AGENDA DEPARTMENT OF HEALTH BOARD OF PHARMACY FULL BOARD MEETING LEGISLATIVE UPDATE – CONFERENCE CALL

March 3, 2016

12:30 pm

Call-in number: 888-670-3525

Code: 5134896685

Board Members

Debra B. Glass, BPharm, Chair, Tallahassee Mark Mikhael, PharmD, Vice-Chair, Orlando Goar Alvarez, PharmD, Cooper City Michele Weizer, PharmD, Boca Raton Leo "Lee" Fallon, BPharm, PhD, The Villages Gavin Meshad, Consumer Member, Sarasota Jeenu Philip, BPharm, Jacksonville Jeffrey J. Mesaros, PharmD, JD, Orlando David Bisaillon, Consumer Member, Bradenton

Board Staff

Allison Dudley, Executive Director Emily Roach, Program Operations Administrator Amber Greene, Regulatory Specialist III

Board Counsel

David Flynn, Assistant Attorney General Lawrence Harris, Assistant Attorney General

Thursday, March 3, 2016, 12:30 pm

1. Legislation

- A. SB 152 Ordering of Medication
- B. HB 1241 Ordering of Medication
- C. SB 676 Access to Health Care Services
- D. HB 423 Drug Prescription by Advanced Registered Nurse Practitioners & Physician Assistants

By Senator Grimsley

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21-00029-16 2016152

A bill to be entitled An act relating to the ordering of medication; amending ss. 458.347 and 459.022, F.S.; revising the authority of a licensed physician assistant to order medication under the direction of a supervisory physician for a specified patient; amending s. 464.012, F.S.; authorizing an advanced registered nurse practitioner to order medication for administration to a specified patient; amending s. 465.003, F.S.; revising the term "prescription" to exclude an order for drugs or medicinal supplies dispensed for administration; amending s. 893.02, F.S.; revising the term "administer" to include the term "administration"; revising the term "prescription" to exclude an order for drugs or medicinal supplies dispensed for administration; amending s. 893.04, F.S.; conforming provisions to changes made by act; amending s. 893.05, F.S.; authorizing a licensed practitioner to authorize a licensed physician assistant or advanced registered nurse practitioner to order controlled substances for a specified patient under certain circumstances; reenacting ss. 400.462(26), 401.445(1), 409.906(18), and 766.103(3), F.S., to incorporate the amendments made to ss. 458.347 and 459.022, F.S., in references thereto; reenacting ss. 401.445(1) and 766.103(3), F.S., to incorporate the amendment made to s. 464.012, F.S., in references thereto; reenacting ss. 409.9201(1)(a), 458.331(1)(pp), 459.015(1)(rr),

21-00029-16 2016152 30 465.014(1), 465.015(2)(c), 465.016(1)(s), 31 465.022(5)(j), 465.023(1)(h), 465.1901, 499.003(43), 32 and 831.30(1), F.S., to incorporate the amendment made to s. 465.003, F.S., in references thereto; reenacting 33 34 ss. 112.0455(5)(i), 381.986(7)(b), 440.102(1)(1), 35 458.331(1)(pp), 459.015(1)(rr), 465.015(3), 36 465.016(1)(s), 465.022(5)(j), 465.023(1)(h), 37 499.0121(14), 768.36(1)(b), 810.02(3)(f), 812.014(2)(c), 856.015(1)(c), 944.47(1)(a), 951.22(1), 38 39 985.711(1)(a), 1003.57(1)(i), and 1006.09(8), F.S., to 40 incorporate the amendment made to s. 893.02, F.S., in 41 references thereto; reenacting s. 893.0551(3)(e), 42 F.S., to incorporate the amendment made to s. 893.04, F.S., in a reference thereto; reenacting s. 43 44 893.0551(3)(d), F.S., to incorporate the amendment made to s. 893.05, F.S., in a reference thereto; 45 46 providing an effective date. 47 48 Be It Enacted by the Legislature of the State of Florida: 49 50 Section 1. Paragraph (g) of subsection (4) of section 51 458.347, Florida Statutes, is amended to read: 52 458.347 Physician assistants.-53 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.-54 (g) A supervisory physician may delegate to a licensed 55 physician assistant the authority to, and the licensed physician assistant acting under the direction of the supervisory 56 physician may, order any medication medications for 57 58 administration to the supervisory physician's patient during his

21-00029-16 2016152

or her care in a facility licensed under chapter 395, notwithstanding any provisions in chapter 465 or chapter 893 which may prohibit this delegation. For the purpose of this paragraph, an order is not considered a prescription. A licensed physician assistant working in a facility that is licensed under chapter 395 may order any medication under the direction of the supervisory physician.

Section 2. Paragraph (f) of subsection (4) of section 459.022, Florida Statutes, is amended to read:

459.022 Physician assistants.-

- (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.-
- (f) A supervisory physician may delegate to a licensed physician assistant the authority to, and the licensed physician assistant acting under the direction of the supervisory physician may, order any medication medications for administration to the supervisory physician's patient during his or her care in a facility licensed under chapter 395, notwithstanding any provisions in chapter 465 or chapter 893 which may prohibit this delegation. For the purpose of this paragraph, an order is not considered a prescription. A licensed physician assistant working in a facility that is licensed under chapter 395 may order any medication under the direction of the supervisory physician.

Section 3. Paragraph (a) of subsection (3) of section 464.012, Florida Statutes, is amended to read:

464.012 Certification of advanced registered nurse practitioners; fees.—

(3) An advanced registered nurse practitioner shall perform those functions authorized in this section within the framework

21-00029-16 2016152

of an established protocol that is filed with the board upon biennial license renewal and within 30 days after entering into a supervisory relationship with a physician or changes to the protocol. The board shall review the protocol to ensure compliance with applicable regulatory standards for protocols. The board shall refer to the department licensees submitting protocols that are not compliant with the regulatory standards for protocols. A practitioner currently licensed under chapter 458, chapter 459, or chapter 466 shall maintain supervision for directing the specific course of medical treatment. Within the established framework, an advanced registered nurse practitioner may:

(a) Monitor and alter drug therapies <u>and order any</u> <u>medication for administration to a patient in a facility</u> licensed under chapter 395.

Section 4. Subsection (14) of section 465.003, Florida Statutes, is amended to read:

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

(14) "Prescription" includes any order for drugs or medicinal supplies written or transmitted by any means of communication by a duly licensed practitioner authorized by the laws of this the state to prescribe such drugs or medicinal supplies and intended to be dispensed by a pharmacist, except for an order that is dispensed for administration. The term also includes an orally transmitted order by the lawfully designated agent of such practitioner: The term also includes an order written or transmitted by a practitioner licensed to practice in a jurisdiction other than this state, but only if the pharmacist called upon to dispense such order determines, in the exercise

21-00029-16 2016152

of her or his professional judgment, that the order is valid and necessary for the treatment of a chronic or recurrent illness; and. The term "prescription" also includes a pharmacist's order for a product selected from the formulary created pursuant to s. 465.186. Prescriptions may be retained in written form or the pharmacist may cause them to be recorded in a data processing system, provided that such order can be produced in printed form upon lawful request.

Section 5. Subsections (1) and (22) of section 893.02, Florida Statutes, are amended to read:

- 893.02 Definitions.—The following words and phrases as used in this chapter shall have the following meanings, unless the context otherwise requires:
- (1) "Administer" or "administration" means the direct application of a controlled substance, whether by injection, inhalation, ingestion, or any other means, to the body of a person or animal.
- drugs or medicinal supplies which is written, signed, or transmitted by any word of mouth, telephone, telegram, or other means of communication by a duly licensed practitioner authorized licensed by the laws of this the state to prescribe such drugs or medicinal supplies, is issued in good faith and in the course of professional practice, is intended to be filled, compounded, or dispensed by a another person authorized licensed by the laws of this the state to do so, and meets meeting the requirements of s. 893.04.
- (a) The term also includes an order for drugs or medicinal supplies so transmitted or written by a physician, dentist,

21-00029-16 2016152

veterinarian, or other practitioner licensed to practice in a state other than Florida, but only if the pharmacist called upon to fill such an order determines, in the exercise of his or her professional judgment, that the order was issued pursuant to a valid patient-physician relationship, that it is authentic, and that the drugs or medicinal supplies so ordered are considered necessary for the continuation of treatment of a chronic or recurrent illness.

- (b) The term does not include an order that is dispensed for administration by a licensed practitioner authorized by the laws of this state to administer such drugs or medicinal supplies.
- $\underline{\text{(c)}}$ However, If the physician writing the prescription is not known to the pharmacist, the pharmacist shall obtain proof to a reasonable certainty of the validity of $\underline{\text{the}}$ said prescription.
- (d) A prescription order for a controlled substance may shall not be issued on the same prescription blank with another prescription order for a controlled substance that which is named or described in a different schedule or with another, nor shall any prescription order for a controlled substance be issued on the same prescription blank as a prescription order for a medicinal drug, as defined in s. 465.003(8), that is which does not fall within the definition of a controlled substance as defined in this act.
- Section 6. Paragraphs (a), (d), and (f) of subsection (2) of section 893.04, Florida Statutes, are amended to read:
 - 893.04 Pharmacist and practitioner.-
 - (2)(a) A pharmacist may not dispense a controlled substance

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21-00029-16 2016152

listed in Schedule II, Schedule III, or Schedule IV to any patient or patient's agent without first determining, in the exercise of her or his professional judgment, that the prescription order is valid. The pharmacist may dispense the controlled substance, in the exercise of her or his professional judgment, when the pharmacist or pharmacist's agent has obtained satisfactory patient information from the patient or the patient's agent.

- (d) Each written prescription written prescribed by a practitioner in this state for a controlled substance listed in Schedule II, Schedule III, or Schedule IV must include both a written and a numerical notation of the quantity of the controlled substance prescribed and a notation of the date in numerical, month/day/year format, or with the abbreviated month written out, or the month written out in whole. A pharmacist may, upon verification by the prescriber, document any information required by this paragraph. If the prescriber is not available to verify a prescription, the pharmacist may dispense the controlled substance, but may insist that the person to whom the controlled substance is dispensed provide valid photographic identification. If a prescription includes a numerical notation of the quantity of the controlled substance or date, but does not include the quantity or date written out in textual format, the pharmacist may dispense the controlled substance without verification by the prescriber of the quantity or date if the pharmacy previously dispensed another prescription for the person to whom the prescription was written.
- (f) A pharmacist may not knowingly <u>dispense</u> fill a prescription that has been forged for a controlled substance

21-00029-16 2016152

listed in Schedule II, Schedule III, or Schedule IV.

Section 7. Subsection (1) of section 893.05, Florida Statutes, is amended to read:

- 893.05 Practitioners and persons administering controlled substances in their absence.—
- (1) (a) A practitioner, in good faith and in the course of his or her professional practice only, may prescribe, administer, dispense, mix, or otherwise prepare a controlled substance, or the practitioner may cause the <u>controlled</u> substance same to be administered by a licensed nurse or an intern practitioner under his or her direction and supervision only.
- (b) Pursuant to s. 458.347(4)(g), s. 459.022(4)(f), or s. 464.012(3), as applicable, a practitioner who supervises a licensed physician assistant or advanced registered nurse practitioner may authorize the licensed physician assistant or advanced registered nurse practitioner to order controlled substances for administration to a patient in a facility licensed under chapter 395.
- (c) A veterinarian may so prescribe, administer, dispense, mix, or prepare a controlled substance for use on animals only, and may cause the controlled substance it to be administered by an assistant or orderly under the veterinarian's direction and supervision only.
- (d) A certified optometrist licensed under chapter 463 may not administer or prescribe a controlled substance listed in Schedule I or Schedule II of s. 893.03.
- Section 8. Subsection (26) of s. 400.462, subsection (1) of s. 401.445, subsection (18) of s. 409.906, and subsection (3) of

21-00029-16

2016152

233 s. 766.103, Florida Statutes, are reenacted for the purpose of 234 incorporating the amendments made by this act to ss. 458.347 and 235 459.022, Florida Statutes, in references thereto. 236 Section 9. Subsection (1) of s. 401.445 and subsection (3) 237 of s. 766.103, Florida Statutes, are reenacted for the purpose 238 of incorporating the amendment made by this act to s. 464.012, 239 Florida Statutes, in references thereto. 240 Section 10. Paragraph (a) of subsection (1) of s. 409.9201, paragraph (pp) of subsection (1) of s. 458.331, paragraph (rr) 241 of subsection (1) of s. 459.015, subsection (1) of s. 465.014, 242 243 paragraph (c) of subsection (2) of s. 465.015, paragraph (s) of subsection (1) of s. 465.016, paragraph (j) of subsection (5) of 244 s. 465.022, paragraph (h) of subsection (1) of s. 465.023, s. 245 465.1901, subsection (43) of s. 499.003, and subsection (1) of 246 247 s. 831.30, Florida Statutes, are reenacted for the purpose of 248 incorporating the amendments made by this act to s. 465.003, 249 Florida Statutes, in references thereto. 250 Section 11. Paragraph (i) of subsection (5) of s. 112.0455, 251 paragraph (b) of subsection (7) of s. 381.986, paragraph (1) of 252 subsection (1) of s. 440.102, paragraph (pp) of subsection (1) 253 of s. 458.331, paragraph (rr) of subsection (1) of s. 459.015, 254 subsection (3) of s. 465.015, paragraph (s) of subsection (1) of 255 s. 465.016, paragraph (j) of subsection (5) of s. 465.022, 256 paragraph (h) of subsection (1) of s. 465.023, subsection (14) 257 of s. 499.0121, paragraph (b) of subsection (1) of s. 768.36, 258 paragraph (f) of subsection (3) of s. 810.02, paragraph (c) of 259 subsection (2) of s. 812.014, paragraph (c) of subsection (1) of 260 s. 856.015, paragraph (a) of subsection (1) of s. 944.47, 261 subsection (1) of s. 951.22, paragraph (a) of subsection (1) of

21-00029-16

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2016152

262 s. 985.711, paragraph (i) of subsection (1) of s. 1003.57, and subsection (8) of s. 1006.09, Florida Statutes, are reenacted 263 264 for the purpose of incorporating the amendments made by this act 265 to s. 893.02, Florida Statutes, in references thereto. 266 Section 12. Paragraph (e) of subsection (3) of s. 893.0551, 267 Florida Statutes, is reenacted for the purpose of incorporating 268 the amendments made by this act to s. 893.04, Florida Statutes, 269 in a reference thereto. 270 Section 13. Paragraph (d) of subsection (3) of s. 893.0551, 271 Florida Statutes, is reenacted for the purpose of incorporating 272 the amendments made by this act to s. 893.05, Florida Statutes, 273 in a reference thereto.

Section 14. This act shall take effect July 1, 2016.

1 A bill to be entitled 2 An act relating to the ordering of medication; 3 amending ss. 458.347 and 459.022, F.S.; revising the 4 authority of a licensed physician assistant to order 5 medication under the direction of a supervisory 6 physician for a specified patient; amending s. 7 464.012, F.S.; authorizing an advanced registered 8 nurse practitioner to order medication for 9 administration to a specified patient; amending s. 10 465.003, F.S.; revising the term "prescription" to exclude an order for drugs or medicinal supplies 11 12 dispensed for administration; amending s. 893.02, F.S.; revising the term "administer" to include the 13 term "administration"; revising the term 14 15 "prescription" to exclude an order for drugs or medicinal supplies dispensed for administration; 16 amending s. 893.04, F.S.; conforming provisions to 17 changes made by the act; amending s. 893.05, F.S.; 18 19 authorizing a licensed practitioner to authorize a 20 licensed physician assistant or advanced registered 21 nurse practitioner to order controlled substances for 2.2 a specified patient under certain circumstances; reenacting ss. 400.462(26) and 409.906(18), F.S., 23 24 relating to the definition of the term "physician assistant" for purposes of the Home Health Services 25 26 Act and physician assistant services under the

Page 1 of 40

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51 52 Medicaid program, respectively, to incorporate the amendments made by the act to ss. 458.347 and 459.022, F.S., in references thereto; reenacting ss. 401.445(1) and 766.103(3), F.S., relating to emergency examination and treatment of incapacitated persons and the Florida Medical Consent Law, respectively, to incorporate the amendments made by the act to ss. 458.347, 459.022, and 464.012, F.S., in references thereto; reenacting ss. 409.9201(1)(a), 465.014(1), 465.1901, 499.003(43), and 831.30(1), F.S., relating to the definition of "prescription drug" for purposes of Medicaid fraud, the supervision of registered pharmacy technicians, applicability of provisions regulating the practice of orthotics or pedorthics to pharmacists, the definition of the term "prescription drug" for purposes of the Florida Drug and Cosmetic Act, and criminal penalties related to the fraudulent obtaining of medicinal drugs, respectively, to incorporate the amendment made by the act to s. 465.003, F.S., in references thereto; reenacting ss. 458.331(1)(pp), 459.015(1)(rr), 465.015(2)(c) and (3), 465.016(1)(s), 465.022(5)(j), and 465.023(1)(h), F.S., relating to grounds for disciplinary action by the Board of Medicine or the Board of Osteopathic Medicine, unlawful acts and penalties related to the practice of pharmacy, grounds for denial of a pharmacy

Page 2 of 40

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permit or disciplinary action against a pharmacy permittee, respectively, to incorporate the amendments made by the act to ss. 465.003 and 893.02, F.S., in references thereto; reenacting ss. 112.0455(5)(i), 381.986(7)(b), 440.102(1)(1), 499.0121(14), 768.36(1)(b), 810.02(3)(f), 812.014(2)(c), 856.015(1)(c), 944.47(1)(a), 951.22(1), 985.711(1)(a), 1003.57(1)(i), and 1006.09(8), F.S., relating to the Drug-Free Workplace Act, the compassionate use of low-THC cannabis, drug-free workplace program requirements, reporting of prescription drug distribution, the definition of the term "drug" for purposes of defenses from civil actions related to alcohol or drugs, burglary offenses, penalties for grand theft, the definition of the term "drug" for purposes of offenses related to open house parties, unlawful introduction of certain articles into correctional institutions, county detention facilities, or juvenile detention facilities, the definition of the term "controlled substance" for purposes of exceptional student instruction, and duties of school principals related to student discipline, respectively, to incorporate the amendment made by the act to s. 893.02, F.S., in references thereto; reenacting s. 893.0551(3)(d) and (e), F.S., relating to disclosure by the Department of Health of

Page 3 of 40

confidential information in prescription drug monitoring program records, to incorporate the amendments made by the act to ss. 893.04 and 893.05, F.S., in references thereto; providing an effective date.

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

Section 1. Paragraph (g) of subsection (4) of section 458.347, Florida Statutes, is amended to read:

458.347 Physician assistants.—

- (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.-
- physician assistant the authority to, and the licensed physician assistant acting under the direction of the supervisory physician may, order any medication medications for administration to the supervisory physician's patient during his or her care in a facility licensed under chapter 395 or part II of chapter 400, notwithstanding any provisions in chapter 465 or chapter 893 which may prohibit this delegation. For the purpose of this paragraph, an order is not considered a prescription. A licensed physician assistant working in a facility that is licensed under chapter 395 may order any medication under the direction of the supervisory physician.

 Section 2. Paragraph (f) of subsection (4) of section

Page 4 of 40

CODING: Words stricken are deletions; words underlined are additions.

459.022, Florida Statutes, is amended to read:

459.022 Physician assistants.-

- (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.-
- physician assistant the authority to, and the licensed physician assistant acting under the direction of the supervisory physician may, order any medication medications for administration to the supervisory physician's patient during his or her care in a facility licensed under chapter 395 or part II of chapter 400, notwithstanding any provisions in chapter 465 or chapter 893 which may prohibit this delegation. For the purpose of this paragraph, an order is not considered a prescription. A licensed physician assistant working in a facility that is licensed under chapter 395 may order any medication under the direction of the supervisory physician.
- Section 3. Paragraph (e) is added to subsection (3) of section 464.012, Florida Statutes, to read:
- 464.012 Certification of advanced registered nurse practitioners; fees.—
- (3) An advanced registered nurse practitioner shall perform those functions authorized in this section within the framework of an established protocol that is filed with the board upon biennial license renewal and within 30 days after entering into a supervisory relationship with a physician or changes to the protocol. The board shall review the protocol to ensure compliance with applicable regulatory standards for protocols. The board shall refer to the department licensees

Page 5 of 40

submitting protocols that are not compliant with the regulatory standards for protocols. A practitioner currently licensed under chapter 458, chapter 459, or chapter 466 shall maintain supervision for directing the specific course of medical treatment. Within the established framework, an advanced registered nurse practitioner may:

- (e) Order any medication for administration to a patient in a facility licensed under chapter 395 or part II of chapter 400.
- Section 4. Subsection (14) of section 465.003, Florida Statutes, is amended to read:
 - 465.003 Definitions.—As used in this chapter, the term:
- medicinal supplies written or transmitted by any means of communication by a duly licensed practitioner authorized by the laws of this the state to prescribe such drugs or medicinal supplies and intended to be dispensed by a pharmacist, except for an order that is dispensed for administration. The term also includes an orally transmitted order by the lawfully designated agent of such practitioner; The term also includes an order written or transmitted by a practitioner licensed to practice in a jurisdiction other than this state, but only if the pharmacist called upon to dispense such order determines, in the exercise of her or his professional judgment, that the order is valid and necessary for the treatment of a chronic or recurrent illness; and. The term "prescription" also includes a pharmacist's order

Page 6 of 40

for a product selected from the formulary created pursuant to s. 465.186. Prescriptions may be retained in written form or the pharmacist may cause them to be recorded in a data processing system, provided that such order can be produced in printed form upon lawful request.

Section 5. Subsections (1) and (22) of section 893.02, Florida Statutes, are amended to read:

- 893.02 Definitions.—The following words and phrases as used in this chapter shall have the following meanings, unless the context otherwise requires:
- (1) "Administer" or "administration" means the direct application of a controlled substance, whether by injection, inhalation, ingestion, or any other means, to the body of a person or animal.
- drugs or medicinal supplies which is written, signed, or transmitted by any word of mouth, telephone, telegram, or other means of communication by a duly licensed practitioner authorized licensed by the laws of this the state to prescribe such drugs or medicinal supplies, is issued in good faith and in the course of professional practice, is intended to be filled, compounded, or dispensed by a another person authorized licensed by the laws of this the state to do so, and meets meeting the requirements of s. 893.04.
- (a) The term also includes an order for drugs or medicinal supplies so transmitted or written by a physician, dentist,

Page 7 of 40

veterinarian, or other practitioner licensed to practice in a state other than Florida, but only if the pharmacist called upon to fill such an order determines, in the exercise of his or her professional judgment, that the order was issued pursuant to a valid patient-physician relationship, that it is authentic, and that the drugs or medicinal supplies so ordered are considered necessary for the continuation of treatment of a chronic or recurrent illness.

- (b) The term does not include an order that is dispensed for administration by a licensed practitioner authorized by the laws of this state to administer such drugs or medicinal supplies.
- (c) However, If the physician writing the prescription is not known to the pharmacist, the pharmacist shall obtain proof to a reasonable certainty of the validity of the said prescription.
- (d) A prescription order for a controlled substance may shall not be issued on the same prescription blank with another prescription order for a controlled substance that which is named or described in a different schedule or with another, nor shall any prescription order for a controlled substance be issued on the same prescription blank as a prescription order for a medicinal drug, as defined in s. 465.003(8), that is which does not fall within the definition of a controlled substance as defined in this act.
 - Section 6. Paragraphs (a), (d), and (f) of subsection (2)

Page 8 of 40

of section 893.04, Florida Statutes, are amended to read: 893.04 Pharmacist and practitioner.—

- (2) (a) A pharmacist may not dispense a controlled substance listed in Schedule II, Schedule III, or Schedule IV to any patient or patient's agent without first determining, in the exercise of her or his professional judgment, that the prescription order is valid. The pharmacist may dispense the controlled substance, in the exercise of her or his professional judgment, when the pharmacist or pharmacist's agent has obtained satisfactory patient information from the patient or the patient's agent.
- (d) Each written prescription written prescribed by a practitioner in this state for a controlled substance listed in Schedule II, Schedule III, or Schedule IV must include both a written and a numerical notation of the quantity of the controlled substance prescribed and a notation of the date in numerical, month/day/year format, or with the abbreviated month written out, or the month written out in whole. A pharmacist may, upon verification by the prescriber, document any information required by this paragraph. If the prescriber is not available to verify a prescription, the pharmacist may dispense the controlled substance, but may insist that the person to whom the controlled substance is dispensed provide valid photographic identification. If a prescription includes a numerical notation of the quantity of the controlled substance or date, but does not include the quantity or date written out in textual format,

the pharmacist may dispense the controlled substance without verification by the prescriber of the quantity or date if the pharmacy previously dispensed another prescription for the person to whom the prescription was written.

- (f) A pharmacist may not knowingly <u>dispense</u> fill a prescription that has been forged for a controlled substance listed in Schedule II, Schedule III, or Schedule IV.
- Section 7. Subsection (1) of section 893.05, Florida Statutes, is amended to read:
- 893.05 Practitioners and persons administering controlled substances in their absence.—
- (1) (a) A practitioner, in good faith and in the course of his or her professional practice only, may prescribe, administer, dispense, mix, or otherwise prepare a controlled substance, or the practitioner may cause the controlled substance same to be administered by a licensed nurse or an intern practitioner under his or her direction and supervision only.
- (b) Pursuant to s. 458.347(4)(g), s. 459.022(4)(f), or s. 464.012(3), as applicable, a practitioner who supervises a licensed physician assistant or advanced registered nurse practitioner may authorize the licensed physician assistant or advanced registered nurse practitioner to order controlled substances for administration to a patient in a facility licensed under chapter 395 or part II of chapter 400.
 - (c) A veterinarian may so prescribe, administer, dispense,

Page 10 of 40

mix, or prepare a controlled substance for use on animals only, and may cause the controlled substance it to be administered by an assistant or orderly under the veterinarian's direction and supervision only.

(d) A certified optometrist licensed under chapter 463 may not administer or prescribe a controlled substance listed in Schedule I or Schedule II of s. 893.03.

Section 8. For the purpose of incorporating the amendments made by this act to sections 458.347 and 459.022, Florida Statutes, in references thereto, subsection (26) of section 400.462, Florida Statutes, is reenacted to read:

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

(26) "Physician assistant" means a person who is a graduate of an approved program or its equivalent, or meets standards approved by the boards, and is licensed to perform medical services delegated by the supervising physician, as defined in s. 458.347 or s. 459.022.

Section 9. For the purpose of incorporating the amendments made by this act to sections 458.347 and 459.022, Florida Statutes, in references thereto, subsection (18) of section 409.906, Florida Statutes, is reenacted to read:

409.906 Optional Medicaid services.—Subject to specific appropriations, the agency may make payments for services which are optional to the state under Title XIX of the Social Security Act and are furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services

Page 11 of 40

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were provided. Any optional service that is provided shall be provided only when medically necessary and in accordance with state and federal law. Optional services rendered by providers in mobile units to Medicaid recipients may be restricted or prohibited by the agency. Nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, or number of services, or making any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. If necessary to safeguard the state's systems of providing services to elderly and disabled persons and subject to the notice and review provisions of s. 216.177, the Governor may direct the Agency for Health Care Administration to amend the Medicaid state plan to delete the optional Medicaid service known as "Intermediate Care Facilities for the Developmentally Disabled." Optional services may include:

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

Section 10. For the purpose of incorporating the amendments made by this act to sections 458.347, 459.022, and 464.012, Florida Statutes, in references thereto, subsection (1)

Page 12 of 40

of section 401.445, Florida Statutes, is reenacted to read:

401.445 Emergency examination and treatment of

incapacitated persons.—

- (1) No recovery shall be allowed in any court in this state against any emergency medical technician, paramedic, or physician as defined in this chapter, any advanced registered nurse practitioner certified under s. 464.012, or any physician assistant licensed under s. 458.347 or s. 459.022, or any person acting under the direct medical supervision of a physician, in an action brought for examining or treating a patient without his or her informed consent if:
- (a) The patient at the time of examination or treatment is intoxicated, under the influence of drugs, or otherwise incapable of providing informed consent as provided in s. 766.103;
- (b) The patient at the time of examination or treatment is experiencing an emergency medical condition; and
- (c) The patient would reasonably, under all the surrounding circumstances, undergo such examination, treatment, or procedure if he or she were advised by the emergency medical technician, paramedic, physician, advanced registered nurse practitioner, or physician assistant in accordance with s. 766.103(3).

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

Page 13 of 40

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

Section 11. For the purpose of incorporating the amendments made by this act to sections 458.347, 459.022, and 464.012, Florida Statutes, in references thereto, subsection (3) of section 766.103, Florida Statutes, is reenacted to read:

766.103 Florida Medical Consent Law.-

- (3) No recovery shall be allowed in any court in this state against any physician licensed under chapter 458, osteopathic physician licensed under chapter 459, chiropractic physician licensed under chapter 460, podiatric physician licensed under chapter 461, dentist licensed under chapter 466, advanced registered nurse practitioner certified under s. 464.012, or physician assistant licensed under s. 458.347 or s. 459.022 in an action brought for treating, examining, or operating on a patient without his or her informed consent when:
- (a)1. The action of the physician, osteopathic physician, chiropractic physician, podiatric physician, dentist, advanced registered nurse practitioner, or physician assistant in obtaining the consent of the patient or another person authorized to give consent for the patient was in accordance with an accepted standard of medical practice among members of the medical profession with similar training and experience in the same or similar medical community as that of the person treating, examining, or operating on the patient for whom the

Page 14 of 40

consent is obtained; and

- 2. A reasonable individual, from the information provided by the physician, osteopathic physician, chiropractic physician, podiatric physician, dentist, advanced registered nurse practitioner, or physician assistant, under the circumstances, would have a general understanding of the procedure, the medically acceptable alternative procedures or treatments, and the substantial risks and hazards inherent in the proposed treatment or procedures, which are recognized among other physicians, osteopathic physicians, chiropractic physicians, podiatric physicians, or dentists in the same or similar community who perform similar treatments or procedures; or
- (b) The patient would reasonably, under all the surrounding circumstances, have undergone such treatment or procedure had he or she been advised by the physician, osteopathic physician, chiropractic physician, podiatric physician, dentist, advanced registered nurse practitioner, or physician assistant in accordance with the provisions of paragraph (a).

Section 12. For the purpose of incorporating the amendment made by this act to section 465.003, Florida Statutes, in a reference thereto, paragraph (a) of subsection (1) of section 409.9201, Florida Statutes, is reenacted to read:

409.9201 Medicaid fraud.

- (1) As used in this section, the term:
- (a) "Prescription drug" means any drug, including, but not

Page 15 of 40

limited to, finished dosage forms or active ingredients that are subject to, defined in, or described in s. 503(b) of the Federal Food, Drug, and Cosmetic Act or in s. 465.003(8), s.

394 499.003(52), s. 499.007(13), or s. 499.82(10).

The value of individual items of the legend drugs or goods or services involved in distinct transactions committed during a single scheme or course of conduct, whether involving a single person or several persons, may be aggregated when determining the punishment for the offense.

Section 13. For the purpose of incorporating the amendment made by this act to section 465.003, Florida Statutes, in a reference thereto, subsection (1) of section 465.014, Florida Statutes, is reenacted to read:

465.014 Pharmacy technician.

intern may not engage in the practice of the profession of pharmacy, except that a licensed pharmacist may delegate to pharmacy technicians who are registered pursuant to this section those duties, tasks, and functions that do not fall within the purview of s. 465.003(13). All such delegated acts must be performed under the direct supervision of a licensed pharmacist who is responsible for all such acts performed by persons under his or her supervision. A registered pharmacy technician, under the supervision of a pharmacist, may initiate or receive communications with a practitioner or his or her agent, on

Page 16 of 40

behalf of a patient, regarding refill authorization requests. A licensed pharmacist may not supervise more than one registered pharmacy technician unless otherwise permitted by the guidelines adopted by the board. The board shall establish guidelines to be followed by licensees or permittees in determining the circumstances under which a licensed pharmacist may supervise more than one pharmacy technician.

Section 14. For the purpose of incorporating the amendment made by this act to section 465.003, Florida Statutes, in a reference thereto, section 465.1901, Florida Statutes, is reenacted to read:

465.1901 Practice of orthotics and pedorthics.—The provisions of chapter 468 relating to orthotics or pedorthics do not apply to any licensed pharmacist or to any person acting under the supervision of a licensed pharmacist. The practice of orthotics or pedorthics by a pharmacist or any of the pharmacist's employees acting under the supervision of a pharmacist shall be construed to be within the meaning of the term "practice of the profession of pharmacy" as set forth in s. 465.003(13), and shall be subject to regulation in the same manner as any other pharmacy practice. The Board of Pharmacy shall develop rules regarding the practice of orthotics and pedorthics by a pharmacist. Any pharmacist or person under the supervision of a pharmacist engaged in the practice of orthotics or pedorthics is not precluded from continuing that practice pending adoption of these rules.

Page 17 of 40

Section 15. For the purpose of incorporating the amendment made by this act to section 465.003, Florida Statutes, in a reference thereto, subsection (43) of section 499.003, Florida Statutes, is reenacted to read:

499.003 Definitions of terms used in this part.—As used in this part, the term:

- (43) "Prescription drug" means a prescription, medicinal, or legend drug, including, but not limited to, finished dosage forms or active pharmaceutical ingredients subject to, defined by, or described by s. 503(b) of the federal act or s.

 465.003(8), s. 499.007(13), subsection (32), or subsection (52), except that an active pharmaceutical ingredient is a prescription drug only if substantially all finished dosage forms in which it may be lawfully dispensed or administered in this state are also prescription drugs.
- Section 16. For the purpose of incorporating the amendment made by this act to section 465.003, Florida Statutes, in a reference thereto, subsection (1) of section 831.30, Florida Statutes, is reenacted to read:
 - 831.30 Medicinal drugs; fraud in obtaining.-Whoever:
- (1) Falsely makes, alters, or forges any prescription, as defined in s. 465.003, for a medicinal drug other than a drug controlled by chapter 893;

with intent to obtain such drug commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s.

Page 18 of 40

775.083. A second or subsequent conviction constitutes a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

Section 17. For the purpose of incorporating the amendments made by this act to sections 465.003 and 893.02, Florida Statutes, in references thereto, paragraph (pp) of subsection (1) of section 458.331, Florida Statutes, is reenacted to read:

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

- (1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):
- (pp) Applicable to a licensee who serves as the designated physician of a pain-management clinic as defined in s. 458.3265 or s. 459.0137:
- 1. Registering a pain-management clinic through misrepresentation or fraud;
- 2. Procuring, or attempting to procure, the registration of a pain-management clinic for any other person by making or causing to be made, any false representation;
- 3. Failing to comply with any requirement of chapter 499, the Florida Drug and Cosmetic Act; 21 U.S.C. ss. 301-392, the Federal Food, Drug, and Cosmetic Act; 21 U.S.C. ss. 821 et seq., the Drug Abuse Prevention and Control Act; or chapter 893, the Florida Comprehensive Drug Abuse Prevention and Control Act;
 - 4. Being convicted or found guilty of, regardless of

Page 19 of 40

adjudication to, a felony or any other crime involving moral turpitude, fraud, dishonesty, or deceit in any jurisdiction of the courts of this state, of any other state, or of the United States;

- 5. Being convicted of, or disciplined by a regulatory agency of the Federal Government or a regulatory agency of another state for, any offense that would constitute a violation of this chapter;
- 6. Being convicted of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction of the courts of this state, of any other state, or of the United States which relates to the practice of, or the ability to practice, a licensed health care profession;
- 7. Being convicted of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction of the courts of this state, of any other state, or of the United States which relates to health care fraud;
- 8. Dispensing any medicinal drug based upon a communication that purports to be a prescription as defined in s. 465.003(14) or s. 893.02 if the dispensing practitioner knows or has reason to believe that the purported prescription is not based upon a valid practitioner-patient relationship; or
- 9. Failing to timely notify the board of the date of his or her termination from a pain-management clinic as required by $s.\ 458.3265(2)$.
 - Section 18. For the purpose of incorporating the

Page 20 of 40

amendments made by this act to sections 465.003 and 893.02, Florida Statutes, in references thereto, paragraph (rr) of subsection (1) of section 459.015, Florida Statutes, is reenacted to read:

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

- (1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):
- (rr) Applicable to a licensee who serves as the designated physician of a pain-management clinic as defined in s. 458.3265 or s. 459.0137:
- 1. Registering a pain-management clinic through misrepresentation or fraud;
- 2. Procuring, or attempting to procure, the registration of a pain-management clinic for any other person by making or causing to be made, any false representation;
- 3. Failing to comply with any requirement of chapter 499, the Florida Drug and Cosmetic Act; 21 U.S.C. ss. 301-392, the Federal Food, Drug, and Cosmetic Act; 21 U.S.C. ss. 821 et seq., the Drug Abuse Prevention and Control Act; or chapter 893, the Florida Comprehensive Drug Abuse Prevention and Control Act;
- 4. Being convicted or found guilty of, regardless of adjudication to, a felony or any other crime involving moral turpitude, fraud, dishonesty, or deceit in any jurisdiction of the courts of this state, of any other state, or of the United States;

Page 21 of 40

5. Being convicted of, or disciplined by a regulatory agency of the Federal Government or a regulatory agency of another state for, any offense that would constitute a violation of this chapter;

- 6. Being convicted of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction of the courts of this state, of any other state, or of the United States which relates to the practice of, or the ability to practice, a licensed health care profession;
- 7. Being convicted of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction of the courts of this state, of any other state, or of the United States which relates to health care fraud;
- 8. Dispensing any medicinal drug based upon a communication that purports to be a prescription as defined in s. 465.003(14) or s. 893.02 if the dispensing practitioner knows or has reason to believe that the purported prescription is not based upon a valid practitioner-patient relationship; or
- 9. Failing to timely notify the board of the date of his or her termination from a pain-management clinic as required by $s.\ 459.0137(2)$.

Section 19. For the purpose of incorporating the amendments made by this act to sections 465.003 and 893.02, Florida Statutes, in references thereto, paragraph (c) of subsection (2) and subsection (3) of section 465.015, Florida Statutes, are reenacted to read:

Page 22 of 40

465.015 Violations and penalties.-

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- (2) It is unlawful for any person:
- (c) To sell or dispense drugs as defined in s. 465.003(8) without first being furnished with a prescription.
- It is unlawful for any pharmacist to knowingly fail to report to the sheriff or other chief law enforcement agency of the county where the pharmacy is located within 24 hours after learning of any instance in which a person obtained or attempted to obtain a controlled substance, as defined in s. 893.02, or at the close of business on the next business day, whichever is later, that the pharmacist knew or believed was obtained or attempted to be obtained through fraudulent methods or representations from the pharmacy at which the pharmacist practiced pharmacy. Any pharmacist who knowingly fails to make such a report within 24 hours after learning of the fraud or attempted fraud or at the close of business on the next business day, whichever is later, commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083. A sufficient report of the fraudulent obtaining of controlled substances under this subsection must contain, at a minimum, a copy of the prescription used or presented and a narrative, including all information available to the pharmacist concerning the transaction, such as the name and telephone number of the prescribing physician; the name, description, and any personal identification information pertaining to the person who presented the prescription; and all other material information,

Page 23 of 40

such as photographic or video surveillance of the transaction.

Section 20. For the purpose of incorporating the amendments made by this act to sections 465.003 and 893.02, Florida Statutes, in references thereto, paragraph (s) of subsection (1) of section 465.016, Florida Statutes, is reenacted to read:

465.016 Disciplinary actions.-

- (1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):
- (s) Dispensing any medicinal drug based upon a communication that purports to be a prescription as defined by s. 465.003(14) or s. 893.02 when the pharmacist knows or has reason to believe that the purported prescription is not based upon a valid practitioner-patient relationship.

Section 21. For the purpose of incorporating the amendments made by this act to sections 465.003 and 893.02, Florida Statutes, in references thereto, paragraph (j) of subsection (5) of section 465.022, Florida Statutes, is reenacted to read:

465.022 Pharmacies; general requirements; fees.-

- (5) The department or board shall deny an application for a pharmacy permit if the applicant or an affiliated person, partner, officer, director, or prescription department manager or consultant pharmacist of record of the applicant:
- (j) Has dispensed any medicinal drug based upon a communication that purports to be a prescription as defined by

Page 24 of 40

s. 465.003(14) or s. 893.02 when the pharmacist knows or has reason to believe that the purported prescription is not based upon a valid practitioner-patient relationship that includes a documented patient evaluation, including history and a physical examination adequate to establish the diagnosis for which any drug is prescribed and any other requirement established by board rule under chapter 458, chapter 459, chapter 461, chapter 463, chapter 464, or chapter 466.

For felonies in which the defendant entered a plea of guilty or nolo contendere in an agreement with the court to enter a pretrial intervention or drug diversion program, the department shall deny the application if upon final resolution of the case the licensee has failed to successfully complete the program.

Section 22. For the purpose of incorporating the amendments made by this act to sections 465.003 and 893.02, Florida Statutes, in references thereto, paragraph (h) of subsection (1) of section 465.023, Florida Statutes, is reenacted to read:

465.023 Pharmacy permittee; disciplinary action.-

(1) The department or the board may revoke or suspend the permit of any pharmacy permittee, and may fine, place on probation, or otherwise discipline any pharmacy permittee if the permittee, or any affiliated person, partner, officer, director, or agent of the permittee, including a person fingerprinted under s. 465.022(3), has:

Page 25 of 40

(h) Dispensed any medicinal drug based upon a communication that purports to be a prescription as defined by s. 465.003(14) or s. 893.02 when the pharmacist knows or has reason to believe that the purported prescription is not based upon a valid practitioner-patient relationship that includes a documented patient evaluation, including history and a physical examination adequate to establish the diagnosis for which any drug is prescribed and any other requirement established by board rule under chapter 458, chapter 459, chapter 461, chapter 463, chapter 464, or chapter 466.

Section 23. For the purpose of incorporating the amendment made by this act to section 893.02, Florida Statutes, in a reference thereto, paragraph (i) of subsection (5) of section 112.0455, Florida Statutes, is reenacted to read:

112.0455 Drug-Free Workplace Act.-

- (5) DEFINITIONS.—Except where the context otherwise requires, as used in this act:
- (i) "Prescription or nonprescription medication" means a drug or medication obtained pursuant to a prescription as defined by s. 893.02 or a medication that is authorized pursuant to federal or state law for general distribution and use without a prescription in the treatment of human diseases, ailments, or injuries.

Section 24. For the purpose of incorporating the amendment made by this act to section 893.02, Florida Statutes, in a reference thereto, paragraph (b) of subsection (7) of section

Page 26 of 40

381.986, Florida Statutes, is reenacted to read:
381.986 Compassionate use of low-THC cannabis.—

(7) EXCEPTIONS TO OTHER LAWS.-

(b) Notwithstanding s. 893.13, s. 893.135, s. 893.147, or any other provision of law, but subject to the requirements of this section, an approved dispensing organization and its owners, managers, and employees may manufacture, possess, sell, deliver, distribute, dispense, and lawfully dispose of reasonable quantities, as established by department rule, of low-THC cannabis. For purposes of this subsection, the terms "manufacture," "possession," "deliver," "distribute," and "dispense" have the same meanings as provided in s. 893.02.

Section 25. For the purpose of incorporating the amendment made by this act to section 893.02, Florida Statutes, in a reference thereto, paragraph (1) of subsection (1) of section 440.102, Florida Statutes, is reenacted to read:

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

- (1) DEFINITIONS.—Except where the context otherwise requires, as used in this act:
- (1) "Prescription or nonprescription medication" means a drug or medication obtained pursuant to a prescription as defined by s. 893.02 or a medication that is authorized pursuant to federal or state law for general distribution and use without

Page 27 of 40

a prescription in the treatment of human diseases, ailments, or injuries.

Section 26. For the purpose of incorporating the amendment made by this act to section 893.02, Florida Statutes, in a reference thereto, subsection (14) of section 499.0121, Florida Statutes, is reenacted to read:

499.0121 Storage and handling of prescription drugs; recordkeeping.—The department shall adopt rules to implement this section as necessary to protect the public health, safety, and welfare. Such rules shall include, but not be limited to, requirements for the storage and handling of prescription drugs and for the establishment and maintenance of prescription drug distribution records.

wholesale distributor, out-of-state prescription drug wholesale distributor, retail pharmacy drug wholesale distributor, manufacturer, or repackager that engages in the wholesale distribution of controlled substances as defined in s. 893.02 shall submit a report to the department of its receipts and distributions of controlled substances listed in Schedule II, Schedule III, Schedule IV, or Schedule V as provided in s. 893.03. Wholesale distributor facilities located within this state shall report all transactions involving controlled substances, and wholesale distributor facilities located outside this state shall report all distributions to entities located in this state. If the prescription drug wholesale distributor, out-

Page 28 of 40

of-state prescription drug wholesale distributor, retail pharmacy drug wholesale distributor, manufacturer, or repackager does not have any controlled substance distributions for the month, a report shall be sent indicating that no distributions occurred in the period. The report shall be submitted monthly by the 20th of the next month, in the electronic format used for controlled substance reporting to the Automation of Reports and Consolidated Orders System division of the federal Drug Enforcement Administration. Submission of electronic data must be made in a secured Internet environment that allows for manual or automated transmission. Upon successful transmission, an acknowledgment page must be displayed to confirm receipt. The report must contain the following information:

- (a) The federal Drug Enforcement Administration registration number of the wholesale distributing location.
- (b) The federal Drug Enforcement Administration registration number of the entity to which the drugs are distributed or from which the drugs are received.
- (c) The transaction code that indicates the type of transaction.
- (d) The National Drug Code identifier of the product and the quantity distributed or received.
- (e) The Drug Enforcement Administration Form 222 number or Controlled Substance Ordering System Identifier on all Schedule II transactions.
 - (f) The date of the transaction.

Page 29 of 40

The department must share the reported data with the Department of Law Enforcement and local law enforcement agencies upon request and must monitor purchasing to identify purchasing levels that are inconsistent with the purchasing entity's clinical needs. The Department of Law Enforcement shall investigate purchases at levels that are inconsistent with the purchasing entity's clinical needs to determine whether violations of chapter 893 have occurred.

Section 27. For the purpose of incorporating the amendment made by this act to section 893.02, Florida Statutes, in a reference thereto, paragraph (b) of subsection (1) of section 768.36, Florida Statutes, is reenacted to read:

768.36 Alcohol or drug defense.-

- (1) As used in this section, the term:
- (b) "Drug" means any chemical substance set forth in s. 877.111 or any substance controlled under chapter 893. The term does not include any drug or medication obtained pursuant to a prescription as defined in s. 893.02 which was taken in accordance with the prescription, or any medication that is authorized under state or federal law for general distribution and use without a prescription in treating human diseases, ailments, or injuries and that was taken in the recommended dosage.

Section 28. For the purpose of incorporating the amendment made by this act to section 893.02, Florida Statutes, in a

Page 30 of 40

reference thereto, paragraph (f) of subsection (3) of section 810.02, Florida Statutes, is reenacted to read:

810.02 Burglary.-

- (3) Burglary is a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, if, in the course of committing the offense, the offender does not make an assault or battery and is not and does not become armed with a dangerous weapon or explosive, and the offender enters or remains in a:
- (f) Structure or conveyance when the offense intended to be committed therein is theft of a controlled substance as defined in s. 893.02. Notwithstanding any other law, separate judgments and sentences for burglary with the intent to commit theft of a controlled substance under this paragraph and for any applicable possession of controlled substance offense under s. 893.13 or trafficking in controlled substance offense under s. 893.135 may be imposed when all such offenses involve the same amount or amounts of a controlled substance.

However, if the burglary is committed within a county that is subject to a state of emergency declared by the Governor under chapter 252 after the declaration of emergency is made and the perpetration of the burglary is facilitated by conditions arising from the emergency, the burglary is a felony of the first degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. As used in this subsection, the term "conditions

Page 31 of 40

arising from the emergency" means civil unrest, power outages, curfews, voluntary or mandatory evacuations, or a reduction in the presence of or response time for first responders or homeland security personnel. A person arrested for committing a burglary within a county that is subject to such a state of emergency may not be released until the person appears before a committing magistrate at a first appearance hearing. For purposes of sentencing under chapter 921, a felony offense that is reclassified under this subsection is ranked one level above the ranking under s. 921.0022 or s. 921.0023 of the offense committed.

Section 29. For the purpose of incorporating the amendment made by this act to section 893.02, Florida Statutes, in a reference thereto, paragraph (c) of subsection (2) of section 812.014, Florida Statutes, is reenacted to read:

812.014 Theft.-

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- (c) It is grand theft of the third degree and a felony of the third degree, punishable as provided in s. 775.082, s.
- 826 775.083, or s. 775.084, if the property stolen is:
 - 1. Valued at \$300 or more, but less than \$5,000.
 - 2. Valued at \$5,000 or more, but less than \$10,000.
 - 3. Valued at \$10,000 or more, but less than \$20,000.
 - 4. A will, codicil, or other testamentary instrument.
 - 5. A firearm.
- 832 6. A motor vehicle, except as provided in paragraph (a).

Page 32 of 40

7. Any commercially farmed animal, including any animal of the equine, bovine, or swine class or other grazing animal; a bee colony of a registered beekeeper; and aquaculture species raised at a certified aquaculture facility. If the property stolen is aquaculture species raised at a certified aquaculture facility, then a \$10,000 fine shall be imposed.

- 8. Any fire extinguisher.
- 9. Any amount of citrus fruit consisting of 2,000 or more individual pieces of fruit.
- 10. Taken from a designated construction site identified by the posting of a sign as provided for in s. 810.09(2)(d).
 - 11. Any stop sign.

- 12. Anhydrous ammonia.
- 13. Any amount of a controlled substance as defined in s. 893.02. Notwithstanding any other law, separate judgments and sentences for theft of a controlled substance under this subparagraph and for any applicable possession of controlled substance offense under s. 893.13 or trafficking in controlled substance offense under s. 893.135 may be imposed when all such offenses involve the same amount or amounts of a controlled substance.

However, if the property is stolen within a county that is subject to a state of emergency declared by the Governor under chapter 252, the property is stolen after the declaration of emergency is made, and the perpetration of the theft is

Page 33 of 40

facilitated by conditions arising from the emergency, the offender commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084, if the property is valued at \$5,000 or more, but less than \$10,000, as provided under subparagraph 2., or if the property is valued at \$10,000 or more, but less than \$20,000, as provided under subparagraph 3. As used in this paragraph, the term "conditions arising from the emergency" means civil unrest, power outages, curfews, voluntary or mandatory evacuations, or a reduction in the presence of or the response time for first responders or homeland security personnel. For purposes of sentencing under chapter 921, a felony offense that is reclassified under this paragraph is ranked one level above the ranking under s. 921.0022 or s. 921.0023 of the offense committed.

Section 30. For the purpose of incorporating the amendment made by this act to section 893.02, Florida Statutes, in a reference thereto, paragraph (c) of subsection (1) of section 856.015, Florida Statutes, is reenacted to read:

856.015 Open house parties.-

- (1) Definitions.—As used in this section:
- (c) "Drug" means a controlled substance, as that term is defined in ss. 893.02(4) and 893.03.

Section 31. For the purpose of incorporating the amendment made by this act to section 893.02, Florida Statutes, in a reference thereto, paragraph (a) of subsection (1) of section 944.47, Florida Statutes, is reenacted to read:

Page 34 of 40

944.47 Introduction, removal, or possession of certain articles unlawful; penalty.—

- (1) (a) Except through regular channels as authorized by the officer in charge of the correctional institution, it is unlawful to introduce into or upon the grounds of any state correctional institution, or to take or attempt to take or send or attempt to send therefrom, any of the following articles which are hereby declared to be contraband for the purposes of this section, to wit:
- 1. Any written or recorded communication or any currency or coin given or transmitted, or intended to be given or transmitted, to any inmate of any state correctional institution.
- 2. Any article of food or clothing given or transmitted, or intended to be given or transmitted, to any inmate of any state correctional institution.
- 3. Any intoxicating beverage or beverage which causes or may cause an intoxicating effect.
- 4. Any controlled substance as defined in s. 893.02(4) or any prescription or nonprescription drug having a hypnotic, stimulating, or depressing effect.
- 5. Any firearm or weapon of any kind or any explosive substance.
- 6. Any cellular telephone or other portable communication device intentionally and unlawfully introduced inside the secure perimeter of any state correctional institution without prior

Page 35 of 40

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authorization or consent from the officer in charge of such correctional institution. As used in this subparagraph, the term "portable communication device" means any device carried, worn, or stored which is designed or intended to receive or transmit verbal or written messages, access or store data, or connect electronically to the Internet or any other electronic device and which allows communications in any form. Such devices include, but are not limited to, portable two-way pagers, handheld radios, cellular telephones, Blackberry-type devices, personal digital assistants or PDA's, laptop computers, or any components of these devices which are intended to be used to assemble such devices. The term also includes any new technology that is developed for similar purposes. Excluded from this definition is any device having communication capabilities which has been approved or issued by the department for investigative or institutional security purposes or for conducting other state business.

Section 32. For the purpose of incorporating the amendment made by this act to section 893.02, Florida Statutes, in a reference thereto, subsection (1) of section 951.22, Florida Statutes, is reenacted to read:

951.22 County detention facilities; contraband articles.-

(1) It is unlawful, except through regular channels as duly authorized by the sheriff or officer in charge, to introduce into or possess upon the grounds of any county detention facility as defined in s. 951.23 or to give to or

Page 36 of 40

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receive from any inmate of any such facility wherever said inmate is located at the time or to take or to attempt to take or send therefrom any of the following articles which are hereby declared to be contraband for the purposes of this act, to wit: Any written or recorded communication; any currency or coin; any article of food or clothing; any tobacco products as defined in s. 210.25(11); any cigarette as defined in s. 210.01(1); any cigar; any intoxicating beverage or beverage which causes or may cause an intoxicating effect; any narcotic, hypnotic, or excitative drug or drug of any kind or nature, including nasal inhalators, sleeping pills, barbiturates, and controlled substances as defined in s. 893.02(4); any firearm or any instrumentality customarily used or which is intended to be used as a dangerous weapon; and any instrumentality of any nature that may be or is intended to be used as an aid in effecting or attempting to effect an escape from a county facility.

Section 33. For the purpose of incorporating the amendment made by this act to section 893.02, Florida Statutes, in a reference thereto, paragraph (a) of subsection (1) of section 985.711, Florida Statutes, is reenacted to read:

985.711 Introduction, removal, or possession of certain articles unlawful; penalty.—

(1) (a) Except as authorized through program policy or operating procedure or as authorized by the facility superintendent, program director, or manager, a person may not introduce into or upon the grounds of a juvenile detention

Page 37 of 40

facility or commitment program, or take or send, or attempt to take or send, from a juvenile detention facility or commitment program, any of the following articles, which are declared to be contraband under this section:

- 1. Any unauthorized article of food or clothing.
- 2. Any intoxicating beverage or any beverage that causes or may cause an intoxicating effect.
- 3. Any controlled substance, as defined in s. 893.02(4), or any prescription or nonprescription drug that has a hypnotic, stimulating, or depressing effect.
- 4. Any firearm or weapon of any kind or any explosive substance.

Section 34. For the purpose of incorporating the amendment made by this act to section 893.02, Florida Statutes, in a reference thereto, paragraph (i) of subsection (1) of section 1003.57, Florida Statutes, is reenacted to read:

1003.57 Exceptional students instruction.-

(1)

- (i) For purposes of paragraph (h), the term:
- 1. "Controlled substance" means a drug or other substance identified under Schedule I, Schedule II, Schedule III, Schedule IV, or Schedule V of the Controlled Substances Act, 21 U.S.C. s. 812(c) and s. 893.02(4).
- 2. "Weapon" means a device, instrument, material, or substance, animate or inanimate, which is used for, or is readily capable of, causing death or serious bodily injury;

Page 38 of 40

however, this definition does not include a pocketknife having a blade that is less than 2 1/2 inches in length.

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Section 35. For the purpose of incorporating the amendment made by this act to section 893.02, Florida Statutes, in a reference thereto, subsection (8) of section 1006.09, Florida Statutes, is reenacted to read:

1006.09 Duties of school principal relating to student discipline and school safety.—

The school principal shall require all school personnel to report to the principal or principal's designee any suspected unlawful use, possession, or sale by a student of any controlled substance, as defined in s. 893.02; any counterfeit controlled substance, as defined in s. 831.31; any alcoholic beverage, as defined in s. 561.01(4); or model glue. School personnel are exempt from civil liability when reporting in good faith to the proper school authority such suspected unlawful use, possession, or sale by a student. Only a principal or principal's designee is authorized to contact a parent or legal quardian of a student regarding this situation. Reports made and verified under this subsection shall be forwarded to an appropriate agency. The principal or principal's designee shall timely notify the student's parent that a verified report made under this subsection with respect to the student has been made and forwarded.

Section 36. For the purpose of incorporating the amendments made by this act to sections 893.04 and 893.05,

Page 39 of 40

Florida Statutes, in references thereto, paragraphs (d) and (e) of subsection (3) of section 893.0551, Florida Statutes, are reenacted to read:

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893.0551 Public records exemption for the prescription drug monitoring program.—

- (3) The department shall disclose such confidential and exempt information to the following persons or entities upon request and after using a verification process to ensure the legitimacy of the request as provided in s. 893.055:
- (d) A health care practitioner who certifies that the information is necessary to provide medical treatment to a current patient in accordance with ss. 893.05 and 893.055.
- (e) A pharmacist who certifies that the requested information will be used to dispense controlled substances to a current patient in accordance with ss. 893.04 and 893.055.
 - Section 37. This act shall take effect July 1, 2016.

Page 40 of 40

By Senator Grimsley

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21-00749A-16 2016676

A bill to be entitled An act relating to health care; amending s. 110.12315, F.S.; expanding the categories of persons who may prescribe brand name drugs under the prescription drug program when medically necessary; amending ss. 310.071, 310.073, and 310.081, F.S.; exempting controlled substances prescribed by an advanced registered nurse practitioner or a physician assistant from the disqualifications for certification or licensure, and for continued certification or licensure, as a deputy pilot or state pilot; repealing s. 383.336, F.S., relating to provider hospitals, practice parameters, and peer review boards; amending s. 395.1051, F.S.; requiring a hospital to provide specified advance notice to certain obstetrical physicians before it closes its obstetrical department or ceases to provide obstetrical services; amending s. 456.072, F.S.; applying existing penalties for violations relating to the prescribing or dispensing of controlled substances by an advanced registered nurse practitioner; amending s. 456.44, F.S.; defining the term "registrant"; deleting an obsolete date; requiring advanced registered nurse practitioners and physician assistants who prescribe controlled substances for the treatment of certain pain to make a certain designation, comply with registration requirements, and follow specified standards of practice; providing applicability; amending ss. 458.3265 and 459.0137, F.S.; limiting the authority to

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21-00749A-16 2016676

prescribe a controlled substance in a pain-management clinic only to a physician licensed under ch. 458 or ch. 459, F.S.; amending s. 458.347, F.S.; revising the required continuing education requirements for a physician assistant; requiring that a specified formulary limit the prescription of certain controlled substances by physician assistants as of a specified date; amending s. 464.003, F.S.; revising the term "advanced or specialized nursing practice"; deleting the joint committee established in the definition; amending s. 464.012, F.S.; requiring the Board of Nursing to establish a committee to recommend a formulary of controlled substances that may not be prescribed, or may be prescribed only on a limited basis, by an advanced registered nurse practitioner; specifying the membership of the committee; providing parameters for the formulary; requiring that the formulary be adopted by board rule; specifying the process for amending the formulary and imposing a burden of proof; limiting the formulary's application in certain instances; requiring the board to adopt the committee's initial recommendations by a specified date; authorizing an advanced registered nurse practitioner to prescribe, dispense, administer, or order drugs, including certain controlled substances under certain circumstances, as of a specified date; amending s. 464.013, F.S.; revising continuing education requirements for renewal of a license or certificate; amending s. 464.018, F.S.; specifying

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21-00749A-16 2016676

acts that constitute grounds for denial of a license or for disciplinary action against an advanced registered nurse practitioner; creating s. 627.42392, F.S.; defining the term "health insurer"; requiring that certain health insurers that do not already use a certain form use only a prior authorization form approved by the Financial Services Commission; requiring the commission to adopt by rule guidelines for such forms; amending s. 627.6131, F.S.; prohibiting a health insurer from retroactively denying a claim under specified circumstances; amending s. 641.3155, F.S.; prohibiting a health maintenance organization from retroactively denying a claim under specified circumstances; amending s. 893.02, F.S.; revising the term "practitioner" to include advanced registered nurse practitioners and physician assistants under the Florida Comprehensive Drug Abuse Prevention and Control Act if a certain requirement is met; amending s. 948.03, F.S.; providing that possession of drugs or narcotics prescribed by an advanced registered nurse practitioner or a physician assistant does not violate a prohibition relating to the possession of drugs or narcotics during probation; amending ss. 458.348 and 459.025, F.S.; conforming provisions to changes made by the act; reenacting ss. 458.331(10), 458.347(7)(g), 459.015(10), 459.022(7)(f), and 465.0158(5)(b), F.S., to incorporate the amendment made to s. 456.072, F.S., in references thereto; reenacting ss. 456.072(1)(mm)

21-00749A-16 2016676

and 466.02751, F.S., to incorporate the amendment made to s. 456.44, F.S., in references thereto; reenacting ss. 458.303, 458.3475(7)(b), 459.022(4)(e) and (9)(c), and 459.023(7)(b), F.S., to incorporate the amendment made to s. 458.347, F.S., in references thereto; reenacting s. 464.012(3)(c), F.S., to incorporate the amendment made to s. 464.003, F.S., in a reference thereto; reenacting ss. 456.041(1)(a), 458.348(1) and (2), and 459.025(1), F.S., to incorporate the amendment made to s. 464.012, F.S., in references thereto; reenacting s. 464.0205(7), F.S., to incorporate the amendment made to s. 464.013, F.S., in a reference thereto; reenacting ss. 320.0848(11), 464.008(2), 464.009(5), and 464.0205(1)(b), (3), and (4)(b), F.S., to incorporate the amendment made to s. 464.018, F.S., in references thereto; reenacting s. 775.051, F.S., to incorporate the amendment made to s. 893.02, F.S., in a reference thereto; reenacting ss. 944.17(3)(a), 948.001(8), and 948.101(1)(e), F.S., to incorporate the amendment made to s. 948.03, F.S., in references thereto; providing effective dates.

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

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Section 1. Subsection (7) of section 110.12315, Florida Statutes, is amended to read:

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110.12315 Prescription drug program.—The state employees' prescription drug program is established. This program shall be administered by the Department of Management Services, according

21-00749A-16 2016676

to the terms and conditions of the plan as established by the relevant provisions of the annual General Appropriations Act and implementing legislation, subject to the following conditions:

(7) The department shall establish the reimbursement schedule for prescription pharmaceuticals dispensed under the program. Reimbursement rates for a prescription pharmaceutical must be based on the cost of the generic equivalent drug if a generic equivalent exists, unless the physician, advanced registered nurse practitioner, or physician assistant prescribing the pharmaceutical clearly states on the prescription that the brand name drug is medically necessary or that the drug product is included on the formulary of drug products that may not be interchanged as provided in chapter 465, in which case reimbursement must be based on the cost of the brand name drug as specified in the reimbursement schedule adopted by the department.

Section 2. Paragraph (c) of subsection (1) of section 310.071, Florida Statutes, is amended, and subsection (3) of that section is republished, to read:

310.071 Deputy pilot certification.

- (1) In addition to meeting other requirements specified in this chapter, each applicant for certification as a deputy pilot must:
- (c) Be in good physical and mental health, as evidenced by documentary proof of having satisfactorily passed a complete physical examination administered by a licensed physician within the preceding 6 months. The board shall adopt rules to establish requirements for passing the physical examination, which rules shall establish minimum standards for the physical or mental

21-00749A-16 2016676

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

(3) The initial certificate issued to a deputy pilot shall be valid for a period of 12 months, and at the end of this period, the certificate shall automatically expire and shall not be renewed. During this period, the board shall thoroughly evaluate the deputy pilot's performance for suitability to continue training and shall make appropriate recommendations to the department. Upon receipt of a favorable recommendation by the board, the department shall issue a certificate to the deputy pilot, which shall be valid for a period of 2 years. The certificate may be renewed only two times, except in the case of a fully licensed pilot who is cross-licensed as a deputy pilot in another port, and provided the deputy pilot meets the requirements specified for pilots in paragraph (1)(c).

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

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21-00749A-16 2016676

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

(3) Be in good physical and mental health, as evidenced by documentary proof of having satisfactorily passed a complete physical examination administered by a licensed physician within the preceding 6 months. The board shall adopt rules to establish requirements for passing the physical examination, which rules shall establish minimum standards for the physical or mental capabilities necessary to carry out the professional duties of a licensed state pilot. Such standards shall include zero tolerance for any controlled substance regulated under chapter 893 unless that individual is under the care of a physician, an advanced registered nurse practitioner, or a physician assistant and that controlled substance was prescribed by that physician, advanced registered nurse practitioner, or physician assistant. To maintain eligibility as a licensed state pilot, each licensed state pilot must annually provide documentary proof of having satisfactorily passed a complete physical examination administered by a licensed physician. The physician must know the minimum standards and certify that the licensee satisfactorily meets the standards. The standards for licensees shall include a drug test.

Section 4. Paragraph (b) of subsection (3) of section 310.081, Florida Statutes, is amended to read:

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

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

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21-00749A-16 2016676

(b) Are in good physical and mental health as evidenced by documentary proof of having satisfactorily passed a physical examination administered by a licensed physician or physician assistant within each calendar year. The board shall adopt rules to establish requirements for passing the physical examination, which rules shall establish minimum standards for the physical or mental capabilities necessary to carry out the professional duties of a licensed state pilot or a certificated deputy pilot. Such standards shall include zero tolerance for any controlled substance regulated under chapter 893 unless that individual is under the care of a physician, an advanced registered nurse practitioner, or a physician assistant and that controlled substance was prescribed by that physician, advanced registered nurse practitioner, or physician assistant. To maintain eligibility as a certificated deputy pilot or licensed state pilot, each certificated deputy pilot or licensed state pilot must annually provide documentary proof of having satisfactorily passed a complete physical examination administered by a licensed physician. The physician must know the minimum standards and certify that the certificateholder or licensee satisfactorily meets the standards. The standards for certificateholders and for licensees shall include a drug test.

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

Section 5. <u>Section 383.336</u>, <u>Florida Statutes</u>, <u>is repealed</u>. Section 6. Section 395.1051, Florida Statutes, is amended

21-00749A-16 2016676

to read:

395.1051 Duty to notify patients and physicians.-

- (1) An appropriately trained person designated by each licensed facility shall inform each patient, or an individual identified pursuant to s. 765.401(1), in person about adverse incidents that result in serious harm to the patient.

 Notification of outcomes of care which that result in harm to the patient under this section does shall not constitute an acknowledgment or admission of liability and may not, nor can it be introduced as evidence.
- (2) A hospital shall notify each obstetrical physician who has privileges at the hospital at least 90 days before the hospital closes its obstetrical department or ceases to provide obstetrical services.

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

456.072 Grounds for discipline; penalties; enforcement.

(7) Notwithstanding subsection (2), upon a finding that a physician has prescribed or dispensed a controlled substance, or caused a controlled substance to be prescribed or dispensed, in a manner that violates the standard of practice set forth in s. 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s), or s. 466.028(1)(p) or (x), or that an advanced registered nurse practitioner has prescribed or dispensed a controlled substance, or caused a controlled substance to be prescribed or dispensed, in a manner that violates the standard of practice set forth in s. 464.018(1)(n) or (p)6., the physician or advanced registered nurse practitioner shall be suspended for a period of not less than 6 months and pay a fine

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21-00749A-16 2016676

of not less than \$10,000 per count. Repeated violations shall result in increased penalties.

Section 8. Section 456.44, Florida Statutes, is amended to read:

456.44 Controlled substance prescribing.-

- (1) DEFINITIONS.—As used in this section, the term:
- (a) "Addiction medicine specialist" means a board-certified psychiatrist with a subspecialty certification in addiction medicine or who is eligible for such subspecialty certification in addiction medicine, an addiction medicine physician certified or eligible for certification by the American Society of Addiction Medicine, or an osteopathic physician who holds a certificate of added qualification in Addiction Medicine through the American Osteopathic Association.
- (b) "Adverse incident" means any incident set forth in s. 458.351(4)(a)-(e) or s. 459.026(4)(a)-(e).
- (c) "Board-certified pain management physician" means a physician who possesses board certification in pain medicine by the American Board of Pain Medicine, board certification by the American Board of Interventional Pain Physicians, or board certification or subcertification in pain management or pain medicine by a specialty board recognized by the American Association of Physician Specialists or the American Board of Medical Specialties or an osteopathic physician who holds a certificate in Pain Management by the American Osteopathic Association.
- (d) "Board eligible" means successful completion of an anesthesia, physical medicine and rehabilitation, rheumatology, or neurology residency program approved by the Accreditation

21-00749A-16 2016676

Council for Graduate Medical Education or the American Osteopathic Association for a period of 6 years from successful completion of such residency program.

- (e) "Chronic nonmalignant pain" means pain unrelated to cancer which persists beyond the usual course of disease or the injury that is the cause of the pain or more than 90 days after surgery.
- (f) "Mental health addiction facility" means a facility licensed under chapter 394 or chapter 397.
- (g) "Registrant" means a physician, a physician assistant, or an advanced registered nurse practitioner who meets the requirements of subsection (2).
- (2) REGISTRATION.—Effective January 1, 2012, A physician licensed under chapter 458, chapter 459, chapter 461, or chapter 466, a physician assistant licensed under chapter 458 or chapter 459, or an advanced registered nurse practitioner certified under part I of chapter 464 who prescribes any controlled substance, listed in Schedule II, Schedule III, or Schedule IV as defined in s. 893.03, for the treatment of chronic nonmalignant pain, must:
- (a) Designate himself or herself as a controlled substance prescribing practitioner on $\underline{\text{his or her}}$ the physician's practitioner profile.
- (b) Comply with the requirements of this section and applicable board rules.
- (3) STANDARDS OF PRACTICE.—The standards of practice in this section do not supersede the level of care, skill, and treatment recognized in general law related to health care licensure.

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21-00749A-16 2016676

(a) A complete medical history and a physical examination must be conducted before beginning any treatment and must be documented in the medical record. The exact components of the physical examination shall be left to the judgment of the registrant clinician who is expected to perform a physical examination proportionate to the diagnosis that justifies a treatment. The medical record must, at a minimum, document the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, a review of previous medical records, previous diagnostic studies, and history of alcohol and substance abuse. The medical record shall also document the presence of one or more recognized medical indications for the use of a controlled substance. Each registrant must develop a written plan for assessing each patient's risk of aberrant drug-related behavior, which may include patient drug testing. Registrants must assess each patient's risk for aberrant drug-related behavior and monitor that risk on an ongoing basis in accordance with the plan.

(b) Each registrant must develop a written individualized treatment plan for each patient. The treatment plan shall state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and shall indicate if any further diagnostic evaluations or other treatments are planned. After treatment begins, the registrant physician shall adjust drug therapy to the individual medical needs of each patient. Other treatment modalities, including a rehabilitation program, shall be considered depending on the etiology of the pain and the extent

21-00749A-16 2016676

to which the pain is associated with physical and psychosocial impairment. The interdisciplinary nature of the treatment plan shall be documented.

- (c) The <u>registrant</u> physician shall discuss the risks and benefits of the use of controlled substances, including the risks of abuse and addiction, as well as physical dependence and its consequences, with the patient, persons designated by the patient, or the patient's surrogate or guardian if the patient is incompetent. The <u>registrant</u> physician shall use a written controlled substance agreement between the <u>registrant</u> physician and the patient outlining the patient's responsibilities, including, but not limited to:
- 1. Number and frequency of controlled substance prescriptions and refills.
- 2. Patient compliance and reasons for which drug therapy may be discontinued, such as a violation of the agreement.
- 3. An agreement that controlled substances for the treatment of chronic nonmalignant pain shall be prescribed by a single treating registrant physician unless otherwise authorized by the treating registrant physician and documented in the medical record.
- (d) The patient shall be seen by the <u>registrant</u> physician at regular intervals, not to exceed 3 months, to assess the efficacy of treatment, ensure that controlled substance therapy remains indicated, evaluate the patient's progress toward treatment objectives, consider adverse drug effects, and review the etiology of the pain. Continuation or modification of therapy shall depend on the <u>registrant's physician's</u> evaluation of the patient's progress. If treatment goals are not being

21-00749A-16 2016676

achieved, despite medication adjustments, the <u>registrant</u> physician shall reevaluate the appropriateness of continued treatment. The <u>registrant</u> physician shall monitor patient compliance in medication usage, related treatment plans, controlled substance agreements, and indications of substance abuse or diversion at a minimum of 3-month intervals.

- (e) The <u>registrant</u> physician shall refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. Special attention shall be given to those patients who are at risk for misusing their medications and those whose living arrangements pose a risk for medication misuse or diversion. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder requires extra care, monitoring, and documentation and requires consultation with or referral to an addiction medicine specialist or a psychiatrist.
- (f) A registrant physician registered under this section must maintain accurate, current, and complete records that are accessible and readily available for review and comply with the requirements of this section, the applicable practice act, and applicable board rules. The medical records must include, but are not limited to:
- 1. The complete medical history and a physical examination, including history of drug abuse or dependence.
 - 2. Diagnostic, therapeutic, and laboratory results.
 - 3. Evaluations and consultations.
 - 4. Treatment objectives.
 - 5. Discussion of risks and benefits.
 - 6. Treatments.

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21-00749A-16 2016676

7. Medications, including date, type, dosage, and quantity prescribed.

- 8. Instructions and agreements.
- 9. Periodic reviews.
- 10. Results of any drug testing.
- 11. A photocopy of the patient's government-issued photo identification.
- 12. If a written prescription for a controlled substance is given to the patient, a duplicate of the prescription.
- 13. The <u>registrant's</u> physician's full name presented in a legible manner.
- (g) A registrant shall immediately refer patients with signs or symptoms of substance abuse shall be immediately referred to a board-certified pain management physician, an addiction medicine specialist, or a mental health addiction facility as it pertains to drug abuse or addiction unless the registrant is a physician who is board-certified or boardeligible in pain management. Throughout the period of time before receiving the consultant's report, a prescribing registrant physician shall clearly and completely document medical justification for continued treatment with controlled substances and those steps taken to ensure medically appropriate use of controlled substances by the patient. Upon receipt of the consultant's written report, the prescribing registrant physician shall incorporate the consultant's recommendations for continuing, modifying, or discontinuing controlled substance therapy. The resulting changes in treatment shall be specifically documented in the patient's medical record. Evidence or behavioral indications of diversion shall be

21-00749A-16 2016676

followed by discontinuation of controlled substance therapy, and the patient shall be discharged, and all results of testing and actions taken by the <u>registrant</u> physician shall be documented in the patient's medical record.

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This subsection does not apply to a board-eligible or boardcertified anesthesiologist, physiatrist, rheumatologist, or neurologist, or to a board-certified physician who has surgical privileges at a hospital or ambulatory surgery center and primarily provides surgical services. This subsection does not apply to a board-eligible or board-certified medical specialist who has also completed a fellowship in pain medicine approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, or who is board eliqible or board certified in pain medicine by the American Board of Pain Medicine, the American Board of Interventional Pain Physicians, the American Association of Physician Specialists, or a board approved by the American Board of Medical Specialties or the American Osteopathic Association and performs interventional pain procedures of the type routinely billed using surgical codes. This subsection does not apply to a registrant physician who prescribes medically necessary controlled substances for a patient during an inpatient stay in a hospital licensed under chapter 395.

Section 9. Paragraph (b) of subsection (2) of section 458.3265, Florida Statutes, is amended to read:

458.3265 Pain-management clinics.

(2) PHYSICIAN RESPONSIBILITIES.—These responsibilities apply to any physician who provides professional services in a

21-00749A-16 2016676

pain-management clinic that is required to be registered in subsection (1).

(b) Only a person may not dispense any medication on the premises of a registered pain-management clinic unless he or she is a physician licensed under this chapter or chapter 459 may dispense medication or prescribe a controlled substance regulated under chapter 893 on the premises of a registered pain-management clinic.

Section 10. Paragraph (b) of subsection (2) of section 459.0137, Florida Statutes, is amended to read:

459.0137 Pain-management clinics.-

- (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities apply to any osteopathic physician who provides professional services in a pain-management clinic that is required to be registered in subsection (1).
- (b) Only a person may not dispense any medication on the premises of a registered pain-management clinic unless he or she is a physician licensed under this chapter or chapter 458 may dispense medication or prescribe a controlled substance regulated under chapter 893 on the premises of a registered pain-management clinic.

Section 11. Paragraph (e) of subsection (4) of section 458.347, Florida Statutes, is amended, and paragraph (c) of subsection (9) of that section is republished, to read:

458.347 Physician assistants.-

- (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.-
- (e) A supervisory physician may delegate to a fully licensed physician assistant the authority to prescribe or dispense any medication used in the supervisory physician's

21-00749A-16 2016676

practice unless such medication is listed on the formulary created pursuant to paragraph (f). A fully licensed physician assistant may only prescribe or dispense such medication under the following circumstances:

- 1. A physician assistant must clearly identify to the patient that he or she is a physician assistant. Furthermore, the physician assistant must inform the patient that the patient has the right to see the physician prior to any prescription being prescribed or dispensed by the physician assistant.
- 2. The supervisory physician must notify the department of his or her intent to delegate, on a department-approved form, before delegating such authority and notify the department of any change in prescriptive privileges of the physician assistant. Authority to dispense may be delegated only by a supervising physician who is registered as a dispensing practitioner in compliance with s. 465.0276.
- 3. The physician assistant must file with the department a signed affidavit that he or she has completed a minimum of 10 continuing medical education hours in the specialty practice in which the physician assistant has prescriptive privileges with each licensure renewal application. Three of the 10 hours must consist of a continuing education course on the safe and effective prescribing of controlled substance medications which is offered by a statewide professional association of physicians in this state accredited to provide educational activities designated for the American Medical Association Physician's Recognition Award Category 1 credit or designated by the American Academy of Physician Assistants as a Category 1 credit.
 - 4. The department may issue a prescriber number to the

21-00749A-16 2016676

physician assistant granting authority for the prescribing of medicinal drugs authorized within this paragraph upon completion of the foregoing requirements. The physician assistant shall not be required to independently register pursuant to s. 465.0276.

- 5. The prescription must be written in a form that complies with chapter 499 and must contain, in addition to the supervisory physician's name, address, and telephone number, the physician assistant's prescriber number. Unless it is a drug or drug sample dispensed by the physician assistant, the prescription must be filled in a pharmacy permitted under chapter 465 and must be dispensed in that pharmacy by a pharmacist licensed under chapter 465. The appearance of the prescriber number creates a presumption that the physician assistant is authorized to prescribe the medicinal drug and the prescription is valid.
- 6. The physician assistant must note the prescription or dispensing of medication in the appropriate medical record.
- (9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on Physician Assistants is created within the department.
 - (c) The council shall:
- 1. Recommend to the department the licensure of physician assistants.
- 2. Develop all rules regulating the use of physician assistants by physicians under this chapter and chapter 459, except for rules relating to the formulary developed under paragraph (4)(f). The council shall also develop rules to ensure that the continuity of supervision is maintained in each practice setting. The boards shall consider adopting a proposed rule developed by the council at the regularly scheduled meeting

21-00749A-16 2016676

immediately following the submission of the proposed rule by the council. A proposed rule submitted by the council may not be adopted by either board unless both boards have accepted and approved the identical language contained in the proposed rule. The language of all proposed rules submitted by the council must be approved by both boards pursuant to each respective board's guidelines and standards regarding the adoption of proposed rules. If either board rejects the council's proposed rule, that board must specify its objection to the council with particularity and include any recommendations it may have for the modification of the proposed rule.

- 3. Make recommendations to the boards regarding all matters relating to physician assistants.
- 4. Address concerns and problems of practicing physician assistants in order to improve safety in the clinical practices of licensed physician assistants.

Section 12. Effective January 1, 2017, paragraph (f) of subsection (4) of section 458.347, Florida Statutes, is amended to read:

458.347 Physician assistants.-

- (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.-
- (f)1. The council shall establish a formulary of medicinal drugs that a fully licensed physician assistant having prescribing authority under this section or s. 459.022 may not prescribe. The formulary must include controlled substances as defined in chapter 893, general anesthetics, and radiographic contrast materials, and must limit the prescription of Schedule II controlled substances as listed in s. 893.03 to a 7-day supply. The formulary must also restrict the prescribing of

21-00749A-16 2016676

psychiatric mental health controlled substances for children
younger than 18 years of age.

- 2. In establishing the formulary, the council shall consult with a pharmacist licensed under chapter 465, but not licensed under this chapter or chapter 459, who shall be selected by the State Surgeon General.
- 3. Only the council shall add to, delete from, or modify the formulary. Any person who requests an addition, <u>a</u> deletion, or <u>a</u> modification of a medicinal drug listed on such formulary has the burden of proof to show cause why such addition, deletion, or modification should be made.
- 4. The boards shall adopt the formulary required by this paragraph, and each addition, deletion, or modification to the formulary, by rule. Notwithstanding any provision of chapter 120 to the contrary, the formulary rule shall be effective 60 days after the date it is filed with the Secretary of State. Upon adoption of the formulary, the department shall mail a copy of such formulary to each fully licensed physician assistant having prescribing authority under this section or s. 459.022, and to each pharmacy licensed by the state. The boards shall establish, by rule, a fee not to exceed \$200 to fund the provisions of this paragraph and paragraph (e).

Section 13. Subsection (2) of section 464.003, Florida Statutes, is amended to read:

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

(2) "Advanced or specialized nursing practice" means, in addition to the practice of professional nursing, the performance of advanced-level nursing acts approved by the board which, by virtue of postbasic specialized education, training,

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to read:

21-00749A-16 2016676

and experience, are appropriately performed by an advanced registered nurse practitioner. Within the context of advanced or specialized nursing practice, the advanced registered nurse practitioner may perform acts of nursing diagnosis and nursing treatment of alterations of the health status. The advanced registered nurse practitioner may also perform acts of medical diagnosis and treatment, prescription, and operation as authorized within the framework of an established supervisory protocol which are identified and approved by a joint committee composed of three members appointed by the Board of Nursing, two of whom must be advanced registered nurse practitioners; three members appointed by the Board of Medicine, two of whom must have had work experience with advanced registered nurse practitioners; and the State Surgeon General or the State Surgeon General's designee. Each committee member appointed by a board shall be appointed to a term of 4 years unless a shorter term is required to establish or maintain staggered terms. The Board of Nursing shall adopt rules authorizing the performance of any such acts approved by the joint committee. Unless otherwise specified by the joint committee, such acts must be performed under the general supervision of a practitioner licensed under chapter 458, chapter 459, or chapter 466 within the framework of standing protocols which identify the medical acts to be performed and the conditions for their performance. The department may, by rule, require that a copy of the protocol be filed with the department along with the notice required by s. 458.348. Section 14. Section 464.012, Florida Statutes, is amended

Page 22 of 39

21-00749A-16 2016676

464.012 Certification of advanced registered nurse practitioners; fees; controlled substance prescribing.—

- (1) Any nurse desiring to be certified as an advanced registered nurse practitioner shall apply to the department and submit proof that he or she holds a current license to practice professional nursing and that he or she meets one or more of the following requirements as determined by the board:
- (a) Satisfactory completion of a formal postbasic educational program of at least one academic year, the primary purpose of which is to prepare nurses for advanced or specialized practice.
- (b) Certification by an appropriate specialty board. Such certification shall be required for initial state certification and any recertification as a registered nurse anesthetist or nurse midwife. The board may by rule provide for provisional state certification of graduate nurse anesthetists and nurse midwives for a period of time determined to be appropriate for preparing for and passing the national certification examination.
- (c) Graduation from a program leading to a master's degree in a nursing clinical specialty area with preparation in specialized practitioner skills. For applicants graduating on or after October 1, 1998, graduation from a master's degree program shall be required for initial certification as a nurse practitioner under paragraph (4)(c). For applicants graduating on or after October 1, 2001, graduation from a master's degree program shall be required for initial certification as a registered nurse anesthetist under paragraph (4)(a).
 - (2) The board shall provide by rule the appropriate

21-00749A-16 2016676

requirements for advanced registered nurse practitioners in the categories of certified registered nurse anesthetist, certified nurse midwife, and nurse practitioner.

- (3) An advanced registered nurse practitioner shall perform those functions authorized in this section within the framework of an established protocol that is filed with the board upon biennial license renewal and within 30 days after entering into a supervisory relationship with a physician or changes to the protocol. The board shall review the protocol to ensure compliance with applicable regulatory standards for protocols. The board shall refer to the department licensees submitting protocols that are not compliant with the regulatory standards for protocols. A practitioner currently licensed under chapter 458, chapter 459, or chapter 466 shall maintain supervision for directing the specific course of medical treatment. Within the established framework, an advanced registered nurse practitioner may:
 - (a) Monitor and alter drug therapies.
 - (b) Initiate appropriate therapies for certain conditions.
- (c) Perform additional functions as may be determined by rule in accordance with s.~464.003(2).
- (d) Order diagnostic tests and physical and occupational therapy.
- (4) In addition to the general functions specified in subsection (3), an advanced registered nurse practitioner may perform the following acts within his or her specialty:
- (a) The certified registered nurse anesthetist may, to the extent authorized by established protocol approved by the medical staff of the facility in which the anesthetic service is

21-00749A-16 2016676

performed, perform any or all of the following:

- 1. Determine the health status of the patient as it relates to the risk factors and to the anesthetic management of the patient through the performance of the general functions.
- 2. Based on history, physical assessment, and supplemental laboratory results, determine, with the consent of the responsible physician, the appropriate type of anesthesia within the framework of the protocol.
 - 3. Order under the protocol preanesthetic medication.
- 4. Perform under the protocol procedures commonly used to render the patient insensible to pain during the performance of surgical, obstetrical, therapeutic, or diagnostic clinical procedures. These procedures include ordering and administering regional, spinal, and general anesthesia; inhalation agents and techniques; intravenous agents and techniques; and techniques of hypnosis.
- 5. Order or perform monitoring procedures indicated as pertinent to the anesthetic health care management of the patient.
- 6. Support life functions during anesthesia health care, including induction and intubation procedures, the use of appropriate mechanical supportive devices, and the management of fluid, electrolyte, and blood component balances.
- 7. Recognize and take appropriate corrective action for abnormal patient responses to anesthesia, adjunctive medication, or other forms of therapy.
- 8. Recognize and treat a cardiac arrhythmia while the patient is under anesthetic care.
 - 9. Participate in management of the patient while in the

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21-00749A-16 2016676

postanesthesia recovery area, including ordering the administration of fluids and drugs.

- 10. Place special peripheral and central venous and arterial lines for blood sampling and monitoring as appropriate.
- (b) The certified nurse midwife may, to the extent authorized by an established protocol which has been approved by the medical staff of the health care facility in which the midwifery services are performed, or approved by the nurse midwife's physician backup when the delivery is performed in a patient's home, perform any or all of the following:
 - 1. Perform superficial minor surgical procedures.
- 2. Manage the patient during labor and delivery to include amniotomy, episiotomy, and repair.
- 3. Order, initiate, and perform appropriate anesthetic procedures.
 - 4. Perform postpartum examination.
 - 5. Order appropriate medications.
 - 6. Provide family-planning services and well-woman care.
- 7. Manage the medical care of the normal obstetrical patient and the initial care of a newborn patient.
- (c) The nurse practitioner may perform any or all of the following acts within the framework of established protocol:
 - 1. Manage selected medical problems.
 - 2. Order physical and occupational therapy.
- 3. Initiate, monitor, or alter therapies for certain uncomplicated acute illnesses.
- 4. Monitor and manage patients with stable chronic diseases.
 - 5. Establish behavioral problems and diagnosis and make

21-00749A-16 2016676

treatment recommendations.

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782 783 (5) The board shall certify, and the department shall issue a certificate to, any nurse meeting the qualifications in this section. The board shall establish an application fee not to exceed \$100 and a biennial renewal fee not to exceed \$50. The board is authorized to adopt such other rules as are necessary to implement the provisions of this section.

(6)(a) The board shall establish a committee to recommend a formulary of controlled substances that an advanced registered nurse practitioner may not prescribe or may prescribe only for specific uses or in limited quantities. The committee must consist of three advanced registered nurse practitioners licensed under this section, recommended by the board; three physicians licensed under chapter 458 or chapter 459 who have work experience with advanced registered nurse practitioners, recommended by the Board of Medicine; and a pharmacist licensed under chapter 465 who is a doctor of pharmacy, recommended by the Board of Pharmacy. The committee may recommend an evidencebased formulary applicable to all advanced registered nurse practitioners which is limited by specialty certification, is limited to approved uses of controlled substances, or is subject to other similar restrictions the committee finds are necessary to protect the health, safety, and welfare of the public. The formulary must restrict the prescribing of psychiatric mental health controlled substances for children younger 18 years of age to advanced registered nurse practitioners who also are psychiatric nurses as defined in s. 394.455. The formulary must also limit the prescribing of Schedule II controlled substances as listed in s. 893.03 to a 7-day supply, except that such

21-00749A-16 2016676

restriction does not apply to controlled substances that are psychiatric medications prescribed by psychiatric nurses as defined in s. 394.455.

- (b) The board shall adopt by rule the recommended formulary and any revision to the formulary which it finds is supported by evidence-based clinical findings presented by the Board of Medicine, the Board of Osteopathic Medicine, or the Board of Dentistry.
- (c) The formulary required under this subsection does not apply to a controlled substance that is dispensed for administration pursuant to an order, including an order for medication authorized by subparagraph (4)(a)3., subparagraph (4)(a)4., or subparagraph (4)(a)9.
- (d) The board shall adopt the committee's initial recommendation no later than October 31, 2016.

Section 15. Effective January 1, 2017, subsection (3) of section 464.012, Florida Statutes, as amended by this act, is amended to read:

- 464.012 Certification of advanced registered nurse practitioners; fees; controlled substance prescribing.—
- (3) An advanced registered nurse practitioner shall perform those functions authorized in this section within the framework of an established protocol that is filed with the board upon biennial license renewal and within 30 days after entering into a supervisory relationship with a physician or changes to the protocol. The board shall review the protocol to ensure compliance with applicable regulatory standards for protocols. The board shall refer to the department licensees submitting protocols that are not compliant with the regulatory standards

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21-00749A-16 2016676

for protocols. A practitioner currently licensed under chapter 458, chapter 459, or chapter 466 shall maintain supervision for directing the specific course of medical treatment. Within the established framework, an advanced registered nurse practitioner may:

- (a) Prescribe, dispense, administer, or order any drug; however, an advanced registered nurse practitioner may prescribe or dispense a controlled substance as defined in s. 893.03 only if the advanced registered nurse practitioner has graduated from a program leading to a master's or doctoral degree in a clinical nursing specialty area with training in specialized practitioner skills Monitor and alter drug therapies.
 - (b) Initiate appropriate therapies for certain conditions.
- (c) Perform additional functions as may be determined by rule in accordance with s.~464.003(2).
- (d) Order diagnostic tests and physical and occupational therapy.

Section 16. Subsection (3) of section 464.013, Florida Statutes, is amended to read:

464.013 Renewal of license or certificate.-

- (3) The board shall by rule prescribe up to 30 hours of continuing education biennially as a condition for renewal of a license or certificate.
- (a) A nurse who is certified by a health care specialty program accredited by the National Commission for Certifying Agencies or the Accreditation Board for Specialty Nursing Certification is exempt from continuing education requirements. The criteria for programs must shall be approved by the board.
 - (b) Notwithstanding the exemption in paragraph (a), as part

21-00749A-16 2016676

of the maximum 30 hours of continuing education hours required under this subsection, advanced registered nurse practitioners certified under s. 464.012 must complete at least 3 hours of continuing education on the safe and effective prescription of controlled substances. Such continuing education courses must be offered by a statewide professional association of physicians in this state accredited to provide educational activities designated for the American Medical Association Physician's Recognition Award Category 1 credit, the American Nurses Credentialing Center, or the American Association of Nurse Practitioners and may be offered in a distance learning format.

Section 17. Paragraph (p) is added to subsection (1) of section 464.018, Florida Statutes, and subsection (2) of that section is republished, to read:

464.018 Disciplinary actions.

- (1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):
 - (p) For an advanced registered nurse practitioner:
 - 1. Presigning blank prescription forms.
- 2. Prescribing for office use any medicinal drug appearing on Schedule II in chapter 893.
- 3. Prescribing, ordering, dispensing, administering, supplying, selling, or giving a drug that is an amphetamine, a sympathomimetic amine drug, or a compound designated in s.

 893.03(2) as a Schedule II controlled substance, to or for any person except for:
- a. The treatment of narcolepsy; hyperkinesis; behavioral syndrome in children characterized by the developmentally inappropriate symptoms of moderate to severe distractibility,

21-00749A-16 2016676

short attention span, hyperactivity, emotional lability, and impulsivity; or drug-induced brain dysfunction.

- b. The differential diagnostic psychiatric evaluation of depression or the treatment of depression shown to be refractory to other therapeutic modalities.
- c. The clinical investigation of the effects of such drugs or compounds when an investigative protocol is submitted to, reviewed by, and approved by the department before such investigation is begun.
- 4. Prescribing, ordering, dispensing, administering, supplying, selling, or giving growth hormones, testosterone or its analogs, human chorionic gonadotropin (HCG), or other hormones for the purpose of muscle building or to enhance athletic performance. As used in this subparagraph, the term "muscle building" does not include the treatment of injured muscle. A prescription written for the drug products identified in this subparagraph may be dispensed by a pharmacist with the presumption that the prescription is for legitimate medical use.
- 5. Promoting or advertising on any prescription form a community pharmacy unless the form also states: "This prescription may be filled at any pharmacy of your choice."
- 6. Prescribing, dispensing, administering, mixing, or otherwise preparing a legend drug, including a controlled substance, other than in the course of his or her professional practice. For the purposes of this subparagraph, it is legally presumed that prescribing, dispensing, administering, mixing, or otherwise preparing legend drugs, including all controlled substances, inappropriately or in excessive or inappropriate quantities is not in the best interest of the patient and is not

21-00749A-16 2016676

in the course of the advanced registered nurse practitioner's professional practice, without regard to his or her intent.

- 7. Prescribing, dispensing, or administering a medicinal drug appearing on any schedule set forth in chapter 893 to himself or herself, except a drug prescribed, dispensed, or administered to the advanced registered nurse practitioner by another practitioner authorized to prescribe, dispense, or administer medicinal drugs.
- 8. Prescribing, ordering, dispensing, administering, supplying, selling, or giving amygdalin (laetrile) to any person.
- 9. Dispensing a substance designated in s. 893.03(2) or (3) as a substance controlled in Schedule II or Schedule III, respectively, in violation of s. 465.0276.
- 10. Promoting or advertising through any communication medium the use, sale, or dispensing of a substance designated in s. 893.03 as a controlled substance.
- (2) The board may enter an order denying licensure or imposing any of the penalties in s. 456.072(2) against any applicant for licensure or licensee who is found guilty of violating any provision of subsection (1) of this section or who is found guilty of violating any provision of s. 456.072(1).
- Section 18. Section 627.42392, Florida Statutes, is created to read:

627.42392 Prior authorization.—

(1) As used in this section, the term "health insurer" means an authorized insurer offering health insurance as defined in s. 624.603, a managed care plan as defined in s. 409.901(13), or a health maintenance organization as defined in s.

21-00749A-16 2016676__

641.19(12).

- (2) Notwithstanding any other provision of law, in order to establish uniformity in the submission of prior authorization forms on or after January 1, 2017, a health insurer, or a pharmacy benefits manager on behalf of the health insurer, which does not use an electronic prior authorization form for its contracted providers shall use only the prior authorization form that has been approved by the Financial Services Commission to obtain a prior authorization for a medical procedure, course of treatment, or prescription drug benefit. Such form may not exceed two pages in length, excluding any instructions or guiding documentation.
- (3) The Financial Services Commission shall adopt by rule guidelines for all prior authorization forms which ensure the general uniformity of such forms.

Section 19. Subsection (11) of section 627.6131, Florida Statutes, is amended to read:

627.6131 Payment of claims.-

- (11) A health insurer may not retroactively deny a claim because of insured ineligibility:
- (a) At any time, if the health insurer verified the eligibility of an insured at the time of treatment and provided an authorization number.
- (b) More than 1 year after the date of payment of the claim.

Section 20. Subsection (10) of section 641.3155, Florida Statutes, is amended to read:

641.3155 Prompt payment of claims.

(10) A health maintenance organization may not

21-00749A-16 2016676

retroactively deny a claim because of subscriber ineligibility:

- (a) At any time, if the health maintenance organization verified the eligibility of an insured at the time of treatment and provided an authorization number.
- (b) More than 1 year after the date of payment of the claim.

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

- 893.02 Definitions.—The following words and phrases as used in this chapter shall have the following meanings, unless the context otherwise requires:
- pursuant to chapter 458, a dentist licensed under pursuant to chapter 466, a veterinarian licensed under pursuant to chapter 474, an osteopathic physician licensed under pursuant to chapter 459, an advanced registered nurse practitioner certified under chapter 464, a naturopath licensed under pursuant to chapter 462, a certified optometrist licensed under pursuant to chapter 463, or a podiatric physician licensed under pursuant to chapter 461, or a physician assistant licensed under chapter 458 or chapter 459, provided such practitioner holds a valid federal controlled substance registry number.

Section 22. Paragraph (n) of subsection (1) of section 948.03, Florida Statutes, is amended to read:

948.03 Terms and conditions of probation.-

(1) The court shall determine the terms and conditions of probation. Conditions specified in this section do not require oral pronouncement at the time of sentencing and may be considered standard conditions of probation. These conditions

21-00749A-16 2016676

may include among them the following, that the probationer or offender in community control shall:

- (n) Be prohibited from using intoxicants to excess or possessing any drugs or narcotics unless prescribed by a physician, an advanced registered nurse practitioner, or a physician assistant. The probationer or community controllee may shall not knowingly visit places where intoxicants, drugs, or other dangerous substances are unlawfully sold, dispensed, or used.
- Section 23. Paragraph (a) of subsection (1) and subsection (2) of section 458.348, Florida Statutes, are amended to read:
 458.348 Formal supervisory relationships, standing orders, and established protocols; notice; standards.—
 - (1) NOTICE.-
- (a) When a physician enters into a formal supervisory relationship or standing orders with an emergency medical technician or paramedic licensed pursuant to s. 401.27, which relationship or orders contemplate the performance of medical acts, or when a physician enters into an established protocol with an advanced registered nurse practitioner, which protocol contemplates the performance of medical acts identified and approved by the joint committee pursuant to s. 464.003(2) or acts set forth in s. 464.012(3) and (4), the physician shall submit notice to the board. The notice shall contain a statement in substantially the following form:

I, ... (name and professional license number of physician)..., of ... (address of physician)... have hereby entered into a formal supervisory relationship, standing orders,

21-00749A-16 2016676

or an established protocol with ...(number of persons)...
emergency medical technician(s), ...(number of persons)...
paramedic(s), or ...(number of persons)... advanced registered
nurse practitioner(s).

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(2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE. - The joint committee created under s. 464.003(2) shall determine minimum standards for the content of established protocols pursuant to which an advanced registered nurse practitioner may perform medical acts identified and approved by the joint committee pursuant to s. 464.003(2) or acts set forth in s. 464.012(3) and (4) and shall determine minimum standards for supervision of such acts by the physician, unless the joint committee determines that any act set forth in s. 464.012(3) or (4) is not a medical act. Such standards shall be based on risk to the patient and acceptable standards of medical care and shall take into account the special problems of medically underserved areas. The standards developed by the joint committee shall be adopted as rules by the Board of Nursing and the Board of Medicine for purposes of carrying out their responsibilities pursuant to part I of chapter 464 and this chapter, respectively, but neither board shall have disciplinary powers over the licensees of the other board.

Section 24. Paragraph (a) of subsection (1) of section 459.025, Florida Statutes, is amended to read:

459.025 Formal supervisory relationships, standing orders, and established protocols; notice; standards.—

- (1) NOTICE.—
- (a) When an osteopathic physician enters into a formal

21-00749A-16 2016676

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

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

registered nurse practitioner(s).

Section 25. Subsection (10) of s. 458.331, paragraph (g) of subsection (7) of s. 458.347, subsection (10) of s. 459.015, paragraph (f) of subsection (7) of s. 459.022, and paragraph (b) of subsection (5) of s. 465.0158, Florida Statutes, are reenacted for the purpose of incorporating the amendment made by this act to s. 456.072, Florida Statutes, in references thereto.

Section 26. Paragraph (mm) of subsection (1) of s. 456.072 and s. 466.02751, Florida Statutes, are reenacted for the purpose of incorporating the amendment made by this act to s. 456.44, Florida Statutes, in references thereto.

21-00749A-16 2016676

Section 27. Section 458.303, paragraph (b) of subsection (7) of s. 458.3475, paragraph (e) of subsection (4) and paragraph (c) of subsection (9) of s. 459.022, and paragraph (b) of subsection (7) of s. 459.023, Florida Statutes, are reenacted for the purpose of incorporating the amendment made by this act to s. 458.347, Florida Statutes, in references thereto.

Section 28. Paragraph (c) of subsection (3) of s. 464.012, Florida Statutes, is reenacted for the purpose of incorporating the amendment made by this act to s. 464.003, Florida Statutes, in a reference thereto.

Section 29. Paragraph (a) of subsection (1) of s. 456.041, subsections (1) and (2) of s. 458.348, and subsection (1) of s. 459.025, Florida Statutes, are reenacted for the purpose of incorporating the amendment made by this act to s. 464.012, Florida Statutes, in references thereto.

Section 30. <u>Subsection (7) of s. 464.0205</u>, <u>Florida</u>

<u>Statutes</u>, <u>is reenacted for the purpose of incorporating the amendment made by this act to s. 464.013</u>, <u>Florida Statutes</u>, in a reference thereto.

Section 31. Subsection (11) of s. 320.0848, subsection (2) of s. 464.008, subsection (5) of s. 464.009, and paragraph (b) of subsection (1), subsection (3), and paragraph (b) of subsection (4) of s. 464.0205, Florida Statutes, are reenacted for the purpose of incorporating the amendment made by this act to s. 464.018, Florida Statutes, in references thereto.

Section 32. Section 775.051, Florida Statutes, is reenacted for the purpose of incorporating the amendment made by this act to s. 893.02, Florida Statutes, in a reference thereto.

Section 33. Paragraph (a) of subsection (3) of s. 944.17,

	21-00749A-16 2016676
1103	subsection (8) of s. 948.001, and paragraph (e) of subsection
1104	(1) of s. 948.101, Florida Statutes, are reenacted for the
1105	purpose of incorporating the amendment made by this act to s.
1106	948.03, Florida Statutes, in references thereto.
1107	Section 34. Except as otherwise expressly provided in this
1108	act, this act shall take effect upon becoming a law.

A bill to be entitled 1 2 An act relating to drug prescription by advanced 3 registered nurse practitioners and physician 4 assistants; amending s. 110.12315, F.S.; expanding the 5 categories of persons who may prescribe brand drugs 6 under the prescription drug program when medically 7 necessary; amending ss. 310.071, 310.073, and 310.081, 8 F.S.; exempting controlled substances prescribed by an 9 advanced registered nurse practitioner or a physician 10 assistant from the disqualifications for certification or licensure, and for continued certification or 11 12 licensure, as a deputy or state pilot; amending s. 456.072, F.S.; applying existing penalties for 13 14 violations relating to the prescribing or dispensing 15 of controlled substances to an advanced registered nurse practitioner; amending s. 456.44, F.S.; deleting 16 an obsolete date; requiring advanced registered nurse 17 practitioners and physician assistants who prescribe 18 19 controlled substances for certain pain to make a 20 certain designation, comply with registration 21 requirements, and follow specified standards of 2.2 practice; providing applicability; amending ss. 458.3265 and 459.0137, F.S.; limiting the authority to 23 24 prescribe a controlled substance in a pain-management 25 clinic to a physician licensed under chapter 458 or 26 chapter 459, F.S.; amending s. 458.347, F.S.;

Page 1 of 28

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expanding the prescribing authority of a licensed physician assistant; amending s. 464.012, F.S.; authorizing an advanced registered nurse practitioner to prescribe, dispense, administer, or order drugs, rather than to monitor and alter drug therapies; amending s. 464.018, F.S.; specifying acts that constitute grounds for denial of a license for or disciplinary action against an advanced registered nurse practitioner; amending s. 893.02, F.S.; redefining the term "practitioner" to include advanced registered nurse practitioners and physician assistants under the Florida Comprehensive Drug Abuse Prevention and Control Act; amending s. 948.03, F.S.; providing that possession of drugs or narcotics prescribed by an advanced registered nurse practitioner or physician assistant is an exception from a prohibition relating to the possession of drugs or narcotics during probation; reenacting s. 310.071(3), F.S., relating to deputy pilot certification, to incorporate the amendment made by the act to s. 310.071, F.S., in a reference thereto; reenacting ss. 458.331(10), 458.347(7)(g), 459.015(10), 459.022(7)(f), and 465.0158(5)(b), F.S., relating to grounds for disciplinary action against certain licensed health care practitioners or applicants, physician assistant licensure, the

Page 2 of 28

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imposition of penalties upon physician assistants by the Board of Osteopathic Medicine, and nonresident sterile compounding permits, respectively, to incorporate the amendment made by the act to s. 456.072, F.S., in references thereto; reenacting ss. 456.072(1)(mm) and 466.02751, F.S., relating to grounds for discipline of certain licensed health care practitioners or applicants and dentist practitioner profiles, respectively, to incorporate the amendment made by the act to s. 456.44, F.S., in references thereto; reenacting ss. 458.303, 458.347(4)(e) and (9)(c), 458.3475(7)(b), 459.022(4)(e) and (9)(c), and 459.023(7)(b), F.S., relating to the nonapplicability of certain provisions to specified health care practitioners, the prescribing or dispensing of medications by physician assistants, the duties of the Council on Physician Assistants, and the duties of the Board of Medicine and the Board of Osteopathic Medicine with respect to anesthesiologist assistants, respectively, to incorporate the amendment made by the act to s. 458.347, F.S., in references thereto; reenacting ss. 456.041(1)(a), 458.348(1) and (2), and 459.025(1), F.S., relating to practitioner profiles and notice and standards for formal supervisory relationships, standing orders, and established protocols, respectively, to incorporate the amendment

Page 3 of 28

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made by the act to s. 464.012, F.S., in references thereto; reenacting ss. 464.008(2), 464.009(5), 464.018(2), and 464.0205(1)(b), (3), and (4)(b), F.S., relating to licensure by examination of registered nurses and licensed practical nurses, licensure by endorsement to practice professional or practical nursing, disciplinary actions against nursing applicants or licensees, and retired volunteer nurse certifications, respectively, to incorporate the amendment made by the act to s. 464.018, F.S., in references thereto; reenacting s. 775.051, F.S., relating to the exclusion as a defense and nonadmissibility as evidence of voluntary intoxication, to incorporate the amendment made by the act to s. 893.02, F.S., in a reference thereto; reenacting ss. 944.17(3)(a), 948.001(8), and 948.101(1)(e), F.S., relating to the receipt by the state correctional system of certain persons sentenced to incarceration, the definition of the term "probation," and the terms and conditions of community control, respectively, to incorporate the amendment made by the act to s. 948.03, F.S., in references thereto; providing an effective date. Be It Enacted by the Legislature of the State of Florida:

Page 4 of 28

Section 1. Subsection (7) of section 110.12315, Florida Statutes, is amended to read:

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

(7) The department shall establish the reimbursement schedule for prescription pharmaceuticals dispensed under the program. Reimbursement rates for a prescription pharmaceutical must be based on the cost of the generic equivalent drug if a generic equivalent exists, unless the physician, advanced registered nurse practitioner, or physician assistant prescribing the pharmaceutical clearly states on the prescription that the brand name drug is medically necessary or that the drug product is included on the formulary of drug products that may not be interchanged as provided in chapter 465, in which case reimbursement must be based on the cost of the brand name drug as specified in the reimbursement schedule adopted by the department.

Section 2. Paragraph (c) of subsection (1) of section 310.071, Florida Statutes, is amended to read:

310.071 Deputy pilot certification.

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

Page 5 of 28

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Be in good physical and mental health, as evidenced by documentary proof of having satisfactorily passed a complete physical examination administered by a licensed physician within the preceding 6 months. The board shall adopt rules to establish requirements for passing the physical examination, which rules shall establish minimum standards for the physical or mental capabilities necessary to carry out the professional duties of a certificated deputy pilot. Such standards shall include zero tolerance for any controlled substance regulated under chapter 893 unless that individual is under the care of a physician, advanced registered nurse practitioner, or physician assistant and that controlled substance was prescribed by that physician, advanced registered nurse practitioner, or physician assistant. To maintain eligibility as a certificated deputy pilot, each certificated deputy pilot must annually provide documentary proof of having satisfactorily passed a complete physical examination administered by a licensed physician. The physician must know the minimum standards and certify that the certificateholder satisfactorily meets the standards. The standards for certificateholders shall include a drug test. Section 3. Subsection (3) of section 310.073, Florida Statutes, is amended to read:

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

Page 6 of 28

(3) Be in good physical and mental health, as evidenced by	
documentary proof of having satisfactorily passed a complete	
$\hbox{physical examination administered by a licensed physician within}\\$	
the preceding 6 months. The board shall adopt rules to establish	
requirements for passing the physical examination, which rules	
shall establish minimum standards for the physical or mental	
capabilities necessary to carry out the professional duties of \boldsymbol{a}	
licensed state pilot. Such standards shall include zero	
tolerance for any controlled substance regulated under chapter	
893 unless that individual is under the care of a physician $\underline{}_{\underline{}}$	
advanced registered nurse practitioner, or physician assistant	
and that controlled substance was prescribed by that physician $\underline{\hspace{0.1in}\prime}$	
advanced registered nurse practitioner, or physician assistant.	
To maintain eligibility as a licensed state pilot, each licensed	
state pilot must annually provide documentary proof of having	
satisfactorily passed a complete physical examination	
administered by a licensed physician. The physician must know	
the minimum standards and certify that the licensee	
satisfactorily meets the standards. The standards for licensees	
shall include a drug test.	
Section 4. Paragraph (b) of subsection (3) of section	
310.081, Florida Statutes, is amended to read:	

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

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

Page 7 of 28

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Are in good physical and mental health as evidenced by documentary proof of having satisfactorily passed a physical examination administered by a licensed physician or physician assistant within each calendar year. The board shall adopt rules to establish requirements for passing the physical examination, which rules shall establish minimum standards for the physical or mental capabilities necessary to carry out the professional duties of a licensed state pilot or a certificated deputy pilot. Such standards shall include zero tolerance for any controlled substance regulated under chapter 893 unless that individual is under the care of a physician, advanced registered nurse practitioner, or physician assistant and that controlled substance was prescribed by that physician, advanced registered nurse practitioner, or physician assistant. To maintain eligibility as a certificated deputy pilot or licensed state pilot, each certificated deputy pilot or licensed state pilot must annually provide documentary proof of having satisfactorily passed a complete physical examination administered by a licensed physician. The physician must know the minimum standards and certify that the certificateholder or licensee satisfactorily meets the standards. The standards for certificateholders and for licensees shall include a drug test. Upon resignation or in the case of disability permanently affecting a pilot's ability to serve, the state license or

Page 8 of 28

certificate issued under this chapter shall be revoked by the

209 department.

Section 5. Subsection (7) of section 456.072, Florida Statutes, is amended to read:

456.072 Grounds for discipline; penalties; enforcement.-

- (7) Notwithstanding subsection (2), upon a finding that a physician has prescribed or dispensed a controlled substance, or caused a controlled substance to be prescribed or dispensed, in a manner that violates the standard of practice set forth in s. 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s), or s. 466.028(1)(p) or (x), or that an advanced registered nurse practitioner has prescribed or dispensed a controlled substance, or caused a controlled substance to be prescribed or dispensed, in a manner that violates the standard of practice set forth in s. 464.018(1)(n) or (p)6., the physician or advanced registered nurse practitioner shall be suspended for a period of not less than 6 months and pay a fine of not less than \$10,000 per count. Repeated violations shall result in increased penalties.
- Section 6. Subsections (2) and (3) of section 456.44, Florida Statutes, are amended to read:
 - 456.44 Controlled substance prescribing.—
- (2) REGISTRATION.—Effective January 1, 2012, A physician licensed under chapter 458, chapter 459, chapter 461, or chapter 466, a physician assistant licensed under chapter 458 or chapter 459, or an advanced registered nurse practitioner certified under part I of chapter 464 who prescribes any controlled

Page 9 of 28

substance, listed in Schedule II, Schedule III, or Schedule IV as defined in s. 893.03, for the treatment of chronic nonmalignant pain, must:

- (a) Designate himself or herself as a controlled substance prescribing practitioner on $\underline{\text{his or her}}$ the physician's practitioner profile.
- (b) Comply with the requirements of this section and applicable board rules.
- (3) STANDARDS OF PRACTICE.—The standards of practice in this section do not supersede the level of care, skill, and treatment recognized in general law related to health care licensure.
- (a) A complete medical history and a physical examination must be conducted before beginning any treatment and must be documented in the medical record. The exact components of the physical examination shall be left to the judgment of the registrant elinician who is expected to perform a physical examination proportionate to the diagnosis that justifies a treatment. The medical record must, at a minimum, document the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, a review of previous medical records, previous diagnostic studies, and history of alcohol and substance abuse. The medical record shall also document the presence of one or more recognized medical indications for the use of a controlled substance. Each

Page 10 of 28

registrant must develop a written plan for assessing each patient's risk of aberrant drug-related behavior, which may include patient drug testing. Registrants must assess each patient's risk for aberrant drug-related behavior and monitor that risk on an ongoing basis in accordance with the plan.

- (b) Each registrant must develop a written individualized treatment plan for each patient. The treatment plan shall state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and shall indicate if any further diagnostic evaluations or other treatments are planned. After treatment begins, the registrant physician shall adjust drug therapy to the individual medical needs of each patient. Other treatment modalities, including a rehabilitation program, shall be considered depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment. The interdisciplinary nature of the treatment plan shall be documented.
- (c) The <u>registrant</u> physician shall discuss the risks and benefits of the use of controlled substances, including the risks of abuse and addiction, as well as physical dependence and its consequences, with the patient, persons designated by the patient, or the patient's surrogate or guardian if the patient is incompetent. The <u>registrant</u> physician shall use a written controlled substance agreement between the <u>registrant</u> physician and the patient outlining the patient's responsibilities,

Page 11 of 28

287 including, but not limited to:

- 1. Number and frequency of controlled substance prescriptions and refills.
- 2. Patient compliance and reasons for which drug therapy may be discontinued, such as a violation of the agreement.
- 3. An agreement that controlled substances for the treatment of chronic nonmalignant pain shall be prescribed by a single treating registrant physician unless otherwise authorized by the treating registrant physician and documented in the medical record.
- (d) The patient shall be seen by the <u>registrant physician</u> at regular intervals, not to exceed 3 months, to assess the efficacy of treatment, ensure that controlled substance therapy remains indicated, evaluate the patient's progress toward treatment objectives, consider adverse drug effects, and review the etiology of the pain. Continuation or modification of therapy shall depend on the <u>registrant's physician's</u> evaluation of the patient's progress. If treatment goals are not being achieved, despite medication adjustments, the <u>registrant physician</u> shall reevaluate the appropriateness of continued treatment. The <u>registrant physician</u> shall monitor patient compliance in medication usage, related treatment plans, controlled substance agreements, and indications of substance abuse or diversion at a minimum of 3-month intervals.
- (e) The <u>registrant</u> physician shall refer the patient as necessary for additional evaluation and treatment in order to

Page 12 of 28

achieve treatment objectives. Special attention shall be given to those patients who are at risk for misusing their medications and those whose living arrangements pose a risk for medication misuse or diversion. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric disorder requires extra care, monitoring, and documentation and requires consultation with or referral to an addiction medicine specialist or psychiatrist.

- (f) A <u>registrant</u> physician registered under this section must maintain accurate, current, and complete records that are accessible and readily available for review and comply with the requirements of this section, the applicable practice act, and applicable board rules. The medical records must include, but are not limited to:
- 1. The complete medical history and a physical examination, including history of drug abuse or dependence.
 - 2. Diagnostic, therapeutic, and laboratory results.
 - 3. Evaluations and consultations.
 - 4. Treatment objectives.
 - 5. Discussion of risks and benefits.
 - 6. Treatments.

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- 7. Medications, including date, type, dosage, and quantity prescribed.
 - 8. Instructions and agreements.
 - 9. Periodic reviews.
- 338 10. Results of any drug testing.

Page 13 of 28

11. A photocopy of the patient's government-issued photo identification.

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- 12. If a written prescription for a controlled substance is given to the patient, a duplicate of the prescription.
- 13. The <u>registrant's</u> physician's full name presented in a legible manner.
- Patients with signs or symptoms of substance abuse shall be immediately referred to a board-certified pain management physician, an addiction medicine specialist, or a mental health addiction facility as it pertains to drug abuse or addiction unless the registrant is a physician who is board certified board-certified or board eligible board-eligible in pain management. Throughout the period of time before receiving the consultant's report, a prescribing registrant physician shall clearly and completely document medical justification for continued treatment with controlled substances and those steps taken to ensure medically appropriate use of controlled substances by the patient. Upon receipt of the consultant's written report, the prescribing registrant physician shall incorporate the consultant's recommendations for continuing, modifying, or discontinuing controlled substance therapy. The resulting changes in treatment shall be specifically documented in the patient's medical record. Evidence or behavioral indications of diversion shall be followed by discontinuation of controlled substance therapy, and the patient shall be discharged, and all results of testing and actions taken by the

Page 14 of 28

registrant physician shall be documented in the patient's medical record.

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This subsection does not apply to a board-eligible or boardcertified anesthesiologist, physiatrist, rheumatologist, or neurologist, or to a board-certified physician who has surgical privileges at a hospital or ambulatory surgery center and primarily provides surgical services. This subsection does not apply to a board-eligible or board-certified medical specialist who has also completed a fellowship in pain medicine approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, or who is board eligible or board certified in pain medicine by the American Board of Pain Medicine or a board approved by the American Board of Medical Specialties or the American Osteopathic Association and performs interventional pain procedures of the type routinely billed using surgical codes. This subsection does not apply to a registrant, physician, advanced registered nurse practitioner, or physician assistant who prescribes medically necessary controlled substances for a patient during an inpatient stay in a hospital licensed under chapter 395.

Section 7. Paragraph (b) of subsection (2) of section 458.3265, Florida Statutes, is amended to read:

458.3265 Pain-management clinics.

(2) PHYSICIAN RESPONSIBILITIES.—These responsibilities apply to any physician who provides professional services in a

Page 15 of 28

pain-management clinic that is required to be registered in subsection (1).

- (b) A person may not dispense any medication on the premises of a registered pain-management clinic unless he or she is a physician licensed under this chapter or chapter 459. A person may not prescribe any controlled substance regulated under chapter 893 on the premises of a registered pain-management clinic unless he or she is a physician licensed under this chapter or chapter 459.
- Section 8. Paragraph (f) of subsection (4) of section 458.347, Florida Statutes, is amended to read:
 - 458.347 Physician assistants.-

- (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.-
- (f)1. The council shall establish a formulary of medicinal drugs that a fully licensed physician assistant having prescribing authority under this section or s. 459.022 may not prescribe. The formulary must include controlled substances as defined in chapter 893, general anesthetics, and radiographic contrast materials.
- 2. In establishing the formulary, the council shall consult with a pharmacist licensed under chapter 465, but not licensed under this chapter or chapter 459, who shall be selected by the State Surgeon General.
- 3. Only the council shall add to, delete from, or modify the formulary. Any person who requests an addition, deletion, or modification of a medicinal drug listed on such formulary has

Page 16 of 28

the burden of proof to show cause why such addition, deletion, or modification should be made.

- 4. The boards shall adopt the formulary required by this paragraph, and each addition, deletion, or modification to the formulary, by rule. Notwithstanding any provision of chapter 120 to the contrary, the formulary rule shall be effective 60 days after the date it is filed with the Secretary of State. Upon adoption of the formulary, the department shall mail a copy of such formulary to each fully licensed physician assistant having prescribing authority under this section or s. 459.022, and to each pharmacy licensed by the state. The boards shall establish, by rule, a fee not to exceed \$200 to fund the provisions of this paragraph and paragraph (e).
- Section 9. Paragraph (b) of subsection (2) of section 459.0137, Florida Statutes, is amended to read:
 - 459.0137 Pain-management clinics.

- (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities apply to any osteopathic physician who provides professional services in a pain-management clinic that is required to be registered in subsection (1).
- (b) A person may not dispense any medication on the premises of a registered pain-management clinic unless he or she is a physician licensed under this chapter or chapter 458. A person may not prescribe any controlled substance regulated under chapter 893 on the premises of a registered pain-management clinic unless he or she is a physician licensed under

Page 17 of 28

this chapter or chapter 458.

Section 10. Section 464.012, Florida Statutes, is amended to read:

464.012 Certification of advanced registered nurse practitioners; fees; controlled substance prescribing.

- (1) Any nurse desiring to be certified as an advanced registered nurse practitioner shall apply to the department and submit proof that he or she holds a current license to practice professional nursing and that he or she meets one or more of the following requirements as determined by the board:
- (a) Satisfactory completion of a formal postbasic educational program of at least one academic year, the primary purpose of which is to prepare nurses for advanced or specialized practice.
- (b) Certification by an appropriate specialty board. Such certification shall be required for initial state certification and any recertification as a registered nurse anesthetist or nurse midwife. The board may by rule provide for provisional state certification of graduate nurse anesthetists and nurse midwives for a period of time determined to be appropriate for preparing for and passing the national certification examination.
- (c) Graduation from a program leading to a master's degree in a nursing clinical specialty area with preparation in specialized practitioner skills. For applicants graduating on or after October 1, 1998, graduation from a master's degree program

Page 18 of 28

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

- (2) The board shall provide by rule the appropriate requirements for advanced registered nurse practitioners in the categories of certified registered nurse anesthetist, certified nurse midwife, and nurse practitioner.
- (3) An advanced registered nurse practitioner shall perform those functions authorized in this section within the framework of an established protocol that is filed with the board upon biennial license renewal and within 30 days after entering into a supervisory relationship with a physician or changes to the protocol. The board shall review the protocol to ensure compliance with applicable regulatory standards for protocols. The board shall refer to the department licensees submitting protocols that are not compliant with the regulatory standards for protocols. A practitioner currently licensed under chapter 458, chapter 459, or chapter 466 shall maintain supervision for directing the specific course of medical treatment. Within the established framework, an advanced registered nurse practitioner may:
- (a) <u>Prescribe</u>, <u>dispense</u>, <u>administer</u>, <u>or order any Monitor</u> and <u>alter</u> drug <u>therapies</u>.
 - (b) Initiate appropriate therapies for certain conditions.

Page 19 of 28

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

- (d) Order diagnostic tests and physical and occupational therapy.
- (4) In addition to the general functions specified in subsection (3), an advanced registered nurse practitioner may perform the following acts within his or her specialty:
- (a) The certified registered nurse anesthetist may, to the extent authorized by established protocol approved by the medical staff of the facility in which the anesthetic service is performed, perform any or all of the following:
- 1. Determine the health status of the patient as it relates to the risk factors and to the anesthetic management of the patient through the performance of the general functions.
- 2. Based on history, physical assessment, and supplemental laboratory results, determine, with the consent of the responsible physician, the appropriate type of anesthesia within the framework of the protocol.
 - 3. Order under the protocol preanesthetic medication.
- 4. Perform under the protocol procedures commonly used to render the patient insensible to pain during the performance of surgical, obstetrical, therapeutic, or diagnostic clinical procedures. These procedures include ordering and administering regional, spinal, and general anesthesia; inhalation agents and techniques; intravenous agents and techniques; and techniques of hypnosis.

Page 20 of 28

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

- 6. Support life functions during anesthesia health care, including induction and intubation procedures, the use of appropriate mechanical supportive devices, and the management of fluid, electrolyte, and blood component balances.
- 7. Recognize and take appropriate corrective action for abnormal patient responses to anesthesia, adjunctive medication, or other forms of therapy.
- 8. Recognize and treat a cardiac arrhythmia while the patient is under anesthetic care.
- 9. Participate in management of the patient while in the postanesthesia recovery area, including ordering the administration of fluids and drugs.
- 10. Place special peripheral and central venous and arterial lines for blood sampling and monitoring as appropriate.
- (b) The certified nurse midwife may, to the extent authorized by an established protocol which has been approved by the medical staff of the health care facility in which the midwifery services are performed, or approved by the nurse midwife's physician backup when the delivery is performed in a patient's home, perform any or all of the following:
 - 1. Perform superficial minor surgical procedures.
- 2. Manage the patient during labor and delivery to include amniotomy, episiotomy, and repair.

Page 21 of 28

3. Order, initiate, and perform appropriate anesthetic procedures.

- 4. Perform postpartum examination.
- 5. Order appropriate medications.

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- 6. Provide family-planning services and well-woman care.
- 7. Manage the medical care of the normal obstetrical patient and the initial care of a newborn patient.
- (c) The nurse practitioner may perform any or all of the following acts within the framework of established protocol:
 - 1. Manage selected medical problems.
 - 2. Order physical and occupational therapy.
- 3. Initiate, monitor, or alter therapies for certain uncomplicated acute illnesses.
- 4. Monitor and manage patients with stable chronic diseases.
- 5. Establish behavioral problems and diagnosis and make treatment recommendations.
- (5) The board shall certify, and the department shall issue a certificate to, any nurse meeting the qualifications in this section. The board shall establish an application fee not to exceed \$100 and a biennial renewal fee not to exceed \$50. The board is authorized to adopt such other rules as are necessary to implement the provisions of this section.
- Section 11. Paragraph (p) is added to subsection (1) of section 464.018, Florida Statutes, to read:
 - 464.018 Disciplinary actions.-

Page 22 of 28

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

- (p) For an advanced registered nurse practitioner:
- 1. Presigning blank prescription forms.

- 2. Prescribing for office use any medicinal drug appearing on Schedule II in chapter 893.
- 3. Prescribing, ordering, dispensing, administering, supplying, selling, or giving a drug that is an amphetamine or a sympathomimetic amine drug, or a compound designated pursuant to chapter 893 as a Schedule II controlled substance, to or for any person except for:
- a. The treatment of narcolepsy; hyperkinesis; behavioral syndrome in children characterized by the developmentally inappropriate symptoms of moderate to severe distractibility, short attention span, hyperactivity, emotional lability, and impulsivity; or drug-induced brain dysfunction.
- b. The differential diagnostic psychiatric evaluation of depression or the treatment of depression shown to be refractory to other therapeutic modalities.
- c. The clinical investigation of the effects of such drugs or compounds when an investigative protocol is submitted to, reviewed by, and approved by the department before such investigation is begun.
- 4. Prescribing, ordering, dispensing, administering, supplying, selling, or giving growth hormones, testosterone or its analogs, human chorionic gonadotropin (HCG), or other

Page 23 of 28

hormones for the purpose of muscle building or to enhance
athletic performance. As used in this subparagraph, the term
"muscle building" does not include the treatment of injured
muscle. A prescription written for the drug products listed in
this paragraph may be dispensed by a pharmacist with the
presumption that the prescription is for legitimate medical use.

- 5. Promoting or advertising on any prescription form a community pharmacy unless the form also states: "This prescription may be filled at any pharmacy of your choice."
- 6. Prescribing, dispensing, administering, mixing, or otherwise preparing a legend drug, including a controlled substance, other than in the course of his or her professional practice. For the purposes of this subparagraph, it is legally presumed that prescribing, dispensing, administering, mixing, or otherwise preparing legend drugs, including all controlled substances, inappropriately or in excessive or inappropriate quantities is not in the best interest of the patient and is not in the course of the advanced registered nurse practitioner's professional practice, without regard to his or her intent.
- 7. Prescribing, dispensing, or administering a medicinal drug appearing on any schedule set forth in chapter 893 to himself or herself, except a drug prescribed, dispensed, or administered to the advanced registered nurse practitioner by another practitioner authorized to prescribe, dispense, or administer medicinal drugs.
 - 8. Prescribing, ordering, dispensing, administering,

Page 24 of 28

supplying, selling, or giving amygdalin (laetrile) to anyperson.

- 9. Dispensing a controlled substance listed on Schedule II or Schedule III in chapter 893 in violation of s. 465.0276.
- 10. Promoting or advertising through any communication medium the use, sale, or dispensing of a controlled substance appearing on any schedule in chapter 893.
- Section 12. Subsection (21) of section 893.02, Florida Statutes, is amended to read:
- 893.02 Definitions.—The following words and phrases as used in this chapter shall have the following meanings, unless the context otherwise requires:
- pursuant to chapter 458, a dentist licensed under pursuant to chapter 466, a veterinarian licensed under pursuant to chapter 474, an osteopathic physician licensed under pursuant to chapter 459, an advanced registered nurse practitioner certified under chapter 464, a naturopath licensed under pursuant to chapter 462, a certified optometrist licensed under pursuant to chapter 463, or a podiatric physician licensed under pursuant to chapter 461, or a physician assistant licensed under chapter 458 or chapter 459, provided such practitioner holds a valid federal controlled substance registry number.
- Section 13. Paragraph (n) of subsection (1) of section 948.03, Florida Statutes, is amended to read:
- 948.03 Terms and conditions of probation.

Page 25 of 28

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

- (n) Be prohibited from using intoxicants to excess or possessing any drugs or narcotics unless prescribed by a physician, advanced registered nurse practitioner, or physician assistant. The probationer or community controllee may shall not knowingly visit places where intoxicants, drugs, or other dangerous substances are unlawfully sold, dispensed, or used.
- Section 14. Subsection (3) of s. 310.071, Florida

 Statutes, is reenacted for the purpose of incorporating the amendment made by this act to s. 310.071, Florida Statutes, in a reference thereto.
- Section 15. Subsection (10) of s. 458.331, paragraph (g) of subsection (7) of s. 458.347, subsection (10) of s. 459.015, paragraph (f) of subsection (7) of s. 459.022, and paragraph (b) of subsection (5) of s. 465.0158, Florida Statutes, are reenacted for the purpose of incorporating the amendment made by this act to s. 456.072, Florida Statutes, in references thereto.
- Section 16. Paragraph (mm) of subsection (1) of s. 456.072 and s. 466.02751, Florida Statutes, are reenacted for the purpose of incorporating the amendment made by this act to s. 456.44, Florida Statutes, in references thereto.

Page 26 of 28

677 Section 17. Section 458.303, paragraph (e) of subsection (4) and paragraph (c) of subsection (9) of s. 458.347, paragraph 678 679 (b) of subsection (7) of s. 458.3475, paragraph (e) of 680 subsection (4) and paragraph (c) of subsection (9) of s. 681 459.022, and paragraph (b) of subsection (7) of s. 459.023, 682 Florida Statutes, are reenacted for the purpose of incorporating the amendment made by this act to s. 458.347, Florida Statutes, 683 684 in references thereto. 685 Section 18. Paragraph (a) of subsection (1) of s. 456.041, 686 subsections (1) and (2) of s. 458.348, and subsection (1) of s. 687 459.025, Florida Statutes, are reenacted for the purpose of 688 incorporating the amendment made by this act to s. 464.012, 689 Florida Statutes, in references thereto. 690 Section 19. Subsection (2) of s. 464.008, subsection (5) of s. 464.009, subsection (2) of s. 464.018, and paragraph (b) 691 of subsection (1), subsection (3), and paragraph (b) of 692 693 subsection (4) of s. 464.0205, Florida Statutes, are reenacted 694 for the purpose of incorporating the amendment made by this act 695 to s. 464.018, Florida Statutes, in references thereto. 696 Section 20. Section 775.051, Florida Statutes, is 697 reenacted for the purpose of incorporating the amendment made by 698 this act to s. 893.02, Florida Statutes, in a reference thereto. 699 Section 21. Paragraph (a) of subsection (3) of s. 944.17, 700 subsection (8) of s. 948.001, and paragraph (e) of subsection (1) of s. 948.101, Florida Statutes, are reenacted for the 701 702 purpose of incorporating the amendment made by this act to s.

Page 27 of 28

703 948.03, Florida Statutes, in references thereto.

704 Section 22. This act shall take effect July 1, 2016.

Page 28 of 28