for diagnosis to
 1545 a licensed physician or an emergency department in a hospital
 1546 without the consent of the child's parents or legal custodian.
 1547 Such examination may be performed by any licensed physician,
 1548 registered autonomous physician assistant, licensed physician
 1549 assistant, or ~~an~~ advanced practice registered nurse licensed
 1550 pursuant to part I of chapter 464. Any licensed physician,

1551 registered autonomous physician assistant, licensed physician
1552 assistant, or advanced practice registered nurse licensed
1553 pursuant to part I of chapter 464 who has reasonable cause to
1554 suspect that an injury was the result of child abuse,
1555 abandonment, or neglect may authorize a radiological examination
1556 to be performed on the child without the consent of the child's
1557 parent or legal custodian.

1558 Section 12. Paragraph (d) of subsection (2) of section
1559 110.12315, Florida Statutes, is amended to read:

1560 110.12315 Prescription drug program.—The state employees'
1561 prescription drug program is established. This program shall be
1562 administered by the Department of Management Services, according
1563 to the terms and conditions of the plan as established by the
1564 relevant provisions of the annual General Appropriations Act and
1565 implementing legislation, subject to the following conditions:

1566 (2) In providing for reimbursement of pharmacies for
1567 prescription drugs and supplies dispensed to members of the
1568 state group health insurance plan and their dependents under the
1569 state employees' prescription drug program:

1570 (d) The department shall establish the reimbursement
1571 schedule for prescription drugs and supplies dispensed under the
1572 program. Reimbursement rates for a prescription drug or supply
1573 must be based on the cost of the generic equivalent drug or
1574 supply if a generic equivalent exists, unless the physician,
1575 advanced practice registered nurse, autonomous physician

1576 assistant, or physician assistant prescribing the drug or supply
 1577 clearly states on the prescription that the brand name drug or
 1578 supply is medically necessary or that the drug or supply is
 1579 included on the formulary of drugs and supplies that may not be
 1580 interchanged as provided in chapter 465, in which case
 1581 reimbursement must be based on the cost of the brand name drug
 1582 or supply as specified in the reimbursement schedule adopted by
 1583 the department.

1584 Section 13. Paragraph (a) of subsection (3) of section
 1585 252.515, Florida Statutes, is amended to read:

1586 252.515 Postdisaster Relief Assistance Act; immunity from
 1587 civil liability.—

1588 (3) As used in this section, the term:

1589 (a) "Emergency first responder" means:

- 1590 1. A physician licensed under chapter 458.
- 1591 2. An osteopathic physician licensed under chapter 459.
- 1592 3. A chiropractic physician licensed under chapter 460.
- 1593 4. A podiatric physician licensed under chapter 461.
- 1594 5. A dentist licensed under chapter 466.
- 1595 6. An advanced practice registered nurse licensed under s.
 1596 464.012.
- 1597 7. An autonomous physician assistant or a physician
 1598 assistant registered or licensed under s. 458.347 or s. 459.022.
- 1599 8. A worker employed by a public or private hospital in
 1600 the state.

- 1601 9. A paramedic as defined in s. 401.23(17).
 1602 10. An emergency medical technician as defined in s.
 1603 401.23(11).
 1604 11. A firefighter as defined in s. 633.102.
 1605 12. A law enforcement officer as defined in s. 943.10.
 1606 13. A member of the Florida National Guard.
 1607 14. Any other personnel designated as emergency personnel
 1608 by the Governor pursuant to a declared emergency.

1609 Section 14. Paragraph (c) of subsection (1) of section
 1610 310.071, Florida Statutes, is amended to read:

1611 310.071 Deputy pilot certification.—

1612 (1) In addition to meeting other requirements specified in
 1613 this chapter, each applicant for certification as a deputy pilot
 1614 must:

1615 (c) Be in good physical and mental health, as evidenced by
 1616 documentary proof of having satisfactorily passed a complete
 1617 physical examination administered by a licensed physician within
 1618 the preceding 6 months. The board shall adopt rules to establish
 1619 requirements for passing the physical examination, which rules
 1620 shall establish minimum standards for the physical or mental
 1621 capabilities necessary to carry out the professional duties of a
 1622 certificated deputy pilot. Such standards shall include zero
 1623 tolerance for any controlled substance regulated under chapter
 1624 893 unless that individual is under the care of a physician, an
 1625 advanced practice registered nurse, an autonomous physician

1626 assistant, or a physician assistant and that controlled
1627 substance was prescribed by that physician, advanced practice
1628 registered nurse, autonomous physician assistant, or physician
1629 assistant. To maintain eligibility as a certificated deputy
1630 pilot, each certificated deputy pilot must annually provide
1631 documentary proof of having satisfactorily passed a complete
1632 physical examination administered by a licensed physician. The
1633 physician must know the minimum standards and certify that the
1634 certificateholder satisfactorily meets the standards. The
1635 standards for certificateholders shall include a drug test.

1636 Section 15. Subsection (3) of section 310.073, Florida
1637 Statutes, is amended to read:

1638 310.073 State pilot licensing.—In addition to meeting
1639 other requirements specified in this chapter, each applicant for
1640 license as a state pilot must:

1641 (3) Be in good physical and mental health, as evidenced by
1642 documentary proof of having satisfactorily passed a complete
1643 physical examination administered by a licensed physician within
1644 the preceding 6 months. The board shall adopt rules to establish
1645 requirements for passing the physical examination, which rules
1646 shall establish minimum standards for the physical or mental
1647 capabilities necessary to carry out the professional duties of a
1648 licensed state pilot. Such standards shall include zero
1649 tolerance for any controlled substance regulated under chapter
1650 893 unless that individual is under the care of a physician, an

1651 advanced practice registered nurse, an autonomous physician
1652 assistant, or a physician assistant and that controlled
1653 substance was prescribed by that physician, advanced practice
1654 registered nurse, autonomous physician assistant, or physician
1655 assistant. To maintain eligibility as a licensed state pilot,
1656 each licensed state pilot must annually provide documentary
1657 proof of having satisfactorily passed a complete physical
1658 examination administered by a licensed physician. The physician
1659 must know the minimum standards and certify that the licensee
1660 satisfactorily meets the standards. The standards for licensees
1661 shall include a drug test.

1662 Section 16. Paragraph (b) of subsection (3) of section
1663 310.081, Florida Statutes, is amended to read:

1664 310.081 Department to examine and license state pilots and
1665 certificate deputy pilots; vacancies.—

1666 (3) Pilots shall hold their licenses or certificates
1667 pursuant to the requirements of this chapter so long as they:

1668 (b) Are in good physical and mental health as evidenced by
1669 documentary proof of having satisfactorily passed a physical
1670 examination administered by a licensed physician or physician
1671 assistant within each calendar year. The board shall adopt rules
1672 to establish requirements for passing the physical examination,
1673 which rules shall establish minimum standards for the physical
1674 or mental capabilities necessary to carry out the professional
1675 duties of a licensed state pilot or a certificated deputy pilot.

1676 Such standards shall include zero tolerance for any controlled
1677 substance regulated under chapter 893 unless that individual is
1678 under the care of a physician, an advanced practice registered
1679 nurse, an autonomous physician assistant, or a physician
1680 assistant and that controlled substance was prescribed by that
1681 physician, advanced practice registered nurse, autonomous
1682 physician assistant, or physician assistant. To maintain
1683 eligibility as a certificated deputy pilot or licensed state
1684 pilot, each certificated deputy pilot or licensed state pilot
1685 must annually provide documentary proof of having satisfactorily
1686 passed a complete physical examination administered by a
1687 licensed physician. The physician must know the minimum
1688 standards and certify that the certificateholder or licensee
1689 satisfactorily meets the standards. The standards for
1690 certificateholders and for licensees shall include a drug test.

1691
1692 Upon resignation or in the case of disability permanently
1693 affecting a pilot's ability to serve, the state license or
1694 certificate issued under this chapter shall be revoked by the
1695 department.

1696 Section 17. Paragraph (b) of subsection (1) of section
1697 320.0848, Florida Statutes, is amended to read:

1698 320.0848 Persons who have disabilities; issuance of
1699 disabled parking permits; temporary permits; permits for certain
1700 providers of transportation services to persons who have

1701 disabilities.—

1702 (1)

1703 (b)1. The person must be currently certified as being
 1704 legally blind or as having any of the following disabilities
 1705 that render him or her unable to walk 200 feet without stopping
 1706 to rest:

1707 a. Inability to walk without the use of or assistance from
 1708 a brace, cane, crutch, prosthetic device, or other assistive
 1709 device, or without the assistance of another person. If the
 1710 assistive device significantly restores the person's ability to
 1711 walk to the extent that the person can walk without severe
 1712 limitation, the person is not eligible for the exemption parking
 1713 permit.

1714 b. The need to permanently use a wheelchair.

1715 c. Restriction by lung disease to the extent that the
 1716 person's forced (respiratory) expiratory volume for 1 second,
 1717 when measured by spirometry, is less than 1 liter, or the
 1718 person's arterial oxygen is less than 60 mm/hg on room air at
 1719 rest.

1720 d. Use of portable oxygen.

1721 e. Restriction by cardiac condition to the extent that the
 1722 person's functional limitations are classified in severity as
 1723 Class III or Class IV according to standards set by the American
 1724 Heart Association.

1725 f. Severe limitation in the person's ability to walk due

1726 to an arthritic, neurological, or orthopedic condition.

1727 2. The certification of disability which is required under
 1728 subparagraph 1. must be provided by a physician licensed under
 1729 chapter 458, chapter 459, or chapter 460, by a podiatric
 1730 physician licensed under chapter 461, by an optometrist licensed
 1731 under chapter 463, by an advanced practice registered nurse
 1732 licensed under chapter 464 under the protocol of a licensed
 1733 physician as stated in this subparagraph, by an autonomous
 1734 physician assistant or a physician assistant registered or
 1735 licensed under chapter 458 or chapter 459, or by a similarly
 1736 licensed physician from another state if the application is
 1737 accompanied by documentation of the physician's licensure in the
 1738 other state and a form signed by the out-of-state physician
 1739 verifying his or her knowledge of this state's eligibility
 1740 guidelines.

1741 Section 18. Paragraph (c) of subsection (1) of section
 1742 381.00315, Florida Statutes, is amended to read:

1743 381.00315 Public health advisories; public health
 1744 emergencies; isolation and quarantines.—The State Health Officer
 1745 is responsible for declaring public health emergencies, issuing
 1746 public health advisories, and ordering isolation or quarantines.

1747 (1) As used in this section, the term:

1748 (c) "Public health emergency" means any occurrence, or
 1749 threat thereof, whether natural or manmade, which results or may
 1750 result in substantial injury or harm to the public health from

1751 infectious disease, chemical agents, nuclear agents, biological
1752 toxins, or situations involving mass casualties or natural
1753 disasters. Before declaring a public health emergency, the State
1754 Health Officer shall, to the extent possible, consult with the
1755 Governor and shall notify the Chief of Domestic Security. The
1756 declaration of a public health emergency shall continue until
1757 the State Health Officer finds that the threat or danger has
1758 been dealt with to the extent that the emergency conditions no
1759 longer exist and he or she terminates the declaration. However,
1760 a declaration of a public health emergency may not continue for
1761 longer than 60 days unless the Governor concurs in the renewal
1762 of the declaration. The State Health Officer, upon declaration
1763 of a public health emergency, may take actions that are
1764 necessary to protect the public health. Such actions include,
1765 but are not limited to:

1766 1. Directing manufacturers of prescription drugs or over-
1767 the-counter drugs who are permitted under chapter 499 and
1768 wholesalers of prescription drugs located in this state who are
1769 permitted under chapter 499 to give priority to the shipping of
1770 specified drugs to pharmacies and health care providers within
1771 geographic areas that have been identified by the State Health
1772 Officer. The State Health Officer must identify the drugs to be
1773 shipped. Manufacturers and wholesalers located in the state must
1774 respond to the State Health Officer's priority shipping
1775 directive before shipping the specified drugs.

1776 2. Notwithstanding chapters 465 and 499 and rules adopted
1777 thereunder, directing pharmacists employed by the department to
1778 compound bulk prescription drugs and provide these bulk
1779 prescription drugs to physicians and nurses of county health
1780 departments or any qualified person authorized by the State
1781 Health Officer for administration to persons as part of a
1782 prophylactic or treatment regimen.

1783 3. Notwithstanding s. 456.036, temporarily reactivating
1784 the inactive license or registration of the following health
1785 care practitioners, when such practitioners are needed to
1786 respond to the public health emergency: physicians licensed
1787 under chapter 458 or chapter 459; autonomous physician
1788 assistants or physician assistants registered or licensed under
1789 chapter 458 or chapter 459; licensed practical nurses,
1790 registered nurses, and advanced practice registered nurses
1791 licensed under part I of chapter 464; respiratory therapists
1792 licensed under part V of chapter 468; and emergency medical
1793 technicians and paramedics certified under part III of chapter
1794 401. Only those health care practitioners specified in this
1795 paragraph who possess an unencumbered inactive license and who
1796 request that such license be reactivated are eligible for
1797 reactivation. An inactive license that is reactivated under this
1798 paragraph shall return to inactive status when the public health
1799 emergency ends or before the end of the public health emergency
1800 if the State Health Officer determines that the health care

1801 practitioner is no longer needed to provide services during the
1802 public health emergency. Such licenses may only be reactivated
1803 for a period not to exceed 90 days without meeting the
1804 requirements of s. 456.036 or chapter 401, as applicable.

1805 4. Ordering an individual to be examined, tested,
1806 vaccinated, treated, isolated, or quarantined for communicable
1807 diseases that have significant morbidity or mortality and
1808 present a severe danger to public health. Individuals who are
1809 unable or unwilling to be examined, tested, vaccinated, or
1810 treated for reasons of health, religion, or conscience may be
1811 subjected to isolation or quarantine.

1812 a. Examination, testing, vaccination, or treatment may be
1813 performed by any qualified person authorized by the State Health
1814 Officer.

1815 b. If the individual poses a danger to the public health,
1816 the State Health Officer may subject the individual to isolation
1817 or quarantine. If there is no practical method to isolate or
1818 quarantine the individual, the State Health Officer may use any
1819 means necessary to vaccinate or treat the individual.

1820
1821 Any order of the State Health Officer given to effectuate this
1822 paragraph shall be immediately enforceable by a law enforcement
1823 officer under s. 381.0012.

1824 Section 19. Subsection (3) of section 381.00593, Florida
1825 Statutes, is amended to read:

1826 381.00593 Public school volunteer health care practitioner
1827 program.—

1828 (3) For purposes of this section, the term "health care
1829 practitioner" means a physician or autonomous physician
1830 assistant licensed or registered under chapter 458; an
1831 osteopathic physician or autonomous physician assistant licensed
1832 or registered under chapter 459; a chiropractic physician
1833 licensed under chapter 460; a podiatric physician licensed under
1834 chapter 461; an optometrist licensed under chapter 463; an
1835 advanced practice registered nurse, registered nurse, or
1836 licensed practical nurse licensed under part I of chapter 464; a
1837 pharmacist licensed under chapter 465; a dentist or dental
1838 hygienist licensed under chapter 466; a midwife licensed under
1839 chapter 467; a speech-language pathologist or audiologist
1840 licensed under part I of chapter 468; a dietitian/nutritionist
1841 licensed under part X of chapter 468; or a physical therapist
1842 licensed under chapter 486.

1843 Section 20. Paragraph (c) of subsection (2) of section
1844 381.026, Florida Statutes, is amended to read:

1845 381.026 Florida Patient's Bill of Rights and
1846 Responsibilities.—

1847 (2) DEFINITIONS.—As used in this section and s. 381.0261,
1848 the term:

1849 (c) "Health care provider" means a physician licensed
1850 under chapter 458, an osteopathic physician licensed under

1851 chapter 459, ~~or~~ a podiatric physician licensed under chapter
 1852 461, an advanced practice registered nurse registered under s.
 1853 464.0123, or an autonomous physician assistant registered under
 1854 s. 458.347(8).

1855 Section 21. Paragraph (a) of subsection (2) and
 1856 subsections (3), (4), and (5) of section 382.008, Florida
 1857 Statutes, are amended to read:

1858 382.008 Death, fetal death, and nonviable birth
 1859 registration.—

1860 (2) (a) The funeral director who first assumes custody of a
 1861 dead body or fetus shall file the certificate of death or fetal
 1862 death. In the absence of the funeral director, the physician,
 1863 advanced practice registered nurse, autonomous physician
 1864 assistant, physician assistant, or other person in attendance at
 1865 or after the death or the district medical examiner of the
 1866 county in which the death occurred or the body was found shall
 1867 file the certificate of death or fetal death. The person who
 1868 files the certificate shall obtain personal data from a legally
 1869 authorized person as described in s. 497.005 or the best
 1870 qualified person or source available. The medical certification
 1871 of cause of death shall be furnished to the funeral director,
 1872 either in person or via certified mail or electronic transfer,
 1873 by the physician, advanced practice registered nurse, autonomous
 1874 physician assistant, physician assistant, or medical examiner
 1875 responsible for furnishing such information. For fetal deaths,

1876 the physician, certified nurse midwife, midwife, or hospital
1877 administrator shall provide any medical or health information to
1878 the funeral director within 72 hours after expulsion or
1879 extraction.

1880 (3) Within 72 hours after receipt of a death or fetal
1881 death certificate from the funeral director, the medical
1882 certification of cause of death shall be completed and made
1883 available to the funeral director by the decedent's primary or
1884 attending practitioner ~~physician~~ or, if s. 382.011 applies, the
1885 district medical examiner of the county in which the death
1886 occurred or the body was found. The primary or attending
1887 practitioner ~~physician~~ or the medical examiner shall certify
1888 over his or her signature the cause of death to the best of his
1889 or her knowledge and belief. As used in this section, the term
1890 "primary or attending practitioner ~~physician~~" means a physician,
1891 advanced practice registered nurse, autonomous physician
1892 assistant, or physician assistant who treated the decedent
1893 through examination, medical advice, or medication during the 12
1894 months preceding the date of death.

1895 (a) The department may grant the funeral director an
1896 extension of time upon a good and sufficient showing of any of
1897 the following conditions:

- 1898 1. An autopsy is pending.
- 1899 2. Toxicology, laboratory, or other diagnostic reports
1900 have not been completed.

1901 3. The identity of the decedent is unknown and further
 1902 investigation or identification is required.

1903 (b) If the decedent's primary or attending practitioner
 1904 ~~physician~~ or the district medical examiner of the county in
 1905 which the death occurred or the body was found indicates that he
 1906 or she will sign and complete the medical certification of cause
 1907 of death but will not be available until after the 5-day
 1908 registration deadline, the local registrar may grant an
 1909 extension of 5 days. If a further extension is required, the
 1910 funeral director must provide written justification to the
 1911 registrar.

1912 (4) If the department or local registrar grants an
 1913 extension of time to provide the medical certification of cause
 1914 of death, the funeral director shall file a temporary
 1915 certificate of death or fetal death which shall contain all
 1916 available information, including the fact that the cause of
 1917 death is pending. The decedent's primary or attending
 1918 practitioner ~~physician~~ or the district medical examiner of the
 1919 county in which the death occurred or the body was found shall
 1920 provide an estimated date for completion of the permanent
 1921 certificate.

1922 (5) A permanent certificate of death or fetal death,
 1923 containing the cause of death and any other information that was
 1924 previously unavailable, shall be registered as a replacement for
 1925 the temporary certificate. The permanent certificate may also

1926 include corrected information if the items being corrected are
 1927 noted on the back of the certificate and dated and signed by the
 1928 funeral director, physician, advanced practice registered nurse,
 1929 autonomous physician assistant, physician assistant, or district
 1930 medical examiner of the county in which the death occurred or
 1931 the body was found, as appropriate.

1932 Section 22. Subsection (1) of section 382.011, Florida
 1933 Statutes, is amended to read:

1934 382.011 Medical examiner determination of cause of death.—

1935 (1) In the case of any death or fetal death due to causes
 1936 or conditions listed in s. 406.11, any death that occurred more
 1937 than 12 months after the decedent was last treated by a primary
 1938 or attending physician ~~as defined in s. 382.008(3)~~, or any death
 1939 for which there is reason to believe that the death may have
 1940 been due to an unlawful act or neglect, the funeral director or
 1941 other person to whose attention the death may come shall refer
 1942 the case to the district medical examiner of the county in which
 1943 the death occurred or the body was found for investigation and
 1944 determination of the cause of death.

1945 Section 23. Paragraph (c) of subsection (1) of section
 1946 383.14, Florida Statutes, is amended to read:

1947 383.14 Screening for metabolic disorders, other hereditary
 1948 and congenital disorders, and environmental risk factors.—

1949 (1) SCREENING REQUIREMENTS.—To help ensure access to the
 1950 maternal and child health care system, the Department of Health

1951 shall promote the screening of all newborns born in Florida for
1952 metabolic, hereditary, and congenital disorders known to result
1953 in significant impairment of health or intellect, as screening
1954 programs accepted by current medical practice become available
1955 and practical in the judgment of the department. The department
1956 shall also promote the identification and screening of all
1957 newborns in this state and their families for environmental risk
1958 factors such as low income, poor education, maternal and family
1959 stress, emotional instability, substance abuse, and other high-
1960 risk conditions associated with increased risk of infant
1961 mortality and morbidity to provide early intervention,
1962 remediation, and prevention services, including, but not limited
1963 to, parent support and training programs, home visitation, and
1964 case management. Identification, perinatal screening, and
1965 intervention efforts shall begin prior to and immediately
1966 following the birth of the child by the attending health care
1967 provider. Such efforts shall be conducted in hospitals,
1968 perinatal centers, county health departments, school health
1969 programs that provide prenatal care, and birthing centers, and
1970 reported to the Office of Vital Statistics.

1971 (c) Release of screening results.—Notwithstanding any law
1972 to the contrary, the State Public Health Laboratory may release,
1973 directly or through the Children's Medical Services program, the
1974 results of a newborn's hearing and metabolic tests or screenings
1975 to the newborn's health care practitioner, the newborn's parent

1976 or legal guardian, the newborn's personal representative, or a
 1977 person designated by the newborn's parent or legal guardian. As
 1978 used in this paragraph, the term "health care practitioner"
 1979 means a physician, autonomous physician assistant, or physician
 1980 assistant registered or licensed under chapter 458; an
 1981 osteopathic physician, autonomous physician assistant, or
 1982 physician assistant registered or licensed under chapter 459; an
 1983 advanced practice registered nurse, registered nurse, or
 1984 licensed practical nurse licensed under part I of chapter 464; a
 1985 midwife licensed under chapter 467; a speech-language
 1986 pathologist or audiologist licensed under part I of chapter 468;
 1987 or a dietician or nutritionist licensed under part X of chapter
 1988 468.

1989 Section 24. Paragraph (a) of subsection (3) of section
 1990 390.0111, Florida Statutes, is amended to read:

1991 390.0111 Termination of pregnancies.—

1992 (3) CONSENTS REQUIRED.—A termination of pregnancy may not
 1993 be performed or induced except with the voluntary and informed
 1994 written consent of the pregnant woman or, in the case of a
 1995 mental incompetent, the voluntary and informed written consent
 1996 of her court-appointed guardian.

1997 (a) Except in the case of a medical emergency, consent to
 1998 a termination of pregnancy is voluntary and informed only if:

1999 1. The physician who is to perform the procedure, or the
 2000 referring physician, has, at a minimum, orally, while physically

2001 present in the same room, and at least 24 hours before the
 2002 procedure, informed the woman of:

2003 a. The nature and risks of undergoing or not undergoing
 2004 the proposed procedure that a reasonable patient would consider
 2005 material to making a knowing and willful decision of whether to
 2006 terminate a pregnancy.

2007 b. The probable gestational age of the fetus, verified by
 2008 an ultrasound, at the time the termination of pregnancy is to be
 2009 performed.

2010 (I) The ultrasound must be performed by the physician who
 2011 is to perform the abortion or by a person having documented
 2012 evidence that he or she has completed a course in the operation
 2013 of ultrasound equipment as prescribed by rule and who is working
 2014 in conjunction with the physician.

2015 (II) The person performing the ultrasound must offer the
 2016 woman the opportunity to view the live ultrasound images and
 2017 hear an explanation of them. If the woman accepts the
 2018 opportunity to view the images and hear the explanation, a
 2019 physician or a registered nurse, licensed practical nurse,
 2020 advanced practice registered nurse, autonomous physician
 2021 assistant, or physician assistant working in conjunction with
 2022 the physician must contemporaneously review and explain the
 2023 images to the woman before the woman gives informed consent to
 2024 having an abortion procedure performed.

2025 (III) The woman has a right to decline to view and hear

2026 the explanation of the live ultrasound images after she is
2027 informed of her right and offered an opportunity to view the
2028 images and hear the explanation. If the woman declines, the
2029 woman shall complete a form acknowledging that she was offered
2030 an opportunity to view and hear the explanation of the images
2031 but that she declined that opportunity. The form must also
2032 indicate that the woman's decision was not based on any undue
2033 influence from any person to discourage her from viewing the
2034 images or hearing the explanation and that she declined of her
2035 own free will.

2036 (IV) Unless requested by the woman, the person performing
2037 the ultrasound may not offer the opportunity to view the images
2038 and hear the explanation and the explanation may not be given
2039 if, at the time the woman schedules or arrives for her
2040 appointment to obtain an abortion, a copy of a restraining
2041 order, police report, medical record, or other court order or
2042 documentation is presented which provides evidence that the
2043 woman is obtaining the abortion because the woman is a victim of
2044 rape, incest, domestic violence, or human trafficking or that
2045 the woman has been diagnosed as having a condition that, on the
2046 basis of a physician's good faith clinical judgment, would
2047 create a serious risk of substantial and irreversible impairment
2048 of a major bodily function if the woman delayed terminating her
2049 pregnancy.

2050 c. The medical risks to the woman and fetus of carrying

2051 the pregnancy to term.

2052

2053 The physician may provide the information required in this
2054 subparagraph within 24 hours before the procedure if requested
2055 by the woman at the time she schedules or arrives for her
2056 appointment to obtain an abortion and if she presents to the
2057 physician a copy of a restraining order, police report, medical
2058 record, or other court order or documentation evidencing that
2059 she is obtaining the abortion because she is a victim of rape,
2060 incest, domestic violence, or human trafficking.

2061 2. Printed materials prepared and provided by the
2062 department have been provided to the pregnant woman, if she
2063 chooses to view these materials, including:

2064 a. A description of the fetus, including a description of
2065 the various stages of development.

2066 b. A list of entities that offer alternatives to
2067 terminating the pregnancy.

2068 c. Detailed information on the availability of medical
2069 assistance benefits for prenatal care, childbirth, and neonatal
2070 care.

2071 3. The woman acknowledges in writing, before the
2072 termination of pregnancy, that the information required to be
2073 provided under this subsection has been provided.

2074

2075 Nothing in this paragraph is intended to prohibit a physician

2076 | from providing any additional information which the physician
 2077 | deems material to the woman's informed decision to terminate her
 2078 | pregnancy.

2079 | Section 25. Paragraphs (c), (e), and (f) of subsection (3)
 2080 | of section 390.012, Florida Statutes, are amended to read:

2081 | 390.012 Powers of agency; rules; disposal of fetal
 2082 | remains.—

2083 | (3) For clinics that perform or claim to perform abortions
 2084 | after the first trimester of pregnancy, the agency shall adopt
 2085 | rules pursuant to ss. 120.536(1) and 120.54 to implement the
 2086 | provisions of this chapter, including the following:

2087 | (c) Rules relating to abortion clinic personnel. At a
 2088 | minimum, these rules shall require that:

2089 | 1. The abortion clinic designate a medical director who is
 2090 | licensed to practice medicine in this state, and all physicians
 2091 | who perform abortions in the clinic have admitting privileges at
 2092 | a hospital within reasonable proximity to the clinic, unless the
 2093 | clinic has a written patient transfer agreement with a hospital
 2094 | within reasonable proximity to the clinic which includes the
 2095 | transfer of the patient's medical records held by both the
 2096 | clinic and the treating physician.

2097 | 2. If a physician is not present after an abortion is
 2098 | performed, a registered nurse, licensed practical nurse,
 2099 | advanced practice registered nurse, autonomous physician
 2100 | assistant, or physician assistant be present and remain at the

2101 clinic to provide postoperative monitoring and care until the
 2102 patient is discharged.

2103 3. Surgical assistants receive training in counseling,
 2104 patient advocacy, and the specific responsibilities associated
 2105 with the services the surgical assistants provide.

2106 4. Volunteers receive training in the specific
 2107 responsibilities associated with the services the volunteers
 2108 provide, including counseling and patient advocacy as provided
 2109 in the rules adopted by the director for different types of
 2110 volunteers based on their responsibilities.

2111 (e) Rules relating to the abortion procedure. At a
 2112 minimum, these rules shall require:

2113 1. That a physician, registered nurse, licensed practical
 2114 nurse, advanced practice registered nurse, autonomous physician
 2115 assistant, or physician assistant is available to all patients
 2116 throughout the abortion procedure.

2117 2. Standards for the safe conduct of abortion procedures
 2118 that conform to obstetric standards in keeping with established
 2119 standards of care regarding the estimation of fetal age as
 2120 defined in rule.

2121 3. Appropriate use of general and local anesthesia,
 2122 analgesia, and sedation if ordered by the physician.

2123 4. Appropriate precautions, such as the establishment of
 2124 intravenous access at least for patients undergoing post-first
 2125 trimester abortions.

2126 5. Appropriate monitoring of the vital signs and other
2127 defined signs and markers of the patient's status throughout the
2128 abortion procedure and during the recovery period until the
2129 patient's condition is deemed to be stable in the recovery room.

2130 (f) Rules that prescribe minimum recovery room standards.
2131 At a minimum, these rules must require that:

2132 1. Postprocedure recovery rooms be supervised and staffed
2133 to meet the patients' needs.

2134 2. Immediate postprocedure care consist of observation in
2135 a supervised recovery room for as long as the patient's
2136 condition warrants.

2137 3. A registered nurse, licensed practical nurse, advanced
2138 practice registered nurse, autonomous physician assistant, or
2139 physician assistant who is trained in the management of the
2140 recovery area and is capable of providing basic cardiopulmonary
2141 resuscitation and related emergency procedures remain on the
2142 premises of the abortion clinic until all patients are
2143 discharged.

2144 4. A physician sign the discharge order and be readily
2145 accessible and available until the last patient is discharged to
2146 facilitate the transfer of emergency cases if hospitalization of
2147 the patient or viable fetus is necessary.

2148 5. A physician discuss Rho(D) immune globulin with each
2149 patient for whom it is indicated and ensure that it is offered
2150 to the patient in the immediate postoperative period or will be

2151 available to her within 72 hours after completion of the
2152 abortion procedure. If the patient refuses the Rho(D) immune
2153 globulin, she and a witness must sign a refusal form approved by
2154 the agency which must be included in the medical record.

2155 6. Written instructions with regard to postabortion
2156 coitus, signs of possible problems, and general aftercare which
2157 are specific to the patient be given to each patient. The
2158 instructions must include information regarding access to
2159 medical care for complications, including a telephone number for
2160 use in the event of a medical emergency.

2161 7. A minimum length of time be specified, by type of
2162 abortion procedure and duration of gestation, during which a
2163 patient must remain in the recovery room.

2164 8. The physician ensure that, with the patient's consent,
2165 a registered nurse, licensed practical nurse, advanced practice
2166 registered nurse, autonomous physician assistant, or physician
2167 assistant from the abortion clinic makes a good faith effort to
2168 contact the patient by telephone within 24 hours after surgery
2169 to assess the patient's recovery.

2170 9. Equipment and services be readily accessible to provide
2171 appropriate emergency resuscitative and life support procedures
2172 pending the transfer of the patient or viable fetus to the
2173 hospital.

2174 Section 26. Paragraphs (a) and (f) of subsection (2) of
2175 section 394.463, Florida Statutes, are amended to read:

2176 | 394.463 Involuntary examination.—
 2177 | (2) INVOLUNTARY EXAMINATION.—
 2178 | (a) An involuntary examination may be initiated by any one
 2179 | of the following means:
 2180 | 1. A circuit or county court may enter an ex parte order
 2181 | stating that a person appears to meet the criteria for
 2182 | involuntary examination and specifying the findings on which
 2183 | that conclusion is based. The ex parte order for involuntary
 2184 | examination must be based on written or oral sworn testimony
 2185 | that includes specific facts that support the findings. If other
 2186 | less restrictive means are not available, such as voluntary
 2187 | appearance for outpatient evaluation, a law enforcement officer,
 2188 | or other designated agent of the court, shall take the person
 2189 | into custody and deliver him or her to an appropriate, or the
 2190 | nearest, facility within the designated receiving system
 2191 | pursuant to s. 394.462 for involuntary examination. The order of
 2192 | the court shall be made a part of the patient's clinical record.
 2193 | A fee may not be charged for the filing of an order under this
 2194 | subsection. A facility accepting the patient based on this order
 2195 | must send a copy of the order to the department the next working
 2196 | day. The order may be submitted electronically through existing
 2197 | data systems, if available. The order shall be valid only until
 2198 | the person is delivered to the facility or for the period
 2199 | specified in the order itself, whichever comes first. If no time
 2200 | limit is specified in the order, the order shall be valid for 7

2201 days after the date that the order was signed.

2202 2. A law enforcement officer shall take a person who
2203 appears to meet the criteria for involuntary examination into
2204 custody and deliver the person or have him or her delivered to
2205 an appropriate, or the nearest, facility within the designated
2206 receiving system pursuant to s. 394.462 for examination. The
2207 officer shall execute a written report detailing the
2208 circumstances under which the person was taken into custody,
2209 which must be made a part of the patient's clinical record. Any
2210 facility accepting the patient based on this report must send a
2211 copy of the report to the department the next working day.

2212 3. A physician, autonomous physician assistant, physician
2213 assistant, clinical psychologist, psychiatric nurse, advanced
2214 practice registered nurse, mental health counselor, marriage and
2215 family therapist, or clinical social worker may execute a
2216 certificate stating that he or she has examined a person within
2217 the preceding 48 hours and finds that the person appears to meet
2218 the criteria for involuntary examination and stating the
2219 observations upon which that conclusion is based. If other less
2220 restrictive means, such as voluntary appearance for outpatient
2221 evaluation, are not available, a law enforcement officer shall
2222 take into custody the person named in the certificate and
2223 deliver him or her to the appropriate, or nearest, facility
2224 within the designated receiving system pursuant to s. 394.462
2225 for involuntary examination. The law enforcement officer shall

2226 execute a written report detailing the circumstances under which
2227 the person was taken into custody. The report and certificate
2228 shall be made a part of the patient's clinical record. Any
2229 facility accepting the patient based on this certificate must
2230 send a copy of the certificate to the department the next
2231 working day. The document may be submitted electronically
2232 through existing data systems, if applicable.

2233 (f) A patient shall be examined by a physician, physician
2234 assistant, or ~~a~~ clinical psychologist, or by a psychiatric nurse
2235 performing within the framework of an established protocol with
2236 a psychiatrist, at a facility without unnecessary delay to
2237 determine if the criteria for involuntary services are met.
2238 Emergency treatment may be provided upon the order of a
2239 physician if the physician determines that such treatment is
2240 necessary for the safety of the patient or others. The patient
2241 may not be released by the receiving facility or its contractor
2242 without the documented approval of a psychiatrist or a clinical
2243 psychologist or, if the receiving facility is owned or operated
2244 by a hospital or health system, the release may also be approved
2245 by a psychiatric nurse performing within the framework of an
2246 established protocol with a psychiatrist, or an attending
2247 emergency department physician with experience in the diagnosis
2248 and treatment of mental illness after completion of an
2249 involuntary examination pursuant to this subsection. A
2250 psychiatric nurse may not approve the release of a patient if

2251 the involuntary examination was initiated by a psychiatrist
 2252 unless the release is approved by the initiating psychiatrist.

2253 Section 27. Paragraph (b) of subsection (2) of section
 2254 395.0191, Florida Statutes, is amended to read:

2255 395.0191 Staff membership and clinical privileges.—

2256 (2)

2257 (b) An advanced practice registered nurse who is certified
 2258 as a registered nurse anesthetist licensed under part I of
 2259 chapter 464 shall administer anesthesia under the onsite medical
 2260 direction of a professional licensed under chapter 458, chapter
 2261 459, or chapter 466, and in accordance with an established
 2262 protocol approved by the medical staff. The medical direction
 2263 shall specifically address the needs of the individual patient.

2264 This paragraph does not apply to a certified registered nurse
 2265 anesthetist engaged in autonomous practice under s. 464.0123.

2266 Section 28. Subsection (3) of section 395.602, Florida
 2267 Statutes, is amended to read:

2268 395.602 Rural hospitals.—

2269 (3) USE OF FUNDS.—It is the intent of the Legislature that
 2270 funds as appropriated shall be utilized by the department for
 2271 the purpose of increasing the number of primary care physicians,
 2272 autonomous physician assistants, physician assistants, certified
 2273 nurse midwives, nurse practitioners, and nurses in rural areas,
 2274 either through the Medical Education Reimbursement and Loan
 2275 Repayment Program as defined by s. 1009.65 or through a federal

2276 loan repayment program which requires state matching funds. The
 2277 department may use funds appropriated for the Medical Education
 2278 Reimbursement and Loan Repayment Program as matching funds for
 2279 federal loan repayment programs for health care personnel, such
 2280 as that authorized in Pub. L. No. 100-177, s. 203. If the
 2281 department receives federal matching funds, the department shall
 2282 only implement the federal program. Reimbursement through either
 2283 program shall be limited to:

2284 (a) Primary care physicians, autonomous physician
 2285 assistants, physician assistants, certified nurse midwives,
 2286 nurse practitioners, and nurses employed by or affiliated with
 2287 rural hospitals, as defined in this act; and

2288 (b) Primary care physicians, autonomous physician
 2289 assistants, physician assistants, certified nurse midwives,
 2290 nurse practitioners, and nurses employed by or affiliated with
 2291 rural area health education centers, as defined in this section.
 2292 These personnel shall practice:

2293 1. In a county with a population density of no greater
 2294 than 100 persons per square mile; or

2295 2. Within the boundaries of a hospital tax district which
 2296 encompasses a population of no greater than 100 persons per
 2297 square mile.

2298
 2299 If the department administers a federal loan repayment program,
 2300 priority shall be given to obligating state and federal matching

2301 funds pursuant to paragraphs (a) and (b). The department may use
 2302 federal matching funds in other health workforce shortage areas
 2303 and medically underserved areas in the state for loan repayment
 2304 programs for primary care physicians, autonomous physician
 2305 assistants, physician assistants, certified nurse midwives,
 2306 nurse practitioners, and nurses who are employed by publicly
 2307 financed health care programs that serve medically indigent
 2308 persons.

2309 Section 29. Paragraph (a) of subsection (2) of section
 2310 397.501, Florida Statutes, is amended to read:

2311 397.501 Rights of individuals.—Individuals receiving
 2312 substance abuse services from any service provider are
 2313 guaranteed protection of the rights specified in this section,
 2314 unless otherwise expressly provided, and service providers must
 2315 ensure the protection of such rights.

2316 (2) RIGHT TO NONDISCRIMINATORY SERVICES.—

2317 (a) Service providers may not deny an individual access to
 2318 substance abuse services solely on the basis of race, gender,
 2319 ethnicity, age, sexual preference, human immunodeficiency virus
 2320 status, prior service departures against medical advice,
 2321 disability, or number of relapse episodes. Service providers may
 2322 not deny an individual who takes medication prescribed by a
 2323 physician, autonomous physician assistant, physician assistant,
 2324 or advanced practice registered nurse access to substance abuse
 2325 services solely on that basis. Service providers who receive

2326 state funds to provide substance abuse services may not, if
2327 space and sufficient state resources are available, deny access
2328 to services based solely on inability to pay.

2329 Section 30. Section 397.679, Florida Statutes, is amended
2330 to read:

2331 397.679 Emergency admission; circumstances justifying.—A
2332 person who meets the criteria for involuntary admission in s.
2333 397.675 may be admitted to a hospital or to a licensed
2334 detoxification facility or addictions receiving facility for
2335 emergency assessment and stabilization, or to a less intensive
2336 component of a licensed service provider for assessment only,
2337 upon receipt by the facility of a certificate by a physician, an
2338 advanced practice registered nurse, a psychiatric nurse, a
2339 clinical psychologist, a clinical social worker, a marriage and
2340 family therapist, a mental health counselor, an autonomous
2341 physician assistant, a physician assistant working under the
2342 scope of practice of the supervising physician, or a master's-
2343 level-certified addictions professional for substance abuse
2344 services, if the certificate is specific to substance abuse
2345 impairment, and the completion of an application for emergency
2346 admission.

2347 Section 31. Subsection (1) of section 397.6793, Florida
2348 Statutes, is amended to read:

2349 397.6793 Professional's certificate for emergency
2350 admission.—

2351 (1) A physician, a clinical psychologist, a physician
2352 assistant working under the scope of practice of the supervising
2353 physician, an autonomous physician assistant, a psychiatric
2354 nurse, an advanced practice registered nurse, a mental health
2355 counselor, a marriage and family therapist, a master's-level-
2356 certified addictions professional for substance abuse services,
2357 or a clinical social worker may execute a professional's
2358 certificate for emergency admission. The professional's
2359 certificate must include the name of the person to be admitted,
2360 the relationship between the person and the professional
2361 executing the certificate, the relationship between the
2362 applicant and the professional, any relationship between the
2363 professional and the licensed service provider, a statement that
2364 the person has been examined and assessed within the preceding 5
2365 days after the application date, and factual allegations with
2366 respect to the need for emergency admission, including:

2367 (a) The reason for the belief that the person is substance
2368 abuse impaired;

2369 (b) The reason for the belief that because of such
2370 impairment the person has lost the power of self-control with
2371 respect to substance abuse; and

2372 (c)1. The reason for the belief that, without care or
2373 treatment, the person is likely to suffer from neglect or refuse
2374 to care for himself or herself; that such neglect or refusal
2375 poses a real and present threat of substantial harm to his or

2376 her well-being; and that it is not apparent that such harm may
 2377 be avoided through the help of willing family members or friends
 2378 or the provision of other services, or there is substantial
 2379 likelihood that the person has inflicted or, unless admitted, is
 2380 likely to inflict, physical harm on himself, herself, or
 2381 another; or

2382 2. The reason for the belief that the person's refusal to
 2383 voluntarily receive care is based on judgment so impaired by
 2384 reason of substance abuse that the person is incapable of
 2385 appreciating his or her need for care and of making a rational
 2386 decision regarding his or her need for care.

2387 Section 32. Subsection (8) of section 400.021, Florida
 2388 Statutes, is amended to read:

2389 400.021 Definitions.—When used in this part, unless the
 2390 context otherwise requires, the term:

2391 (8) "Geriatric outpatient clinic" means a site for
 2392 providing outpatient health care to persons 60 years of age or
 2393 older, which is staffed by a registered nurse, a physician
 2394 assistant, or a licensed practical nurse under the direct
 2395 supervision of a registered nurse, advanced practice registered
 2396 nurse, physician assistant, autonomous physician assistant, or
 2397 physician.

2398 Section 33. Subsection (3) of section 400.172, Florida
 2399 Statutes, is amended to read:

2400 400.172 Respite care provided in nursing home facilities.—

2401 (3) A prospective respite care resident must provide
2402 medical information from a physician, autonomous physician
2403 assistant, physician assistant, or nurse practitioner and any
2404 other information provided by the primary caregiver required by
2405 the facility before or when the person is admitted to receive
2406 respite care. The medical information must include a physician's
2407 order for respite care and proof of a physical examination by a
2408 licensed physician, autonomous physician assistant, physician
2409 assistant, or nurse practitioner. The physician's order and
2410 physical examination may be used to provide intermittent respite
2411 care for up to 12 months after the date the order is written.

2412 Section 34. Subsection (2) of section 400.487, Florida
2413 Statutes, is amended to read:

2414 400.487 Home health service agreements; physician's,
2415 physician assistant's, autonomous physician assistant's, and
2416 advanced practice registered nurse's treatment orders; patient
2417 assessment; establishment and review of plan of care; provision
2418 of services; orders not to resuscitate.—

2419 (2) When required by the provisions of chapter 464; part
2420 I, part III, or part V of chapter 468; or chapter 486, the
2421 attending physician, autonomous physician assistant, physician
2422 assistant, or advanced practice registered nurse, acting within
2423 his or her respective scope of practice, shall establish
2424 treatment orders for a patient who is to receive skilled care.
2425 The treatment orders must be signed by the physician, autonomous

2426 physician assistant, physician assistant, or advanced practice
 2427 registered nurse before a claim for payment for the skilled
 2428 services is submitted by the home health agency. If the claim is
 2429 submitted to a managed care organization, the treatment orders
 2430 must be signed within the time allowed under the provider
 2431 agreement. The treatment orders shall be reviewed, as frequently
 2432 as the patient's illness requires, by the physician, autonomous
 2433 physician assistant, physician assistant, or advanced practice
 2434 registered nurse in consultation with the home health agency.

2435 Section 35. Paragraph (a) of subsection (13) of section
 2436 400.506, Florida Statutes, is amended to read:

2437 400.506 Licensure of nurse registries; requirements;
 2438 penalties.—

2439 (13) All persons referred for contract in private
 2440 residences by a nurse registry must comply with the following
 2441 requirements for a plan of treatment:

2442 (a) When, in accordance with the privileges and
 2443 restrictions imposed upon a nurse under part I of chapter 464,
 2444 the delivery of care to a patient is under the direction or
 2445 supervision of a physician or when a physician is responsible
 2446 for the medical care of the patient, a medical plan of treatment
 2447 must be established for each patient receiving care or treatment
 2448 provided by a licensed nurse in the home. The original medical
 2449 plan of treatment must be timely signed by the physician,
 2450 autonomous physician assistant, physician assistant, or advanced

2451 practice registered nurse, acting within his or her respective
 2452 scope of practice, and reviewed in consultation with the
 2453 licensed nurse at least every 2 months. Any additional order or
 2454 change in orders must be obtained from the physician, autonomous
 2455 physician assistant, physician assistant, or advanced practice
 2456 registered nurse and reduced to writing and timely signed by the
 2457 physician, autonomous physician assistant, physician assistant,
 2458 or advanced practice registered nurse. The delivery of care
 2459 under a medical plan of treatment must be substantiated by the
 2460 appropriate nursing notes or documentation made by the nurse in
 2461 compliance with nursing practices established under part I of
 2462 chapter 464.

2463 Section 36. Subsection (5) and paragraph (b) of subsection
 2464 (7) of section 400.9973, Florida Statutes, are amended to read:

2465 400.9973 Client admission, transfer, and discharge.—

2466 (5) A client admitted to a transitional living facility
 2467 must be admitted upon prescription by a licensed physician,
 2468 autonomous physician assistant, physician assistant, or advanced
 2469 practice registered nurse and must remain under the care of a
 2470 licensed physician, autonomous physician assistant, physician
 2471 assistant, or advanced practice registered nurse for the
 2472 duration of the client's stay in the facility.

2473 (7) A person may not be admitted to a transitional living
 2474 facility if the person:

2475 (b) Is a danger to himself or herself or others as

2476 | determined by a physician, autonomous physician assistant,
 2477 | physician assistant, advanced practice registered nurse, or a
 2478 | mental health practitioner licensed under chapter 490 or chapter
 2479 | 491, unless the facility provides adequate staffing and support
 2480 | to ensure patient safety;

2481 | Section 37. Paragraphs (a) and (b) of subsection (2) of
 2482 | section 400.9974, Florida Statutes, are amended to read:

2483 | 400.9974 Client comprehensive treatment plans; client
 2484 | services.—

2485 | (2) The comprehensive treatment plan must include:

2486 | (a) Orders obtained from the physician, autonomous
 2487 | physician assistant, physician assistant, or advanced practice
 2488 | registered nurse and the client's diagnosis, medical history,
 2489 | physical examination, and rehabilitative or restorative needs.

2490 | (b) A preliminary nursing evaluation, including orders for
 2491 | immediate care provided by the physician, autonomous physician
 2492 | assistant, physician assistant, or advanced practice registered
 2493 | nurse, which shall be completed when the client is admitted.

2494 | Section 38. Section 400.9976, Florida Statutes, is amended
 2495 | to read:

2496 | 400.9976 Administration of medication.—

2497 | (1) An individual medication administration record must be
 2498 | maintained for each client. A dose of medication, including a
 2499 | self-administered dose, shall be properly recorded in the
 2500 | client's record. A client who self-administers medication shall

2501 be given a pill organizer. Medication must be placed in the pill
2502 organizer by a nurse. A nurse shall document the date and time
2503 that medication is placed into each client's pill organizer. All
2504 medications must be administered in compliance with orders of a
2505 physician, autonomous physician assistant, physician assistant,
2506 or advanced practice registered nurse.

2507 (2) If an interdisciplinary team determines that self-
2508 administration of medication is an appropriate objective, and if
2509 the physician, autonomous physician assistant, physician
2510 assistant, or advanced practice registered nurse does not
2511 specify otherwise, the client must be instructed by the
2512 physician, autonomous physician assistant, physician assistant,
2513 or advanced practice registered nurse to self-administer his or
2514 her medication without the assistance of a staff person. All
2515 forms of self-administration of medication, including
2516 administration orally, by injection, and by suppository, shall
2517 be included in the training. The client's physician, autonomous
2518 physician assistant, physician assistant, or advanced practice
2519 registered nurse must be informed of the interdisciplinary
2520 team's decision that self-administration of medication is an
2521 objective for the client. A client may not self-administer
2522 medication until he or she demonstrates the competency to take
2523 the correct medication in the correct dosage at the correct
2524 time, to respond to missed doses, and to contact the appropriate
2525 person with questions.

2526 (3) Medication administration discrepancies and adverse
 2527 drug reactions must be recorded and reported immediately to a
 2528 physician, autonomous physician assistant, physician assistant,
 2529 or advanced practice registered nurse.

2530 Section 39. Subsections (2) through (5) of section
 2531 400.9979, Florida Statutes, are amended to read:

2532 400.9979 Restraint and seclusion; client safety.—

2533 (2) The use of physical restraints must be ordered and
 2534 documented by a physician, autonomous physician assistant,
 2535 physician assistant, or advanced practice registered nurse and
 2536 must be consistent with the policies and procedures adopted by
 2537 the facility. The client or, if applicable, the client's
 2538 representative shall be informed of the facility's physical
 2539 restraint policies and procedures when the client is admitted.

2540 (3) The use of chemical restraints shall be limited to
 2541 prescribed dosages of medications as ordered by a physician,
 2542 autonomous physician assistant, physician assistant, or advanced
 2543 practice registered nurse and must be consistent with the
 2544 client's diagnosis and the policies and procedures adopted by
 2545 the facility. The client and, if applicable, the client's
 2546 representative shall be informed of the facility's chemical
 2547 restraint policies and procedures when the client is admitted.

2548 (4) Based on the assessment by a physician, autonomous
 2549 physician assistant, physician assistant, or advanced practice
 2550 registered nurse, if a client exhibits symptoms that present an

2551 immediate risk of injury or death to himself or herself or
 2552 others, a physician, physician assistant, or advanced practice
 2553 registered nurse may issue an emergency treatment order to
 2554 immediately administer rapid-response psychotropic medications
 2555 or other chemical restraints. Each emergency treatment order
 2556 must be documented and maintained in the client's record.

2557 (a) An emergency treatment order is not effective for more
 2558 than 24 hours.

2559 (b) Whenever a client is medicated under this subsection,
 2560 the client's representative or a responsible party and the
 2561 client's physician, autonomous physician assistant, physician
 2562 assistant, or advanced practice registered nurse shall be
 2563 notified as soon as practicable.

2564 (5) A client who is prescribed and receives a medication
 2565 that can serve as a chemical restraint for a purpose other than
 2566 an emergency treatment order must be evaluated by his or her
 2567 physician, autonomous physician assistant, physician assistant,
 2568 or advanced practice registered nurse at least monthly to
 2569 assess:

2570 (a) The continued need for the medication.

2571 (b) The level of the medication in the client's blood.

2572 (c) The need for adjustments to the prescription.

2573 Section 40. Subsections (1) and (2) of section 401.445,
 2574 Florida Statutes, are amended to read:

2575 401.445 Emergency examination and treatment of

2576 incapacitated persons.—

2577 (1) No recovery shall be allowed in any court in this
2578 state against any emergency medical technician, paramedic, or
2579 physician as defined in this chapter, any advanced practice
2580 registered nurse licensed under s. 464.012, or any autonomous
2581 physician assistant or physician assistant registered or
2582 licensed under s. 458.347 or s. 459.022, or any person acting
2583 under the direct medical supervision of a physician, in an
2584 action brought for examining or treating a patient without his
2585 or her informed consent if:

2586 (a) The patient at the time of examination or treatment is
2587 intoxicated, under the influence of drugs, or otherwise
2588 incapable of providing informed consent as provided in s.
2589 766.103;

2590 (b) The patient at the time of examination or treatment is
2591 experiencing an emergency medical condition; and

2592 (c) The patient would reasonably, under all the
2593 surrounding circumstances, undergo such examination, treatment,
2594 or procedure if he or she were advised by the emergency medical
2595 technician, paramedic, physician, advanced practice registered
2596 nurse, autonomous physician assistant, or physician assistant in
2597 accordance with s. 766.103(3).

2598
2599 Examination and treatment provided under this subsection shall
2600 be limited to reasonable examination of the patient to determine

2601 the medical condition of the patient and treatment reasonably
2602 necessary to alleviate the emergency medical condition or to
2603 stabilize the patient.

2604 (2) In examining and treating a person who is apparently
2605 intoxicated, under the influence of drugs, or otherwise
2606 incapable of providing informed consent, the emergency medical
2607 technician, paramedic, physician, advanced practice registered
2608 nurse, autonomous physician assistant, or physician assistant,
2609 or any person acting under the direct medical supervision of a
2610 physician, shall proceed wherever possible with the consent of
2611 the person. If the person reasonably appears to be incapacitated
2612 and refuses his or her consent, the person may be examined,
2613 treated, or taken to a hospital or other appropriate treatment
2614 resource if he or she is in need of emergency attention, without
2615 his or her consent, but unreasonable force shall not be used.

2616 Section 41. Subsection (18) of section 409.906, Florida
2617 Statutes, is amended to read:

2618 409.906 Optional Medicaid services.—Subject to specific
2619 appropriations, the agency may make payments for services which
2620 are optional to the state under Title XIX of the Social Security
2621 Act and are furnished by Medicaid providers to recipients who
2622 are determined to be eligible on the dates on which the services
2623 were provided. Any optional service that is provided shall be
2624 provided only when medically necessary and in accordance with
2625 state and federal law. Optional services rendered by providers

2626 in mobile units to Medicaid recipients may be restricted or
2627 prohibited by the agency. Nothing in this section shall be
2628 construed to prevent or limit the agency from adjusting fees,
2629 reimbursement rates, lengths of stay, number of visits, or
2630 number of services, or making any other adjustments necessary to
2631 comply with the availability of moneys and any limitations or
2632 directions provided for in the General Appropriations Act or
2633 chapter 216. If necessary to safeguard the state's systems of
2634 providing services to elderly and disabled persons and subject
2635 to the notice and review provisions of s. 216.177, the Governor
2636 may direct the Agency for Health Care Administration to amend
2637 the Medicaid state plan to delete the optional Medicaid service
2638 known as "Intermediate Care Facilities for the Developmentally
2639 Disabled." Optional services may include:

2640 (18) PHYSICIAN ASSISTANT SERVICES.—The agency may pay for
2641 all services provided to a recipient by an autonomous physician
2642 assistant or a physician assistant registered or licensed under
2643 s. 458.347 or s. 459.022. Reimbursement for such services must
2644 be not less than 80 percent of the reimbursement that would be
2645 paid to a physician who provided the same services.

2646 Section 42. Paragraph (m) of subsection (3) of section
2647 409.908, Florida Statutes, is amended to read:

2648 409.908 Reimbursement of Medicaid providers.—Subject to
2649 specific appropriations, the agency shall reimburse Medicaid
2650 providers, in accordance with state and federal law, according

2651 to methodologies set forth in the rules of the agency and in
2652 policy manuals and handbooks incorporated by reference therein.
2653 These methodologies may include fee schedules, reimbursement
2654 methods based on cost reporting, negotiated fees, competitive
2655 bidding pursuant to s. 287.057, and other mechanisms the agency
2656 considers efficient and effective for purchasing services or
2657 goods on behalf of recipients. If a provider is reimbursed based
2658 on cost reporting and submits a cost report late and that cost
2659 report would have been used to set a lower reimbursement rate
2660 for a rate semester, then the provider's rate for that semester
2661 shall be retroactively calculated using the new cost report, and
2662 full payment at the recalculated rate shall be effected
2663 retroactively. Medicare-granted extensions for filing cost
2664 reports, if applicable, shall also apply to Medicaid cost
2665 reports. Payment for Medicaid compensable services made on
2666 behalf of Medicaid eligible persons is subject to the
2667 availability of moneys and any limitations or directions
2668 provided for in the General Appropriations Act or chapter 216.
2669 Further, nothing in this section shall be construed to prevent
2670 or limit the agency from adjusting fees, reimbursement rates,
2671 lengths of stay, number of visits, or number of services, or
2672 making any other adjustments necessary to comply with the
2673 availability of moneys and any limitations or directions
2674 provided for in the General Appropriations Act, provided the
2675 adjustment is consistent with legislative intent.

2676 (3) Subject to any limitations or directions provided for
2677 in the General Appropriations Act, the following Medicaid
2678 services and goods may be reimbursed on a fee-for-service basis.
2679 For each allowable service or goods furnished in accordance with
2680 Medicaid rules, policy manuals, handbooks, and state and federal
2681 law, the payment shall be the amount billed by the provider, the
2682 provider's usual and customary charge, or the maximum allowable
2683 fee established by the agency, whichever amount is less, with
2684 the exception of those services or goods for which the agency
2685 makes payment using a methodology based on capitation rates,
2686 average costs, or negotiated fees.

2687 (m) Autonomous physician assistant and physician assistant
2688 services.

2689 Section 43. Paragraphs (c) through (cc) of subsection (1)
2690 of section 409.973, Florida Statutes, are redesignated as
2691 paragraphs (d) through (dd), respectively, and a new paragraph
2692 (c) is added to that subsection to read:

2693 409.973 Benefits.—

2694 (1) MINIMUM BENEFITS.—Managed care plans shall cover, at a
2695 minimum, the following services:

2696 (c) Autonomous physician assistant services.

2697 Section 44. Subsections (2), (4), and (5) of section
2698 429.26, Florida Statutes, are amended to read:

2699 429.26 Appropriateness of placements; examinations of
2700 residents.—

2701 (2) A physician, autonomous physician assistant, physician
2702 assistant, or nurse practitioner who is employed by an assisted
2703 living facility to provide an initial examination for admission
2704 purposes may not have financial interest in the facility.

2705 (4) If possible, each resident shall have been examined by
2706 a licensed physician, an autonomous physician assistant, a
2707 licensed physician assistant, or a licensed nurse practitioner
2708 within 60 days before admission to the facility. The signed and
2709 completed medical examination report shall be submitted to the
2710 owner or administrator of the facility who shall use the
2711 information contained therein to assist in the determination of
2712 the appropriateness of the resident's admission and continued
2713 stay in the facility. The medical examination report shall
2714 become a permanent part of the record of the resident at the
2715 facility and shall be made available to the agency during
2716 inspection or upon request. An assessment that has been
2717 completed through the Comprehensive Assessment and Review for
2718 Long-Term Care Services (CARES) Program fulfills the
2719 requirements for a medical examination under this subsection and
2720 s. 429.07(3)(b)6.

2721 (5) Except as provided in s. 429.07, if a medical
2722 examination has not been completed within 60 days before the
2723 admission of the resident to the facility, a licensed physician,
2724 a registered autonomous physician assistant, a licensed
2725 physician assistant, or a licensed nurse practitioner shall

2726 examine the resident and complete a medical examination form
2727 provided by the agency within 30 days following the admission to
2728 the facility to enable the facility owner or administrator to
2729 determine the appropriateness of the admission. The medical
2730 examination form shall become a permanent part of the record of
2731 the resident at the facility and shall be made available to the
2732 agency during inspection by the agency or upon request.

2733 Section 45. Paragraph (a) of subsection (2) and paragraph
2734 (a) of subsection (7) of section 429.918, Florida Statutes, are
2735 amended to read:

2736 429.918 Licensure designation as a specialized Alzheimer's
2737 services adult day care center.—

2738 (2) As used in this section, the term:

2739 (a) "ADRD participant" means a participant who has a
2740 documented diagnosis of Alzheimer's disease or a dementia-
2741 related disorder (ADRD) from a licensed physician, a registered
2742 autonomous physician assistant, a licensed physician assistant,
2743 or a licensed advanced practice registered nurse.

2744 (7) (a) An ADRD participant admitted to an adult day care
2745 center having a license designated under this section, or the
2746 caregiver when applicable, must:

2747 1. Require ongoing supervision to maintain the highest
2748 level of medical or custodial functioning and have a
2749 demonstrated need for a responsible party to oversee his or her
2750 care.

2751 2. Not actively demonstrate aggressive behavior that
2752 places himself, herself, or others at risk of harm.

2753 3. Provide the following medical documentation signed by a
2754 licensed physician, a registered autonomous physician assistant,
2755 a licensed physician assistant, or a licensed advanced practice
2756 registered nurse:

2757 a. Any physical, health, or emotional conditions that
2758 require medical care.

2759 b. A listing of the ADRD participant's current prescribed
2760 and over-the-counter medications and dosages, diet restrictions,
2761 mobility restrictions, and other physical limitations.

2762 4. Provide documentation signed by a health care provider
2763 licensed in this state which indicates that the ADRD participant
2764 is free of the communicable form of tuberculosis and free of
2765 signs and symptoms of other communicable diseases.

2766 Section 46. Paragraph (e) of subsection (5) of section
2767 440.102, Florida Statutes, is amended to read:

2768 440.102 Drug-free workplace program requirements.—The
2769 following provisions apply to a drug-free workplace program
2770 implemented pursuant to law or to rules adopted by the Agency
2771 for Health Care Administration:

2772 (5) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen
2773 collection and testing for drugs under this section shall be
2774 performed in accordance with the following procedures:

2775 (e) A specimen for a drug test may be taken or collected

2776 | by any of the following persons:

2777 | 1. A physician, an autonomous physician assistant, a
 2778 | physician assistant, a registered professional nurse, a licensed
 2779 | practical nurse, or a nurse practitioner or a certified
 2780 | paramedic who is present at the scene of an accident for the
 2781 | purpose of rendering emergency medical service or treatment.

2782 | 2. A qualified person employed by a licensed or certified
 2783 | laboratory as described in subsection (9).

2784 | Section 47. Paragraphs (a), (i), (o), and (r) of
 2785 | subsection (3) and paragraph (g) of subsection (5) of section
 2786 | 456.053, Florida Statutes, are amended to read:

2787 | 456.053 Financial arrangements between referring health
 2788 | care providers and providers of health care services.—

2789 | (3) DEFINITIONS.—For the purpose of this section, the
 2790 | word, phrase, or term:

2791 | (a) "Board" means any of the following boards relating to
 2792 | the respective professions: the Board of Medicine as created in
 2793 | s. 458.307; the Board of Osteopathic Medicine as created in s.
 2794 | 459.004; the Board of Chiropractic Medicine as created in s.
 2795 | 460.404; the Board of Podiatric Medicine as created in s.
 2796 | 461.004; the Board of Optometry as created in s. 463.003; the
 2797 | Board of Nursing as created in s. 464.004; the Board of Pharmacy
 2798 | as created in s. 465.004; and the Board of Dentistry as created
 2799 | in s. 466.004.

2800 | (i) "Health care provider" means a ~~any~~ physician licensed

2801 | under chapter 458, chapter 459, chapter 460, or chapter 461; an
 2802 | advanced practice registered nurse registered to engage in
 2803 | autonomous practice pursuant to s. 464.0123; an autonomous
 2804 | physician assistant registered under s. 458.347(8) or s.
 2805 | 459.022(8);~~7~~ or any health care provider licensed under chapter
 2806 | 463 or chapter 466.

2807 | (o) "Referral" means any referral of a patient by a health
 2808 | care provider for health care services, including, without
 2809 | limitation:

2810 | 1. The forwarding of a patient by a health care provider
 2811 | to another health care provider or to an entity which provides
 2812 | or supplies designated health services or any other health care
 2813 | item or service; or

2814 | 2. The request or establishment of a plan of care by a
 2815 | health care provider, which includes the provision of designated
 2816 | health services or other health care item or service.

2817 | 3. The following orders, recommendations, or plans of care
 2818 | shall not constitute a referral by a health care provider:

2819 | a. By a radiologist for diagnostic-imaging services.

2820 | b. By a physician specializing in the provision of
 2821 | radiation therapy services for such services.

2822 | c. By a medical oncologist for drugs and solutions to be
 2823 | prepared and administered intravenously to such oncologist's
 2824 | patient, as well as for the supplies and equipment used in
 2825 | connection therewith to treat such patient for cancer and the

2826 complications thereof.

2827 d. By a cardiologist for cardiac catheterization services.

2828 e. By a pathologist for diagnostic clinical laboratory

2829 tests and pathological examination services, if furnished by or

2830 under the supervision of such pathologist pursuant to a

2831 consultation requested by another physician.

2832 f. By a health care provider who is the sole provider or

2833 member of a group practice for designated health services or

2834 other health care items or services that are prescribed or

2835 provided solely for such referring health care provider's or

2836 group practice's own patients, and that are provided or

2837 performed by or under the direct supervision of such referring

2838 health care provider or group practice; provided, however, ~~that~~

2839 ~~effective July 1, 1999,~~ a health care provider ~~physician~~

2840 ~~licensed pursuant to chapter 458, chapter 459, chapter 460, or~~

2841 ~~chapter 461~~ may refer a patient to a sole provider or group

2842 practice for diagnostic imaging services, excluding radiation

2843 therapy services, for which the sole provider or group practice

2844 billed both the technical and the professional fee for or on

2845 behalf of the patient, if the referring health care provider

2846 ~~physician~~ has no investment interest in the practice. The

2847 diagnostic imaging service referred to a group practice or sole

2848 provider must be a diagnostic imaging service normally provided

2849 within the scope of practice to the patients of the group

2850 practice or sole provider. The group practice or sole provider

2851 may accept no more than 15 percent of their patients receiving
2852 diagnostic imaging services from outside referrals, excluding
2853 radiation therapy services.

2854 g. By a health care provider for services provided by an
2855 ambulatory surgical center licensed under chapter 395.

2856 h. By a urologist for lithotripsy services.

2857 i. By a dentist for dental services performed by an
2858 employee of or health care provider who is an independent
2859 contractor with the dentist or group practice of which the
2860 dentist is a member.

2861 j. By a physician for infusion therapy services to a
2862 patient of that physician or a member of that physician's group
2863 practice.

2864 k. By a nephrologist for renal dialysis services and
2865 supplies, except laboratory services.

2866 l. By a health care provider whose principal professional
2867 practice consists of treating patients in their private
2868 residences for services to be rendered in such private
2869 residences, except for services rendered by a home health agency
2870 licensed under chapter 400. For purposes of this sub-
2871 subparagraph, the term "private residences" includes patients'
2872 private homes, independent living centers, and assisted living
2873 facilities, but does not include skilled nursing facilities.

2874 m. By a health care provider for sleep-related testing.

2875 (r) "Sole provider" means one health care provider

2876 licensed under chapter 458, chapter 459, chapter 460, or chapter
 2877 461, or registered under s. 464.0123, who maintains a separate
 2878 medical office and a medical practice separate from any other
 2879 health care provider and who bills for his or her services
 2880 separately from the services provided by any other health care
 2881 provider. A sole provider shall not share overhead expenses or
 2882 professional income with any other person or group practice.

2883 (5) PROHIBITED REFERRALS AND CLAIMS FOR PAYMENT.—Except as
 2884 provided in this section:

2885 (g) A violation of this section by a health care provider
 2886 shall constitute grounds for disciplinary action to be taken by
 2887 the applicable board pursuant to s. 458.331(2), s. 459.015(2),
 2888 s. 460.413(2), s. 461.013(2), s. 463.016(2), s. 464.018, or s.
 2889 466.028(2). Any hospital licensed under chapter 395 found in
 2890 violation of this section shall be subject to s. 395.0185(2).

2891 Section 48. Subsection (7) of section 456.072, Florida
 2892 Statutes, is amended to read:

2893 456.072 Grounds for discipline; penalties; enforcement.—

2894 (7) Notwithstanding subsection (2), upon a finding that a
 2895 physician or autonomous physician assistant has prescribed or
 2896 dispensed a controlled substance, or caused a controlled
 2897 substance to be prescribed or dispensed, in a manner that
 2898 violates the standard of practice set forth in s. 458.331(1)(q)
 2899 or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s), or s.
 2900 466.028(1)(p) or (x), or that an advanced practice registered

2901 nurse has prescribed or dispensed a controlled substance, or
 2902 caused a controlled substance to be prescribed or dispensed, in
 2903 a manner that violates the standard of practice set forth in s.
 2904 464.018(1)(n) or (p)6., the physician, autonomous physician
 2905 assistant, or advanced practice registered nurse shall be
 2906 suspended for a period of not less than 6 months and pay a fine
 2907 of not less than \$10,000 per count. Repeated violations shall
 2908 result in increased penalties.

2909 Section 49. Paragraph (h) of subsection (1) and subsection
 2910 (2) of section 456.44, Florida Statutes, are amended to read:

2911 456.44 Controlled substance prescribing.—

2912 (1) DEFINITIONS.—As used in this section, the term:

2913 (h) "Registrant" means a physician, an autonomous
 2914 physician assistant, a physician assistant, or an advanced
 2915 practice registered nurse who meets the requirements of
 2916 subsection (2).

2917 (2) REGISTRATION.—A physician licensed under chapter 458,
 2918 chapter 459, chapter 461, or chapter 466, an autonomous
 2919 physician assistant or a physician assistant registered or
 2920 licensed under chapter 458 or chapter 459, or an advanced
 2921 practice registered nurse licensed under part I of chapter 464
 2922 who prescribes any controlled substance, listed in Schedule II,
 2923 Schedule III, or Schedule IV as defined in s. 893.03, for the
 2924 treatment of chronic nonmalignant pain, must:

2925 (a) Designate himself or herself as a controlled substance

2926 | prescribing practitioner on his or her practitioner profile.

2927 | (b) Comply with the requirements of this section and
2928 | applicable board rules.

2929 | Section 50. Paragraph (c) of subsection (3) of section
2930 | 458.3265, Florida Statutes, is amended to read:

2931 | 458.3265 Pain-management clinics.—

2932 | (3) PHYSICIAN RESPONSIBILITIES.—These responsibilities
2933 | apply to any physician who provides professional services in a
2934 | pain-management clinic that is required to be registered in
2935 | subsection (1).

2936 | (c) A physician, an autonomous physician assistant, a
2937 | physician assistant, or an advanced practice registered nurse
2938 | must perform a physical examination of a patient on the same day
2939 | that the physician prescribes a controlled substance to a
2940 | patient at a pain-management clinic. If the physician prescribes
2941 | more than a 72-hour dose of controlled substances for the
2942 | treatment of chronic nonmalignant pain, the physician must
2943 | document in the patient's record the reason for prescribing that
2944 | quantity.

2945 | Section 51. Paragraph (ii) of subsection (1) and
2946 | subsection (10) of section 458.331, Florida Statutes, are
2947 | amended to read:

2948 | 458.331 Grounds for disciplinary action; action by the
2949 | board and department.—

2950 | (1) The following acts constitute grounds for denial of a

2951 license or disciplinary action, as specified in s. 456.072(2):
 2952 (ii) Failing to report to the department any licensee
 2953 under this chapter or under chapter 459 who the physician,
 2954 autonomous physician assistant, or physician assistant knows has
 2955 violated the grounds for disciplinary action set out in the law
 2956 under which that person is licensed and who provides health care
 2957 services in a facility licensed under chapter 395, or a health
 2958 maintenance organization certificated under part I of chapter
 2959 641, in which the physician, autonomous physician assistant, or
 2960 physician assistant also provides services.

2961 (10) A probable cause panel convened to consider
 2962 disciplinary action against an autonomous physician assistant or
 2963 a physician assistant alleged to have violated s. 456.072 or
 2964 this section must include one physician assistant. The physician
 2965 assistant must hold a valid license to practice as a physician
 2966 assistant in this state and be appointed to the panel by the
 2967 Council of Physician Assistants. The physician assistant may
 2968 hear only cases involving disciplinary actions against a
 2969 physician assistant. If the appointed physician assistant is not
 2970 present at the disciplinary hearing, the panel may consider the
 2971 matter and vote on the case in the absence of the physician
 2972 assistant. The training requirements set forth in s. 458.307(4)
 2973 do not apply to the appointed physician assistant. Rules need
 2974 not be adopted to implement this subsection.

2975 Section 52. Paragraph (c) of subsection (3) of section

2976 | 459.0137, Florida Statutes, is amended to read:

2977 | 459.0137 Pain-management clinics.—

2978 | (3) PHYSICIAN RESPONSIBILITIES.—These responsibilities
2979 | apply to any osteopathic physician who provides professional
2980 | services in a pain-management clinic that is required to be
2981 | registered in subsection (1).

2982 | (c) An osteopathic physician, an autonomous physician
2983 | assistant, a physician assistant, or an advanced practice
2984 | registered nurse must perform a physical examination of a
2985 | patient on the same day that the physician prescribes a
2986 | controlled substance to a patient at a pain-management clinic.
2987 | If the osteopathic physician prescribes more than a 72-hour dose
2988 | of controlled substances for the treatment of chronic
2989 | nonmalignant pain, the osteopathic physician must document in
2990 | the patient's record the reason for prescribing that quantity.

2991 | Section 53. Paragraph (11) of subsection (1) and
2992 | subsection (10) of section 459.015, Florida Statutes, are
2993 | amended to read:

2994 | 459.015 Grounds for disciplinary action; action by the
2995 | board and department.—

2996 | (1) The following acts constitute grounds for denial of a
2997 | license or disciplinary action, as specified in s. 456.072(2):

2998 | (11) Failing to report to the department any licensee
2999 | under chapter 458 or under this chapter who the osteopathic
3000 | physician, autonomous physician assistant, or physician

3001 assistant knows has violated the grounds for disciplinary action
3002 set out in the law under which that person is licensed and who
3003 provides health care services in a facility licensed under
3004 chapter 395, or a health maintenance organization certificated
3005 under part I of chapter 641, in which the osteopathic physician,
3006 autonomous physician assistant, or physician assistant also
3007 provides services.

3008 (10) A probable cause panel convened to consider
3009 disciplinary action against an autonomous physician assistant or
3010 a physician assistant alleged to have violated s. 456.072 or
3011 this section must include one physician assistant. The physician
3012 assistant must hold a valid license to practice as a physician
3013 assistant in this state and be appointed to the panel by the
3014 Council of Physician Assistants. The physician assistant may
3015 hear only cases involving disciplinary actions against a
3016 physician assistant. If the appointed physician assistant is not
3017 present at the disciplinary hearing, the panel may consider the
3018 matter and vote on the case in the absence of the physician
3019 assistant. The training requirements set forth in s. 458.307(4)
3020 do not apply to the appointed physician assistant. Rules need
3021 not be adopted to implement this subsection.

3022 Section 54. Subsection (17) of section 464.003, Florida
3023 Statutes, is amended to read:

3024 464.003 Definitions.—As used in this part, the term:

3025 (17) "Practice of practical nursing" means the performance

3026 of selected acts, including the administration of treatments and
 3027 medications, in the care of the ill, injured, or infirm; the
 3028 promotion of wellness, maintenance of health, and prevention of
 3029 illness of others under the direction of a registered nurse, a
 3030 licensed physician, a licensed osteopathic physician, a licensed
 3031 podiatric physician, a registered autonomous physician
 3032 assistant, or a licensed dentist; and the teaching of general
 3033 principles of health and wellness to the public and to students
 3034 other than nursing students. A practical nurse is responsible
 3035 and accountable for making decisions that are based upon the
 3036 individual's educational preparation and experience in nursing.

3037 Section 55. Paragraph (a) of subsection (4) of section
 3038 464.0205, Florida Statutes, is amended to read:

3039 464.0205 Retired volunteer nurse certificate.—

3040 (4) A retired volunteer nurse receiving certification from
 3041 the board shall:

3042 (a) Work under the direct supervision of the director of a
 3043 county health department, a physician working under a limited
 3044 license issued pursuant to s. 458.317 or s. 459.0075, a
 3045 physician or an autonomous physician assistant licensed or
 3046 registered under chapter 458 or chapter 459, an advanced
 3047 practice registered nurse licensed under s. 464.012, or a
 3048 registered nurse licensed under s. 464.008 or s. 464.009.

3049 Section 56. Paragraph (b) of subsection (1) of section
 3050 480.0475, Florida Statutes, is amended to read:

3051 480.0475 Massage establishments; prohibited practices.—

3052 (1) A person may not operate a massage establishment
 3053 between the hours of midnight and 5 a.m. This subsection does
 3054 not apply to a massage establishment:

3055 (b) In which every massage performed between the hours of
 3056 midnight and 5 a.m. is performed by a massage therapist acting
 3057 under the prescription of a physician, autonomous physician
 3058 assistant, or physician assistant licensed or registered under
 3059 chapter 458; ~~an osteopathic physician, autonomous physician~~
 3060 assistant, or physician assistant licensed or registered under
 3061 chapter 459; ~~a chiropractic physician licensed under chapter~~
 3062 ~~460; a podiatric physician licensed under chapter 461; an~~
 3063 advanced practice registered nurse licensed under part I of
 3064 chapter 464; ~~or a dentist licensed under chapter 466; or~~

3065 Section 57. Subsection (2) of section 493.6108, Florida
 3066 Statutes, is amended to read:

3067 493.6108 Investigation of applicants by Department of
 3068 Agriculture and Consumer Services.—

3069 (2) In addition to subsection (1), the department shall
 3070 make an investigation of the general physical fitness of the
 3071 Class "G" applicant to bear a weapon or firearm. Determination
 3072 of physical fitness shall be certified by a physician,
 3073 autonomous physician assistant, or physician assistant currently
 3074 licensed or registered under ~~pursuant to~~ chapter 458, chapter
 3075 459, or any similar law of another state or authorized to act as

3076 a licensed physician by a federal agency or department or by an
 3077 advanced practice registered nurse currently licensed pursuant
 3078 to chapter 464. Such certification shall be submitted on a form
 3079 provided by the department.

3080 Section 58. Subsection (1) of section 626.9707, Florida
 3081 Statutes, is amended to read:

3082 626.9707 Disability insurance; discrimination on basis of
 3083 sickle-cell trait prohibited.—

3084 (1) No insurer authorized to transact insurance in this
 3085 state shall refuse to issue and deliver in this state any policy
 3086 of disability insurance, whether such policy is defined as
 3087 individual, group, blanket, franchise, industrial, or otherwise,
 3088 which is currently being issued for delivery in this state and
 3089 which affords benefits and coverage for any medical treatment or
 3090 service authorized and permitted to be furnished by a hospital,
 3091 a clinic, a health clinic, a neighborhood health clinic, a
 3092 health maintenance organization, a physician, an autonomous
 3093 physician assistant, a physician ~~physician's~~ assistant, an
 3094 advanced practice registered nurse practitioner, or a medical
 3095 service facility or personnel solely because the person to be
 3096 insured has the sickle-cell trait.

3097 Section 59. Paragraph (b) of subsection (1) of section
 3098 627.357, Florida Statutes, is amended to read:

3099 627.357 Medical malpractice self-insurance.—

3100 (1) DEFINITIONS.—As used in this section, the term:

3101 (b) "Health care provider" means any:

3102 1. Hospital licensed under chapter 395.

3103 2. Physician, autonomous physician assistant licensed, or

3104 physician assistant registered or licensed, under chapter 458.

3105 3. Osteopathic physician, autonomous physician assistant,

3106 or physician assistant registered or licensed under chapter 459.

3107 4. Podiatric physician licensed under chapter 461.

3108 5. Health maintenance organization certificated under part

3109 I of chapter 641.

3110 6. Ambulatory surgical center licensed under chapter 395.

3111 7. Chiropractic physician licensed under chapter 460.

3112 8. Psychologist licensed under chapter 490.

3113 9. Optometrist licensed under chapter 463.

3114 10. Dentist licensed under chapter 466.

3115 11. Pharmacist licensed under chapter 465.

3116 12. Registered nurse, licensed practical nurse, or

3117 advanced practice registered nurse licensed or registered under

3118 part I of chapter 464.

3119 13. Other medical facility.

3120 14. Professional association, partnership, corporation,

3121 joint venture, or other association established by the

3122 individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9.,

3123 10., 11., and 12. for professional activity.

3124 Section 60. Paragraph (a) of subsection (1) of section

3125 627.736, Florida Statutes, is amended to read:

3126 627.736 Required personal injury protection benefits;
 3127 exclusions; priority; claims.—

3128 (1) REQUIRED BENEFITS.—An insurance policy complying with
 3129 the security requirements of s. 627.733 must provide personal
 3130 injury protection to the named insured, relatives residing in
 3131 the same household, persons operating the insured motor vehicle,
 3132 passengers in the motor vehicle, and other persons struck by the
 3133 motor vehicle and suffering bodily injury while not an occupant
 3134 of a self-propelled vehicle, subject to subsection (2) and
 3135 paragraph (4) (e), to a limit of \$10,000 in medical and
 3136 disability benefits and \$5,000 in death benefits resulting from
 3137 bodily injury, sickness, disease, or death arising out of the
 3138 ownership, maintenance, or use of a motor vehicle as follows:

3139 (a) Medical benefits.—Eighty percent of all reasonable
 3140 expenses for medically necessary medical, surgical, X-ray,
 3141 dental, and rehabilitative services, including prosthetic
 3142 devices and medically necessary ambulance, hospital, and nursing
 3143 services if the individual receives initial services and care
 3144 pursuant to subparagraph 1. within 14 days after the motor
 3145 vehicle accident. The medical benefits provide reimbursement
 3146 only for:

3147 1. Initial services and care that are lawfully provided,
 3148 supervised, ordered, or prescribed by a physician or an
 3149 autonomous physician assistant licensed or registered under
 3150 chapter 458 or chapter 459, a dentist licensed under chapter

3151 466, ~~or~~ a chiropractic physician licensed under chapter 460, or
3152 an advanced practice registered nurse who is registered to
3153 engage in autonomous practice under s. 464.0123 or that are
3154 provided in a hospital or in a facility that owns, or is wholly
3155 owned by, a hospital. Initial services and care may also be
3156 provided by a person or entity licensed under part III of
3157 chapter 401 which provides emergency transportation and
3158 treatment.

3159 2. Upon referral by a provider described in subparagraph
3160 1., followup services and care consistent with the underlying
3161 medical diagnosis rendered pursuant to subparagraph 1. which may
3162 be provided, supervised, ordered, or prescribed only by a
3163 physician or an autonomous physician assistant licensed or
3164 registered under chapter 458 or chapter 459, a chiropractic
3165 physician licensed under chapter 460, a dentist licensed under
3166 chapter 466, or an advanced practice registered nurse registered
3167 to engage in autonomous practice under s. 464.0123, or, to the
3168 extent permitted by applicable law and under the supervision of
3169 such physician, osteopathic physician, chiropractic physician,
3170 or dentist, by a physician assistant licensed under chapter 458
3171 or chapter 459 or an advanced practice registered nurse licensed
3172 under chapter 464. Followup services and care may also be
3173 provided by the following persons or entities:

3174 a. A hospital or ambulatory surgical center licensed under
3175 chapter 395.

3176 b. An entity wholly owned by one or more physicians or
 3177 autonomous physician assistants licensed or registered under
 3178 chapter 458 or chapter 459, chiropractic physicians licensed
 3179 under chapter 460, advanced practice registered nurses
 3180 registered to engage in autonomous practice under s. 464.0123,
 3181 or dentists licensed under chapter 466 or by such practitioners
 3182 and the spouse, parent, child, or sibling of such practitioners.

3183 c. An entity that owns or is wholly owned, directly or
 3184 indirectly, by a hospital or hospitals.

3185 d. A physical therapist licensed under chapter 486, based
 3186 upon a referral by a provider described in this subparagraph.

3187 e. A health care clinic licensed under part X of chapter
 3188 400 which is accredited by an accrediting organization whose
 3189 standards incorporate comparable regulations required by this
 3190 state, or

3191 (I) Has a medical director licensed under chapter 458,
 3192 chapter 459, or chapter 460;

3193 (II) Has been continuously licensed for more than 3 years
 3194 or is a publicly traded corporation that issues securities
 3195 traded on an exchange registered with the United States
 3196 Securities and Exchange Commission as a national securities
 3197 exchange; and

3198 (III) Provides at least four of the following medical
 3199 specialties:

3200 (A) General medicine.

- 3201 (B) Radiography.
- 3202 (C) Orthopedic medicine.
- 3203 (D) Physical medicine.
- 3204 (E) Physical therapy.
- 3205 (F) Physical rehabilitation.
- 3206 (G) Prescribing or dispensing outpatient prescription
- 3207 medication.
- 3208 (H) Laboratory services.

3209 3. Reimbursement for services and care provided in
 3210 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician
 3211 licensed under chapter 458 or chapter 459, a dentist licensed
 3212 under chapter 466, an autonomous physician assistant or a
 3213 physician assistant registered or licensed under chapter 458 or
 3214 chapter 459, or an advanced practice registered nurse licensed
 3215 under chapter 464 has determined that the injured person had an
 3216 emergency medical condition.

3217 4. Reimbursement for services and care provided in
 3218 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a
 3219 provider listed in subparagraph 1. or subparagraph 2. determines
 3220 that the injured person did not have an emergency medical
 3221 condition.

3222 5. Medical benefits do not include massage as defined in
 3223 s. 480.033 or acupuncture as defined in s. 457.102, regardless
 3224 of the person, entity, or licensee providing massage or
 3225 acupuncture, and a licensed massage therapist or licensed

3226 | acupuncturist may not be reimbursed for medical benefits under
3227 | this section.

3228 | 6. The Financial Services Commission shall adopt by rule
3229 | the form that must be used by an insurer and a health care
3230 | provider specified in sub-subparagraph 2.b., sub-subparagraph
3231 | 2.c., or sub-subparagraph 2.e. to document that the health care
3232 | provider meets the criteria of this paragraph. Such rule must
3233 | include a requirement for a sworn statement or affidavit.

3234 |

3235 | Only insurers writing motor vehicle liability insurance in this
3236 | state may provide the required benefits of this section, and
3237 | such insurer may not require the purchase of any other motor
3238 | vehicle coverage other than the purchase of property damage
3239 | liability coverage as required by s. 627.7275 as a condition for
3240 | providing such benefits. Insurers may not require that property
3241 | damage liability insurance in an amount greater than \$10,000 be
3242 | purchased in conjunction with personal injury protection. Such
3243 | insurers shall make benefits and required property damage
3244 | liability insurance coverage available through normal marketing
3245 | channels. An insurer writing motor vehicle liability insurance
3246 | in this state who fails to comply with such availability
3247 | requirement as a general business practice violates part IX of
3248 | chapter 626, and such violation constitutes an unfair method of
3249 | competition or an unfair or deceptive act or practice involving
3250 | the business of insurance. An insurer committing such violation

3251 is subject to the penalties provided under that part, as well as
3252 those provided elsewhere in the insurance code.

3253 Section 61. Subsection (5) of section 633.412, Florida
3254 Statutes, is amended to read:

3255 633.412 Firefighters; qualifications for certification.—A
3256 person applying for certification as a firefighter must:

3257 (5) Be in good physical condition as determined by a
3258 medical examination given by a physician, surgeon, or autonomous
3259 physician assistant or physician assistant licensed or
3260 registered to practice in the state pursuant to chapter 458; an
3261 osteopathic physician, surgeon, autonomous physician assistant,
3262 or physician assistant licensed or registered to practice in the
3263 state pursuant to chapter 459; or an advanced practice
3264 registered nurse licensed to practice in the state pursuant to
3265 chapter 464. Such examination may include, but need not be
3266 limited to, the National Fire Protection Association Standard
3267 1582. A medical examination evidencing good physical condition
3268 shall be submitted to the division, on a form as provided by
3269 rule, before an individual is eligible for admission into a
3270 course under s. 633.408.

3271 Section 62. Subsection (8) of section 641.495, Florida
3272 Statutes, is amended to read:

3273 641.495 Requirements for issuance and maintenance of
3274 certificate.—

3275 (8) Each organization's contracts, certificates, and

3276 subscriber handbooks shall contain a provision, if applicable,
 3277 disclosing that, for certain types of described medical
 3278 procedures, services may be provided by autonomous physician
 3279 assistants, physician assistants, advanced practice registered
 3280 nurses ~~nurse-practitioners~~, or other individuals who are not
 3281 licensed physicians.

3282 Section 63. Subsection (1) of section 744.2006, Florida
 3283 Statutes, is amended to read:

3284 744.2006 Office of Public and Professional Guardians;
 3285 appointment, notification.—

3286 (1) The executive director of the Office of Public and
 3287 Professional Guardians, after consultation with the chief judge
 3288 and other circuit judges within the judicial circuit and with
 3289 appropriate advocacy groups and individuals and organizations
 3290 who are knowledgeable about the needs of incapacitated persons,
 3291 may establish, within a county in the judicial circuit or within
 3292 the judicial circuit, one or more offices of public guardian and
 3293 if so established, shall create a list of persons best qualified
 3294 to serve as the public guardian, who have been investigated
 3295 pursuant to s. 744.3135. The public guardian must have knowledge
 3296 of the legal process and knowledge of social services available
 3297 to meet the needs of incapacitated persons. The public guardian
 3298 shall maintain a staff or contract with professionally qualified
 3299 individuals to carry out the guardianship functions, including
 3300 an attorney who has experience in probate areas and another

3301 person who has a master's degree in social work, or a
3302 gerontologist, psychologist, autonomous physician assistant,
3303 registered nurse, or advanced practice registered ~~or~~ nurse
3304 ~~practitioner~~. A public guardian that is a nonprofit corporate
3305 guardian under s. 744.309(5) must receive tax-exempt status from
3306 the United States Internal Revenue Service.

3307 Section 64. Paragraph (a) of subsection (3) of section
3308 744.331, Florida Statutes, is amended to read:

3309 744.331 Procedures to determine incapacity.—

3310 (3) EXAMINING COMMITTEE.—

3311 (a) Within 5 days after a petition for determination of
3312 incapacity has been filed, the court shall appoint an examining
3313 committee consisting of three members. One member must be a
3314 psychiatrist or other physician. The remaining members must be
3315 either a psychologist, a gerontologist, a ~~another~~ psychiatrist,
3316 a ~~or other~~ physician, an autonomous physician assistant, a
3317 physician assistant, a registered nurse, an advanced practice
3318 registered nurse practitioner, a licensed social worker, a
3319 person with an advanced degree in gerontology from an accredited
3320 institution of higher education, or another ~~other~~ person who by
3321 knowledge, skill, experience, training, or education may, in the
3322 court's discretion, advise the court in the form of an expert
3323 opinion. One of three members of the committee must have
3324 knowledge of the type of incapacity alleged in the petition.
3325 Unless good cause is shown, the attending or family physician

3326 | may not be appointed to the committee. If the attending or
3327 | family physician is available for consultation, the committee
3328 | must consult with the physician. Members of the examining
3329 | committee may not be related to or associated with one another,
3330 | with the petitioner, with counsel for the petitioner or the
3331 | proposed guardian, or with the person alleged to be totally or
3332 | partially incapacitated. A member may not be employed by any
3333 | private or governmental agency that has custody of, or
3334 | furnishes, services or subsidies, directly or indirectly, to the
3335 | person or the family of the person alleged to be incapacitated
3336 | or for whom a guardianship is sought. A petitioner may not serve
3337 | as a member of the examining committee. Members of the examining
3338 | committee must be able to communicate, either directly or
3339 | through an interpreter, in the language that the alleged
3340 | incapacitated person speaks or to communicate in a medium
3341 | understandable to the alleged incapacitated person if she or he
3342 | is able to communicate. The clerk of the court shall send notice
3343 | of the appointment to each person appointed no later than 3 days
3344 | after the court's appointment.

3345 | Section 65. Subsection (3) of section 766.103, Florida
3346 | Statutes, is amended to read:

3347 | 766.103 Florida Medical Consent Law.—

3348 | (3) No recovery shall be allowed in any court in this
3349 | state against any physician licensed under chapter 458,
3350 | osteopathic physician licensed under chapter 459, chiropractic

3351 physician licensed under chapter 460, podiatric physician
3352 licensed under chapter 461, dentist licensed under chapter 466,
3353 advanced practice registered nurse licensed under s. 464.012,
3354 autonomous physician assistant registered under chapter 458 or
3355 chapter 459, or physician assistant licensed under s. 458.347 or
3356 s. 459.022 in an action brought for treating, examining, or
3357 operating on a patient without his or her informed consent when:
3358 (a)1. The action of the physician, osteopathic physician,
3359 chiropractic physician, podiatric physician, dentist, advanced
3360 practice registered nurse, autonomous physician assistant, or
3361 physician assistant in obtaining the consent of the patient or
3362 another person authorized to give consent for the patient was in
3363 accordance with an accepted standard of medical practice among
3364 members of the medical profession with similar training and
3365 experience in the same or similar medical community as that of
3366 the person treating, examining, or operating on the patient for
3367 whom the consent is obtained; and
3368 2. A reasonable individual, from the information provided
3369 by the physician, osteopathic physician, chiropractic physician,
3370 podiatric physician, dentist, advanced practice registered
3371 nurse, autonomous physician assistant, or physician assistant,
3372 under the circumstances, would have a general understanding of
3373 the procedure, the medically acceptable alternative procedures
3374 or treatments, and the substantial risks and hazards inherent in
3375 the proposed treatment or procedures, which are recognized among

3376 other physicians, osteopathic physicians, chiropractic
 3377 physicians, podiatric physicians, or dentists in the same or
 3378 similar community who perform similar treatments or procedures;
 3379 or

3380 (b) The patient would reasonably, under all the
 3381 surrounding circumstances, have undergone such treatment or
 3382 procedure had he or she been advised by the physician,
 3383 osteopathic physician, chiropractic physician, podiatric
 3384 physician, dentist, advanced practice registered nurse,
 3385 autonomous physician assistant, or physician assistant in
 3386 accordance with ~~the provisions of~~ paragraph (a).

3387 Section 66. Paragraph (b) of subsection (1) and paragraph
 3388 (e) of subsection (2) of section 766.105, Florida Statutes, are
 3389 amended to read:

3390 766.105 Florida Patient's Compensation Fund.—

3391 (1) DEFINITIONS.—The following definitions apply in the
 3392 interpretation and enforcement of this section:

3393 (b) The term "health care provider" means any:

- 3394 1. Hospital licensed under chapter 395.
- 3395 2. Physician, autonomous physician assistant, or physician
 3396 assistant licensed or registered under chapter 458.
- 3397 3. Osteopathic physician, autonomous physician assistant,
 3398 or physician assistant licensed or registered under chapter 459.
- 3399 4. Podiatric physician licensed under chapter 461.
- 3400 5. Health maintenance organization certificated under part

3401 I of chapter 641.

3402 6. Ambulatory surgical center licensed under chapter 395.

3403 7. "Other medical facility" as defined in paragraph (c).

3404 8. Professional association, partnership, corporation,

3405 joint venture, or other association by the individuals set forth

3406 in subparagraphs 2., 3., and 4. for professional activity.

3407 (2) COVERAGE.—

3408 (e) The coverage afforded by the fund for a participating

3409 hospital or ambulatory surgical center shall apply to the

3410 officers, trustees, volunteer workers, trainees, committee

3411 members (including physicians, osteopathic physicians, podiatric

3412 physicians, and dentists), and employees of the hospital or

3413 ambulatory surgical center, other than employed physicians

3414 licensed under chapter 458, autonomous physician assistants or

3415 physician assistants registered or licensed under chapter 458,

3416 osteopathic physicians licensed under chapter 459, autonomous

3417 physician assistants or physician assistants registered or

3418 licensed under chapter 459, dentists licensed under chapter 466,

3419 and podiatric physicians licensed under chapter 461. However,

3420 the coverage afforded by the fund for a participating hospital

3421 shall apply to house physicians, interns, employed physician

3422 residents in a resident training program, or physicians

3423 performing purely administrative duties for the participating

3424 hospitals other than the treatment of patients. This coverage

3425 shall apply to the hospital or ambulatory surgical center and

3426 those included in this subsection as one health care provider.

3427 Section 67. Paragraph (d) of subsection (3) of section
 3428 766.1115, Florida Statutes, is amended to read:

3429 766.1115 Health care providers; creation of agency
 3430 relationship with governmental contractors.—

3431 (3) DEFINITIONS.—As used in this section, the term:

3432 (d) "Health care provider" or "provider" means:

3433 1. A birth center licensed under chapter 383.

3434 2. An ambulatory surgical center licensed under chapter
 3435 395.

3436 3. A hospital licensed under chapter 395.

3437 4. A physician, autonomous physician assistant, or
 3438 physician assistant licensed or registered under chapter 458.

3439 5. An osteopathic physician, autonomous physician
 3440 assistant, or osteopathic physician assistant licensed or
 3441 registered under chapter 459.

3442 6. A chiropractic physician licensed under chapter 460.

3443 7. A podiatric physician licensed under chapter 461.

3444 8. A registered nurse, nurse midwife, licensed practical
 3445 nurse, or advanced practice registered nurse licensed or
 3446 registered under part I of chapter 464 or any facility which
 3447 employs nurses licensed or registered under part I of chapter
 3448 464 to supply all or part of the care delivered under this
 3449 section.

3450 9. A midwife licensed under chapter 467.

3451 10. A health maintenance organization certificated under
 3452 part I of chapter 641.

3453 11. A health care professional association and its
 3454 employees or a corporate medical group and its employees.

3455 12. Any other medical facility the primary purpose of
 3456 which is to deliver human medical diagnostic services or which
 3457 delivers nonsurgical human medical treatment, and which includes
 3458 an office maintained by a provider.

3459 13. A dentist or dental hygienist licensed under chapter
 3460 466.

3461 14. A free clinic that delivers only medical diagnostic
 3462 services or nonsurgical medical treatment free of charge to all
 3463 low-income recipients.

3464 15. Any other health care professional, practitioner,
 3465 provider, or facility under contract with a governmental
 3466 contractor, including a student enrolled in an accredited
 3467 program that prepares the student for licensure as any one of
 3468 the professionals listed in subparagraphs 4.-9.

3469
 3470 The term includes any nonprofit corporation qualified as exempt
 3471 from federal income taxation under s. 501(a) of the Internal
 3472 Revenue Code, and described in s. 501(c) of the Internal Revenue
 3473 Code, which delivers health care services provided by licensed
 3474 professionals listed in this paragraph, any federally funded
 3475 community health center, and any volunteer corporation or

3476 volunteer health care provider that delivers health care
3477 services.

3478 Section 68. Subsection (1) of section 766.1116, Florida
3479 Statutes, is amended to read:

3480 766.1116 Health care practitioner; waiver of license
3481 renewal fees and continuing education requirements.—

3482 (1) As used in this section, the term "health care
3483 practitioner" means a physician, autonomous physician assistant,
3484 or physician assistant licensed or registered under chapter 458;
3485 an osteopathic physician, autonomous physician assistant, or
3486 physician assistant licensed or registered under chapter 459; a
3487 chiropractic physician licensed under chapter 460; a podiatric
3488 physician licensed under chapter 461; an advanced practice
3489 registered nurse, registered nurse, or licensed practical nurse
3490 licensed under part I of chapter 464; a dentist or dental
3491 hygienist licensed under chapter 466; or a midwife licensed
3492 under chapter 467, who participates as a health care provider
3493 under s. 766.1115.

3494 Section 69. Paragraph (c) of subsection (1) of section
3495 766.118, Florida Statutes, is amended to read:

3496 766.118 Determination of noneconomic damages.—

3497 (1) DEFINITIONS.—As used in this section, the term:

3498 (c) "Practitioner" means any person licensed or registered
3499 under chapter 458, chapter 459, chapter 460, chapter 461,
3500 chapter 462, chapter 463, chapter 466, chapter 467, chapter 486,

3501 ~~or~~ s. 464.012, or s. 464.0123. "Practitioner" also means any
3502 association, corporation, firm, partnership, or other business
3503 entity under which such practitioner practices or any employee
3504 of such practitioner or entity acting in the scope of his or her
3505 employment. For the purpose of determining the limitations on
3506 noneconomic damages set forth in this section, the term
3507 "practitioner" includes any person or entity for whom a
3508 practitioner is vicariously liable and any person or entity
3509 whose liability is based solely on such person or entity being
3510 vicariously liable for the actions of a practitioner.

3511 Section 70. Subsection (3) of section 768.135, Florida
3512 Statutes, is amended to read:

3513 768.135 Volunteer team physicians; immunity.—

3514 (3) A practitioner licensed or registered under chapter
3515 458, chapter 459, chapter 460, ~~or~~ s. 464.012, or s. 464.0123 who
3516 gratuitously and in good faith conducts an evaluation pursuant
3517 to s. 1006.20(2)(c) is not liable for any civil damages arising
3518 from that evaluation unless the evaluation was conducted in a
3519 wrongful manner.

3520 Section 71. Subsection (5) of section 794.08, Florida
3521 Statutes, is amended to read:

3522 794.08 Female genital mutilation.—

3523 (5) This section does not apply to procedures performed by
3524 or under the direction of a physician licensed under chapter
3525 458, an osteopathic physician licensed under chapter 459, a

3526 registered nurse licensed under part I of chapter 464, a
 3527 practical nurse licensed under part I of chapter 464, an
 3528 advanced practice registered nurse licensed under part I of
 3529 chapter 464, a midwife licensed under chapter 467, or an
 3530 autonomous physician assistant or a physician assistant
 3531 registered or licensed under chapter 458 or chapter 459 when
 3532 necessary to preserve the physical health of a female person.
 3533 This section also does not apply to any autopsy or limited
 3534 dissection conducted pursuant to chapter 406.

3535 Section 72. Subsection (23) of section 893.02, Florida
 3536 Statutes, is amended to read:

3537 893.02 Definitions.—The following words and phrases as
 3538 used in this chapter shall have the following meanings, unless
 3539 the context otherwise requires:

3540 (23) "Practitioner" means a physician licensed under
 3541 chapter 458, a dentist licensed under chapter 466, a
 3542 veterinarian licensed under chapter 474, an osteopathic
 3543 physician licensed under chapter 459, an advanced practice
 3544 registered nurse licensed under chapter 464, a naturopath
 3545 licensed under chapter 462, a certified optometrist licensed
 3546 under chapter 463, a psychiatric nurse as defined in s. 394.455,
 3547 a podiatric physician licensed under chapter 461, an autonomous
 3548 physician assistant registered under chapter 458 or chapter 459,
 3549 or a physician assistant licensed under chapter 458 or chapter
 3550 459, provided such practitioner holds a valid federal controlled

3551 substance registry number.

3552 Section 73. Subsection (6) of section 943.13, Florida
 3553 Statutes, is amended to read:

3554 943.13 Officers' minimum qualifications for employment or
 3555 appointment.—On or after October 1, 1984, any person employed or
 3556 appointed as a full-time, part-time, or auxiliary law
 3557 enforcement officer or correctional officer; on or after October
 3558 1, 1986, any person employed as a full-time, part-time, or
 3559 auxiliary correctional probation officer; and on or after
 3560 October 1, 1986, any person employed as a full-time, part-time,
 3561 or auxiliary correctional officer by a private entity under
 3562 contract to the Department of Corrections, to a county
 3563 commission, or to the Department of Management Services shall:

3564 (6) Have passed a physical examination by a licensed
 3565 physician, autonomous physician assistant, physician assistant,
 3566 or licensed advanced practice registered nurse, based on
 3567 specifications established by the commission. In order to be
 3568 eligible for the presumption set forth in s. 112.18 while
 3569 employed with an employing agency, a law enforcement officer,
 3570 correctional officer, or correctional probation officer must
 3571 have successfully passed the physical examination required by
 3572 this subsection upon entering into service as a law enforcement
 3573 officer, correctional officer, or correctional probation officer
 3574 with the employing agency, which examination must have failed to
 3575 reveal any evidence of tuberculosis, heart disease, or

3576 | hypertension. A law enforcement officer, correctional officer,
3577 | or correctional probation officer may not use a physical
3578 | examination from a former employing agency for purposes of
3579 | claiming the presumption set forth in s. 112.18 against the
3580 | current employing agency.

3581 | Section 74. Subsection (2) of section 945.603, Florida
3582 | Statutes, is amended to read:

3583 | 945.603 Powers and duties of authority.—The purpose of the
3584 | authority is to assist in the delivery of health care services
3585 | for inmates in the Department of Corrections by advising the
3586 | Secretary of Corrections on the professional conduct of primary,
3587 | convalescent, dental, and mental health care and the management
3588 | of costs consistent with quality care, by advising the Governor
3589 | and the Legislature on the status of the Department of
3590 | Corrections' health care delivery system, and by assuring that
3591 | adequate standards of physical and mental health care for
3592 | inmates are maintained at all Department of Corrections
3593 | institutions. For this purpose, the authority has the authority
3594 | to:

3595 | (2) Review and make recommendations regarding health care
3596 | for the delivery of health care services including, but not
3597 | limited to, acute hospital-based services and facilities,
3598 | primary and tertiary care services, ancillary and clinical
3599 | services, dental services, mental health services, intake and
3600 | screening services, medical transportation services, and the use

3601 of nurse practitioner, autonomous physician assistant, and
3602 physician assistant personnel to act as physician extenders as
3603 these relate to inmates in the Department of Corrections.

3604 Section 75. Paragraph (n) of subsection (1) of section
3605 948.03, Florida Statutes, is amended to read:

3606 948.03 Terms and conditions of probation.—

3607 (1) The court shall determine the terms and conditions of
3608 probation. Conditions specified in this section do not require
3609 oral pronouncement at the time of sentencing and may be
3610 considered standard conditions of probation. These conditions
3611 may include among them the following, that the probationer or
3612 offender in community control shall:

3613 (n) Be prohibited from using intoxicants to excess or
3614 possessing any drugs or narcotics unless prescribed by a
3615 physician, an advanced practice registered nurse, an autonomous
3616 physician assistant, or a physician assistant. The probationer
3617 or community controllee may not knowingly visit places where
3618 intoxicants, drugs, or other dangerous substances are unlawfully
3619 sold, dispensed, or used.

3620 Section 76. Subsection (34) of section 984.03, Florida
3621 Statutes, is amended to read:

3622 984.03 Definitions.—When used in this chapter, the term:

3623 (34) "Licensed health care professional" means a physician
3624 licensed under chapter 458, an osteopathic physician licensed
3625 under chapter 459, a nurse licensed under part I of chapter 464,

3626 | an autonomous physician assistant or a physician assistant
 3627 | registered or licensed under chapter 458 or chapter 459, or a
 3628 | dentist licensed under chapter 466.

3629 | Section 77. Subsection (30) of section 985.03, Florida
 3630 | Statutes, is amended to read:

3631 | 985.03 Definitions.—As used in this chapter, the term:

3632 | (30) "Licensed health care professional" means a physician
 3633 | licensed under chapter 458, an osteopathic physician licensed
 3634 | under chapter 459, a nurse licensed under part I of chapter 464,
 3635 | an autonomous physician assistant or a physician assistant
 3636 | registered or licensed under chapter 458 or chapter 459, or a
 3637 | dentist licensed under chapter 466.

3638 | Section 78. Paragraph (i) of subsection (3) of section
 3639 | 1002.20, Florida Statutes, is amended to read:

3640 | 1002.20 K-12 student and parent rights.—Parents of public
 3641 | school students must receive accurate and timely information
 3642 | regarding their child's academic progress and must be informed
 3643 | of ways they can help their child to succeed in school. K-12
 3644 | students and their parents are afforded numerous statutory
 3645 | rights including, but not limited to, the following:

3646 | (3) HEALTH ISSUES.—

3647 | (i) Epinephrine use and supply.—

3648 | 1. A student who has experienced or is at risk for life-
 3649 | threatening allergic reactions may carry an epinephrine auto-
 3650 | injector and self-administer epinephrine by auto-injector while

3651 in school, participating in school-sponsored activities, or in
3652 transit to or from school or school-sponsored activities if the
3653 school has been provided with parental and physician
3654 authorization. The State Board of Education, in cooperation with
3655 the Department of Health, shall adopt rules for such use of
3656 epinephrine auto-injectors that shall include provisions to
3657 protect the safety of all students from the misuse or abuse of
3658 auto-injectors. A school district, county health department,
3659 public-private partner, and their employees and volunteers shall
3660 be indemnified by the parent of a student authorized to carry an
3661 epinephrine auto-injector for any and all liability with respect
3662 to the student's use of an epinephrine auto-injector pursuant to
3663 this paragraph.

3664 2. A public school may purchase a supply of epinephrine
3665 auto-injectors from a wholesale distributor as defined in s.
3666 499.003 or may enter into an arrangement with a wholesale
3667 distributor or manufacturer as defined in s. 499.003 for the
3668 epinephrine auto-injectors at fair-market, free, or reduced
3669 prices for use in the event a student has an anaphylactic
3670 reaction. The epinephrine auto-injectors must be maintained in a
3671 secure location on the public school's premises. The
3672 participating school district shall adopt a protocol developed
3673 by a licensed physician for the administration by school
3674 personnel who are trained to recognize an anaphylactic reaction
3675 and to administer an epinephrine auto-injection. The supply of

3676 epinephrine auto-injectors may be provided to and used by a
3677 student authorized to self-administer epinephrine by auto-
3678 injector under subparagraph 1. or trained school personnel.

3679 3. The school district and its employees, agents, and the
3680 physician who provides the standing protocol for school
3681 epinephrine auto-injectors are not liable for any injury arising
3682 from the use of an epinephrine auto-injector administered by
3683 trained school personnel who follow the adopted protocol and
3684 whose professional opinion is that the student is having an
3685 anaphylactic reaction:

3686 a. Unless the trained school personnel's action is willful
3687 and wanton;

3688 b. Notwithstanding that the parents or guardians of the
3689 student to whom the epinephrine is administered have not been
3690 provided notice or have not signed a statement acknowledging
3691 that the school district is not liable; and

3692 c. Regardless of whether authorization has been given by
3693 the student's parents or guardians or by the student's
3694 physician, autonomous physician assistant, physician ~~physician's~~
3695 assistant, or advanced practice registered nurse.

3696 Section 79. Paragraph (b) of subsection (17) of section
3697 1002.42, Florida Statutes, is amended to read:

3698 1002.42 Private schools.—

3699 (17) EPINEPHRINE SUPPLY.—

3700 (b) The private school and its employees, agents, and the

3701 physician who provides the standing protocol for school
 3702 epinephrine auto-injectors are not liable for any injury arising
 3703 from the use of an epinephrine auto-injector administered by
 3704 trained school personnel who follow the adopted protocol and
 3705 whose professional opinion is that the student is having an
 3706 anaphylactic reaction:

3707 1. Unless the trained school personnel's action is willful
 3708 and wanton;

3709 2. Notwithstanding that the parents or guardians of the
 3710 student to whom the epinephrine is administered have not been
 3711 provided notice or have not signed a statement acknowledging
 3712 that the school district is not liable; and

3713 3. Regardless of whether authorization has been given by
 3714 the student's parents or guardians or by the student's
 3715 physician, autonomous physician assistant, physician ~~physician's~~
 3716 assistant, or advanced practice registered nurse.

3717 Section 80. Paragraph (a) of subsection (1) and
 3718 subsections (4) and (5) of section 1006.062, Florida Statutes,
 3719 are amended to read:

3720 1006.062 Administration of medication and provision of
 3721 medical services by district school board personnel.—

3722 (1) Notwithstanding the provisions of the Nurse Practice
 3723 Act, part I of chapter 464, district school board personnel may
 3724 assist students in the administration of prescription medication
 3725 when the following conditions have been met:

3726 (a) Each district school board shall include in its
 3727 approved school health services plan a procedure to provide
 3728 training, by a registered nurse, a licensed practical nurse, an
 3729 advanced practice registered nurse, a physician licensed
 3730 pursuant to chapter 458 or chapter 459, an autonomous physician
 3731 assistant, or a physician assistant registered or licensed
 3732 pursuant to chapter 458 or chapter 459, to the school personnel
 3733 designated by the school principal to assist students in the
 3734 administration of prescribed medication. Such training may be
 3735 provided in collaboration with other school districts, through
 3736 contract with an education consortium, or by any other
 3737 arrangement consistent with the intent of this subsection.

3738 (4) Nonmedical assistive personnel shall be allowed to
 3739 perform health-related services upon successful completion of
 3740 child-specific training by a registered nurse or advanced
 3741 practice registered nurse licensed under chapter 464, a
 3742 physician licensed pursuant to chapter 458 or chapter 459, an
 3743 autonomous physician assistant, or a physician assistant
 3744 registered or licensed pursuant to chapter 458 or chapter 459.
 3745 All procedures shall be monitored periodically by a nurse,
 3746 advanced practice registered nurse, autonomous physician
 3747 assistant, physician assistant, or physician, including, but not
 3748 limited to:

- 3749 (a) Intermittent clean catheterization.
- 3750 (b) Gastrostomy tube feeding.

3751 (c) Monitoring blood glucose.
 3752 (d) Administering emergency injectable medication.
 3753 (5) For all other invasive medical services not listed in
 3754 this subsection, a registered nurse or advanced practice
 3755 registered nurse licensed under chapter 464, a physician
 3756 licensed pursuant to chapter 458 or chapter 459, or an
 3757 autonomous physician assistant or a physician assistant
 3758 registered or licensed pursuant to chapter 458 or chapter 459
 3759 shall determine if nonmedical district school board personnel
 3760 shall be allowed to perform such service.

3761 Section 81. Paragraph (c) of subsection (2) of section
 3762 1006.20, Florida Statutes, is amended to read:

3763 1006.20 Athletics in public K-12 schools.—

3764 (2) ADOPTION OF BYLAWS, POLICIES, OR GUIDELINES.—

3765 (c) The FHSAA shall adopt bylaws that require all students
 3766 participating in interscholastic athletic competition or who are
 3767 candidates for an interscholastic athletic team to
 3768 satisfactorily pass a medical evaluation each year before ~~prior~~
 3769 ~~to~~ participating in interscholastic athletic competition or
 3770 engaging in any practice, tryout, workout, or other physical
 3771 activity associated with the student's candidacy for an
 3772 interscholastic athletic team. Such medical evaluation may be
 3773 administered only by a practitioner licensed or registered under
 3774 chapter 458, chapter 459, chapter 460, ~~or~~ s. 464.012, or s.
 3775 464.0123, and in good standing with the practitioner's

3776 regulatory board. The bylaws shall establish requirements for
3777 eliciting a student's medical history and performing the medical
3778 evaluation required under this paragraph, which shall include a
3779 physical assessment of the student's physical capabilities to
3780 participate in interscholastic athletic competition as contained
3781 in a uniform preparticipation physical evaluation and history
3782 form. The evaluation form shall incorporate the recommendations
3783 of the American Heart Association for participation
3784 cardiovascular screening and shall provide a place for the
3785 signature of the practitioner performing the evaluation with an
3786 attestation that each examination procedure listed on the form
3787 was performed by the practitioner or by someone under the direct
3788 supervision of the practitioner. The form shall also contain a
3789 place for the practitioner to indicate if a referral to another
3790 practitioner was made in lieu of completion of a certain
3791 examination procedure. The form shall provide a place for the
3792 practitioner to whom the student was referred to complete the
3793 remaining sections and attest to that portion of the
3794 examination. The preparticipation physical evaluation form shall
3795 advise students to complete a cardiovascular assessment and
3796 shall include information concerning alternative cardiovascular
3797 evaluation and diagnostic tests. Results of such medical
3798 evaluation must be provided to the school. A student is not
3799 eligible to participate, as provided in s. 1006.15(3), in any
3800 interscholastic athletic competition or engage in any practice,

3801 | tryout, workout, or other physical activity associated with the
3802 | student's candidacy for an interscholastic athletic team until
3803 | the results of the medical evaluation have been received and
3804 | approved by the school.

3805 | Section 82. Subsection (1) of section 1009.65, Florida
3806 | Statutes, is amended to read:

3807 | 1009.65 Medical Education Reimbursement and Loan Repayment
3808 | Program.—

3809 | (1) To encourage qualified medical professionals to
3810 | practice in underserved locations where there are shortages of
3811 | such personnel, there is established the Medical Education
3812 | Reimbursement and Loan Repayment Program. The function of the
3813 | program is to make payments that offset loans and educational
3814 | expenses incurred by students for studies leading to a medical
3815 | or nursing degree, medical or nursing licensure, or advanced
3816 | practice registered nurse licensure, autonomous physician
3817 | assistant registration, or physician assistant licensure. The
3818 | following licensed or certified health care professionals are
3819 | eligible to participate in this program: medical doctors with
3820 | primary care specialties, doctors of osteopathic medicine with
3821 | primary care specialties, autonomous physician assistants,
3822 | physician ~~physician's~~ assistants, licensed practical nurses and
3823 | registered nurses, and advanced practice registered nurses with
3824 | primary care specialties such as certified nurse midwives.
3825 | Primary care medical specialties for physicians include

3826 | obstetrics, gynecology, general and family practice, internal
3827 | medicine, pediatrics, and other specialties which may be
3828 | identified by the Department of Health.

3829 | Section 83. This act shall take effect July 1, 2019, if HB
3830 | 7079 or similar legislation is adopted in the same legislative
3831 | session or an extension thereof and becomes a law.