

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

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

51 procedures; creating s. 408.064, F.S.; providing
52 definitions; requiring the agency to develop and
53 maintain a voluntary registry of home care workers;
54 providing requirements for the registry; requiring a
55 home care worker to apply to be included in the
56 registry; requiring the agency to develop a process by
57 which a home services provider may include its
58 employees on the registry; requiring certain home care
59 workers to undergo background screening and training;
60 requiring each page of the registry website to contain
61 a specified notice; requiring the agency to adopt
62 rules; creating s. 408.822, F.S.; defining the term
63 "direct care worker"; requiring certain licensees to
64 provide specified information about employees in a
65 survey beginning on a specified date; requiring that
66 the survey be completed on a form with a specified
67 attestation adopted by the agency in rule; requiring a
68 licensee to submit such survey by a time designated by
69 the agency in rule; prohibiting the agency from
70 issuing a license renewal until the licensee submits a
71 completed survey; requiring the agency to analyze the
72 results of such survey and publish its results on the
73 agency's website; requiring the agency to update such
74 information monthly; requiring the agency's analysis
75 to include specified information; creating s.

76 464.0156, F.S.; authorizing a registered nurse to
77 delegate tasks to a certified nursing assistant or
78 home health aide under certain conditions; providing
79 the criteria that a registered nurse must consider in
80 determining if a task may be delegated; authorizing a
81 registered nurse to delegate medication administration
82 to a certified nursing assistant or home health aide
83 if certain requirements are met; requiring the Board
84 of Nursing, in consultation with the agency, to adopt
85 rules; amending s. 464.018, F.S.; providing that a
86 registered nurse who delegates certain tasks to a
87 person the registered nurse knows or has reason to
88 know is unqualified is grounds for licensure denial or
89 disciplinary action; providing additional grounds for
90 denial of a license or disciplinary action for
91 advanced practice registered nurses registered to
92 engage in autonomous practice; creating s. 464.2035,
93 F.S.; authorizing a certified nursing assistant to
94 administer certain prescription medications under
95 certain conditions; requiring the certified nursing
96 assistant to meet certain training and competency
97 requirements; requiring the training, determination of
98 competency, and annual validations to be performed by
99 a registered nurse or a physician; requiring a
100 certified nursing assistant to complete annual

101 inservice training in medication administration and
102 medication error prevention in addition to existing
103 annual inservice training requirements; requiring the
104 board, in consultation with the agency, to adopt
105 rules; amending s. 456.0391, F.S.; requiring an
106 autonomous physician assistant to submit certain
107 information to the Department of Health; requiring the
108 department to send a notice to autonomous physician
109 assistants regarding the required information;
110 requiring autonomous physician assistants who have
111 submitted required information to update such
112 information in writing; providing penalties; amending
113 s. 456.041, F.S.; requiring the department to provide
114 a practitioner profile for an autonomous physician
115 assistant; amending ss. 458.347 and 459.022, F.S.;
116 defining the term "autonomous physician assistant";
117 authorizing third-party payors to reimburse employers
118 for services provided by autonomous physician
119 assistants; deleting a requirement that a physician
120 assistant must inform a patient of a right to see a
121 physician before prescribing or dispensing a
122 prescription; revising the requirements for physician
123 assistant education and training programs; authorizing
124 the Board of Medicine to impose certain penalties upon
125 an autonomous physician assistant; requiring the board

126 to register a physician assistant as an autonomous
127 physician assistant if the applicant meets certain
128 criteria; providing requirements; providing
129 exceptions; requiring the department to distinguish
130 such autonomous physician assistants' licenses;
131 authorizing such autonomous physician assistants to
132 perform specified acts without physician supervision
133 or supervisory protocol; requiring biennial
134 registration renewal; requiring the Council on
135 Physician Assistants to establish rules; revising the
136 membership and duties of the council; prohibiting a
137 person who is not registered as an autonomous
138 physician assistant from using the title; providing
139 for the denial, suspension, or revocation of the
140 registration of an autonomous physician assistant;
141 requiring the board to adopt rules; requiring
142 autonomous physician assistants to report adverse
143 incidents to the department; amending s. 464.012,
144 F.S.; requiring applicants for registration as an
145 advanced practice registered nurse to apply to the
146 Board of Nursing; authorizing an advanced practice
147 registered nurse to sign, certify, stamp, verify, or
148 endorse a document that requires the signature,
149 certification, stamp, verification, affidavit, or
150 endorsement of a physician within the framework of an

151 established protocol; providing an exception; creating
152 s. 464.0123, F.S.; defining the term "autonomous
153 practice"; providing for the registration of an
154 advanced practice registered nurse to engage in
155 autonomous practice; providing registration
156 requirements; requiring the department to distinguish
157 such advanced practice registered nurses' licenses and
158 include the registration in their practitioner
159 profiles; authorizing such advanced practice
160 registered nurses to perform specified acts without
161 physician supervision or supervisory protocol;
162 requiring biennial registration renewal and continuing
163 education; authorizing the Board of Nursing to
164 establish an advisory committee to determine the
165 medical acts that may be performed by such advanced
166 practice registered nurses; providing for appointment
167 and terms of committee members; requiring the board to
168 adopt rules; creating s. 464.0155, F.S.; requiring
169 advanced practice registered nurses registered to
170 engage in autonomous practice to report adverse
171 incidents to the Department of Health; providing
172 requirements; defining the term "adverse incident";
173 providing for department review of such reports;
174 authorizing the department to take disciplinary
175 action; amending s. 39.01, F.S.; revising the

176 definition of the term "licensed health care
177 professional" to include an autonomous physician
178 assistant; amending s. 39.303, F.S.; authorizing a
179 specified autonomous physician assistant to review
180 certain cases of abuse or neglect and standards for
181 face-to-face medical evaluations by a Child Protection
182 Team; amending s. 39.304, F.S.; authorizing an
183 autonomous physician assistant to perform or order an
184 examination and diagnose a child without parental
185 consent under certain circumstances; amending s.
186 110.12315, F.S.; revising requirements for
187 reimbursement of pharmacies for specified prescription
188 drugs and supplies under the state employees'
189 prescription drug program; amending s. 252.515, F.S.;
190 providing immunity from civil liability for an
191 autonomous physician assistant under the Postdisaster
192 Relief Assistance Act; amending ss. 310.071, 310.073,
193 and 310.081, F.S.; authorizing an autonomous physician
194 assistant and a physician assistant to administer the
195 physical examination required for deputy pilot
196 certification and state pilot licensure; authorizing
197 an applicant for a deputy pilot certificate or a state
198 pilot license to use controlled substances prescribed
199 by an autonomous physician assistant; amending s.
200 320.0848, F.S.; authorizing an autonomous physician

201 assistant to certify that a person is disabled to
202 satisfy requirements for certain permits; amending s.
203 381.00315, F.S.; providing for the temporary
204 reactivation of the registration of an autonomous
205 physician assistant in a public health emergency;
206 amending s. 381.00593, F.S.; revising the definition
207 of the term "health care practitioner" to include an
208 autonomous physician assistant for purposes of the
209 Public School Volunteer Health Care Practitioner Act;
210 amending s. 381.026, F.S.; revising the definition of
211 the term "health care provider" to include an advanced
212 practice registered nurse and an autonomous physician
213 assistant for purposes of the Florida Patient's Bill
214 of Rights and Responsibilities; amending s. 382.008,
215 F.S.; authorizing an autonomous physician assistant, a
216 physician assistant, and an advanced practice
217 registered nurse to file a certificate of death or
218 fetal death under certain circumstances; authorizing a
219 certified nurse midwife to provide certain information
220 to the funeral director within a specified time
221 period; replacing the term "primary or attending
222 physician" with "primary or attending practitioner";
223 defining the term "primary or attending practitioner";
224 amending s. 382.011, F.S.; conforming a provision to
225 changes made by the act; amending s. 383.14, F.S.;

226 | authorizing the release of certain newborn tests and
227 | screening results to an autonomous physician
228 | assistant; revising the definition of the term "health
229 | care practitioner" to include an autonomous physician
230 | assistant for purposes of screening for certain
231 | disorders and risk factors; amending s. 390.0111,
232 | F.S.; authorizing a certain action by an autonomous
233 | physician assistant before an abortion procedure;
234 | amending s. 390.012, F.S.; authorizing certain actions
235 | by an autonomous physician assistant during and after
236 | an abortion procedure; amending s. 394.463, F.S.;
237 | authorizing an autonomous physician assistant, a
238 | physician assistant, and an advanced practice
239 | registered nurse to initiate an involuntary
240 | examination for mental illness under certain
241 | circumstances; authorizing a physician assistant to
242 | examine a patient; amending s. 395.0191, F.S.;
243 | providing an exception to certain onsite medical
244 | direction requirements for a specified advanced
245 | practice registered nurse; amending s. 395.602, F.S.;
246 | authorizing the Department of Health to use certain
247 | funds to increase the number of autonomous physician
248 | assistants in rural areas; amending s. 397.501, F.S.;
249 | prohibiting the denial of certain services to an
250 | individual who takes medication prescribed by an

251 autonomous physician assistant, a physician assistant,
252 or an advanced practice registered nurse; amending ss.
253 397.679 and 397.6793, F.S.; authorizing an autonomous
254 physician assistant to execute a certificate for
255 emergency admission of a person who is substance abuse
256 impaired; amending s. 400.021, F.S.; revising the
257 definition of the term "geriatric outpatient clinic"
258 to include a site staffed by an autonomous physician
259 assistant; amending s. 400.172, F.S.; authorizing an
260 autonomous physician assistant and an advanced
261 practice registered nurse to provide certain medical
262 information to a prospective respite care resident;
263 amending s. 400.487, F.S.; authorizing an autonomous
264 physician assistant to establish treatment orders for
265 certain patients under certain circumstances; amending
266 s. 400.506, F.S.; requiring an autonomous physician
267 assistant to comply with specified treatment plan
268 requirements; amending ss. 400.9973, 400.9974,
269 400.9976, and 400.9979, F.S.; authorizing an
270 autonomous physician assistant to prescribe client
271 admission to a transitional living facility and care
272 for such client, order treatment plans, supervise and
273 record client medications, and order physical and
274 chemical restraints, respectively; amending s.
275 401.445, F.S.; prohibiting recovery of damages in

276 court against a registered autonomous physician
277 assistant under certain circumstances; requiring an
278 autonomous physician assistant to attempt to obtain a
279 person's consent before providing emergency services;
280 amending ss. 409.906 and 409.908, F.S.; authorizing
281 the agency to reimburse an autonomous physician
282 assistant for providing certain optional Medicaid
283 services; amending s. 409.973, F.S.; requiring managed
284 care plans to cover autonomous physician assistant
285 services; amending s. 429.26, F.S.; prohibiting
286 autonomous physician assistants from having a
287 financial interest in the assisted living facility at
288 which they are employed; authorizing an autonomous
289 physician assistant to examine an assisted living
290 facility resident before admission; amending s.
291 429.918, F.S.; revising the definition of the term
292 "ADRD participant" to include a participant who has a
293 specified diagnosis from an autonomous physician
294 assistant; authorizing an autonomous physician
295 assistant to provide signed documentation to an ADRD
296 participant; amending s. 440.102, F.S.; authorizing an
297 autonomous physician assistant to collect a specimen
298 for a drug test for specified purposes; amending s.
299 456.053, F.S.; revising definitions; authorizing an
300 advanced practice registered nurse registered to

301 engage in autonomous practice and an autonomous
302 physician assistant to make referrals under certain
303 circumstances; conforming a cross-reference; amending
304 s. 456.072, F.S.; providing penalties for an
305 autonomous physician assistant who prescribes or
306 dispenses a controlled substance in a certain manner;
307 amending s. 456.44, F.S.; revising the definition of
308 the term "registrant" to include an autonomous
309 physician assistant for purposes of controlled
310 substance prescribing; providing requirements for an
311 autonomous physician assistant who prescribes
312 controlled substances for the treatment of chronic
313 nonmalignant pain; amending ss. 458.3265 and 459.0137,
314 F.S.; requiring an autonomous physician assistant to
315 perform a physical examination of a patient at a pain-
316 management clinic under certain circumstances;
317 amending ss. 458.331 and 459.015, F.S.; providing
318 grounds for denial of a license or disciplinary action
319 against an autonomous physician assistant for certain
320 violations; amending s. 464.003, F.S.; revising the
321 definition of the term "practice of practical nursing"
322 to include an autonomous physician assistant for
323 purposes of authorizing such assistant to supervise a
324 licensed practical nurse; amending s. 464.0205, F.S.;
325 authorizing an autonomous physician assistant to

326 directly supervise a certified retired volunteer
327 nurse; amending s. 480.0475, F.S.; authorizing the
328 operation of a massage establishment during specified
329 hours if the massage therapy is prescribed by an
330 autonomous physician assistant; amending s. 493.6108,
331 F.S.; authorizing an autonomous physician assistant to
332 certify the physical fitness of a certain class of
333 applicants to bear a weapon or firearm; amending s.
334 626.9707, F.S.; prohibiting an insurer from refusing
335 to issue and deliver certain disability insurance that
336 covers any medical treatment or service furnished by
337 an autonomous physician assistant or an advanced
338 practice registered nurse; amending s. 627.357, F.S.;
339 revising the definition of the term "health care
340 provider" to include an autonomous physician assistant
341 for purposes of medical malpractice self-insurance;
342 amending s. 627.736, F.S.; requiring personal injury
343 protection insurance to cover a certain percentage of
344 medical services and care provided by specified health
345 care providers; providing for specified reimbursement
346 of advanced practice registered nurses registered to
347 engage in autonomous practice or autonomous physician
348 assistants; amending s. 633.412, F.S.; authorizing an
349 autonomous physician assistant to medically examine an
350 applicant for firefighter certification; amending s.

351 641.495, F.S.; requiring certain health maintenance
352 organization documents to disclose that certain
353 services may be provided by autonomous physician
354 assistants or advanced practice registered nurses;
355 amending s. 744.2006, F.S.; authorizing an autonomous
356 physician assistant to carry out guardianship
357 functions under a contract with a public guardian;
358 conforming terminology; amending s. 744.331, F.S.;
359 authorizing an autonomous physician assistant or a
360 physician assistant to be an eligible member of an
361 examining committee; conforming terminology; amending
362 s. 744.3675, F.S.; authorizing an advanced practice
363 registered nurse, autonomous physician assistant, or
364 physician assistant to provide the medical report of a
365 ward in an annual guardianship plan; amending s.
366 766.103, F.S.; prohibiting recovery of damages against
367 an autonomous physician assistant under certain
368 conditions; amending s. 766.105, F.S.; revising the
369 definition of the term "health care provider" to
370 include an autonomous physician assistants for
371 purposes of the Florida Patient's Compensation Fund;
372 amending ss. 766.1115 and 766.1116, F.S.; revising the
373 definitions of the terms "health care provider" and
374 "health care practitioner," respectively, to include
375 autonomous physician assistants for purposes of the

376 Access to Health Care Act; amending s. 766.118, F.S.;
377 revising the definition of the term "practitioner" to
378 include an advanced practice registered nurse
379 registered to engage in autonomous practice and an
380 autonomous physician assistant; amending s. 768.135,
381 F.S.; providing immunity from liability for an
382 advanced practice registered nurse registered to
383 engage in autonomous practice or an autonomous
384 physician assistant who provides volunteer services
385 under certain circumstances; amending s. 794.08, F.S.;
386 providing an exception to medical procedures conducted
387 by an autonomous physician assistant under certain
388 circumstances; amending s. 893.02, F.S.; revising the
389 definition of the term "practitioner" to include an
390 autonomous physician assistant; amending s. 943.13,
391 F.S.; authorizing an autonomous physician assistant to
392 conduct a physical examination for a law enforcement
393 or correctional officer to satisfy qualifications for
394 employment or appointment; amending s. 945.603, F.S.;
395 authorizing the Correctional Medical Authority to
396 review and make recommendations relating to the use of
397 autonomous physician assistants as physician
398 extenders; amending s. 948.03, F.S.; authorizing an
399 autonomous physician assistant to prescribe drugs or
400 narcotics to a probationer; amending ss. 984.03 and

401 985.03, F.S.; revising the definition of the term
402 "licensed health care professional" to include an
403 autonomous physician assistant; amending ss. 1002.20
404 and 1002.42, F.S.; providing immunity from liability
405 for autonomous physician assistants who administer
406 epinephrine auto-injectors in public and private
407 schools; amending s. 1006.062, F.S.; authorizing an
408 autonomous physician assistant to provide training in
409 the administration of medication to designated school
410 personnel; requiring an autonomous physician assistant
411 to monitor such personnel; authorizing an autonomous
412 physician assistant to determine whether such
413 personnel may perform certain invasive medical
414 services; amending s. 1006.20, F.S.; authorizing an
415 autonomous physician assistant to medically evaluate a
416 student athlete; amending s. 1009.65, F.S.;

417 authorizing an autonomous physician assistant to
418 participate in the Medical Education Reimbursement and
419 Loan Repayment Program; providing appropriations and
420 authorizing positions; providing an effective date.

421

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

423

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

426 400.141 Administration and management of nursing home
 427 facilities.—

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

430 (v) Be allowed to use a paid feeding assistant in
 431 accordance with federal nursing home regulations, if the paid
 432 feeding assistant has successfully completed a feeding assistant
 433 training program that meets federal nursing home requirements
 434 and has been approved by the agency. The feeding assistant
 435 training program must consist of a minimum of 12 hours of
 436 education.

437 Section 2. Paragraph (b) of subsection (3) of section
 438 400.23, Florida Statutes, is amended to read:

439 400.23 Rules; evaluation and deficiencies; licensure
 440 status.—

441 (3)

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

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

447 400.462 Definitions.—As used in this part, the term:

448 (15) "Home health aide" means a person who is trained or
 449 qualified, as provided by rule, and who provides hands-on
 450 personal care, performs simple procedures as an extension of

451 therapy or nursing services, assists in ambulation or exercises,
452 or assists in administering medications as permitted in rule and
453 for which the person has received training established by the
454 agency under this part or performs tasks delegated to him or her
455 pursuant to chapter 464 s. 400.497(1).

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

460 400.464 Home health agencies to be licensed; expiration of
461 license; exemptions; unlawful acts; penalties.-

462 (5) If a licensed home health agency authorizes a
463 registered nurse to delegate tasks, including medication
464 administration, to a certified nursing assistant pursuant to
465 chapter 464 or a home health aide pursuant to s. 400.490, the
466 licensed home health agency must ensure that such delegation
467 meets the requirements of this chapter, chapter 464, and the
468 rules adopted thereunder.

469 (7)~~(6)~~ Any person, entity, or organization providing home
470 health services which is exempt from licensure under subsection
471 (6) ~~(5)~~ may voluntarily apply for a certificate of exemption
472 from licensure under its exempt status with the agency on a form
473 that specifies its name or names and addresses, a statement of
474 the reasons why it is exempt from licensure as a home health
475 agency, and other information deemed necessary by the agency. A

476 certificate of exemption is valid for a period of not more than
477 2 years and is not transferable. The agency may charge an
478 applicant \$100 for a certificate of exemption or charge the
479 actual cost of processing the certificate.

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

482 400.488 Assistance with self-administration of
483 medication.—

484 (2) Patients who are capable of self-administering their
485 own medications without assistance shall be encouraged and
486 allowed to do so. However, an unlicensed person may, consistent
487 with a dispensed prescription's label or the package directions
488 of an over-the-counter medication, assist a patient whose
489 condition is medically stable with the self-administration of
490 routine, regularly scheduled medications that are intended to be
491 self-administered. Assistance with self-medication by an
492 unlicensed person may occur only upon a documented request by,
493 and the written informed consent of, a patient or the patient's
494 surrogate, guardian, or attorney in fact. For purposes of this
495 section, self-administered medications include both legend and
496 over-the-counter oral dosage forms, topical dosage forms, and
497 topical ophthalmic, otic, and nasal dosage forms, including
498 solutions, suspensions, sprays, ~~and~~ inhalers, and nebulizer
499 treatments.

500 (3) Assistance with self-administration of medication

501 includes:

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

505 (b) In the presence of the patient, confirming that the
506 medication is intended for that patient, orally advising the
507 patient of the medication name and purpose ~~reading the label,~~
508 opening the container, removing a prescribed amount of
509 medication from the container, and closing the container.

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

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

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

517 (f) For nebulizer treatments, assisting with setting up
518 and cleaning the device in the presence of the patient,
519 confirming that the medication is intended for that patient,
520 orally advising the patient of the medication name and purpose,
521 opening the container, removing the prescribed amount for a
522 single treatment dose from a properly labeled container, and
523 assisting the patient with placing the dose into the medicine
524 receptacle or mouthpiece.

525 (g) ~~(f)~~ Keeping a record of when a patient receives

526 assistance with self-administration under this section.

527 Section 6. Section 400.489, Florida Statutes, is created
528 to read:

529 400.489 Administration of medication by a home health
530 aide; staff training requirements.-

531 (1) A home health aide may administer oral, transdermal,
532 ophthalmic, otic, rectal, inhaled, enteral, or topical
533 prescription medications if the home health aide has been
534 delegated such task by a registered nurse licensed under chapter
535 464; has satisfactorily completed an initial 6-hour training
536 course approved by the agency; and has been found competent to
537 administer medication to a patient in a safe and sanitary
538 manner. The training, determination of competency, and initial
539 and annual validations required in this section shall be
540 conducted by a registered nurse licensed under chapter 464 or a
541 physician licensed under chapter 458 or chapter 459.

542 (2) A home health aide must annually and satisfactorily
543 complete a 2-hour inservice training course in medication
544 administration and medication error prevention approved by the
545 agency. The inservice training course shall be in addition to
546 the annual inservice training hours required by agency rules.

547 (3) The agency, in consultation with the Board of Nursing,
548 shall establish by rule standards and procedures that a home
549 health aide must follow when administering medication to a
550 patient. Such rules must, at a minimum, address qualification

551 requirements for trainers, requirements for labeling medication,
552 documentation and recordkeeping, the storage and disposal of
553 medication, instructions concerning the safe administration of
554 medication, informed-consent requirements and records, and the
555 training curriculum and validation procedures

556 Section 7. Section 400.490, Florida Statutes, is created
557 to read:

558 400.490 Nurse delegated tasks.—A certified nursing
559 assistant or home health aide may perform any task delegated by
560 a registered nurse as provided in chapter 464, including, but
561 not limited to, medication administration.

562 Section 8. Section 400.52, Florida Statutes, is created to
563 read:

564 400.52 Excellence in Home Health Program.—

565 (1) There is created within the agency the Excellence in
566 Home Health Program for the purpose of awarding home health
567 agencies or nurse registries that meet the criteria specified in
568 this section.

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

572 1. Patient or client satisfaction.

573 2. Patients or clients requiring emergency care for wound
574 infections.

575 3. Patients or clients admitted or readmitted to an acute

576 care hospital.

577 4. Patient or client improvement in the activities of
578 daily living.

579 5. Employee satisfaction, as applicable.

580 6. Quality of employee training, as applicable.

581 7. Employee retention rates, as applicable.

582 8. High performance under federal Medicaid electronic
583 visit verification requirements, as applicable.

584 (b) The agency must annually evaluate home health agencies
585 and nurse registries seeking the award which apply on a form and
586 in the manner designated by rule.

587 (3) The home health agency or nurse registry must:

588 (a) Be actively licensed and operating for at least 24
589 months to be eligible to apply for a program award. An award
590 under the program is not transferrable to another license,
591 except when the existing home health agency or nurse registry is
592 being relicensed in the name of an entity related to the current
593 licenseholder by common control or ownership, and there will be
594 no change in the management, operation, or programs of the home
595 health agency or nurse registry as a result of the relicensure.

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

599 (4) The award designation shall expire on the same date as
600 the home health agency's or nurse registry's license. A home

601 health agency or nurse registry must reapply and be approved for
 602 the award designation to continue using the award designation in
 603 the manner authorized under subsection (5).

604 (5) A home health agency or nurse registry that is awarded
 605 under the program may use the designation in advertising and
 606 marketing. A home health agency or nurse registry may not use
 607 the award designation in any advertising or marketing if the
 608 home health agency or nurse registry:

609 (a) Has not been awarded the designation;

610 (b) Fails to renew the award upon expiration of the award
 611 designation;

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

614 (d) Has been notified that it no longer meets the criteria
 615 for the award upon reapplication after expiration of the award
 616 designation.

617 (6) An application for an award designation under the
 618 program is not an application for licensure. A designation award
 619 or denial by the agency under this section does not constitute
 620 final agency action subject to chapter 120.

621 Section 9. Section 408.064, Florida Statutes, is created
 622 to read:

623 408.064 Home Care Services Registry.-

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

625 (a) "Home care services provider" means a home health

626 agency licensed under part III of chapter 400 or a nurse
627 registry licensed under part III of chapter 400.

628 (b) "Home care worker" means a home health aide as defined
629 in s. 400.462 or a certified nursing assistant certified under
630 part II of chapter 464.

631 (2) The agency shall develop and maintain a voluntary
632 registry of home care workers. The agency shall display a link
633 to the registry on its website homepage.

634 (3) The registry shall include, at a minimum:

635 (a) Each home care worker's full name, date of birth,
636 social security number, and a full face, passport-type, color
637 photograph of the home care worker. The home care worker's date
638 of birth and social security number may not be publicly
639 displayed on the website.

640 (b) Each home care worker's preferred contact information.
641 If employed by a home care services provider, the home care
642 worker may use the provider's contact information.

643 (c) Any other identifying information of the home care
644 worker, as determined by the agency.

645 (d) The name of the state-approved training program
646 successfully completed by the home care worker and the date on
647 which such training was completed.

648 (e) The number of years the home care worker has provided
649 home health care services for compensation. The agency may
650 automatically populate employment history as provided by current

651 and previous employers of the home care worker. The agency must
652 provide a method for a home care worker to correct inaccuracies
653 and supplement the automatically populated employment history.

654 (f) For a certified nursing assistant, any disciplinary
655 action taken or pending against the nursing assistant's
656 certification by the Department of Health. The agency may enter
657 into an agreement with the Department of Health to obtain
658 disciplinary history.

659 (g) Whether the home care worker provides services to
660 special populations and the identities of such populations.

661 (4) A home care worker must submit an application on a
662 form adopted by the agency to be included in the registry. The
663 agency shall develop a process by which a home care services
664 provider may include its employees in the registry by providing
665 the information listed in subsection (3).

666 (5) A home care worker who is not employed by a home care
667 services provider must meet the background screening
668 requirements under s. 408.809 and chapter 435 and the training
669 requirements of part III of chapter 400 or part II of chapter
670 464, as applicable, which must be included in the registry.

671 (6) Each page of the registry website shall contain the
672 following notice in at least 14-point boldfaced type:

673
674 NOTICE
675

676 The Home Care Services Registry provides limited
677 information about home care workers. Information
678 contained in the registry is provided by third
679 parties. The Agency for Health Care Administration
680 does not guarantee the accuracy of such third-party
681 information and does not endorse any individual listed
682 in the registry. In particular, the information in the
683 registry may be outdated or the individuals listed in
684 the registry may have lapsed certifications or may
685 have been denied employment approval due to the
686 results of a background screening. It is the
687 responsibility of those accessing this registry to
688 verify the credentials, suitability, and competency of
689 any individual listed in the registry.

690
691 (7) The agency shall develop rules necessary to implement
692 the requirements of this section.

693 Section 10. Section 408.822, Florida Statutes, is created
694 to read:

695 408.822 Direct care workforce survey.—

696 (1) For purposes of this section, the term "direct care
697 worker" means a certified nursing assistant, home health aide,
698 personal care assistant, companion services or homemaker
699 services provider, paid feeding assistant, or other individuals
700 who provide personal care as defined in s. 400.462 to

701 individuals who are elderly, developmentally disabled, or
702 chronically ill.

703 (2) Beginning January 1, 2021, each licensee that applies
704 for licensure renewal as a nursing home facility licensed under
705 part II of chapter 400; an assisted living facility licensed
706 under part I of chapter 429; or a home health agency, nurse
707 registry, or a companion services or homemaker services provider
708 licensed under part III of chapter 400 must furnish the
709 following information to the agency in a survey on the direct
710 care workforce:

711 (a) The number of registered nurses, licensed practical
712 nurses, and direct care workers employed or contracted by the
713 licensee.

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

717 (c) Average wage for registered nurses, licensed practical
718 nurses, and each category of direct care workers, including
719 employees and independent contractors.

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

723 (e) Type and availability of training for employed
724 registered nurses, licensed practical nurses, and direct care
725 workers, as applicable.

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

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

734 (5) The agency shall continually analyze the results of
 735 the survey and publish the results on its website. The agency
 736 must update the information published on its website monthly.
 737 The analysis must include the:

738 (a) Number of direct workers in the state, including the
 739 number of full-time workers and the number of part-time workers.

740 (b) Turnover rate and causes of turnover.

741 (c) Vacancy rate.

742 (d) Average hourly wage.

743 (e) Benefits offered.

744 (f) Availability of post-employment training.

745 Section 11. Section 464.0156, Florida Statutes, is created
 746 to read:

747 464.0156 Delegation of duties.—

748 (1) A registered nurse may delegate a task to a certified
 749 nursing assistant certified under part II of this chapter or a
 750 home health aide as defined in s. 400.462, if the registered

751 nurse determines that the certified nursing assistant or home
752 health aide is competent to perform the task, the task is
753 delegable under federal law, and the task:

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

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

757 (c) Is performed according to an established sequence of
758 steps.

759 (d) Involves little or no modification from one patient to
760 another.

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

762 (f) Does not inherently involve ongoing assessment,
763 interpretation, or clinical judgement.

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

765 (2) A registered nurse may delegate to a certified nursing
766 assistant or a home health aide the administration of medication
767 of oral, transdermal, ophthalmic, otic, rectal, inhaled,
768 enteral, or topical prescription medications to a patient of a
769 home health agency if the certified nursing assistant or home
770 health aide meets the requirements of s. 464.2035 or s. 400.489,
771 respectively. A registered nurse may not delegate the
772 administration of any controlled substance listed in Schedule
773 II, Schedule III, or Schedule IV of s. 893.03 or 21 U.S.C. s.
774 812.

775 (3) The board, in consultation with the Agency for Health

776 Care Administration, shall adopt rules to implement this
777 section.

778 Section 12. Paragraphs (r) and (s) are added to subsection
779 (1) of section 464.018, Florida Statutes, to read:

780 464.018 Disciplinary actions.—

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

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

788 (s) For an advanced practice registered nurse registered
789 to engage in autonomous practice under s. 464.0123:

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

800 2. Exercising influence within a patient-advanced practice

801 registered nurse relationship for purposes of engaging a patient
802 in sexual activity. A patient shall be presumed to be incapable
803 of giving free, full, and informed consent to sexual activity
804 with his or her advanced practice registered nurse.

805 3. Making deceptive, untrue, or fraudulent representations
806 in or related to, or employing a trick or scheme in or related
807 to, advanced or specialized nursing practice.

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

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

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

826 drugs.

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

830 8. Performing any procedure or prescribing any therapy
831 that, by the prevailing standards of advanced or specialized
832 nursing practice in the community, would constitute
833 experimentation on a human subject, without first obtaining
834 full, informed, and written consent.

835 9. Delegating professional responsibilities to a person
836 when the advanced practice registered nurse delegating such
837 responsibilities knows or has reason to believe that such person
838 is not qualified by training, experience, or licensure to
839 perform such responsibilities.

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

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

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

850 13. Providing deceptive or fraudulent expert witness

851 testimony related to advanced or specialized nursing practice.

852 Section 13. Section 464.2035, Florida Statutes, is created
853 to read:

854 464.2035 Administration of medication.—

855 (1) A certified nursing assistant may administer oral,
856 transdermal, ophthalmic, otic, rectal, inhaled, enteral, or
857 topical prescription medication to a patient of a home health
858 agency if the certified nursing assistant has been delegated
859 such task by a registered nurse licensed under part I of this
860 chapter, has satisfactorily completed an initial 6-hour training
861 course approved by the board, and has been found competent to
862 administer medication to a patient in a safe and sanitary
863 manner. The training, determination of competency, and initial
864 and annual validations required in this section shall be
865 conducted by a registered nurse licensed under this chapter or a
866 physician licensed under chapter 458 or chapter 459.

867 (2) A certified nursing assistant must annually and
868 satisfactorily complete 2 hours of inservice training in
869 medication administration and medication error prevention
870 approved by the board, in consultation with the Agency for
871 Health Care Administration. The inservice training is in
872 addition to the annual inservice training hours required under
873 this part.

874 (3) The board, in consultation with the Agency for Health
875 Care Administration, shall establish by rule standards and

876 procedures that a certified nursing assistant must follow when
877 administering medication to a patient of a home health agency.
878 Such rules must, at a minimum, address qualification
879 requirements for trainers, requirements for labeling medication,
880 documentation and recordkeeping, the storage and disposal of
881 medication, instructions concerning the safe administration of
882 medication, informed-consent requirements and records, and the
883 training curriculum and validation procedures.

884 Section 14. Subsections (1), (2), and (3) of section
885 456.0391, Florida Statutes, are amended to read:

886 456.0391 Advanced practice registered nurses and
887 autonomous physician assistants; information required for
888 licensure or registration.-

889 (1) (a) Each person who applies for initial licensure under
890 s. 464.012 or initial registration under s. 458.347(8) or s.
891 459.022(8) must, at the time of application, and each person
892 licensed under s. 464.012 or registered under s. 458.347(8) or
893 s. 459.022(8) who applies for licensure or registration renewal
894 must, in conjunction with the renewal of such licensure or
895 registration and under procedures adopted by the Department of
896 Health, and in addition to any other information that may be
897 required from the applicant, furnish the following information
898 to the Department of Health:

899 1. The name of each school or training program that the
900 applicant has attended, with the months and years of attendance

901 and the month and year of graduation, and a description of all
902 graduate professional education completed by the applicant,
903 excluding any coursework taken to satisfy continuing education
904 requirements.

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

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

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

913 5. The year that the applicant received initial
914 certification, ~~or licensure,~~ or registration and began
915 practicing the profession in any jurisdiction and the year that
916 the applicant received initial certification, ~~or licensure,~~ or
917 registration in this state.

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

923 7. A description of any criminal offense of which the
924 applicant has been found guilty, regardless of whether
925 adjudication of guilt was withheld, or to which the applicant

926 | has pled guilty or nolo contendere. A criminal offense committed
927 | in another jurisdiction which would have been a felony or
928 | misdemeanor if committed in this state must be reported. If the
929 | applicant indicates that a criminal offense is under appeal and
930 | submits a copy of the notice for appeal of that criminal
931 | offense, the department must state that the criminal offense is
932 | under appeal if the criminal offense is reported in the
933 | applicant's profile. If the applicant indicates to the
934 | department that a criminal offense is under appeal, the
935 | applicant must, within 15 days after the disposition of the
936 | appeal, submit to the department a copy of the final written
937 | order of disposition.

938 | 8. A description of any final disciplinary action taken
939 | within the previous 10 years against the applicant by a
940 | licensing or regulatory body in any jurisdiction, by a specialty
941 | board that is recognized by the board or department, or by a
942 | licensed hospital, health maintenance organization, prepaid
943 | health clinic, ambulatory surgical center, or nursing home.
944 | Disciplinary action includes resignation from or nonrenewal of
945 | staff membership or the restriction of privileges at a licensed
946 | hospital, health maintenance organization, prepaid health
947 | clinic, ambulatory surgical center, or nursing home taken in
948 | lieu of or in settlement of a pending disciplinary case related
949 | to competence or character. If the applicant indicates that the
950 | disciplinary action is under appeal and submits a copy of the

951 document initiating an appeal of the disciplinary action, the
952 department must state that the disciplinary action is under
953 appeal if the disciplinary action is reported in the applicant's
954 profile.

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

959 (2) The Department of Health shall send a notice to each
960 person licensed under s. 464.012 or registered under s.
961 458.347(8) or s. 459.022(8) at the licensee's or registrant's
962 last known address of record regarding the requirements for
963 information to be submitted by such person ~~advanced practice~~
964 ~~registered nurses~~ pursuant to this section in conjunction with
965 the renewal of such license or registration.

966 (3) Each person licensed under s. 464.012 or registered
967 under s. 458.347(8) or s. 459.022(8) who has submitted
968 information pursuant to subsection (1) must update that
969 information in writing by notifying the Department of Health
970 within 45 days after the occurrence of an event or the
971 attainment of a status that is required to be reported by
972 subsection (1). Failure to comply with the requirements of this
973 subsection to update and submit information constitutes a ground
974 for disciplinary action under the applicable practice act
975 ~~chapter 464~~ and s. 456.072(1)(k). For failure to comply with the

976 requirements of this subsection to update and submit
 977 information, the department or board, as appropriate, may:

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

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

999 Section 15. Subsection (6) of section 456.041, Florida
 1000 Statutes, is amended to read:

1001 456.041 Practitioner profile; creation.—

1002 (6) The Department of Health shall provide in each
 1003 practitioner profile for every physician, autonomous physician
 1004 assistant, or advanced practice registered nurse terminated for
 1005 cause from participating in the Medicaid program, pursuant to s.
 1006 409.913, or sanctioned by the Medicaid program a statement that
 1007 the practitioner has been terminated from participating in the
 1008 Florida Medicaid program or sanctioned by the Medicaid program.

1009 Section 16. Subsections (8) through (17) of section
 1010 458.347, Florida Statutes, are renumbered as subsections (9)
 1011 through (18), respectively, subsection (2), paragraphs (b), (e),
 1012 and (f) of subsection (4), paragraph (a) of subsection (6),
 1013 paragraphs (a) and (f) of subsection (7), and present
 1014 subsections (9), (11), (12), and (13) are amended, and new
 1015 subsections (8) and (19) are added to that section, to read:

1016 458.347 Physician assistants.—

1017 (2) DEFINITIONS.—As used in this section:

1018 (a) "Approved program" means a program, formally approved
 1019 by the boards, for the education of physician assistants.

1020 (b) "Autonomous physician assistant" means a physician
 1021 assistant who meets the requirements of subsection (8) to
 1022 practice primary care without physician supervision.

1023 (c) ~~(b)~~ "Boards" means the Board of Medicine and the Board
 1024 of Osteopathic Medicine.

1025 (d) ~~(h)~~ "Continuing medical education" means courses

1026 recognized and approved by the boards, the American Academy of
 1027 Physician Assistants, the American Medical Association, the
 1028 American Osteopathic Association, or the Accreditation Council
 1029 on Continuing Medical Education.

1030 (e)~~(e)~~ "Council" means the Council on Physician
 1031 Assistants.

1032 (f)~~(e)~~ "Physician assistant" means a person who is a
 1033 graduate of an approved program or its equivalent or meets
 1034 standards approved by the boards and is licensed to perform
 1035 medical services delegated by the supervising physician.

1036 (g) "Proficiency examination" means an entry-level
 1037 examination approved by the boards, including, but not limited
 1038 to, those examinations administered by the National Commission
 1039 on Certification of Physician Assistants.

1040 (h)~~(f)~~ "Supervision" means responsible supervision and
 1041 control. Except in cases of emergency, supervision requires the
 1042 easy availability or physical presence of the licensed physician
 1043 for consultation and direction of the actions of the physician
 1044 assistant. For the purposes of this definition, the term "easy
 1045 availability" includes the ability to communicate by way of
 1046 telecommunication. The boards shall establish rules as to what
 1047 constitutes responsible supervision of the physician assistant.

1048 (i)~~(d)~~ "Trainee" means a person who is currently enrolled
 1049 in an approved program.

1050 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

1051 (b) This chapter does not prevent third-party payors from
1052 reimbursing employers of autonomous physician assistants or
1053 physician assistants for covered services rendered by registered
1054 autonomous physician assistants or licensed physician
1055 assistants.

1056 (e) A supervising physician may delegate to a fully
1057 licensed physician assistant the authority to prescribe or
1058 dispense any medication used in the supervising physician's
1059 practice unless such medication is listed on the formulary
1060 created pursuant to paragraph (f). A fully licensed physician
1061 assistant may only prescribe or dispense such medication under
1062 the following circumstances:

1063 1. A physician assistant must clearly identify to the
1064 patient that he or she is a physician assistant ~~and inform the~~
1065 ~~patient that the patient has the right to see the physician~~
1066 ~~before a prescription is prescribed or dispensed by the~~
1067 ~~physician assistant.~~

1068 2. The supervising physician must notify the department of
1069 his or her intent to delegate, on a department-approved form,
1070 before delegating such authority and of any change in
1071 prescriptive privileges of the physician assistant. Authority to
1072 dispense may be delegated only by a supervising physician who is
1073 registered as a dispensing practitioner in compliance with s.
1074 465.0276.

1075 3. The physician assistant must complete a minimum of 10

1076 continuing medical education hours in the specialty practice in
1077 which the physician assistant has prescriptive privileges with
1078 each licensure renewal. Three of the 10 hours must consist of a
1079 continuing education course on the safe and effective
1080 prescribing of controlled substance medications which is offered
1081 by a statewide professional association of physicians in this
1082 state accredited to provide educational activities designated
1083 for the American Medical Association Physician's Recognition
1084 Award Category 1 credit or designated by the American Academy of
1085 Physician Assistants as a Category 1 credit.

1086 4. The department may issue a prescriber number to the
1087 physician assistant granting authority for the prescribing of
1088 medicinal drugs authorized within this paragraph upon completion
1089 of the requirements of this paragraph. The physician assistant
1090 is not required to independently register pursuant to s.
1091 465.0276.

1092 5. The prescription may be in paper or electronic form but
1093 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499
1094 and must contain, in addition to the supervising physician's
1095 name, address, and telephone number, the physician assistant's
1096 prescriber number. Unless it is a drug or drug sample dispensed
1097 by the physician assistant, the prescription must be filled in a
1098 pharmacy permitted under chapter 465 and must be dispensed in
1099 that pharmacy by a pharmacist licensed under chapter 465. The
1100 inclusion of the prescriber number creates a presumption that

1101 the physician assistant is authorized to prescribe the medicinal
1102 drug and the prescription is valid.

1103 6. The physician assistant must note the prescription or
1104 dispensing of medication in the appropriate medical record.

1105 (f)1. The council shall establish a formulary of medicinal
1106 drugs that a registered autonomous physician assistant or fully
1107 licensed physician assistant having prescribing authority under
1108 this section or s. 459.022 may not prescribe. The formulary must
1109 include general anesthetics and radiographic contrast materials
1110 and must limit the prescription of Schedule II controlled
1111 substances as listed in s. 893.03 or 21 U.S.C. s. 812 to a 7-day
1112 supply. The formulary must also restrict the prescribing of
1113 psychiatric mental health controlled substances for children
1114 younger than 18 years of age.

1115 2. In establishing the formulary, the council shall
1116 consult with a pharmacist licensed under chapter 465, but not
1117 licensed under this chapter or chapter 459, who shall be
1118 selected by the State Surgeon General.

1119 3. Only the council shall add to, delete from, or modify
1120 the formulary. Any person who requests an addition, a deletion,
1121 or a modification of a medicinal drug listed on such formulary
1122 has the burden of proof to show cause why such addition,
1123 deletion, or modification should be made.

1124 4. The boards shall adopt the formulary required by this
1125 paragraph, and each addition, deletion, or modification to the

1126 formulary, by rule. Notwithstanding any provision of chapter 120
 1127 to the contrary, the formulary rule shall be effective 60 days
 1128 after the date it is filed with the Secretary of State. Upon
 1129 adoption of the formulary, the department shall mail a copy of
 1130 such formulary to each registered autonomous physician assistant
 1131 or fully licensed physician assistant having prescribing
 1132 authority under this section or s. 459.022, and to each pharmacy
 1133 licensed by the state. The boards shall establish, by rule, a
 1134 fee not to exceed \$200 to fund ~~the provisions of~~ this paragraph
 1135 and paragraph (e).

1136 (6) PROGRAM APPROVAL.—

1137 (a) The boards shall approve programs, ~~based on~~
 1138 ~~recommendations by the council,~~ for the education and training
 1139 of physician assistants which meet standards established by rule
 1140 of the boards. ~~The council may recommend only those physician~~
 1141 ~~assistant programs that hold full accreditation or provisional~~
 1142 ~~accreditation from the Commission on Accreditation of Allied~~
 1143 ~~Health Programs or its successor organization. Any educational~~
 1144 ~~institution offering a physician assistant program approved by~~
 1145 ~~the boards pursuant to this paragraph may also offer the~~
 1146 ~~physician assistant program authorized in paragraph (c) for~~
 1147 ~~unlicensed physicians.~~

1148 (7) PHYSICIAN ASSISTANT LICENSURE.—

1149 (a) Any person desiring to be licensed as a physician
 1150 assistant must apply to the department. The department shall

1151 | issue a license to any person certified by the council as having
 1152 | met the following requirements:

1153 | 1. Is at least 18 years of age.

1154 | 2. Has satisfactorily passed a proficiency examination by
 1155 | an acceptable score established by the National Commission on
 1156 | Certification of Physician Assistants. If an applicant does not
 1157 | hold a current certificate issued by the National Commission on
 1158 | Certification of Physician Assistants and has not actively
 1159 | practiced as a physician assistant within the immediately
 1160 | preceding 4 years, the applicant must retake and successfully
 1161 | complete the entry-level examination of the National Commission
 1162 | on Certification of Physician Assistants to be eligible for
 1163 | licensure.

1164 | 3. Has completed the application form and remitted an
 1165 | application fee not to exceed \$300 as set by the boards. An
 1166 | application for licensure made by a physician assistant must
 1167 | include:

1168 | a. Has graduated from a board-approved ~~A certificate of~~
 1169 | ~~completion of a~~ physician assistant training program as
 1170 | specified in subsection (6).

1171 | b. Acknowledgment of any prior felony convictions.

1172 | c. Acknowledgment of any previous revocation or denial of
 1173 | licensure or certification in any state.

1174 | d. A copy of course transcripts and a copy of the course
 1175 | description from a physician assistant training program

1176 describing course content in pharmacotherapy, if the applicant
 1177 wishes to apply for prescribing authority. These documents must
 1178 meet the evidence requirements for prescribing authority.

1179 (f) The Board of Medicine may impose any of the penalties
 1180 authorized under ss. 456.072 and 458.331(2) upon an autonomous
 1181 physician assistant or a physician assistant if the autonomous
 1182 physician assistant, physician assistant, or the supervising
 1183 physician has been found guilty of or is being investigated for
 1184 any act that constitutes a violation of this chapter or chapter
 1185 456.

1186 (8) PERFORMANCE OF AUTONOMOUS PHYSICIAN ASSISTANTS.-

1187 (a) The boards shall register a physician assistant as an
 1188 autonomous physician assistant if the applicant demonstrates
 1189 that he or she:

1190 1. Holds an active, unencumbered license to practice as a
 1191 physician assistant in this state.

1192 2. Has not been subject to any disciplinary action as
 1193 specified in s. 456.072, s. 458.331, or s. 459.015, or any
 1194 similar disciplinary action in any jurisdiction of the United
 1195 States, within the 5 years immediately preceding the
 1196 registration request.

1197 3. Has completed, in any jurisdiction of the United
 1198 States, at least 2,000 clinical practice hours within the 5
 1199 years immediately preceding the submission of the registration
 1200 request while practicing as a physician assistant under the

1201 supervision of an allopathic or osteopathic physician who held
1202 an active, unencumbered license issued by any state, the
1203 District of Columbia, or a possession or territory of the United
1204 States during the period of such supervision.

1205 4. Has completed a graduate-level course in pharmacology.

1206 5. Obtains and maintains professional liability coverage
1207 at the same level and in the same manner as in s. 458.320(1)(b)
1208 or (c). However, the requirements of this subparagraph do not
1209 apply to:

1210 a. Any person registered under this subsection who
1211 practices exclusively as an officer, employee, or agent of the
1212 Federal Government or of the state or its agencies or its
1213 subdivisions.

1214 b. Any person whose license has become inactive and who is
1215 not practicing as an autonomous physician assistant in this
1216 state.

1217 c. Any person who practices as an autonomous physician
1218 assistant only in conjunction with his or her teaching duties at
1219 an accredited school or its main teaching hospitals. Such
1220 practice is limited to that which is incidental to and a
1221 necessary part of duties in connection with the teaching
1222 position.

1223 d. Any person who holds an active registration under this
1224 subsection who is not practicing as an autonomous physician
1225 assistant in this state. If such person initiates or resumes any

1226 practice as an autonomous physician assistant, he or she must
1227 notify the department of such activity and fulfill the
1228 professional liability coverage requirements of this
1229 subparagraph.

1230 (b) The department shall conspicuously distinguish an
1231 autonomous physician assistant license if he or she is
1232 registered under this subsection.

1233 (c) An autonomous physician assistant may:

1234 1. Render only primary care services as defined by rule of
1235 the boards without physician supervision.

1236 2. Provide any service that is within the scope of the
1237 autonomous physician assistant's education and experience and
1238 provided in accordance with rules adopted by the board without
1239 physician supervision.

1240 3. Prescribe, dispense, administer, or order any medicinal
1241 drug, including those medicinal drugs to the extent authorized
1242 under paragraph (4) (f) and the formulary adopted in that
1243 paragraph.

1244 4. Order any medication for administration to a patient in
1245 a facility licensed under chapter 395 or part II of chapter 400,
1246 notwithstanding chapter 465 or chapter 893.

1247 5. Provide a signature, certification, stamp,
1248 verification, affidavit, or other endorsement that is otherwise
1249 required by law to be provided by a physician.

1250 (d) An autonomous physician assistant must biennially

1251 renew his or her registration under this subsection. The
1252 biennial renewal shall coincide with the autonomous physician
1253 assistant's biennial renewal period for physician assistant
1254 licensure.

1255 (e) The council shall develop rules defining the primary
1256 care practice of autonomous physician assistants, which may
1257 include internal medicine, general pediatrics, family medicine,
1258 geriatrics, and general obstetrics and gynecology practices.

1259 (10)(9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on
1260 Physician Assistants is created within the department.

1261 (a) The council shall consist of five members appointed as
1262 follows:

1263 1. The chairperson of the Board of Medicine shall appoint
1264 one member who is a physician and a member ~~three members who are~~
1265 ~~physicians and members~~ of the Board of Medicine. ~~One of The~~
1266 physician ~~physicians~~ must supervise a physician assistant in his
1267 or her ~~the physician's~~ practice.

1268 2. The chairperson of the Board of Osteopathic Medicine
1269 shall appoint one member who is a physician and a member of the
1270 Board of Osteopathic Medicine. The physician must supervise a
1271 physician assistant in his or her practice.

1272 3. The State Surgeon General or his or her designee shall
1273 appoint three ~~a~~ fully licensed physician assistants ~~assistant~~
1274 licensed under this chapter or chapter 459.

1275 (b) ~~Two of the members appointed to the council must be~~

1276 ~~physicians who supervise physician assistants in their practice.~~
1277 Members shall be appointed to terms of 4 years, except that of
1278 the initial appointments, two members shall be appointed to
1279 terms of 2 years, two members shall be appointed to terms of 3
1280 years, and one member shall be appointed to a term of 4 years,
1281 as established by rule of the boards. Council members may not
1282 serve more than two consecutive terms. The council shall
1283 annually elect a chairperson from among its members.

1284 (c) The council shall:

1285 1. Recommend to the department the licensure of physician
1286 assistants.

1287 2. Develop all rules regulating the primary care practice
1288 of autonomous physician assistants and the use of physician
1289 assistants by physicians under this chapter and chapter 459,
1290 except for rules relating to the formulary developed under
1291 paragraph (4) (f). The council shall also develop rules to ensure
1292 that the continuity of supervision is maintained in each
1293 practice setting. The boards shall consider adopting a proposed
1294 rule developed by the council at the regularly scheduled meeting
1295 immediately following the submission of the proposed rule by the
1296 council. A proposed rule submitted by the council may not be
1297 adopted by either board unless both boards have accepted and
1298 approved the identical language contained in the proposed rule.
1299 The language of all proposed rules submitted by the council must
1300 be approved by both boards pursuant to each respective board's

1301 guidelines and standards regarding the adoption of proposed
1302 rules. If either board rejects the council's proposed rule, that
1303 board must specify its objection to the council with
1304 particularity and include any recommendations it may have for
1305 the modification of the proposed rule.

1306 3. Make recommendations to the boards regarding all
1307 matters relating to autonomous physician assistants and
1308 physician assistants.

1309 4. Address concerns and problems of practicing autonomous
1310 physician assistants and physician assistants in order to
1311 improve safety in the clinical practices of registered
1312 autonomous physician assistants and licensed physician
1313 assistants.

1314 (d) When the council finds that an applicant for licensure
1315 has failed to meet, to the council's satisfaction, each of the
1316 requirements for licensure set forth in this section, the
1317 council may enter an order to:

1318 1. Refuse to certify the applicant for licensure;
1319 2. Approve the applicant for licensure with restrictions
1320 on the scope of practice or license; or

1321 3. Approve the applicant for conditional licensure. Such
1322 conditions may include placement of the licensee on probation
1323 for a period of time and subject to such conditions as the
1324 council may specify, including but not limited to, requiring the
1325 licensee to undergo treatment, to attend continuing education

1326 | courses, to work under the direct supervision of a physician
 1327 | licensed in this state, or to take corrective action.

1328 | ~~(11)~~ (12) PENALTY.—Any person who has not been registered
 1329 | or licensed by the council and approved by the department and
 1330 | who holds himself or herself out as an autonomous physician
 1331 | assistant or a physician assistant or who uses any other term in
 1332 | indicating or implying that he or she is an autonomous physician
 1333 | assistant or a physician assistant commits a felony of the third
 1334 | degree, punishable as provided in s. 775.082 or s. 775.084 or by
 1335 | a fine not exceeding \$5,000.

1336 | ~~(12)~~ (13) DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—
 1337 | The boards may deny, suspend, or revoke the registration of an
 1338 | autonomous physician assistant or the license of a physician
 1339 | assistant ~~license~~ if a board determines that the autonomous
 1340 | physician assistant or physician assistant has violated this
 1341 | chapter.

1342 | ~~(13)~~ (14) RULES.—The boards shall adopt rules to implement
 1343 | this section, including rules detailing the contents of the
 1344 | application for licensure and notification pursuant to
 1345 | subsection (7), rules relating to the registration of autonomous
 1346 | physician assistants under subsection (8), and rules to ensure
 1347 | ~~both~~ the continued competency of autonomous physician assistants
 1348 | and physician assistants and the proper utilization of them by
 1349 | physicians or groups of physicians.

1350 | (19) ADVERSE INCIDENTS.—An autonomous physician assistant

1351 must report adverse incidents to the department in accordance
 1352 with s. 458.351.

1353 Section 17. Subsections (8) through (17) of section
 1354 459.022, Florida Statutes, are renumbered as subsections (9)
 1355 through (18), respectively, subsection (2), paragraphs (b) and
 1356 (e) of subsection (4), paragraph (a) of subsection (6),
 1357 paragraphs (a) and (f) of subsection (7), and present
 1358 subsections (9), (11), (12), and (13) are amended, and new
 1359 subsections (8) and (19) are added to that section, to read:

1360 459.022 Physician assistants.—

1361 (2) DEFINITIONS.—As used in this section:

1362 (a) "Approved program" means a program, formally approved
 1363 by the boards, for the education of physician assistants.

1364 (b) "Autonomous physician assistant" means a physician
 1365 assistant who meets the requirements of subsection (8) to
 1366 practice primary care without physician supervision.

1367 (c) ~~(b)~~ "Boards" means the Board of Medicine and the Board
 1368 of Osteopathic Medicine.

1369 (d) ~~(h)~~ "Continuing medical education" means courses
 1370 recognized and approved by the boards, the American Academy of
 1371 Physician Assistants, the American Medical Association, the
 1372 American Osteopathic Association, or the Accreditation Council
 1373 on Continuing Medical Education.

1374 (e) ~~(e)~~ "Council" means the Council on Physician
 1375 Assistants.

1376 (f)~~(e)~~ "Physician assistant" means a person who is a
 1377 graduate of an approved program or its equivalent or meets
 1378 standards approved by the boards and is licensed to perform
 1379 medical services delegated by the supervising physician.

1380 (g) "Proficiency examination" means an entry-level
 1381 examination approved by the boards, including, but not limited
 1382 to, those examinations administered by the National Commission
 1383 on Certification of Physician Assistants.

1384 (h)~~(f)~~ "Supervision" means responsible supervision and
 1385 control. Except in cases of emergency, supervision requires the
 1386 easy availability or physical presence of the licensed physician
 1387 for consultation and direction of the actions of the physician
 1388 assistant. For the purposes of this definition, the term "easy
 1389 availability" includes the ability to communicate by way of
 1390 telecommunication. The boards shall establish rules as to what
 1391 constitutes responsible supervision of the physician assistant.

1392 (i)~~(d)~~ "Trainee" means a person who is currently enrolled
 1393 in an approved program.

1394 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

1395 (b) This chapter does not prevent third-party payors from
 1396 reimbursing employers of autonomous physician assistants or
 1397 physician assistants for covered services rendered by registered
 1398 autonomous physician assistants or licensed physician
 1399 assistants.

1400 (e) A supervising physician may delegate to a fully

1401 licensed physician assistant the authority to prescribe or
 1402 dispense any medication used in the supervising physician's
 1403 practice unless such medication is listed on the formulary
 1404 created pursuant to s. 458.347. A fully licensed physician
 1405 assistant may only prescribe or dispense such medication under
 1406 the following circumstances:

1407 1. A physician assistant must clearly identify to the
 1408 patient that she or he is a physician assistant ~~and must inform~~
 1409 ~~the patient that the patient has the right to see the physician~~
 1410 ~~before a prescription is prescribed or dispensed by the~~
 1411 ~~physician assistant.~~

1412 2. The supervising physician must notify the department of
 1413 her or his intent to delegate, on a department-approved form,
 1414 before delegating such authority and of any change in
 1415 prescriptive privileges of the physician assistant. Authority to
 1416 dispense may be delegated only by a supervising physician who is
 1417 registered as a dispensing practitioner in compliance with s.
 1418 465.0276.

1419 3. The physician assistant must complete a minimum of 10
 1420 continuing medical education hours in the specialty practice in
 1421 which the physician assistant has prescriptive privileges with
 1422 each licensure renewal.

1423 4. The department may issue a prescriber number to the
 1424 physician assistant granting authority for the prescribing of
 1425 medicinal drugs authorized within this paragraph upon completion

1426 of the requirements of this paragraph. The physician assistant
 1427 is not required to independently register pursuant to s.
 1428 465.0276.

1429 5. The prescription may be in paper or electronic form but
 1430 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499
 1431 and must contain, in addition to the supervising physician's
 1432 name, address, and telephone number, the physician assistant's
 1433 prescriber number. Unless it is a drug or drug sample dispensed
 1434 by the physician assistant, the prescription must be filled in a
 1435 pharmacy permitted under chapter 465, and must be dispensed in
 1436 that pharmacy by a pharmacist licensed under chapter 465. The
 1437 inclusion of the prescriber number creates a presumption that
 1438 the physician assistant is authorized to prescribe the medicinal
 1439 drug and the prescription is valid.

1440 6. The physician assistant must note the prescription or
 1441 dispensing of medication in the appropriate medical record.

1442 (6) PROGRAM APPROVAL.—

1443 (a) The boards shall approve programs, ~~based on~~
 1444 ~~recommendations by the council,~~ for the education and training
 1445 of physician assistants which meet standards established by rule
 1446 of the boards. ~~The council may recommend only those physician~~
 1447 ~~assistant programs that hold full accreditation or provisional~~
 1448 ~~accreditation from the Commission on Accreditation of Allied~~
 1449 ~~Health Programs or its successor organization.~~

1450 (7) PHYSICIAN ASSISTANT LICENSURE.—

1451 (a) Any person desiring to be licensed as a physician
 1452 assistant must apply to the department. The department shall
 1453 issue a license to any person certified by the council as having
 1454 met the following requirements:

1455 1. Is at least 18 years of age.

1456 2. Has satisfactorily passed a proficiency examination by
 1457 an acceptable score established by the National Commission on
 1458 Certification of Physician Assistants. If an applicant does not
 1459 hold a current certificate issued by the National Commission on
 1460 Certification of Physician Assistants and has not actively
 1461 practiced as a physician assistant within the immediately
 1462 preceding 4 years, the applicant must retake and successfully
 1463 complete the entry-level examination of the National Commission
 1464 on Certification of Physician Assistants to be eligible for
 1465 licensure.

1466 3. Has completed the application form and remitted an
 1467 application fee not to exceed \$300 as set by the boards. An
 1468 application for licensure made by a physician assistant must
 1469 include:

1470 a. Has graduated from a board-approved ~~A certificate of~~
 1471 ~~completion of a~~ physician assistant training program as
 1472 specified in subsection (6).

1473 b. Acknowledgment of any prior felony convictions.

1474 c. Acknowledgment of any previous revocation or denial of
 1475 licensure or certification in any state.

1476 d. A copy of course transcripts and a copy of the course
 1477 description from a physician assistant training program
 1478 describing course content in pharmacotherapy, if the applicant
 1479 wishes to apply for prescribing authority. These documents must
 1480 meet the evidence requirements for prescribing authority.

1481 (f) The Board of Osteopathic Medicine may impose any of
 1482 the penalties authorized under ss. 456.072 and 459.015(2) upon
 1483 an autonomous physician assistant or a physician assistant if
 1484 the autonomous physician assistant, physician assistant, or the
 1485 supervising physician has been found guilty of or is being
 1486 investigated for any act that constitutes a violation of this
 1487 chapter or chapter 456.

1488 (8) PERFORMANCE OF AUTONOMOUS PHYSICIAN ASSISTANTS.-

1489 (a) The boards shall register a physician assistant as an
 1490 autonomous physician assistant if the applicant demonstrates
 1491 that he or she:

1492 1. Holds an active, unencumbered license to practice as a
 1493 physician assistant in this state.

1494 2. Has not been subject to any disciplinary action as
 1495 specified in s. 456.072, s. 458.331, or s. 459.015, or any
 1496 similar disciplinary action in any jurisdiction of the United
 1497 States, within the 5 years immediately preceding the
 1498 registration request.

1499 3. Has completed, in any jurisdiction of the United
 1500 States, at least 2,000 clinical practice hours within the 5

1501 years immediately preceding the submission of the registration
1502 request while practicing as a physician assistant under the
1503 supervision of an allopathic or osteopathic physician who held
1504 an active, unencumbered license issued by any state, the
1505 District of Columbia, or a possession or territory of the United
1506 States during the period of such supervision.

1507 4. Has completed a graduate-level course in pharmacology.

1508 5. Obtains and maintains professional liability coverage
1509 at the same level and in the same manner as in s. 458.320(1)(b)
1510 or (c). However, the requirements of this subparagraph do not
1511 apply to:

1512 a. Any person registered under this subsection who
1513 practices exclusively as an officer, employee, or agent of the
1514 Federal Government or of the state or its agencies or its
1515 subdivisions.

1516 b. Any person whose license has become inactive and who is
1517 not practicing as an autonomous physician assistant in this
1518 state.

1519 c. Any person who practices as an autonomous physician
1520 assistant only in conjunction with his or her teaching duties at
1521 an accredited school or its main teaching hospitals. Such
1522 practice is limited to that which is incidental to and a
1523 necessary part of duties in connection with the teaching
1524 position.

1525 d. Any person who holds an active registration under this

1526 subsection who is not practicing as an autonomous physician
 1527 assistant in this state. If such person initiates or resumes any
 1528 practice as an autonomous physician assistant, he or she must
 1529 notify the department of such activity and fulfill the
 1530 professional liability coverage requirements of this
 1531 subparagraph.

1532 (b) The department shall conspicuously distinguish an
 1533 autonomous physician assistant license if he or she is
 1534 registered under this subsection.

1535 (c) An autonomous physician assistant may:

1536 1. Render only primary care services as defined by rule of
 1537 the boards without physician supervision.

1538 2. Provide any service that is within the scope of the
 1539 autonomous physician assistant's education and experience and
 1540 provided in accordance with rules adopted by the board without
 1541 physician supervision.

1542 3. Prescribe, dispense, administer, or order any medicinal
 1543 drug, including those medicinal drugs to the extent authorized
 1544 under paragraph (4)(f) and the formulary adopted thereunder.

1545 4. Order any medication for administration to a patient in
 1546 a facility licensed under chapter 395 or part II of chapter 400,
 1547 notwithstanding chapter 465 or chapter 893.

1548 5. Provide a signature, certification, stamp,
 1549 verification, affidavit, or other endorsement that is otherwise
 1550 required by law to be provided by a physician.

1551 (d) An autonomous physician assistant must biennially
1552 renew his or her registration under this subsection. The
1553 biennial renewal shall coincide with the autonomous physician
1554 assistant's biennial renewal period for physician assistant
1555 licensure.

1556 (e) The council shall develop rules defining the primary
1557 care practice of autonomous physician assistants, which may
1558 include internal medicine, general pediatrics, family medicine,
1559 geriatrics, and general obstetrics and gynecology practices.

1560 (10)~~(9)~~ COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on
1561 Physician Assistants is created within the department.

1562 (a) The council shall consist of five members appointed as
1563 follows:

1564 1. The chairperson of the Board of Medicine shall appoint
1565 one member who is a physician and a member ~~three members who are~~
1566 ~~physicians and members~~ of the Board of Medicine. ~~One of~~ The
1567 physician ~~physicians~~ must supervise a physician assistant in his
1568 or her ~~the physician's~~ practice.

1569 2. The chairperson of the Board of Osteopathic Medicine
1570 shall appoint one member who is a physician and a member of the
1571 Board of Osteopathic Medicine. The physician must supervise a
1572 physician assistant in his or her practice.

1573 3. The State Surgeon General or her or his designee shall
1574 appoint three ~~a~~ fully licensed physician assistants ~~assistant~~
1575 licensed under chapter 458 or this chapter.

1576 (b) ~~Two of the members appointed to the council must be~~
1577 ~~physicians who supervise physician assistants in their practice.~~
1578 Members shall be appointed to terms of 4 years, except that of
1579 the initial appointments, two members shall be appointed to
1580 terms of 2 years, two members shall be appointed to terms of 3
1581 years, and one member shall be appointed to a term of 4 years,
1582 as established by rule of the boards. Council members may not
1583 serve more than two consecutive terms. The council shall
1584 annually elect a chairperson from among its members.

1585 (c) The council shall:

1586 1. Recommend to the department the licensure of physician
1587 assistants.

1588 2. Develop all rules regulating the primary care practice
1589 of autonomous physician assistants and the use of physician
1590 assistants by physicians under chapter 458 and this chapter,
1591 except for rules relating to the formulary developed under s.
1592 458.347. The council shall also develop rules to ensure that the
1593 continuity of supervision is maintained in each practice
1594 setting. The boards shall consider adopting a proposed rule
1595 developed by the council at the regularly scheduled meeting
1596 immediately following the submission of the proposed rule by the
1597 council. A proposed rule submitted by the council may not be
1598 adopted by either board unless both boards have accepted and
1599 approved the identical language contained in the proposed rule.
1600 The language of all proposed rules submitted by the council must

1601 be approved by both boards pursuant to each respective board's
 1602 guidelines and standards regarding the adoption of proposed
 1603 rules. If either board rejects the council's proposed rule, that
 1604 board must specify its objection to the council with
 1605 particularity and include any recommendations it may have for
 1606 the modification of the proposed rule.

1607 3. Make recommendations to the boards regarding all
 1608 matters relating to autonomous physician assistants and
 1609 physician assistants.

1610 4. Address concerns and problems of practicing autonomous
 1611 physician assistants and physician assistants in order to
 1612 improve safety in the clinical practices of registered
 1613 autonomous physician assistants and licensed physician
 1614 assistants.

1615 (d) When the council finds that an applicant for licensure
 1616 has failed to meet, to the council's satisfaction, each of the
 1617 requirements for licensure set forth in this section, the
 1618 council may enter an order to:

- 1619 1. Refuse to certify the applicant for licensure;
- 1620 2. Approve the applicant for licensure with restrictions
 1621 on the scope of practice or license; or

1622 3. Approve the applicant for conditional licensure. Such
 1623 conditions may include placement of the licensee on probation
 1624 for a period of time and subject to such conditions as the
 1625 council may specify, including but not limited to, requiring the

1626 licensee to undergo treatment, to attend continuing education
 1627 courses, to work under the direct supervision of a physician
 1628 licensed in this state, or to take corrective action.

1629 (12)~~(11)~~ PENALTY.—Any person who has not been registered
 1630 or licensed by the council and approved by the department and
 1631 who holds herself or himself out as an autonomous physician
 1632 assistant or a physician assistant or who uses any other term in
 1633 indicating or implying that she or he is an autonomous physician
 1634 assistant or a physician assistant commits a felony of the third
 1635 degree, punishable as provided in s. 775.082 or s. 775.084 or by
 1636 a fine not exceeding \$5,000.

1637 (13)~~(12)~~ DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—
 1638 The boards may deny, suspend, or revoke the registration of an
 1639 autonomous physician assistant or the license of a physician
 1640 assistant license if a board determines that the autonomous
 1641 physician assistant or physician assistant has violated this
 1642 chapter.

1643 (14)~~(13)~~ RULES.—The boards shall adopt rules to implement
 1644 this section, including rules detailing the contents of the
 1645 application for licensure and notification pursuant to
 1646 subsection (7), rules relating to the registration of autonomous
 1647 physician assistants under subsection (8), and rules to ensure
 1648 ~~both~~ the continued competency of autonomous physician assistants
 1649 and physician assistants and the proper utilization of them by
 1650 physicians or groups of physicians.

1651 (19) ADVERSE INCIDENTS.—An autonomous physician assistant
 1652 must report adverse incidents to the department in accordance
 1653 with s. 459.026.

1654 Section 18. Subsections (1) and (3) of section 464.012,
 1655 Florida Statutes, are amended to read:

1656 464.012 Licensure of advanced practice registered nurses;
 1657 fees; controlled substance prescribing.—

1658 (1) Any nurse desiring to be licensed as an advanced
 1659 practice registered nurse must apply to the board ~~department~~ and
 1660 submit proof that he or she holds a current license to practice
 1661 professional nursing or holds an active multistate license to
 1662 practice professional nursing pursuant to s. 464.0095 and ~~that~~
 1663 ~~he or she~~ meets one or more of the following requirements ~~as~~
 1664 ~~determined by the board:~~

1665 (a) Certification by an appropriate specialty board. Such
 1666 certification is required for initial state licensure and any
 1667 licensure renewal as a certified nurse midwife, certified nurse
 1668 practitioner, certified registered nurse anesthetist, clinical
 1669 nurse specialist, or psychiatric nurse. The board may by rule
 1670 provide for provisional state licensure of certified registered
 1671 nurse anesthetists, clinical nurse specialists, certified nurse
 1672 practitioners, psychiatric nurses, and certified nurse midwives
 1673 for a period of time determined to be appropriate for preparing
 1674 for and passing the national certification examination.

1675 (b) Graduation from a ~~program leading to a~~ master's degree

1676 program in a nursing clinical specialty area with preparation in
1677 specialized practitioner skills. For applicants graduating on or
1678 after October 1, 1998, graduation from a master's degree program
1679 is required for initial licensure as a certified nurse
1680 practitioner under paragraph (4) (a).

1681 1. For applicants graduating on or after October 1, 2001,
1682 graduation from a master's degree program is required for
1683 initial licensure as a certified registered nurse anesthetist
1684 who may perform the acts listed in paragraph (4) (b).

1685 2. For applicants graduating on or after October 1, 1998,
1686 graduation from a master's degree program is required for
1687 initial licensure as a certified nurse midwife who may perform
1688 the acts listed in paragraph (4) (c).

1689 3. For applicants graduating on or after July 1, 2007,
1690 graduation from a master's degree program is required for
1691 initial licensure as a clinical nurse specialist who may perform
1692 the acts listed in paragraph (4) (d).

1693 (3) An advanced practice registered nurse shall perform
1694 those functions authorized in this section within the framework
1695 of an established protocol that must be maintained on site at
1696 the location or locations at which an advanced practice
1697 registered nurse practices, unless the advanced practice
1698 registered nurse is registered to engage in autonomous practice
1699 under s. 464.0123. In the case of multiple supervising
1700 physicians in the same group, an advanced practice registered

1701 nurse must enter into a supervisory protocol with at least one
1702 physician within the physician group practice. A practitioner
1703 currently licensed under chapter 458, chapter 459, or chapter
1704 466 shall maintain supervision for directing the specific course
1705 of medical treatment. Within the established framework, an
1706 advanced practice registered nurse may:

1707 (a) Prescribe, dispense, administer, or order any drug;
1708 however, an advanced practice registered nurse may prescribe or
1709 dispense a controlled substance as defined in s. 893.03 only if
1710 the advanced practice registered nurse has graduated from a
1711 program leading to a master's or doctoral degree in a clinical
1712 nursing specialty area with training in specialized practitioner
1713 skills.

1714 (b) Initiate appropriate therapies for certain conditions.

1715 (c) Perform additional functions as may be determined by
1716 rule in accordance with s. 464.003(2).

1717 (d) Order diagnostic tests and physical and occupational
1718 therapy.

1719 (e) Order any medication for administration to a patient
1720 in a facility licensed under chapter 395 or part II of chapter
1721 400, notwithstanding any provisions in chapter 465 or chapter
1722 893.

1723 (f) Sign, certify, stamp, verify, or endorse a document
1724 that requires the signature, certification, stamp, verification,
1725 affidavit, or endorsement of a physician. However, a supervisory

1726 physician may not delegate the authority to issue a documented
1727 approval to release a patient from a receiving facility or its
1728 contractor under s. 394.463(2)(f) to an advanced practice
1729 registered nurse.

1730 Section 19. Section 464.0123, Florida Statutes, is created
1731 to read:

1732 464.0123 Autonomous practice by an advanced practice
1733 registered nurse.-

1734 (1) For purposes of this section, the term "autonomous
1735 practice" means advanced or specialized nursing practice by an
1736 advanced practice registered nurse who is not subject to
1737 supervision by a physician or a supervisory protocol.

1738 (2) The board shall register an advanced practice
1739 registered nurse as an autonomous advanced practice registered
1740 nurse if the applicant demonstrates that he or she:

1741 (a) Holds an active, unencumbered license to practice
1742 advanced or specialized nursing in this state.

1743 (b) Has not been subject to any disciplinary action as
1744 specified in s. 456.072 or s. 464.018, or any similar
1745 disciplinary action in any other jurisdiction of the United
1746 States, within the 5 years immediately preceding the
1747 registration request.

1748 (c) Has completed, in any jurisdiction of the United
1749 States, at least 2,000 clinical practice hours or clinical
1750 instructional hours within the 5 years immediately preceding the

1751 registration request while practicing as an advanced practice
1752 registered nurse under the supervision of an allopathic or
1753 osteopathic physician who held an active, unencumbered license
1754 issued by any state, the District of Columbia, or a possession
1755 or territory of the United States during the period of such
1756 supervision.

1757 (d) Has completed a graduate-level course in pharmacology.

1758 (3) The board may provide by rule additional requirements
1759 for an advanced practice registered nurse who is registered
1760 under this section when performing acts within his or her
1761 specialty pursuant to s. 464.012(4).

1762 (4) (a) An advanced practice registered nurse registered
1763 under this section must by one of the following methods
1764 demonstrate to the satisfaction of the board and the department
1765 financial responsibility to pay claims and costs ancillary
1766 thereto arising out of the rendering of, or the failure to
1767 render, medical or nursing care or services:

1768 1. Obtaining and maintaining professional liability
1769 coverage in an amount not less than \$100,000 per claim, with a
1770 minimum annual aggregate of not less than \$300,000, from an
1771 authorized insurer as defined in s. 624.09, from a surplus lines
1772 insurer as defined in s. 626.914(2), from a risk retention group
1773 as defined in s. 627.942, from the Joint Underwriting
1774 Association established under s. 627.351(4), or through a plan
1775 of self-insurance as provided in s. 627.357; or

1776 2. Obtaining and maintaining an unexpired, irrevocable
1777 letter of credit, established pursuant to chapter 675, in an
1778 amount of not less than \$100,000 per claim, with a minimum
1779 aggregate availability of credit of not less than \$300,000. The
1780 letter of credit must be payable to the advanced practice
1781 registered nurse as beneficiary upon presentment of a final
1782 judgment indicating liability and awarding damages to be paid by
1783 the advanced practice registered nurse or upon presentment of a
1784 settlement agreement signed by all parties to such agreement
1785 when such final judgment or settlement is a result of a claim
1786 arising out of the rendering of, or the failure to render,
1787 medical or nursing care and services.

1788 (b) The requirements of paragraph (a) do not apply to:

1789 1. Any person registered under this subsection who
1790 practices exclusively as an officer, employee, or agent of the
1791 Federal Government or of the state or its agencies or its
1792 subdivisions.

1793 2. Any person whose license has become inactive and who is
1794 not practicing as an advanced practice registered nurse
1795 registered under this section in this state.

1796 3. Any person who practices as an advanced practice
1797 registered nurse registered under this section only in
1798 conjunction with his or her teaching duties at an accredited
1799 school or its main teaching hospitals. Such practice is limited
1800 to that which is incidental to and a necessary part of duties in

1801 connection with the teaching position.

1802 4. Any person who holds an active registration under this
1803 section who is not practicing as an autonomous advanced practice
1804 registered nurse registered under this section in this state. If
1805 such person initiates or resumes any practice as an autonomous
1806 advanced practice registered nurse, he or she must notify the
1807 department of such activity and fulfill the professional
1808 liability coverage requirements of paragraph (a).

1809 (5) The department shall conspicuously distinguish an
1810 advanced practice registered nurse's license if he or she is
1811 registered with the board under this section and include the
1812 registration in the advanced practice registered nurse's
1813 practitioner profile created under s. 456.041.

1814 (6) An advanced practice registered nurse who is
1815 registered under this section may perform the general functions
1816 of an advanced practice registered nurse under s. 464.012(3),
1817 the acts within his or her specialty under s. 464.012(4), and
1818 the following:

1819 (a) For a patient who requires the services of a health
1820 care facility, as defined in s. 408.032(8):

1821 1. Admit the patient to the facility.

1822 2. Manage the care received by the patient in the
1823 facility.

1824 3. Discharge the patient from the facility, unless
1825 prohibited by federal law or rule.

1826 (b) Provide a signature, certification, stamp,
1827 verification, affidavit, or endorsement that is otherwise
1828 required by law to be provided by a physician.

1829 (7) (a) An advanced practice registered nurse must
1830 biennially renew his or her registration under this section. The
1831 biennial renewal for registration shall coincide with the
1832 advanced practice registered nurse's biennial renewal period for
1833 licensure.

1834 (b) To renew his or her registration under this section,
1835 an advanced practice registered nurse must complete at least 10
1836 hours of continuing education approved by the board in addition
1837 to completing the continuing education requirements established
1838 by board rule pursuant to s. 464.013. If the initial renewal
1839 period occurs before January 1, 2021, an advanced practice
1840 registered nurse who is registered under this section is not
1841 required to complete the continuing education requirement under
1842 this paragraph until the following biennial renewal period.

1843 (8) The board may establish an advisory committee to make
1844 evidence-based recommendations about medical acts that an
1845 advanced practice registered nurse who is registered under this
1846 section may perform. The committee must consist of four advanced
1847 practice registered nurses licensed under this chapter,
1848 appointed by the board; two physicians licensed under chapter
1849 458 or chapter 459 who have professional experience with
1850 advanced practice registered nurses, appointed by the Board of

1851 Medicine; and the State Surgeon General or his or her designee.
1852 Each committee member appointed by a board shall serve a term of
1853 4 years, unless a shorter term is required to establish or
1854 maintain staggered terms. The Board of Nursing shall act upon
1855 the recommendations from the committee within 90 days after the
1856 submission of such recommendations.

1857 (9) The board shall adopt rules as necessary to implement
1858 this section.

1859 Section 20. Section 464.0155, Florida Statutes, is created
1860 to read:

1861 464.0155 Reports of adverse incidents by advanced practice
1862 registered nurses.—

1863 (1) An advanced practice registered nurse registered to
1864 engage in autonomous practice under s. 464.0123 must report an
1865 adverse incident to the department in accordance with this
1866 section.

1867 (2) The report must be in writing, sent to the department
1868 by certified mail, and postmarked within 15 days after the
1869 occurrence of the adverse incident if the adverse incident
1870 occurs when the patient is at the office of the advanced
1871 practice registered nurse. If the adverse incident occurs when
1872 the patient is not at the office of the advanced practice
1873 registered nurse, the report must be postmarked within 15 days
1874 after the advanced practice registered nurse discovers, or
1875 reasonably should have discovered, the occurrence of the adverse

1876 incident.

1877 (3) For purposes of this section, the term "adverse
 1878 incident" means any of the following events when it is
 1879 reasonable to believe that the event is attributable to the
 1880 prescription of a controlled substance regulated under chapter
 1881 893 or 21 U.S.C. s. 812 by the advanced practice registered
 1882 nurse:

1883 (a) A condition that requires the transfer of a patient to
 1884 a hospital licensed under chapter 395.

1885 (b) Permanent physical injury to the patient.

1886 (c) Death of the patient.

1887 (4) The department shall review each report of an adverse
 1888 incident and determine whether the adverse incident was
 1889 attributable to conduct by the advanced practice registered
 1890 nurse. Upon such a determination, the board may take
 1891 disciplinary action pursuant to s. 456.073.

1892 Section 21. Subsection (43) of section 39.01, Florida
 1893 Statutes, is amended to read:

1894 39.01 Definitions.—When used in this chapter, unless the
 1895 context otherwise requires:

1896 (43) "Licensed health care professional" means a physician
 1897 licensed under chapter 458, an osteopathic physician licensed
 1898 under chapter 459, a nurse licensed under part I of chapter 464,
 1899 an autonomous physician assistant or a physician assistant
 1900 registered or licensed under chapter 458 or chapter 459, or a

1901 dentist licensed under chapter 466.

1902 Section 22. Paragraphs (d) and (e) of subsection (5) of
 1903 section 39.303, Florida Statutes, are redesignated as paragraphs
 1904 (e) and (f), respectively, a new paragraph (d) is added to that
 1905 subsection, and paragraph (a) of subsection (6) of that section
 1906 is amended, to read:

1907 39.303 Child Protection Teams and sexual abuse treatment
 1908 programs; services; eligible cases.—

1909 (5) All abuse and neglect cases transmitted for
 1910 investigation to a circuit by the hotline must be simultaneously
 1911 transmitted to the Child Protection Team for review. For the
 1912 purpose of determining whether a face-to-face medical evaluation
 1913 by a Child Protection Team is necessary, all cases transmitted
 1914 to the Child Protection Team which meet the criteria in
 1915 subsection (4) must be timely reviewed by:

1916 (d) An autonomous physician assistant registered under
 1917 chapter 458 or chapter 459 who has a specialty in pediatrics or
 1918 family medicine and is member of the Child Protection Team;

1919 (6) A face-to-face medical evaluation by a Child
 1920 Protection Team is not necessary when:

1921 (a) The child was examined for the alleged abuse or
 1922 neglect by a physician who is not a member of the Child
 1923 Protection Team, and a consultation between the Child Protection
 1924 Team medical director or a Child Protection Team board-certified
 1925 pediatrician, advanced practice registered nurse, autonomous

1926 | physician assistant, or physician assistant working under the
 1927 | supervision of a Child Protection Team medical director or a
 1928 | Child Protection Team board-certified pediatrician, or
 1929 | registered nurse working under the direct supervision of a Child
 1930 | Protection Team medical director or a Child Protection Team
 1931 | board-certified pediatrician, and the examining physician
 1932 | concludes that a further medical evaluation is unnecessary;

1933 |
 1934 | Notwithstanding paragraphs (a), (b), and (c), a Child Protection
 1935 | Team medical director or a Child Protection Team pediatrician,
 1936 | as authorized in subsection (5), may determine that a face-to-
 1937 | face medical evaluation is necessary.

1938 | Section 23. Paragraph (b) of subsection (1) of section
 1939 | 39.304, Florida Statutes, is amended to read:

1940 | 39.304 Photographs, medical examinations, X rays, and
 1941 | medical treatment of abused, abandoned, or neglected child.—

1942 | (1)

1943 | (b) If the areas of trauma visible on a child indicate a
 1944 | need for a medical examination, or if the child verbally
 1945 | complains or otherwise exhibits distress as a result of injury
 1946 | through suspected child abuse, abandonment, or neglect, or is
 1947 | alleged to have been sexually abused, the person required to
 1948 | investigate may cause the child to be referred for diagnosis to
 1949 | a licensed physician or an emergency department in a hospital
 1950 | without the consent of the child's parents or legal custodian.

1951 Such examination may be performed by any licensed physician,
1952 registered autonomous physician assistant, licensed physician
1953 assistant, or ~~an~~ advanced practice registered nurse licensed or
1954 registered under ~~pursuant to~~ part I of chapter 464. Any licensed
1955 physician, registered autonomous physician assistant, licensed
1956 physician assistant, or advanced practice registered nurse
1957 licensed or registered under ~~pursuant to~~ part I of chapter 464
1958 who has reasonable cause to suspect that an injury was the
1959 result of child abuse, abandonment, or neglect may authorize a
1960 radiological examination to be performed on the child without
1961 the consent of the child's parent or legal custodian.

1962 Section 24. Paragraph (d) of subsection (2) of section
1963 110.12315, Florida Statutes, is amended to read:

1964 110.12315 Prescription drug program.—The state employees'
1965 prescription drug program is established. This program shall be
1966 administered by the Department of Management Services, according
1967 to the terms and conditions of the plan as established by the
1968 relevant provisions of the annual General Appropriations Act and
1969 implementing legislation, subject to the following conditions:

1970 (2) In providing for reimbursement of pharmacies for
1971 prescription drugs and supplies dispensed to members of the
1972 state group health insurance plan and their dependents under the
1973 state employees' prescription drug program:

1974 (d) The department shall establish the reimbursement
1975 schedule for prescription drugs and supplies dispensed under the

1976 program. Reimbursement rates for a prescription drug or supply
 1977 must be based on the cost of the generic equivalent drug or
 1978 supply if a generic equivalent exists, unless the physician,
 1979 advanced practice registered nurse, autonomous physician
 1980 assistant, or physician assistant prescribing the drug or supply
 1981 clearly states on the prescription that the brand name drug or
 1982 supply is medically necessary or that the drug or supply is
 1983 included on the formulary of drugs and supplies that may not be
 1984 interchanged as provided in chapter 465, in which case
 1985 reimbursement must be based on the cost of the brand name drug
 1986 or supply as specified in the reimbursement schedule adopted by
 1987 the department.

1988 Section 25. Paragraph (a) of subsection (3) of section
 1989 252.515, Florida Statutes, is amended to read:

1990 252.515 Postdisaster Relief Assistance Act; immunity from
 1991 civil liability.—

1992 (3) As used in this section, the term:

1993 (a) "Emergency first responder" means:

- 1994 1. A physician licensed under chapter 458.
- 1995 2. An osteopathic physician licensed under chapter 459.
- 1996 3. A chiropractic physician licensed under chapter 460.
- 1997 4. A podiatric physician licensed under chapter 461.
- 1998 5. A dentist licensed under chapter 466.
- 1999 6. An advanced practice registered nurse licensed under s.
 2000 464.012.

2001 7. An autonomous physician assistant or a physician
 2002 assistant registered or licensed under chapter 458 ~~s. 458.347~~ or
 2003 chapter 459 ~~s. 459.022~~.

2004 8. A worker employed by a public or private hospital in
 2005 the state.

2006 9. A paramedic as defined in s. 401.23(17).

2007 10. An emergency medical technician as defined in s.
 2008 401.23(11).

2009 11. A firefighter as defined in s. 633.102.

2010 12. A law enforcement officer as defined in s. 943.10.

2011 13. A member of the Florida National Guard.

2012 14. Any other personnel designated as emergency personnel
 2013 by the Governor pursuant to a declared emergency.

2014 Section 26. Paragraph (c) of subsection (1) of section
 2015 310.071, Florida Statutes, is amended to read:

2016 310.071 Deputy pilot certification.—

2017 (1) In addition to meeting other requirements specified in
 2018 this chapter, each applicant for certification as a deputy pilot
 2019 must:

2020 (c) Be in good physical and mental health, as evidenced by
 2021 documentary proof of having satisfactorily passed a complete
 2022 physical examination administered by a licensed physician within
 2023 the preceding 6 months. The board shall adopt rules to establish
 2024 requirements for passing the physical examination, which rules
 2025 shall establish minimum standards for the physical or mental

2026 capabilities necessary to carry out the professional duties of a
 2027 certificated deputy pilot. Such standards shall include zero
 2028 tolerance for any controlled substance regulated under chapter
 2029 893 unless that individual is under the care of a physician, an
 2030 advanced practice registered nurse, an autonomous physician
 2031 assistant, or a physician assistant and that controlled
 2032 substance was prescribed by that physician, advanced practice
 2033 registered nurse, autonomous physician assistant, or physician
 2034 assistant. To maintain eligibility as a certificated deputy
 2035 pilot, each certificated deputy pilot must annually provide
 2036 documentary proof of having satisfactorily passed a complete
 2037 physical examination administered by a licensed physician. The
 2038 physician must know the minimum standards and certify that the
 2039 certificateholder satisfactorily meets the standards. The
 2040 standards for certificateholders shall include a drug test.

2041 Section 27. Subsection (3) of section 310.073, Florida
 2042 Statutes, is amended to read:

2043 310.073 State pilot licensing.—In addition to meeting
 2044 other requirements specified in this chapter, each applicant for
 2045 license as a state pilot must:

2046 (3) Be in good physical and mental health, as evidenced by
 2047 documentary proof of having satisfactorily passed a complete
 2048 physical examination administered by a licensed physician within
 2049 the preceding 6 months. The board shall adopt rules to establish
 2050 requirements for passing the physical examination, which rules

2051 shall establish minimum standards for the physical or mental
 2052 capabilities necessary to carry out the professional duties of a
 2053 licensed state pilot. Such standards shall include zero
 2054 tolerance for any controlled substance regulated under chapter
 2055 893 unless that individual is under the care of a physician, an
 2056 advanced practice registered nurse, an autonomous physician
 2057 assistant, or a physician assistant and that controlled
 2058 substance was prescribed by that physician, advanced practice
 2059 registered nurse, autonomous physician assistant, or physician
 2060 assistant. To maintain eligibility as a licensed state pilot,
 2061 each licensed state pilot must annually provide documentary
 2062 proof of having satisfactorily passed a complete physical
 2063 examination administered by a licensed physician. The physician
 2064 must know the minimum standards and certify that the licensee
 2065 satisfactorily meets the standards. The standards for licensees
 2066 shall include a drug test.

2067 Section 28. Paragraph (b) of subsection (3) of section
 2068 310.081, Florida Statutes, is amended to read:

2069 310.081 Department to examine and license state pilots and
 2070 certificate deputy pilots; vacancies.—

2071 (3) Pilots shall hold their licenses or certificates
 2072 pursuant to the requirements of this chapter so long as they:

2073 (b) Are in good physical and mental health as evidenced by
 2074 documentary proof of having satisfactorily passed a physical
 2075 examination administered by a licensed physician or physician

2076 assistant within each calendar year. The board shall adopt rules
2077 to establish requirements for passing the physical examination,
2078 which rules shall establish minimum standards for the physical
2079 or mental capabilities necessary to carry out the professional
2080 duties of a licensed state pilot or a certificated deputy pilot.
2081 Such standards shall include zero tolerance for any controlled
2082 substance regulated under chapter 893 unless that individual is
2083 under the care of a physician, an advanced practice registered
2084 nurse, an autonomous physician assistant, or a physician
2085 assistant and that controlled substance was prescribed by that
2086 physician, advanced practice registered nurse, autonomous
2087 physician assistant, or physician assistant. To maintain
2088 eligibility as a certificated deputy pilot or licensed state
2089 pilot, each certificated deputy pilot or licensed state pilot
2090 must annually provide documentary proof of having satisfactorily
2091 passed a complete physical examination administered by a
2092 licensed physician. The physician must know the minimum
2093 standards and certify that the certificateholder or licensee
2094 satisfactorily meets the standards. The standards for
2095 certificateholders and for licensees shall include a drug test.
2096
2097 Upon resignation or in the case of disability permanently
2098 affecting a pilot's ability to serve, the state license or
2099 certificate issued under this chapter shall be revoked by the
2100 department.

2101 Section 29. Paragraph (b) of subsection (1) of section
2102 320.0848, Florida Statutes, is amended to read:

2103 320.0848 Persons who have disabilities; issuance of
2104 disabled parking permits; temporary permits; permits for certain
2105 providers of transportation services to persons who have
2106 disabilities.—

2107 (1)

2108 (b)1. The person must be currently certified as being
2109 legally blind or as having any of the following disabilities
2110 that render him or her unable to walk 200 feet without stopping
2111 to rest:

2112 a. Inability to walk without the use of or assistance from
2113 a brace, cane, crutch, prosthetic device, or other assistive
2114 device, or without the assistance of another person. If the
2115 assistive device significantly restores the person's ability to
2116 walk to the extent that the person can walk without severe
2117 limitation, the person is not eligible for the exemption parking
2118 permit.

2119 b. The need to permanently use a wheelchair.

2120 c. Restriction by lung disease to the extent that the
2121 person's forced (respiratory) expiratory volume for 1 second,
2122 when measured by spirometry, is less than 1 liter, or the
2123 person's arterial oxygen is less than 60 mm/hg on room air at
2124 rest.

2125 d. Use of portable oxygen.

2126 e. Restriction by cardiac condition to the extent that the
 2127 person's functional limitations are classified in severity as
 2128 Class III or Class IV according to standards set by the American
 2129 Heart Association.

2130 f. Severe limitation in the person's ability to walk due
 2131 to an arthritic, neurological, or orthopedic condition.

2132 2. The certification of disability which is required under
 2133 subparagraph 1. must be provided by a physician licensed under
 2134 chapter 458, chapter 459, or chapter 460, by a podiatric
 2135 physician licensed under chapter 461, by an optometrist licensed
 2136 under chapter 463, by an advanced practice registered nurse
 2137 licensed under chapter 464 under the protocol of a licensed
 2138 physician as stated in this subparagraph, by an autonomous
 2139 physician assistant or a physician assistant registered or
 2140 licensed under chapter 458 or chapter 459, or by a similarly
 2141 licensed physician from another state if the application is
 2142 accompanied by documentation of the physician's licensure in the
 2143 other state and a form signed by the out-of-state physician
 2144 verifying his or her knowledge of this state's eligibility
 2145 guidelines.

2146 Section 30. Paragraph (c) of subsection (1) of section
 2147 381.00315, Florida Statutes, is amended to read:

2148 381.00315 Public health advisories; public health
 2149 emergencies; isolation and quarantines.—The State Health Officer
 2150 is responsible for declaring public health emergencies, issuing

2151 public health advisories, and ordering isolation or quarantines.

2152 (1) As used in this section, the term:

2153 (c) "Public health emergency" means any occurrence, or
2154 threat thereof, whether natural or manmade, which results or may
2155 result in substantial injury or harm to the public health from
2156 infectious disease, chemical agents, nuclear agents, biological
2157 toxins, or situations involving mass casualties or natural
2158 disasters. Before declaring a public health emergency, the State
2159 Health Officer shall, to the extent possible, consult with the
2160 Governor and shall notify the Chief of Domestic Security. The
2161 declaration of a public health emergency shall continue until
2162 the State Health Officer finds that the threat or danger has
2163 been dealt with to the extent that the emergency conditions no
2164 longer exist and he or she terminates the declaration. However,
2165 a declaration of a public health emergency may not continue for
2166 longer than 60 days unless the Governor concurs in the renewal
2167 of the declaration. The State Health Officer, upon declaration
2168 of a public health emergency, may take actions that are
2169 necessary to protect the public health. Such actions include,
2170 but are not limited to:

2171 1. Directing manufacturers of prescription drugs or over-
2172 the-counter drugs who are permitted under chapter 499 and
2173 wholesalers of prescription drugs located in this state who are
2174 permitted under chapter 499 to give priority to the shipping of
2175 specified drugs to pharmacies and health care providers within

2176 geographic areas that have been identified by the State Health
 2177 Officer. The State Health Officer must identify the drugs to be
 2178 shipped. Manufacturers and wholesalers located in the state must
 2179 respond to the State Health Officer's priority shipping
 2180 directive before shipping the specified drugs.

2181 2. Notwithstanding chapters 465 and 499 and rules adopted
 2182 thereunder, directing pharmacists employed by the department to
 2183 compound bulk prescription drugs and provide these bulk
 2184 prescription drugs to physicians and nurses of county health
 2185 departments or any qualified person authorized by the State
 2186 Health Officer for administration to persons as part of a
 2187 prophylactic or treatment regimen.

2188 3. Notwithstanding s. 456.036, temporarily reactivating
 2189 the inactive license or registration of the following health
 2190 care practitioners, when such practitioners are needed to
 2191 respond to the public health emergency: physicians, autonomous
 2192 physician assistants, or physician assistants licensed or
 2193 registered under chapter 458 or chapter 459; ~~physician~~
 2194 ~~assistants licensed under chapter 458 or chapter 459;~~ licensed
 2195 practical nurses, registered nurses, and advanced practice
 2196 registered nurses licensed under part I of chapter 464;
 2197 respiratory therapists licensed under part V of chapter 468; and
 2198 emergency medical technicians and paramedics certified under
 2199 part III of chapter 401. Only those health care practitioners
 2200 specified in this paragraph who possess an unencumbered inactive

2201 license and who request that such license be reactivated are
2202 eligible for reactivation. An inactive license that is
2203 reactivated under this paragraph shall return to inactive status
2204 when the public health emergency ends or before the end of the
2205 public health emergency if the State Health Officer determines
2206 that the health care practitioner is no longer needed to provide
2207 services during the public health emergency. Such licenses may
2208 only be reactivated for a period not to exceed 90 days without
2209 meeting the requirements of s. 456.036 or chapter 401, as
2210 applicable.

2211 4. Ordering an individual to be examined, tested,
2212 vaccinated, treated, isolated, or quarantined for communicable
2213 diseases that have significant morbidity or mortality and
2214 present a severe danger to public health. Individuals who are
2215 unable or unwilling to be examined, tested, vaccinated, or
2216 treated for reasons of health, religion, or conscience may be
2217 subjected to isolation or quarantine.

2218 a. Examination, testing, vaccination, or treatment may be
2219 performed by any qualified person authorized by the State Health
2220 Officer.

2221 b. If the individual poses a danger to the public health,
2222 the State Health Officer may subject the individual to isolation
2223 or quarantine. If there is no practical method to isolate or
2224 quarantine the individual, the State Health Officer may use any
2225 means necessary to vaccinate or treat the individual.

2226
 2227 Any order of the State Health Officer given to effectuate this
 2228 paragraph shall be immediately enforceable by a law enforcement
 2229 officer under s. 381.0012.

2230 Section 31. Subsection (3) of section 381.00593, Florida
 2231 Statutes, is amended to read:

2232 381.00593 Public school volunteer health care practitioner
 2233 program.—

2234 (3) For purposes of this section, the term "health care
 2235 practitioner" means a physician or autonomous physician
 2236 assistant licensed or registered under chapter 458; an
 2237 osteopathic physician or autonomous physician assistant licensed
 2238 or registered under chapter 459; a chiropractic physician
 2239 licensed under chapter 460; a podiatric physician licensed under
 2240 chapter 461; an optometrist licensed under chapter 463; an
 2241 advanced practice registered nurse, registered nurse, or
 2242 licensed practical nurse licensed under part I of chapter 464; a
 2243 pharmacist licensed under chapter 465; a dentist or dental
 2244 hygienist licensed under chapter 466; a midwife licensed under
 2245 chapter 467; a speech-language pathologist or audiologist
 2246 licensed under part I of chapter 468; a dietitian/nutritionist
 2247 licensed under part X of chapter 468; or a physical therapist
 2248 licensed under chapter 486.

2249 Section 32. Paragraph (c) of subsection (2) of section
 2250 381.026, Florida Statutes, is amended to read:

2251 381.026 Florida Patient's Bill of Rights and
 2252 Responsibilities.—

2253 (2) DEFINITIONS.—As used in this section and s. 381.0261,
 2254 the term:

2255 (c) "Health care provider" means a physician licensed
 2256 under chapter 458, an osteopathic physician licensed under
 2257 chapter 459, ~~or~~ a podiatric physician licensed under chapter
 2258 461, an autonomous physician assistant registered under s.
 2259 458.347(8), or an advanced practice registered nurse registered
 2260 to engage in autonomous practice under s. 464.0123.

2261 Section 33. Paragraph (a) of subsection (2) and
 2262 subsections (3), (4), and (5) of section 382.008, Florida
 2263 Statutes, are amended to read:

2264 382.008 Death, fetal death, and nonviable birth
 2265 registration.—

2266 (2) (a) The funeral director who first assumes custody of a
 2267 dead body or fetus shall file the certificate of death or fetal
 2268 death. In the absence of the funeral director, the physician,
 2269 autonomous physician assistant, physician assistant, advanced
 2270 practice registered nurse, or other person in attendance at or
 2271 after the death or the district medical examiner of the county
 2272 in which the death occurred or the body was found shall file the
 2273 certificate of death or fetal death. The person who files the
 2274 certificate shall obtain personal data from a legally authorized
 2275 person as described in s. 497.005 or the best qualified person

2276 or source available. The medical certification of cause of death
2277 shall be furnished to the funeral director, either in person or
2278 via certified mail or electronic transfer, by the physician,
2279 autonomous physician assistant, physician assistant, advanced
2280 practice registered nurse, or medical examiner responsible for
2281 furnishing such information. For fetal deaths, the physician,
2282 certified nurse midwife, midwife, or hospital administrator
2283 shall provide any medical or health information to the funeral
2284 director within 72 hours after expulsion or extraction.

2285 (3) Within 72 hours after receipt of a death or fetal
2286 death certificate from the funeral director, the medical
2287 certification of cause of death shall be completed and made
2288 available to the funeral director by the decedent's primary or
2289 attending practitioner ~~physician~~ or, if s. 382.011 applies, the
2290 district medical examiner of the county in which the death
2291 occurred or the body was found. The primary or attending
2292 practitioner ~~physician~~ or the medical examiner shall certify
2293 over his or her signature the cause of death to the best of his
2294 or her knowledge and belief. As used in this section, the term
2295 "primary or attending practitioner ~~physician~~" means a physician,
2296 autonomous physician assistant, physician assistant, or advanced
2297 practice registered nurse who treated the decedent through
2298 examination, medical advice, or medication during the 12 months
2299 preceding the date of death.

2300 (a) The department may grant the funeral director an

2301 extension of time upon a good and sufficient showing of any of
 2302 the following conditions:

2303 1. An autopsy is pending.

2304 2. Toxicology, laboratory, or other diagnostic reports
 2305 have not been completed.

2306 3. The identity of the decedent is unknown and further
 2307 investigation or identification is required.

2308 (b) If the decedent's primary or attending practitioner
 2309 ~~physician~~ or the district medical examiner of the county in
 2310 which the death occurred or the body was found indicates that he
 2311 or she will sign and complete the medical certification of cause
 2312 of death but will not be available until after the 5-day
 2313 registration deadline, the local registrar may grant an
 2314 extension of 5 days. If a further extension is required, the
 2315 funeral director must provide written justification to the
 2316 registrar.

2317 (4) If the department or local registrar grants an
 2318 extension of time to provide the medical certification of cause
 2319 of death, the funeral director shall file a temporary
 2320 certificate of death or fetal death which shall contain all
 2321 available information, including the fact that the cause of
 2322 death is pending. The decedent's primary or attending
 2323 practitioner ~~physician~~ or the district medical examiner of the
 2324 county in which the death occurred or the body was found shall
 2325 provide an estimated date for completion of the permanent

2326 certificate.

2327 (5) A permanent certificate of death or fetal death,
 2328 containing the cause of death and any other information that was
 2329 previously unavailable, shall be registered as a replacement for
 2330 the temporary certificate. The permanent certificate may also
 2331 include corrected information if the items being corrected are
 2332 noted on the back of the certificate and dated and signed by the
 2333 funeral director, physician, autonomous physician assistant,
 2334 physician assistant, advanced practice registered nurse, or
 2335 district medical examiner of the county in which the death
 2336 occurred or the body was found, as appropriate.

2337 Section 34. Subsection (1) of section 382.011, Florida
 2338 Statutes, is amended to read:

2339 382.011 Medical examiner determination of cause of death.—

2340 (1) In the case of any death or fetal death due to causes
 2341 or conditions listed in s. 406.11, any death that occurred more
 2342 than 12 months after the decedent was last treated by a primary
 2343 or attending physician ~~as defined in s. 382.008(3)~~, or any death
 2344 for which there is reason to believe that the death may have
 2345 been due to an unlawful act or neglect, the funeral director or
 2346 other person to whose attention the death may come shall refer
 2347 the case to the district medical examiner of the county in which
 2348 the death occurred or the body was found for investigation and
 2349 determination of the cause of death.

2350 Section 35. Paragraph (c) of subsection (1) of section

2351 383.14, Florida Statutes, is amended to read:

2352 383.14 Screening for metabolic disorders, other hereditary
2353 and congenital disorders, and environmental risk factors.—

2354 (1) SCREENING REQUIREMENTS.—To help ensure access to the
2355 maternal and child health care system, the Department of Health
2356 shall promote the screening of all newborns born in Florida for
2357 metabolic, hereditary, and congenital disorders known to result
2358 in significant impairment of health or intellect, as screening
2359 programs accepted by current medical practice become available
2360 and practical in the judgment of the department. The department
2361 shall also promote the identification and screening of all
2362 newborns in this state and their families for environmental risk
2363 factors such as low income, poor education, maternal and family
2364 stress, emotional instability, substance abuse, and other high-
2365 risk conditions associated with increased risk of infant
2366 mortality and morbidity to provide early intervention,
2367 remediation, and prevention services, including, but not limited
2368 to, parent support and training programs, home visitation, and
2369 case management. Identification, perinatal screening, and
2370 intervention efforts shall begin before ~~prior to~~ and immediately
2371 following the birth of the child by the attending health care
2372 provider. Such efforts shall be conducted in hospitals,
2373 perinatal centers, county health departments, school health
2374 programs that provide prenatal care, and birthing centers, and
2375 reported to the Office of Vital Statistics.

2376 (c) Release of screening results.—Notwithstanding any law
 2377 to the contrary, the State Public Health Laboratory may release,
 2378 directly or through the Children's Medical Services program, the
 2379 results of a newborn's hearing and metabolic tests or screenings
 2380 to the newborn's health care practitioner, the newborn's parent
 2381 or legal guardian, the newborn's personal representative, or a
 2382 person designated by the newborn's parent or legal guardian. As
 2383 used in this paragraph, the term "health care practitioner"
 2384 means a physician, autonomous physician assistant, or physician
 2385 assistant licensed or registered under chapter 458; an
 2386 osteopathic physician, autonomous physician assistant, or
 2387 physician assistant licensed or registered under chapter 459; an
 2388 advanced practice registered nurse, registered nurse, or
 2389 licensed practical nurse licensed under part I of chapter 464; a
 2390 midwife licensed under chapter 467; a speech-language
 2391 pathologist or audiologist licensed under part I of chapter 468;
 2392 or a dietician or nutritionist licensed under part X of chapter
 2393 468.

2394 Section 36. Paragraph (a) of subsection (3) of section
 2395 390.0111, Florida Statutes, is amended to read:

2396 390.0111 Termination of pregnancies.—

2397 (3) CONSENTS REQUIRED.—A termination of pregnancy may not
 2398 be performed or induced except with the voluntary and informed
 2399 written consent of the pregnant woman or, in the case of a
 2400 mental incompetent, the voluntary and informed written consent

2401 of her court-appointed guardian.

2402 (a) Except in the case of a medical emergency, consent to
2403 a termination of pregnancy is voluntary and informed only if:

2404 1. The physician who is to perform the procedure, or the
2405 referring physician, has, at a minimum, orally, while physically
2406 present in the same room, and at least 24 hours before the
2407 procedure, informed the woman of:

2408 a. The nature and risks of undergoing or not undergoing
2409 the proposed procedure that a reasonable patient would consider
2410 material to making a knowing and willful decision of whether to
2411 terminate a pregnancy.

2412 b. The probable gestational age of the fetus, verified by
2413 an ultrasound, at the time the termination of pregnancy is to be
2414 performed.

2415 (I) The ultrasound must be performed by the physician who
2416 is to perform the abortion or by a person having documented
2417 evidence that he or she has completed a course in the operation
2418 of ultrasound equipment as prescribed by rule and who is working
2419 in conjunction with the physician.

2420 (II) The person performing the ultrasound must offer the
2421 woman the opportunity to view the live ultrasound images and
2422 hear an explanation of them. If the woman accepts the
2423 opportunity to view the images and hear the explanation, a
2424 physician or a registered nurse, licensed practical nurse,
2425 advanced practice registered nurse, autonomous physician

2426 assistant, or physician assistant working in conjunction with
2427 the physician must contemporaneously review and explain the
2428 images to the woman before the woman gives informed consent to
2429 having an abortion procedure performed.

2430 (III) The woman has a right to decline to view and hear
2431 the explanation of the live ultrasound images after she is
2432 informed of her right and offered an opportunity to view the
2433 images and hear the explanation. If the woman declines, the
2434 woman shall complete a form acknowledging that she was offered
2435 an opportunity to view and hear the explanation of the images
2436 but that she declined that opportunity. The form must also
2437 indicate that the woman's decision was not based on any undue
2438 influence from any person to discourage her from viewing the
2439 images or hearing the explanation and that she declined of her
2440 own free will.

2441 (IV) Unless requested by the woman, the person performing
2442 the ultrasound may not offer the opportunity to view the images
2443 and hear the explanation and the explanation may not be given
2444 if, at the time the woman schedules or arrives for her
2445 appointment to obtain an abortion, a copy of a restraining
2446 order, police report, medical record, or other court order or
2447 documentation is presented which provides evidence that the
2448 woman is obtaining the abortion because the woman is a victim of
2449 rape, incest, domestic violence, or human trafficking or that
2450 the woman has been diagnosed as having a condition that, on the

2451 basis of a physician's good faith clinical judgment, would
2452 create a serious risk of substantial and irreversible impairment
2453 of a major bodily function if the woman delayed terminating her
2454 pregnancy.

2455 c. The medical risks to the woman and fetus of carrying
2456 the pregnancy to term.

2457

2458 The physician may provide the information required in this
2459 subparagraph within 24 hours before the procedure if requested
2460 by the woman at the time she schedules or arrives for her
2461 appointment to obtain an abortion and if she presents to the
2462 physician a copy of a restraining order, police report, medical
2463 record, or other court order or documentation evidencing that
2464 she is obtaining the abortion because she is a victim of rape,
2465 incest, domestic violence, or human trafficking.

2466 2. Printed materials prepared and provided by the
2467 department have been provided to the pregnant woman, if she
2468 chooses to view these materials, including:

2469 a. A description of the fetus, including a description of
2470 the various stages of development.

2471 b. A list of entities that offer alternatives to
2472 terminating the pregnancy.

2473 c. Detailed information on the availability of medical
2474 assistance benefits for prenatal care, childbirth, and neonatal
2475 care.

2476 3. The woman acknowledges in writing, before the
2477 termination of pregnancy, that the information required to be
2478 provided under this subsection has been provided.

2479
2480 Nothing in this paragraph is intended to prohibit a physician
2481 from providing any additional information which the physician
2482 deems material to the woman's informed decision to terminate her
2483 pregnancy.

2484 Section 37. Paragraphs (c), (e), and (f) of subsection (3)
2485 of section 390.012, Florida Statutes, are amended to read:

2486 390.012 Powers of agency; rules; disposal of fetal
2487 remains.—

2488 (3) For clinics that perform or claim to perform abortions
2489 after the first trimester of pregnancy, the agency shall adopt
2490 rules pursuant to ss. 120.536(1) and 120.54 to implement the
2491 provisions of this chapter, including the following:

2492 (c) Rules relating to abortion clinic personnel. At a
2493 minimum, these rules shall require that:

2494 1. The abortion clinic designate a medical director who is
2495 licensed to practice medicine in this state, and all physicians
2496 who perform abortions in the clinic have admitting privileges at
2497 a hospital within reasonable proximity to the clinic, unless the
2498 clinic has a written patient transfer agreement with a hospital
2499 within reasonable proximity to the clinic which includes the
2500 transfer of the patient's medical records held by both the

2501 clinic and the treating physician.

2502 2. If a physician is not present after an abortion is
2503 performed, a registered nurse, licensed practical nurse,
2504 advanced practice registered nurse, autonomous physician
2505 assistant, or physician assistant be present and remain at the
2506 clinic to provide postoperative monitoring and care until the
2507 patient is discharged.

2508 3. Surgical assistants receive training in counseling,
2509 patient advocacy, and the specific responsibilities associated
2510 with the services the surgical assistants provide.

2511 4. Volunteers receive training in the specific
2512 responsibilities associated with the services the volunteers
2513 provide, including counseling and patient advocacy as provided
2514 in the rules adopted by the director for different types of
2515 volunteers based on their responsibilities.

2516 (e) Rules relating to the abortion procedure. At a
2517 minimum, these rules shall require:

2518 1. That a physician, registered nurse, licensed practical
2519 nurse, advanced practice registered nurse, autonomous physician
2520 assistant, or physician assistant is available to all patients
2521 throughout the abortion procedure.

2522 2. Standards for the safe conduct of abortion procedures
2523 that conform to obstetric standards in keeping with established
2524 standards of care regarding the estimation of fetal age as
2525 defined in rule.

2526 3. Appropriate use of general and local anesthesia,
 2527 analgesia, and sedation if ordered by the physician.

2528 4. Appropriate precautions, such as the establishment of
 2529 intravenous access at least for patients undergoing post-first
 2530 trimester abortions.

2531 5. Appropriate monitoring of the vital signs and other
 2532 defined signs and markers of the patient's status throughout the
 2533 abortion procedure and during the recovery period until the
 2534 patient's condition is deemed to be stable in the recovery room.

2535 (f) Rules that prescribe minimum recovery room standards.
 2536 At a minimum, these rules must require that:

2537 1. Postprocedure recovery rooms be supervised and staffed
 2538 to meet the patients' needs.

2539 2. Immediate postprocedure care consist of observation in
 2540 a supervised recovery room for as long as the patient's
 2541 condition warrants.

2542 3. A registered nurse, licensed practical nurse, advanced
 2543 practice registered nurse, autonomous physician assistant, or
 2544 physician assistant who is trained in the management of the
 2545 recovery area and is capable of providing basic cardiopulmonary
 2546 resuscitation and related emergency procedures remain on the
 2547 premises of the abortion clinic until all patients are
 2548 discharged.

2549 4. A physician sign the discharge order and be readily
 2550 accessible and available until the last patient is discharged to

2551 facilitate the transfer of emergency cases if hospitalization of
2552 the patient or viable fetus is necessary.

2553 5. A physician discuss Rho(D) immune globulin with each
2554 patient for whom it is indicated and ensure that it is offered
2555 to the patient in the immediate postoperative period or will be
2556 available to her within 72 hours after completion of the
2557 abortion procedure. If the patient refuses the Rho(D) immune
2558 globulin, she and a witness must sign a refusal form approved by
2559 the agency which must be included in the medical record.

2560 6. Written instructions with regard to postabortion
2561 coitus, signs of possible problems, and general aftercare which
2562 are specific to the patient be given to each patient. The
2563 instructions must include information regarding access to
2564 medical care for complications, including a telephone number for
2565 use in the event of a medical emergency.

2566 7. A minimum length of time be specified, by type of
2567 abortion procedure and duration of gestation, during which a
2568 patient must remain in the recovery room.

2569 8. The physician ensure that, with the patient's consent,
2570 a registered nurse, licensed practical nurse, advanced practice
2571 registered nurse, autonomous physician assistant, or physician
2572 assistant from the abortion clinic makes a good faith effort to
2573 contact the patient by telephone within 24 hours after surgery
2574 to assess the patient's recovery.

2575 9. Equipment and services be readily accessible to provide

2576 appropriate emergency resuscitative and life support procedures
 2577 pending the transfer of the patient or viable fetus to the
 2578 hospital.

2579 Section 38. Paragraphs (a) and (f) of subsection (2) of
 2580 section 394.463, Florida Statutes, are amended to read:

2581 394.463 Involuntary examination.—

2582 (2) INVOLUNTARY EXAMINATION.—

2583 (a) An involuntary examination may be initiated by any one
 2584 of the following means:

2585 1. A circuit or county court may enter an ex parte order
 2586 stating that a person appears to meet the criteria for
 2587 involuntary examination and specifying the findings on which
 2588 that conclusion is based. The ex parte order for involuntary
 2589 examination must be based on written or oral sworn testimony
 2590 that includes specific facts that support the findings. If other
 2591 less restrictive means are not available, such as voluntary
 2592 appearance for outpatient evaluation, a law enforcement officer,
 2593 or other designated agent of the court, shall take the person
 2594 into custody and deliver him or her to an appropriate, or the
 2595 nearest, facility within the designated receiving system
 2596 pursuant to s. 394.462 for involuntary examination. The order of
 2597 the court shall be made a part of the patient's clinical record.
 2598 A fee may not be charged for the filing of an order under this
 2599 subsection. A facility accepting the patient based on this order
 2600 must send a copy of the order to the department within 5 working

2601 days. The order may be submitted electronically through existing
2602 data systems, if available. The order shall be valid only until
2603 the person is delivered to the facility or for the period
2604 specified in the order itself, whichever comes first. If a ~~no~~
2605 time limit is not specified in the order, the order is ~~shall be~~
2606 valid for 7 days after the date that the order was signed.

2607 2. A law enforcement officer shall take a person who
2608 appears to meet the criteria for involuntary examination into
2609 custody and deliver the person or have him or her delivered to
2610 an appropriate, or the nearest, facility within the designated
2611 receiving system pursuant to s. 394.462 for examination. The
2612 officer shall execute a written report detailing the
2613 circumstances under which the person was taken into custody,
2614 which must be made a part of the patient's clinical record. Any
2615 facility accepting the patient based on this report must send a
2616 copy of the report to the department within 5 working days.

2617 3. A physician, autonomous physician assistant, physician
2618 assistant, clinical psychologist, psychiatric nurse, advanced
2619 practice registered nurse, mental health counselor, marriage and
2620 family therapist, or clinical social worker may execute a
2621 certificate stating that he or she has examined a person within
2622 the preceding 48 hours and finds that the person appears to meet
2623 the criteria for involuntary examination and stating the
2624 observations upon which that conclusion is based. If other less
2625 restrictive means, such as voluntary appearance for outpatient

2626 | evaluation, are not available, a law enforcement officer shall
2627 | take into custody the person named in the certificate and
2628 | deliver him or her to the appropriate, or nearest, facility
2629 | within the designated receiving system pursuant to s. 394.462
2630 | for involuntary examination. The law enforcement officer shall
2631 | execute a written report detailing the circumstances under which
2632 | the person was taken into custody. The report and certificate
2633 | shall be made a part of the patient's clinical record. Any
2634 | facility accepting the patient based on this certificate must
2635 | send a copy of the certificate to the department within 5
2636 | working days. The document may be submitted electronically
2637 | through existing data systems, if applicable.

2638 |
2639 | When sending the order, report, or certificate to the
2640 | department, a facility shall, at a minimum, provide information
2641 | about which action was taken regarding the patient under
2642 | paragraph (g), which information shall also be made a part of
2643 | the patient's clinical record.

2644 | (f) A patient shall be examined by a physician, physician
2645 | assistant, or ~~a~~ clinical psychologist, or by a psychiatric nurse
2646 | performing within the framework of an established protocol with
2647 | a psychiatrist, at a facility without unnecessary delay to
2648 | determine if the criteria for involuntary services are met.
2649 | Emergency treatment may be provided upon the order of a
2650 | physician if the physician determines that such treatment is

2651 necessary for the safety of the patient or others. The patient
2652 may not be released by the receiving facility or its contractor
2653 without the documented approval of a psychiatrist or a clinical
2654 psychologist or, if the receiving facility is owned or operated
2655 by a hospital or health system, the release may also be approved
2656 by a psychiatric nurse performing within the framework of an
2657 established protocol with a psychiatrist, or an attending
2658 emergency department physician with experience in the diagnosis
2659 and treatment of mental illness after completion of an
2660 involuntary examination pursuant to this subsection. A
2661 psychiatric nurse may not approve the release of a patient if
2662 the involuntary examination was initiated by a psychiatrist
2663 unless the release is approved by the initiating psychiatrist.

2664 Section 39. Paragraph (b) of subsection (2) of section
2665 395.0191, Florida Statutes, is amended to read:

2666 395.0191 Staff membership and clinical privileges.—

2667 (2)

2668 (b) An advanced practice registered nurse who is certified
2669 as a registered nurse anesthetist licensed under part I of
2670 chapter 464 shall administer anesthesia under the onsite medical
2671 direction of a professional licensed under chapter 458, chapter
2672 459, or chapter 466, and in accordance with an established
2673 protocol approved by the medical staff. The medical direction
2674 shall specifically address the needs of the individual patient.
2675 This paragraph does not apply to a certified registered nurse

2676 anesthetist registered to engage in autonomous practice under s.
2677 464.0123.

2678 Section 40. Subsection (3) of section 395.602, Florida
2679 Statutes, is amended to read:

2680 395.602 Rural hospitals.—

2681 (3) USE OF FUNDS.—It is the intent of the Legislature that
2682 funds as appropriated shall be utilized by the department for
2683 the purpose of increasing the number of primary care physicians,
2684 autonomous physician assistants, physician assistants, certified
2685 nurse midwives, nurse practitioners, and nurses in rural areas,
2686 either through the Medical Education Reimbursement and Loan
2687 Repayment Program as defined by s. 1009.65 or through a federal
2688 loan repayment program which requires state matching funds. The
2689 department may use funds appropriated for the Medical Education
2690 Reimbursement and Loan Repayment Program as matching funds for
2691 federal loan repayment programs for health care personnel, such
2692 as that authorized in Pub. L. No. 100-177, s. 203. If the
2693 department receives federal matching funds, the department shall
2694 only implement the federal program. Reimbursement through either
2695 program shall be limited to:

2696 (a) Primary care physicians, autonomous physician
2697 assistants, physician assistants, certified nurse midwives,
2698 nurse practitioners, and nurses employed by or affiliated with
2699 rural hospitals, as defined in this act; and

2700 (b) Primary care physicians, autonomous physician

2701 assistants, physician assistants, certified nurse midwives,
2702 nurse practitioners, and nurses employed by or affiliated with
2703 rural area health education centers, as defined in this section.

2704 These personnel shall practice:

2705 1. In a county with a population density of no greater
2706 than 100 persons per square mile; or

2707 2. Within the boundaries of a hospital tax district which
2708 encompasses a population of no greater than 100 persons per
2709 square mile.

2710

2711 If the department administers a federal loan repayment program,
2712 priority shall be given to obligating state and federal matching
2713 funds pursuant to paragraphs (a) and (b). The department may use
2714 federal matching funds in other health workforce shortage areas
2715 and medically underserved areas in the state for loan repayment
2716 programs for primary care physicians, autonomous physician
2717 assistants, physician assistants, certified nurse midwives,
2718 nurse practitioners, and nurses who are employed by publicly
2719 financed health care programs that serve medically indigent
2720 persons.

2721 Section 41. Paragraph (a) of subsection (2) of section
2722 397.501, Florida Statutes, is amended to read:

2723 397.501 Rights of individuals.—Individuals receiving
2724 substance abuse services from any service provider are
2725 guaranteed protection of the rights specified in this section,

2726 unless otherwise expressly provided, and service providers must
2727 ensure the protection of such rights.

2728 (2) RIGHT TO NONDISCRIMINATORY SERVICES.—

2729 (a) Service providers may not deny an individual access to
2730 substance abuse services solely on the basis of race, gender,
2731 ethnicity, age, sexual preference, human immunodeficiency virus
2732 status, prior service departures against medical advice,
2733 disability, or number of relapse episodes. Service providers may
2734 not deny an individual who takes medication prescribed by a
2735 physician, autonomous physician assistant, physician assistant,
2736 or advanced practice registered nurse access to substance abuse
2737 services solely on that basis. Service providers who receive
2738 state funds to provide substance abuse services may not, if
2739 space and sufficient state resources are available, deny access
2740 to services based solely on inability to pay.

2741 Section 42. Section 397.679, Florida Statutes, is amended
2742 to read:

2743 397.679 Emergency admission; circumstances justifying.—A
2744 person who meets the criteria for involuntary admission in s.
2745 397.675 may be admitted to a hospital or to a licensed
2746 detoxification facility or addictions receiving facility for
2747 emergency assessment and stabilization, or to a less intensive
2748 component of a licensed service provider for assessment only,
2749 upon receipt by the facility of a certificate by a physician, an
2750 autonomous physician assistant, an advanced practice registered

2751 nurse, a psychiatric nurse, a clinical psychologist, a clinical
2752 social worker, a marriage and family therapist, a mental health
2753 counselor, a physician assistant working under the scope of
2754 practice of the supervising physician, or a master's-level-
2755 certified addictions professional for substance abuse services,
2756 if the certificate is specific to substance abuse impairment,
2757 and the completion of an application for emergency admission.

2758 Section 43. Subsection (1) of section 397.6793, Florida
2759 Statutes, is amended to read:

2760 397.6793 Professional's certificate for emergency
2761 admission.—

2762 (1) A physician, a clinical psychologist, an autonomous
2763 physician assistant, a physician assistant working under the
2764 scope of practice of the supervising physician, a psychiatric
2765 nurse, an advanced practice registered nurse, a mental health
2766 counselor, a marriage and family therapist, a master's-level-
2767 certified addictions professional for substance abuse services,
2768 or a clinical social worker may execute a professional's
2769 certificate for emergency admission. The professional's
2770 certificate must include the name of the person to be admitted,
2771 the relationship between the person and the professional
2772 executing the certificate, the relationship between the
2773 applicant and the professional, any relationship between the
2774 professional and the licensed service provider, a statement that
2775 the person has been examined and assessed within the preceding 5

2776 | days after the application date, and factual allegations with
 2777 | respect to the need for emergency admission, including:

2778 | (a) The reason for the belief that the person is substance
 2779 | abuse impaired;

2780 | (b) The reason for the belief that because of such
 2781 | impairment the person has lost the power of self-control with
 2782 | respect to substance abuse; and

2783 | (c)1. The reason for the belief that, without care or
 2784 | treatment, the person is likely to suffer from neglect or refuse
 2785 | to care for himself or herself; that such neglect or refusal
 2786 | poses a real and present threat of substantial harm to his or
 2787 | her well-being; and that it is not apparent that such harm may
 2788 | be avoided through the help of willing family members or friends
 2789 | or the provision of other services, or there is substantial
 2790 | likelihood that the person has inflicted or, unless admitted, is
 2791 | likely to inflict, physical harm on himself, herself, or
 2792 | another; or

2793 | 2. The reason for the belief that the person's refusal to
 2794 | voluntarily receive care is based on judgment so impaired by
 2795 | reason of substance abuse that the person is incapable of
 2796 | appreciating his or her need for care and of making a rational
 2797 | decision regarding his or her need for care.

2798 | Section 44. Subsection (8) of section 400.021, Florida
 2799 | Statutes, is amended to read:

2800 | 400.021 Definitions.—When used in this part, unless the

2801 context otherwise requires, the term:

2802 (8) "Geriatric outpatient clinic" means a site for
 2803 providing outpatient health care to persons 60 years of age or
 2804 older, which is staffed by a registered nurse, a physician
 2805 assistant, or a licensed practical nurse under the direct
 2806 supervision of a registered nurse, advanced practice registered
 2807 nurse, physician assistant, autonomous physician assistant, or
 2808 physician.

2809 Section 45. Subsection (3) of section 400.172, Florida
 2810 Statutes, is amended to read:

2811 400.172 Respite care provided in nursing home facilities.—

2812 (3) A prospective respite care resident must provide
 2813 medical information from a physician, autonomous physician
 2814 assistant, physician assistant, or nurse practitioner and any
 2815 other information provided by the primary caregiver required by
 2816 the facility before or when the person is admitted to receive
 2817 respite care. The medical information must include a physician's
 2818 order for respite care and proof of a physical examination by a
 2819 licensed physician, autonomous physician assistant, physician
 2820 assistant, or nurse practitioner. The physician's order and
 2821 physical examination may be used to provide intermittent respite
 2822 care for up to 12 months after the date the order is written.

2823 Section 46. Subsection (2) of section 400.487, Florida
 2824 Statutes, is amended to read:

2825 400.487 Home health service agreements; physician's,

2826 physician assistant's, autonomous physician assistant's, and
 2827 advanced practice registered nurse's treatment orders; patient
 2828 assessment; establishment and review of plan of care; provision
 2829 of services; orders not to resuscitate.—

2830 (2) When required by ~~the provisions of~~ chapter 464; part
 2831 I, part III, or part V of chapter 468; or chapter 486, the
 2832 attending physician, autonomous physician assistant, physician
 2833 assistant, or advanced practice registered nurse, acting within
 2834 his or her respective scope of practice, shall establish
 2835 treatment orders for a patient who is to receive skilled care.
 2836 The treatment orders must be signed by the physician, autonomous
 2837 physician assistant, physician assistant, or advanced practice
 2838 registered nurse before a claim for payment for the skilled
 2839 services is submitted by the home health agency. If the claim is
 2840 submitted to a managed care organization, the treatment orders
 2841 must be signed within the time allowed under the provider
 2842 agreement. The treatment orders shall be reviewed, as frequently
 2843 as the patient's illness requires, by the physician, autonomous
 2844 physician assistant, physician assistant, or advanced practice
 2845 registered nurse in consultation with the home health agency.

2846 Section 47. Paragraph (a) of subsection (13) of section
 2847 400.506, Florida Statutes, is amended to read:

2848 400.506 Licensure of nurse registries; requirements;
 2849 penalties.—

2850 (13) All persons referred for contract in private

2851 residences by a nurse registry must comply with the following
2852 requirements for a plan of treatment:

2853 (a) When, in accordance with the privileges and
2854 restrictions imposed upon a nurse under part I of chapter 464,
2855 the delivery of care to a patient is under the direction or
2856 supervision of a physician or when a physician is responsible
2857 for the medical care of the patient, a medical plan of treatment
2858 must be established for each patient receiving care or treatment
2859 provided by a licensed nurse in the home. The original medical
2860 plan of treatment must be timely signed by the physician,
2861 autonomous physician assistant, physician assistant, or advanced
2862 practice registered nurse, acting within his or her respective
2863 scope of practice, and reviewed in consultation with the
2864 licensed nurse at least every 2 months. Any additional order or
2865 change in orders must be obtained from the physician, autonomous
2866 physician assistant, physician assistant, or advanced practice
2867 registered nurse and reduced to writing and timely signed by the
2868 physician, autonomous physician assistant, physician assistant,
2869 or advanced practice registered nurse. The delivery of care
2870 under a medical plan of treatment must be substantiated by the
2871 appropriate nursing notes or documentation made by the nurse in
2872 compliance with nursing practices established under part I of
2873 chapter 464.

2874 Section 48. Subsection (5) and paragraph (b) of subsection
2875 (7) of section 400.9973, Florida Statutes, are amended to read:

2876 400.9973 Client admission, transfer, and discharge.—
 2877 (5) A client admitted to a transitional living facility
 2878 must be admitted upon prescription by a licensed physician,
 2879 autonomous physician assistant, physician assistant, or advanced
 2880 practice registered nurse and must remain under the care of a
 2881 licensed physician, autonomous physician assistant, physician
 2882 assistant, or advanced practice registered nurse for the
 2883 duration of the client's stay in the facility.

2884 (7) A person may not be admitted to a transitional living
 2885 facility if the person:

2886 (b) Is a danger to himself or herself or others as
 2887 determined by a physician, autonomous physician assistant,
 2888 physician assistant, advanced practice registered nurse, or a
 2889 mental health practitioner licensed under chapter 490 or chapter
 2890 491, unless the facility provides adequate staffing and support
 2891 to ensure patient safety;

2892 Section 49. Paragraphs (a) and (b) of subsection (2) of
 2893 section 400.9974, Florida Statutes, are amended to read:

2894 400.9974 Client comprehensive treatment plans; client
 2895 services.—

2896 (2) The comprehensive treatment plan must include:

2897 (a) Orders obtained from the physician, autonomous
 2898 physician assistant, physician assistant, or advanced practice
 2899 registered nurse and the client's diagnosis, medical history,
 2900 physical examination, and rehabilitative or restorative needs.

2901 (b) A preliminary nursing evaluation, including orders for
 2902 immediate care provided by the physician, autonomous physician
 2903 assistant, physician assistant, or advanced practice registered
 2904 nurse, which shall be completed when the client is admitted.

2905 Section 50. Section 400.9976, Florida Statutes, is amended
 2906 to read:

2907 400.9976 Administration of medication.—

2908 (1) An individual medication administration record must be
 2909 maintained for each client. A dose of medication, including a
 2910 self-administered dose, shall be properly recorded in the
 2911 client's record. A client who self-administers medication shall
 2912 be given a pill organizer. Medication must be placed in the pill
 2913 organizer by a nurse. A nurse shall document the date and time
 2914 that medication is placed into each client's pill organizer. All
 2915 medications must be administered in compliance with orders of a
 2916 physician, autonomous physician assistant, physician assistant,
 2917 or advanced practice registered nurse.

2918 (2) If an interdisciplinary team determines that self-
 2919 administration of medication is an appropriate objective, and if
 2920 the physician, autonomous physician assistant, physician
 2921 assistant, or advanced practice registered nurse does not
 2922 specify otherwise, the client must be instructed by the
 2923 physician, autonomous physician assistant, physician assistant,
 2924 or advanced practice registered nurse to self-administer his or
 2925 her medication without the assistance of a staff person. All

2926 forms of self-administration of medication, including
 2927 administration orally, by injection, and by suppository, shall
 2928 be included in the training. The client's physician, autonomous
 2929 physician assistant, physician assistant, or advanced practice
 2930 registered nurse must be informed of the interdisciplinary
 2931 team's decision that self-administration of medication is an
 2932 objective for the client. A client may not self-administer
 2933 medication until he or she demonstrates the competency to take
 2934 the correct medication in the correct dosage at the correct
 2935 time, to respond to missed doses, and to contact the appropriate
 2936 person with questions.

2937 (3) Medication administration discrepancies and adverse
 2938 drug reactions must be recorded and reported immediately to a
 2939 physician, autonomous physician assistant, physician assistant,
 2940 or advanced practice registered nurse.

2941 Section 51. Subsections (2) through (5) of section
 2942 400.9979, Florida Statutes, are amended to read:

2943 400.9979 Restraint and seclusion; client safety.—

2944 (2) The use of physical restraints must be ordered and
 2945 documented by a physician, autonomous physician assistant,
 2946 physician assistant, or advanced practice registered nurse and
 2947 must be consistent with the policies and procedures adopted by
 2948 the facility. The client or, if applicable, the client's
 2949 representative shall be informed of the facility's physical
 2950 restraint policies and procedures when the client is admitted.

2951 (3) The use of chemical restraints shall be limited to
2952 prescribed dosages of medications as ordered by a physician,
2953 autonomous physician assistant, physician assistant, or advanced
2954 practice registered nurse and must be consistent with the
2955 client's diagnosis and the policies and procedures adopted by
2956 the facility. The client and, if applicable, the client's
2957 representative shall be informed of the facility's chemical
2958 restraint policies and procedures when the client is admitted.

2959 (4) Based on the assessment by a physician, autonomous
2960 physician assistant, physician assistant, or advanced practice
2961 registered nurse, if a client exhibits symptoms that present an
2962 immediate risk of injury or death to himself or herself or
2963 others, a physician, physician assistant, or advanced practice
2964 registered nurse may issue an emergency treatment order to
2965 immediately administer rapid-response psychotropic medications
2966 or other chemical restraints. Each emergency treatment order
2967 must be documented and maintained in the client's record.

2968 (a) An emergency treatment order is not effective for more
2969 than 24 hours.

2970 (b) Whenever a client is medicated under this subsection,
2971 the client's representative or a responsible party and the
2972 client's physician, autonomous physician assistant, physician
2973 assistant, or advanced practice registered nurse shall be
2974 notified as soon as practicable.

2975 (5) A client who is prescribed and receives a medication

2976 that can serve as a chemical restraint for a purpose other than
 2977 an emergency treatment order must be evaluated by his or her
 2978 physician, autonomous physician assistant, physician assistant,
 2979 or advanced practice registered nurse at least monthly to
 2980 assess:

- 2981 (a) The continued need for the medication.
- 2982 (b) The level of the medication in the client's blood.
- 2983 (c) The need for adjustments to the prescription.

2984 Section 52. Subsections (1) and (2) of section 401.445,
 2985 Florida Statutes, are amended to read:

2986 401.445 Emergency examination and treatment of
 2987 incapacitated persons.—

2988 (1) ~~No Recovery is not shall be~~ allowed in any court in
 2989 this state against any emergency medical technician, paramedic,
 2990 or physician as defined in this chapter, any advanced practice
 2991 registered nurse licensed under s. 464.012, or any autonomous
 2992 physician assistant or physician assistant registered or
 2993 licensed under s. 458.347 or s. 459.022, or any person acting
 2994 under the direct medical supervision of a physician, in an
 2995 action brought for examining or treating a patient without his
 2996 or her informed consent if:

- 2997 (a) The patient at the time of examination or treatment is
 2998 intoxicated, under the influence of drugs, or otherwise
 2999 incapable of providing informed consent as provided in s.
 3000 766.103;

3001 (b) The patient at the time of examination or treatment is
 3002 experiencing an emergency medical condition; and

3003 (c) The patient would reasonably, under all the
 3004 surrounding circumstances, undergo such examination, treatment,
 3005 or procedure if he or she were advised by the emergency medical
 3006 technician, paramedic, physician, advanced practice registered
 3007 nurse, autonomous physician assistant, or physician assistant in
 3008 accordance with s. 766.103(3).

3009
 3010 Examination and treatment provided under this subsection shall
 3011 be limited to reasonable examination of the patient to determine
 3012 the medical condition of the patient and treatment reasonably
 3013 necessary to alleviate the emergency medical condition or to
 3014 stabilize the patient.

3015 (2) In examining and treating a person who is apparently
 3016 intoxicated, under the influence of drugs, or otherwise
 3017 incapable of providing informed consent, the emergency medical
 3018 technician, paramedic, physician, advanced practice registered
 3019 nurse, autonomous physician assistant, or physician assistant,
 3020 or any person acting under the direct medical supervision of a
 3021 physician, shall proceed wherever possible with the consent of
 3022 the person. If the person reasonably appears to be incapacitated
 3023 and refuses his or her consent, the person may be examined,
 3024 treated, or taken to a hospital or other appropriate treatment
 3025 resource if he or she is in need of emergency attention, without

3026 his or her consent, but unreasonable force shall not be used.

3027 Section 53. Subsection (18) of section 409.906, Florida
3028 Statutes, is amended to read:

3029 409.906 Optional Medicaid services.—Subject to specific
3030 appropriations, the agency may make payments for services which
3031 are optional to the state under Title XIX of the Social Security
3032 Act and are furnished by Medicaid providers to recipients who
3033 are determined to be eligible on the dates on which the services
3034 were provided. Any optional service that is provided shall be
3035 provided only when medically necessary and in accordance with
3036 state and federal law. Optional services rendered by providers
3037 in mobile units to Medicaid recipients may be restricted or
3038 prohibited by the agency. Nothing in this section shall be
3039 construed to prevent or limit the agency from adjusting fees,
3040 reimbursement rates, lengths of stay, number of visits, or
3041 number of services, or making any other adjustments necessary to
3042 comply with the availability of moneys and any limitations or
3043 directions provided for in the General Appropriations Act or
3044 chapter 216. If necessary to safeguard the state's systems of
3045 providing services to elderly and disabled persons and subject
3046 to the notice and review provisions of s. 216.177, the Governor
3047 may direct the Agency for Health Care Administration to amend
3048 the Medicaid state plan to delete the optional Medicaid service
3049 known as "Intermediate Care Facilities for the Developmentally
3050 Disabled." Optional services may include:

3051 (18) PHYSICIAN ASSISTANT SERVICES.—The agency may pay for
3052 all services provided to a recipient by an autonomous physician
3053 assistant or a physician assistant registered or licensed under
3054 s. 458.347 or s. 459.022. Reimbursement for such services must
3055 be not less than 80 percent of the reimbursement that would be
3056 paid to a physician who provided the same services.

3057 Section 54. Paragraph (m) of subsection (3) of section
3058 409.908, Florida Statutes, is amended to read:

3059 409.908 Reimbursement of Medicaid providers.—Subject to
3060 specific appropriations, the agency shall reimburse Medicaid
3061 providers, in accordance with state and federal law, according
3062 to methodologies set forth in the rules of the agency and in
3063 policy manuals and handbooks incorporated by reference therein.
3064 These methodologies may include fee schedules, reimbursement
3065 methods based on cost reporting, negotiated fees, competitive
3066 bidding pursuant to s. 287.057, and other mechanisms the agency
3067 considers efficient and effective for purchasing services or
3068 goods on behalf of recipients. If a provider is reimbursed based
3069 on cost reporting and submits a cost report late and that cost
3070 report would have been used to set a lower reimbursement rate
3071 for a rate semester, then the provider's rate for that semester
3072 shall be retroactively calculated using the new cost report, and
3073 full payment at the recalculated rate shall be effected
3074 retroactively. Medicare-granted extensions for filing cost
3075 reports, if applicable, shall also apply to Medicaid cost

3076 reports. Payment for Medicaid compensable services made on
 3077 behalf of Medicaid eligible persons is subject to the
 3078 availability of moneys and any limitations or directions
 3079 provided for in the General Appropriations Act or chapter 216.
 3080 Further, nothing in this section shall be construed to prevent
 3081 or limit the agency from adjusting fees, reimbursement rates,
 3082 lengths of stay, number of visits, or number of services, or
 3083 making any other adjustments necessary to comply with the
 3084 availability of moneys and any limitations or directions
 3085 provided for in the General Appropriations Act, provided the
 3086 adjustment is consistent with legislative intent.

3087 (3) Subject to any limitations or directions provided for
 3088 in the General Appropriations Act, the following Medicaid
 3089 services and goods may be reimbursed on a fee-for-service basis.
 3090 For each allowable service or goods furnished in accordance with
 3091 Medicaid rules, policy manuals, handbooks, and state and federal
 3092 law, the payment shall be the amount billed by the provider, the
 3093 provider's usual and customary charge, or the maximum allowable
 3094 fee established by the agency, whichever amount is less, with
 3095 the exception of those services or goods for which the agency
 3096 makes payment using a methodology based on capitation rates,
 3097 average costs, or negotiated fees.

3098 (m) Autonomous physician assistant and physician assistant
 3099 services.

3100 Section 55. Paragraphs (c) through (cc) of subsection (1)

3101 of section 409.973, Florida Statutes, are redesignated as
 3102 paragraphs (d) through (dd), respectively, and a new paragraph
 3103 (c) is added to that subsection to read:

3104 409.973 Benefits.—

3105 (1) MINIMUM BENEFITS.—Managed care plans shall cover, at a
 3106 minimum, the following services:

3107 (c) Autonomous physician assistant services.

3108 Section 56. Subsections (2), (4), and (5) of section
 3109 429.26, Florida Statutes, are amended to read:

3110 429.26 Appropriateness of placements; examinations of
 3111 residents.—

3112 (2) A physician, autonomous physician assistant, physician
 3113 assistant, or nurse practitioner who is employed by an assisted
 3114 living facility to provide an initial examination for admission
 3115 purposes may not have financial interest in the facility.

3116 (4) If possible, each resident shall have been examined by
 3117 a licensed physician, an autonomous physician assistant, a
 3118 licensed physician assistant, or a licensed nurse practitioner
 3119 within 60 days before admission to the facility. The signed and
 3120 completed medical examination report shall be submitted to the
 3121 owner or administrator of the facility who shall use the
 3122 information contained therein to assist in the determination of
 3123 the appropriateness of the resident's admission and continued
 3124 stay in the facility. The medical examination report shall
 3125 become a permanent part of the record of the resident at the

3126 facility and shall be made available to the agency during
3127 inspection or upon request. An assessment that has been
3128 completed through the Comprehensive Assessment and Review for
3129 Long-Term Care Services (CARES) Program fulfills the
3130 requirements for a medical examination under this subsection and
3131 s. 429.07(3)(b)6.

3132 (5) Except as provided in s. 429.07, if a medical
3133 examination has not been completed within 60 days before the
3134 admission of the resident to the facility, a licensed physician,
3135 a registered autonomous physician assistant, a licensed
3136 physician assistant, or a licensed nurse practitioner shall
3137 examine the resident and complete a medical examination form
3138 provided by the agency within 30 days following the admission to
3139 the facility to enable the facility owner or administrator to
3140 determine the appropriateness of the admission. The medical
3141 examination form shall become a permanent part of the record of
3142 the resident at the facility and shall be made available to the
3143 agency during inspection by the agency or upon request.

3144 Section 57. Paragraph (a) of subsection (2) and paragraph
3145 (a) of subsection (7) of section 429.918, Florida Statutes, are
3146 amended to read:

3147 429.918 Licensure designation as a specialized Alzheimer's
3148 services adult day care center.—

3149 (2) As used in this section, the term:

3150 (a) "ADRD participant" means a participant who has a

3151 documented diagnosis of Alzheimer's disease or a dementia-
3152 related disorder (ADRD) from a licensed physician, a registered
3153 autonomous physician assistant, a licensed physician assistant,
3154 or a licensed advanced practice registered nurse.

3155 (7) (a) An ADRD participant admitted to an adult day care
3156 center having a license designated under this section, or the
3157 caregiver when applicable, must:

3158 1. Require ongoing supervision to maintain the highest
3159 level of medical or custodial functioning and have a
3160 demonstrated need for a responsible party to oversee his or her
3161 care.

3162 2. Not actively demonstrate aggressive behavior that
3163 places himself, herself, or others at risk of harm.

3164 3. Provide the following medical documentation signed by a
3165 licensed physician, a registered autonomous physician assistant,
3166 a licensed physician assistant, or a licensed advanced practice
3167 registered nurse:

3168 a. Any physical, health, or emotional conditions that
3169 require medical care.

3170 b. A listing of the ADRD participant's current prescribed
3171 and over-the-counter medications and dosages, diet restrictions,
3172 mobility restrictions, and other physical limitations.

3173 4. Provide documentation signed by a health care provider
3174 licensed in this state which indicates that the ADRD participant
3175 is free of the communicable form of tuberculosis and free of

3176 signs and symptoms of other communicable diseases.

3177 Section 58. Paragraph (e) of subsection (5) of section
3178 440.102, Florida Statutes, is amended to read:

3179 440.102 Drug-free workplace program requirements.—The
3180 following provisions apply to a drug-free workplace program
3181 implemented pursuant to law or to rules adopted by the Agency
3182 for Health Care Administration:

3183 (5) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen
3184 collection and testing for drugs under this section shall be
3185 performed in accordance with the following procedures:

3186 (e) A specimen for a drug test may be taken or collected
3187 by any of the following persons:

3188 1. A physician, an autonomous physician assistant, a
3189 physician assistant, a registered professional nurse, a licensed
3190 practical nurse, or a nurse practitioner or a certified
3191 paramedic who is present at the scene of an accident for the
3192 purpose of rendering emergency medical service or treatment.

3193 2. A qualified person employed by a licensed or certified
3194 laboratory as described in subsection (9).

3195 Section 59. Paragraphs (a), (i), (o), and (r) of
3196 subsection (3) and paragraph (g) of subsection (5) of section
3197 456.053, Florida Statutes, are amended to read:

3198 456.053 Financial arrangements between referring health
3199 care providers and providers of health care services.—

3200 (3) DEFINITIONS.—For the purpose of this section, the

3201 word, phrase, or term:

3202 (a) "Board" means any of the following boards relating to
 3203 the respective professions: the Board of Medicine as created in
 3204 s. 458.307; the Board of Osteopathic Medicine as created in s.
 3205 459.004; the Board of Chiropractic Medicine as created in s.
 3206 460.404; the Board of Podiatric Medicine as created in s.
 3207 461.004; the Board of Optometry as created in s. 463.003; the
 3208 Board of Nursing as created in s. 464.004; the Board of Pharmacy
 3209 as created in s. 465.004; and the Board of Dentistry as created
 3210 in s. 466.004.

3211 (i) "Health care provider" means a ~~any~~ physician licensed
 3212 under chapter 458, chapter 459, chapter 460, or chapter 461; an
 3213 autonomous physician assistant registered under chapter 458 or
 3214 chapter 459; an advanced practice registered nurse registered to
 3215 engage in autonomous practice under s. 464.0123;~~7~~ or any health
 3216 care provider licensed under chapter 463 or chapter 466.

3217 (o) "Referral" means any referral of a patient by a health
 3218 care provider for health care services, including, without
 3219 limitation:

3220 1. The forwarding of a patient by a health care provider
 3221 to another health care provider or to an entity which provides
 3222 or supplies designated health services or any other health care
 3223 item or service; or

3224 2. The request or establishment of a plan of care by a
 3225 health care provider, which includes the provision of designated

3226 health services or other health care item or service.

3227 3. The following orders, recommendations, or plans of care
3228 shall not constitute a referral by a health care provider:

3229 a. By a radiologist for diagnostic-imaging services.

3230 b. By a physician specializing in the provision of
3231 radiation therapy services for such services.

3232 c. By a medical oncologist for drugs and solutions to be
3233 prepared and administered intravenously to such oncologist's
3234 patient, as well as for the supplies and equipment used in
3235 connection therewith to treat such patient for cancer and the
3236 complications thereof.

3237 d. By a cardiologist for cardiac catheterization services.

3238 e. By a pathologist for diagnostic clinical laboratory
3239 tests and pathological examination services, if furnished by or
3240 under the supervision of such pathologist pursuant to a
3241 consultation requested by another physician.

3242 f. By a health care provider who is the sole provider or
3243 member of a group practice for designated health services or
3244 other health care items or services that are prescribed or
3245 provided solely for such referring health care provider's or
3246 group practice's own patients, and that are provided or
3247 performed by or under the direct supervision of such referring
3248 health care provider or group practice; provided, however, ~~that~~
3249 ~~effective July 1, 1999,~~ a health care provider ~~physician~~
3250 ~~licensed pursuant to chapter 458, chapter 459, chapter 460, or~~

3251 ~~chapter 461~~ may refer a patient to a sole provider or group
3252 practice for diagnostic imaging services, excluding radiation
3253 therapy services, for which the sole provider or group practice
3254 billed both the technical and the professional fee for or on
3255 behalf of the patient, if the referring health care provider
3256 does not have an ~~physician has no~~ investment interest in the
3257 practice. The diagnostic imaging service referred to a group
3258 practice or sole provider must be a diagnostic imaging service
3259 normally provided within the scope of practice to the patients
3260 of the group practice or sole provider. The group practice or
3261 sole provider may accept no more than 15 percent of their
3262 patients receiving diagnostic imaging services from outside
3263 referrals, excluding radiation therapy services.

3264 g. By a health care provider for services provided by an
3265 ambulatory surgical center licensed under chapter 395.

3266 h. By a urologist for lithotripsy services.

3267 i. By a dentist for dental services performed by an
3268 employee of or health care provider who is an independent
3269 contractor with the dentist or group practice of which the
3270 dentist is a member.

3271 j. By a physician for infusion therapy services to a
3272 patient of that physician or a member of that physician's group
3273 practice.

3274 k. By a nephrologist for renal dialysis services and
3275 supplies, except laboratory services.

3276 1. By a health care provider whose principal professional
3277 practice consists of treating patients in their private
3278 residences for services to be rendered in such private
3279 residences, except for services rendered by a home health agency
3280 licensed under chapter 400. For purposes of this sub-
3281 subparagraph, the term "private residences" includes patients'
3282 private homes, independent living centers, and assisted living
3283 facilities, but does not include skilled nursing facilities.

3284 m. By a health care provider for sleep-related testing.

3285 (r) "Sole provider" means one health care provider
3286 licensed under chapter 458, chapter 459, chapter 460, or chapter
3287 461, or registered under s. 464.0123, who maintains a separate
3288 medical office and a medical practice separate from any other
3289 health care provider and who bills for his or her services
3290 separately from the services provided by any other health care
3291 provider. A sole provider shall not share overhead expenses or
3292 professional income with any other person or group practice.

3293 (5) PROHIBITED REFERRALS AND CLAIMS FOR PAYMENT.—Except as
3294 provided in this section:

3295 (g) A violation of this section by a health care provider
3296 shall constitute grounds for disciplinary action to be taken by
3297 the applicable board pursuant to s. 458.331(2), s. 459.015(2),
3298 s. 460.413(2), s. 461.013(2), s. 463.016(2), s. 464.018, or s.
3299 466.028(2). Any hospital licensed under chapter 395 found in
3300 violation of this section shall be subject to s. 395.0185(2).

3301 Section 60. Subsection (7) of section 456.072, Florida
 3302 Statutes, is amended to read:

3303 456.072 Grounds for discipline; penalties; enforcement.—

3304 (7) Notwithstanding subsection (2), upon a finding that a
 3305 physician or autonomous physician assistant has prescribed or
 3306 dispensed a controlled substance, or caused a controlled
 3307 substance to be prescribed or dispensed, in a manner that
 3308 violates the standard of practice set forth in s. 458.331(1)(q)
 3309 or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s), or s.
 3310 466.028(1)(p) or (x), or that an advanced practice registered
 3311 nurse has prescribed or dispensed a controlled substance, or
 3312 caused a controlled substance to be prescribed or dispensed, in
 3313 a manner that violates the standard of practice set forth in s.
 3314 464.018(1)(n) or (p)6., the physician, autonomous physician
 3315 assistant, or advanced practice registered nurse shall be
 3316 suspended for a period of not less than 6 months and pay a fine
 3317 of not less than \$10,000 per count. Repeated violations shall
 3318 result in increased penalties.

3319 Section 61. Paragraph (h) of subsection (1) and subsection
 3320 (2) of section 456.44, Florida Statutes, are amended to read:

3321 456.44 Controlled substance prescribing.—

3322 (1) DEFINITIONS.—As used in this section, the term:

3323 (h) "Registrant" means a physician, an autonomous
 3324 physician assistant, a physician assistant, or an advanced
 3325 practice registered nurse who meets the requirements of

3326 subsection (2).

3327 (2) REGISTRATION.—A physician licensed under chapter 458,
3328 chapter 459, chapter 461, or chapter 466, an autonomous
3329 physician assistant or a physician assistant registered or
3330 licensed under chapter 458 or chapter 459, or an advanced
3331 practice registered nurse licensed under part I of chapter 464
3332 who prescribes any controlled substance, listed in Schedule II,
3333 Schedule III, or Schedule IV as defined in s. 893.03, for the
3334 treatment of chronic nonmalignant pain, must:

3335 (a) Designate himself or herself as a controlled substance
3336 prescribing practitioner on his or her practitioner profile.

3337 (b) Comply with the requirements of this section and
3338 applicable board rules.

3339 Section 62. Paragraph (c) of subsection (3) of section
3340 458.3265, Florida Statutes, is amended to read:

3341 458.3265 Pain-management clinics.—

3342 (3) PHYSICIAN RESPONSIBILITIES.—These responsibilities
3343 apply to any physician who provides professional services in a
3344 pain-management clinic that is required to be registered in
3345 subsection (1).

3346 (c) A physician, an autonomous physician assistant, a
3347 physician assistant, or an advanced practice registered nurse
3348 must perform a physical examination of a patient on the same day
3349 that the physician prescribes a controlled substance to a
3350 patient at a pain-management clinic. If the physician prescribes

3351 more than a 72-hour dose of controlled substances for the
 3352 treatment of chronic nonmalignant pain, the physician must
 3353 document in the patient's record the reason for prescribing that
 3354 quantity.

3355 Section 63. Paragraph (ii) of subsection (1) and
 3356 subsection (10) of section 458.331, Florida Statutes, are
 3357 amended to read:

3358 458.331 Grounds for disciplinary action; action by the
 3359 board and department.—

3360 (1) The following acts constitute grounds for denial of a
 3361 license or disciplinary action, as specified in s. 456.072(2):

3362 (ii) Failing to report to the department any licensee
 3363 under this chapter or under chapter 459 who the physician,
 3364 autonomous physician assistant, or physician assistant knows has
 3365 violated the grounds for disciplinary action set out in the law
 3366 under which that person is licensed and who provides health care
 3367 services in a facility licensed under chapter 395, or a health
 3368 maintenance organization certificated under part I of chapter
 3369 641, in which the physician, autonomous physician assistant, or
 3370 physician assistant also provides services.

3371 (10) A probable cause panel convened to consider
 3372 disciplinary action against an autonomous physician assistant or
 3373 a physician assistant alleged to have violated s. 456.072 or
 3374 this section must include one physician assistant. The physician
 3375 assistant must hold a valid license to practice as a physician

3376 assistant in this state and be appointed to the panel by the
3377 Council of Physician Assistants. The physician assistant may
3378 hear only cases involving disciplinary actions against a
3379 physician assistant. If the appointed physician assistant is not
3380 present at the disciplinary hearing, the panel may consider the
3381 matter and vote on the case in the absence of the physician
3382 assistant. The training requirements set forth in s. 458.307(4)
3383 do not apply to the appointed physician assistant. Rules need
3384 not be adopted to implement this subsection.

3385 Section 64. Paragraph (c) of subsection (3) of section
3386 459.0137, Florida Statutes, is amended to read:

3387 459.0137 Pain-management clinics.—

3388 (3) PHYSICIAN RESPONSIBILITIES.—These responsibilities
3389 apply to any osteopathic physician who provides professional
3390 services in a pain-management clinic that is required to be
3391 registered in subsection (1).

3392 (c) An osteopathic physician, an autonomous physician
3393 assistant, a physician assistant, or an advanced practice
3394 registered nurse must perform a physical examination of a
3395 patient on the same day that the physician prescribes a
3396 controlled substance to a patient at a pain-management clinic.
3397 If the osteopathic physician prescribes more than a 72-hour dose
3398 of controlled substances for the treatment of chronic
3399 nonmalignant pain, the osteopathic physician must document in
3400 the patient's record the reason for prescribing that quantity.

3401 Section 65. Paragraph (11) of subsection (1) and
 3402 subsection (10) of section 459.015, Florida Statutes, are
 3403 amended to read:

3404 459.015 Grounds for disciplinary action; action by the
 3405 board and department.—

3406 (1) The following acts constitute grounds for denial of a
 3407 license or disciplinary action, as specified in s. 456.072(2):

3408 (11) Failing to report to the department any licensee
 3409 under chapter 458 or under this chapter who the osteopathic
 3410 physician, autonomous physician assistant, or physician
 3411 assistant knows has violated the grounds for disciplinary action
 3412 set out in the law under which that person is licensed and who
 3413 provides health care services in a facility licensed under
 3414 chapter 395, or a health maintenance organization certificated
 3415 under part I of chapter 641, in which the osteopathic physician,
 3416 autonomous physician assistant, or physician assistant also
 3417 provides services.

3418 (10) A probable cause panel convened to consider
 3419 disciplinary action against an autonomous physician assistant or
 3420 a physician assistant alleged to have violated s. 456.072 or
 3421 this section must include one physician assistant. The physician
 3422 assistant must hold a valid license to practice as a physician
 3423 assistant in this state and be appointed to the panel by the
 3424 Council of Physician Assistants. The physician assistant may
 3425 hear only cases involving disciplinary actions against a

3426 physician assistant. If the appointed physician assistant is not
 3427 present at the disciplinary hearing, the panel may consider the
 3428 matter and vote on the case in the absence of the physician
 3429 assistant. The training requirements set forth in s. 458.307(4)
 3430 do not apply to the appointed physician assistant. Rules need
 3431 not be adopted to implement this subsection.

3432 Section 66. Subsection (17) of section 464.003, Florida
 3433 Statutes, is amended to read:

3434 464.003 Definitions.—As used in this part, the term:

3435 (17) "Practice of practical nursing" means the performance
 3436 of selected acts, including the administration of treatments and
 3437 medications, in the care of the ill, injured, or infirm; the
 3438 promotion of wellness, maintenance of health, and prevention of
 3439 illness of others under the direction of a registered nurse, a
 3440 licensed physician, a licensed osteopathic physician, a licensed
 3441 podiatric physician, a registered autonomous physician
 3442 assistant, or a licensed dentist; and the teaching of general
 3443 principles of health and wellness to the public and to students
 3444 other than nursing students. A practical nurse is responsible
 3445 and accountable for making decisions that are based upon the
 3446 individual's educational preparation and experience in nursing.

3447 Section 67. Paragraph (a) of subsection (4) of section
 3448 464.0205, Florida Statutes, is amended to read:

3449 464.0205 Retired volunteer nurse certificate.—

3450 (4) A retired volunteer nurse receiving certification from

3451 the board shall:

3452 (a) Work under the direct supervision of the director of a
 3453 county health department, a physician working under a limited
 3454 license issued pursuant to s. 458.317 or s. 459.0075, a
 3455 physician or an autonomous physician assistant licensed or
 3456 registered under chapter 458 or chapter 459, an advanced
 3457 practice registered nurse licensed under s. 464.012, or a
 3458 registered nurse licensed under s. 464.008 or s. 464.009.

3459 Section 68. Paragraph (b) of subsection (1) of section
 3460 480.0475, Florida Statutes, is amended to read:

3461 480.0475 Massage establishments; prohibited practices.—

3462 (1) A person may not operate a massage establishment
 3463 between the hours of midnight and 5 a.m. This subsection does
 3464 not apply to a massage establishment:

3465 (b) In which every massage performed between the hours of
 3466 midnight and 5 a.m. is performed by a massage therapist acting
 3467 under the prescription of a physician, autonomous physician
 3468 assistant, or physician assistant licensed or registered under
 3469 chapter 458;~~;~~ an osteopathic physician, autonomous physician
 3470 assistant, or physician assistant licensed or registered under
 3471 chapter 459;~~;~~ a chiropractic physician licensed under chapter
 3472 460;~~;~~ a podiatric physician licensed under chapter 461;~~;~~ an
 3473 advanced practice registered nurse licensed under part I of
 3474 chapter 464;~~;~~ or a dentist licensed under chapter 466; or

3475 Section 69. Subsection (2) of section 493.6108, Florida

3476 Statutes, is amended to read:

3477 493.6108 Investigation of applicants by Department of
3478 Agriculture and Consumer Services.—

3479 (2) In addition to subsection (1), the department shall
3480 make an investigation of the general physical fitness of the
3481 Class "G" applicant to bear a weapon or firearm. Determination
3482 of physical fitness shall be certified by a physician,
3483 autonomous physician assistant, or physician assistant currently
3484 licensed or registered under ~~pursuant to~~ chapter 458, chapter
3485 459, or any similar law of another state or authorized to act as
3486 a licensed physician by a federal agency or department or by an
3487 advanced practice registered nurse currently licensed pursuant
3488 to chapter 464. Such certification shall be submitted on a form
3489 provided by the department.

3490 Section 70. Subsection (1) of section 626.9707, Florida
3491 Statutes, is amended to read:

3492 626.9707 Disability insurance; discrimination on basis of
3493 sickle-cell trait prohibited.—

3494 (1) An ~~No~~ insurer authorized to transact insurance in this
3495 state may not ~~shall~~ refuse to issue and deliver in this state
3496 any policy of disability insurance, whether such policy is
3497 defined as individual, group, blanket, franchise, industrial, or
3498 otherwise, which is currently being issued for delivery in this
3499 state and which affords benefits and coverage for any medical
3500 treatment or service authorized and permitted to be furnished by

3501 a hospital, a clinic, a health clinic, a neighborhood health
 3502 clinic, a health maintenance organization, a physician, an
 3503 autonomous physician assistant, a physician ~~physician's~~
 3504 assistant, an advanced practice registered nurse practitioner,
 3505 or a medical service facility or personnel solely because the
 3506 person to be insured has the sickle-cell trait.

3507 Section 71. Paragraph (b) of subsection (1) of section
 3508 627.357, Florida Statutes, is amended to read:

3509 627.357 Medical malpractice self-insurance.—

3510 (1) DEFINITIONS.—As used in this section, the term:

3511 (b) "Health care provider" means any:

3512 1. Hospital licensed under chapter 395.

3513 2. Physician, autonomous physician assistant ~~licensed,~~ or
 3514 physician assistant registered or licensed, under chapter 458.

3515 3. Osteopathic physician, autonomous physician assistant,
 3516 or physician assistant registered or licensed under chapter 459.

3517 4. Podiatric physician licensed under chapter 461.

3518 5. Health maintenance organization certificated under part
 3519 I of chapter 641.

3520 6. Ambulatory surgical center licensed under chapter 395.

3521 7. Chiropractic physician licensed under chapter 460.

3522 8. Psychologist licensed under chapter 490.

3523 9. Optometrist licensed under chapter 463.

3524 10. Dentist licensed under chapter 466.

3525 11. Pharmacist licensed under chapter 465.

3526 12. Registered nurse, licensed practical nurse, or
 3527 advanced practice registered nurse licensed or registered under
 3528 part I of chapter 464.

3529 13. Other medical facility.

3530 14. Professional association, partnership, corporation,
 3531 joint venture, or other association established by the
 3532 individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9.,
 3533 10., 11., and 12. for professional activity.

3534 Section 72. Paragraph (a) of subsection (1) of section
 3535 627.736, Florida Statutes, is amended to read:

3536 627.736 Required personal injury protection benefits;
 3537 exclusions; priority; claims.—

3538 (1) REQUIRED BENEFITS.—An insurance policy complying with
 3539 the security requirements of s. 627.733 must provide personal
 3540 injury protection to the named insured, relatives residing in
 3541 the same household, persons operating the insured motor vehicle,
 3542 passengers in the motor vehicle, and other persons struck by the
 3543 motor vehicle and suffering bodily injury while not an occupant
 3544 of a self-propelled vehicle, subject to subsection (2) and
 3545 paragraph (4) (e), to a limit of \$10,000 in medical and
 3546 disability benefits and \$5,000 in death benefits resulting from
 3547 bodily injury, sickness, disease, or death arising out of the
 3548 ownership, maintenance, or use of a motor vehicle as follows:

3549 (a) Medical benefits.—Eighty percent of all reasonable
 3550 expenses for medically necessary medical, surgical, X-ray,

3551 dental, and rehabilitative services, including prosthetic
3552 devices and medically necessary ambulance, hospital, and nursing
3553 services if the individual receives initial services and care
3554 pursuant to subparagraph 1. within 14 days after the motor
3555 vehicle accident. The medical benefits provide reimbursement
3556 only for:

3557 1. Initial services and care that are lawfully provided,
3558 supervised, ordered, or prescribed by a physician or an
3559 autonomous physician assistant licensed or registered under
3560 chapter 458 or chapter 459, a dentist licensed under chapter
3561 466, ~~or~~ a chiropractic physician licensed under chapter 460, or
3562 an advanced practice registered nurse registered to engage in
3563 autonomous practice under s. 464.0123 or that are provided in a
3564 hospital or in a facility that owns, or is wholly owned by, a
3565 hospital. Initial services and care may also be provided by a
3566 person or entity licensed under part III of chapter 401 which
3567 provides emergency transportation and treatment.

3568 2. Upon referral by a provider described in subparagraph
3569 1., followup services and care consistent with the underlying
3570 medical diagnosis rendered pursuant to subparagraph 1. which may
3571 be provided, supervised, ordered, or prescribed only by a
3572 physician or an autonomous physician assistant licensed or
3573 registered under chapter 458 or chapter 459, a chiropractic
3574 physician licensed under chapter 460, a dentist licensed under
3575 chapter 466, or an advanced practice registered nurse registered

3576 | to engage in autonomous practice under s. 464.0123, or, to the
 3577 | extent permitted by applicable law and under the supervision of
 3578 | such physician, osteopathic physician, chiropractic physician,
 3579 | or dentist, by a physician assistant licensed under chapter 458
 3580 | or chapter 459 or an advanced practice registered nurse licensed
 3581 | under chapter 464. Followup services and care may also be
 3582 | provided by the following persons or entities:

3583 | a. A hospital or ambulatory surgical center licensed under
 3584 | chapter 395.

3585 | b. An entity wholly owned by one or more physicians or
 3586 | autonomous physician assistants licensed or registered under
 3587 | chapter 458 or chapter 459, chiropractic physicians licensed
 3588 | under chapter 460, advanced practice registered nurses
 3589 | registered to engage in autonomous practice under s. 464.0123,
 3590 | or dentists licensed under chapter 466 or by such practitioners
 3591 | and the spouse, parent, child, or sibling of such practitioners.

3592 | c. An entity that owns or is wholly owned, directly or
 3593 | indirectly, by a hospital or hospitals.

3594 | d. A physical therapist licensed under chapter 486, based
 3595 | upon a referral by a provider described in this subparagraph.

3596 | e. A health care clinic licensed under part X of chapter
 3597 | 400 which is accredited by an accrediting organization whose
 3598 | standards incorporate comparable regulations required by this
 3599 | state, or

3600 | (I) Has a medical director licensed under chapter 458,

3601 chapter 459, or chapter 460;

3602 (II) Has been continuously licensed for more than 3 years

3603 or is a publicly traded corporation that issues securities

3604 traded on an exchange registered with the United States

3605 Securities and Exchange Commission as a national securities

3606 exchange; and

3607 (III) Provides at least four of the following medical

3608 specialties:

3609 (A) General medicine.

3610 (B) Radiography.

3611 (C) Orthopedic medicine.

3612 (D) Physical medicine.

3613 (E) Physical therapy.

3614 (F) Physical rehabilitation.

3615 (G) Prescribing or dispensing outpatient prescription

3616 medication.

3617 (H) Laboratory services.

3618 3. Reimbursement for services and care provided in

3619 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician

3620 licensed under chapter 458 or chapter 459, a dentist licensed

3621 under chapter 466, an autonomous physician assistant or a

3622 physician assistant registered or licensed under chapter 458 or

3623 chapter 459, or an advanced practice registered nurse licensed

3624 under chapter 464 has determined that the injured person had an

3625 emergency medical condition.

3626 4. Reimbursement for services and care provided in
3627 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a
3628 provider listed in subparagraph 1. or subparagraph 2. determines
3629 that the injured person did not have an emergency medical
3630 condition.

3631 5. Medical benefits do not include massage as defined in
3632 s. 480.033 or acupuncture as defined in s. 457.102, regardless
3633 of the person, entity, or licensee providing massage or
3634 acupuncture, and a licensed massage therapist or licensed
3635 acupuncturist may not be reimbursed for medical benefits under
3636 this section.

3637 6. The Financial Services Commission shall adopt by rule
3638 the form that must be used by an insurer and a health care
3639 provider specified in sub-subparagraph 2.b., sub-subparagraph
3640 2.c., or sub-subparagraph 2.e. to document that the health care
3641 provider meets the criteria of this paragraph. Such rule must
3642 include a requirement for a sworn statement or affidavit.

3643
3644 Only insurers writing motor vehicle liability insurance in this
3645 state may provide the required benefits of this section, and
3646 such insurer may not require the purchase of any other motor
3647 vehicle coverage other than the purchase of property damage
3648 liability coverage as required by s. 627.7275 as a condition for
3649 providing such benefits. Insurers may not require that property
3650 damage liability insurance in an amount greater than \$10,000 be

3651 purchased in conjunction with personal injury protection. Such
3652 insurers shall make benefits and required property damage
3653 liability insurance coverage available through normal marketing
3654 channels. An insurer writing motor vehicle liability insurance
3655 in this state who fails to comply with such availability
3656 requirement as a general business practice violates part IX of
3657 chapter 626, and such violation constitutes an unfair method of
3658 competition or an unfair or deceptive act or practice involving
3659 the business of insurance. An insurer committing such violation
3660 is subject to the penalties provided under that part, as well as
3661 those provided elsewhere in the insurance code.

3662 Section 73. Subsection (5) of section 633.412, Florida
3663 Statutes, is amended to read:

3664 633.412 Firefighters; qualifications for certification.—A
3665 person applying for certification as a firefighter must:

3666 (5) Be in good physical condition as determined by a
3667 medical examination given by a physician, surgeon, or autonomous
3668 physician assistant or physician assistant licensed or
3669 registered under ~~to practice in the state pursuant to~~ chapter
3670 458; an osteopathic physician, surgeon, autonomous physician
3671 assistant, or physician assistant licensed or registered under
3672 ~~to practice in the state pursuant to~~ chapter 459; or an advanced
3673 practice registered nurse licensed under ~~to practice in the~~
3674 ~~state pursuant to~~ chapter 464. Such examination may include, but
3675 need not be limited to, the National Fire Protection Association

3676 Standard 1582. A medical examination evidencing good physical
 3677 condition shall be submitted to the division, on a form as
 3678 provided by rule, before an individual is eligible for admission
 3679 into a course under s. 633.408.

3680 Section 74. Subsection (8) of section 641.495, Florida
 3681 Statutes, is amended to read:

3682 641.495 Requirements for issuance and maintenance of
 3683 certificate.—

3684 (8) Each organization's contracts, certificates, and
 3685 subscriber handbooks shall contain a provision, if applicable,
 3686 disclosing that, for certain types of described medical
 3687 procedures, services may be provided by autonomous physician
 3688 assistants, physician assistants, advanced practice registered
 3689 nurses ~~nurse-practitioners~~, or other individuals who are not
 3690 licensed physicians.

3691 Section 75. Subsection (1) of section 744.2006, Florida
 3692 Statutes, is amended to read:

3693 744.2006 Office of Public and Professional Guardians;
 3694 appointment, notification.—

3695 (1) The executive director of the Office of Public and
 3696 Professional Guardians, after consultation with the chief judge
 3697 and other circuit judges within the judicial circuit and with
 3698 appropriate advocacy groups and individuals and organizations
 3699 who are knowledgeable about the needs of incapacitated persons,
 3700 may establish, within a county in the judicial circuit or within

3701 the judicial circuit, one or more offices of public guardian and
3702 if so established, shall create a list of persons best qualified
3703 to serve as the public guardian, who have been investigated
3704 pursuant to s. 744.3135. The public guardian must have knowledge
3705 of the legal process and knowledge of social services available
3706 to meet the needs of incapacitated persons. The public guardian
3707 shall maintain a staff or contract with professionally qualified
3708 individuals to carry out the guardianship functions, including
3709 an attorney who has experience in probate areas and another
3710 person who has a master's degree in social work, or a
3711 gerontologist, psychologist, autonomous physician assistant,
3712 advanced practice registered nurse, or registered nurse, ~~or~~
3713 ~~nurse practitioner~~. A public guardian that is a nonprofit
3714 corporate guardian under s. 744.309(5) must receive tax-exempt
3715 status from the United States Internal Revenue Service.

3716 Section 76. Paragraph (a) of subsection (3) of section
3717 744.331, Florida Statutes, is amended to read:

3718 744.331 Procedures to determine incapacity.—

3719 (3) EXAMINING COMMITTEE.—

3720 (a) Within 5 days after a petition for determination of
3721 incapacity has been filed, the court shall appoint an examining
3722 committee consisting of three members. One member must be a
3723 psychiatrist or other physician. The remaining members must be
3724 either a psychologist, a gerontologist, a ~~another~~ psychiatrist,
3725 a ~~or other~~ physician, an autonomous physician assistant, a

3726 | physician assistant, an advanced practice registered nurse, a
3727 | registered nurse, ~~nurse practitioner,~~ a licensed social worker,
3728 | a person with an advanced degree in gerontology from an
3729 | accredited institution of higher education, or any other person
3730 | who by knowledge, skill, experience, training, or education may,
3731 | in the court's discretion, advise the court in the form of an
3732 | expert opinion. One of three members of the committee must have
3733 | knowledge of the type of incapacity alleged in the petition.
3734 | Unless good cause is shown, the attending or family physician
3735 | may not be appointed to the committee. If the attending or
3736 | family physician is available for consultation, the committee
3737 | must consult with the physician. Members of the examining
3738 | committee may not be related to or associated with one another,
3739 | with the petitioner, with counsel for the petitioner or the
3740 | proposed guardian, or with the person alleged to be totally or
3741 | partially incapacitated. A member may not be employed by any
3742 | private or governmental agency that has custody of, or
3743 | furnishes, services or subsidies, directly or indirectly, to the
3744 | person or the family of the person alleged to be incapacitated
3745 | or for whom a guardianship is sought. A petitioner may not serve
3746 | as a member of the examining committee. Members of the examining
3747 | committee must be able to communicate, either directly or
3748 | through an interpreter, in the language that the alleged
3749 | incapacitated person speaks or to communicate in a medium
3750 | understandable to the alleged incapacitated person if she or he

3751 is able to communicate. The clerk of the court shall send notice
3752 of the appointment to each person appointed no later than 3 days
3753 after the court's appointment.

3754 Section 77. Paragraph (b) of subsection (1) of section
3755 744.3675, Florida Statutes, is amended to read:

3756 744.3675 Annual guardianship plan.—Each guardian of the
3757 person must file with the court an annual guardianship plan
3758 which updates information about the condition of the ward. The
3759 annual plan must specify the current needs of the ward and how
3760 those needs are proposed to be met in the coming year.

3761 (1) Each plan for an adult ward must, if applicable,
3762 include:

3763 (b) Information concerning the medical and mental health
3764 conditions and treatment and rehabilitation needs of the ward,
3765 including:

3766 1. A resume of any professional medical treatment given to
3767 the ward during the preceding year.

3768 2. The report of a physician, autonomous physician
3769 assistant, physician assistant, or advanced practice registered
3770 nurse who examined the ward no more than 90 days before the
3771 beginning of the applicable reporting period. The report must
3772 contain an evaluation of the ward's condition and a statement of
3773 the current level of capacity of the ward.

3774 3. The plan for providing medical, mental health, and
3775 rehabilitative services in the coming year.

3776 Section 78. Subsection (3) of section 766.103, Florida
 3777 Statutes, is amended to read:

3778 766.103 Florida Medical Consent Law.—

3779 (3) ~~No~~ Recovery is not ~~shall be~~ allowed in any court in
 3780 this state against any physician licensed under chapter 458,
 3781 osteopathic physician licensed under chapter 459, chiropractic
 3782 physician licensed under chapter 460, podiatric physician
 3783 licensed under chapter 461, dentist licensed under chapter 466,
 3784 advanced practice registered nurse licensed under s. 464.012,
 3785 autonomous physician assistant registered under chapter 458 or
 3786 chapter 459, or physician assistant licensed under s. 458.347 or
 3787 s. 459.022 in an action brought for treating, examining, or
 3788 operating on a patient without his or her informed consent when:

3789 (a)1. The action of the physician, osteopathic physician,
 3790 chiropractic physician, podiatric physician, dentist, advanced
 3791 practice registered nurse, autonomous physician assistant, or
 3792 physician assistant in obtaining the consent of the patient or
 3793 another person authorized to give consent for the patient was in
 3794 accordance with an accepted standard of medical practice among
 3795 members of the medical profession with similar training and
 3796 experience in the same or similar medical community as that of
 3797 the person treating, examining, or operating on the patient for
 3798 whom the consent is obtained; and

3799 2. A reasonable individual, from the information provided
 3800 by the physician, osteopathic physician, chiropractic physician,

3801 | podiatric physician, dentist, advanced practice registered
 3802 | nurse, autonomous physician assistant, or physician assistant,
 3803 | under the circumstances, would have a general understanding of
 3804 | the procedure, the medically acceptable alternative procedures
 3805 | or treatments, and the substantial risks and hazards inherent in
 3806 | the proposed treatment or procedures, which are recognized among
 3807 | other physicians, osteopathic physicians, chiropractic
 3808 | physicians, podiatric physicians, or dentists in the same or
 3809 | similar community who perform similar treatments or procedures;
 3810 | or

3811 | (b) The patient would reasonably, under all the
 3812 | surrounding circumstances, have undergone such treatment or
 3813 | procedure had he or she been advised by the physician,
 3814 | osteopathic physician, chiropractic physician, podiatric
 3815 | physician, dentist, advanced practice registered nurse,
 3816 | autonomous physician assistant, or physician assistant in
 3817 | accordance with ~~the provisions of~~ paragraph (a).

3818 | Section 79. Paragraph (b) of subsection (1) and paragraph
 3819 | (e) of subsection (2) of section 766.105, Florida Statutes, are
 3820 | amended to read:

3821 | 766.105 Florida Patient's Compensation Fund.—

3822 | (1) DEFINITIONS.—The following definitions apply in the
 3823 | interpretation and enforcement of this section:

3824 | (b) The term "health care provider" means any:

3825 | 1. Hospital licensed under chapter 395.

3826 2. Physician, autonomous physician assistant, or physician
3827 assistant licensed or registered under chapter 458.

3828 3. Osteopathic physician, autonomous physician assistant,
3829 or physician assistant licensed or registered under chapter 459.

3830 4. Podiatric physician licensed under chapter 461.

3831 5. Health maintenance organization certificated under part
3832 I of chapter 641.

3833 6. Ambulatory surgical center licensed under chapter 395.

3834 7. "Other medical facility" as defined in paragraph (c).

3835 8. Professional association, partnership, corporation,
3836 joint venture, or other association by the individuals set forth
3837 in subparagraphs 2., 3., and 4. for professional activity.

3838 (2) COVERAGE.—

3839 (e) The coverage afforded by the fund for a participating
3840 hospital or ambulatory surgical center shall apply to the
3841 officers, trustees, volunteer workers, trainees, committee
3842 members (including physicians, osteopathic physicians, podiatric
3843 physicians, and dentists), and employees of the hospital or
3844 ambulatory surgical center, other than employed physicians
3845 licensed under chapter 458, autonomous physician assistants or
3846 physician assistants registered or licensed under chapter 458 or
3847 chapter 459, osteopathic physicians licensed under chapter 459,
3848 dentists licensed under chapter 466, and podiatric physicians
3849 licensed under chapter 461. However, the coverage afforded by
3850 the fund for a participating hospital shall apply to house

3851 physicians, interns, employed physician residents in a resident
 3852 training program, or physicians performing purely administrative
 3853 duties for the participating hospitals other than the treatment
 3854 of patients. This coverage shall apply to the hospital or
 3855 ambulatory surgical center and those included in this subsection
 3856 as one health care provider.

3857 Section 80. Paragraph (d) of subsection (3) of section
 3858 766.1115, Florida Statutes, is amended to read:

3859 766.1115 Health care providers; creation of agency
 3860 relationship with governmental contractors.—

3861 (3) DEFINITIONS.—As used in this section, the term:

3862 (d) "Health care provider" or "provider" means:

- 3863 1. A birth center licensed under chapter 383.
- 3864 2. An ambulatory surgical center licensed under chapter
 3865 395.
- 3866 3. A hospital licensed under chapter 395.
- 3867 4. A physician, autonomous physician assistant, or
 3868 physician assistant licensed or registered under chapter 458.
- 3869 5. An osteopathic physician, autonomous physician
 3870 assistant, or ~~osteopathic~~ physician assistant licensed or
 3871 registered under chapter 459.
- 3872 6. A chiropractic physician licensed under chapter 460.
- 3873 7. A podiatric physician licensed under chapter 461.
- 3874 8. A registered nurse, nurse midwife, licensed practical
 3875 nurse, or advanced practice registered nurse licensed or

3876 registered under part I of chapter 464 or any facility which
3877 employs nurses licensed or registered under part I of chapter
3878 464 to supply all or part of the care delivered under this
3879 section.

3880 9. A midwife licensed under chapter 467.

3881 10. A health maintenance organization certificated under
3882 part I of chapter 641.

3883 11. A health care professional association and its
3884 employees or a corporate medical group and its employees.

3885 12. Any other medical facility the primary purpose of
3886 which is to deliver human medical diagnostic services or which
3887 delivers nonsurgical human medical treatment, and which includes
3888 an office maintained by a provider.

3889 13. A dentist or dental hygienist licensed under chapter
3890 466.

3891 14. A free clinic that delivers only medical diagnostic
3892 services or nonsurgical medical treatment free of charge to all
3893 low-income recipients.

3894 15. Any other health care professional, practitioner,
3895 provider, or facility under contract with a governmental
3896 contractor, including a student enrolled in an accredited
3897 program that prepares the student for licensure as any one of
3898 the professionals listed in subparagraphs 4.-9.

3899

3900 The term includes any nonprofit corporation qualified as exempt

3901 from federal income taxation under s. 501(a) of the Internal
 3902 Revenue Code, and described in s. 501(c) of the Internal Revenue
 3903 Code, which delivers health care services provided by licensed
 3904 professionals listed in this paragraph, any federally funded
 3905 community health center, and any volunteer corporation or
 3906 volunteer health care provider that delivers health care
 3907 services.

3908 Section 81. Subsection (1) of section 766.1116, Florida
 3909 Statutes, is amended to read:

3910 766.1116 Health care practitioner; waiver of license
 3911 renewal fees and continuing education requirements.—

3912 (1) As used in this section, the term "health care
 3913 practitioner" means a physician, autonomous physician assistant,
 3914 or physician assistant licensed or registered under chapter 458;
 3915 an osteopathic physician, autonomous physician assistant, or
 3916 physician assistant licensed or registered under chapter 459; a
 3917 chiropractic physician licensed under chapter 460; a podiatric
 3918 physician licensed under chapter 461; an advanced practice
 3919 registered nurse, registered nurse, or licensed practical nurse
 3920 licensed under part I of chapter 464; a dentist or dental
 3921 hygienist licensed under chapter 466; or a midwife licensed
 3922 under chapter 467, who participates as a health care provider
 3923 under s. 766.1115.

3924 Section 82. Paragraph (c) of subsection (1) of section
 3925 766.118, Florida Statutes, is amended to read:

3926 | 766.118 Determination of noneconomic damages.—
 3927 | (1) DEFINITIONS.—As used in this section, the term:
 3928 | (c) "Practitioner" means any person licensed or registered
 3929 | under chapter 458, chapter 459, chapter 460, chapter 461,
 3930 | chapter 462, chapter 463, chapter 466, chapter 467, chapter 486,
 3931 | ~~or~~ s. 464.012, or s. 464.0123. "Practitioner" also means any
 3932 | association, corporation, firm, partnership, or other business
 3933 | entity under which such practitioner practices or any employee
 3934 | of such practitioner or entity acting in the scope of his or her
 3935 | employment. For the purpose of determining the limitations on
 3936 | noneconomic damages set forth in this section, the term
 3937 | "practitioner" includes any person or entity for whom a
 3938 | practitioner is vicariously liable and any person or entity
 3939 | whose liability is based solely on such person or entity being
 3940 | vicariously liable for the actions of a practitioner.

3941 | Section 83. Subsection (3) of section 768.135, Florida
 3942 | Statutes, is amended to read:

3943 | 768.135 Volunteer team physicians; immunity.—

3944 | (3) A practitioner licensed or registered under chapter
 3945 | 458, chapter 459, chapter 460, ~~or~~ s. 464.012, or s. 464.0123 who
 3946 | gratuitously and in good faith conducts an evaluation pursuant
 3947 | to s. 1006.20(2)(c) is not liable for any civil damages arising
 3948 | from that evaluation unless the evaluation was conducted in a
 3949 | wrongful manner.

3950 | Section 84. Subsection (5) of section 794.08, Florida

3951 Statutes, is amended to read:

3952 794.08 Female genital mutilation.—

3953 (5) This section does not apply to procedures performed by
 3954 or under the direction of a physician licensed under chapter
 3955 458, an osteopathic physician licensed under chapter 459, a
 3956 registered nurse licensed under part I of chapter 464, a
 3957 practical nurse licensed under part I of chapter 464, an
 3958 advanced practice registered nurse licensed under part I of
 3959 chapter 464, a midwife licensed under chapter 467, or an
 3960 autonomous physician assistant or a physician assistant
 3961 registered or licensed under chapter 458 or chapter 459 when
 3962 necessary to preserve the physical health of a female person.
 3963 This section also does not apply to any autopsy or limited
 3964 dissection conducted pursuant to chapter 406.

3965 Section 85. Subsection (23) of section 893.02, Florida
 3966 Statutes, is amended to read:

3967 893.02 Definitions.—The following words and phrases as
 3968 used in this chapter shall have the following meanings, unless
 3969 the context otherwise requires:

3970 (23) "Practitioner" means a physician licensed under
 3971 chapter 458, a dentist licensed under chapter 466, a
 3972 veterinarian licensed under chapter 474, an osteopathic
 3973 physician licensed under chapter 459, an advanced practice
 3974 registered nurse licensed under chapter 464, a naturopath
 3975 licensed under chapter 462, a certified optometrist licensed

3976 | under chapter 463, a psychiatric nurse as defined in s. 394.455,
 3977 | a podiatric physician licensed under chapter 461, an autonomous
 3978 | physician assistant registered under chapter 458 or chapter 459,
 3979 | or a physician assistant licensed under chapter 458 or chapter
 3980 | 459, provided such practitioner holds a valid federal controlled
 3981 | substance registry number.

3982 | Section 86. Subsection (6) of section 943.13, Florida
 3983 | Statutes, is amended to read:

3984 | 943.13 Officers' minimum qualifications for employment or
 3985 | appointment.—On or after October 1, 1984, any person employed or
 3986 | appointed as a full-time, part-time, or auxiliary law
 3987 | enforcement officer or correctional officer; on or after October
 3988 | 1, 1986, any person employed as a full-time, part-time, or
 3989 | auxiliary correctional probation officer; and on or after
 3990 | October 1, 1986, any person employed as a full-time, part-time,
 3991 | or auxiliary correctional officer by a private entity under
 3992 | contract to the Department of Corrections, to a county
 3993 | commission, or to the Department of Management Services shall:

3994 | (6) Have passed a physical examination by a licensed
 3995 | physician, registered autonomous physician assistant, licensed
 3996 | physician assistant, or licensed advanced practice registered
 3997 | nurse, based on specifications established by the commission. In
 3998 | order to be eligible for the presumption set forth in s. 112.18
 3999 | while employed with an employing agency, a law enforcement
 4000 | officer, correctional officer, or correctional probation officer

4001 must have successfully passed the physical examination required
 4002 by this subsection upon entering into service as a law
 4003 enforcement officer, correctional officer, or correctional
 4004 probation officer with the employing agency, which examination
 4005 must have failed to reveal any evidence of tuberculosis, heart
 4006 disease, or hypertension. A law enforcement officer,
 4007 correctional officer, or correctional probation officer may not
 4008 use a physical examination from a former employing agency for
 4009 purposes of claiming the presumption set forth in s. 112.18
 4010 against the current employing agency.

4011 Section 87. Subsection (2) of section 945.603, Florida
 4012 Statutes, is amended to read:

4013 945.603 Powers and duties of authority.—The purpose of the
 4014 authority is to assist in the delivery of health care services
 4015 for inmates in the Department of Corrections by advising the
 4016 Secretary of Corrections on the professional conduct of primary,
 4017 convalescent, dental, and mental health care and the management
 4018 of costs consistent with quality care, by advising the Governor
 4019 and the Legislature on the status of the Department of
 4020 Corrections' health care delivery system, and by assuring that
 4021 adequate standards of physical and mental health care for
 4022 inmates are maintained at all Department of Corrections
 4023 institutions. For this purpose, the authority has the authority
 4024 to:

4025 (2) Review and make recommendations regarding health care

4026 for the delivery of health care services including, but not
 4027 limited to, acute hospital-based services and facilities,
 4028 primary and tertiary care services, ancillary and clinical
 4029 services, dental services, mental health services, intake and
 4030 screening services, medical transportation services, and the use
 4031 of nurse practitioner, autonomous physician assistant, and
 4032 physician assistant personnel to act as physician extenders as
 4033 these relate to inmates in the Department of Corrections.

4034 Section 88. Paragraph (n) of subsection (1) of section
 4035 948.03, Florida Statutes, is amended to read:

4036 948.03 Terms and conditions of probation.—

4037 (1) The court shall determine the terms and conditions of
 4038 probation. Conditions specified in this section do not require
 4039 oral pronouncement at the time of sentencing and may be
 4040 considered standard conditions of probation. These conditions
 4041 may include among them the following, that the probationer or
 4042 offender in community control shall:

4043 (n) Be prohibited from using intoxicants to excess or
 4044 possessing any drugs or narcotics unless prescribed by a
 4045 physician, an advanced practice registered nurse, an autonomous
 4046 physician assistant, or a physician assistant. The probationer
 4047 or community controllee may not knowingly visit places where
 4048 intoxicants, drugs, or other dangerous substances are unlawfully
 4049 sold, dispensed, or used.

4050 Section 89. Subsection (34) of section 984.03, Florida

4051 Statutes, is amended to read:

4052 984.03 Definitions.—When used in this chapter, the term:

4053 (34) "Licensed health care professional" means a physician
 4054 licensed under chapter 458, an osteopathic physician licensed
 4055 under chapter 459, a nurse licensed under part I of chapter 464,
 4056 an autonomous physician assistant or a physician assistant
 4057 registered or licensed under chapter 458 or chapter 459, or a
 4058 dentist licensed under chapter 466.

4059 Section 90. Subsection (30) of section 985.03, Florida
 4060 Statutes, is amended to read:

4061 985.03 Definitions.—As used in this chapter, the term:

4062 (30) "Licensed health care professional" means a physician
 4063 licensed under chapter 458, an osteopathic physician licensed
 4064 under chapter 459, a nurse licensed under part I of chapter 464,
 4065 an autonomous physician assistant or a physician assistant
 4066 registered or licensed under chapter 458 or chapter 459, or a
 4067 dentist licensed under chapter 466.

4068 Section 91. Paragraph (i) of subsection (3) of section
 4069 1002.20, Florida Statutes, is amended to read:

4070 1002.20 K-12 student and parent rights.—Parents of public
 4071 school students must receive accurate and timely information
 4072 regarding their child's academic progress and must be informed
 4073 of ways they can help their child to succeed in school. K-12
 4074 students and their parents are afforded numerous statutory
 4075 rights including, but not limited to, the following:

4076 (3) HEALTH ISSUES.—

4077 (i) Epinephrine use and supply.—

4078 1. A student who has experienced or is at risk for life-
4079 threatening allergic reactions may carry an epinephrine auto-
4080 injector and self-administer epinephrine by auto-injector while
4081 in school, participating in school-sponsored activities, or in
4082 transit to or from school or school-sponsored activities if the
4083 school has been provided with parental and physician
4084 authorization. The State Board of Education, in cooperation with
4085 the Department of Health, shall adopt rules for such use of
4086 epinephrine auto-injectors that shall include provisions to
4087 protect the safety of all students from the misuse or abuse of
4088 auto-injectors. A school district, county health department,
4089 public-private partner, and their employees and volunteers shall
4090 be indemnified by the parent of a student authorized to carry an
4091 epinephrine auto-injector for any and all liability with respect
4092 to the student's use of an epinephrine auto-injector pursuant to
4093 this paragraph.

4094 2. A public school may purchase a supply of epinephrine
4095 auto-injectors from a wholesale distributor as defined in s.
4096 499.003 or may enter into an arrangement with a wholesale
4097 distributor or manufacturer as defined in s. 499.003 for the
4098 epinephrine auto-injectors at fair-market, free, or reduced
4099 prices for use in the event a student has an anaphylactic
4100 reaction. The epinephrine auto-injectors must be maintained in a

4101 secure location on the public school's premises. The
4102 participating school district shall adopt a protocol developed
4103 by a licensed physician for the administration by school
4104 personnel who are trained to recognize an anaphylactic reaction
4105 and to administer an epinephrine auto-injection. The supply of
4106 epinephrine auto-injectors may be provided to and used by a
4107 student authorized to self-administer epinephrine by auto-
4108 injector under subparagraph 1. or trained school personnel.

4109 3. The school district and its employees, agents, and the
4110 physician who provides the standing protocol for school
4111 epinephrine auto-injectors are not liable for any injury arising
4112 from the use of an epinephrine auto-injector administered by
4113 trained school personnel who follow the adopted protocol and
4114 whose professional opinion is that the student is having an
4115 anaphylactic reaction:

4116 a. Unless the trained school personnel's action is willful
4117 and wanton;

4118 b. Notwithstanding that the parents or guardians of the
4119 student to whom the epinephrine is administered have not been
4120 provided notice or have not signed a statement acknowledging
4121 that the school district is not liable; and

4122 c. Regardless of whether authorization has been given by
4123 the student's parents or guardians or by the student's
4124 physician, autonomous physician assistant, physician ~~physician's~~
4125 assistant, or advanced practice registered nurse.

4126 Section 92. Paragraph (b) of subsection (17) of section
 4127 1002.42, Florida Statutes, is amended to read:
 4128 1002.42 Private schools.—
 4129 (17) EPINEPHRINE SUPPLY.—
 4130 (b) The private school and its employees, agents, and the
 4131 physician who provides the standing protocol for school
 4132 epinephrine auto-injectors are not liable for any injury arising
 4133 from the use of an epinephrine auto-injector administered by
 4134 trained school personnel who follow the adopted protocol and
 4135 whose professional opinion is that the student is having an
 4136 anaphylactic reaction:
 4137 1. Unless the trained school personnel's action is willful
 4138 and wanton;
 4139 2. Notwithstanding that the parents or guardians of the
 4140 student to whom the epinephrine is administered have not been
 4141 provided notice or have not signed a statement acknowledging
 4142 that the school district is not liable; and
 4143 3. Regardless of whether authorization has been given by
 4144 the student's parents or guardians or by the student's
 4145 physician, autonomous physician assistant, physician ~~physician's~~
 4146 assistant, or advanced practice registered nurse.
 4147 Section 93. Paragraph (a) of subsection (1) and
 4148 subsections (4) and (5) of section 1006.062, Florida Statutes,
 4149 are amended to read:
 4150 1006.062 Administration of medication and provision of

4151 | medical services by district school board personnel.-

4152 | (1) Notwithstanding the provisions of the Nurse Practice
 4153 | Act, part I of chapter 464, district school board personnel may
 4154 | assist students in the administration of prescription medication
 4155 | when the following conditions have been met:

4156 | (a) Each district school board shall include in its
 4157 | approved school health services plan a procedure to provide
 4158 | training, by a registered nurse, a licensed practical nurse, or
 4159 | an advanced practice registered nurse licensed under chapter 464
 4160 | or by a physician, autonomous physician assistant, or physician
 4161 | assistant licensed or registered under ~~pursuant to~~ chapter 458
 4162 | or chapter 459, ~~or a physician assistant licensed pursuant to~~
 4163 | ~~chapter 458 or chapter 459~~, to the school personnel designated
 4164 | by the school principal to assist students in the administration
 4165 | of prescribed medication. Such training may be provided in
 4166 | collaboration with other school districts, through contract with
 4167 | an education consortium, or by any other arrangement consistent
 4168 | with the intent of this subsection.

4169 | (4) Nonmedical assistive personnel shall be allowed to
 4170 | perform health-related services upon successful completion of
 4171 | child-specific training by a registered nurse or advanced
 4172 | practice registered nurse licensed under chapter 464 or, a
 4173 | physician, autonomous physician assistant, or physician
 4174 | assistant licensed or registered under ~~pursuant to~~ chapter 458
 4175 | or chapter 459, ~~or a physician assistant licensed pursuant to~~

4176 ~~chapter 458 or chapter 459.~~ All procedures shall be monitored
4177 periodically by a nurse, advanced practice registered nurse,
4178 autonomous physician assistant, physician assistant, or
4179 physician, including, but not limited to:

- 4180 (a) Intermittent clean catheterization.
- 4181 (b) Gastrostomy tube feeding.
- 4182 (c) Monitoring blood glucose.
- 4183 (d) Administering emergency injectable medication.
- 4184 (5) For all other invasive medical services not listed in
4185 this subsection, a registered nurse or advanced practice
4186 registered nurse licensed under chapter 464 or a physician,
4187 autonomous physician assistant, or physician assistant licensed
4188 or registered under ~~pursuant to~~ chapter 458 or chapter 459, ~~or a~~
4189 ~~physician assistant licensed pursuant to chapter 458 or chapter~~
4190 ~~459~~ shall determine if nonmedical district school board
4191 personnel shall be allowed to perform such service.

4192 Section 94. Paragraph (c) of subsection (2) of section
4193 1006.20, Florida Statutes, is amended to read:

4194 1006.20 Athletics in public K-12 schools.—

4195 (2) ADOPTION OF BYLAWS, POLICIES, OR GUIDELINES.—

4196 (c) The FHSAA shall adopt bylaws that require all students
4197 participating in interscholastic athletic competition or who are
4198 candidates for an interscholastic athletic team to
4199 satisfactorily pass a medical evaluation each year before ~~prior~~
4200 ~~to~~ participating in interscholastic athletic competition or

4201 engaging in any practice, tryout, workout, or other physical
4202 activity associated with the student's candidacy for an
4203 interscholastic athletic team. Such medical evaluation may be
4204 administered only by a practitioner licensed or registered under
4205 chapter 458, chapter 459, chapter 460, ~~or~~ s. 464.012, or s.
4206 464.0123 and in good standing with the practitioner's regulatory
4207 board. The bylaws shall establish requirements for eliciting a
4208 student's medical history and performing the medical evaluation
4209 required under this paragraph, which shall include a physical
4210 assessment of the student's physical capabilities to participate
4211 in interscholastic athletic competition as contained in a
4212 uniform preparticipation physical evaluation and history form.
4213 The evaluation form shall incorporate the recommendations of the
4214 American Heart Association for participation cardiovascular
4215 screening and shall provide a place for the signature of the
4216 practitioner performing the evaluation with an attestation that
4217 each examination procedure listed on the form was performed by
4218 the practitioner or by someone under the direct supervision of
4219 the practitioner. The form shall also contain a place for the
4220 practitioner to indicate if a referral to another practitioner
4221 was made in lieu of completion of a certain examination
4222 procedure. The form shall provide a place for the practitioner
4223 to whom the student was referred to complete the remaining
4224 sections and attest to that portion of the examination. The
4225 preparticipation physical evaluation form shall advise students

4226 to complete a cardiovascular assessment and shall include
 4227 information concerning alternative cardiovascular evaluation and
 4228 diagnostic tests. Results of such medical evaluation must be
 4229 provided to the school. A student is not eligible to
 4230 participate, as provided in s. 1006.15(3), in any
 4231 interscholastic athletic competition or engage in any practice,
 4232 tryout, workout, or other physical activity associated with the
 4233 student's candidacy for an interscholastic athletic team until
 4234 the results of the medical evaluation have been received and
 4235 approved by the school.

4236 Section 95. Subsection (1) of section 1009.65, Florida
 4237 Statutes, is amended to read:

4238 1009.65 Medical Education Reimbursement and Loan Repayment
 4239 Program.—

4240 (1) To encourage qualified medical professionals to
 4241 practice in underserved locations where there are shortages of
 4242 such personnel, there is established the Medical Education
 4243 Reimbursement and Loan Repayment Program. The function of the
 4244 program is to make payments that offset loans and educational
 4245 expenses incurred by students for studies leading to a medical
 4246 or nursing degree, medical or nursing licensure, ~~or~~ advanced
 4247 practice registered nurse licensure, autonomous physician
 4248 assistant registration, or physician assistant licensure. The
 4249 following licensed or certified health care professionals are
 4250 eligible to participate in this program: medical doctors with

4251 primary care specialties, doctors of osteopathic medicine with
4252 primary care specialties, autonomous physician assistants,
4253 physician ~~physician's~~ assistants, licensed practical nurses and
4254 registered nurses, and advanced practice registered nurses with
4255 primary care specialties such as certified nurse midwives.
4256 Primary care medical specialties for physicians include
4257 obstetrics, gynecology, general and family practice, internal
4258 medicine, pediatrics, and other specialties which may be
4259 identified by the Department of Health.

4260 Section 96. For the 2020-2021 fiscal year, four full-time
4261 equivalent positions with associated salary rate of 166,992 are
4262 authorized and the sums of \$643,659 in recurring and \$555,200 in
4263 nonrecurring funds from the Health Care Trust Fund are
4264 appropriated to the Agency for Health Care Administration for
4265 the purpose of implementing sections 400.52, 408.064, and
4266 408.822, Florida Statutes, as created by this act.

4267 Section 97. For the 2020-2021 fiscal year, 3.5 full-time
4268 equivalent positions with associated salary rate of 183,895 are
4269 authorized and the sums of \$219,089 in recurring funds and
4270 \$17,716 in nonrecurring funds from the Medical Quality Assurance
4271 Trust Fund are appropriated to the Department of Health for the
4272 purpose of implementing section 464.0123, Florida Statutes, as
4273 created by this act.

4274 Section 98. This act shall take effect July 1, 2020.