A bill to be entitled
An act relating to autonomous physician assistants;
amending ss. 458.347 and 459.022, F.S.; defining the
term "autonomous physician assistant"; authorizing
third-party payors to reimburse employers for services
provided by autonomous physician assistants; deleting
a requirement that physician assistants must inform
patients of the right to see a physician before
prescribing or dispensing a prescription; revising
provisions related to a certain formulary to include
registered autonomous physician assistants; requiring
the Department of Health to mail a copy of the
formulary to all registered autonomous physician
assistants in this state; revising requirements for
physician assistant education and training programs;
revising provisions related to physician assistant
licensure requirements; authorizing the Board of
Medicine and the Board of Osteopathic Medicine,
respectively, to impose certain penalties upon
autonomous physician assistants under certain
circumstances; requiring the boards to register
physician assistants as autonomous physician
assistants if they meet specified criteria; providing
applicability; requiring the department to distinguish
autonomous physician assistants' licenses and include

CODING: Words **stricken** are deletions; words _underlined_ are additions.
specified information in their practitioner profiles; providing functions autonomous physician assistants may perform without physician supervision; providing for registration renewal; requiring the Council on Physician Assistants to develop certain rules; revising duties of the council; providing criminal penalties; providing for disciplinary action; requiring the boards to adopt certain rules; requiring autonomous physician assistants to report adverse incidents to the department; amending s. 39.01, F.S.; revising the definition of the term "licensed health care professional"; amending s. 39.303, F.S.; authorizing certain autonomous physician assistants to review for a specified purpose certain cases of abuse or neglect transmitted to Child Protection Teams; revising circumstances under which a face-to-face medical evaluation by a Child Protection Team is not required; amending s. 39.304, F.S.; authorizing certain health care practitioners to perform certain medical examinations on a child without the consent of the child's parent or legal custodian; authorizing such health care practitioners to order radiological examinations to be performed on a child under certain circumstances; amending s. 110.12315, F.S.; revising requirements for reimbursement of pharmacies for
specified prescription drugs and supplies under the
state employees' prescription drug program; amending
s. 252.515, F.S.; providing immunity from civil
liability for autonomous physician assistants under
the Postdisaster Relief Assistance Act; amending ss.
310.071, 310.073, and 310.081, F.S.; authorizing
autonomous physicians to perform the physical
examination required for deputy pilot certification
and state pilot licensure; revising provisions related
to such physical examination requirements; amending s.
320.0848, F.S.; authorizing autonomous physician
assistants to provide disability certifications for
disabled parking permits; amending s. 381.00315, F.S.;
providing for the temporary reactivation of the
inactive registration of autonomous physician
assistants in a public health emergency; amending s.
381.00593, F.S.; revising the definition of the term
"health care practitioner"; amending s. 381.026, F.S.;
revising the definition of the term "health care
provider"; amending s. 382.008, F.S.; authorizing
autonomous physician assistants to file a certificate
of death or fetal death under certain circumstances;
revising the definition of the term "primary or
attending practitioner"; amending s. 383.14, F.S.;
revising the definition of the term "health care

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practitioner”; authorizing the release of certain newborn tests and screening results to autonomous physician assistants; amending s. 390.0111, F.S.; requiring certain autonomous physician assistants to review live ultrasound images and explain the images to a pregnant woman under certain circumstances; amending s. 390.012, F.S.; authorizing autonomous physician assistants to provide postoperative monitoring and care after an abortion is performed under certain circumstances; revising rules related to abortion procedures and recovery room standards; amending s. 394.463, F.S.; authorizing autonomous physician assistants to initiate and perform an involuntary examination for mental illness under certain circumstances; amending s. 395.602, F.S.; authorizing the Department of Health to use certain funds to increase the number of autonomous physician assistants in rural areas; amending s. 397.501, F.S.; prohibiting the denial of certain services to an individual who takes medication prescribed by an autonomous physician assistant; amending ss. 397.679 and 397.6793, F.S.; authorizing autonomous physician assistants to execute a certificate for emergency admission of a person who is substance abuse impaired; amending s. 400.021, F.S.; revising the definition of
the term "geriatric outpatient clinic"; amending s. 400.172, F.S.; authorizing autonomous physician assistants to provide certain medical information to and perform the required physical examination of prospective respite care residents; amending s. 400.487, F.S.; authorizing autonomous physician assistants to establish treatment orders for skilled services provided by home health agencies; providing requirements for such orders; amending s. 400.506, F.S.; authorizing autonomous physician assistants to sign, order, and change certain medical treatment plans under certain circumstances; amending ss. 400.9973, 400.9974, 400.9976, and 400.9979, F.S.; authorizing autonomous physician assistants to prescribe client admission to a transitional living facility and care for such client, order treatment plans, supervise and record client medications, and order physical and chemical restraints, respectively; amending s. 401.445, F.S.; prohibiting recovery of damages in court against registered autonomous physician assistants under certain circumstances; requiring autonomous physician assistants to attempt to obtain a person's consent before providing emergency services; amending ss. 409.906 and 409.908, F.S.; authorizing the Agency for Health Care
Administration to reimburse autonomous physician assistants who provide certain Medicaid services; amending s. 409.973, F.S.; requiring managed care plans to cover autonomous physician assistant services; amending s. 429.26, F.S.; prohibiting autonomous physician assistants from having a financial interest in an assisted living facility at which they are employed; authorizing autonomous physician assistants to perform the examination required before the admission of residents to an assisted living facility; amending s. 429.918, F.S.; revising the definition of the term "ADRD participant"; authorizing autonomous physician assistants to provide certain signed medical documentation to an ADRD participant; amending s. 440.102, F.S.; authorizing autonomous physician assistants to collect a specimen for a drug test for a specified purpose under certain circumstances; amending s. 456.0391, F.S.; requiring autonomous physician assistants to submit certain information to the department; requiring the department to send a notice to autonomous physician assistants regarding the required information; requiring autonomous physician assistants to update such information in writing within a specified timeframe; providing
penalties; amending s. 456.041, F.S.; requiring the
department to provide specified information in the
practitioner profile for certain autonomous physician
assistants; amending s. 456.053, F.S.; revising the
definitions of the terms "health care provider,"
"referral," and "sole provider"; amending s. 456.072,
F.S.; providing penalties for autonomous physician
assistants who prescribe or dispense a controlled
substance in a certain manner; amending s. 456.44,
F.S.; revising the definition of the term
"registrant"; providing requirements for autonomous
physician assistants who prescribe controlled
substances for the treatment of chronic nonmalignant
pain; amending ss. 458.331 and 459.015, F.S.;
providing for discipline of autonomous physician
assistants; revising requirements for probable cause
panels; amending s. 480.0475, F.S.; revising
applicability to conform to changes made by the act;
amending s. 493.6108, F.S.; authorizing autonomous
physician assistants to certify the physical fitness
of a certain class of applicants to bear a weapon or
firearm; amending s. 626.9707, F.S.; prohibiting an
insurer from refusing to issue and deliver certain
disability insurance covering treatment and services
provided by an autonomous physician assistant solely
on the basis of the insured's sickle-cell trait;
amending s. 627.357, F.S.; revising the definition of
the term "health care provider"; amending s. 627.736,
F.S.; requiring personal injury protection insurance
to cover a certain percentage of medical services and
care provided by autonomous physician assistants;
providing for specified reimbursement of autonomous
physician assistants; amending s. 633.412, F.S.;
authorizing autonomous physician assistants to
medically examine an applicant for firefighter
certification; amending s. 641.495, F.S.; requiring
certain health maintenance organization documents to
disclose that certain services may be provided by
autonomous physician assistants; amending s. 744.2006,
F.S.; authorizing autonomous physician assistants to
carry out guardianship functions under a contract with
a public guardian; amending s. 744.331, F.S.;
authorizing autonomous physician assistants to be an
eligible member of an examining committee; amending s.
744.3675, F.S.; authorizing autonomous physician
assistants to provide the medical report of a ward in
an annual guardianship plan; amending s. 766.103,
F.S.; prohibiting recovery of damages against
autonomous physician assistants under certain
conditions; amending s. 766.105, F.S.; revising the
definition of the term "health care provider";
revising provisions related to the coverage of the
Florida Patient's Compensation Fund to conform to
changes made by the act; amending ss. 766.1115 and
766.1116, F.S.; revising the definitions of the terms
"health care provider" and "health care practitioner,"
respectively; amending s. 766.118, F.S.; revising the
definition of the term "practitioner"; amending s.
768.135, F.S.; providing immunity from liability for
autonomous physician assistants who provide volunteer
services under certain circumstances; amending s.
794.08, F.S.; providing an exception for autonomous
physician assistants to perform certain prohibited
medical procedures under certain circumstances;
amending s. 893.02, F.S.; revising the definition of
the term "practitioner"; amending s. 943.13, F.S.;
authorizing autonomous physician assistants to perform
physical examinations required for law enforcement or
correctional officer employment or appointment;
amending s. 945.603, F.S.; authorizing the
Correctional Medical Authority to review and make
recommendations relating to the use of autonomous
physician assistants as physician extenders; amending
s. 948.03, F.S.; revising requirements related to
conditions of probation to conform to changes made by
the act; amending ss. 984.03 and 985.03, F.S.;
revising the definition of the term "licensed health
care professional"; amending ss. 1002.20 and 1002.42,
F.S.; providing immunity from liability for autonomous
physician assistants who authorize administration of
epinephrine auto-injectors for students in public and
private schools, respectively; amending s. 1006.062,
F.S.; authorizing autonomous physician assistants to
provide training in the administration of medication
and performance of health-related services to
designated nonmedical school personnel; requiring
autonomous physician assistants to periodically
monitor such personnel in the performance of certain
procedures; authorizing autonomous physician
assistants to determine whether such personnel may
perform certain invasive medical services; amending s.
1006.20, F.S.; authorizing autonomous physician
assistants to medically evaluate a student athlete;
amending s. 1009.65, F.S.; authorizing autonomous
physician assistants to participate in the Medical
Education Reimbursement and Loan Repayment Program;
requiring the department to make annual payments to
autonomous physician assistants up to a specified
amount from the funds available under certain
circumstances; providing an effective date.
Be It Enacted by the Legislature of the State of Florida:

Section 1. Present subsections (8) through (17) of section 458.347, Florida Statutes, are redesignated as subsections (9) through (18), respectively, a new subsection (8) and subsection (19) are added to that section, and subsection (2), paragraphs (b), (e), and (f) of subsection (4), paragraph (a) of subsection (6), paragraphs (a) and (f) of subsection (7), paragraph (c) of present subsection (9), and present subsections (11), (12), and (13) are amended, to read:

458.347  Physician assistants.—
(2) DEFINITIONS.—As used in this section:
(a) "Approved program" means a program, formally approved by the boards, for the education of physician assistants.
(b) "Autonomous physician assistant" means a physician assistant who meets the requirements of subsection (8) to practice primary care without physician supervision.
(c) "Boards" means the Board of Medicine and the Board of Osteopathic Medicine.
(e) "Council" means the Council on Physician Assistants.
(i) "Trainee" means a person who is currently enrolled in an approved program.
(f) "Physician assistant" means a person who is a

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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.  
(h) "Supervision" means responsible supervision and control. Except in cases of emergency, supervision requires the easy availability or physical presence of the licensed physician for consultation and direction of the actions of the physician assistant. For the purposes of this definition, the term "easy availability" includes the ability to communicate by way of telecommunication. The boards shall establish rules as to what constitutes responsible supervision of the physician assistant.  
(g) "Proficiency examination" means an entry-level examination approved by the boards, including, but not limited to, those examinations administered by the National Commission on Certification of Physician Assistants.  
(d) "Continuing medical education" means courses recognized and approved by the boards, the American Academy of Physician Assistants, the American Medical Association, the American Osteopathic Association, or the Accreditation Council on Continuing Medical Education.  
(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—  
b This chapter does not prevent third-party payors from reimbursing employers of autonomous physician assistants or physician assistants for covered services rendered by registered autonomous physician assistants or licensed physician
assistants.

(e) A supervising physician may delegate to a fully licensed physician assistant the authority to prescribe or dispense any medication used in the supervising physician's 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 and inform the patient that the patient has the right to see the physician before a prescription is prescribed or dispensed by the physician assistant.

2. The supervising physician must notify the department of his or her intent to delegate, on a department-approved form, before delegating such authority and 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 complete a minimum of 10 continuing medical education hours in the specialty practice in which the physician assistant has prescriptive privileges with each licensure renewal. Three of the 10 hours must consist of a continuing education course on the safe and effective use of medications.
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
physician assistant granting authority for the prescribing of
medicinal drugs authorized within this paragraph upon completion
of the requirements of this paragraph. The physician assistant
is not required to independently register pursuant to s.
465.0276.

5. The prescription may be in paper or electronic form but
must comply with ss. 456.0392(1) and 456.42(1) and chapter 499
and must contain, in addition to the supervising 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
inclusion 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.
(f)1. The council shall establish a formulary of medicinal
drugs that a registered autonomous physician assistant or fully
licensed physician assistant having prescribing authority under
this section or s. 459.022 may not prescribe. The formulary must
include general anesthetics and radiographic contrast materials
and must limit the prescription of Schedule II controlled
substances as listed in s. 893.03 or 21 U.S.C. s. 812 to a 7-day
supply. The formulary must also restrict the prescribing of
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, a deletion,
or a 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 registered autonomous physician assistant or 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).

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

(7) PHYSICIAN ASSISTANT LICENSURE.—
(a) Any person desiring to be licensed as a physician assistant must apply to the department. The department shall issue a license to any person certified by the council as having met the following requirements:
1. Is at least 18 years of age.
2. Has satisfactorily passed a proficiency examination by
an acceptable score established by the National Commission on Certification of Physician Assistants. If an applicant does not hold a current certificate issued by the National Commission on Certification of Physician Assistants and has not actively practiced as a physician assistant within the immediately preceding 4 years, the applicant must retake and successfully complete the entry-level examination of the National Commission on Certification of Physician Assistants to be eligible for licensure.

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

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

   b. Acknowledgment of any prior felony convictions.

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

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

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

(8) PERFORMANCE OF AUTONOMOUS PHYSICIAN ASSISTANTS.—
(a) The boards shall register a physician assistant as an
autonomous physician assistant if the applicant demonstrates
that he or she:

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

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

3. Has completed, in any jurisdiction of the United
States, at least 4,000 clinical practice hours, 2,000 of which
were completed within the 3 years immediately preceding the
submission of the registration request, while practicing as a
physician assistant under the supervision of an allopathic or
osteopathic physician who held an active, unencumbered license
issued by any state, the District of Columbia, or a possession
or territory of the United States during the period of such
supervision.

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

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

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

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

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

   d. Any person who holds an active registration under this subsection who is not practicing as an autonomous physician assistant in this state. If such person initiates or resumes any practice as an autonomous physician assistant, he or she must notify the department of such activity and fulfill the professional liability coverage requirements of this subparagraph.
(b) The department shall distinguish an autonomous physician assistant license if he or she is registered under this subsection and shall include the registration in the physician assistant's practitioner profile created pursuant to s. 456.041.

(c) An autonomous physician assistant may do all of the following without physician supervision:

1. Render only primary care services as defined by rule of the boards.

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

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

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

5. Except for a physician certification under s. 381.986, provide a signature, certification, stamp, verification, affidavit, or other endorsement that is otherwise required by law to be provided by a physician.

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

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

(10)(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 primary care practice of autonomous physician assistants and 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 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 autonomous physician assistants and physician assistants.

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

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

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

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

(19) ADVERSE INCIDENTS.—An autonomous physician assistant must report adverse incidents to the department in accordance with s. 458.351.

Section 2. Present subsections (8) through (17) of section 459.022, Florida Statutes, are redesignated as subsections (9) through (18), respectively, a new subsection (8) and subsection (19) are added to that section, and subsection (2), paragraphs (b) and (e) of subsection (4), paragraph (a) of subsection (6), paragraphs (a) and (f) of subsection (7), paragraph (c) of present subsection (9), and present subsections (11), (12), and (13) are amended, to read:

459.022 Physician assistants.—
(2) DEFINITIONS.—As used in this section:
(a) "Approved program" means a program, formally approved
by the boards, for the education of physician assistants.

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

(c) "Boards" means the Board of Medicine and the Board of Osteopathic Medicine.

(e) "Council" means the Council on Physician Assistants.

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

(f) "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.

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

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

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

(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

(e) A supervising physician may delegate to a fully licensed physician assistant the authority to prescribe or dispense any medication used in the supervising physician's practice unless such medication is listed on the formulary created pursuant to s. 458.347. 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 she or he is a physician assistant and must inform the patient that the patient has the right to see the physician before a prescription is prescribed or dispensed by the physician assistant.

2. The supervising physician must notify the department of

CODING: Words stricken are deletions; words underlined are additions.
her or his intent to delegate, on a department-approved form, before delegating such authority and 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 complete a minimum of 10 continuing medical education hours in the specialty practice in which the physician assistant has prescriptive privileges with each licensure renewal.

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

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

   (6) PROGRAM APPROVAL.—

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

   (7) PHYSICIAN ASSISTANT LICENSURE.—

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

   1. Is at least 18 years of age.

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

3. Has completed the application form and remitted an application fee not to exceed $300 as set by the boards. An application for licensure made by a physician assistant must include:
   a. Has graduated from a board-approved certificate of completion of a physician assistant training program as specified in subsection (6).
   b. Acknowledgment of any prior felony convictions.
   c. Acknowledgment of any previous revocation or denial of licensure or certification in any state.
   d. A copy of course transcripts and a copy of the course description from a physician assistant training program describing course content in pharmacotherapy, if the applicant wishes to apply for prescribing authority. These documents must meet the evidence requirements for prescribing authority.

(f) The Board of Osteopathic Medicine may impose any of the penalties authorized under ss. 456.072 and 459.015(2) upon an autonomous physician assistant or a physician assistant if the autonomous physician assistant, physician assistant, or the supervising physician has been found guilty of or is being investigated for any act that constitutes a violation of this chapter or chapter 456.
(8) PERFORMANCE OF AUTONOMOUS PHYSICIAN ASSISTANTS.—

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

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

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

3. Has completed, in any jurisdiction of the United States, at least 4,000 clinical practice hours, 2,000 of which were completed within the 3 years immediately preceding the submission of the registration request, while practicing as a physician assistant under the supervision of an allopathic or osteopathic physician who held an active, unencumbered license issued by any state, the District of Columbia, or a possession or territory of the United States during the period of such supervision.

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

5. Obtains and maintains professional liability coverage at the same level and in the same manner as in s. 458.320(1)(b) or (c). However, the requirements of this subparagraph do not apply to:
a. Any person registered under this subsection who practices exclusively as an officer, employee, or agent of the Federal Government or of the state or its agencies or its subdivisions.

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

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

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

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

(c) An autonomous physician assistant may:

1. Render only primary care services as defined by rule of the boards without physician supervision.
2. Provide any service that is within the scope of the autonomous physician assistant's education and experience and provided in accordance with rules adopted by the board without physician supervision.

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

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

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

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

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

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 primary care practice of autonomous physician assistants and the use of physician assistants by physicians under chapter 458 and this chapter, except for rules relating to the formulary developed under s. 458.347. 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 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 autonomous physician assistants and physician assistants.

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

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

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

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

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

Section 3. Subsection (43) of section 39.01, Florida Statutes, is amended to read:

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

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

Section 4. Present paragraphs (d) and (e) of subsection (5) of section 39.303, Florida Statutes, are redesignated as paragraphs (e) and (f), respectively, a new paragraph (d) is added to that subsection, and subsection (6) of that section is amended, to read:

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

(5) All abuse and neglect cases transmitted for investigation to a circuit by the hotline must be simultaneously transmitted to the Child Protection Team for review. For the purpose of determining whether a face-to-face medical evaluation
by a Child Protection Team is necessary, all cases transmitted
to the Child Protection Team which meet the criteria in
subsection (4) must be timely reviewed by:
  (d) An autonomous physician assistant registered under
chapter 458 or chapter 459 who has a specialty in pediatrics or
family medicine and is a member of the Child Protection Team;
  (e) A face-to-face medical evaluation by a Child
Protection Team is not necessary when:
    (a) The child was examined for the alleged abuse or
neglect by a physician who is not a member of the Child
Protection Team, and a consultation between the Child Protection
Team medical director or a Child Protection Team board-certified
pediatrician, advanced practice registered nurse, autonomous
physician assistant, physician assistant working under the
supervision of a Child Protection Team medical director or a
Child Protection Team board-certified pediatrician, or
registered nurse working under the direct supervision of a Child
Protection Team medical director or a Child Protection Team
board-certified pediatrician, and the examining physician
concludes that a further medical evaluation is unnecessary;
    (b) The child protective investigator, with supervisory
approval, has determined, after conducting a child safety
assessment, that there are no indications of injuries as
described in paragraphs (4)(a)-(h) as reported; or
    (c) The Child Protection Team medical director or a Child
Protection Team board-certified pediatrician, as authorized in subsection (5), determines that a medical evaluation is not required.

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

Section 5. Paragraph (b) of subsection (1) of section 39.304, Florida Statutes, is amended to read:

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

(1)

(b) If the areas of trauma visible on a child indicate a need for a medical examination, or if the child verbally complains or otherwise exhibits distress as a result of injury through suspected child abuse, abandonment, or neglect, or is alleged to have been sexually abused, the person required to investigate may cause the child to be referred for diagnosis to a licensed physician or an emergency department in a hospital without the consent of the child's parents or legal custodian. Such examination may be performed by any licensed physician, registered autonomous physician assistant, licensed physician assistant, or an advanced practice registered nurse licensed or registered under pursuant to part I of chapter 464. Any licensed...
A physician, registered autonomous physician assistant, licensed physician assistant, or advanced practice registered nurse licensed or registered under pursuant to part I of chapter 464 who has reasonable cause to suspect that an injury was the result of child abuse, abandonment, or neglect may authorize a radiological examination to be performed on the child without the consent of the child's parent or legal custodian.

Section 6. Paragraph (d) of subsection (2) 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:

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

(d) The department shall establish the reimbursement schedule for prescription drugs and supplies dispensed under the program. Reimbursement rates for a prescription drug or supply must be based on the cost of the generic equivalent drug or supply if a generic equivalent exists, unless the physician, advanced practice registered nurse, autonomous physician
assistant, or physician assistant prescribing the drug or supply clearly states on the prescription that the brand name drug or supply is medically necessary or that the drug or supply is included on the formulary of drugs and supplies 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 or supply as specified in the reimbursement schedule adopted by the department.

Section 7. Paragraph (a) of subsection (3) of section 252.515, Florida Statutes, is amended to read:

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

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

(a) "Emergency first responder" means:

1. A physician licensed under chapter 458.
2. An osteopathic physician licensed under chapter 459.
3. A chiropractic physician licensed under chapter 460.
4. A podiatric physician licensed under chapter 461.
5. A dentist licensed under chapter 466.
6. An advanced practice registered nurse licensed under s. 464.012.
7. An autonomous physician assistant or a physician assistant registered or licensed under s. 458.347 or s. 459.022.
8. A worker employed by a public or private hospital in the state.
9. A paramedic as defined in s. 401.23(17).
10. An emergency medical technician as defined in s. 401.23(11).
11. A firefighter as defined in s. 633.102.
12. A law enforcement officer as defined in s. 943.10.
13. A member of the Florida National Guard.
14. Any other personnel designated as emergency personnel by the Governor pursuant to a declared emergency.

Section 8. 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 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 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 practice registered nurse, an autonomous physician.
assistant, or a physician assistant and that controlled
substance was prescribed by that physician, advanced practice
registered nurse, autonomous physician assistant, 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 9. 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:
(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 or
autonomous physician assistant 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 practice registered nurse, an autonomous physician assistant, or a physician assistant and that controlled substance was prescribed by that physician, advanced practice registered nurse, autonomous physician assistant, 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 or autonomous physician assistant. The physician or autonomous physician assistant must know the minimum standards and certify that the licensee satisfactorily meets the standards. The standards for licensees shall include a drug test.

Section 10. 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:

(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, autonomous physician assistant, 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 practice registered nurse, an autonomous physician assistant, or a physician assistant and that controlled substance was prescribed by that physician, advanced practice registered nurse, autonomous physician assistant, 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 or autonomous physician assistant. The physician or autonomous physician assistant 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 11. Paragraph (b) of subsection (1) of section
320.0848, Florida Statutes, is amended to read:

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

(1)

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

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

b. The need to permanently use a wheelchair.

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

d. Use of portable oxygen.

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

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

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

Section 12. Paragraph (c) of subsection (1) of section 381.00315, Florida Statutes, is amended to read:

381.00315 Public health advisories; public health emergencies; isolation and quarantines.—The State Health Officer is responsible for declaring public health emergencies, issuing public health advisories, and ordering isolation or quarantines.
(1) As used in this section, the term:
(c) "Public health emergency" means any occurrence, or threat thereof, whether natural or manmade, which results or may result in substantial injury or harm to the public health from infectious disease, chemical agents, nuclear agents, biological toxins, or situations involving mass casualties or natural disasters. Before declaring a public health emergency, the State Health Officer shall, to the extent possible, consult with the Governor and shall notify the Chief of Domestic Security. The declaration of a public health emergency shall continue until the State Health Officer finds that the threat or danger has been dealt with to the extent that the emergency conditions no longer exist and he or she terminates the declaration. However, a declaration of a public health emergency may not continue for longer than 60 days unless the Governor concurs in the renewal of the declaration. The State Health Officer, upon declaration of a public health emergency, may take actions that are necessary to protect the public health. Such actions include, but are not limited to:
1. Directing manufacturers of prescription drugs or over-the-counter drugs who are permitted under chapter 499 and wholesalers of prescription drugs located in this state who are permitted under chapter 499 to give priority to the shipping of specified drugs to pharmacies and health care providers within geographic areas that have been identified by the State Health
Officer. The State Health Officer must identify the drugs to be shipped. Manufacturers and wholesalers located in the state must respond to the State Health Officer's priority shipping directive before shipping the specified drugs.

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

3. Notwithstanding s. 456.036, temporarily reactivating the inactive license or registration of the following health care practitioners, when such practitioners are needed to respond to the public health emergency: physicians, autonomous physician assistants, or physician assistants licensed or registered under chapter 458 or chapter 459; physician assistants licensed under chapter 458 or chapter 459; licensed practical nurses, registered nurses, and advanced practice registered nurses licensed under part I of chapter 464; respiratory therapists licensed under part V of chapter 468; and emergency medical technicians and paramedics certified under part III of chapter 401. Only those health care practitioners specified in this paragraph who possess an unencumbered inactive license and who request that such license be reactivated are
eligible for reactivation. An inactive license that is
reactivated under this paragraph shall return to inactive status
when the public health emergency ends or before the end of the
public health emergency if the State Health Officer determines
that the health care practitioner is no longer needed to provide
services during the public health emergency. Such licenses may
only be reactivated for a period not to exceed 90 days without
meeting the requirements of s. 456.036 or chapter 401, as
applicable.

4. Ordering an individual to be examined, tested,
vaccinated, treated, isolated, or quarantined for communicable
diseases that have significant morbidity or mortality and
present a severe danger to public health. Individuals who are
unable or unwilling to be examined, tested, vaccinated, or
treated for reasons of health, religion, or conscience may be
subjected to isolation or quarantine.
   a. Examination, testing, vaccination, or treatment may be
performed by any qualified person authorized by the State Health
Officer.
   b. If the individual poses a danger to the public health,
the State Health Officer may subject the individual to isolation
or quarantine. If there is no practical method to isolate or
quarantine the individual, the State Health Officer may use any
means necessary to vaccinate or treat the individual.
Any order of the State Health Officer given to effectuate this paragraph shall be immediately enforceable by a law enforcement officer under s. 381.0012.

Section 13. Subsection (3) of section 381.00593, Florida Statutes, is amended to read:

381.00593 Public school volunteer health care practitioner program.—

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

Section 14. Paragraph (c) of subsection (2) of section 381.026, Florida Statutes, is amended to read:

381.026 Florida Patient's Bill of Rights and
RESPONSIBILITIES.—

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

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

Section 15. Paragraph (a) of subsection (2) and subsections (3) and (5) of section 382.008, Florida Statutes, are amended to read:

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

(2)(a) The funeral director who first assumes custody of a dead body or fetus shall file the certificate of death or fetal death. In the absence of the funeral director, the physician, autonomous physician assistant, advanced practice registered nurse registered under s. 464.0123, or other person in attendance at or after the death or the district medical examiner of the county in which the death occurred or the body was found shall file the certificate of death or fetal death. The person who files the certificate shall obtain personal data from a legally authorized person as described in s. 497.005 or the best qualified person or source available. The medical

CODING: Words **stricken** are deletions; words *underlined* are additions.
certification of cause of death shall be furnished to the funeral director, either in person or via certified mail or electronic transfer, by the physician, autonomous physician assistant, advanced practice registered nurse registered under s. 464.0123, or medical examiner responsible for furnishing such information. For fetal deaths, the physician, advanced practice registered nurse registered under s. 464.0123, midwife, or hospital administrator shall provide any medical or health information to the funeral director within 72 hours after expulsion or extraction.

(3) Within 72 hours after receipt of a death or fetal death certificate from the funeral director, the medical certification of cause of death shall be completed and made available to the funeral director by the decedent's primary or attending practitioner or, if s. 382.011 applies, the district medical examiner of the county in which the death occurred or the body was found. The primary or attending practitioner or the medical examiner shall certify over his or her signature the cause of death to the best of his or her knowledge and belief.

As used in this section, the term "primary or attending practitioner" means a physician, autonomous physician assistant, or advanced practice registered nurse registered under s. 464.0123 who treated the decedent through examination, medical advice, or medication during the 12 months preceding the date of death.
(a) The department may grant the funeral director an extension of time upon a good and sufficient showing of any of the following conditions:

1. An autopsy is pending.

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

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

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

(5) A permanent certificate of death or fetal death, containing the cause of death and any other information that was previously unavailable, shall be registered as a replacement for the temporary certificate. The permanent certificate may also include corrected information if the items being corrected are noted on the back of the certificate and dated and signed by the funeral director, physician, autonomous physician assistant, advanced practice registered nurse registered under s. 464.0123, or district medical examiner of the county in which the death
occurred or the body was found, as appropriate.

Section 16. Paragraph (c) of subsection (1) of section 383.14, Florida Statutes, is amended to read:

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

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

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

Section 17. Paragraph (a) of subsection (3) of section 390.0111, Florida Statutes, is amended to read:

390.0111 Termination of pregnancies.—

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

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

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

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

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

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

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

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

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

The physician may provide the information required in this
subparagraph within 24 hours before the procedure if requested
by the woman at the time she schedules or arrives for her
appointment to obtain an abortion and if she presents to the
physician a copy of a restraining order, police report, medical
record, or other court order or documentation evidencing that
she is obtaining the abortion because she is a victim of rape,
incest, domestic violence, or human trafficking.
   2. Printed materials prepared and provided by the
department have been provided to the pregnant woman, if she
chooses to view these materials, including:
   a. A description of the fetus, including a description of
the various stages of development.
   b. A list of entities that offer alternatives to
terminating the pregnancy.
   c. Detailed information on the availability of medical
assistance benefits for prenatal care, childbirth, and neonatal care.

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

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

Section 18. Paragraphs (c), (e), and (f) of subsection (3) of section 390.012, Florida Statutes, are amended to read:

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

3. A registered nurse, licensed practical nurse, advanced practice registered nurse, autonomous physician assistant, or physician assistant who is trained in the management of the recovery area and is capable of providing basic cardiopulmonary resuscitation and related emergency procedures remain on the premises of the abortion clinic until all patients are discharged.
4. A physician shall sign the discharge order and be readily accessible and available until the last patient is discharged to facilitate the transfer of emergency cases if hospitalization of the patient or viable fetus is necessary.

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

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

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

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

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

Section 19. Paragraphs (a) and (f) of subsection (2) of section 394.463, Florida Statutes, are amended to read:

394.463 Involuntary examination.—

(2) INVOLUNTARY EXAMINATION.—

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

1. A circuit or county court may enter an ex parte order stating that a person appears to meet the criteria for involuntary examination and specifying the findings on which that conclusion is based. The ex parte order for involuntary examination must be based on written or oral sworn testimony that includes specific facts that support the findings. If other less restrictive means are not available, such as voluntary appearance for outpatient evaluation, a law enforcement officer, or other designated agent of the court, shall take the person into custody and deliver him or her to an appropriate, or the nearest, facility within the designated receiving system pursuant to s. 394.462 for involuntary examination. The order of the court shall be made a part of the patient's clinical record. A fee may not be charged for the filing of an order under this
subsection. A facility accepting the patient based on this order must send a copy of the order to the department within 5 working days. The order may be submitted electronically through existing data systems, if available. The order shall be valid only until the person is delivered to the facility or for the period specified in the order itself, whichever comes first. If a time limit is not specified in the order, the order is valid for 7 days after the date that the order was signed.

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

3. A physician, an autonomous physician assistant, a clinical psychologist, a psychiatric nurse, an advanced practice registered nurse registered under s. 464.0123, a mental health counselor, a marriage and family therapist, or a clinical social worker may execute a certificate stating that he or she has examined a person within the preceding 48 hours and finds that the person appears to meet the criteria for involuntary
examination and stating the observations upon which that conclusion is based. If other less restrictive means, such as voluntary appearance for outpatient evaluation, are not available, a law enforcement officer shall take into custody the person named in the certificate and deliver him or her to the appropriate, or nearest, facility within the designated receiving system pursuant to s. 394.462 for involuntary examination. The law enforcement officer shall execute a written report detailing the circumstances under which the person was taken into custody. The report and certificate shall be made a part of the patient's clinical record. Any facility accepting the patient based on this certificate must send a copy of the certificate to the department within 5 working days. The document may be submitted electronically through existing data systems, if applicable.

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

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

Section 20. Subsection (3) of section 395.602, Florida Statutes, is amended to read:

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

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

(b) Primary care physicians, autonomous physician assistants, physician assistants, certified nurse midwives, nurse practitioners, and nurses employed by or affiliated with rural area health education centers, as defined in this section.

These personnel shall practice:

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

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

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

Section 21. Paragraph (a) of subsection (2) of section
397.501, Florida Statutes, is amended to read:
397.501 Rights of individuals.—Individuals receiving
substance abuse services from any service provider are
guaranteed protection of the rights specified in this section,
unless otherwise expressly provided, and service providers must
ensure the protection of such rights.

(2) RIGHT TO NONDISCRIMINATORY SERVICES.—
(a) Service providers may not deny an individual access to
substance abuse services solely on the basis of race, gender,
etnicity, age, sexual preference, human immunodeficiency virus
status, prior service departures against medical advice,
disability, or number of relapse episodes. Service providers may
not deny an individual who takes medication prescribed by a
physician, an autonomous physician assistant, or an advanced
practice registered nurse registered under s. 464.0123 access to
substance abuse services solely on that basis. Service providers who receive state funds to provide substance abuse services may not, if space and sufficient state resources are available, deny access to services based solely on inability to pay.

Section 22. Section 397.679, Florida Statutes, is amended to read:

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

Section 23. Subsection (1) of section 397.6793, Florida Statutes, is amended to read:

397.6793 Professional's certificate for emergency admission.—
(1) A physician, a clinical psychologist, an autonomous physician assistant, a physician assistant working under the scope of practice of the supervising physician, a psychiatric nurse, an advanced practice registered nurse, a mental health counselor, a marriage and family therapist, a master's-level-certified addictions professional for substance abuse services, or a clinical social worker may execute a professional's certificate for emergency admission. The professional's certificate must include the name of the person to be admitted, the relationship between the person and the professional executing the certificate, the relationship between the applicant and the professional, any relationship between the professional and the licensed service provider, a statement that the person has been examined and assessed within the preceding 5 days after the application date, and factual allegations with respect to the need for emergency admission, including:

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

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

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

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

Section 24. Subsection (8) of section 400.021, Florida Statutes, is amended to read:

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

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

Section 25. Subsection (3) of section 400.172, Florida Statutes, is amended to read:

400.172 Respite care provided in nursing home facilities.—
(3) A prospective respite care resident must provide medical information from a physician, autonomous physician assistant, physician assistant, or nurse practitioner and any other information provided by the primary caregiver required by the facility before or when the person is admitted to receive respite care. The medical information must include a physician's order for respite care and proof of a physical examination by a licensed physician, autonomous physician assistant, physician assistant, or nurse practitioner. The physician's order and physical examination may be used to provide intermittent respite care for up to 12 months after the date the order is written.

Section 26. Section 400.487, Florida Statutes, is amended to read:

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

(1) Services provided by a home health agency must be covered by an agreement between the home health agency and the patient or the patient's legal representative specifying the home health services to be provided, the rates or charges for services paid with private funds, and the sources of payment, which may include Medicare, Medicaid, private insurance, personal funds, or a combination thereof. A home health agency
providing skilled care must make an assessment of the patient's needs within 48 hours after the start of services.

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

(3) A home health agency shall arrange for supervisory visits by a registered nurse to the home of a patient receiving home health aide services in accordance with the patient's direction, approval, and agreement to pay the charge for the visits.

(4) Each patient has the right to be informed of and to participate in the planning of his or her care. Each patient
must be provided, upon request, a copy of the plan of care established and maintained for that patient by the home health agency.

(5) When nursing services are ordered, the home health agency to which a patient has been admitted for care must provide the initial admission visit, all service evaluation visits, and the discharge visit by a direct employee. Services provided by others under contractual arrangements to a home health agency must be monitored and managed by the admitting home health agency. The admitting home health agency is fully responsible for ensuring that all care provided through its employees or contract staff is delivered in accordance with this part and applicable rules.

(6) The skilled care services provided by a home health agency, directly or under contract, must be supervised and coordinated in accordance with the plan of care.

(7) Home health agency personnel may withhold or withdraw cardiopulmonary resuscitation if presented with an order not to resuscitate executed pursuant to s. 401.45. The agency shall adopt rules providing for the implementation of such orders. Home health personnel and agencies shall not be subject to criminal prosecution or civil liability, nor be considered to have engaged in negligent or unprofessional conduct, for withholding or withdrawing cardiopulmonary resuscitation pursuant to such an order and rules adopted by the agency.
Section 27. Paragraph (a) of subsection (13) of section 400.506, Florida Statutes, is amended to read:

400.506 Licensure of nurse registries; requirements; penalties.—

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

(a) When, in accordance with the privileges and restrictions imposed upon a nurse under part I of chapter 464, the delivery of care to a patient is under the direction or supervision of a physician or when a physician or an autonomous physician assistant is responsible for the medical care of the patient, a medical plan of treatment must be established for each patient receiving care or treatment provided by a licensed nurse in the home. The original medical plan of treatment must be timely signed by the physician, autonomous physician assistant, physician assistant, or advanced practice registered nurse, acting within his or her respective scope of practice, and reviewed in consultation with the licensed nurse at least every 2 months. Any additional order or change in orders must be obtained from the physician, autonomous physician assistant, physician assistant, or advanced practice registered nurse and reduced to writing and timely signed by the physician, autonomous physician assistant, physician assistant, or advanced practice registered nurse. The delivery of care under a medical
plan of treatment must be substantiated by the appropriate nursing notes or documentation made by the nurse in compliance with nursing practices established under part I of chapter 464. Section 28. Subsections (5) and (7) of section 400.9973, Florida Statutes, are amended to read:

400.9973 Client admission, transfer, and discharge.—

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

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

(a) Presents significant risk of infection to other clients or personnel. A health care practitioner must provide documentation that the person is free of apparent signs and symptoms of communicable disease;

(b) Is a danger to himself or herself or others as determined by a physician, autonomous physician assistant, physician assistant, advanced practice registered nurse, or a mental health practitioner licensed under chapter 490 or chapter 491, unless the facility provides adequate staffing and support to ensure patient safety;
(c) Is bedridden; or
(d) Requires 24-hour nursing supervision.

Section 29. Paragraphs (a) and (b) of subsection (2) of section 400.9974, Florida Statutes, are amended to read:

400.9974 Client comprehensive treatment plans; client services.—

(2) The comprehensive treatment plan must include:

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

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

Section 30. Section 400.9976, Florida Statutes, is amended
to read:

400.9976 Administration of medication.—

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

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

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

Section 31. Subsections (2) through (5) of section 400.9979, Florida Statutes, are amended to read:

400.9979 Restraint and seclusion; client safety.—

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

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

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

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

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

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

(a) The continued need for the medication.

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

(c) The need for adjustments to the prescription.

Section 32. Subsections (1) and (2) of section 401.445, Florida Statutes, are amended to read:

401.445 Emergency examination and treatment of incapacitated persons.—

(1) No Recovery is not shall be allowed in any court in
this state against any emergency medical technician, paramedic, or physician as defined in this chapter, any advanced practice registered nurse licensed under s. 464.012, or any autonomous physician assistant or physician assistant registered or 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 practice registered nurse, autonomous physician assistant, 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 the medical condition of the patient and treatment reasonably necessary to alleviate the emergency medical condition or to
stabilize the patient.

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

Section 33. Subsection (18) of section 409.906, Florida Statutes, is amended 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 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 an autonomous physician assistant or a physician assistant registered or 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 34. Paragraph (m) of subsection (3) of section 409.908, Florida Statutes, is amended to read:

409.908 Reimbursement of Medicaid providers.—Subject to specific appropriations, the agency shall reimburse Medicaid providers, in accordance with state and federal law, according to methodologies set forth in the rules of the agency and in policy manuals and handbooks incorporated by reference therein.
These methodologies may include fee schedules, reimbursement methods based on cost reporting, negotiated fees, competitive bidding pursuant to s. 287.057, and other mechanisms the agency considers efficient and effective for purchasing services or goods on behalf of recipients. If a provider is reimbursed based on cost reporting and submits a cost report late and that cost report would have been used to set a lower reimbursement rate for a rate semester, then the provider's rate for that semester shall be retroactively calculated using the new cost report, and full payment at the recalculated rate shall be effected retroactively. Medicare-granted extensions for filing cost reports, if applicable, shall also apply to Medicaid cost reports. Payment for Medicaid compensable services made on behalf of Medicaid eligible persons is subject to the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216. Further, 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, provided the adjustment is consistent with legislative intent.

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

(m) Autonomous physician assistant and physician assistant services.

Section 35. Paragraphs (c) through (bb) of subsection (1) of section 409.973, Florida Statutes, are redesignated as paragraphs (d) through (cc), respectively, and a new paragraph (c) is added to that subsection, to read:

409.973 Benefits.—

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

(c) Autonomous physician assistant services.

Section 36. Subsections (3) and (5) of section 429.26, Florida Statutes, are amended to read:

429.26 Appropriateness of placements; examinations of residents.—

(3) A physician, an autonomous physician assistant, a physician assistant, or an advanced practice registered nurse...
who is employed by an assisted living facility to provide an
initial examination for admission purposes may not have
financial interests in the facility.

(5) Each resident must have been examined by a licensed
physician, a registered autonomous physician assistant, a
licensed physician assistant, or a licensed advanced practice
registered nurse within 60 days before admission to the facility
or within 30 days after admission to the facility, except as
 provided in s. 429.07. The information from the medical
examination must be recorded on the practitioner's form or on a
form adopted by agency rule. The medical examination form,
signed only by the practitioner, must be submitted to the owner
or administrator of the facility, who shall use the information
contained therein to assist in the determination of the
appropriateness of the resident's admission to or continued
residency in the facility. The medical examination form may only
be used to record the practitioner's direct observation of the
patient at the time of examination and must include the
patient's medical history. Such form does not guarantee
admission to, continued residency in, or the delivery of
services at the facility and must be used only as an informative
tool to assist in the determination of the appropriateness of
the resident's admission to or continued residency in the
facility. The medical examination form, reflecting the
resident's condition on the date the examination is performed,
becomes a permanent part of the facility's record of the resident and must be made available to the agency during inspection or upon request. An assessment that has been completed through the Comprehensive Assessment and Review for Long-Term Care Services (CARES) Program fulfills the requirements for a medical examination under this subsection and s. 429.07(3)(b)6.

Section 37. Paragraph (a) of subsection (2) and paragraph (a) of subsection (7) of section 429.918, Florida Statutes, are amended to read:

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

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

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

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

1. Require ongoing supervision to maintain the highest level of medical or custodial functioning and have a demonstrated need for a responsible party to oversee his or her care.
2. Not actively demonstrate aggressive behavior that places himself, herself, or others at risk of harm.

3. Provide the following medical documentation signed by a licensed physician, a registered autonomous physician assistant, a licensed physician assistant, or a licensed advanced practice registered nurse:
   a. Any physical, health, or emotional conditions that require medical care.
   b. A listing of the ADRD participant's current prescribed and over-the-counter medications and dosages, diet restrictions, mobility restrictions, and other physical limitations.

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

Section 38. Paragraph (e) of subsection (5) of section 440.102, Florida Statutes, is amended 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:

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

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

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

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

Section 39. Section 456.0391, Florida Statutes, is amended to read:

456.0391 Advanced practice registered nurses and autonomous physician assistants; information required for licensure or registration.—

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

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

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

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

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

5. The year that the applicant received initial
certification, licensure, or registration and began
practicing the profession in any jurisdiction and the year that
the applicant received initial certification, licensure, or
registration in this state.

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

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

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

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

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

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

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

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

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

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

(c)1. The Department of Health shall submit the
fingerprints provided by an applicant for initial licensure to
the Florida Department of Law Enforcement for a statewide
criminal history check, and the Florida Department of Law
Enforcement shall forward the fingerprints to the Federal Bureau
of Investigation for a national criminal history check of the
applicant.
2. The department shall submit the fingerprints provided by an applicant for the initial renewal of licensure to the Florida Department of Law Enforcement for a statewide criminal history check, and the Florida Department of Law Enforcement shall forward the fingerprints to the Federal Bureau of Investigation for a national criminal history check for the initial renewal of the applicant's certificate after the effective date of this section.

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

(d) Any applicant for initial licensure or renewal of licensure as an advanced practice registered nurse who submits to the Department of Health a set of fingerprints and information required for the criminal history check required under this section shall not be required to provide a subsequent set of fingerprints or other duplicate information required for a criminal history check to the Agency for Health Care Administration, the Department of Juvenile Justice, or the Department of Children and Families for employment or licensure with such agency or department, if the applicant has undergone a criminal history check as a condition of initial licensure or renewal of licensure as an advanced practice registered nurse with the Department of Health, notwithstanding any other
provision of law to the contrary. In lieu of such duplicate submission, the Agency for Health Care Administration, the Department of Juvenile Justice, and the Department of Children and Families shall obtain criminal history information for employment or licensure of persons licensed under s. 464.012 by such agency or department from the Department of Health's health care practitioner credentialing system.

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

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

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

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

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

Section 40. Subsection (6) of section 456.041, Florida Statutes, is amended to read:

456.041 Practitioner profile; creation.—

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

Section 41. Paragraphs (i), (o), and (r) of subsection (3) of section 456.053, Florida Statutes, are amended to read:

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

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

(i) "Health care provider" means a physician licensed under chapter 458, chapter 459, chapter 460, or chapter 461; an autonomous physician assistant registered under chapter 458 or chapter 459; an advanced practice registered nurse registered under s. 464.0123; or any health care provider licensed under chapter 463 or chapter 466.

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

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

CODING: Words stricken are deletions; words underlined are additions.
2. The request or establishment of a plan of care by a health care provider, which includes the provision of designated health services or other health care item or service.

3. The following orders, recommendations, or plans of care shall not constitute a referral by a health care provider:
   a. By a radiologist for diagnostic-imaging services.
   b. By a physician specializing in the provision of radiation therapy services for such services.
   c. By a medical oncologist for drugs and solutions to be prepared and administered intravenously to such oncologist's patient, as well as for the supplies and equipment used in connection therewith to treat such patient for cancer and the complications thereof.
   d. By a cardiologist for cardiac catheterization services.
   e. By a pathologist for diagnostic clinical laboratory tests and pathological examination services, if furnished by or under the supervision of such pathologist pursuant to a consultation requested by another physician.
   f. By a health care provider who is the sole provider or member of a group practice for designated health services or other health care items or services that are prescribed or provided solely for such referring health care provider's or group practice's own patients, and that are provided or performed by or under the direct supervision of such referring health care provider or group practice; provided, however, a
health care provider physician licensed pursuant to chapter 458, chapter 459, chapter 460, or chapter 461 or an advanced practice registered nurse registered under s. 464.0123 may refer a patient to a sole provider or group practice for diagnostic imaging services, excluding radiation therapy services, for which the sole provider or group practice billed both the technical and the professional fee for or on behalf of the patient, if the referring health care provider does not have an physician or advanced practice registered nurse registered under s. 464.0123 has no investment interest in the practice. The diagnostic imaging service referred to a group practice or sole provider must be a diagnostic imaging service normally provided within the scope of practice to the patients of the group practice or sole provider. The group practice or sole provider may accept no more than 15 percent of their patients receiving diagnostic imaging services from outside referrals, excluding radiation therapy services. However, the 15 percent limitation of this sub-subparagraph and the requirements of subparagraph (4)(a)2. do not apply to a group practice entity that owns an accountable care organization or an entity operating under an advanced alternative payment model according to federal regulations if such entity provides diagnostic imaging services and has more than 30,000 patients enrolled per year.

g. By a health care provider for services provided by an ambulatory surgical center licensed under chapter 395.
h. By a urologist for lithotripsy services.

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

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

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

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

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

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

Section 42. 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 or an autonomous physician assistant 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 practice registered
nurse 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, autonomous physician
assistant, or advanced practice registered nurse 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 43. Paragraph (h) of subsection (1) and subsection
(2) of section 456.44, Florida Statutes, are amended to read:

456.44  Controlled substance prescribing.—
(1) DEFINITIONS.—As used in this section, the term:
(h) "Registrant" means a physician, an autonomous physician assistant, a physician assistant, or an advanced practice registered nurse who meets the requirements of subsection (2).

(2) REGISTRATION.—A physician licensed under chapter 458, chapter 459, chapter 461, or chapter 466, an autonomous physician assistant or a physician assistant registered or licensed under chapter 458 or chapter 459, or an advanced practice registered nurse licensed 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 his or her practitioner profile.

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

Section 44. Paragraph (ii) of subsection (1) and subsection (10) of section 458.331, Florida Statutes, are amended 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):

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

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

Section 45. Paragraph (ll) of subsection (1) and subsection (10) of section 459.015, Florida Statutes, are amended to read:

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

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

(10) A probable cause panel convened to consider disciplinary action against an autonomous physician assistant or a physician assistant alleged to have violated s. 456.072 or this section must include one physician assistant. The physician assistant must hold a valid license to practice as a physician assistant in this state and be appointed to the panel by the Council of Physician Assistants. The physician assistant may hear only cases involving disciplinary actions against a physician assistant. If the appointed physician assistant is not present at the disciplinary hearing, the panel may consider the matter and vote on the case in the absence of the physician assistant. The training requirements set forth in s. 458.307(4)
Section 46. Subsection (1) of section 480.0475, Florida Statutes, is amended to read:

480.0475 Massage establishments; prohibited practices.—

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

(a) Located on the premises of a health care facility as defined in s. 408.07; a health care clinic as defined in s. 400.9905(4); a hotel, motel, or bed and breakfast inn, as those terms are defined in s. 509.242; a timeshare property as defined in s. 721.05; a public airport as defined in s. 330.27; or a pari-mutuel facility as defined in s. 550.002;

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

(c) Operating during a special event if the county or
municipality in which the establishment operates has approved such operation during the special event.

Section 47. Subsection (2) of section 493.6108, Florida Statutes, is amended to read:

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

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

Section 48. Subsection (1) of section 626.9707, Florida Statutes, is amended to read:

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

(1) An insurer authorized to transact insurance in this state may not refuse to issue and deliver in this state any policy of disability insurance, whether such policy is defined as individual, group, blanket, franchise, industrial, or
otherwise, which is currently being issued for delivery in this state and which affords benefits and coverage for any medical treatment or service authorized and permitted to be furnished by a hospital, a clinic, a health clinic, a neighborhood health clinic, a health maintenance organization, a physician, an autonomous physician assistant, a physician assistant, an advanced practice registered nurse, or a medical service facility or personnel solely because the person to be insured has the sickle-cell trait.

Section 49. Paragraph (b) of subsection (1) of section 627.357, Florida Statutes, is amended to read:

627.357 Medical malpractice self-insurance.—
(1) DEFINITIONS.—As used in this section, the term:
(b) "Health care provider" means any:
1. Hospital licensed under chapter 395.
2. Physician, autonomous physician assistant licensed, or physician assistant registered or licensed under chapter 458.
3. Osteopathic physician, autonomous physician assistant, or physician assistant registered or licensed under chapter 459.
4. Podiatric physician licensed under chapter 461.
5. Health maintenance organization certificated under part I of chapter 641.
6. Ambulatory surgical center licensed under chapter 395.
7. Chiropractic physician licensed under chapter 460.
8. Psychologist licensed under chapter 490.
10. Dentist licensed under chapter 466.
11. Pharmacist licensed under chapter 465.
12. Registered nurse, licensed practical nurse, or advanced practice registered nurse licensed or registered under part I of chapter 464.
13. Other medical facility.

Section 50. Paragraph (a) of subsection (1) of section 627.736, Florida Statutes, is amended to read:

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

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

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

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

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

b. An entity wholly owned by one or more physicians or autonomous physician assistants licensed or registered under chapter 458 or chapter 459, chiropractic physicians licensed under chapter 460, advanced practice registered nurses registered under s. 464.0123, or dentists licensed under chapter 466 or by such practitioners and the spouse, parent, child, or sibling of such practitioners.

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

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

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

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

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

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

(A) General medicine.

(B) Radiography.

(C) Orthopedic medicine.

(D) Physical medicine.

(E) Physical therapy.

(F) Physical rehabilitation.

(G) Prescribing or dispensing outpatient prescription medication.

(H) Laboratory services.

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

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

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

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

Only insurers writing motor vehicle liability insurance in this
state may provide the required benefits of this section, and
such insurer may not require the purchase of any other motor
vehicle coverage other than the purchase of property damage
liability coverage as required by s. 627.7275 as a condition for providing such benefits. Insurers may not require that property damage liability insurance in an amount greater than $10,000 be purchased in conjunction with personal injury protection. Such insurers shall make benefits and required property damage liability insurance coverage available through normal marketing channels. An insurer writing motor vehicle liability insurance in this state who fails to comply with such availability requirement as a general business practice violates part IX of chapter 626, and such violation constitutes an unfair method of competition or an unfair or deceptive act or practice involving the business of insurance. An insurer committing such violation is subject to the penalties provided under that part, as well as those provided elsewhere in the insurance code.

Section 51. Subsection (5) of section 633.412, Florida Statutes, is amended to read:

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

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

Section 52. Subsection (8) of section 641.495, Florida Statutes, is amended to read:

641.495 Requirements for issuance and maintenance of certificate.—

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

Section 53. Subsection (1) of section 744.2006, Florida Statutes, is amended to read:

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

(1) The executive director of the Office of Public and Professional Guardians, after consultation with the chief judge and other circuit judges within the judicial circuit and with appropriate advocacy groups and individuals and organizations
who are knowledgeable about the needs of incapacitated persons, may establish, within a county in the judicial circuit or within the judicial circuit, one or more offices of public guardian and if so established, shall create a list of persons best qualified to serve as the public guardian, who have been investigated pursuant to s. 744.3135. The public guardian must have knowledge of the legal process and knowledge of social services available to meet the needs of incapacitated persons. The public guardian shall maintain a staff or contract with professionally qualified individuals to carry out the guardianship functions, including an attorney who has experience in probate areas and another person who has a master's degree in social work, or a gerontologist, psychologist, autonomous physician assistant, advanced practice registered nurse, or registered nurse. A public guardian that is a nonprofit corporate guardian under s. 744.309(5) must receive tax-exempt status from the United States Internal Revenue Service.

Section 54. Paragraph (a) of subsection (3) of section 744.331, Florida Statutes, is amended to read:

744.331 Procedures to determine incapacity.—
(3) EXAMINING COMMITTEE.—
(a) Within 5 days after a petition for determination of incapacity has been filed, the court shall appoint an examining committee consisting of three members. One member must be a psychiatrist or other physician. The remaining members must be
either a psychologist, a gerontologist, a psychiatrist, a physician, an autonomous physician assistant, an advanced practice registered nurse, a registered nurse, a licensed social worker, a person with an advanced degree in gerontology from an accredited institution of higher education, or any other person who by knowledge, skill, experience, training, or education may, in the court's discretion, advise the court in the form of an expert opinion. One of three members of the committee must have knowledge of the type of incapacity alleged in the petition. Unless good cause is shown, the attending or family physician may not be appointed to the committee. If the attending or family physician is available for consultation, the committee must consult with the physician. Members of the examining committee may not be related to or associated with one another, with the petitioner, with counsel for the petitioner or the proposed guardian, or with the person alleged to be totally or partially incapacitated. A member may not be employed by any private or governmental agency that has custody of, or furnishes, services or subsidies, directly or indirectly, to the person or the family of the person alleged to be incapacitated or for whom a guardianship is sought. A petitioner may not serve as a member of the examining committee. Members of the examining committee must be able to communicate, either directly or through an interpreter, in the language that the alleged incapacitated person speaks or to communicate in a medium
understandable to the alleged incapacitated person if she or he is able to communicate. The clerk of the court shall send notice of the appointment to each person appointed no later than 3 days after the court's appointment.

Section 55. Paragraph (b) of subsection (1) of section 744.3675, Florida Statutes, is amended to read:

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

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

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

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

2. The report of a physician, an autonomous physician assistant, or an advanced practice registered nurse registered under s. 464.0123 who examined the ward no more than 90 days before the beginning of the applicable reporting period. If the guardian has requested a physician to complete the examination and prepare the report and the physician has delegated that responsibility, the examination may be performed and the report
may be prepared and signed by a physician assistant acting pursuant to s. 458.347(4)(h) or s. 459.022(4)(g), or by an advanced practice registered nurse acting pursuant to s. 464.012(3). The report must contain an evaluation of the ward's condition and a statement of the current level of capacity of the ward.

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

Section 56. Subsection (3) of section 766.103, Florida Statutes, is amended to read:

766.103 Florida Medical Consent Law.—

(3) No recovery is not 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 practice registered nurse licensed under s. 464.012, autonomous physician assistant or physician assistant registered or 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 practice registered nurse, autonomous physician assistant, 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 consent is obtained; and

2. A reasonable individual, from the information provided by the physician, osteopathic physician, chiropractic physician, podiatric physician, dentist, advanced practice registered nurse, autonomous physician assistant, 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 practice registered nurse, autonomous physician assistant, or physician assistant in accordance with the provisions of paragraph (a).
Section 57. Paragraph (b) of subsection (1) and paragraph (e) of subsection (2) of section 766.105, Florida Statutes, are amended to read:

766.105 Florida Patient's Compensation Fund.—
(1) DEFINITIONS.—The following definitions apply in the interpretation and enforcement of this section:
(b) The term "health care provider" means any:
1. Hospital licensed under chapter 395.
2. Physician, autonomous physician assistant, or physician assistant licensed or registered under chapter 458.
3. Osteopathic physician, autonomous physician assistant, or physician assistant licensed or registered under chapter 459.
4. Podiatric physician licensed under chapter 461.
5. Health maintenance organization certificated under part I of chapter 641.
6. Ambulatory surgical center licensed under chapter 395.
7. "Other medical facility" as defined in paragraph (c).
8. Professional association, partnership, corporation, joint venture, or other association by the individuals set forth in subparagraphs 2., 3., and 4. for professional activity.
(2) COVERAGE.—
(e) The coverage afforded by the fund for a participating hospital or ambulatory surgical center shall apply to the officers, trustees, volunteer workers, trainees, committee members (including physicians, osteopathic physicians, podiatric
physicians, and dentists), and employees of the hospital or ambulatory surgical center, other than employed physicians licensed under chapter 458, autonomous physician assistants or physician assistants registered or licensed under chapter 458 or chapter 459, osteopathic physicians licensed under chapter 459, dentists licensed under chapter 466, and podiatric physicians licensed under chapter 461. However, the coverage afforded by the fund for a participating hospital shall apply to house physicians, interns, employed physician residents in a resident training program, or physicians performing purely administrative duties for the participating hospitals other than the treatment of patients. This coverage shall apply to the hospital or ambulatory surgical center and those included in this subsection as one health care provider.

Section 58. Paragraph (d) of subsection (3) of section 766.1115, Florida Statutes, is amended to read:

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

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

(d) “Health care provider” or “provider” means:

1. A birth center licensed under chapter 383.

2. An ambulatory surgical center licensed under chapter 395.

3. A hospital licensed under chapter 395.

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

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

6. A chiropractic physician licensed under chapter 460.

7. A podiatric physician licensed under chapter 461.

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


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

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

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

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

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

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

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

Section 59. Subsection (1) of section 766.1116, Florida Statutes, is amended to read:

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

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

Section 60. Paragraph (c) of subsection (1) of section
766.118, Florida Statutes, is amended to read:

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

Section 61. Subsection (3) of section 768.135, Florida
768.135 Volunteer team physicians; immunity.—

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

Section 62. Subsection (5) of section 794.08, Florida Statutes, is amended to read:

794.08 Female genital mutilation.—

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

Section 63. Subsection (23) 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:

(23)  "Practitioner" means a physician licensed under chapter 458, a dentist licensed under chapter 466, a veterinarian licensed under chapter 474, an osteopathic physician licensed under chapter 459, an advanced practice registered nurse licensed under chapter 464, a naturopath licensed under chapter 462, a certified optometrist licensed under chapter 463, a psychiatric nurse as defined in s. 394.455, a podiatric physician licensed under chapter 461, an autonomous physician assistant registered under chapter 458 or chapter 459, or a physician assistant licensed under chapter 458 or chapter 459, provided such practitioner holds a valid federal controlled substance registry number.

Section 64.  Subsection (6) of section 943.13, Florida Statutes, is amended to read:

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

(6) Have passed a physical examination by a licensed
physician, registered autonomous physician assistant, licensed
physician assistant, or licensed advanced practice registered
nurse, based on specifications established by the commission. In
order to be eligible for the presumption set forth in s. 112.18
while employed with an employing agency, a law enforcement
officer, correctional officer, or correctional probation officer
must have successfully passed the physical examination required
by this subsection upon entering into service as a law
enforcement officer, correctional officer, or correctional
probation officer with the employing agency, which examination
must have failed to reveal any evidence of tuberculosis, heart
disease, or hypertension. A law enforcement officer,
correctional officer, or correctional probation officer may not
use a physical examination from a former employing agency for
purposes of claiming the presumption set forth in s. 112.18
against the current employing agency.

Section 65. Subsection (2) of section 945.603, Florida
Statutes, is amended to read:

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

(2) Review and make recommendations regarding health care for the delivery of health care services including, but not limited to, acute hospital-based services and facilities, primary and tertiary care services, ancillary and clinical services, dental services, mental health services, intake and screening services, medical transportation services, and the use of nurse practitioner, autonomous physician assistant, and physician assistant personnel to act as physician extenders as these relate to inmates in the Department of Corrections.

Section 66. 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 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 practice registered nurse, an autonomous physician assistant, or a physician assistant. The probationer or community controllee may not knowingly visit places where intoxicants, drugs, or other dangerous substances are unlawfully sold, dispensed, or used.

Section 67. Subsection (34) of section 984.03, Florida Statutes, is amended to read:

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

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

Section 68. Subsection (30) of section 985.03, Florida Statutes, is amended to read:

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

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

Section 69. Paragraph (i) of subsection (3) of section 1002.20, Florida Statutes, is amended to read:

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

(3) HEALTH ISSUES.—

(i) Epinephrine use and supply.—

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

2. A public school may purchase a supply of epinephrine auto-injectors from a wholesale distributor as defined in s. 499.003 or may enter into an arrangement with a wholesale distributor or manufacturer as defined in s. 499.003 for the epinephrine auto-injectors at fair-market, free, or reduced prices for use in the event a student has an anaphylactic reaction. The epinephrine auto-injectors must be maintained in a secure location on the public school's premises. The participating school district shall adopt a protocol developed by a licensed physician for the administration by school personnel who are trained to recognize an anaphylactic reaction and to administer an epinephrine auto-injection. The supply of epinephrine auto-injectors may be provided to and used by a student authorized to self-administer epinephrine by auto-injector under subparagraph 1. or trained school personnel.

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

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

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

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

Section 70. Paragraph (b) of subsection (17) of section 1002.42, Florida Statutes, is amended to read:

1002.42 Private schools.—

(17) EPINEPHRINE SUPPLY.—

(b) The private school and its employees, agents, and the physician who provides the standing protocol for school epinephrine auto-injectors are not liable for any injury arising from the use of an epinephrine auto-injector administered by trained school personnel who follow the adopted protocol and whose professional opinion is that the student is having an anaphylactic reaction:

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

2. Notwithstanding that the parents or guardians of the student to whom the epinephrine is administered have not been provided notice or have not signed a statement acknowledging

CODING: Words strucken are deletions; words underlined are additions.
that the school district is not liable; and

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

Section 71. Paragraph (a) of subsection (1) and subsections (4) and (5) of section 1006.062, Florida Statutes, are amended to read:

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

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

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

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

(a) Intermittent clean catheterization.
(b) Gastrostomy tube feeding.
(c) Monitoring blood glucose.
(d) Administering emergency injectable medication.

(5) For all other invasive medical services not listed in this subsection, a registered nurse or advanced practice registered nurse licensed under chapter 464 or a physician, autonomous physician assistant, or physician assistant licensed or registered under pursuant to chapter 458 or chapter 459, or a physician assistant licensed pursuant to chapter 458 or chapter 459 shall determine if nonmedical district school board personnel shall be allowed to perform such service.
Section 72. Paragraph (c) of subsection (2) of section 1006.20, Florida Statutes, is amended to read:

1006.20 Athletics in public K-12 schools.—

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

(c) The FHSAA shall adopt bylaws that require all students participating in interscholastic athletic competition or who are candidates for an interscholastic athletic team to satisfactorily pass a medical evaluation each year before participating in interscholastic athletic competition or engaging in any practice, tryout, workout, conditioning, or other physical activity associated with the student's candidacy for an interscholastic athletic team, including activities that occur outside of the school year. Such medical evaluation may be administered only by a practitioner licensed or registered under chapter 458, chapter 459, chapter 460, or s. 464.012, or registered under s. 464.0123 and in good standing with the practitioner's regulatory board. The bylaws shall establish requirements for eliciting a student's medical history and performing the medical evaluation required under this paragraph, which shall include a physical assessment of the student's physical capabilities to participate in interscholastic athletic competition as contained in a uniform preparticipation physical evaluation and history form. The evaluation form shall incorporate the recommendations of the American Heart Association for participation cardiovascular screening and shall
provide a place for the signature of the practitioner performing
the evaluation with an attestation that each examination
procedure listed on the form was performed by the practitioner
or by someone under the direct supervision of the practitioner.
The form shall also contain a place for the practitioner to
indicate if a referral to another practitioner was made in lieu
of completion of a certain examination procedure. The form shall
provide a place for the practitioner to whom the student was
referred to complete the remaining sections and attest to that
portion of the examination. The preparticipation physical
evaluation form shall advise students to complete a
cardiovascular assessment and shall include information
concerning alternative cardiovascular evaluation and diagnostic
tests. Results of such medical evaluation must be provided to
the school. A student is not eligible to participate, as
provided in s. 1006.15(3), in any interscholastic athletic
competition or engage in any practice, tryout, workout, or other
physical activity associated with the student's candidacy for an
interscholastic athletic team until the results of the medical
evaluation have been received and approved by the school.

Section 73. Paragraph (a) of subsection (1) of section
1009.65, Florida Statutes, is amended to read:

1009.65  Medical Education Reimbursement and Loan Repayment
Program.—

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

(a) Medical doctors with primary care specialties, doctors of osteopathic medicine with primary care specialties, autonomous physician assistants, physician assistants, licensed practical nurses and registered nurses, and advanced practice registered nurses with primary care specialties such as certified nurse midwives. Primary care medical specialties for physicians include obstetrics, gynecology, general and family practice, internal medicine, pediatrics, and other specialties which may be identified by the Department of Health. From the funds available, the Department of Health shall make payments as follows:

1. Up to $4,000 per year for licensed practical nurses and registered nurses, up to $10,000 per year for advanced practice registered nurses and physician assistants, up to $15,000 per year for autonomous physician assistants, and up to $20,000 per
year for physicians. Penalties for noncompliance shall be the same as those in the National Health Services Corps Loan Repayment Program. Educational expenses include costs for tuition, matriculation, registration, books, laboratory and other fees, other educational costs, and reasonable living expenses as determined by the Department of Health.

2. All payments are contingent on continued proof of primary care practice in an area defined in s. 395.602(2)(b), or an underserved area designated by the Department of Health, provided the practitioner accepts Medicaid reimbursement if eligible for such reimbursement. Correctional facilities, state hospitals, and other state institutions that employ medical personnel shall be designated by the Department of Health as underserved locations. Locations with high incidences of infant mortality, high morbidity, or low Medicaid participation by health care professionals may be designated as underserved.

Section 74. This act shall take effect July 1, 2021.