

Amendment No.

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u>	(Y/N)
ADOPTED AS AMENDED	<u> </u>	(Y/N)
ADOPTED W/O OBJECTION	<u> </u>	(Y/N)
FAILED TO ADOPT	<u> </u>	(Y/N)
WITHDRAWN	<u> </u>	(Y/N)
OTHER	<u> </u>	

1 Committee/Subcommittee hearing bill: Health Quality

2 Subcommittee

3 Representative Pigman offered the following:

4

5 **Amendment (with title amendment)**

6 Remove everything after the enacting clause and insert:

7 Section 1. Section 456.0391, Florida Statutes, is amended
8 to read:

9 456.0391 Advanced practice registered nurses and
10 autonomous physician assistants; information required for
11 licensure or registration.-

12 (1) (a) Each person who applies for initial licensure under
13 s. 464.012 or initial registration under s. 458.347(8) or s.
14 459.022(8) must, at the time of application, and each person
15 licensed under s. 464.012 or registered under s. 458.347(8) or

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16 s. 459.022(8) who applies for licensure or registration renewal
17 must, in conjunction with the renewal of such licensure or
18 registration and under procedures adopted by the Department of
19 Health, and in addition to any other information that may be
20 required from the applicant, furnish the following information
21 to the Department of Health:

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

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

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

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

36 5. The year that the applicant received initial
37 certification, ~~or~~ licensure, or registration and began
38 practicing the profession in any jurisdiction and the year that
39 the applicant received initial certification, ~~or~~ licensure, or
40 registration in this state.

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

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

61 8. A description of any final disciplinary action taken
62 within the previous 10 years against the applicant by a
63 licensing or regulatory body in any jurisdiction, by a specialty
64 board that is recognized by the board or department, or by a
65 licensed hospital, health maintenance organization, prepaid

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66 health clinic, ambulatory surgical center, or nursing home.
67 Disciplinary action includes resignation from or nonrenewal of
68 staff membership or the restriction of privileges at a licensed
69 hospital, health maintenance organization, prepaid health
70 clinic, ambulatory surgical center, or nursing home taken in
71 lieu of or in settlement of a pending disciplinary case related
72 to competence or character. If the applicant indicates that the
73 disciplinary action is under appeal and submits a copy of the
74 document initiating an appeal of the disciplinary action, the
75 department must state that the disciplinary action is under
76 appeal if the disciplinary action is reported in the applicant's
77 profile.

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

82 (2) The Department of Health shall send a notice to each
83 person licensed under s. 464.012 or registered under s.
84 458.347(8) or s. 459.022(8) at the licensee's or registrant's
85 last known address of record regarding the requirements for
86 information to be submitted by such person ~~advanced practice~~
87 ~~registered nurses~~ pursuant to this section in conjunction with
88 the renewal of such license or registration.

89 (3) Each person licensed under s. 464.012 or registered
90 under s. 458.347(8) or s. 459.022(8) who has submitted

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91 information pursuant to subsection (1) must update that
92 information in writing by notifying the Department of Health
93 within 45 days after the occurrence of an event or the
94 attainment of a status that is required to be reported by
95 subsection (1). Failure to comply with the requirements of this
96 subsection to update and submit information constitutes a ground
97 for disciplinary action under the applicable practice act
98 ~~chapter 464~~ and s. 456.072(1)(k). For failure to comply with the
99 requirements of this subsection to update and submit
100 information, the department or board, as appropriate, may:

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

104 (b) Issue a citation to any certificateholder, ~~or~~
105 licensee, or registrant who fails to submit and update the
106 required information and may fine the certificateholder, ~~or~~
107 licensee, or registrant up to \$50 for each day that the
108 certificateholder, ~~or~~ licensee, or registrant is not in
109 compliance with this subsection. The citation must clearly state
110 that the certificateholder, ~~or~~ licensee, or registrant may
111 choose, in lieu of accepting the citation, to follow the
112 procedure under s. 456.073. If the certificateholder, ~~or~~
113 licensee, or registrant disputes the matter in the citation, the
114 procedures set forth in s. 456.073 must be followed. However, if
115 the certificateholder, ~~or~~ licensee, or registrant does not

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116 dispute the matter in the citation with the department within 30
117 days after the citation is served, the citation becomes a final
118 order and constitutes discipline. Service of a citation may be
119 made by personal service or certified mail, restricted delivery,
120 to the subject at the certificateholder's, ~~or~~ licensee's, or
121 registrant's last known address.

122 (4) (a) An applicant for initial licensure under s. 464.012
123 must submit a set of fingerprints to the Department of Health on
124 a form and under procedures specified by the department, along
125 with payment in an amount equal to the costs incurred by the
126 Department of Health for a national criminal history check of
127 the applicant.

128 (b) An applicant for renewed licensure who has not
129 previously submitted a set of fingerprints to the Department of
130 Health for purposes of certification must submit a set of
131 fingerprints to the department as a condition of the initial
132 renewal of his or her certificate after the effective date of
133 this section. The applicant must submit the fingerprints on a
134 form and under procedures specified by the department, along
135 with payment in an amount equal to the costs incurred by the
136 Department of Health for a national criminal history check. For
137 subsequent renewals, the applicant for renewed licensure must
138 only submit information necessary to conduct a statewide
139 criminal history check, along with payment in an amount equal to

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140 the costs incurred by the Department of Health for a statewide
141 criminal history check.

142 (c)1. The Department of Health shall submit the
143 fingerprints provided by an applicant for initial licensure to
144 the Florida Department of Law Enforcement for a statewide
145 criminal history check, and the Florida Department of Law
146 Enforcement shall forward the fingerprints to the Federal Bureau
147 of Investigation for a national criminal history check of the
148 applicant.

149 2. The department shall submit the fingerprints provided
150 by an applicant for the initial renewal of licensure to the
151 Florida Department of Law Enforcement for a statewide criminal
152 history check, and the Florida Department of Law Enforcement
153 shall forward the fingerprints to the Federal Bureau of
154 Investigation for a national criminal history check for the
155 initial renewal of the applicant's certificate after the
156 effective date of this section.

157 3. For any subsequent renewal of the applicant's
158 certificate, the department shall submit the required
159 information for a statewide criminal history check of the
160 applicant to the Florida Department of Law Enforcement.

161 (d) Any applicant for initial licensure or renewal of
162 licensure as an advanced practice registered nurse who submits
163 to the Department of Health a set of fingerprints and
164 information required for the criminal history check required

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165 | under this section shall not be required to provide a subsequent
166 | set of fingerprints or other duplicate information required for
167 | a criminal history check to the Agency for Health Care
168 | Administration, the Department of Juvenile Justice, or the
169 | Department of Children and Families for employment or licensure
170 | with such agency or department, if the applicant has undergone a
171 | criminal history check as a condition of initial licensure or
172 | renewal of licensure as an advanced practice registered nurse
173 | with the Department of Health, notwithstanding any other
174 | provision of law to the contrary. In lieu of such duplicate
175 | submission, the Agency for Health Care Administration, the
176 | Department of Juvenile Justice, and the Department of Children
177 | and Families shall obtain criminal history information for
178 | employment or licensure of persons licensed under s. 464.012 by
179 | such agency or department from the Department of Health's health
180 | care practitioner credentialing system.

181 | (5) Each person who is required to submit information
182 | pursuant to this section may submit additional information to
183 | the Department of Health. Such information may include, but is
184 | not limited to:

185 | (a) Information regarding publications in peer-reviewed
186 | professional literature within the previous 10 years.

187 | (b) Information regarding professional or community
188 | service activities or awards.

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

193 (d) An indication of whether the person participates in
194 the Medicaid program.

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

197 456.041 Practitioner profile; creation.—

198 (6) The Department of Health shall provide in each
199 practitioner profile for every physician, autonomous physician
200 assistant, or advanced practice registered nurse terminated for
201 cause from participating in the Medicaid program, pursuant to s.
202 409.913, or sanctioned by the Medicaid program a statement that
203 the practitioner has been terminated from participating in the
204 Florida Medicaid program or sanctioned by the Medicaid program.

205 Section 3. Subsections (8) through (17) of section
206 458.347, Florida Statutes, are renumbered as subsections (9)
207 through (18), respectively, subsection (2), paragraphs (b), (e),
208 and (f) of subsection (4), paragraph (a) of subsection (6),
209 paragraphs (a) and (f) of subsection (7), present subsection
210 (9), and present subsections (11) through (13) are amended,
211 paragraph (b) is added to subsection (2), and new subsections
212 (8) and (19) are added to that section, to read:

213 458.347 Physician assistants.—

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

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

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

220 (c) ~~(b)~~ "Boards" means the Board of Medicine and the Board
221 of Osteopathic Medicine.

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

227 (e) ~~(e)~~ "Council" means the Council on Physician
228 Assistants.

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

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

237 (h) ~~(f)~~ "Supervision" means responsible supervision and
238 control. Except in cases of emergency, supervision requires the

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239 easy availability or physical presence of the licensed physician
240 for consultation and direction of the actions of the physician
241 assistant. For the purposes of this definition, the term "easy
242 availability" includes the ability to communicate by way of
243 telecommunication. The boards shall establish rules as to what
244 constitutes responsible supervision of the physician assistant.

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

247 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

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

260 1. A physician assistant must clearly identify to the
261 patient that he or she is a physician assistant ~~and inform the~~
262 ~~patient that the patient has the right to see the physician~~

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263 ~~before a prescription is prescribed or dispensed by the~~
264 ~~physician assistant.~~

265 2. The supervising physician must notify the department of
266 his or her intent to delegate, on a department-approved form,
267 before delegating such authority and of any change in
268 prescriptive privileges of the physician assistant. Authority to
269 dispense may be delegated only by a supervising physician who is
270 registered as a dispensing practitioner in compliance with s.
271 465.0276.

272 3. The physician assistant must complete a minimum of 10
273 continuing medical education hours in the specialty practice in
274 which the physician assistant has prescriptive privileges with
275 each licensure renewal. Three of the 10 hours must consist of a
276 continuing education course on the safe and effective
277 prescribing of controlled substance medications which is offered
278 by a statewide professional association of physicians in this
279 state accredited to provide educational activities designated
280 for the American Medical Association Physician's Recognition
281 Award Category 1 credit or designated by the American Academy of
282 Physician Assistants as a Category 1 credit.

283 4. The department may issue a prescriber number to the
284 physician assistant granting authority for the prescribing of
285 medicinal drugs authorized within this paragraph upon completion
286 of the requirements of this paragraph. The physician assistant

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287 is not required to independently register pursuant to s.
288 465.0276.

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

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

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

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

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

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

333 (6) PROGRAM APPROVAL.—

334 (a) The boards shall approve programs, ~~based on~~
335 ~~recommendations by the council,~~ for the education and training
336 of physician assistants which meet standards established by rule

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337 of the boards. ~~The council may recommend only those physician~~
338 ~~assistant programs that hold full accreditation or provisional~~
339 ~~accreditation from the Commission on Accreditation of Allied~~
340 ~~Health Programs or its successor organization. Any educational~~
341 ~~institution offering a physician assistant program approved by~~
342 ~~the boards pursuant to this paragraph may also offer the~~
343 ~~physician assistant program authorized in paragraph (c) for~~
344 ~~unlicensed physicians.~~

345 (7) PHYSICIAN ASSISTANT LICENSURE.—

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

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

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361 3. Has completed the application form and remitted an
362 application fee not to exceed \$300 as set by the boards. An
363 application for licensure made by a physician assistant must
364 include:

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

368 b. Acknowledgment of any prior felony convictions.

369 c. Acknowledgment of any previous revocation or denial of
370 licensure or certification in any state.

371 d. A copy of course transcripts and a copy of the course
372 description from a physician assistant training program
373 describing course content in pharmacotherapy, if the applicant
374 wishes to apply for prescribing authority. These documents must
375 meet the evidence requirements for prescribing authority.

376 (f) The Board of Medicine may impose any of the penalties
377 authorized under ss. 456.072 and 458.331(2) upon an autonomous
378 physician assistant or a physician assistant if the autonomous
379 physician assistant, physician assistant, or ~~the~~ supervising
380 physician has been found guilty of or is being investigated for
381 any act that constitutes a violation of this chapter or chapter
382 456.

383 (8) AUTONOMOUS PHYSICIAN ASSISTANT PERFORMANCE.-

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

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

389 2. Has not been subject to any disciplinary action
390 pursuant to s. 456.072, s. 458.331, or s. 459.015, or any
391 similar disciplinary action in any jurisdiction of the United
392 States, within the 5 years immediately preceding the
393 registration request.

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

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

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

407 a. Any person registered under this subsection who
408 practices exclusively as an officer, employee, or agent of the

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409 Federal Government or of the state or its agencies or its
410 subdivisions.

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

414 c. Any person who practices as an autonomous physician
415 assistant only in conjunction with his or her teaching duties at
416 an accredited school or its main teaching hospitals. Such
417 practice is limited to that which is incidental to and a
418 necessary part of duties in connection with the teaching
419 position.

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

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

430 (c) An autonomous physician assistant may:

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

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

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

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

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

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

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

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

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457 (10) ~~(9)~~ COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on
458 Physician Assistants is created within the department.

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

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

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

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

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

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482 (c) The council shall:

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

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

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

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

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

516 1. Refuse to certify the applicant for licensure;

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

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

526 ~~(12)-(11)~~ PENALTY.—Any person who has not been licensed by
527 the council and approved by the department and who holds himself
528 or herself out as an autonomous physician assistant or a
529 physician assistant or who uses any other term in indicating or
530 implying that he or she is an autonomous physician assistant or
531 a physician assistant commits a felony of the third degree,

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532 punishable as provided in s. 775.082 or s. 775.084 or by a fine
533 not exceeding \$5,000.

534 ~~(13)-(12)~~ DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—
535 The boards may deny, suspend, or revoke the registration of an
536 autonomous physician assistant or the license of a physician
537 assistant license if a board determines that the autonomous
538 physician assistant or physician assistant has violated this
539 chapter.

540 ~~(14)-(13)~~ RULES.—The boards shall adopt rules to implement
541 this section, including rules detailing the contents of the
542 application for licensure and notification pursuant to
543 subsection (7), rules relating to the registration of autonomous
544 physician assistants pursuant to subsection (8), and rules to
545 ensure ~~both~~ the continued competency of autonomous physician
546 assistants and physician assistants and the proper utilization
547 of them by physicians or groups of physicians.

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

551 Section 4. Subsections (8) through (17) of section
552 459.022, Florida Statutes, are renumbered as subsections (9)
553 through (18), respectively, subsection (2), paragraphs (b) and
554 (e) of subsection (4), paragraph (a) of subsection (6),
555 paragraphs (a) and (f) of subsection (7), present subsection
556 (9), and present subsections (11) through (13) are amended,

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557 paragraph (b) is added to subsection (2), and new subsections
558 (8) and (19) are added to that section, to read:

559 459.022 Physician assistants.—

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

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

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

566 (c)~~(b)~~ "Boards" means the Board of Medicine and the Board
567 of Osteopathic Medicine.

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

573 (e)~~(e)~~ "Council" means the Council on Physician
574 Assistants.

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

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

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581 to, those examinations administered by the National Commission
582 on Certification of Physician Assistants.

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

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

593 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

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

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

611 2. The supervising physician must notify the department of
612 her or his intent to delegate, on a department-approved form,
613 before delegating such authority and of any change in
614 prescriptive privileges of the physician assistant. Authority to
615 dispense may be delegated only by a supervising physician who is
616 registered as a dispensing practitioner in compliance with s.
617 465.0276.

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

622 4. The department may issue a prescriber number to the
623 physician assistant granting authority for the prescribing of
624 medicinal drugs authorized within this paragraph upon completion
625 of the requirements of this paragraph. The physician assistant
626 is not required to independently register pursuant to s.
627 465.0276.

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

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631 name, address, and telephone number, the physician assistant's
632 prescriber number. Unless it is a drug or drug sample dispensed
633 by the physician assistant, the prescription must be filled in a
634 pharmacy permitted under chapter 465, and must be dispensed in
635 that pharmacy by a pharmacist licensed under chapter 465. The
636 inclusion of the prescriber number creates a presumption that
637 the physician assistant is authorized to prescribe the medicinal
638 drug and the prescription is valid.

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

641 (6) PROGRAM APPROVAL.—

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

649 (7) PHYSICIAN ASSISTANT LICENSURE.—

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

654 1. Is at least 18 years of age.

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

665 3. Has completed the application form and remitted an
666 application fee not to exceed \$300 as set by the boards. An
667 application for licensure made by a physician assistant must
668 include:

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

672 b. Acknowledgment of any prior felony convictions.

673 c. Acknowledgment of any previous revocation or denial of
674 licensure or certification in any state.

675 d. A copy of course transcripts and a copy of the course
676 description from a physician assistant training program
677 describing course content in pharmacotherapy, if the applicant
678 wishes to apply for prescribing authority. These documents must
679 meet the evidence requirements for prescribing authority.

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680 (f) The Board of Osteopathic Medicine may impose any of
681 the penalties authorized under ss. 456.072 and 459.015(2) upon
682 an autonomous physician assistant or a physician assistant if
683 the autonomous physician assistant, the physician assistant, or
684 a the supervising physician has been found guilty of or is being
685 investigated for any act that constitutes a violation of this
686 chapter or chapter 456.

687 (8) AUTONOMOUS PHYSICIAN ASSISTANT PERFORMANCE.-

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

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

693 2. Has not been subject to any disciplinary action
694 pursuant to s. 456.072, 458.331, or 459.015, or any similar
695 disciplinary action in any jurisdiction of the United States,
696 within the 5 years immediately preceding the registration
697 request.

698 3. Has completed, in any jurisdiction of the United
699 States, at least 2,000 clinical practice hours within the 3
700 years immediately preceding the submission of the registration
701 request while practicing as a physician assistant under the
702 supervision of an allopathic or osteopathic physician who held
703 an active, unencumbered license issued by any state, the

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704 District of Columbia, or a possession or territory of the United
705 States during the period of such supervision.

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

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

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

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

718 c. Any person who practices as an autonomous physician
719 assistant only in conjunction with his or her teaching duties at
720 an accredited school or its main teaching hospitals. Such
721 practice is limited to that which is incidental to and a
722 necessary part of duties in connection with the teaching
723 position.

724 d. Any person who holds an active license under this
725 subsection who is not practicing as an autonomous physician
726 assistant in this state. If such person initiates or resumes any
727 practice as an autonomous physician assistant, he or she must
728 notify the department of such activity and fulfill the

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729 professional liability coverage requirements of this
730 subparagraph.

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

734 (c) An autonomous physician assistant may:

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

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

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

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

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

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

751 (d) An autonomous physician assistant must biennially
752 renew his or her registration under this subsection. The
753 biennial renewal shall coincide with the autonomous physician

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754 assistant's biennial renewal period for physician assistant
755 licensure.

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

760 (10)(9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on
761 Physician Assistants is created within the department.

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

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

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

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

776 (b) ~~Two of the members appointed to the council must be~~
777 ~~physicians who supervise physician assistants in their practice.~~
778 Members shall be appointed to terms of 4 years, except that of

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779 the initial appointments, two members shall be appointed to
780 terms of 2 years, two members shall be appointed to terms of 3
781 years, and one member shall be appointed to a term of 4 years,
782 as established by rule of the boards. Council members may not
783 serve more than two consecutive terms. The council shall
784 annually elect a chairperson from among its members.

785 (c) The council shall:

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

788 2. Develop all rules regulating the primary care practice
789 of autonomous physician assistants and the use of physician
790 assistants by physicians under chapter 458 and this chapter,
791 except for rules relating to the formulary developed under s.
792 458.347. The council shall also develop rules to ensure that the
793 continuity of supervision is maintained in each practice
794 setting. The boards shall consider adopting a proposed rule
795 developed by the council at the regularly scheduled meeting
796 immediately following the submission of the proposed rule by the
797 council. A proposed rule submitted by the council may not be
798 adopted by either board unless both boards have accepted and
799 approved the identical language contained in the proposed rule.
800 The language of all proposed rules submitted by the council must
801 be approved by both boards pursuant to each respective board's
802 guidelines and standards regarding the adoption of proposed
803 rules. If either board rejects the council's proposed rule, that

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804 board must specify its objection to the council with
805 particularity and include any recommendations it may have for
806 the modification of the proposed rule.

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

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

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

819 1. Refuse to certify the applicant for licensure;

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

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

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829 ~~(12)~~ ~~(11)~~ PENALTY.—Any person who has not been licensed by
830 the council and approved by the department and who holds herself
831 or himself out as an autonomous physician assistant or a
832 physician assistant or who uses any other term in indicating or
833 implying that she or he is an autonomous physician assistant or
834 a physician assistant commits a felony of the third degree,
835 punishable as provided in s. 775.082 or s. 775.084 or by a fine
836 not exceeding \$5,000.

837 ~~(13)~~ ~~(12)~~ DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—
838 The boards may deny, suspend, or revoke the registration of an
839 autonomous physician assistant or the license of a physician
840 assistant license if a board determines that the autonomous
841 physician assistant or physician assistant has violated this
842 chapter.

843 ~~(14)~~ ~~(13)~~ RULES.—The boards shall adopt rules to implement
844 this section, including rules detailing the contents of the
845 application for licensure and notification pursuant to
846 subsection (7), rules relating to the registration of autonomous
847 physician assistants pursuant to subsection (8), and rules to
848 ensure ~~both~~ the continued competency of autonomous physician
849 assistants and physician assistants and the proper utilization
850 of them by physicians or groups of physicians.

851 ~~(19)~~ ADVERSE INCIDENTS.—An autonomous physician assistant
852 must report adverse incidents to the department in the same
853 manner as required under s. 459.026.

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

856 464.012 Licensure of advanced practice registered nurses;
857 fees; controlled substance prescribing.—

858 (1) Any nurse desiring to be licensed as an advanced
859 practice registered nurse must apply to the board ~~department~~ and
860 submit proof that he or she holds a current license to practice
861 professional nursing or holds an active multistate license to
862 practice professional nursing pursuant to s. 464.0095 and ~~that~~
863 ~~he or she~~ meets one or more of the following requirements ~~as~~
864 ~~determined by the board:~~

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

875 (b) Graduation from a ~~program leading to a~~ master's degree
876 program in a nursing clinical specialty area with preparation in
877 specialized practitioner skills. For applicants graduating on or
878 after October 1, 1998, graduation from a master's degree program

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879 is required for initial licensure as a certified nurse
880 practitioner under paragraph (4) (a).

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

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

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

893 (3) An advanced practice registered nurse shall perform
894 those functions authorized in this section within the framework
895 of an established protocol that must be maintained on site at
896 the location or locations at which an advanced practice
897 registered nurse practices, unless the advanced practice
898 registered nurse is registered to engage in autonomous practice
899 pursuant to s. 464.0123. In the case of multiple supervising
900 physicians in the same group, an advanced practice registered
901 nurse must enter into a supervisory protocol with at least one
902 physician within the physician group practice. A practitioner
903 currently licensed under chapter 458, chapter 459, or chapter

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904 466 shall maintain supervision for directing the specific course
905 of medical treatment. Within the established framework, an
906 advanced practice registered nurse may:

907 (a) Prescribe, dispense, administer, or order any drug;
908 however, an advanced practice registered nurse may prescribe or
909 dispense a controlled substance as defined in s. 893.03 only if
910 the advanced practice registered nurse has graduated from a
911 program leading to a master's or doctoral degree in a clinical
912 nursing specialty area with training in specialized practitioner
913 skills.

914 (b) Initiate appropriate therapies for certain conditions.

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

917 (d) Order diagnostic tests and physical and occupational
918 therapy.

919 (e) Order any medication for administration to a patient
920 in a facility licensed under chapter 395 or part II of chapter
921 400, notwithstanding any provisions in chapter 465 or chapter
922 893.

923 (f) Sign, certify, stamp, verify, or endorse a document
924 that requires the signature, certification, stamp, verification,
925 affidavit, or endorsement of a physician. However, a supervisory
926 physician may not delegate the authority to issue a documented
927 approval to release a patient from a receiving facility or its

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928 contractor under s. 394.463(2)(f) to an advanced practice
929 registered nurse.

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

932 464.0123 Autonomous practice by an advanced practice
933 registered nurse.-

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

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

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

943 (b) Has not been subject to any disciplinary action
944 pursuant to s. 456.072 or s. 464.018, or any similar
945 disciplinary action in any other jurisdiction of the United
946 States, within the 5 years immediately preceding the
947 registration request.

948 (c) Has completed, in any jurisdiction of the United
949 States, at least 2,000 clinical practice hours or clinical
950 instructional hours within the 5 years immediately preceding the
951 registration request while practicing as an advanced practice
952 registered nurse under the supervision of an allopathic or

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953 osteopathic physician who held an active, unencumbered license
954 issued by another state, the District of Columbia, or a
955 possession or territory of the United States during the period
956 of such supervision.

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

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

962 (4) (a) An advanced practice registered nurse registered
963 under this section must by one of the following methods
964 demonstrate to the satisfaction of the board and the department
965 financial responsibility to pay claims and costs ancillary
966 thereto arising out of the rendering of, or the failure to
967 render, medical or nursing care or services:

968 1. Obtaining and maintaining professional liability
969 coverage in an amount not less than \$100,000 per claim, with a
970 minimum annual aggregate of not less than \$300,000, from an
971 authorized insurer as defined under s. 624.09, from a surplus
972 lines insurer as defined under s. 626.914(2), from a risk
973 retention group as defined under s. 627.942, from the Joint
974 Underwriting Association established under s. 627.351(4), or
975 through a plan of self-insurance as provided in s. 627.357; or

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

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978 amount of not less than \$100,000 per claim, with a minimum
979 aggregate availability of credit of not less than \$300,000. The
980 letter of credit must be payable to the advanced practice
981 registered nurse as beneficiary upon presentment of a final
982 judgment indicating liability and awarding damages to be paid by
983 the advanced practice registered nurse or upon presentment of a
984 settlement agreement signed by all parties to such agreement
985 when such final judgment or settlement is a result of a claim
986 arising out of the rendering of, or the failure to render,
987 medical or nursing care and services.

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

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

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

996 3. Any person who practices as an advanced practice
997 registered nurse registered under this section only in
998 conjunction with his or her teaching duties at an accredited
999 school or its main teaching hospitals. Such practice is limited
1000 to that which is incidental to and a necessary part of duties in
1001 connection with the teaching position.

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1002 4. Any person who holds an active license under this
1003 section who is not practicing as an autonomous advanced practice
1004 registered nurse registered under this section in this state. If
1005 such person initiates or resumes any practice as an autonomous
1006 advanced practice registered nurse, he or she must notify the
1007 department of such activity and fulfill the professional
1008 liability coverage requirements of paragraph (a).

1009 (5) The board shall register an advanced practice
1010 registered nurse who meets the qualifications in this section.

1011 (6) The department shall conspicuously distinguish an
1012 advanced practice registered nurse's license if he or she is
1013 registered with the board under this section and include the
1014 registration in the advanced practice registered nurse's
1015 practitioner profile created under s. 456.041.

1016 (7) An advanced practice registered nurse who is
1017 registered under this section may perform the general functions
1018 of an advanced practice registered nurse pursuant to s.
1019 464.012(3), the acts within his or her specialty pursuant to s.
1020 464.012(4), and the following:

1021 (a) For a patient who requires the services of a health
1022 care facility, as defined in s. 408.032(8):

1023 1. Admit the patient to the facility.

1024 2. Manage the care received by the patient in the
1025 facility.

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1026 3. Discharge the patient from the facility, unless
1027 prohibited by federal law or rule.

1028 (b) Provide a signature, certification, stamp,
1029 verification, affidavit, or endorsement that is otherwise
1030 required by law to be provided by a physician.

1031 (8) (a) An advanced practice registered nurse must
1032 biennially renew his or her registration under this section. The
1033 biennial renewal for registration shall coincide with the
1034 advanced practice registered nurse's biennial renewal period for
1035 advanced practice registered nurse licensure.

1036 (b) To renew his or her registration under this section,
1037 an advanced practice registered nurse must complete at least 10
1038 hours of continuing education approved by the board in addition
1039 to completing the continuing education requirements established
1040 by board rule pursuant to s. 464.013. If the initial renewal
1041 period occurs before January 1, 2020, an advanced practice
1042 registered nurse who is registered under this section is not
1043 required to complete the continuing education requirement under
1044 this paragraph until the following biennial renewal period.

1045 (9) The board may establish an advisory committee to make
1046 evidence-based recommendations about medical acts that an
1047 advanced practice registered nurse who is registered under this
1048 section may perform. The committee must consist of four advanced
1049 practice registered nurses licensed under this chapter,
1050 appointed by the board; two physicians licensed under chapter

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1051 458 or chapter 459 who have professional experience with
1052 advanced practice registered nurses, appointed by the Board of
1053 Medicine; and the State Surgeon General or his or her designee.
1054 Each committee member appointed by a board shall serve a term of
1055 4 years, unless a shorter term is required to establish or
1056 maintain staggered terms. The Board of Nursing shall act upon
1057 the recommendations from the committee within 90 days after the
1058 submission of such recommendations.

1059 (10) The board shall adopt rules as necessary to implement
1060 this section.

1061 Section 7. Section 464.0155, Florida Statutes, is created
1062 to read:

1063 464.0155 Reports of adverse incidents by advanced practice
1064 registered nurses.—

1065 (1) An advanced practice registered nurse who is
1066 registered to engage in autonomous practice pursuant to s.
1067 464.0123 must report an adverse incident to the department in
1068 accordance with this section.

1069 (2) The report must be in writing, sent to the department
1070 by certified mail, and postmarked within 15 days after the
1071 occurrence of the adverse incident if the adverse incident
1072 occurs when the patient is at the office of the advanced
1073 practice registered nurse. If the adverse incident occurs when
1074 the patient is not at the office of the advanced practice
1075 registered nurse, the report must be postmarked within 15 days

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1076 after the advanced practice registered nurse discovers, or
1077 reasonably should have discovered, the occurrence of the adverse
1078 incident.

1079 (3) For purposes of this section, the term "adverse
1080 incident" means any of the following events when it is
1081 reasonable to believe that the event is attributable to the
1082 prescription of a controlled substance regulated under chapter
1083 893 or 21 U.S.C. s. 812 by the advanced practice registered
1084 nurse:

1085 (a) A condition that requires the transfer of a patient to
1086 a hospital licensed under chapter 395.

1087 (b) Permanent physical injury to the patient.

1088 (c) Death of the patient.

1089 (4) The department shall review each report of an adverse
1090 incident and determine whether the adverse incident was
1091 attributable to conduct by the advanced practice registered
1092 nurse. Upon such a determination, the board may take
1093 disciplinary action pursuant to s. 456.073.

1094 Section 8. Paragraph (r) is added to subsection (1) of
1095 section 464.018, Florida Statutes, to read:

1096 464.018 Disciplinary actions.—

1097 (1) The following acts constitute grounds for denial of a
1098 license or disciplinary action, as specified in ss. 456.072(2)
1099 and 464.0095:

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1100 (r) For an advanced practice registered nurse who is
1101 registered to engage in autonomous practice pursuant to s.
1102 464.0123:

1103 1. Paying or receiving any commission, bonus, kickback, or
1104 rebate from, or engaging in any split-fee arrangement in any
1105 form whatsoever with, a health care practitioner, organization,
1106 agency, or person, either directly or implicitly, for referring
1107 patients to providers of health care goods or services,
1108 including, but not limited to, hospitals, nursing homes,
1109 clinical laboratories, ambulatory surgical centers, or
1110 pharmacies. This subparagraph may not be construed to prevent an
1111 advanced practice registered nurse from receiving a fee for
1112 professional consultation services.

1113 2. Exercising influence within a patient-advanced practice
1114 registered nurse relationship for purposes of engaging a patient
1115 in sexual activity. A patient shall be presumed to be incapable
1116 of giving free, full, and informed consent to sexual activity
1117 with his or her advanced practice registered nurse.

1118 3. Making deceptive, untrue, or fraudulent representations
1119 in or related to, or employing a trick or scheme in or related
1120 to, advanced or specialized nursing practice.

1121 4. Soliciting patients, either personally or through an
1122 agent, by the use of fraud, intimidation, undue influence, or a
1123 form of overreaching or vexatious conduct. As used in this

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1124 subparagraph, the term "soliciting" means directly or implicitly
1125 requesting an immediate oral response from the recipient.

1126 5. Failing to keep legible, as defined by department rule
1127 in consultation with the board, medical records that identify
1128 the advanced practice registered nurse by name and professional
1129 title who is responsible for rendering, ordering, supervising,
1130 or billing for each diagnostic or treatment procedure and that
1131 justify the course of treatment of the patient, including, but
1132 not limited to, patient histories; examination results; test
1133 results; records of drugs prescribed, dispensed, or
1134 administered; and reports of consultations or referrals.

1135 6. Exercising influence on the patient to exploit the
1136 patient for the financial gain of the advanced practice
1137 registered nurse or a third party, including, but not limited
1138 to, the promoting or selling of services, goods, appliances, or
1139 drugs.

1140 7. Performing professional services that have not been
1141 duly authorized by the patient, or his or her legal
1142 representative, except as provided in s. 766.103 or s. 768.13.

1143 8. Performing any procedure or prescribing any therapy
1144 that, by the prevailing standards of advanced or specialized
1145 nursing practice in the community, would constitute
1146 experimentation on a human subject, without first obtaining
1147 full, informed, and written consent.

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1148 9. Delegating professional responsibilities to a person
1149 when the advanced practice registered nurse delegating such
1150 responsibilities knows or has reason to believe that such person
1151 is not qualified by training, experience, or licensure to
1152 perform such responsibilities.

1153 10. Committing, or conspiring with another to commit, an
1154 act that would tend to coerce, intimidate, or preclude another
1155 advanced practice registered nurse from lawfully advertising his
1156 or her services.

1157 11. Advertising or holding himself or herself out as
1158 having certification in a specialty that the he or she has not
1159 received.

1160 12. Failing to comply with the requirements of ss. 381.026
1161 and 381.0261 related to providing patients with information
1162 about their rights and how to file a complaint.

1163 13. Providing deceptive or fraudulent expert witness
1164 testimony related to advanced or specialized nursing practice.

1165 Section 9. Subsection (43) of section 39.01, Florida
1166 Statutes, is amended to read:

1167 39.01 Definitions.—When used in this chapter, unless the
1168 context otherwise requires:

1169 (43) "Licensed health care professional" means a physician
1170 licensed under chapter 458, an osteopathic physician licensed
1171 under chapter 459, a nurse licensed under part I of chapter 464,
1172 an autonomous physician assistant or a physician assistant

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1173 registered or licensed under chapter 458 or chapter 459, or a
1174 dentist licensed under chapter 466.

1175 Section 10. Paragraphs (d) and (e) of subsection (5) of
1176 section 39.303, Florida Statutes, are redesignated as paragraphs
1177 (e) and (f), respectively, a new paragraph (d) is added to that
1178 subsection, and paragraph (a) of subsection (6) of that section
1179 is amended, to read:

1180 39.303 Child protection teams and sexual abuse treatment
1181 programs; services; eligible cases.—

1182 (5) All abuse and neglect cases transmitted for
1183 investigation to a circuit by the hotline must be simultaneously
1184 transmitted to the child protection team for review. For the
1185 purpose of determining whether a face-to-face medical evaluation
1186 by a child protection team is necessary, all cases transmitted
1187 to the child protection team which meet the criteria in
1188 subsection (4) must be timely reviewed by:

1189 (d) An autonomous physician assistant registered under
1190 chapter 458 or chapter 459 who has a specialty in pediatrics or
1191 family medicine and is member of the child protection team;

1192 (6) A face-to-face medical evaluation by a child
1193 protection team is not necessary when:

1194 (a) The child was examined for the alleged abuse or
1195 neglect by a physician who is not a member of the child
1196 protection team, and a consultation between the child protection
1197 team medical director or a child protection team board-certified

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1198 | pediatrician, advanced practice registered nurse, autonomous
1199 | physician assistant, or physician assistant working under the
1200 | supervision of a child protection team medical director or a
1201 | child protection team board-certified pediatrician, or
1202 | registered nurse working under the direct supervision of a child
1203 | protection team medical director or a child protection team
1204 | board-certified pediatrician, and the examining physician
1205 | concludes that a further medical evaluation is unnecessary;
1206 |

1207 | Notwithstanding paragraphs (a), (b), and (c), a child protection
1208 | team medical director or a child protection team pediatrician,
1209 | as authorized in subsection (5), may determine that a face-to-
1210 | face medical evaluation is necessary.

1211 | Section 11. Paragraph (b) of subsection (1) of section
1212 | 39.304, Florida Statutes, is amended to read:

1213 | 39.304 Photographs, medical examinations, X rays, and
1214 | medical treatment of abused, abandoned, or neglected child.—

1215 | (1)

1216 | (b) If the areas of trauma visible on a child indicate a
1217 | need for a medical examination, or if the child verbally
1218 | complains or otherwise exhibits distress as a result of injury
1219 | through suspected child abuse, abandonment, or neglect, or is
1220 | alleged to have been sexually abused, the person required to
1221 | investigate may cause the child to be referred for diagnosis to
1222 | a licensed physician or an emergency department in a hospital

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1223 without the consent of the child's parents or legal custodian.
1224 Such examination may be performed by any licensed physician,
1225 registered autonomous physician assistant, licensed physician
1226 assistant, or an advanced practice registered nurse licensed
1227 pursuant to part I of chapter 464. Any licensed physician,
1228 registered autonomous physician assistant, licensed physician
1229 assistant, or advanced practice registered nurse licensed
1230 pursuant to part I of chapter 464 who has reasonable cause to
1231 suspect that an injury was the result of child abuse,
1232 abandonment, or neglect may authorize a radiological examination
1233 to be performed on the child without the consent of the child's
1234 parent or legal custodian.

1235 Section 12. Paragraph (d) of subsection (2) of section
1236 110.12315, Florida Statutes, is amended to read:

1237 110.12315 Prescription drug program.—The state employees'
1238 prescription drug program is established. This program shall be
1239 administered by the Department of Management Services, according
1240 to the terms and conditions of the plan as established by the
1241 relevant provisions of the annual General Appropriations Act and
1242 implementing legislation, subject to the following conditions:

1243 (2) In providing for reimbursement of pharmacies for
1244 prescription drugs and supplies dispensed to members of the
1245 state group health insurance plan and their dependents under the
1246 state employees' prescription drug program:

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1247 (d) The department shall establish the reimbursement
1248 schedule for prescription drugs and supplies dispensed under the
1249 program. Reimbursement rates for a prescription drug or supply
1250 must be based on the cost of the generic equivalent drug or
1251 supply if a generic equivalent exists, unless the physician,
1252 advanced practice registered nurse, autonomous physician
1253 assistant, or physician assistant prescribing the drug or supply
1254 clearly states on the prescription that the brand name drug or
1255 supply is medically necessary or that the drug or supply is
1256 included on the formulary of drugs and supplies that may not be
1257 interchanged as provided in chapter 465, in which case
1258 reimbursement must be based on the cost of the brand name drug
1259 or supply as specified in the reimbursement schedule adopted by
1260 the department.

1261 Section 13. Paragraph (a) of subsection (3) of section
1262 252.515, Florida Statutes, is amended to read:

1263 252.515 Postdisaster Relief Assistance Act; immunity from
1264 civil liability.—

1265 (3) As used in this section, the term:

1266 (a) "Emergency first responder" means:

- 1267 1. A physician licensed under chapter 458.
- 1268 2. An osteopathic physician licensed under chapter 459.
- 1269 3. A chiropractic physician licensed under chapter 460.
- 1270 4. A podiatric physician licensed under chapter 461.
- 1271 5. A dentist licensed under chapter 466.

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1272 6. An advanced practice registered nurse licensed under s.
1273 464.012.

1274 7. An autonomous physician assistant or a physician
1275 assistant registered or licensed under s. 458.347 or s. 459.022.

1276 8. A worker employed by a public or private hospital in
1277 the state.

1278 9. A paramedic as defined in s. 401.23(17).

1279 10. An emergency medical technician as defined in s.
1280 401.23(11).

1281 11. A firefighter as defined in s. 633.102.

1282 12. A law enforcement officer as defined in s. 943.10.

1283 13. A member of the Florida National Guard.

1284 14. Any other personnel designated as emergency personnel
1285 by the Governor pursuant to a declared emergency.

1286 Section 14. Paragraph (c) of subsection (1) of section
1287 310.071, Florida Statutes, is amended to read:

1288 310.071 Deputy pilot certification.—

1289 (1) In addition to meeting other requirements specified in
1290 this chapter, each applicant for certification as a deputy pilot
1291 must:

1292 (c) Be in good physical and mental health, as evidenced by
1293 documentary proof of having satisfactorily passed a complete
1294 physical examination administered by a licensed physician within
1295 the preceding 6 months. The board shall adopt rules to establish
1296 requirements for passing the physical examination, which rules

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1297 shall establish minimum standards for the physical or mental
1298 capabilities necessary to carry out the professional duties of a
1299 certificated deputy pilot. Such standards shall include zero
1300 tolerance for any controlled substance regulated under chapter
1301 893 unless that individual is under the care of a physician, an
1302 advanced practice registered nurse, an autonomous physician
1303 assistant, or a physician assistant and that controlled
1304 substance was prescribed by that physician, advanced practice
1305 registered nurse, autonomous physician assistant, or physician
1306 assistant. To maintain eligibility as a certificated deputy
1307 pilot, each certificated deputy pilot must annually provide
1308 documentary proof of having satisfactorily passed a complete
1309 physical examination administered by a licensed physician. The
1310 physician must know the minimum standards and certify that the
1311 certificateholder satisfactorily meets the standards. The
1312 standards for certificateholders shall include a drug test.

1313 Section 15. Subsection (3) of section 310.073, Florida
1314 Statutes, is amended to read:

1315 310.073 State pilot licensing.—In addition to meeting
1316 other requirements specified in this chapter, each applicant for
1317 license as a state pilot must:

1318 (3) Be in good physical and mental health, as evidenced by
1319 documentary proof of having satisfactorily passed a complete
1320 physical examination administered by a licensed physician within
1321 the preceding 6 months. The board shall adopt rules to establish

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1322 requirements for passing the physical examination, which rules
1323 shall establish minimum standards for the physical or mental
1324 capabilities necessary to carry out the professional duties of a
1325 licensed state pilot. Such standards shall include zero
1326 tolerance for any controlled substance regulated under chapter
1327 893 unless that individual is under the care of a physician, an
1328 advanced practice registered nurse, an autonomous physician
1329 assistant, or a physician assistant and that controlled
1330 substance was prescribed by that physician, advanced practice
1331 registered nurse, autonomous physician assistant, or physician
1332 assistant. To maintain eligibility as a licensed state pilot,
1333 each licensed state pilot must annually provide documentary
1334 proof of having satisfactorily passed a complete physical
1335 examination administered by a licensed physician. The physician
1336 must know the minimum standards and certify that the licensee
1337 satisfactorily meets the standards. The standards for licensees
1338 shall include a drug test.

1339 Section 16. Paragraph (b) of subsection (3) of section
1340 310.081, Florida Statutes, is amended to read:

1341 310.081 Department to examine and license state pilots and
1342 certificate deputy pilots; vacancies.-

1343 (3) Pilots shall hold their licenses or certificates
1344 pursuant to the requirements of this chapter so long as they:

1345 (b) Are in good physical and mental health as evidenced by
1346 documentary proof of having satisfactorily passed a physical

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1347 examination administered by a licensed physician or physician
1348 assistant within each calendar year. The board shall adopt rules
1349 to establish requirements for passing the physical examination,
1350 which rules shall establish minimum standards for the physical
1351 or mental capabilities necessary to carry out the professional
1352 duties of a licensed state pilot or a certificated deputy pilot.
1353 Such standards shall include zero tolerance for any controlled
1354 substance regulated under chapter 893 unless that individual is
1355 under the care of a physician, an advanced practice registered
1356 nurse, an autonomous physician assistant, or a physician
1357 assistant and that controlled substance was prescribed by that
1358 physician, advanced practice registered nurse, autonomous
1359 physician assistant, or physician assistant. To maintain
1360 eligibility as a certificated deputy pilot or licensed state
1361 pilot, each certificated deputy pilot or licensed state pilot
1362 must annually provide documentary proof of having satisfactorily
1363 passed a complete physical examination administered by a
1364 licensed physician. The physician must know the minimum
1365 standards and certify that the certificateholder or licensee
1366 satisfactorily meets the standards. The standards for
1367 certificateholders and for licensees shall include a drug test.
1368
1369 Upon resignation or in the case of disability permanently
1370 affecting a pilot's ability to serve, the state license or

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1371 certificate issued under this chapter shall be revoked by the
1372 department.

1373 Section 17. Paragraph (b) of subsection (1) of section
1374 320.0848, Florida Statutes, is amended to read:

1375 320.0848 Persons who have disabilities; issuance of
1376 disabled parking permits; temporary permits; permits for certain
1377 providers of transportation services to persons who have
1378 disabilities.-

1379 (1)

1380 (b)1. The person must be currently certified as being
1381 legally blind or as having any of the following disabilities
1382 that render him or her unable to walk 200 feet without stopping
1383 to rest:

1384 a. Inability to walk without the use of or assistance from
1385 a brace, cane, crutch, prosthetic device, or other assistive
1386 device, or without the assistance of another person. If the
1387 assistive device significantly restores the person's ability to
1388 walk to the extent that the person can walk without severe
1389 limitation, the person is not eligible for the exemption parking
1390 permit.

1391 b. The need to permanently use a wheelchair.

1392 c. Restriction by lung disease to the extent that the
1393 person's forced (respiratory) expiratory volume for 1 second,
1394 when measured by spirometry, is less than 1 liter, or the

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1395 person's arterial oxygen is less than 60 mm/hg on room air at
1396 rest.

1397 d. Use of portable oxygen.

1398 e. Restriction by cardiac condition to the extent that the
1399 person's functional limitations are classified in severity as
1400 Class III or Class IV according to standards set by the American
1401 Heart Association.

1402 f. Severe limitation in the person's ability to walk due
1403 to an arthritic, neurological, or orthopedic condition.

1404 2. The certification of disability which is required under
1405 subparagraph 1. must be provided by a physician licensed under
1406 chapter 458, chapter 459, or chapter 460, by a podiatric
1407 physician licensed under chapter 461, by an optometrist licensed
1408 under chapter 463, by an advanced practice registered nurse
1409 licensed under chapter 464 under the protocol of a licensed
1410 physician as stated in this subparagraph, by an autonomous
1411 physician assistant or a physician assistant registered or
1412 licensed under chapter 458 or chapter 459, or by a similarly
1413 licensed physician from another state if the application is
1414 accompanied by documentation of the physician's licensure in the
1415 other state and a form signed by the out-of-state physician
1416 verifying his or her knowledge of this state's eligibility
1417 guidelines.

1418 Section 18. Paragraph (c) of subsection (1) of section
1419 381.00315, Florida Statutes, is amended to read:

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1420 381.00315 Public health advisories; public health
1421 emergencies; isolation and quarantines.—The State Health Officer
1422 is responsible for declaring public health emergencies, issuing
1423 public health advisories, and ordering isolation or quarantines.

1424 (1) As used in this section, the term:

1425 (c) "Public health emergency" means any occurrence, or
1426 threat thereof, whether natural or manmade, which results or may
1427 result in substantial injury or harm to the public health from
1428 infectious disease, chemical agents, nuclear agents, biological
1429 toxins, or situations involving mass casualties or natural
1430 disasters. Before declaring a public health emergency, the State
1431 Health Officer shall, to the extent possible, consult with the
1432 Governor and shall notify the Chief of Domestic Security. The
1433 declaration of a public health emergency shall continue until
1434 the State Health Officer finds that the threat or danger has
1435 been dealt with to the extent that the emergency conditions no
1436 longer exist and he or she terminates the declaration. However,
1437 a declaration of a public health emergency may not continue for
1438 longer than 60 days unless the Governor concurs in the renewal
1439 of the declaration. The State Health Officer, upon declaration
1440 of a public health emergency, may take actions that are
1441 necessary to protect the public health. Such actions include,
1442 but are not limited to:

1443 1. Directing manufacturers of prescription drugs or over-
1444 the-counter drugs who are permitted under chapter 499 and

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1445 wholesalers of prescription drugs located in this state who are
1446 permitted under chapter 499 to give priority to the shipping of
1447 specified drugs to pharmacies and health care providers within
1448 geographic areas that have been identified by the State Health
1449 Officer. The State Health Officer must identify the drugs to be
1450 shipped. Manufacturers and wholesalers located in the state must
1451 respond to the State Health Officer's priority shipping
1452 directive before shipping the specified drugs.

1453 2. Notwithstanding chapters 465 and 499 and rules adopted
1454 thereunder, directing pharmacists employed by the department to
1455 compound bulk prescription drugs and provide these bulk
1456 prescription drugs to physicians and nurses of county health
1457 departments or any qualified person authorized by the State
1458 Health Officer for administration to persons as part of a
1459 prophylactic or treatment regimen.

1460 3. Notwithstanding s. 456.036, temporarily reactivating
1461 the inactive license or registration of the following health
1462 care practitioners, when such practitioners are needed to
1463 respond to the public health emergency: physicians licensed
1464 under chapter 458 or chapter 459; autonomous physician
1465 assistants or physician assistants registered or licensed under
1466 chapter 458 or chapter 459; licensed practical nurses,
1467 registered nurses, and advanced practice registered nurses
1468 licensed under part I of chapter 464; respiratory therapists
1469 licensed under part V of chapter 468; and emergency medical

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1470 technicians and paramedics certified under part III of chapter
1471 401. Only those health care practitioners specified in this
1472 paragraph who possess an unencumbered inactive license and who
1473 request that such license be reactivated are eligible for
1474 reactivation. An inactive license that is reactivated under this
1475 paragraph shall return to inactive status when the public health
1476 emergency ends or before the end of the public health emergency
1477 if the State Health Officer determines that the health care
1478 practitioner is no longer needed to provide services during the
1479 public health emergency. Such licenses may only be reactivated
1480 for a period not to exceed 90 days without meeting the
1481 requirements of s. 456.036 or chapter 401, as applicable.

1482 4. Ordering an individual to be examined, tested,
1483 vaccinated, treated, isolated, or quarantined for communicable
1484 diseases that have significant morbidity or mortality and
1485 present a severe danger to public health. Individuals who are
1486 unable or unwilling to be examined, tested, vaccinated, or
1487 treated for reasons of health, religion, or conscience may be
1488 subjected to isolation or quarantine.

1489 a. Examination, testing, vaccination, or treatment may be
1490 performed by any qualified person authorized by the State Health
1491 Officer.

1492 b. If the individual poses a danger to the public health,
1493 the State Health Officer may subject the individual to isolation
1494 or quarantine. If there is no practical method to isolate or

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1495 quarantine the individual, the State Health Officer may use any
1496 means necessary to vaccinate or treat the individual.

1497

1498 Any order of the State Health Officer given to effectuate this
1499 paragraph shall be immediately enforceable by a law enforcement
1500 officer under s. 381.0012.

1501 Section 19. Subsection (3) of section 381.00593, Florida
1502 Statutes, is amended to read:

1503 381.00593 Public school volunteer health care practitioner
1504 program.—

1505 (3) For purposes of this section, the term "health care
1506 practitioner" means a physician or autonomous physician
1507 assistant licensed or registered under chapter 458; an
1508 osteopathic physician or autonomous physician assistant licensed
1509 or registered under chapter 459; a chiropractic physician
1510 licensed under chapter 460; a podiatric physician licensed under
1511 chapter 461; an optometrist licensed under chapter 463; an
1512 advanced practice registered nurse, registered nurse, or
1513 licensed practical nurse licensed under part I of chapter 464; a
1514 pharmacist licensed under chapter 465; a dentist or dental
1515 hygienist licensed under chapter 466; a midwife licensed under
1516 chapter 467; a speech-language pathologist or audiologist
1517 licensed under part I of chapter 468; a dietitian/nutritionist
1518 licensed under part X of chapter 468; or a physical therapist
1519 licensed under chapter 486.

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1520 Section 20. Paragraph (c) of subsection (2) of section
1521 381.026, Florida Statutes, is amended to read:

1522 381.026 Florida Patient's Bill of Rights and
1523 Responsibilities.—

1524 (2) DEFINITIONS.—As used in this section and s. 381.0261,
1525 the term:

1526 (c) "Health care provider" means a physician licensed
1527 under chapter 458, an osteopathic physician licensed under
1528 chapter 459, ~~or~~ a podiatric physician licensed under chapter
1529 461, an advanced practice registered nurse registered under s.
1530 464.0123, or an autonomous physician assistant registered under
1531 s. 458.347(8).

1532 Section 21. Paragraph (a) of subsection (2) and
1533 subsections (3), (4), and (5) of section 382.008, Florida
1534 Statutes, are amended to read:

1535 382.008 Death, fetal death, and nonviable birth
1536 registration.—

1537 (2) (a) The funeral director who first assumes custody of a
1538 dead body or fetus shall file the certificate of death or fetal
1539 death. In the absence of the funeral director, the physician,
1540 advanced practice registered nurse, autonomous physician
1541 assistant, physician assistant, or other person in attendance at
1542 or after the death or the district medical examiner of the
1543 county in which the death occurred or the body was found shall
1544 file the certificate of death or fetal death. The person who

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1545 files the certificate shall obtain personal data from a legally
1546 authorized person as described in s. 497.005 or the best
1547 qualified person or source available. The medical certification
1548 of cause of death shall be furnished to the funeral director,
1549 either in person or via certified mail or electronic transfer,
1550 by the physician, advanced practice registered nurse, autonomous
1551 physician assistant, physician assistant, or medical examiner
1552 responsible for furnishing such information. For fetal deaths,
1553 the physician, certified nurse midwife, midwife, or hospital
1554 administrator shall provide any medical or health information to
1555 the funeral director within 72 hours after expulsion or
1556 extraction.

1557 (3) Within 72 hours after receipt of a death or fetal
1558 death certificate from the funeral director, the medical
1559 certification of cause of death shall be completed and made
1560 available to the funeral director by the decedent's primary or
1561 attending practitioner ~~physician~~ or, if s. 382.011 applies, the
1562 district medical examiner of the county in which the death
1563 occurred or the body was found. The primary or attending
1564 practitioner ~~physician~~ or the medical examiner shall certify
1565 over his or her signature the cause of death to the best of his
1566 or her knowledge and belief. As used in this section, the term
1567 "primary or attending practitioner ~~physician~~" means a physician,
1568 advanced practice registered nurse, autonomous physician
1569 assistant, or physician assistant who treated the decedent

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1570 through examination, medical advice, or medication during the 12
1571 months preceding the date of death.

1572 (a) The department may grant the funeral director an
1573 extension of time upon a good and sufficient showing of any of
1574 the following conditions:

1575 1. An autopsy is pending.

1576 2. Toxicology, laboratory, or other diagnostic reports
1577 have not been completed.

1578 3. The identity of the decedent is unknown and further
1579 investigation or identification is required.

1580 (b) If the decedent's primary or attending practitioner
1581 ~~physician~~ or the district medical examiner of the county in
1582 which the death occurred or the body was found indicates that he
1583 or she will sign and complete the medical certification of cause
1584 of death but will not be available until after the 5-day
1585 registration deadline, the local registrar may grant an
1586 extension of 5 days. If a further extension is required, the
1587 funeral director must provide written justification to the
1588 registrar.

1589 (4) If the department or local registrar grants an
1590 extension of time to provide the medical certification of cause
1591 of death, the funeral director shall file a temporary
1592 certificate of death or fetal death which shall contain all
1593 available information, including the fact that the cause of
1594 death is pending. The decedent's primary or attending

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1595 practitioner ~~physician~~ or the district medical examiner of the
1596 county in which the death occurred or the body was found shall
1597 provide an estimated date for completion of the permanent
1598 certificate.

1599 (5) A permanent certificate of death or fetal death,
1600 containing the cause of death and any other information that was
1601 previously unavailable, shall be registered as a replacement for
1602 the temporary certificate. The permanent certificate may also
1603 include corrected information if the items being corrected are
1604 noted on the back of the certificate and dated and signed by the
1605 funeral director, physician, advanced practice registered nurse,
1606 autonomous physician assistant, physician assistant, or district
1607 medical examiner of the county in which the death occurred or
1608 the body was found, as appropriate.

1609 Section 22. Subsection (1) of section 382.011, Florida
1610 Statutes, is amended to read:

1611 382.011 Medical examiner determination of cause of death.—

1612 (1) In the case of any death or fetal death due to causes
1613 or conditions listed in s. 406.11, any death that occurred more
1614 than 12 months after the decedent was last treated by a primary
1615 or attending physician ~~as defined in s. 382.008(3),~~ or any death
1616 for which there is reason to believe that the death may have
1617 been due to an unlawful act or neglect, the funeral director or
1618 other person to whose attention the death may come shall refer
1619 the case to the district medical examiner of the county in which

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1620 the death occurred or the body was found for investigation and
1621 determination of the cause of death.

1622 Section 23. Paragraph (c) of subsection (1) of section
1623 383.14, Florida Statutes, is amended to read:

1624 383.14 Screening for metabolic disorders, other hereditary
1625 and congenital disorders, and environmental risk factors.—

1626 (1) SCREENING REQUIREMENTS.—To help ensure access to the
1627 maternal and child health care system, the Department of Health
1628 shall promote the screening of all newborns born in Florida for
1629 metabolic, hereditary, and congenital disorders known to result
1630 in significant impairment of health or intellect, as screening
1631 programs accepted by current medical practice become available
1632 and practical in the judgment of the department. The department
1633 shall also promote the identification and screening of all
1634 newborns in this state and their families for environmental risk
1635 factors such as low income, poor education, maternal and family
1636 stress, emotional instability, substance abuse, and other high-
1637 risk conditions associated with increased risk of infant
1638 mortality and morbidity to provide early intervention,
1639 remediation, and prevention services, including, but not limited
1640 to, parent support and training programs, home visitation, and
1641 case management. Identification, perinatal screening, and
1642 intervention efforts shall begin prior to and immediately
1643 following the birth of the child by the attending health care
1644 provider. Such efforts shall be conducted in hospitals,

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1645 perinatal centers, county health departments, school health
1646 programs that provide prenatal care, and birthing centers, and
1647 reported to the Office of Vital Statistics.

1648 (c) Release of screening results.—Notwithstanding any law
1649 to the contrary, the State Public Health Laboratory may release,
1650 directly or through the Children's Medical Services program, the
1651 results of a newborn's hearing and metabolic tests or screenings
1652 to the newborn's health care practitioner, the newborn's parent
1653 or legal guardian, the newborn's personal representative, or a
1654 person designated by the newborn's parent or legal guardian. As
1655 used in this paragraph, the term "health care practitioner"
1656 means a physician, autonomous physician assistant, or physician
1657 assistant registered or licensed under chapter 458; an
1658 osteopathic physician, autonomous physician assistant, or
1659 physician assistant registered or licensed under chapter 459; an
1660 advanced practice registered nurse, registered nurse, or
1661 licensed practical nurse licensed under part I of chapter 464; a
1662 midwife licensed under chapter 467; a speech-language
1663 pathologist or audiologist licensed under part I of chapter 468;
1664 or a dietician or nutritionist licensed under part X of chapter
1665 468.

1666 Section 24. Paragraph (a) of subsection (3) of section
1667 390.0111, Florida Statutes, is amended to read:

1668 390.0111 Termination of pregnancies.—

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1669 (3) CONSENTS REQUIRED.—A termination of pregnancy may not
1670 be performed or induced except with the voluntary and informed
1671 written consent of the pregnant woman or, in the case of a
1672 mental incompetent, the voluntary and informed written consent
1673 of her court-appointed guardian.

1674 (a) Except in the case of a medical emergency, consent to
1675 a termination of pregnancy is voluntary and informed only if:

1676 1. The physician who is to perform the procedure, or the
1677 referring physician, has, at a minimum, orally, while physically
1678 present in the same room, and at least 24 hours before the
1679 procedure, informed the woman of:

1680 a. The nature and risks of undergoing or not undergoing
1681 the proposed procedure that a reasonable patient would consider
1682 material to making a knowing and willful decision of whether to
1683 terminate a pregnancy.

1684 b. The probable gestational age of the fetus, verified by
1685 an ultrasound, at the time the termination of pregnancy is to be
1686 performed.

1687 (I) The ultrasound must be performed by the physician who
1688 is to perform the abortion or by a person having documented
1689 evidence that he or she has completed a course in the operation
1690 of ultrasound equipment as prescribed by rule and who is working
1691 in conjunction with the physician.

1692 (II) The person performing the ultrasound must offer the
1693 woman the opportunity to view the live ultrasound images and

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1694 | hear an explanation of them. If the woman accepts the
1695 | opportunity to view the images and hear the explanation, a
1696 | physician or a registered nurse, licensed practical nurse,
1697 | advanced practice registered nurse, autonomous physician
1698 | assistant, or physician assistant working in conjunction with
1699 | the physician must contemporaneously review and explain the
1700 | images to the woman before the woman gives informed consent to
1701 | having an abortion procedure performed.

1702 | (III) The woman has a right to decline to view and hear
1703 | the explanation of the live ultrasound images after she is
1704 | informed of her right and offered an opportunity to view the
1705 | images and hear the explanation. If the woman declines, the
1706 | woman shall complete a form acknowledging that she was offered
1707 | an opportunity to view and hear the explanation of the images
1708 | but that she declined that opportunity. The form must also
1709 | indicate that the woman's decision was not based on any undue
1710 | influence from any person to discourage her from viewing the
1711 | images or hearing the explanation and that she declined of her
1712 | own free will.

1713 | (IV) Unless requested by the woman, the person performing
1714 | the ultrasound may not offer the opportunity to view the images
1715 | and hear the explanation and the explanation may not be given
1716 | if, at the time the woman schedules or arrives for her
1717 | appointment to obtain an abortion, a copy of a restraining
1718 | order, police report, medical record, or other court order or

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1719 documentation is presented which provides evidence that the
1720 woman is obtaining the abortion because the woman is a victim of
1721 rape, incest, domestic violence, or human trafficking or that
1722 the woman has been diagnosed as having a condition that, on the
1723 basis of a physician's good faith clinical judgment, would
1724 create a serious risk of substantial and irreversible impairment
1725 of a major bodily function if the woman delayed terminating her
1726 pregnancy.

1727 c. The medical risks to the woman and fetus of carrying
1728 the pregnancy to term.

1729

1730 The physician may provide the information required in this
1731 subparagraph within 24 hours before the procedure if requested
1732 by the woman at the time she schedules or arrives for her
1733 appointment to obtain an abortion and if she presents to the
1734 physician a copy of a restraining order, police report, medical
1735 record, or other court order or documentation evidencing that
1736 she is obtaining the abortion because she is a victim of rape,
1737 incest, domestic violence, or human trafficking.

1738 2. Printed materials prepared and provided by the
1739 department have been provided to the pregnant woman, if she
1740 chooses to view these materials, including:

1741 a. A description of the fetus, including a description of
1742 the various stages of development.

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1743 b. A list of entities that offer alternatives to
1744 terminating the pregnancy.

1745 c. Detailed information on the availability of medical
1746 assistance benefits for prenatal care, childbirth, and neonatal
1747 care.

1748 3. The woman acknowledges in writing, before the
1749 termination of pregnancy, that the information required to be
1750 provided under this subsection has been provided.

1751
1752 Nothing in this paragraph is intended to prohibit a physician
1753 from providing any additional information which the physician
1754 deems material to the woman's informed decision to terminate her
1755 pregnancy.

1756 Section 25. Paragraphs (c), (e), and (f) of subsection (3)
1757 of section 390.012, Florida Statutes, are amended to read:

1758 390.012 Powers of agency; rules; disposal of fetal
1759 remains.—

1760 (3) For clinics that perform or claim to perform abortions
1761 after the first trimester of pregnancy, the agency shall adopt
1762 rules pursuant to ss. 120.536(1) and 120.54 to implement the
1763 provisions of this chapter, including the following:

1764 (c) Rules relating to abortion clinic personnel. At a
1765 minimum, these rules shall require that:

1766 1. The abortion clinic designate a medical director who is
1767 licensed to practice medicine in this state, and all physicians

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1768 who perform abortions in the clinic have admitting privileges at
1769 a hospital within reasonable proximity to the clinic, unless the
1770 clinic has a written patient transfer agreement with a hospital
1771 within reasonable proximity to the clinic which includes the
1772 transfer of the patient's medical records held by both the
1773 clinic and the treating physician.

1774 2. If a physician is not present after an abortion is
1775 performed, a registered nurse, licensed practical nurse,
1776 advanced practice registered nurse, autonomous physician
1777 assistant, or physician assistant be present and remain at the
1778 clinic to provide postoperative monitoring and care until the
1779 patient is discharged.

1780 3. Surgical assistants receive training in counseling,
1781 patient advocacy, and the specific responsibilities associated
1782 with the services the surgical assistants provide.

1783 4. Volunteers receive training in the specific
1784 responsibilities associated with the services the volunteers
1785 provide, including counseling and patient advocacy as provided
1786 in the rules adopted by the director for different types of
1787 volunteers based on their responsibilities.

1788 (e) Rules relating to the abortion procedure. At a
1789 minimum, these rules shall require:

1790 1. That a physician, registered nurse, licensed practical
1791 nurse, advanced practice registered nurse, autonomous physician

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1792 assistant, or physician assistant is available to all patients
1793 throughout the abortion procedure.

1794 2. Standards for the safe conduct of abortion procedures
1795 that conform to obstetric standards in keeping with established
1796 standards of care regarding the estimation of fetal age as
1797 defined in rule.

1798 3. Appropriate use of general and local anesthesia,
1799 analgesia, and sedation if ordered by the physician.

1800 4. Appropriate precautions, such as the establishment of
1801 intravenous access at least for patients undergoing post-first
1802 trimester abortions.

1803 5. Appropriate monitoring of the vital signs and other
1804 defined signs and markers of the patient's status throughout the
1805 abortion procedure and during the recovery period until the
1806 patient's condition is deemed to be stable in the recovery room.

1807 (f) Rules that prescribe minimum recovery room standards.
1808 At a minimum, these rules must require that:

1809 1. Postprocedure recovery rooms be supervised and staffed
1810 to meet the patients' needs.

1811 2. Immediate postprocedure care consist of observation in
1812 a supervised recovery room for as long as the patient's
1813 condition warrants.

1814 3. A registered nurse, licensed practical nurse, advanced
1815 practice registered nurse, autonomous physician assistant, or
1816 physician assistant who is trained in the management of the

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1817 recovery area and is capable of providing basic cardiopulmonary
1818 resuscitation and related emergency procedures remain on the
1819 premises of the abortion clinic until all patients are
1820 discharged.

1821 4. A physician sign the discharge order and be readily
1822 accessible and available until the last patient is discharged to
1823 facilitate the transfer of emergency cases if hospitalization of
1824 the patient or viable fetus is necessary.

1825 5. A physician discuss Rho(D) immune globulin with each
1826 patient for whom it is indicated and ensure that it is offered
1827 to the patient in the immediate postoperative period or will be
1828 available to her within 72 hours after completion of the
1829 abortion procedure. If the patient refuses the Rho(D) immune
1830 globulin, she and a witness must sign a refusal form approved by
1831 the agency which must be included in the medical record.

1832 6. Written instructions with regard to postabortion
1833 coitus, signs of possible problems, and general aftercare which
1834 are specific to the patient be given to each patient. The
1835 instructions must include information regarding access to
1836 medical care for complications, including a telephone number for
1837 use in the event of a medical emergency.

1838 7. A minimum length of time be specified, by type of
1839 abortion procedure and duration of gestation, during which a
1840 patient must remain in the recovery room.

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1841 8. The physician ensure that, with the patient's consent,
1842 a registered nurse, licensed practical nurse, advanced practice
1843 registered nurse, autonomous physician assistant, or physician
1844 assistant from the abortion clinic makes a good faith effort to
1845 contact the patient by telephone within 24 hours after surgery
1846 to assess the patient's recovery.

1847 9. Equipment and services be readily accessible to provide
1848 appropriate emergency resuscitative and life support procedures
1849 pending the transfer of the patient or viable fetus to the
1850 hospital.

1851 Section 26. Paragraphs (a) and (f) of subsection (2) of
1852 section 394.463, Florida Statutes, are amended to read:

1853 394.463 Involuntary examination.—

1854 (2) INVOLUNTARY EXAMINATION.—

1855 (a) An involuntary examination may be initiated by any one
1856 of the following means:

1857 1. A circuit or county court may enter an ex parte order
1858 stating that a person appears to meet the criteria for
1859 involuntary examination and specifying the findings on which
1860 that conclusion is based. The ex parte order for involuntary
1861 examination must be based on written or oral sworn testimony
1862 that includes specific facts that support the findings. If other
1863 less restrictive means are not available, such as voluntary
1864 appearance for outpatient evaluation, a law enforcement officer,
1865 or other designated agent of the court, shall take the person

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1866 into custody and deliver him or her to an appropriate, or the
1867 nearest, facility within the designated receiving system
1868 pursuant to s. 394.462 for involuntary examination. The order of
1869 the court shall be made a part of the patient's clinical record.
1870 A fee may not be charged for the filing of an order under this
1871 subsection. A facility accepting the patient based on this order
1872 must send a copy of the order to the department within 5 working
1873 days. The order may be submitted electronically through existing
1874 data systems, if available. The order shall be valid only until
1875 the person is delivered to the facility or for the period
1876 specified in the order itself, whichever comes first. If no time
1877 limit is specified in the order, the order shall be valid for 7
1878 days after the date that the order was signed.

1879 2. A law enforcement officer shall take a person who
1880 appears to meet the criteria for involuntary examination into
1881 custody and deliver the person or have him or her delivered to
1882 an appropriate, or the nearest, facility within the designated
1883 receiving system pursuant to s. 394.462 for examination. The
1884 officer shall execute a written report detailing the
1885 circumstances under which the person was taken into custody,
1886 which must be made a part of the patient's clinical record. Any
1887 facility accepting the patient based on this report must send a
1888 copy of the report to the department within 5 working days.

1889 3. A physician, autonomous physician assistant, physician
1890 assistant, clinical psychologist, psychiatric nurse, advanced

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1891 practice registered nurse, mental health counselor, marriage and
1892 family therapist, or clinical social worker may execute a
1893 certificate stating that he or she has examined a person within
1894 the preceding 48 hours and finds that the person appears to meet
1895 the criteria for involuntary examination and stating the
1896 observations upon which that conclusion is based. If other less
1897 restrictive means, such as voluntary appearance for outpatient
1898 evaluation, are not available, a law enforcement officer shall
1899 take into custody the person named in the certificate and
1900 deliver him or her to the appropriate, or nearest, facility
1901 within the designated receiving system pursuant to s. 394.462
1902 for involuntary examination. The law enforcement officer shall
1903 execute a written report detailing the circumstances under which
1904 the person was taken into custody. The report and certificate
1905 shall be made a part of the patient's clinical record. Any
1906 facility accepting the patient based on this certificate must
1907 send a copy of the certificate to the department within 5
1908 working days. The document may be submitted electronically
1909 through existing data systems, if applicable.

1910
1911 When sending the order, report, or certificate to the
1912 department, a facility shall, at a minimum, provide information
1913 about which action was taken regarding the patient under
1914 paragraph (g), which information shall also be made a part of
1915 the patient's clinical record.

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1916 (f) A patient shall be examined by a physician, physician
1917 assistant, or a clinical psychologist, or by a psychiatric nurse
1918 performing within the framework of an established protocol with
1919 a psychiatrist, at a facility without unnecessary delay to
1920 determine if the criteria for involuntary services are met.
1921 Emergency treatment may be provided upon the order of a
1922 physician if the physician determines that such treatment is
1923 necessary for the safety of the patient or others. The patient
1924 may not be released by the receiving facility or its contractor
1925 without the documented approval of a psychiatrist or a clinical
1926 psychologist or, if the receiving facility is owned or operated
1927 by a hospital or health system, the release may also be approved
1928 by a psychiatric nurse performing within the framework of an
1929 established protocol with a psychiatrist, or an attending
1930 emergency department physician with experience in the diagnosis
1931 and treatment of mental illness after completion of an
1932 involuntary examination pursuant to this subsection. A
1933 psychiatric nurse may not approve the release of a patient if
1934 the involuntary examination was initiated by a psychiatrist
1935 unless the release is approved by the initiating psychiatrist.

1936 Section 27. Paragraph (b) of subsection (2) of section
1937 395.0191, Florida Statutes, is amended to read:

1938 395.0191 Staff membership and clinical privileges.—

1939 (2)

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1940 (b) An advanced practice registered nurse who is certified
1941 as a registered nurse anesthetist licensed under part I of
1942 chapter 464 shall administer anesthesia under the onsite medical
1943 direction of a professional licensed under chapter 458, chapter
1944 459, or chapter 466, and in accordance with an established
1945 protocol approved by the medical staff. The medical direction
1946 shall specifically address the needs of the individual patient.
1947 This paragraph does not apply to a certified registered nurse
1948 anesthetist engaged in autonomous practice under s. 464.0123.

1949 Section 28. Subsection (3) of section 395.602, Florida
1950 Statutes, is amended to read:

1951 395.602 Rural hospitals.—

1952 (3) USE OF FUNDS.—It is the intent of the Legislature that
1953 funds as appropriated shall be utilized by the department for
1954 the purpose of increasing the number of primary care physicians,
1955 autonomous physician assistants, physician assistants, certified
1956 nurse midwives, nurse practitioners, and nurses in rural areas,
1957 either through the Medical Education Reimbursement and Loan
1958 Repayment Program as defined by s. 1009.65 or through a federal
1959 loan repayment program which requires state matching funds. The
1960 department may use funds appropriated for the Medical Education
1961 Reimbursement and Loan Repayment Program as matching funds for
1962 federal loan repayment programs for health care personnel, such
1963 as that authorized in Pub. L. No. 100-177, s. 203. If the
1964 department receives federal matching funds, the department shall

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1965 only implement the federal program. Reimbursement through either
1966 program shall be limited to:

1967 (a) Primary care physicians, autonomous physician
1968 assistants, physician assistants, certified nurse midwives,
1969 nurse practitioners, and nurses employed by or affiliated with
1970 rural hospitals, as defined in this act; and

1971 (b) Primary care physicians, autonomous physician
1972 assistants, physician assistants, certified nurse midwives,
1973 nurse practitioners, and nurses employed by or affiliated with
1974 rural area health education centers, as defined in this section.
1975 These personnel shall practice:

1976 1. In a county with a population density of no greater
1977 than 100 persons per square mile; or

1978 2. Within the boundaries of a hospital tax district which
1979 encompasses a population of no greater than 100 persons per
1980 square mile.

1981
1982 If the department administers a federal loan repayment program,
1983 priority shall be given to obligating state and federal matching
1984 funds pursuant to paragraphs (a) and (b). The department may use
1985 federal matching funds in other health workforce shortage areas
1986 and medically underserved areas in the state for loan repayment
1987 programs for primary care physicians, autonomous physician
1988 assistants, physician assistants, certified nurse midwives,
1989 nurse practitioners, and nurses who are employed by publicly

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1990 financed health care programs that serve medically indigent
1991 persons.

1992 Section 29. Paragraph (a) of subsection (2) of section
1993 397.501, Florida Statutes, is amended to read:

1994 397.501 Rights of individuals.—Individuals receiving
1995 substance abuse services from any service provider are
1996 guaranteed protection of the rights specified in this section,
1997 unless otherwise expressly provided, and service providers must
1998 ensure the protection of such rights.

1999 (2) RIGHT TO NONDISCRIMINATORY SERVICES.—

2000 (a) Service providers may not deny an individual access to
2001 substance abuse services solely on the basis of race, gender,
2002 ethnicity, age, sexual preference, human immunodeficiency virus
2003 status, prior service departures against medical advice,
2004 disability, or number of relapse episodes. Service providers may
2005 not deny an individual who takes medication prescribed by a
2006 physician, autonomous physician assistant, physician assistant,
2007 or advanced practice registered nurse access to substance abuse
2008 services solely on that basis. Service providers who receive
2009 state funds to provide substance abuse services may not, if
2010 space and sufficient state resources are available, deny access
2011 to services based solely on inability to pay.

2012 Section 30. Section 397.679, Florida Statutes, is amended
2013 to read:

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2014 397.679 Emergency admission; circumstances justifying.—A
2015 person who meets the criteria for involuntary admission in s.
2016 397.675 may be admitted to a hospital or to a licensed
2017 detoxification facility or addictions receiving facility for
2018 emergency assessment and stabilization, or to a less intensive
2019 component of a licensed service provider for assessment only,
2020 upon receipt by the facility of a certificate by a physician, an
2021 advanced practice registered nurse, a psychiatric nurse, a
2022 clinical psychologist, a clinical social worker, a marriage and
2023 family therapist, a mental health counselor, an autonomous
2024 physician assistant, a physician assistant working under the
2025 scope of practice of the supervising physician, or a master's-
2026 level-certified addictions professional for substance abuse
2027 services, if the certificate is specific to substance abuse
2028 impairment, and the completion of an application for emergency
2029 admission.

2030 Section 31. Subsection (1) of section 397.6793, Florida
2031 Statutes, is amended to read:

2032 397.6793 Professional's certificate for emergency
2033 admission.—

2034 (1) A physician, a clinical psychologist, a physician
2035 assistant working under the scope of practice of the supervising
2036 physician, an autonomous physician assistant, a psychiatric
2037 nurse, an advanced practice registered nurse, a mental health
2038 counselor, a marriage and family therapist, a master's-level-

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2039 certified addictions professional for substance abuse services,
2040 or a clinical social worker may execute a professional's
2041 certificate for emergency admission. The professional's
2042 certificate must include the name of the person to be admitted,
2043 the relationship between the person and the professional
2044 executing the certificate, the relationship between the
2045 applicant and the professional, any relationship between the
2046 professional and the licensed service provider, a statement that
2047 the person has been examined and assessed within the preceding 5
2048 days after the application date, and factual allegations with
2049 respect to the need for emergency admission, including:

2050 (a) The reason for the belief that the person is substance
2051 abuse impaired;

2052 (b) The reason for the belief that because of such
2053 impairment the person has lost the power of self-control with
2054 respect to substance abuse; and

2055 (c)1. The reason for the belief that, without care or
2056 treatment, the person is likely to suffer from neglect or refuse
2057 to care for himself or herself; that such neglect or refusal
2058 poses a real and present threat of substantial harm to his or
2059 her well-being; and that it is not apparent that such harm may
2060 be avoided through the help of willing family members or friends
2061 or the provision of other services, or there is substantial
2062 likelihood that the person has inflicted or, unless admitted, is

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2063 likely to inflict, physical harm on himself, herself, or
2064 another; or

2065 2. The reason for the belief that the person's refusal to
2066 voluntarily receive care is based on judgment so impaired by
2067 reason of substance abuse that the person is incapable of
2068 appreciating his or her need for care and of making a rational
2069 decision regarding his or her need for care.

2070 Section 32. Subsection (8) of section 400.021, Florida
2071 Statutes, is amended to read:

2072 400.021 Definitions.—When used in this part, unless the
2073 context otherwise requires, the term:

2074 (8) "Geriatric outpatient clinic" means a site for
2075 providing outpatient health care to persons 60 years of age or
2076 older, which is staffed by a registered nurse, a physician
2077 assistant, or a licensed practical nurse under the direct
2078 supervision of a registered nurse, advanced practice registered
2079 nurse, physician assistant, autonomous physician assistant, or
2080 physician.

2081 Section 33. Subsection (3) of section 400.172, Florida
2082 Statutes, is amended to read:

2083 400.172 Respite care provided in nursing home facilities.—

2084 (3) A prospective respite care resident must provide
2085 medical information from a physician, autonomous physician
2086 assistant, physician assistant, or nurse practitioner and any
2087 other information provided by the primary caregiver required by

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2088 the facility before or when the person is admitted to receive
2089 respite care. The medical information must include a physician's
2090 order for respite care and proof of a physical examination by a
2091 licensed physician, autonomous physician assistant, physician
2092 assistant, or nurse practitioner. The physician's order and
2093 physical examination may be used to provide intermittent respite
2094 care for up to 12 months after the date the order is written.

2095 Section 34. Subsection (2) of section 400.487, Florida
2096 Statutes, is amended to read:

2097 400.487 Home health service agreements; physician's,
2098 physician assistant's, autonomous physician assistant's, and
2099 advanced practice registered nurse's treatment orders; patient
2100 assessment; establishment and review of plan of care; provision
2101 of services; orders not to resuscitate.—

2102 (2) When required by the provisions of chapter 464; part
2103 I, part III, or part V of chapter 468; or chapter 486, the
2104 attending physician, autonomous physician assistant, physician
2105 assistant, or advanced practice registered nurse, acting within
2106 his or her respective scope of practice, shall establish
2107 treatment orders for a patient who is to receive skilled care.
2108 The treatment orders must be signed by the physician, autonomous
2109 physician assistant, physician assistant, or advanced practice
2110 registered nurse before a claim for payment for the skilled
2111 services is submitted by the home health agency. If the claim is
2112 submitted to a managed care organization, the treatment orders

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2113 must be signed within the time allowed under the provider
2114 agreement. The treatment orders shall be reviewed, as frequently
2115 as the patient's illness requires, by the physician, autonomous
2116 physician assistant, physician assistant, or advanced practice
2117 registered nurse in consultation with the home health agency.

2118 Section 35. Paragraph (a) of subsection (13) of section
2119 400.506, Florida Statutes, is amended to read:

2120 400.506 Licensure of nurse registries; requirements;
2121 penalties.—

2122 (13) All persons referred for contract in private
2123 residences by a nurse registry must comply with the following
2124 requirements for a plan of treatment:

2125 (a) When, in accordance with the privileges and
2126 restrictions imposed upon a nurse under part I of chapter 464,
2127 the delivery of care to a patient is under the direction or
2128 supervision of a physician or when a physician is responsible
2129 for the medical care of the patient, a medical plan of treatment
2130 must be established for each patient receiving care or treatment
2131 provided by a licensed nurse in the home. The original medical
2132 plan of treatment must be timely signed by the physician,
2133 autonomous physician assistant, physician assistant, or advanced
2134 practice registered nurse, acting within his or her respective
2135 scope of practice, and reviewed in consultation with the
2136 licensed nurse at least every 2 months. Any additional order or
2137 change in orders must be obtained from the physician, autonomous

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2138 physician assistant, physician assistant, or advanced practice
2139 registered nurse and reduced to writing and timely signed by the
2140 physician, autonomous physician assistant, physician assistant,
2141 or advanced practice registered nurse. The delivery of care
2142 under a medical plan of treatment must be substantiated by the
2143 appropriate nursing notes or documentation made by the nurse in
2144 compliance with nursing practices established under part I of
2145 chapter 464.

2146 Section 36. Subsection (5) and paragraph (b) of subsection
2147 (7) of section 400.9973, Florida Statutes, are amended to read:

2148 400.9973 Client admission, transfer, and discharge.—

2149 (5) A client admitted to a transitional living facility
2150 must be admitted upon prescription by a licensed physician,
2151 autonomous physician assistant, physician assistant, or advanced
2152 practice registered nurse and must remain under the care of a
2153 licensed physician, autonomous physician assistant, physician
2154 assistant, or advanced practice registered nurse for the
2155 duration of the client's stay in the facility.

2156 (7) A person may not be admitted to a transitional living
2157 facility if the person:

2158 (b) Is a danger to himself or herself or others as
2159 determined by a physician, autonomous physician assistant,
2160 physician assistant, advanced practice registered nurse, or a
2161 mental health practitioner licensed under chapter 490 or chapter

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2162 491, unless the facility provides adequate staffing and support
2163 to ensure patient safety;

2164 Section 37. Paragraphs (a) and (b) of subsection (2) of
2165 section 400.9974, Florida Statutes, are amended to read:

2166 400.9974 Client comprehensive treatment plans; client
2167 services.—

2168 (2) The comprehensive treatment plan must include:

2169 (a) Orders obtained from the physician, autonomous
2170 physician assistant, physician assistant, or advanced practice
2171 registered nurse and the client's diagnosis, medical history,
2172 physical examination, and rehabilitative or restorative needs.

2173 (b) A preliminary nursing evaluation, including orders for
2174 immediate care provided by the physician, autonomous physician
2175 assistant, physician assistant, or advanced practice registered
2176 nurse, which shall be completed when the client is admitted.

2177 Section 38. Section 400.9976, Florida Statutes, is amended
2178 to read:

2179 400.9976 Administration of medication.—

2180 (1) An individual medication administration record must be
2181 maintained for each client. A dose of medication, including a
2182 self-administered dose, shall be properly recorded in the
2183 client's record. A client who self-administers medication shall
2184 be given a pill organizer. Medication must be placed in the pill
2185 organizer by a nurse. A nurse shall document the date and time
2186 that medication is placed into each client's pill organizer. All

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2187 medications must be administered in compliance with orders of a
2188 physician, autonomous physician assistant, physician assistant,
2189 or advanced practice registered nurse.

2190 (2) If an interdisciplinary team determines that self-
2191 administration of medication is an appropriate objective, and if
2192 the physician, autonomous physician assistant, physician
2193 assistant, or advanced practice registered nurse does not
2194 specify otherwise, the client must be instructed by the
2195 physician, autonomous physician assistant, physician assistant,
2196 or advanced practice registered nurse to self-administer his or
2197 her medication without the assistance of a staff person. All
2198 forms of self-administration of medication, including
2199 administration orally, by injection, and by suppository, shall
2200 be included in the training. The client's physician, autonomous
2201 physician assistant, physician assistant, or advanced practice
2202 registered nurse must be informed of the interdisciplinary
2203 team's decision that self-administration of medication is an
2204 objective for the client. A client may not self-administer
2205 medication until he or she demonstrates the competency to take
2206 the correct medication in the correct dosage at the correct
2207 time, to respond to missed doses, and to contact the appropriate
2208 person with questions.

2209 (3) Medication administration discrepancies and adverse
2210 drug reactions must be recorded and reported immediately to a

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2211 physician, autonomous physician assistant, physician assistant,
2212 or advanced practice registered nurse.

2213 Section 39. Subsections (2) through (5) of section
2214 400.9979, Florida Statutes, are amended to read:

2215 400.9979 Restraint and seclusion; client safety.—

2216 (2) The use of physical restraints must be ordered and
2217 documented by a physician, autonomous physician assistant,
2218 physician assistant, or advanced practice registered nurse and
2219 must be consistent with the policies and procedures adopted by
2220 the facility. The client or, if applicable, the client's
2221 representative shall be informed of the facility's physical
2222 restraint policies and procedures when the client is admitted.

2223 (3) The use of chemical restraints shall be limited to
2224 prescribed dosages of medications as ordered by a physician,
2225 autonomous physician assistant, physician assistant, or advanced
2226 practice registered nurse and must be consistent with the
2227 client's diagnosis and the policies and procedures adopted by
2228 the facility. The client and, if applicable, the client's
2229 representative shall be informed of the facility's chemical
2230 restraint policies and procedures when the client is admitted.

2231 (4) Based on the assessment by a physician, autonomous
2232 physician assistant, physician assistant, or advanced practice
2233 registered nurse, if a client exhibits symptoms that present an
2234 immediate risk of injury or death to himself or herself or
2235 others, a physician, physician assistant, or advanced practice

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2236 registered nurse may issue an emergency treatment order to
2237 immediately administer rapid-response psychotropic medications
2238 or other chemical restraints. Each emergency treatment order
2239 must be documented and maintained in the client's record.

2240 (a) An emergency treatment order is not effective for more
2241 than 24 hours.

2242 (b) Whenever a client is medicated under this subsection,
2243 the client's representative or a responsible party and the
2244 client's physician, autonomous physician assistant, physician
2245 assistant, or advanced practice registered nurse shall be
2246 notified as soon as practicable.

2247 (5) A client who is prescribed and receives a medication
2248 that can serve as a chemical restraint for a purpose other than
2249 an emergency treatment order must be evaluated by his or her
2250 physician, autonomous physician assistant, physician assistant,
2251 or advanced practice registered nurse at least monthly to
2252 assess:

2253 (a) The continued need for the medication.

2254 (b) The level of the medication in the client's blood.

2255 (c) The need for adjustments to the prescription.

2256 Section 40. Subsections (1) and (2) of section 401.445,
2257 Florida Statutes, are amended to read:

2258 401.445 Emergency examination and treatment of
2259 incapacitated persons.—

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2260 (1) No recovery shall be allowed in any court in this
2261 state against any emergency medical technician, paramedic, or
2262 physician as defined in this chapter, any advanced practice
2263 registered nurse licensed under s. 464.012, or any autonomous
2264 physician assistant or physician assistant registered or
2265 licensed under s. 458.347 or s. 459.022, or any person acting
2266 under the direct medical supervision of a physician, in an
2267 action brought for examining or treating a patient without his
2268 or her informed consent if:

2269 (a) The patient at the time of examination or treatment is
2270 intoxicated, under the influence of drugs, or otherwise
2271 incapable of providing informed consent as provided in s.
2272 766.103;

2273 (b) The patient at the time of examination or treatment is
2274 experiencing an emergency medical condition; and

2275 (c) The patient would reasonably, under all the
2276 surrounding circumstances, undergo such examination, treatment,
2277 or procedure if he or she were advised by the emergency medical
2278 technician, paramedic, physician, advanced practice registered
2279 nurse, autonomous physician assistant, or physician assistant in
2280 accordance with s. 766.103(3).

2281
2282 Examination and treatment provided under this subsection shall
2283 be limited to reasonable examination of the patient to determine
2284 the medical condition of the patient and treatment reasonably

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2285 necessary to alleviate the emergency medical condition or to
2286 stabilize the patient.

2287 (2) In examining and treating a person who is apparently
2288 intoxicated, under the influence of drugs, or otherwise
2289 incapable of providing informed consent, the emergency medical
2290 technician, paramedic, physician, advanced practice registered
2291 nurse, autonomous physician assistant, or physician assistant,
2292 or any person acting under the direct medical supervision of a
2293 physician, shall proceed wherever possible with the consent of
2294 the person. If the person reasonably appears to be incapacitated
2295 and refuses his or her consent, the person may be examined,
2296 treated, or taken to a hospital or other appropriate treatment
2297 resource if he or she is in need of emergency attention, without
2298 his or her consent, but unreasonable force shall not be used.

2299 Section 41. Subsection (18) of section 409.906, Florida
2300 Statutes, is amended to read:

2301 409.906 Optional Medicaid services.—Subject to specific
2302 appropriations, the agency may make payments for services which
2303 are optional to the state under Title XIX of the Social Security
2304 Act and are furnished by Medicaid providers to recipients who
2305 are determined to be eligible on the dates on which the services
2306 were provided. Any optional service that is provided shall be
2307 provided only when medically necessary and in accordance with
2308 state and federal law. Optional services rendered by providers
2309 in mobile units to Medicaid recipients may be restricted or

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2310 prohibited by the agency. Nothing in this section shall be
2311 construed to prevent or limit the agency from adjusting fees,
2312 reimbursement rates, lengths of stay, number of visits, or
2313 number of services, or making any other adjustments necessary to
2314 comply with the availability of moneys and any limitations or
2315 directions provided for in the General Appropriations Act or
2316 chapter 216. If necessary to safeguard the state's systems of
2317 providing services to elderly and disabled persons and subject
2318 to the notice and review provisions of s. 216.177, the Governor
2319 may direct the Agency for Health Care Administration to amend
2320 the Medicaid state plan to delete the optional Medicaid service
2321 known as "Intermediate Care Facilities for the Developmentally
2322 Disabled." Optional services may include:

2323 (18) PHYSICIAN ASSISTANT SERVICES.—The agency may pay for
2324 all services provided to a recipient by an autonomous physician
2325 assistant or a physician assistant registered or licensed under
2326 s. 458.347 or s. 459.022. Reimbursement for such services must
2327 be not less than 80 percent of the reimbursement that would be
2328 paid to a physician who provided the same services.

2329 Section 42. Paragraph (m) of subsection (3) of section
2330 409.908, Florida Statutes, is amended to read:

2331 409.908 Reimbursement of Medicaid providers.—Subject to
2332 specific appropriations, the agency shall reimburse Medicaid
2333 providers, in accordance with state and federal law, according
2334 to methodologies set forth in the rules of the agency and in

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2335 policy manuals and handbooks incorporated by reference therein.
2336 These methodologies may include fee schedules, reimbursement
2337 methods based on cost reporting, negotiated fees, competitive
2338 bidding pursuant to s. 287.057, and other mechanisms the agency
2339 considers efficient and effective for purchasing services or
2340 goods on behalf of recipients. If a provider is reimbursed based
2341 on cost reporting and submits a cost report late and that cost
2342 report would have been used to set a lower reimbursement rate
2343 for a rate semester, then the provider's rate for that semester
2344 shall be retroactively calculated using the new cost report, and
2345 full payment at the recalculated rate shall be effected
2346 retroactively. Medicare-granted extensions for filing cost
2347 reports, if applicable, shall also apply to Medicaid cost
2348 reports. Payment for Medicaid compensable services made on
2349 behalf of Medicaid eligible persons is subject to the
2350 availability of moneys and any limitations or directions
2351 provided for in the General Appropriations Act or chapter 216.
2352 Further, nothing in this section shall be construed to prevent
2353 or limit the agency from adjusting fees, reimbursement rates,
2354 lengths of stay, number of visits, or number of services, or
2355 making any other adjustments necessary to comply with the
2356 availability of moneys and any limitations or directions
2357 provided for in the General Appropriations Act, provided the
2358 adjustment is consistent with legislative intent.

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2359 (3) Subject to any limitations or directions provided for
2360 in the General Appropriations Act, the following Medicaid
2361 services and goods may be reimbursed on a fee-for-service basis.
2362 For each allowable service or goods furnished in accordance with
2363 Medicaid rules, policy manuals, handbooks, and state and federal
2364 law, the payment shall be the amount billed by the provider, the
2365 provider's usual and customary charge, or the maximum allowable
2366 fee established by the agency, whichever amount is less, with
2367 the exception of those services or goods for which the agency
2368 makes payment using a methodology based on capitation rates,
2369 average costs, or negotiated fees.

2370 (m) Autonomous physician assistant and physician assistant
2371 services.

2372 Section 43. Paragraphs (c) through (cc) of subsection (1)
2373 of section 409.973, Florida Statutes, are redesignated as
2374 paragraphs (d) through (dd), respectively, and a new paragraph
2375 (c) is added to that subsection to read:

2376 409.973 Benefits.—

2377 (1) MINIMUM BENEFITS.—Managed care plans shall cover, at a
2378 minimum, the following services:

2379 (c) Autonomous physician assistant services.

2380 Section 44. Subsections (2), (4), and (5) of section
2381 429.26, Florida Statutes, are amended to read:

2382 429.26 Appropriateness of placements; examinations of
2383 residents.—

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2384 (2) A physician, autonomous physician assistant, physician
2385 assistant, or nurse practitioner who is employed by an assisted
2386 living facility to provide an initial examination for admission
2387 purposes may not have financial interest in the facility.

2388 (4) If possible, each resident shall have been examined by
2389 a licensed physician, an autonomous physician assistant, a
2390 licensed physician assistant, or a licensed nurse practitioner
2391 within 60 days before admission to the facility. The signed and
2392 completed medical examination report shall be submitted to the
2393 owner or administrator of the facility who shall use the
2394 information contained therein to assist in the determination of
2395 the appropriateness of the resident's admission and continued
2396 stay in the facility. The medical examination report shall
2397 become a permanent part of the record of the resident at the
2398 facility and shall be made available to the agency during
2399 inspection or upon request. An assessment that has been
2400 completed through the Comprehensive Assessment and Review for
2401 Long-Term Care Services (CARES) Program fulfills the
2402 requirements for a medical examination under this subsection and
2403 s. 429.07(3)(b)6.

2404 (5) Except as provided in s. 429.07, if a medical
2405 examination has not been completed within 60 days before the
2406 admission of the resident to the facility, a licensed physician,
2407 a registered autonomous physician assistant, a licensed
2408 physician assistant, or a licensed nurse practitioner shall

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2409 examine the resident and complete a medical examination form
2410 provided by the agency within 30 days following the admission to
2411 the facility to enable the facility owner or administrator to
2412 determine the appropriateness of the admission. The medical
2413 examination form shall become a permanent part of the record of
2414 the resident at the facility and shall be made available to the
2415 agency during inspection by the agency or upon request.

2416 Section 45. Paragraph (a) of subsection (2) and paragraph
2417 (a) of subsection (7) of section 429.918, Florida Statutes, are
2418 amended to read:

2419 429.918 Licensure designation as a specialized Alzheimer's
2420 services adult day care center.—

2421 (2) As used in this section, the term:

2422 (a) "ADRD participant" means a participant who has a
2423 documented diagnosis of Alzheimer's disease or a dementia-
2424 related disorder (ADRD) from a licensed physician, a registered
2425 autonomous physician assistant, a licensed physician assistant,
2426 or a licensed advanced practice registered nurse.

2427 (7) (a) An ADRD participant admitted to an adult day care
2428 center having a license designated under this section, or the
2429 caregiver when applicable, must:

2430 1. Require ongoing supervision to maintain the highest
2431 level of medical or custodial functioning and have a
2432 demonstrated need for a responsible party to oversee his or her
2433 care.

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2434 2. Not actively demonstrate aggressive behavior that
2435 places himself, herself, or others at risk of harm.

2436 3. Provide the following medical documentation signed by a
2437 licensed physician, a registered autonomous physician assistant,
2438 a licensed physician assistant, or a licensed advanced practice
2439 registered nurse:

2440 a. Any physical, health, or emotional conditions that
2441 require medical care.

2442 b. A listing of the ADRD participant's current prescribed
2443 and over-the-counter medications and dosages, diet restrictions,
2444 mobility restrictions, and other physical limitations.

2445 4. Provide documentation signed by a health care provider
2446 licensed in this state which indicates that the ADRD participant
2447 is free of the communicable form of tuberculosis and free of
2448 signs and symptoms of other communicable diseases.

2449 Section 46. Paragraph (e) of subsection (5) of section
2450 440.102, Florida Statutes, is amended to read:

2451 440.102 Drug-free workplace program requirements.—The
2452 following provisions apply to a drug-free workplace program
2453 implemented pursuant to law or to rules adopted by the Agency
2454 for Health Care Administration:

2455 (5) PROCEDURES AND EMPLOYEE PROTECTION.—All specimen
2456 collection and testing for drugs under this section shall be
2457 performed in accordance with the following procedures:

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2458 (e) A specimen for a drug test may be taken or collected
2459 by any of the following persons:

2460 1. A physician, an autonomous physician assistant, a
2461 physician assistant, a registered professional nurse, a licensed
2462 practical nurse, or a nurse practitioner or a certified
2463 paramedic who is present at the scene of an accident for the
2464 purpose of rendering emergency medical service or treatment.

2465 2. A qualified person employed by a licensed or certified
2466 laboratory as described in subsection (9).

2467 Section 47. Paragraphs (a), (i), (o), and (r) of
2468 subsection (3) and paragraph (g) of subsection (5) of section
2469 456.053, Florida Statutes, are amended to read:

2470 456.053 Financial arrangements between referring health
2471 care providers and providers of health care services.—

2472 (3) DEFINITIONS.—For the purpose of this section, the
2473 word, phrase, or term:

2474 (a) "Board" means any of the following boards relating to
2475 the respective professions: the Board of Medicine as created in
2476 s. 458.307; the Board of Osteopathic Medicine as created in s.
2477 459.004; the Board of Chiropractic Medicine as created in s.
2478 460.404; the Board of Podiatric Medicine as created in s.
2479 461.004; the Board of Optometry as created in s. 463.003; the
2480 Board of Nursing as created in s. 464.004; the Board of Pharmacy
2481 as created in s. 465.004; and the Board of Dentistry as created
2482 in s. 466.004.

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2483 (i) "Health care provider" means a ~~any~~ physician licensed
2484 under chapter 458, chapter 459, chapter 460, or chapter 461; an
2485 advanced practice registered nurse registered to engage in
2486 autonomous practice pursuant to s. 464.0123; an autonomous
2487 physician assistant registered under s. 458.347(8) or s.
2488 459.022(8); ~~r~~ or any health care provider licensed under chapter
2489 463 or chapter 466.

2490 (o) "Referral" means any referral of a patient by a health
2491 care provider for health care services, including, without
2492 limitation:

2493 1. The forwarding of a patient by a health care provider
2494 to another health care provider or to an entity which provides
2495 or supplies designated health services or any other health care
2496 item or service; or

2497 2. The request or establishment of a plan of care by a
2498 health care provider, which includes the provision of designated
2499 health services or other health care item or service.

2500 3. The following orders, recommendations, or plans of care
2501 shall not constitute a referral by a health care provider:

2502 a. By a radiologist for diagnostic-imaging services.

2503 b. By a physician specializing in the provision of
2504 radiation therapy services for such services.

2505 c. By a medical oncologist for drugs and solutions to be
2506 prepared and administered intravenously to such oncologist's
2507 patient, as well as for the supplies and equipment used in

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2508 connection therewith to treat such patient for cancer and the
2509 complications thereof.

2510 d. By a cardiologist for cardiac catheterization services.

2511 e. By a pathologist for diagnostic clinical laboratory
2512 tests and pathological examination services, if furnished by or
2513 under the supervision of such pathologist pursuant to a
2514 consultation requested by another physician.

2515 f. By a health care provider who is the sole provider or
2516 member of a group practice for designated health services or
2517 other health care items or services that are prescribed or
2518 provided solely for such referring health care provider's or
2519 group practice's own patients, and that are provided or
2520 performed by or under the direct supervision of such referring
2521 health care provider or group practice; provided, however, ~~that~~
2522 ~~effective July 1, 1999,~~ a health care provider ~~physician~~
2523 ~~licensed pursuant to chapter 458, chapter 459, chapter 460, or~~
2524 ~~chapter 461~~ may refer a patient to a sole provider or group
2525 practice for diagnostic imaging services, excluding radiation
2526 therapy services, for which the sole provider or group practice
2527 billed both the technical and the professional fee for or on
2528 behalf of the patient, if the referring health care provider
2529 ~~physician~~ has no investment interest in the practice. The
2530 diagnostic imaging service referred to a group practice or sole
2531 provider must be a diagnostic imaging service normally provided
2532 within the scope of practice to the patients of the group

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2533 practice or sole provider. The group practice or sole provider
2534 may accept no more than 15 percent of their patients receiving
2535 diagnostic imaging services from outside referrals, excluding
2536 radiation therapy services.

2537 g. By a health care provider for services provided by an
2538 ambulatory surgical center licensed under chapter 395.

2539 h. By a urologist for lithotripsy services.

2540 i. By a dentist for dental services performed by an
2541 employee of or health care provider who is an independent
2542 contractor with the dentist or group practice of which the
2543 dentist is a member.

2544 j. By a physician for infusion therapy services to a
2545 patient of that physician or a member of that physician's group
2546 practice.

2547 k. By a nephrologist for renal dialysis services and
2548 supplies, except laboratory services.

2549 l. By a health care provider whose principal professional
2550 practice consists of treating patients in their private
2551 residences for services to be rendered in such private
2552 residences, except for services rendered by a home health agency
2553 licensed under chapter 400. For purposes of this sub-
2554 subparagraph, the term "private residences" includes patients'
2555 private homes, independent living centers, and assisted living
2556 facilities, but does not include skilled nursing facilities.

2557 m. By a health care provider for sleep-related testing.

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2558 (r) "Sole provider" means one health care provider
2559 licensed under chapter 458, chapter 459, chapter 460, or chapter
2560 461, or registered under s. 464.0123, who maintains a separate
2561 medical office and a medical practice separate from any other
2562 health care provider and who bills for his or her services
2563 separately from the services provided by any other health care
2564 provider. A sole provider shall not share overhead expenses or
2565 professional income with any other person or group practice.

2566 (5) PROHIBITED REFERRALS AND CLAIMS FOR PAYMENT.—Except as
2567 provided in this section:

2568 (g) A violation of this section by a health care provider
2569 shall constitute grounds for disciplinary action to be taken by
2570 the applicable board pursuant to s. 458.331(2), s. 459.015(2),
2571 s. 460.413(2), s. 461.013(2), s. 463.016(2), s. 464.018, or s.
2572 466.028(2). Any hospital licensed under chapter 395 found in
2573 violation of this section shall be subject to s. 395.0185(2).

2574 Section 48. Subsection (7) of section 456.072, Florida
2575 Statutes, is amended to read:

2576 456.072 Grounds for discipline; penalties; enforcement.—

2577 (7) Notwithstanding subsection (2), upon a finding that a
2578 physician or autonomous physician assistant has prescribed or
2579 dispensed a controlled substance, or caused a controlled
2580 substance to be prescribed or dispensed, in a manner that
2581 violates the standard of practice set forth in s. 458.331(1)(q)
2582 or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s), or s.

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2583 466.028(1)(p) or (x), or that an advanced practice registered
2584 nurse has prescribed or dispensed a controlled substance, or
2585 caused a controlled substance to be prescribed or dispensed, in
2586 a manner that violates the standard of practice set forth in s.
2587 464.018(1)(n) or (p)6., the physician, autonomous physician
2588 assistant, or advanced practice registered nurse shall be
2589 suspended for a period of not less than 6 months and pay a fine
2590 of not less than \$10,000 per count. Repeated violations shall
2591 result in increased penalties.

2592 Section 49. Paragraph (h) of subsection (1) and subsection
2593 (2) of section 456.44, Florida Statutes, are amended to read:

2594 456.44 Controlled substance prescribing.—

2595 (1) DEFINITIONS.—As used in this section, the term:

2596 (h) "Registrant" means a physician, an autonomous
2597 physician assistant, a physician assistant, or an advanced
2598 practice registered nurse who meets the requirements of
2599 subsection (2).

2600 (2) REGISTRATION.—A physician licensed under chapter 458,
2601 chapter 459, chapter 461, or chapter 466, an autonomous
2602 physician assistant or a physician assistant registered or
2603 licensed under chapter 458 or chapter 459, or an advanced
2604 practice registered nurse licensed under part I of chapter 464
2605 who prescribes any controlled substance, listed in Schedule II,
2606 Schedule III, or Schedule IV as defined in s. 893.03, for the
2607 treatment of chronic nonmalignant pain, must:

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2608 (a) Designate himself or herself as a controlled substance
2609 prescribing practitioner on his or her practitioner profile.

2610 (b) Comply with the requirements of this section and
2611 applicable board rules.

2612 Section 50. Paragraph (c) of subsection (3) of section
2613 458.3265, Florida Statutes, is amended to read:

2614 458.3265 Pain-management clinics.—

2615 (3) PHYSICIAN RESPONSIBILITIES.—These responsibilities
2616 apply to any physician who provides professional services in a
2617 pain-management clinic that is required to be registered in
2618 subsection (1).

2619 (c) A physician, an autonomous physician assistant, a
2620 physician assistant, or an advanced practice registered nurse
2621 must perform a physical examination of a patient on the same day
2622 that the physician prescribes a controlled substance to a
2623 patient at a pain-management clinic. If the physician prescribes
2624 more than a 72-hour dose of controlled substances for the
2625 treatment of chronic nonmalignant pain, the physician must
2626 document in the patient's record the reason for prescribing that
2627 quantity.

2628 Section 51. Paragraph (ii) of subsection (1) and
2629 subsection (10) of section 458.331, Florida Statutes, are
2630 amended to read:

2631 458.331 Grounds for disciplinary action; action by the
2632 board and department.—

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2633 (1) The following acts constitute grounds for denial of a
2634 license or disciplinary action, as specified in s. 456.072(2):

2635 (ii) Failing to report to the department any licensee
2636 under this chapter or under chapter 459 who the physician,
2637 autonomous physician assistant, or physician assistant knows has
2638 violated the grounds for disciplinary action set out in the law
2639 under which that person is licensed and who provides health care
2640 services in a facility licensed under chapter 395, or a health
2641 maintenance organization certificated under part I of chapter
2642 641, in which the physician, autonomous physician assistant, or
2643 physician assistant also provides services.

2644 (10) A probable cause panel convened to consider
2645 disciplinary action against an autonomous physician assistant or
2646 a physician assistant alleged to have violated s. 456.072 or
2647 this section must include one physician assistant. The physician
2648 assistant must hold a valid license to practice as a physician
2649 assistant in this state and be appointed to the panel by the
2650 Council of Physician Assistants. The physician assistant may
2651 hear only cases involving disciplinary actions against a
2652 physician assistant. If the appointed physician assistant is not
2653 present at the disciplinary hearing, the panel may consider the
2654 matter and vote on the case in the absence of the physician
2655 assistant. The training requirements set forth in s. 458.307(4)
2656 do not apply to the appointed physician assistant. Rules need
2657 not be adopted to implement this subsection.

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2658 Section 52. Paragraph (c) of subsection (3) of section
2659 459.0137, Florida Statutes, is amended to read:

2660 459.0137 Pain-management clinics.—

2661 (3) PHYSICIAN RESPONSIBILITIES.—These responsibilities
2662 apply to any osteopathic physician who provides professional
2663 services in a pain-management clinic that is required to be
2664 registered in subsection (1).

2665 (c) An osteopathic physician, an autonomous physician
2666 assistant, a physician assistant, or an advanced practice
2667 registered nurse must perform a physical examination of a
2668 patient on the same day that the physician prescribes a
2669 controlled substance to a patient at a pain-management clinic.
2670 If the osteopathic physician prescribes more than a 72-hour dose
2671 of controlled substances for the treatment of chronic
2672 nonmalignant pain, the osteopathic physician must document in
2673 the patient's record the reason for prescribing that quantity.

2674 Section 53. Paragraph (11) of subsection (1) and
2675 subsection (10) of section 459.015, Florida Statutes, are
2676 amended to read:

2677 459.015 Grounds for disciplinary action; action by the
2678 board and department.—

2679 (1) The following acts constitute grounds for denial of a
2680 license or disciplinary action, as specified in s. 456.072(2):

2681 (11) Failing to report to the department any licensee
2682 under chapter 458 or under this chapter who the osteopathic

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2683 physician, autonomous physician assistant, or physician
2684 assistant knows has violated the grounds for disciplinary action
2685 set out in the law under which that person is licensed and who
2686 provides health care services in a facility licensed under
2687 chapter 395, or a health maintenance organization certificated
2688 under part I of chapter 641, in which the osteopathic physician,
2689 autonomous physician assistant, or physician assistant also
2690 provides services.

2691 (10) A probable cause panel convened to consider
2692 disciplinary action against an autonomous physician assistant or
2693 a physician assistant alleged to have violated s. 456.072 or
2694 this section must include one physician assistant. The physician
2695 assistant must hold a valid license to practice as a physician
2696 assistant in this state and be appointed to the panel by the
2697 Council of Physician Assistants. The physician assistant may
2698 hear only cases involving disciplinary actions against a
2699 physician assistant. If the appointed physician assistant is not
2700 present at the disciplinary hearing, the panel may consider the
2701 matter and vote on the case in the absence of the physician
2702 assistant. The training requirements set forth in s. 458.307(4)
2703 do not apply to the appointed physician assistant. Rules need
2704 not be adopted to implement this subsection.

2705 Section 54. Subsection (17) of section 464.003, Florida
2706 Statutes, is amended to read:

2707 464.003 Definitions.—As used in this part, the term:

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2708 (17) "Practice of practical nursing" means the performance
2709 of selected acts, including the administration of treatments and
2710 medications, in the care of the ill, injured, or infirm; the
2711 promotion of wellness, maintenance of health, and prevention of
2712 illness of others under the direction of a registered nurse, a
2713 licensed physician, a licensed osteopathic physician, a licensed
2714 podiatric physician, a registered autonomous physician
2715 assistant, or a licensed dentist; and the teaching of general
2716 principles of health and wellness to the public and to students
2717 other than nursing students. A practical nurse is responsible
2718 and accountable for making decisions that are based upon the
2719 individual's educational preparation and experience in nursing.

2720 Section 55. Paragraph (a) of subsection (4) of section
2721 464.0205, Florida Statutes, is amended to read:

2722 464.0205 Retired volunteer nurse certificate.—

2723 (4) A retired volunteer nurse receiving certification from
2724 the board shall:

2725 (a) Work under the direct supervision of the director of a
2726 county health department, a physician working under a limited
2727 license issued pursuant to s. 458.317 or s. 459.0075, a
2728 physician or an autonomous physician assistant licensed or
2729 registered under chapter 458 or chapter 459, an advanced
2730 practice registered nurse licensed under s. 464.012, or a
2731 registered nurse licensed under s. 464.008 or s. 464.009.

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2732 Section 56. Paragraph (b) of subsection (1) of section
2733 480.0475, Florida Statutes, is amended to read:

2734 480.0475 Massage establishments; prohibited practices.—

2735 (1) A person may not operate a massage establishment
2736 between the hours of midnight and 5 a.m. This subsection does
2737 not apply to a massage establishment:

2738 (b) In which every massage performed between the hours of
2739 midnight and 5 a.m. is performed by a massage therapist acting
2740 under the prescription of a physician, autonomous physician
2741 assistant, or physician assistant licensed or registered under
2742 chapter 458; an osteopathic physician, autonomous physician
2743 assistant, or physician assistant licensed or registered under
2744 chapter 459; a chiropractic physician licensed under chapter
2745 460; a podiatric physician licensed under chapter 461; an
2746 advanced practice registered nurse licensed under part I of
2747 chapter 464; or a dentist licensed under chapter 466; or

2748 Section 57. Subsection (2) of section 493.6108, Florida
2749 Statutes, is amended to read:

2750 493.6108 Investigation of applicants by Department of
2751 Agriculture and Consumer Services.—

2752 (2) In addition to subsection (1), the department shall
2753 make an investigation of the general physical fitness of the
2754 Class "G" applicant to bear a weapon or firearm. Determination
2755 of physical fitness shall be certified by a physician,
2756 autonomous physician assistant, or physician assistant currently

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2757 licensed or registered under ~~pursuant to~~ chapter 458, chapter
2758 459, or any similar law of another state or authorized to act as
2759 a licensed physician by a federal agency or department or by an
2760 advanced practice registered nurse currently licensed pursuant
2761 to chapter 464. Such certification shall be submitted on a form
2762 provided by the department.

2763 Section 58. Subsection (1) of section 626.9707, Florida
2764 Statutes, is amended to read:

2765 626.9707 Disability insurance; discrimination on basis of
2766 sickle-cell trait prohibited.—

2767 (1) No insurer authorized to transact insurance in this
2768 state shall refuse to issue and deliver in this state any policy
2769 of disability insurance, whether such policy is defined as
2770 individual, group, blanket, franchise, industrial, or otherwise,
2771 which is currently being issued for delivery in this state and
2772 which affords benefits and coverage for any medical treatment or
2773 service authorized and permitted to be furnished by a hospital,
2774 a clinic, a health clinic, a neighborhood health clinic, a
2775 health maintenance organization, a physician, an autonomous
2776 physician assistant, a physician ~~physician's~~ assistant, an
2777 advanced practice registered nurse practitioner, or a medical
2778 service facility or personnel solely because the person to be
2779 insured has the sickle-cell trait.

2780 Section 59. Paragraph (b) of subsection (1) of section
2781 627.357, Florida Statutes, is amended to read:

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- 2782 627.357 Medical malpractice self-insurance.—
- 2783 (1) DEFINITIONS.—As used in this section, the term:
- 2784 (b) "Health care provider" means any:
- 2785 1. Hospital licensed under chapter 395.
- 2786 2. Physician, autonomous physician assistant licensed, or
- 2787 physician assistant registered or licensed, under chapter 458.
- 2788 3. Osteopathic physician, autonomous physician assistant,
- 2789 or physician assistant registered or licensed under chapter 459.
- 2790 4. Podiatric physician licensed under chapter 461.
- 2791 5. Health maintenance organization certificated under part
- 2792 I of chapter 641.
- 2793 6. Ambulatory surgical center licensed under chapter 395.
- 2794 7. Chiropractic physician licensed under chapter 460.
- 2795 8. Psychologist licensed under chapter 490.
- 2796 9. Optometrist licensed under chapter 463.
- 2797 10. Dentist licensed under chapter 466.
- 2798 11. Pharmacist licensed under chapter 465.
- 2799 12. Registered nurse, licensed practical nurse, or
- 2800 advanced practice registered nurse licensed or registered under
- 2801 part I of chapter 464.
- 2802 13. Other medical facility.
- 2803 14. Professional association, partnership, corporation,
- 2804 joint venture, or other association established by the
- 2805 individuals set forth in subparagraphs 2., 3., 4., 7., 8., 9.,
- 2806 10., 11., and 12. for professional activity.

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2807 Section 60. Paragraph (a) of subsection (1) of section
2808 627.736, Florida Statutes, is amended to read:

2809 627.736 Required personal injury protection benefits;
2810 exclusions; priority; claims.—

2811 (1) REQUIRED BENEFITS.—An insurance policy complying with
2812 the security requirements of s. 627.733 must provide personal
2813 injury protection to the named insured, relatives residing in
2814 the same household, persons operating the insured motor vehicle,
2815 passengers in the motor vehicle, and other persons struck by the
2816 motor vehicle and suffering bodily injury while not an occupant
2817 of a self-propelled vehicle, subject to subsection (2) and
2818 paragraph (4) (e), to a limit of \$10,000 in medical and
2819 disability benefits and \$5,000 in death benefits resulting from
2820 bodily injury, sickness, disease, or death arising out of the
2821 ownership, maintenance, or use of a motor vehicle as follows:

2822 (a) Medical benefits.—Eighty percent of all reasonable
2823 expenses for medically necessary medical, surgical, X-ray,
2824 dental, and rehabilitative services, including prosthetic
2825 devices and medically necessary ambulance, hospital, and nursing
2826 services if the individual receives initial services and care
2827 pursuant to subparagraph 1. within 14 days after the motor
2828 vehicle accident. The medical benefits provide reimbursement
2829 only for:

2830 1. Initial services and care that are lawfully provided,
2831 supervised, ordered, or prescribed by a physician or an

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2832 autonomous physician assistant licensed or registered under
2833 chapter 458 or chapter 459, a dentist licensed under chapter
2834 466, ~~or~~ a chiropractic physician licensed under chapter 460, or
2835 an advanced practice registered nurse who is registered to
2836 engage in autonomous practice under s. 464.0123 or that are
2837 provided in a hospital or in a facility that owns, or is wholly
2838 owned by, a hospital. Initial services and care may also be
2839 provided by a person or entity licensed under part III of
2840 chapter 401 which provides emergency transportation and
2841 treatment.

2842 2. Upon referral by a provider described in subparagraph
2843 1., followup services and care consistent with the underlying
2844 medical diagnosis rendered pursuant to subparagraph 1. which may
2845 be provided, supervised, ordered, or prescribed only by a
2846 physician or an autonomous physician assistant licensed or
2847 registered under chapter 458 or chapter 459, a chiropractic
2848 physician licensed under chapter 460, a dentist licensed under
2849 chapter 466, or an advanced practice registered nurse registered
2850 to engage in autonomous practice under s. 464.0123, or, to the
2851 extent permitted by applicable law and under the supervision of
2852 such physician, osteopathic physician, chiropractic physician,
2853 or dentist, by a physician assistant licensed under chapter 458
2854 or chapter 459 or an advanced practice registered nurse licensed
2855 under chapter 464. Followup services and care may also be
2856 provided by the following persons or entities:

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2857 a. A hospital or ambulatory surgical center licensed under
2858 chapter 395.

2859 b. An entity wholly owned by one or more physicians or
2860 autonomous physician assistants licensed or registered under
2861 chapter 458 or chapter 459, chiropractic physicians licensed
2862 under chapter 460, advanced practice registered nurses
2863 registered to engage in autonomous practice under s. 464.0123,
2864 or dentists licensed under chapter 466 or by such practitioners
2865 and the spouse, parent, child, or sibling of such practitioners.

2866 c. An entity that owns or is wholly owned, directly or
2867 indirectly, by a hospital or hospitals.

2868 d. A physical therapist licensed under chapter 486, based
2869 upon a referral by a provider described in this subparagraph.

2870 e. A health care clinic licensed under part X of chapter
2871 400 which is accredited by an accrediting organization whose
2872 standards incorporate comparable regulations required by this
2873 state, or

2874 (I) Has a medical director licensed under chapter 458,
2875 chapter 459, or chapter 460;

2876 (II) Has been continuously licensed for more than 3 years
2877 or is a publicly traded corporation that issues securities
2878 traded on an exchange registered with the United States
2879 Securities and Exchange Commission as a national securities
2880 exchange; and

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2881 (III) Provides at least four of the following medical
2882 specialties:

2883 (A) General medicine.

2884 (B) Radiography.

2885 (C) Orthopedic medicine.

2886 (D) Physical medicine.

2887 (E) Physical therapy.

2888 (F) Physical rehabilitation.

2889 (G) Prescribing or dispensing outpatient prescription
2890 medication.

2891 (H) Laboratory services.

2892 3. Reimbursement for services and care provided in
2893 subparagraph 1. or subparagraph 2. up to \$10,000 if a physician
2894 licensed under chapter 458 or chapter 459, a dentist licensed
2895 under chapter 466, an autonomous physician assistant or a
2896 physician assistant registered or licensed under chapter 458 or
2897 chapter 459, or an advanced practice registered nurse licensed
2898 under chapter 464 has determined that the injured person had an
2899 emergency medical condition.

2900 4. Reimbursement for services and care provided in
2901 subparagraph 1. or subparagraph 2. is limited to \$2,500 if a
2902 provider listed in subparagraph 1. or subparagraph 2. determines
2903 that the injured person did not have an emergency medical
2904 condition.

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2905 5. Medical benefits do not include massage as defined in
2906 s. 480.033 or acupuncture as defined in s. 457.102, regardless
2907 of the person, entity, or licensee providing massage or
2908 acupuncture, and a licensed massage therapist or licensed
2909 acupuncturist may not be reimbursed for medical benefits under
2910 this section.

2911 6. The Financial Services Commission shall adopt by rule
2912 the form that must be used by an insurer and a health care
2913 provider specified in sub-subparagraph 2.b., sub-subparagraph
2914 2.c., or sub-subparagraph 2.e. to document that the health care
2915 provider meets the criteria of this paragraph. Such rule must
2916 include a requirement for a sworn statement or affidavit.

2917
2918 Only insurers writing motor vehicle liability insurance in this
2919 state may provide the required benefits of this section, and
2920 such insurer may not require the purchase of any other motor
2921 vehicle coverage other than the purchase of property damage
2922 liability coverage as required by s. 627.7275 as a condition for
2923 providing such benefits. Insurers may not require that property
2924 damage liability insurance in an amount greater than \$10,000 be
2925 purchased in conjunction with personal injury protection. Such
2926 insurers shall make benefits and required property damage
2927 liability insurance coverage available through normal marketing
2928 channels. An insurer writing motor vehicle liability insurance
2929 in this state who fails to comply with such availability

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2930 requirement as a general business practice violates part IX of
2931 chapter 626, and such violation constitutes an unfair method of
2932 competition or an unfair or deceptive act or practice involving
2933 the business of insurance. An insurer committing such violation
2934 is subject to the penalties provided under that part, as well as
2935 those provided elsewhere in the insurance code.

2936 Section 61. Subsection (5) of section 633.412, Florida
2937 Statutes, is amended to read:

2938 633.412 Firefighters; qualifications for certification.—A
2939 person applying for certification as a firefighter must:

2940 (5) Be in good physical condition as determined by a
2941 medical examination given by a physician, surgeon, or autonomous
2942 physician assistant or physician assistant licensed or
2943 registered to practice in the state pursuant to chapter 458; an
2944 osteopathic physician, surgeon, autonomous physician assistant,
2945 or physician assistant licensed or registered to practice in the
2946 state pursuant to chapter 459; or an advanced practice
2947 registered nurse licensed to practice in the state pursuant to
2948 chapter 464. Such examination may include, but need not be
2949 limited to, the National Fire Protection Association Standard
2950 1582. A medical examination evidencing good physical condition
2951 shall be submitted to the division, on a form as provided by
2952 rule, before an individual is eligible for admission into a
2953 course under s. 633.408.

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2954 Section 62. Subsection (8) of section 641.495, Florida
2955 Statutes, is amended to read:

2956 641.495 Requirements for issuance and maintenance of
2957 certificate.—

2958 (8) Each organization's contracts, certificates, and
2959 subscriber handbooks shall contain a provision, if applicable,
2960 disclosing that, for certain types of described medical
2961 procedures, services may be provided by autonomous physician
2962 assistants, physician assistants, advanced practice registered
2963 nurses ~~nurse-practitioners~~, or other individuals who are not
2964 licensed physicians.

2965 Section 63. Subsection (1) of section 744.2006, Florida
2966 Statutes, is amended to read:

2967 744.2006 Office of Public and Professional Guardians;
2968 appointment, notification.—

2969 (1) The executive director of the Office of Public and
2970 Professional Guardians, after consultation with the chief judge
2971 and other circuit judges within the judicial circuit and with
2972 appropriate advocacy groups and individuals and organizations
2973 who are knowledgeable about the needs of incapacitated persons,
2974 may establish, within a county in the judicial circuit or within
2975 the judicial circuit, one or more offices of public guardian and
2976 if so established, shall create a list of persons best qualified
2977 to serve as the public guardian, who have been investigated
2978 pursuant to s. 744.3135. The public guardian must have knowledge

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2979 of the legal process and knowledge of social services available
2980 to meet the needs of incapacitated persons. The public guardian
2981 shall maintain a staff or contract with professionally qualified
2982 individuals to carry out the guardianship functions, including
2983 an attorney who has experience in probate areas and another
2984 person who has a master's degree in social work, or a
2985 gerontologist, psychologist, autonomous physician assistant,
2986 registered nurse, or advanced practice registered ~~or~~ nurse
2987 ~~practitioner~~. A public guardian that is a nonprofit corporate
2988 guardian under s. 744.309(5) must receive tax-exempt status from
2989 the United States Internal Revenue Service.

2990 Section 64. Paragraph (a) of subsection (3) of section
2991 744.331, Florida Statutes, is amended to read:

2992 744.331 Procedures to determine incapacity.—

2993 (3) EXAMINING COMMITTEE.—

2994 (a) Within 5 days after a petition for determination of
2995 incapacity has been filed, the court shall appoint an examining
2996 committee consisting of three members. One member must be a
2997 psychiatrist or other physician. The remaining members must be
2998 either a psychologist, a gerontologist, a ~~another~~ psychiatrist,
2999 a ~~or other~~ physician, an autonomous physician assistant, a
3000 physician assistant, a registered nurse, an advanced practice
3001 registered nurse ~~practitioner~~, a licensed social worker, a
3002 person with an advanced degree in gerontology from an accredited
3003 institution of higher education, or another ~~other~~ person who by

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3004 knowledge, skill, experience, training, or education may, in the
3005 court's discretion, advise the court in the form of an expert
3006 opinion. One of three members of the committee must have
3007 knowledge of the type of incapacity alleged in the petition.
3008 Unless good cause is shown, the attending or family physician
3009 may not be appointed to the committee. If the attending or
3010 family physician is available for consultation, the committee
3011 must consult with the physician. Members of the examining
3012 committee may not be related to or associated with one another,
3013 with the petitioner, with counsel for the petitioner or the
3014 proposed guardian, or with the person alleged to be totally or
3015 partially incapacitated. A member may not be employed by any
3016 private or governmental agency that has custody of, or
3017 furnishes, services or subsidies, directly or indirectly, to the
3018 person or the family of the person alleged to be incapacitated
3019 or for whom a guardianship is sought. A petitioner may not serve
3020 as a member of the examining committee. Members of the examining
3021 committee must be able to communicate, either directly or
3022 through an interpreter, in the language that the alleged
3023 incapacitated person speaks or to communicate in a medium
3024 understandable to the alleged incapacitated person if she or he
3025 is able to communicate. The clerk of the court shall send notice
3026 of the appointment to each person appointed no later than 3 days
3027 after the court's appointment.

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3028 Section 65. Paragraph (b) of subsection (1) of section
3029 744.3675, Florida Statutes, is amended to read:

3030 744.3675 Annual guardianship plan.—Each guardian of the
3031 person must file with the court an annual guardianship plan
3032 which updates information about the condition of the ward. The
3033 annual plan must specify the current needs of the ward and how
3034 those needs are proposed to be met in the coming year.

3035 (1) Each plan for an adult ward must, if applicable,
3036 include:

3037 (b) Information concerning the medical and mental health
3038 conditions and treatment and rehabilitation needs of the ward,
3039 including:

3040 1. A resume of any professional medical treatment given to
3041 the ward during the preceding year.

3042 2. The report of a physician, an advanced practice
3043 registered nurse, an autonomous physician assistant, or a
3044 physician assistant who examined the ward no more than 90 days
3045 before the beginning of the applicable reporting period. The
3046 report must contain an evaluation of the ward's condition and a
3047 statement of the current level of capacity of the ward.

3048 3. The plan for providing medical, mental health, and
3049 rehabilitative services in the coming year.

3050 Section 66. Subsection (3) of section 766.103, Florida
3051 Statutes, is amended to read:

3052 766.103 Florida Medical Consent Law.—

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3053 (3) No recovery shall be allowed in any court in this
3054 state against any physician licensed under chapter 458,
3055 osteopathic physician licensed under chapter 459, chiropractic
3056 physician licensed under chapter 460, podiatric physician
3057 licensed under chapter 461, dentist licensed under chapter 466,
3058 advanced practice registered nurse licensed under s. 464.012,
3059 autonomous physician assistant registered under chapter 458 or
3060 chapter 459, or physician assistant licensed under s. 458.347 or
3061 s. 459.022 in an action brought for treating, examining, or
3062 operating on a patient without his or her informed consent when:

3063 (a)1. The action of the physician, osteopathic physician,
3064 chiropractic physician, podiatric physician, dentist, advanced
3065 practice registered nurse, autonomous physician assistant, or
3066 physician assistant in obtaining the consent of the patient or
3067 another person authorized to give consent for the patient was in
3068 accordance with an accepted standard of medical practice among
3069 members of the medical profession with similar training and
3070 experience in the same or similar medical community as that of
3071 the person treating, examining, or operating on the patient for
3072 whom the consent is obtained; and

3073 2. A reasonable individual, from the information provided
3074 by the physician, osteopathic physician, chiropractic physician,
3075 podiatric physician, dentist, advanced practice registered
3076 nurse, autonomous physician assistant, or physician assistant,
3077 under the circumstances, would have a general understanding of

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3078 the procedure, the medically acceptable alternative procedures
3079 or treatments, and the substantial risks and hazards inherent in
3080 the proposed treatment or procedures, which are recognized among
3081 other physicians, osteopathic physicians, chiropractic
3082 physicians, podiatric physicians, or dentists in the same or
3083 similar community who perform similar treatments or procedures;
3084 or

3085 (b) The patient would reasonably, under all the
3086 surrounding circumstances, have undergone such treatment or
3087 procedure had he or she been advised by the physician,
3088 osteopathic physician, chiropractic physician, podiatric
3089 physician, dentist, advanced practice registered nurse,
3090 autonomous physician assistant, or physician assistant in
3091 accordance with ~~the provisions of~~ paragraph (a).

3092 Section 67. Paragraph (b) of subsection (1) and paragraph
3093 (e) of subsection (2) of section 766.105, Florida Statutes, are
3094 amended to read:

3095 766.105 Florida Patient's Compensation Fund.—

3096 (1) DEFINITIONS.—The following definitions apply in the
3097 interpretation and enforcement of this section:

3098 (b) The term "health care provider" means any:

3099 1. Hospital licensed under chapter 395.

3100 2. Physician, autonomous physician assistant, or physician
3101 assistant licensed or registered under chapter 458.

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3102 3. Osteopathic physician, autonomous physician assistant,
3103 or physician assistant licensed or registered under chapter 459.

3104 4. Podiatric physician licensed under chapter 461.

3105 5. Health maintenance organization certificated under part
3106 I of chapter 641.

3107 6. Ambulatory surgical center licensed under chapter 395.

3108 7. "Other medical facility" as defined in paragraph (c).

3109 8. Professional association, partnership, corporation,
3110 joint venture, or other association by the individuals set forth
3111 in subparagraphs 2., 3., and 4. for professional activity.

3112 (2) COVERAGE.—

3113 (e) The coverage afforded by the fund for a participating
3114 hospital or ambulatory surgical center shall apply to the
3115 officers, trustees, volunteer workers, trainees, committee
3116 members (including physicians, osteopathic physicians, podiatric
3117 physicians, and dentists), and employees of the hospital or
3118 ambulatory surgical center, other than employed physicians
3119 licensed under chapter 458, autonomous physician assistants or
3120 physician assistants registered or licensed under chapter 458,
3121 osteopathic physicians licensed under chapter 459, autonomous
3122 physician assistants or physician assistants registered or
3123 licensed under chapter 459, dentists licensed under chapter 466,
3124 and podiatric physicians licensed under chapter 461. However,
3125 the coverage afforded by the fund for a participating hospital
3126 shall apply to house physicians, interns, employed physician

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3127 residents in a resident training program, or physicians
3128 performing purely administrative duties for the participating
3129 hospitals other than the treatment of patients. This coverage
3130 shall apply to the hospital or ambulatory surgical center and
3131 those included in this subsection as one health care provider.

3132 Section 68. Paragraph (d) of subsection (3) of section
3133 766.1115, Florida Statutes, is amended to read:

3134 766.1115 Health care providers; creation of agency
3135 relationship with governmental contractors.—

3136 (3) DEFINITIONS.—As used in this section, the term:

3137 (d) "Health care provider" or "provider" means:

- 3138 1. A birth center licensed under chapter 383.
- 3139 2. An ambulatory surgical center licensed under chapter
3140 395.
- 3141 3. A hospital licensed under chapter 395.
- 3142 4. A physician, autonomous physician assistant, or
3143 physician assistant licensed or registered under chapter 458.
- 3144 5. An osteopathic physician, autonomous physician
3145 assistant, or osteopathic physician assistant licensed or
3146 registered under chapter 459.
- 3147 6. A chiropractic physician licensed under chapter 460.
- 3148 7. A podiatric physician licensed under chapter 461.
- 3149 8. A registered nurse, nurse midwife, licensed practical
3150 nurse, or advanced practice registered nurse licensed or
3151 registered under part I of chapter 464 or any facility which

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3152 employs nurses licensed or registered under part I of chapter
3153 464 to supply all or part of the care delivered under this
3154 section.

3155 9. A midwife licensed under chapter 467.

3156 10. A health maintenance organization certificated under
3157 part I of chapter 641.

3158 11. A health care professional association and its
3159 employees or a corporate medical group and its employees.

3160 12. Any other medical facility the primary purpose of
3161 which is to deliver human medical diagnostic services or which
3162 delivers nonsurgical human medical treatment, and which includes
3163 an office maintained by a provider.

3164 13. A dentist or dental hygienist licensed under chapter
3165 466.

3166 14. A free clinic that delivers only medical diagnostic
3167 services or nonsurgical medical treatment free of charge to all
3168 low-income recipients.

3169 15. Any other health care professional, practitioner,
3170 provider, or facility under contract with a governmental
3171 contractor, including a student enrolled in an accredited
3172 program that prepares the student for licensure as any one of
3173 the professionals listed in subparagraphs 4.-9.

3174

3175 The term includes any nonprofit corporation qualified as exempt
3176 from federal income taxation under s. 501(a) of the Internal

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3177 Revenue Code, and described in s. 501(c) of the Internal Revenue
3178 Code, which delivers health care services provided by licensed
3179 professionals listed in this paragraph, any federally funded
3180 community health center, and any volunteer corporation or
3181 volunteer health care provider that delivers health care
3182 services.

3183 Section 69. Subsection (1) of section 766.1116, Florida
3184 Statutes, is amended to read:

3185 766.1116 Health care practitioner; waiver of license
3186 renewal fees and continuing education requirements.—

3187 (1) As used in this section, the term "health care
3188 practitioner" means a physician, autonomous physician assistant,
3189 or physician assistant licensed or registered under chapter 458;
3190 an osteopathic physician, autonomous physician assistant, or
3191 physician assistant licensed or registered under chapter 459; a
3192 chiropractic physician licensed under chapter 460; a podiatric
3193 physician licensed under chapter 461; an advanced practice
3194 registered nurse, registered nurse, or licensed practical nurse
3195 licensed under part I of chapter 464; a dentist or dental
3196 hygienist licensed under chapter 466; or a midwife licensed
3197 under chapter 467, who participates as a health care provider
3198 under s. 766.1115.

3199 Section 70. Paragraph (c) of subsection (1) of section
3200 766.118, Florida Statutes, is amended to read:

3201 766.118 Determination of noneconomic damages.—

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3202 (1) DEFINITIONS.—As used in this section, the term:
3203 (c) "Practitioner" means any person licensed or registered
3204 under chapter 458, chapter 459, chapter 460, chapter 461,
3205 chapter 462, chapter 463, chapter 466, chapter 467, chapter 486,
3206 ~~or~~ s. 464.012, or s. 464.0123. "Practitioner" also means any
3207 association, corporation, firm, partnership, or other business
3208 entity under which such practitioner practices or any employee
3209 of such practitioner or entity acting in the scope of his or her
3210 employment. For the purpose of determining the limitations on
3211 noneconomic damages set forth in this section, the term
3212 "practitioner" includes any person or entity for whom a
3213 practitioner is vicariously liable and any person or entity
3214 whose liability is based solely on such person or entity being
3215 vicariously liable for the actions of a practitioner.

3216 Section 71. Subsection (3) of section 768.135, Florida
3217 Statutes, is amended to read:

3218 768.135 Volunteer team physicians; immunity.—

3219 (3) A practitioner licensed or registered under chapter
3220 458, chapter 459, chapter 460, ~~or~~ s. 464.012, or s. 464.0123 who
3221 gratuitously and in good faith conducts an evaluation pursuant
3222 to s. 1006.20(2)(c) is not liable for any civil damages arising
3223 from that evaluation unless the evaluation was conducted in a
3224 wrongful manner.

3225 Section 72. Subsection (5) of section 794.08, Florida
3226 Statutes, is amended to read:

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3227 794.08 Female genital mutilation.—

3228 (5) This section does not apply to procedures performed by
3229 or under the direction of a physician licensed under chapter
3230 458, an osteopathic physician licensed under chapter 459, a
3231 registered nurse licensed under part I of chapter 464, a
3232 practical nurse licensed under part I of chapter 464, an
3233 advanced practice registered nurse licensed under part I of
3234 chapter 464, a midwife licensed under chapter 467, or an
3235 autonomous physician assistant or a physician assistant
3236 registered or licensed under chapter 458 or chapter 459 when
3237 necessary to preserve the physical health of a female person.
3238 This section also does not apply to any autopsy or limited
3239 dissection conducted pursuant to chapter 406.

3240 Section 73. Subsection (23) of section 893.02, Florida
3241 Statutes, is amended to read:

3242 893.02 Definitions.—The following words and phrases as
3243 used in this chapter shall have the following meanings, unless
3244 the context otherwise requires:

3245 (23) "Practitioner" means a physician licensed under
3246 chapter 458, a dentist licensed under chapter 466, a
3247 veterinarian licensed under chapter 474, an osteopathic
3248 physician licensed under chapter 459, an advanced practice
3249 registered nurse licensed under chapter 464, a naturopath
3250 licensed under chapter 462, a certified optometrist licensed
3251 under chapter 463, a psychiatric nurse as defined in s. 394.455,

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3252 a podiatric physician licensed under chapter 461, an autonomous
3253 physician assistant registered under chapter 458 or chapter 459,
3254 or a physician assistant licensed under chapter 458 or chapter
3255 459, provided such practitioner holds a valid federal controlled
3256 substance registry number.

3257 Section 74. Subsection (6) of section 943.13, Florida
3258 Statutes, is amended to read:

3259 943.13 Officers' minimum qualifications for employment or
3260 appointment.—On or after October 1, 1984, any person employed or
3261 appointed as a full-time, part-time, or auxiliary law
3262 enforcement officer or correctional officer; on or after October
3263 1, 1986, any person employed as a full-time, part-time, or
3264 auxiliary correctional probation officer; and on or after
3265 October 1, 1986, any person employed as a full-time, part-time,
3266 or auxiliary correctional officer by a private entity under
3267 contract to the Department of Corrections, to a county
3268 commission, or to the Department of Management Services shall:

3269 (6) Have passed a physical examination by a licensed
3270 physician, autonomous physician assistant, physician assistant,
3271 or licensed advanced practice registered nurse, based on
3272 specifications established by the commission. In order to be
3273 eligible for the presumption set forth in s. 112.18 while
3274 employed with an employing agency, a law enforcement officer,
3275 correctional officer, or correctional probation officer must
3276 have successfully passed the physical examination required by

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3277 this subsection upon entering into service as a law enforcement
3278 officer, correctional officer, or correctional probation officer
3279 with the employing agency, which examination must have failed to
3280 reveal any evidence of tuberculosis, heart disease, or
3281 hypertension. A law enforcement officer, correctional officer,
3282 or correctional probation officer may not use a physical
3283 examination from a former employing agency for purposes of
3284 claiming the presumption set forth in s. 112.18 against the
3285 current employing agency.

3286 Section 75. Subsection (2) of section 945.603, Florida
3287 Statutes, is amended to read:

3288 945.603 Powers and duties of authority.—The purpose of the
3289 authority is to assist in the delivery of health care services
3290 for inmates in the Department of Corrections by advising the
3291 Secretary of Corrections on the professional conduct of primary,
3292 convalescent, dental, and mental health care and the management
3293 of costs consistent with quality care, by advising the Governor
3294 and the Legislature on the status of the Department of
3295 Corrections' health care delivery system, and by assuring that
3296 adequate standards of physical and mental health care for
3297 inmates are maintained at all Department of Corrections
3298 institutions. For this purpose, the authority has the authority
3299 to:

3300 (2) Review and make recommendations regarding health care
3301 for the delivery of health care services including, but not

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3302 limited to, acute hospital-based services and facilities,
3303 primary and tertiary care services, ancillary and clinical
3304 services, dental services, mental health services, intake and
3305 screening services, medical transportation services, and the use
3306 of nurse practitioner, autonomous physician assistant, and
3307 physician assistant personnel to act as physician extenders as
3308 these relate to inmates in the Department of Corrections.

3309 Section 76. Paragraph (n) of subsection (1) of section
3310 948.03, Florida Statutes, is amended to read:

3311 948.03 Terms and conditions of probation.—

3312 (1) The court shall determine the terms and conditions of
3313 probation. Conditions specified in this section do not require
3314 oral pronouncement at the time of sentencing and may be
3315 considered standard conditions of probation. These conditions
3316 may include among them the following, that the probationer or
3317 offender in community control shall:

3318 (n) Be prohibited from using intoxicants to excess or
3319 possessing any drugs or narcotics unless prescribed by a
3320 physician, an advanced practice registered nurse, an autonomous
3321 physician assistant, or a physician assistant. The probationer
3322 or community controllee may not knowingly visit places where
3323 intoxicants, drugs, or other dangerous substances are unlawfully
3324 sold, dispensed, or used.

3325 Section 77. Subsection (34) of section 984.03, Florida
3326 Statutes, is amended to read:

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3327 984.03 Definitions.—When used in this chapter, the term:
3328 (34) "Licensed health care professional" means a physician
3329 licensed under chapter 458, an osteopathic physician licensed
3330 under chapter 459, a nurse licensed under part I of chapter 464,
3331 an autonomous physician assistant or a physician assistant
3332 registered or licensed under chapter 458 or chapter 459, or a
3333 dentist licensed under chapter 466.

3334 Section 78. Subsection (30) of section 985.03, Florida
3335 Statutes, is amended to read:

3336 985.03 Definitions.—As used in this chapter, the term:
3337 (30) "Licensed health care professional" means a physician
3338 licensed under chapter 458, an osteopathic physician licensed
3339 under chapter 459, a nurse licensed under part I of chapter 464,
3340 an autonomous physician assistant or a physician assistant
3341 registered or licensed under chapter 458 or chapter 459, or a
3342 dentist licensed under chapter 466.

3343 Section 79. Paragraph (i) of subsection (3) of section
3344 1002.20, Florida Statutes, is amended to read:

3345 1002.20 K-12 student and parent rights.—Parents of public
3346 school students must receive accurate and timely information
3347 regarding their child's academic progress and must be informed
3348 of ways they can help their child to succeed in school. K-12
3349 students and their parents are afforded numerous statutory
3350 rights including, but not limited to, the following:

3351 (3) HEALTH ISSUES.—

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3352 (i) Epinephrine use and supply.-

3353 1. A student who has experienced or is at risk for life-
3354 threatening allergic reactions may carry an epinephrine auto-
3355 injector and self-administer epinephrine by auto-injector while
3356 in school, participating in school-sponsored activities, or in
3357 transit to or from school or school-sponsored activities if the
3358 school has been provided with parental and physician
3359 authorization. The State Board of Education, in cooperation with
3360 the Department of Health, shall adopt rules for such use of
3361 epinephrine auto-injectors that shall include provisions to
3362 protect the safety of all students from the misuse or abuse of
3363 auto-injectors. A school district, county health department,
3364 public-private partner, and their employees and volunteers shall
3365 be indemnified by the parent of a student authorized to carry an
3366 epinephrine auto-injector for any and all liability with respect
3367 to the student's use of an epinephrine auto-injector pursuant to
3368 this paragraph.

3369 2. A public school may purchase a supply of epinephrine
3370 auto-injectors from a wholesale distributor as defined in s.
3371 499.003 or may enter into an arrangement with a wholesale
3372 distributor or manufacturer as defined in s. 499.003 for the
3373 epinephrine auto-injectors at fair-market, free, or reduced
3374 prices for use in the event a student has an anaphylactic
3375 reaction. The epinephrine auto-injectors must be maintained in a
3376 secure location on the public school's premises. The

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3377 participating school district shall adopt a protocol developed
3378 by a licensed physician for the administration by school
3379 personnel who are trained to recognize an anaphylactic reaction
3380 and to administer an epinephrine auto-injection. The supply of
3381 epinephrine auto-injectors may be provided to and used by a
3382 student authorized to self-administer epinephrine by auto-
3383 injector under subparagraph 1. or trained school personnel.

3384 3. The school district and its employees, agents, and the
3385 physician who provides the standing protocol for school
3386 epinephrine auto-injectors are not liable for any injury arising
3387 from the use of an epinephrine auto-injector administered by
3388 trained school personnel who follow the adopted protocol and
3389 whose professional opinion is that the student is having an
3390 anaphylactic reaction:

3391 a. Unless the trained school personnel's action is willful
3392 and wanton;

3393 b. Notwithstanding that the parents or guardians of the
3394 student to whom the epinephrine is administered have not been
3395 provided notice or have not signed a statement acknowledging
3396 that the school district is not liable; and

3397 c. Regardless of whether authorization has been given by
3398 the student's parents or guardians or by the student's
3399 physician, autonomous physician assistant, physician ~~physician's~~
3400 assistant, or advanced practice registered nurse.

Amendment No.

3401 Section 80. Paragraph (b) of subsection (17) of section
3402 1002.42, Florida Statutes, is amended to read:
3403 1002.42 Private schools.—
3404 (17) EPINEPHRINE SUPPLY.—
3405 (b) The private school and its employees, agents, and the
3406 physician who provides the standing protocol for school
3407 epinephrine auto-injectors are not liable for any injury arising
3408 from the use of an epinephrine auto-injector administered by
3409 trained school personnel who follow the adopted protocol and
3410 whose professional opinion is that the student is having an
3411 anaphylactic reaction:
3412 1. Unless the trained school personnel's action is willful
3413 and wanton;
3414 2. Notwithstanding that the parents or guardians of the
3415 student to whom the epinephrine is administered have not been
3416 provided notice or have not signed a statement acknowledging
3417 that the school district is not liable; and
3418 3. Regardless of whether authorization has been given by
3419 the student's parents or guardians or by the student's
3420 physician, autonomous physician assistant, physician ~~physician's~~
3421 assistant, or advanced practice registered nurse.
3422 Section 81. Paragraph (a) of subsection (1) and
3423 subsections (4) and (5) of section 1006.062, Florida Statutes,
3424 are amended to read:

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3425 1006.062 Administration of medication and provision of
3426 medical services by district school board personnel.—

3427 (1) Notwithstanding the provisions of the Nurse Practice
3428 Act, part I of chapter 464, district school board personnel may
3429 assist students in the administration of prescription medication
3430 when the following conditions have been met:

3431 (a) Each district school board shall include in its
3432 approved school health services plan a procedure to provide
3433 training, by a registered nurse, a licensed practical nurse, an
3434 advanced practice registered nurse, a physician licensed
3435 pursuant to chapter 458 or chapter 459, an autonomous physician
3436 assistant, or a physician assistant registered or licensed
3437 pursuant to chapter 458 or chapter 459, to the school personnel
3438 designated by the school principal to assist students in the
3439 administration of prescribed medication. Such training may be
3440 provided in collaboration with other school districts, through
3441 contract with an education consortium, or by any other
3442 arrangement consistent with the intent of this subsection.

3443 (4) Nonmedical assistive personnel shall be allowed to
3444 perform health-related services upon successful completion of
3445 child-specific training by a registered nurse or advanced
3446 practice registered nurse licensed under chapter 464, a
3447 physician licensed pursuant to chapter 458 or chapter 459, an
3448 autonomous physician assistant, or a physician assistant
3449 registered or licensed pursuant to chapter 458 or chapter 459.

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3450 All procedures shall be monitored periodically by a nurse,
3451 advanced practice registered nurse, autonomous physician
3452 assistant, physician assistant, or physician, including, but not
3453 limited to:

- 3454 (a) Intermittent clean catheterization.
3455 (b) Gastrostomy tube feeding.
3456 (c) Monitoring blood glucose.
3457 (d) Administering emergency injectable medication.
3458 (5) For all other invasive medical services not listed in
3459 this subsection, a registered nurse or advanced practice
3460 registered nurse licensed under chapter 464, a physician
3461 licensed pursuant to chapter 458 or chapter 459, or an
3462 autonomous physician assistant or a physician assistant
3463 registered or licensed pursuant to chapter 458 or chapter 459
3464 shall determine if nonmedical district school board personnel
3465 shall be allowed to perform such service.

3466 Section 82. Paragraph (c) of subsection (2) of section
3467 1006.20, Florida Statutes, is amended to read:

3468 1006.20 Athletics in public K-12 schools.—

3469 (2) ADOPTION OF BYLAWS, POLICIES, OR GUIDELINES.—

3470 (c) The FHSAA shall adopt bylaws that require all students
3471 participating in interscholastic athletic competition or who are
3472 candidates for an interscholastic athletic team to
3473 satisfactorily pass a medical evaluation each year before ~~prior~~
3474 ~~to~~ participating in interscholastic athletic competition or

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3475 engaging in any practice, tryout, workout, or other physical
3476 activity associated with the student's candidacy for an
3477 interscholastic athletic team. Such medical evaluation may be
3478 administered only by a practitioner licensed or registered under
3479 chapter 458, chapter 459, chapter 460, ~~or~~ s. 464.012, or s.
3480 464.0123, and in good standing with the practitioner's
3481 regulatory board. The bylaws shall establish requirements for
3482 eliciting a student's medical history and performing the medical
3483 evaluation required under this paragraph, which shall include a
3484 physical assessment of the student's physical capabilities to
3485 participate in interscholastic athletic competition as contained
3486 in a uniform preparticipation physical evaluation and history
3487 form. The evaluation form shall incorporate the recommendations
3488 of the American Heart Association for participation
3489 cardiovascular screening and shall provide a place for the
3490 signature of the practitioner performing the evaluation with an
3491 attestation that each examination procedure listed on the form
3492 was performed by the practitioner or by someone under the direct
3493 supervision of the practitioner. The form shall also contain a
3494 place for the practitioner to indicate if a referral to another
3495 practitioner was made in lieu of completion of a certain
3496 examination procedure. The form shall provide a place for the
3497 practitioner to whom the student was referred to complete the
3498 remaining sections and attest to that portion of the
3499 examination. The preparticipation physical evaluation form shall

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3500 advise students to complete a cardiovascular assessment and
3501 shall include information concerning alternative cardiovascular
3502 evaluation and diagnostic tests. Results of such medical
3503 evaluation must be provided to the school. A student is not
3504 eligible to participate, as provided in s. 1006.15(3), in any
3505 interscholastic athletic competition or engage in any practice,
3506 tryout, workout, or other physical activity associated with the
3507 student's candidacy for an interscholastic athletic team until
3508 the results of the medical evaluation have been received and
3509 approved by the school.

3510 Section 83. Subsection (1) of section 1009.65, Florida
3511 Statutes, is amended to read:

3512 1009.65 Medical Education Reimbursement and Loan Repayment
3513 Program.—

3514 (1) To encourage qualified medical professionals to
3515 practice in underserved locations where there are shortages of
3516 such personnel, there is established the Medical Education
3517 Reimbursement and Loan Repayment Program. The function of the
3518 program is to make payments that offset loans and educational
3519 expenses incurred by students for studies leading to a medical
3520 or nursing degree, medical or nursing licensure, or advanced
3521 practice registered nurse licensure, autonomous physician
3522 assistant registration, or physician assistant licensure. The
3523 following licensed or certified health care professionals are
3524 eligible to participate in this program: medical doctors with

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3525 primary care specialties, doctors of osteopathic medicine with
3526 primary care specialties, autonomous physician assistants,
3527 physician ~~physician's~~ assistants, licensed practical nurses and
3528 registered nurses, and advanced practice registered nurses with
3529 primary care specialties such as certified nurse midwives.
3530 Primary care medical specialties for physicians include
3531 obstetrics, gynecology, general and family practice, internal
3532 medicine, pediatrics, and other specialties which may be
3533 identified by the Department of Health.

3534 Section 84. For the 2020-2021 fiscal year, 3.5 full-time
3535 equivalent positions with associated salary rate of 183,895 are
3536 authorized and the sums of \$219,089 in recurring funds and
3537 \$17,716 in nonrecurring funds from the Medical Quality Assurance
3538 Trust Fund are appropriated to the Department of Health for the
3539 purpose of implementing the requirements of this act.

3540 Section 85. This act shall take effect July 1, 2020.

3541

3542

3543

3544 **T I T L E A M E N D M E N T**

3545 Remove everything before the enacting clause and insert:

3546 An act relating to health care practitioners; amending s.

3547 456.0391, F.S.; requiring an autonomous physician assistant to

3548 submit certain information to the Department of Health;

3549 requiring the department to send a notice regarding the required

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3550 information to submit; requiring autonomous physician assistants
3551 who have submitted required information to update such
3552 information in writing; providing penalties; amending s.
3553 456.041, F.S.; requiring the department to provide a
3554 practitioner profile for an autonomous physician assistant;
3555 amending ss. 458.347 and 459.022, F.S.; defining the term
3556 "autonomous physician assistant"; authorizing third-party payors
3557 to reimburse employers for services provided by autonomous
3558 physician assistants; deleting a requirement that a physician
3559 assistant must inform a patient of a right to see a physician
3560 before prescribing or dispensing a prescription; revising the
3561 requirements for physician assistant education and training
3562 programs; authorizing the Board of Medicine to impose certain
3563 penalties upon an autonomous physician assistant; requiring the
3564 board to register a physician assistant as an autonomous
3565 physician assistant if the applicant meets certain criteria;
3566 providing requirements; providing exceptions; requiring the
3567 department to distinguish such autonomous physician assistants'
3568 licenses; authorizing such autonomous physician assistants to
3569 perform specified acts without physician supervision or
3570 supervisory protocol; requiring biennial registration renewal;
3571 requiring the Council on Physician Assistants to establish
3572 rules; revising the membership and duties of the council;
3573 prohibiting a person who is not registered as an autonomous
3574 physician assistant from using the title; providing for the

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3575 denial, suspension, or revocation of the registration of an
3576 autonomous physician assistant; requiring the board to adopt
3577 rules; requiring autonomous physician assistants to report
3578 adverse incidents to the department; amending s. 464.012, F.S.;
3579 requiring applicants for registration as an advanced practice
3580 registered nurse to apply to the Board of Nursing; authorizing
3581 an advanced practice registered nurse to sign, certify, stamp,
3582 verify, or endorse a document that requires the signature,
3583 certification, stamp, verification, affidavit, or endorsement of
3584 a physician within the framework of an established protocol;
3585 providing an exception; creating s. 464.0123, F.S.; defining the
3586 term "autonomous practice"; providing for the registration of an
3587 advanced practice registered nurse to engage in autonomous
3588 practice; providing registration requirements; requiring the
3589 department to distinguish such advanced practice registered
3590 nurses' licenses and include the registration in their
3591 practitioner profiles; authorizing such advanced practice
3592 registered nurses to perform specified acts without physician
3593 supervision or supervisory protocol; requiring biennial
3594 registration renewal and continuing education; authorizing the
3595 Board of Nursing to establish an advisory committee to determine
3596 the medical acts that may be performed by such advanced practice
3597 registered nurses; providing for appointment and terms of
3598 committee members; requiring the board to adopt rules; creating
3599 s. 464.0155, F.S.; requiring advanced practice registered nurses

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3600 who are registered to engage in autonomous practice to report
3601 adverse incidents to the Department of Health; providing
3602 requirements; defining the term "adverse incident"; providing
3603 for department review of such reports; authorizing the
3604 department to take disciplinary action; amending s. 464.018,
3605 F.S.; providing additional grounds for denial of a license or
3606 disciplinary action for advanced practice registered nurses who
3607 are registered to engage in autonomous practice; amending s.
3608 39.01, F.S.; revising the definition of the term "licensed
3609 health care professional" to include an autonomous physician
3610 assistant; amending s. 39.303, F.S.; authorizing a specified
3611 autonomous physician assistant to review certain cases of abuse
3612 or neglect and standards for face-to-face medical evaluations by
3613 a child protection team; amending s. 39.304, F.S.; authorizing
3614 an autonomous physician assistant to perform or order an
3615 examination and diagnose a child without parental consent under
3616 certain circumstances; amending s. 110.12315, F.S.; revising
3617 requirements for reimbursement of pharmacies for specified
3618 prescription drugs and supplies under the state employees'
3619 prescription drug program; amending s. 252.515, F.S.; providing
3620 immunity from civil liability for an autonomous physician
3621 assistant under the Postdisaster Relief Assistance Act; amending
3622 ss. 310.071, 310.073, and 310.081, F.S.; authorizing an
3623 autonomous physician assistant and a physician assistant to
3624 administer the physical examination required for deputy pilot

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3625 certification and state pilot licensure; authorizing an
3626 applicant for a deputy pilot certificate or a state pilot
3627 license to use controlled substances prescribed by an autonomous
3628 physician assistant; amending s. 320.0848, F.S.; authorizing an
3629 autonomous physician assistant to certify that a person is
3630 disabled to satisfy requirements for certain permits; amending
3631 s. 381.00315, F.S.; providing for the temporary reactivation of
3632 the registration of an autonomous physician assistant in a
3633 public health emergency; amending s. 381.00593, F.S.; revising
3634 the definition of the term "health care practitioner" to include
3635 an autonomous physician assistant for purposes of the Public
3636 School Volunteer Health Care Practitioner Act; amending s.
3637 381.026, F.S.; revising the definition of the term "health care
3638 provider" to include an advanced practice registered nurse and
3639 an autonomous physician assistant for purposes of the Florida
3640 Patient's Bill of Rights and Responsibilities; amending s.
3641 382.008, F.S.; authorizing an autonomous physician assistant, a
3642 physician assistant, or an advanced practice registered nurse to
3643 file a certificate of death or fetal death under certain
3644 circumstances; authorizing a certified nurse midwife to provide
3645 certain information to the funeral director within a specified
3646 time period; replacing the term "primary or attending physician"
3647 with "primary or attending practitioner"; defining the term
3648 "primary or attending practitioner"; amending s. 382.011, F.S.;
3649 conforming a provision to changes made by the act; amending s.

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Amendment No.

3650 383.14, F.S.; authorizing the release of certain newborn tests
3651 and screening results to an autonomous physician assistant;
3652 revising the definition of the term "health care practitioner"
3653 to include an autonomous physician assistant for purposes of
3654 screening for metabolic disorders, other hereditary and
3655 congenital disorders, and environmental risk factors; amending
3656 s. 390.0111, F.S.; authorizing an autonomous physician assistant
3657 to review an ultrasound with a woman before an abortion
3658 procedure; amending s. 390.012, F.S.; authorizing an autonomous
3659 physician assistant to provide postoperative monitoring and to
3660 be available throughout an abortion procedure, remain at the
3661 abortion clinic until all patients are discharged, and attempt
3662 to assess the patient's recovery within a specified time period;
3663 amending s. 394.463, F.S.; authorizing an autonomous physician
3664 assistant, a physician assistant, and an advanced practice
3665 registered nurse to initiate an involuntary examination for
3666 mental illness under certain circumstances; authorizing a
3667 physician assistant to examine a patient; amending s. 395.0191,
3668 F.S.; providing an exception to certain onsite medical direction
3669 requirements for a specified advanced practice registered nurse;
3670 amending 395.602, F.S.; authorizing the Department of Health to
3671 use certain funds to increase the number of autonomous physician
3672 assistants in rural areas; amending s. 397.501, F.S.;

3673 prohibiting the denial of certain services to an individual who
3674 takes medication prescribed by an autonomous physician

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Amendment No.

3675 assistant, a physician assistant, or an advanced practice
3676 registered nurse; amending ss. 397.679 and 397.6793, F.S.;
3677 authorizing an autonomous physician assistant to execute a
3678 certificate for emergency admission of a person who is substance
3679 abuse impaired; amending s. 400.021, F.S.; revising the
3680 definition of the term "geriatric outpatient clinic" to include
3681 a site staffed by an autonomous physician assistant; amending s.
3682 400.172, F.S.; authorizing an autonomous physician assistant and
3683 an advanced practice registered nurse to provide certain medical
3684 information to a prospective respite care resident; amending s.
3685 400.487, F.S.; authorizing autonomous physician assistants to
3686 establish treatment orders for certain patients under certain
3687 circumstances; amending s. 400.506, F.S.; requiring autonomous
3688 physician assistants to comply with specified requirements for a
3689 plan of treatment; amending ss. 400.9973, 400.9974, 400.9976,
3690 and 400.9979, F.S.; authorizing an autonomous physician
3691 assistant to prescribe admission to a transitional living
3692 facility and provide care for the duration of the client's stay
3693 in such facility, provide orders for a comprehensive treatment
3694 plan, supervise and record medications to be administered to a
3695 client, and order physical or chemical restraints for a client,
3696 respectively; amending s. 401.445, F.S.; prohibiting recovery of
3697 damages in court against a registered autonomous physician
3698 assistant under certain circumstances; requiring an autonomous
3699 physician assistant to attempt to obtain a person's consent

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Amendment No.

3700 before providing emergency services; amending ss. 409.906 and
3701 409.908, F.S.; authorizing the agency to reimburse an autonomous
3702 physician assistant for providing certain optional Medicaid
3703 services; amending s. 409.973, F.S.; requiring managed care
3704 plans to cover autonomous physician assistant services; amending
3705 s. 429.26, F.S.; prohibiting autonomous physician assistants
3706 from having a financial interest in the assisted living facility
3707 that employs them; authorizing an autonomous physician assistant
3708 to examine an assisted living facility resident before
3709 admission; amending s. 429.918, F.S.; revising the definition of
3710 the term "ADRD participant" to include a participant who has a
3711 specified diagnosis from an autonomous physician assistant;
3712 authorizing an autonomous physician assistant to provide signed
3713 documentation to an ADRD participant; amending s. 440.102, F.S.;
3714 authorizing an autonomous physician assistant to collect a
3715 specimen for a drug test for specified purposes; amending s.
3716 456.053, F.S.; revising definitions; authorizing an advanced
3717 practice registered nurse who is engaging in autonomous practice
3718 and an autonomous physician assistant to make referrals under
3719 certain circumstances; conforming a cross-reference; amending s.
3720 456.072, F.S.; providing penalties for an autonomous physician
3721 assistant who prescribes or dispenses a controlled substance in
3722 a certain manner; amending s. 456.44, F.S.; revising the
3723 definition of the term "registrant" to include an autonomous
3724 physician assistant for purposes of controlled substance

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Amendment No.

3725 prescribing; providing requirements for an autonomous physician
3726 assistant who prescribes controlled substances for the treatment
3727 of chronic nonmalignant pain; amending ss. 458.3265 and
3728 459.0137, F.S.; requiring an autonomous physician assistant to
3729 perform a physical examination of a patient at a pain-management
3730 clinic under certain circumstances; amending ss. 458.331 and
3731 459.015, F.S.; providing grounds for denial of a license or
3732 disciplinary action against an autonomous physician assistant
3733 for certain violations; amending s. 464.003, F.S.; revising the
3734 definition of the term "practice of practical nursing" to
3735 include a registered autonomous physician assistant for purposes
3736 of authorizing such assistant to supervise a licensed practical
3737 nurse; amending s. 464.0205, F.S.; authorizing an autonomous
3738 physician assistant to directly supervise a certified retired
3739 volunteer nurse; amending s. 480.0475, F.S.; authorizing the
3740 operation of a massage establishment during specified hours if
3741 the massage therapy is prescribed by an autonomous physician
3742 assistant; amending s. 493.6108, F.S.; authorizing an autonomous
3743 physician assistant to certify the physical fitness of a certain
3744 class of applicants to bear a weapon or firearm; amending s.
3745 626.9707, F.S.; providing that an autonomous physician assistant
3746 and an advanced practice registered nurse may provide services
3747 to certain persons without insurer discrimination; amending s.
3748 627.357, F.S.; revising the definition of the term "health care
3749 provider" to include an autonomous physician assistant for

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Amendment No.

3750 purposes of medical malpractice self-insurance; amending s.
3751 627.736, F.S.; requiring personal injury protection insurance to
3752 cover a certain percentage of medical services and care provided
3753 by specified health care providers; providing for reimbursement
3754 of advanced practice registered nurses who are registered to
3755 engage in autonomous practice or autonomous physician assistants
3756 up to a specified amount for providing medical services and
3757 care; amending s. 633.412, F.S.; authorizing an autonomous
3758 physician assistant to medically examine an applicant for
3759 firefighter certification; amending s. 641.495, F.S.; requiring
3760 certain health maintenance organization documents to disclose
3761 that certain services may be provided by autonomous physician
3762 assistants or advanced practice registered nurses; amending s.
3763 744.2006, F.S.; authorizing an autonomous physician assistant to
3764 carry out guardianship functions under a contract with a public
3765 guardian; conforming terminology; amending s. 744.331, F.S.;
3766 authorizing an autonomous physician assistant or a physician
3767 assistant to be an eligible member of an examining committee;
3768 conforming terminology; amending s. 744.3675, F.S.; authorizing
3769 an advanced practice registered nurse, autonomous physician
3770 assistant, or physician assistant to provide the medical report
3771 of a ward in an annual guardianship plan; amending s. 766.103,
3772 F.S.; prohibiting recovery of damages against an autonomous
3773 physician assistant under certain conditions; amending s.
3774 766.105, F.S.; revising the definition of the term "health care

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Amendment No.

3775 provider" to include an autonomous physician assistants for
3776 purposes of the Florida Patient's Compensation Fund; amending
3777 ss. 766.1115 and 766.1116, F.S.; revising the definitions of the
3778 terms "health care provider" and "health care practitioner,"
3779 respectively, to include autonomous physician assistants for
3780 purposes of the Access to Health Care Act; amending s. 766.118,
3781 F.S.; revising the definition of the term "practitioner" to
3782 include an advanced practice registered nurse who is engaging in
3783 autonomous practice and an autonomous physician assistant;
3784 amending s. 768.135, F.S.; providing immunity from liability for
3785 an advanced practice registered nurse who is engaging in
3786 autonomous practice or an autonomous physician assistant who
3787 provides volunteer services under certain circumstances;
3788 amending s. 794.08, F.S.; providing an exception to medical
3789 procedures conducted by an autonomous physician assistant under
3790 certain circumstances; amending s. 893.02, F.S.; revising the
3791 definition of the term "practitioner" to include an autonomous
3792 physician assistant; amending s. 943.13, F.S.; authorizing an
3793 autonomous physician assistant to conduct a physical examination
3794 for a law enforcement officer or correctional officer to satisfy
3795 qualifications for employment or appointment; amending s.
3796 945.603, F.S.; authorizing the Correctional Medical Authority to
3797 review and make recommendations relating to the use of
3798 autonomous physician assistants as physician extenders; amending
3799 s. 948.03, F.S.; authorizing an autonomous physician assistant

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COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. HB 607 (2020)

Amendment No.

3800 to prescribe drugs or narcotics to a probationer; amending ss.
3801 984.03 and 985.03, F.S.; revising the definition of the term
3802 "licensed health care professional" to include an autonomous
3803 physician assistant; amending ss. 1002.20 and 1002.42, F.S.;
3804 providing immunity from liability for autonomous physician
3805 assistants who administer epinephrine auto-injectors in public
3806 and private schools; amending s. 1006.062, F.S.; authorizing an
3807 autonomous physician assistant to provide training in the
3808 administration of medication to designated school personnel;
3809 requiring monitoring of such personnel by an autonomous
3810 physician assistant; authorizing an autonomous physician
3811 assistant to determine whether such personnel may perform
3812 certain invasive medical services; amending s. 1006.20, F.S.;
3813 authorizing an autonomous physician assistant to medically
3814 evaluate a student athlete; amending s. 1009.65, F.S.;
3815 authorizing an autonomous physician assistant to participate in
3816 the Medical Education Reimbursement and Loan Repayment Program;
3817 providing appropriations and authorizing positions; providing a
3818 contingent effective date.

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