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1 A bill to be entitled
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
11 or licensure, and for continued certification or
12 licensure, as a deputy or state pilot; amending s.
13 456.072, F.S.; applying existing penalties for
14 violations relating to the prescribing or dispensing
15 of controlled substances to an advanced registered
16 nurse practitioner; amending s. 456.44, F.S.; deleting
17 an obsolete date; requiring advanced registered nurse
18 practitioners and physician assistants who prescribe
19 controlled substances for certain pain to make a
20 certain designation, comply with registration
21 requirements, and follow specified standards of
22 practice; providing applicability; amending ss.
23 458.3265 and 459.0137, F.S.; limiting the authority to
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.;

27 | expanding the prescribing authority of a licensed
28 | physician assistant; amending s. 464.012, F.S.;
29 | authorizing an advanced registered nurse practitioner
30 | to prescribe, dispense, administer, or order drugs,
31 | rather than to monitor and alter drug therapies;
32 | amending s. 464.018, F.S.; specifying acts that
33 | constitute grounds for denial of a license for or
34 | disciplinary action against an advanced registered
35 | nurse practitioner; amending s. 893.02, F.S.;
36 | redefining the term "practitioner" to include advanced
37 | registered nurse practitioners and physician
38 | assistants under the Florida Comprehensive Drug Abuse
39 | Prevention and Control Act; amending s. 948.03, F.S.;
40 | providing that possession of drugs or narcotics
41 | prescribed by an advanced registered nurse
42 | practitioner or physician assistant is an exception
43 | from a prohibition relating to the possession of drugs
44 | or narcotics during probation; reenacting s.
45 | 310.071(3), F.S., relating to deputy pilot
46 | certification, to incorporate the amendment made by
47 | the act to s. 310.071, F.S., in a reference thereto;
48 | reenacting ss. 458.331(10), 458.347(7)(g),
49 | 459.015(10), 459.022(7)(f), and 465.0158(5)(b), F.S.,
50 | relating to grounds for disciplinary action against
51 | certain licensed health care practitioners or
52 | applicants, physician assistant licensure, the

53 imposition of penalties upon physician assistants by
54 the Board of Osteopathic Medicine, and nonresident
55 sterile compounding permits, respectively, to
56 incorporate the amendment made by the act to s.
57 456.072, F.S., in references thereto; reenacting ss.
58 456.072(1)(mm) and 466.02751, F.S., relating to
59 grounds for discipline of certain licensed health care
60 practitioners or applicants and dentist practitioner
61 profiles, respectively, to incorporate the amendment
62 made by the act to s. 456.44, F.S., in references
63 thereto; reenacting ss. 458.303, 458.347(4)(e) and
64 (9)(c), 458.3475(7)(b), 459.022(4)(e) and (9)(c), and
65 459.023(7)(b), F.S., relating to the nonapplicability
66 of certain provisions to specified health care
67 practitioners, the prescribing or dispensing of
68 medications by physician assistants, the duties of the
69 Council on Physician Assistants, and the duties of the
70 Board of Medicine and the Board of Osteopathic
71 Medicine with respect to anesthesiologist assistants,
72 respectively, to incorporate the amendment made by the
73 act to s. 458.347, F.S., in references thereto;
74 reenacting ss. 456.041(1)(a), 458.348(1) and (2), and
75 459.025(1), F.S., relating to practitioner profiles
76 and notice and standards for formal supervisory
77 relationships, standing orders, and established
78 protocols, respectively, to incorporate the amendment

79 | made by the act to s. 464.012, F.S., in references
80 | thereto; reenacting ss. 464.008(2), 464.009(5),
81 | 464.018(2), and 464.0205(1)(b), (3), and (4)(b), F.S.,
82 | relating to licensure by examination of registered
83 | nurses and licensed practical nurses, licensure by
84 | endorsement to practice professional or practical
85 | nursing, disciplinary actions against nursing
86 | applicants or licensees, and retired volunteer nurse
87 | certifications, respectively, to incorporate the
88 | amendment made by the act to s. 464.018, F.S., in
89 | references thereto; reenacting s. 775.051, F.S.,
90 | relating to the exclusion as a defense and
91 | nonadmissibility as evidence of voluntary
92 | intoxication, to incorporate the amendment made by the
93 | act to s. 893.02, F.S., in a reference thereto;
94 | reenacting ss. 944.17(3)(a), 948.001(8), and
95 | 948.101(1)(e), F.S., relating to the receipt by the
96 | state correctional system of certain persons sentenced
97 | to incarceration, the definition of the term
98 | "probation," and the terms and conditions of community
99 | control, respectively, to incorporate the amendment
100 | made by the act to s. 948.03, F.S., in references
101 | thereto; providing for construction of the act in pari
102 | materia with laws enacted during the 2015 Regular
103 | Session of the Legislature; providing an effective
104 | date.

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

107

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

110 110.12315 Prescription drug program.—The state employees'
111 prescription drug program is established. This program shall be
112 administered by the Department of Management Services, according
113 to the terms and conditions of the plan as established by the
114 relevant provisions of the annual General Appropriations Act and
115 implementing legislation, subject to the following conditions:

116 (7) The department shall establish the reimbursement
117 schedule for prescription pharmaceuticals dispensed under the
118 program. Reimbursement rates for a prescription pharmaceutical
119 must be based on the cost of the generic equivalent drug if a
120 generic equivalent exists, unless the physician, advanced
121 registered nurse practitioner, or physician assistant
122 prescribing the pharmaceutical clearly states on the
123 prescription that the brand name drug is medically necessary or
124 that the drug product is included on the formulary of drug
125 products that may not be interchanged as provided in chapter
126 465, in which case reimbursement must be based on the cost of
127 the brand name drug as specified in the reimbursement schedule
128 adopted by the department.

129 Section 2. Paragraph (c) of subsection (1) of section
130 310.071, Florida Statutes, is amended to read:

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131 310.071 Deputy pilot certification.—

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

135 (c) Be in good physical and mental health, as evidenced by
136 documentary proof of having satisfactorily passed a complete
137 physical examination administered by a licensed physician within
138 the preceding 6 months. The board shall adopt rules to establish
139 requirements for passing the physical examination, which rules
140 shall establish minimum standards for the physical or mental
141 capabilities necessary to carry out the professional duties of a
142 certificated deputy pilot. Such standards shall include zero
143 tolerance for any controlled substance regulated under chapter
144 893 unless that individual is under the care of a physician,
145 advanced registered nurse practitioner, or physician assistant
146 and that controlled substance was prescribed by that physician,
147 advanced registered nurse practitioner, or physician assistant.

148 To maintain eligibility as a certificated deputy pilot, each
149 certificated deputy pilot must annually provide documentary
150 proof of having satisfactorily passed a complete physical
151 examination administered by a licensed physician. The physician
152 must know the minimum standards and certify that the
153 certificateholder satisfactorily meets the standards. The
154 standards for certificateholders shall include a drug test.

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

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157 310.073 State pilot licensing.—In addition to meeting
158 other requirements specified in this chapter, each applicant for
159 license as a state pilot must:

160 (3) Be in good physical and mental health, as evidenced by
161 documentary proof of having satisfactorily passed a complete
162 physical examination administered by a licensed physician within
163 the preceding 6 months. The board shall adopt rules to establish
164 requirements for passing the physical examination, which rules
165 shall establish minimum standards for the physical or mental
166 capabilities necessary to carry out the professional duties of a
167 licensed state pilot. Such standards shall include zero
168 tolerance for any controlled substance regulated under chapter
169 893 unless that individual is under the care of a physician,
170 advanced registered nurse practitioner, or physician assistant
171 and that controlled substance was prescribed by that physician,
172 advanced registered nurse practitioner, or physician assistant.

173 To maintain eligibility as a licensed state pilot, each licensed
174 state pilot must annually provide documentary proof of having
175 satisfactorily passed a complete physical examination
176 administered by a licensed physician. The physician must know
177 the minimum standards and certify that the licensee
178 satisfactorily meets the standards. The standards for licensees
179 shall include a drug test.

180 Section 4. Paragraph (b) of subsection (3) of section
181 310.081, Florida Statutes, is amended to read:

182 310.081 Department to examine and license state pilots and

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183 certificate deputy pilots; vacancies.—

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

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

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

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

215 456.072 Grounds for discipline; penalties; enforcement.—

216 (7) Notwithstanding subsection (2), upon a finding that a
 217 physician has prescribed or dispensed a controlled substance, or
 218 caused a controlled substance to be prescribed or dispensed, in
 219 a manner that violates the standard of practice set forth in s.
 220 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)
 221 or (s), or s. 466.028(1)(p) or (x), or that an advanced
 222 registered nurse practitioner has prescribed or dispensed a
 223 controlled substance, or caused a controlled substance to be
 224 prescribed or dispensed, in a manner that violates the standard
 225 of practice set forth in s. 464.018(1)(n) or (p)6., the
 226 physician or advanced registered nurse practitioner shall be
 227 suspended for a period of not less than 6 months and pay a fine
 228 of not less than \$10,000 per count. Repeated violations shall
 229 result in increased penalties.

230 Section 6. Subsections (2) and (3) of section 456.44,
 231 Florida Statutes, are amended to read:

232 456.44 Controlled substance prescribing.—

233 (2) REGISTRATION.—~~Effective January 1, 2012,~~ A physician
 234 licensed under chapter 458, chapter 459, chapter 461, or chapter

235 466, a physician assistant licensed under chapter 458 or chapter
 236 459, or an advanced registered nurse practitioner certified
 237 under part I of chapter 464 who prescribes any controlled
 238 substance, listed in Schedule II, Schedule III, or Schedule IV
 239 as defined in s. 893.03, for the treatment of chronic
 240 nonmalignant pain, must:

241 (a) Designate himself or herself as a controlled substance
 242 prescribing practitioner on his or her ~~the physician's~~
 243 practitioner profile.

244 (b) Comply with the requirements of this section and
 245 applicable board rules.

246 (3) STANDARDS OF PRACTICE.—The standards of practice in
 247 this section do not supersede the level of care, skill, and
 248 treatment recognized in general law related to health care
 249 licensure.

250 (a) A complete medical history and a physical examination
 251 must be conducted before beginning any treatment and must be
 252 documented in the medical record. The exact components of the
 253 physical examination shall be left to the judgment of the
 254 registrant ~~clinician~~ who is expected to perform a physical
 255 examination proportionate to the diagnosis that justifies a
 256 treatment. The medical record must, at a minimum, document the
 257 nature and intensity of the pain, current and past treatments
 258 for pain, underlying or coexisting diseases or conditions, the
 259 effect of the pain on physical and psychological function, a
 260 review of previous medical records, previous diagnostic studies,

261 and history of alcohol and substance abuse. The medical record
262 shall also document the presence of one or more recognized
263 medical indications for the use of a controlled substance. Each
264 registrant must develop a written plan for assessing each
265 patient's risk of aberrant drug-related behavior, which may
266 include patient drug testing. Registrants must assess each
267 patient's risk for aberrant drug-related behavior and monitor
268 that risk on an ongoing basis in accordance with the plan.

269 (b) Each registrant must develop a written individualized
270 treatment plan for each patient. The treatment plan shall state
271 objectives that will be used to determine treatment success,
272 such as pain relief and improved physical and psychosocial
273 function, and shall indicate if any further diagnostic
274 evaluations or other treatments are planned. After treatment
275 begins, the registrant ~~physician~~ shall adjust drug therapy to
276 the individual medical needs of each patient. Other treatment
277 modalities, including a rehabilitation program, shall be
278 considered depending on the etiology of the pain and the extent
279 to which the pain is associated with physical and psychosocial
280 impairment. The interdisciplinary nature of the treatment plan
281 shall be documented.

282 (c) The registrant ~~physician~~ shall discuss the risks and
283 benefits of the use of controlled substances, including the
284 risks of abuse and addiction, as well as physical dependence and
285 its consequences, with the patient, persons designated by the
286 patient, or the patient's surrogate or guardian if the patient

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287 is incompetent. The registrant ~~physician~~ shall use a written
288 controlled substance agreement between the registrant ~~physician~~
289 and the patient outlining the patient's responsibilities,
290 including, but not limited to:

291 1. Number and frequency of controlled substance
292 prescriptions and refills.

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

295 3. An agreement that controlled substances for the
296 treatment of chronic nonmalignant pain shall be prescribed by a
297 single treating registrant ~~physician~~ unless otherwise authorized
298 by the treating registrant ~~physician~~ and documented in the
299 medical record.

300 (d) The patient shall be seen by the registrant ~~physician~~
301 at regular intervals, not to exceed 3 months, to assess the
302 efficacy of treatment, ensure that controlled substance therapy
303 remains indicated, evaluate the patient's progress toward
304 treatment objectives, consider adverse drug effects, and review
305 the etiology of the pain. Continuation or modification of
306 therapy shall depend on the registrant's ~~physician's~~ evaluation
307 of the patient's progress. If treatment goals are not being
308 achieved, despite medication adjustments, the registrant
309 ~~physician~~ shall reevaluate the appropriateness of continued
310 treatment. The registrant ~~physician~~ shall monitor patient
311 compliance in medication usage, related treatment plans,
312 controlled substance agreements, and indications of substance

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313 abuse or diversion at a minimum of 3-month intervals.

314 (e) The registrant ~~physician~~ shall refer the patient as
315 necessary for additional evaluation and treatment in order to
316 achieve treatment objectives. Special attention shall be given
317 to those patients who are at risk for misusing their medications
318 and those whose living arrangements pose a risk for medication
319 misuse or diversion. The management of pain in patients with a
320 history of substance abuse or with a comorbid psychiatric
321 disorder requires extra care, monitoring, and documentation and
322 requires consultation with or referral to an addiction medicine
323 specialist or psychiatrist.

324 (f) A registrant ~~physician~~ registered under this section
325 must maintain accurate, current, and complete records that are
326 accessible and readily available for review and comply with the
327 requirements of this section, the applicable practice act, and
328 applicable board rules. The medical records must include, but
329 are not limited to:

- 330 1. The complete medical history and a physical
331 examination, including history of drug abuse or dependence.
- 332 2. Diagnostic, therapeutic, and laboratory results.
- 333 3. Evaluations and consultations.
- 334 4. Treatment objectives.
- 335 5. Discussion of risks and benefits.
- 336 6. Treatments.
- 337 7. Medications, including date, type, dosage, and quantity
338 prescribed.

- 339 8. Instructions and agreements.
- 340 9. Periodic reviews.
- 341 10. Results of any drug testing.
- 342 11. A photocopy of the patient's government-issued photo
- 343 identification.

344 12. If a written prescription for a controlled substance

345 is given to the patient, a duplicate of the prescription.

346 13. The registrant's ~~physician's~~ full name presented in a

347 legible manner.

348 (g) Patients with signs or symptoms of substance abuse

349 shall be immediately referred to a board-certified pain

350 management physician, an addiction medicine specialist, or a

351 mental health addiction facility as it pertains to drug abuse or

352 addiction unless the registrant is a physician who is board

353 certified ~~board-certified~~ or board eligible ~~board-eligible~~ in

354 pain management. Throughout the period of time before receiving

355 the consultant's report, a prescribing registrant ~~physician~~

356 shall clearly and completely document medical justification for

357 continued treatment with controlled substances and those steps

358 taken to ensure medically appropriate use of controlled

359 substances by the patient. Upon receipt of the consultant's

360 written report, the prescribing registrant ~~physician~~ shall

361 incorporate the consultant's recommendations for continuing,

362 modifying, or discontinuing controlled substance therapy. The

363 resulting changes in treatment shall be specifically documented

364 in the patient's medical record. Evidence or behavioral

365 indications of diversion shall be followed by discontinuation of
366 controlled substance therapy, and the patient shall be
367 discharged, and all results of testing and actions taken by the
368 registrant ~~physician~~ shall be documented in the patient's
369 medical record.

370
371 This subsection does not apply to a board-eligible or board-
372 certified anesthesiologist, physiatrist, rheumatologist, or
373 neurologist, or to a board-certified physician who has surgical
374 privileges at a hospital or ambulatory surgery center and
375 primarily provides surgical services. This subsection does not
376 apply to a board-eligible or board-certified medical specialist
377 who has also completed a fellowship in pain medicine approved by
378 the Accreditation Council for Graduate Medical Education or the
379 American Osteopathic Association, or who is board eligible or
380 board certified in pain medicine by the American Board of Pain
381 Medicine or a board approved by the American Board of Medical
382 Specialties or the American Osteopathic Association and performs
383 interventional pain procedures of the type routinely billed
384 using surgical codes. This subsection does not apply to a
385 registrant, physician, advanced registered nurse practitioner,
386 or physician assistant who prescribes medically necessary
387 controlled substances for a patient during an inpatient stay in
388 a hospital licensed under chapter 395.

389 Section 7. Paragraph (b) of subsection (2) of section
390 458.3265, Florida Statutes, is amended to read:

391 458.3265 Pain-management clinics.—

392 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
 393 apply to any physician who provides professional services in a
 394 pain-management clinic that is required to be registered in
 395 subsection (1).

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

403 Section 8. Paragraph (f) of subsection (4) of section
 404 458.347, Florida Statutes, is amended to read:

405 458.347 Physician assistants.—

406 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

407 (f)1. The council shall establish a formulary of medicinal
 408 drugs that a fully licensed physician assistant having
 409 prescribing authority under this section or s. 459.022 may not
 410 prescribe. The formulary must include ~~controlled substances as~~
 411 ~~defined in chapter 893,~~ general anesthetics, and radiographic
 412 contrast materials.

413 2. In establishing the formulary, the council shall
 414 consult with a pharmacist licensed under chapter 465, but not
 415 licensed under this chapter or chapter 459, who shall be
 416 selected by the State Surgeon General.

417 3. Only the council shall add to, delete from, or modify
 418 the formulary. Any person who requests an addition, deletion, or
 419 modification of a medicinal drug listed on such formulary has
 420 the burden of proof to show cause why such addition, deletion,
 421 or modification should be made.

422 4. The boards shall adopt the formulary required by this
 423 paragraph, and each addition, deletion, or modification to the
 424 formulary, by rule. Notwithstanding any provision of chapter 120
 425 to the contrary, the formulary rule shall be effective 60 days
 426 after the date it is filed with the Secretary of State. Upon
 427 adoption of the formulary, the department shall mail a copy of
 428 such formulary to each fully licensed physician assistant having
 429 prescribing authority under this section or s. 459.022, and to
 430 each pharmacy licensed by the state. The boards shall establish,
 431 by rule, a fee not to exceed \$200 to fund the provisions of this
 432 paragraph and paragraph (e).

433 Section 9. Paragraph (b) of subsection (2) of section
 434 459.0137, Florida Statutes, is amended to read:

435 459.0137 Pain-management clinics.—

436 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
 437 apply to any osteopathic physician who provides professional
 438 services in a pain-management clinic that is required to be
 439 registered in subsection (1).

440 (b) A person may not dispense any medication on the
 441 premises of a registered pain-management clinic unless he or she
 442 is a physician licensed under this chapter or chapter 458. A

443 person may not prescribe any controlled substance regulated
444 under chapter 893 on the premises of a registered pain-
445 management clinic unless he or she is a physician licensed under
446 this chapter or chapter 458.

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

449 464.012 Certification of advanced registered nurse
450 practitioners; fees; controlled substance prescribing.—

451 (1) Any nurse desiring to be certified as an advanced
452 registered nurse practitioner shall apply to the department and
453 submit proof that he or she holds a current license to practice
454 professional nursing and that he or she meets one or more of the
455 following requirements as determined by the board:

456 (a) Satisfactory completion of a formal postbasic
457 educational program of at least one academic year, the primary
458 purpose of which is to prepare nurses for advanced or
459 specialized practice.

460 (b) Certification by an appropriate specialty board. Such
461 certification shall be required for initial state certification
462 and any recertification as a registered nurse anesthetist or
463 nurse midwife. The board may by rule provide for provisional
464 state certification of graduate nurse anesthetists and nurse
465 midwives for a period of time determined to be appropriate for
466 preparing for and passing the national certification
467 examination.

468 (c) Graduation from a program leading to a master's degree

469 in a nursing clinical specialty area with preparation in
470 specialized practitioner skills. For applicants graduating on or
471 after October 1, 1998, graduation from a master's degree program
472 shall be required for initial certification as a nurse
473 practitioner under paragraph (4) (c). For applicants graduating
474 on or after October 1, 2001, graduation from a master's degree
475 program shall be required for initial certification as a
476 registered nurse anesthetist under paragraph (4) (a).

477 (2) The board shall provide by rule the appropriate
478 requirements for advanced registered nurse practitioners in the
479 categories of certified registered nurse anesthetist, certified
480 nurse midwife, and nurse practitioner.

481 (3) An advanced registered nurse practitioner shall
482 perform those functions authorized in this section within the
483 framework of an established protocol that is filed with the
484 board upon biennial license renewal and within 30 days after
485 entering into a supervisory relationship with a physician or
486 changes to the protocol. The board shall review the protocol to
487 ensure compliance with applicable regulatory standards for
488 protocols. The board shall refer to the department licensees
489 submitting protocols that are not compliant with the regulatory
490 standards for protocols. A practitioner currently licensed under
491 chapter 458, chapter 459, or chapter 466 shall maintain
492 supervision for directing the specific course of medical
493 treatment. Within the established framework, an advanced
494 registered nurse practitioner may:

495 (a) Prescribe, dispense, administer, or order any ~~Monitor~~
 496 ~~and alter~~ drug therapies.

497 (b) Initiate appropriate therapies for certain conditions.

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

500 (d) Order diagnostic tests and physical and occupational
 501 therapy.

502 (4) In addition to the general functions specified in
 503 subsection (3), an advanced registered nurse practitioner may
 504 perform the following acts within his or her specialty:

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

509 1. Determine the health status of the patient as it
 510 relates to the risk factors and to the anesthetic management of
 511 the patient through the performance of the general functions.

512 2. Based on history, physical assessment, and supplemental
 513 laboratory results, determine, with the consent of the
 514 responsible physician, the appropriate type of anesthesia within
 515 the framework of the protocol.

516 3. Order under the protocol preanesthetic medication.

517 4. Perform under the protocol procedures commonly used to
 518 render the patient insensible to pain during the performance of
 519 surgical, obstetrical, therapeutic, or diagnostic clinical
 520 procedures. These procedures include ordering and administering

521 regional, spinal, and general anesthesia; inhalation agents and
522 techniques; intravenous agents and techniques; and techniques of
523 hypnosis.

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

527 6. Support life functions during anesthesia health care,
528 including induction and intubation procedures, the use of
529 appropriate mechanical supportive devices, and the management of
530 fluid, electrolyte, and blood component balances.

531 7. Recognize and take appropriate corrective action for
532 abnormal patient responses to anesthesia, adjunctive medication,
533 or other forms of therapy.

534 8. Recognize and treat a cardiac arrhythmia while the
535 patient is under anesthetic care.

536 9. Participate in management of the patient while in the
537 postanesthesia recovery area, including ordering the
538 administration of fluids and drugs.

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

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

- 547 1. Perform superficial minor surgical procedures.
- 548 2. Manage the patient during labor and delivery to include
- 549 amniotomy, episiotomy, and repair.
- 550 3. Order, initiate, and perform appropriate anesthetic
- 551 procedures.
- 552 4. Perform postpartum examination.
- 553 5. Order appropriate medications.
- 554 6. Provide family-planning services and well-woman care.
- 555 7. Manage the medical care of the normal obstetrical
- 556 patient and the initial care of a newborn patient.
- 557 (c) The nurse practitioner may perform any or all of the
- 558 following acts within the framework of established protocol:
- 559 1. Manage selected medical problems.
- 560 2. Order physical and occupational therapy.
- 561 3. Initiate, monitor, or alter therapies for certain
- 562 uncomplicated acute illnesses.
- 563 4. Monitor and manage patients with stable chronic
- 564 diseases.
- 565 5. Establish behavioral problems and diagnosis and make
- 566 treatment recommendations.
- 567 (5) The board shall certify, and the department shall
- 568 issue a certificate to, any nurse meeting the qualifications in
- 569 this section. The board shall establish an application fee not
- 570 to exceed \$100 and a biennial renewal fee not to exceed \$50. The
- 571 board is authorized to adopt such other rules as are necessary
- 572 to implement the provisions of this section.

573 Section 11. Paragraph (p) is added to subsection (1) of
574 section 464.018, Florida Statutes, to read:

575 464.018 Disciplinary actions.—

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

578 (p) For an advanced registered nurse practitioner:

579 1. Presigning blank prescription forms.

580 2. Prescribing for office use any medicinal drug appearing
581 on Schedule II in chapter 893.

582 3. Prescribing, ordering, dispensing, administering,
583 supplying, selling, or giving a drug that is an amphetamine or a
584 sympathomimetic amine drug, or a compound designated pursuant to
585 chapter 893 as a Schedule II controlled substance, to or for any
586 person except for:

587 a. The treatment of narcolepsy; hyperkinesis; behavioral
588 syndrome in children characterized by the developmentally
589 inappropriate symptoms of moderate to severe distractibility,
590 short attention span, hyperactivity, emotional lability, and
591 impulsivity; or drug-induced brain dysfunction.

592 b. The differential diagnostic psychiatric evaluation of
593 depression or the treatment of depression shown to be refractory
594 to other therapeutic modalities.

595 c. The clinical investigation of the effects of such drugs
596 or compounds when an investigative protocol is submitted to,
597 reviewed by, and approved by the department before such
598 investigation is begun.

599 4. Prescribing, ordering, dispensing, administering,
600 supplying, selling, or giving growth hormones, testosterone or
601 its analogs, human chorionic gonadotropin (HCG), or other
602 hormones for the purpose of muscle building or to enhance
603 athletic performance. As used in this subparagraph, the term
604 "muscle building" does not include the treatment of injured
605 muscle. A prescription written for the drug products listed in
606 this paragraph may be dispensed by a pharmacist with the
607 presumption that the prescription is for legitimate medical use.

608 5. Promoting or advertising on any prescription form a
609 community pharmacy unless the form also states: "This
610 prescription may be filled at any pharmacy of your choice."

611 6. Prescribing, dispensing, administering, mixing, or
612 otherwise preparing a legend drug, including a controlled
613 substance, other than in the course of his or her professional
614 practice. For the purposes of this subparagraph, it is legally
615 presumed that prescribing, dispensing, administering, mixing, or
616 otherwise preparing legend drugs, including all controlled
617 substances, inappropriately or in excessive or inappropriate
618 quantities is not in the best interest of the patient and is not
619 in the course of the advanced registered nurse practitioner's
620 professional practice, without regard to his or her intent.

621 7. Prescribing, dispensing, or administering a medicinal
622 drug appearing on any schedule set forth in chapter 893 to
623 himself or herself, except a drug prescribed, dispensed, or
624 administered to the advanced registered nurse practitioner by

625 another practitioner authorized to prescribe, dispense, or
 626 administer medicinal drugs.

627 8. Prescribing, ordering, dispensing, administering,
 628 supplying, selling, or giving amygdalin (laetrile) to any
 629 person.

630 9. Dispensing a controlled substance listed on Schedule II
 631 or Schedule III in chapter 893 in violation of s. 465.0276.

632 10. Promoting or advertising through any communication
 633 medium the use, sale, or dispensing of a controlled substance
 634 appearing on any schedule in chapter 893.

635 Section 12. Subsection (21) of section 893.02, Florida
 636 Statutes, is amended to read:

637 893.02 Definitions.—The following words and phrases as
 638 used in this chapter shall have the following meanings, unless
 639 the context otherwise requires:

640 (21) "Practitioner" means a physician licensed under
 641 ~~pursuant to~~ chapter 458, a dentist licensed under ~~pursuant to~~
 642 chapter 466, a veterinarian licensed under ~~pursuant to~~ chapter
 643 474, an osteopathic physician licensed under ~~pursuant to~~ chapter
 644 459, an advanced registered nurse practitioner certified under
 645 chapter 464, a naturopath licensed under ~~pursuant to~~ chapter
 646 462, a certified optometrist licensed under ~~pursuant to~~ chapter
 647 463, ~~or~~ a podiatric physician licensed under ~~pursuant to~~ chapter
 648 461, or a physician assistant licensed under chapter 458 or
 649 chapter 459, provided such practitioner holds a valid federal
 650 controlled substance registry number.

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651 Section 13. Paragraph (n) of subsection (1) of section
652 948.03, Florida Statutes, is amended to read:

653 948.03 Terms and conditions of probation.—

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

660 (n) Be prohibited from using intoxicants to excess or
661 possessing any drugs or narcotics unless prescribed by a
662 physician, advanced registered nurse practitioner, or physician
663 assistant. The probationer or community controllee may ~~shall~~ not
664 knowingly visit places where intoxicants, drugs, or other
665 dangerous substances are unlawfully sold, dispensed, or used.

666 Section 14. Subsection (3) of s. 310.071, Florida
667 Statutes, is reenacted for the purpose of incorporating the
668 amendment made by this act to s. 310.071, Florida Statutes, in a
669 reference thereto.

670 Section 15. Subsection (10) of s. 458.331, paragraph (g)
671 of subsection (7) of s. 458.347, subsection (10) of s. 459.015,
672 paragraph (f) of subsection (7) of s. 459.022, and paragraph (b)
673 of subsection (5) of s. 465.0158, Florida Statutes, are
674 reenacted for the purpose of incorporating the amendment made by
675 this act to s. 456.072, Florida Statutes, in references thereto.

676 Section 16. Paragraph (mm) of subsection (1) of s. 456.072

677 and s. 466.02751, Florida Statutes, are reenacted for the
678 purpose of incorporating the amendment made by this act to s.
679 456.44, Florida Statutes, in references thereto.

680 Section 17. Section 458.303, paragraph (e) of subsection
681 (4) and paragraph (c) of subsection (9) of s. 458.347, paragraph
682 (b) of subsection (7) of s. 458.3475, paragraph (e) of
683 subsection (4) and paragraph (c) of subsection (9) of s.
684 459.022, and paragraph (b) of subsection (7) of s. 459.023,
685 Florida Statutes, are reenacted for the purpose of incorporating
686 the amendment made by this act to s. 458.347, Florida Statutes,
687 in references thereto.

688 Section 18. Paragraph (a) of subsection (1) of s. 456.041,
689 subsections (1) and (2) of s. 458.348, and subsection (1) of s.
690 459.025, Florida Statutes, are reenacted for the purpose of
691 incorporating the amendment made by this act to s. 464.012,
692 Florida Statutes, in references thereto.

693 Section 19. Subsection (2) of s. 464.008, subsection (5)
694 of s. 464.009, subsection (2) of s. 464.018, and paragraph (b)
695 of subsection (1), subsection (3), and paragraph (b) of
696 subsection (4) of s. 464.0205, Florida Statutes, are reenacted
697 for the purpose of incorporating the amendment made by this act
698 to s. 464.018, Florida Statutes, in references thereto.

699 Section 20. Section 775.051, Florida Statutes, is
700 reenacted for the purpose of incorporating the amendment made by
701 this act to s. 893.02, Florida Statutes, in a reference thereto.

702 Section 21. Paragraph (a) of subsection (3) of s. 944.17,

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703 subsection (8) of s. 948.001, and paragraph (e) of subsection
704 (1) of s. 948.101, Florida Statutes, are reenacted for the
705 purpose of incorporating the amendment made by this act to s.
706 948.03, Florida Statutes, in references thereto.

707 Section 22. If any law amended by this act was also
708 amended by a law enacted during the 2015 Regular Session of the
709 Legislature, such laws shall be construed as if enacted during
710 the same session of the Legislature, and full effect shall be
711 given to each if possible.

712 Section 23. This act shall take effect July 1, 2015.