



# FLORIDA | Board of Osteopathic Medicine

## AGENDA OUTLINE

June 17, 2016

1:00 p.m.

Telephone Conference Call

Meet Me #: (888) 670-3525

Participation Code: 6607485549



Bridget Bellingar, DO  
**Chair**

Michelle Mendez, DO  
**Vice-Chair**

**Kama Monroe, Executive Director**

**Friday, June 17, 2016**

**PLEASE MUTE YOUR CELL PHONE DURING THE MEETING UNLESS YOU ARE SPEAKING. THANK YOU.**

Meeting will be called to order at 1:00 p.m., or soon thereafter.

**CALL TO ORDER:** Bridget Bellingar, DO, Chair  
**ROLL CALL:** Kama Monroe, Executive Director

**PLEDGE OF ALLEGIANCE:**

**PLEDGE OF OSTEOPATHIC COMMITMENT:**

*I pledge to: Provide compassionate, quality care to my patients; Partner with them to promote health; Display integrity and professionalism throughout my career; Advance the philosophy, practice and science of osteopathic medicine; Continue life-long learning; Support my profession with loyalty in action, word and deed; and Live each day as an example of what an osteopathic physician should be.*

**GENERAL BUSINESS:**

**Tab 1 - 64B15-6.003 - Physician Assistant Licensure**

- Purpose
- CS/HB 375 – Physician Assistants
- CS/CS/HB 941 – Department of Health
- 64B15-6.003, F.A.C. – Physician Assistant Licensure
- Form: DH-MQA 2000 – Application for Licensure as a Physician Assistant

**Tab 2 - 64B15-6.0038 – Formulary**

- Rule 64B15-6.0038, F.A.C. - Formulary

**Tab 3 - 64B15-6.0035 - Physician Assistant Licensure Renewal and Reactivation**

- Rule 64B15-6.0035, F.A.C. - Physician Assistant Licensure Renewal and Reactivation

**Tab 4 - 64B15-7.003 - Anesthesiologist Assistant Licensure**

- Purpose
- CS/CS/HB 941 - Department of Health
- Rule 64B15-7.003, F.A.C – Application for Licensure
- Requirements for Anesthesiologist Assistants.
- Form DH-MQA 1087

**Tab 5 - 64B15-14.007 - Standard of Care for Office Surgery**

- Proposed Language Related to Vasopressin and American Red Cross
- Meeting Report from April 2016
- Meeting Report from February 2016
- Email from Jeff Jacobs
- Email from Dr. Epstein
- Email to AHCA
- Surgical Safety Checklist
- Universal Protocol Poster

**ADJOURN**

**Next Meeting:        August 26, 2016 (Jacksonville)**

## Purpose

The application for licensure as a physician assistant has been revised to comply with provisions of HB 375 and HB 941.

HB 375 requires the following amendments:

- To remove the requirement for letters of recommendation
- To remove the requirement to notarize questions pertaining to prior felony convictions and revocation or denial of licensure or certification in any state and to require an acknowledgment.

HB 941 requires the following amendment:

- To remove the requirement to complete a 2 hour course relating to prevention of medical errors as a part of the initial licensure process.

In addition to changes to comply with the provisions of HB 375 and HB 941, the following questions have been deleted:

- If "yes" to any of the questions 23-37 above, on or before July 1, 2009, were you enrolled in an educational or training program in the profession in which you are seeking licensure that was recognized by this profession's licensing board or the Department of Health? (If "yes", please provide official documentation verifying your enrollment status.)
- Have any civil judgments ever been entered against you?

Also, the statement of applicant has been amended to reflect Rule Chapters 64B8 and 64B15, Florida Administrative Code and the CME requirements for physician assistants have been removed.



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1  
2 An act relating to physician assistants; amending s.  
3 458.347, F.S.; revising circumstances under which a  
4 physician assistant may prescribe medication;  
5 authorizing a licensed physician assistant to perform  
6 certain services as delegated by a supervising  
7 physician; revising physician assistant licensure and  
8 license renewal requirements; removing a requirement  
9 for letters of recommendation; deleting provisions  
10 related to examination by the Department of Health;  
11 amending s. 459.022, F.S.; revising circumstances  
12 under which a physician assistant may prescribe  
13 medication; authorizing a licensed physician assistant  
14 to perform certain services as delegated by a  
15 supervising physician; revising physician assistant  
16 licensure and license renewal requirements; removing a  
17 requirement for letters of recommendation; providing  
18 an effective date.

19  
20 Be It Enacted by the Legislature of the State of Florida:

21  
22 Section 1. Paragraph (e) of subsection (4) of section  
23 458.347, Florida Statutes, is amended, paragraph (h) is added to  
24 that subsection, present paragraphs (c) through (h) of  
25 subsection (7) are redesignated as paragraphs (b) through (g),  
26 respectively, and present paragraphs (a), (b), (c), and (f) of



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27 | that subsection are amended, to read:

28 |       458.347 Physician assistants.—

29 |       (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

30 |       (e) A supervising ~~supervisory~~ physician may delegate to a  
31 | fully licensed physician assistant the authority to prescribe or  
32 | dispense any medication used in the supervising ~~supervisory~~  
33 | physician's practice unless such medication is listed on the  
34 | formulary created pursuant to paragraph (f). A fully licensed  
35 | physician assistant may only prescribe or dispense such  
36 | medication under the following circumstances:

37 |       1. A physician assistant must clearly identify to the  
38 | patient that he or she is a physician assistant. Furthermore,  
39 | the physician assistant must inform the patient that the patient  
40 | has the right to see the physician before ~~prior to~~ any  
41 | prescription is being ~~is~~ prescribed or dispensed by the physician  
42 | assistant.

43 |       2. The supervising ~~supervisory~~ physician must notify the  
44 | department of his or her intent to delegate, on a department-  
45 | approved form, before delegating such authority and notify the  
46 | department of any change in prescriptive privileges of the  
47 | physician assistant. Authority to dispense may be delegated only  
48 | by a supervising physician who is registered as a dispensing  
49 | practitioner in compliance with s. 465.0276.

50 |       3. The physician assistant must acknowledge with ~~file with~~  
51 | the department ~~a signed affidavit~~ that he or she has completed a  
52 | minimum of 10 continuing medical education hours in the



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53 specialty practice in which the physician assistant has  
54 prescriptive privileges with each licensure renewal application.

55 4. The department may issue a prescriber number to the  
56 physician assistant granting authority for the prescribing of  
57 medicinal drugs authorized within this paragraph upon completion  
58 of the foregoing requirements. The physician assistant shall not  
59 be required to independently register pursuant to s. 465.0276.

60 5. The prescription may ~~must~~ be ~~written~~ in paper or  
61 electronic a form but must comply ~~that complies~~ with ss.  
62 456.0392(1) and 456.42(1) and chapter 499 and must contain, in  
63 addition to the supervising ~~supervisory~~ physician's name,  
64 address, and telephone number, the physician assistant's  
65 prescriber number. Unless it is a drug or drug sample dispensed  
66 by the physician assistant, the prescription must be filled in a  
67 pharmacy permitted under chapter 465 and must be dispensed in  
68 that pharmacy by a pharmacist licensed under chapter 465. The  
69 appearance of the prescriber number creates a presumption that  
70 the physician assistant is authorized to prescribe the medicinal  
71 drug and the prescription is valid.

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

74 (h) A licensed physician assistant may perform services  
75 delegated by the supervising physician in the physician  
76 assistant's practice in accordance with his or her education and  
77 training unless expressly prohibited under this chapter, chapter  
78 459, or rules adopted under this chapter or chapter 459.





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79 (7) PHYSICIAN ASSISTANT LICENSURE.—

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

84 1. Is at least 18 years of age.

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

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

99 a. A certificate of completion of a physician assistant  
100 training program specified in subsection (6).

101 b. Acknowledgment ~~A sworn statement~~ of any prior felony  
102 convictions.

103 c. Acknowledgment ~~A sworn statement~~ of any previous  
104 revocation or denial of licensure or certification in any state.



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105 ~~d. Two letters of recommendation.~~

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

111 ~~(b)1. Notwithstanding subparagraph (a)2. and sub-~~  
 112 ~~subparagraph (a)3.a., the department shall examine each~~  
 113 ~~applicant who the Board of Medicine certifies:~~

114 ~~a. Has completed the application form and remitted a~~  
 115 ~~nonrefundable application fee not to exceed \$500 and an~~  
 116 ~~examination fee not to exceed \$300, plus the actual cost to the~~  
 117 ~~department to provide the examination. The examination fee is~~  
 118 ~~refundable if the applicant is found to be ineligible to take~~  
 119 ~~the examination. The department shall not require the applicant~~  
 120 ~~to pass a separate practical component of the examination. For~~  
 121 ~~examinations given after July 1, 1998, competencies measured~~  
 122 ~~through practical examinations shall be incorporated into the~~  
 123 ~~written examination through a multiple-choice format. The~~  
 124 ~~department shall translate the examination into the native~~  
 125 ~~language of any applicant who requests and agrees to pay all~~  
 126 ~~costs of such translation, provided that the translation request~~  
 127 ~~is filed with the board office no later than 9 months before the~~  
 128 ~~scheduled examination and the applicant remits translation fees~~  
 129 ~~as specified by the department no later than 6 months before the~~  
 130 ~~scheduled examination, and provided that the applicant~~



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131 ~~demonstrates to the department the ability to communicate orally~~  
132 ~~in basic English. If the applicant is unable to pay translation~~  
133 ~~costs, the applicant may take the next available examination in~~  
134 ~~English if the applicant submits a request in writing by the~~  
135 ~~application deadline and if the applicant is otherwise eligible~~  
136 ~~under this section. To demonstrate the ability to communicate~~  
137 ~~orally in basic English, a passing score or grade is required,~~  
138 ~~as determined by the department or organization that developed~~  
139 ~~it, on the test for spoken English (TSE) by the Educational~~  
140 ~~Testing Service (ETS), the test of English as a foreign language~~  
141 ~~(TOEFL) by ETS, a high school or college level English course,~~  
142 ~~or the English examination for citizenship, Bureau of~~  
143 ~~Citizenship and Immigration Services. A notarized copy of an~~  
144 ~~Educational Commission for Foreign Medical Graduates (ECFMG)~~  
145 ~~certificate may also be used to demonstrate the ability to~~  
146 ~~communicate in basic English; and~~

147 ~~b. Is an unlicensed physician who graduated from a foreign~~  
148 ~~medical school listed with the World Health Organization who has~~  
149 ~~not previously taken and failed the examination of the National~~  
150 ~~Commission on Certification of Physician Assistants and who has~~  
151 ~~been certified by the Board of Medicine as having met the~~  
152 ~~requirements for licensure as a medical doctor by examination as~~  
153 ~~set forth in s. 458.311(1), (3), (4), and (5), with the~~  
154 ~~exception that the applicant is not required to have completed~~  
155 ~~an approved residency of at least 1 year and the applicant is~~  
156 ~~not required to have passed the licensing examination specified~~



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157 | ~~under s. 458.311 or hold a valid, active certificate issued by~~  
158 | ~~the Educational Commission for Foreign Medical Graduates; was~~  
159 | ~~eligible and made initial application for certification as a~~  
160 | ~~physician assistant in this state between July 1, 1990, and June~~  
161 | ~~30, 1991; and was a resident of this state on July 1, 1990, or~~  
162 | ~~was licensed or certified in any state in the United States as a~~  
163 | ~~physician assistant on July 1, 1990.~~

164 |       2. ~~The department may grant temporary licensure to an~~  
165 | ~~applicant who meets the requirements of subparagraph 1. Between~~  
166 | ~~meetings of the council, the department may grant temporary~~  
167 | ~~licensure to practice based on the completion of all temporary~~  
168 | ~~licensure requirements. All such administratively issued~~  
169 | ~~licenses shall be reviewed and acted on at the next regular~~  
170 | ~~meeting of the council. A temporary license expires 30 days~~  
171 | ~~after receipt and notice of scores to the licenseholder from the~~  
172 | ~~first available examination specified in subparagraph 1.~~  
173 | ~~following licensure by the department. An applicant who fails~~  
174 | ~~the proficiency examination is no longer temporarily licensed,~~  
175 | ~~but may apply for a one-time extension of temporary licensure~~  
176 | ~~after reapplying for the next available examination. Extended~~  
177 | ~~licensure shall expire upon failure of the licenseholder to sit~~  
178 | ~~for the next available examination or upon receipt and notice of~~  
179 | ~~scores to the licenseholder from such examination.~~

180 |       3. ~~Notwithstanding any other provision of law, the~~  
181 | ~~examination specified pursuant to subparagraph 1. shall be~~  
182 | ~~administered by the department only five times. Applicants~~



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183 ~~certified by the board for examination shall receive at least 6~~  
 184 ~~months' notice of eligibility prior to the administration of the~~  
 185 ~~initial examination. Subsequent examinations shall be~~  
 186 ~~administered at 1-year intervals following the reporting of the~~  
 187 ~~scores of the first and subsequent examinations. For the~~  
 188 ~~purposes of this paragraph, the department may develop, contract~~  
 189 ~~for the development of, purchase, or approve an examination that~~  
 190 ~~adequately measures an applicant's ability to practice with~~  
 191 ~~reasonable skill and safety. The minimum passing score on the~~  
 192 ~~examination shall be established by the department, with the~~  
 193 ~~advice of the board. Those applicants failing to pass that~~  
 194 ~~examination or any subsequent examination shall receive notice~~  
 195 ~~of the administration of the next examination with the notice of~~  
 196 ~~scores following such examination. Any applicant who passes the~~  
 197 ~~examination and meets the requirements of this section shall be~~  
 198 ~~licensed as a physician assistant with all rights defined~~  
 199 ~~thereby.~~

200 ~~(e)~~ The license must be renewed biennially. Each renewal  
 201 must include:

- 202 1. A renewal fee not to exceed \$500 as set by the boards.  
 203 2. Acknowledgment ~~A sworn statement~~ of no felony  
 204 convictions in the previous 2 years.

205 (e) ~~(f)~~ Notwithstanding subparagraph (a)2., the department  
 206 may grant to a recent graduate of an approved program, as  
 207 specified in subsection (6), who expects to take the first  
 208 examination administered by the National Commission on



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209 Certification of Physician Assistants available for registration  
 210 after the applicant's graduation, a temporary license. The  
 211 temporary license shall expire 30 days after receipt of scores  
 212 of the proficiency examination administered by the National  
 213 Commission on Certification of Physician Assistants. Between  
 214 meetings of the council, the department may grant a temporary  
 215 license to practice based on the completion of all temporary  
 216 licensure requirements. All such administratively issued  
 217 licenses shall be reviewed and acted on at the next regular  
 218 meeting of the council. The recent graduate may be licensed  
 219 before ~~prior to~~ employment, but must comply with paragraph (d)  
 220 ~~(e)~~. An applicant who has passed the proficiency  
 221 examination may be granted permanent licensure. An applicant  
 222 failing the proficiency examination is no longer temporarily  
 223 licensed, but may reapply for a 1-year extension of temporary  
 224 licensure. An applicant may not be granted more than two  
 225 temporary licenses and may not be licensed as a physician  
 226 assistant until he or she passes the examination administered by  
 227 the National Commission on Certification of Physician  
 228 Assistants. As prescribed by board rule, the council may require  
 229 an applicant who does not pass the licensing examination after  
 230 five or more attempts to complete additional remedial education  
 231 or training. The council shall prescribe the additional  
 232 requirements in a manner that permits the applicant to complete  
 233 the requirements and be reexamined within 2 years after the date  
 234 the applicant petitions the council to retake the examination a



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235 sixth or subsequent time.

236 Section 2. Paragraph (e) of subsection (4) of section  
 237 459.022, Florida Statutes, is amended, paragraph (g) is added to  
 238 that subsection, and paragraphs (a) and (b) of subsection (7) of  
 239 that section are amended, to read:

240 459.022 Physician assistants.—

241 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

242 (e) A supervising ~~supervisory~~ physician may delegate to a  
 243 fully licensed physician assistant the authority to prescribe or  
 244 dispense any medication used in the supervising ~~supervisory~~  
 245 physician's practice unless such medication is listed on the  
 246 formulary created pursuant to s. 458.347. A fully licensed  
 247 physician assistant may only prescribe or dispense such  
 248 medication under the following circumstances:

249 1. A physician assistant must clearly identify to the  
 250 patient that she or he is a physician assistant. Furthermore,  
 251 the physician assistant must inform the patient that the patient  
 252 has the right to see the physician before ~~prior to~~ any  
 253 prescription is being prescribed or dispensed by the physician  
 254 assistant.

255 2. The supervising ~~supervisory~~ physician must notify the  
 256 department of her or his intent to delegate, on a department-  
 257 approved form, before delegating such authority and notify the  
 258 department of any change in prescriptive privileges of the  
 259 physician assistant. Authority to dispense may be delegated only  
 260 by a supervising ~~supervisory~~ physician who is registered as a



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261 dispensing practitioner in compliance with s. 465.0276.

262 3. The physician assistant must acknowledge with ~~file with~~  
 263 the department ~~a signed affidavit~~ that she or he has completed a  
 264 minimum of 10 continuing medical education hours in the  
 265 specialty practice in which the physician assistant has  
 266 prescriptive privileges with each licensure renewal application.

267 4. The department may issue a prescriber number to the  
 268 physician assistant granting authority for the prescribing of  
 269 medicinal drugs authorized within this paragraph upon completion  
 270 of the foregoing requirements. The physician assistant shall not  
 271 be required to independently register pursuant to s. 465.0276.

272 5. The prescription may ~~must~~ be written in paper or  
 273 electronic a form but must comply that complies ~~with ss.~~  
 274 456.0392(1) and 456.42(1) and chapter 499 and must contain, in  
 275 addition to the supervising ~~supervisory~~ physician's name,  
 276 address, and telephone number, the physician assistant's  
 277 prescriber number. Unless it is a drug or drug sample dispensed  
 278 by the physician assistant, the prescription must be filled in a  
 279 pharmacy permitted under chapter 465, and must be dispensed in  
 280 that pharmacy by a pharmacist licensed under chapter 465. The  
 281 appearance of the prescriber number creates a presumption that  
 282 the physician assistant is authorized to prescribe the medicinal  
 283 drug and the prescription is valid.

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

286 (g) A licensed physician assistant may perform services





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287 delegated by the supervising physician in the physician  
288 assistant's practice in accordance with his or her education and  
289 training unless expressly prohibited under this chapter, chapter  
290 458, or rules adopted under this chapter or chapter 458.

291 (7) PHYSICIAN ASSISTANT LICENSURE.—

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

296 1. Is at least 18 years of age.

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

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

311 a. A certificate of completion of a physician assistant  
312 training program specified in subsection (6).



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- 313           b. Acknowledgment ~~A sworn statement~~ of any prior felony  
314 convictions.
- 315           c. Acknowledgment ~~A sworn statement~~ of any previous  
316 revocation or denial of licensure or certification in any state.
- 317           d. ~~Two letters of recommendation.~~
- 318           e. A copy of course transcripts and a copy of the course  
319 description from a physician assistant training program  
320 describing course content in pharmacotherapy, if the applicant  
321 wishes to apply for prescribing authority. These documents must  
322 meet the evidence requirements for prescribing authority.
- 323           (b) The licensure must be renewed biennially. Each renewal  
324 must include:
- 325           1. A renewal fee not to exceed \$500 as set by the boards.  
326           2. Acknowledgment ~~A sworn statement~~ of no felony  
327 convictions in the previous 2 years.
- 328           Section 3. This act shall take effect July 1, 2016.

**DRAFT LANGUAGE FOR COUNCIL ON PHYSICIAN ASSISTANTS – JUNE -2016**

64B15-6.003 Physician Assistant Licensure.

(1) Requirements for Licensure.

(a) All applicants for licensure as physician assistants shall apply on Form DH-MQA 2000, entitled "Application for Licensure as a Physician Assistant," (revised 6/16 10/14), hereby adopted and incorporated by reference, and can be obtained from the website at <http://www.flrules.org/Gateway/reference.asp?No:Ref-05074> or <http://www.doh.state.fl.us/mqa/PhysAsst/index.html>.

(b) In addition, upon employment, a licensed physician assistant must notify the Board of Medicine, in writing, utilizing Form DH-MQA 2004, entitled "Supervision Data Form," (revised 8/10), hereby adopted and incorporated by reference, which can be obtained from the Board of Medicine's website at <http://www.doh.state.fl.us/mqa/PhysAsst/index.html>, within 30 days of such employment. Any subsequent changes to the physician assistant's employment must also be made, in writing, within 30 days of such change, utilizing this same form.

(2) Applicants for licensure who have not passed the National Commission on Certification of Physician Assistants Physician Assistant National Certifying Exam within five (5) attempts and have not practiced as a fully licensed physician assistant shall be required to successfully complete a minimum of three (3) months in a full-time review course at an accredited physician assistant program approved by the Chair of the Council on Physician Assistants. Said completion shall be documented by a letter signed by the head of the program stating that the applicant has satisfactorily completed the course.

(3) Restrictions. For purposes of carrying out the provisions of Sections 458.347(7) and 459.022(7)(e), F.S., every physician assistant is prohibited from being supervised by any physician whose license to practice osteopathic medicine is on probation.

~~(4) The applicant must submit a statement documenting completion of two hours of continuing medical education relating to prevention of medical errors which includes a study of root cause analysis, error reduction and prevention, and patient safety, and which is approved by any state or federal government agency, or nationally affiliated professional association, or any provider of Category I or II American Osteopathic Association or American Medical Association Continuing Medical Education. One hour of a two-hour course which is provided by a facility licensed pursuant to Chapter 395, F.S., for its employees may be used to partially meet this requirement.~~

(4) (5) Registration as a dispensing physician assistant shall be made on the form set forth in subsection 64B15-12.0031(4), F.A.C.

*Rulemaking Authority 458.347(7), 459.005, 459.022 FS. Law Implemented 456.013, 456.031, 456.033, 459.022 FS. History—New 10-18-77, Formerly 21R-6.03, Amended 10-28-87, 4-21-88, 4-18-89, 9-26-90, 5-20-91, 10-28-91, 3-16-92, Formerly 21R-6.003, Amended 11-4-93, 3-29-94, Formerly 61F9-6.003, Amended 2-1-95, Formerly 59W-6.003, Amended 6-7-98, 3-10-02, 2-23-04, 10-30-06, 2-25-07, 5-20-09, 2-2-10, 12-6-10, 1-27-13, 2-22-15.*



**FLORIDA BOARD OF MEDICINE  
COUNCIL ON PHYSICIAN  
ASSISTANTS**



**Apply for your license online at [www.flboardofmedicine.gov](http://www.flboardofmedicine.gov)**

**GENERAL INFORMATION**

For a detailed list of licensure requirements, please visit [www.flboardofmedicine.gov](http://www.flboardofmedicine.gov)

**Mailing Information:**

Submit your application, fees, and any supplemental documentation you are sending with your application to the following address:

Department of Health  
P.O. Box 6330  
Tallahassee, Florida 32314-6330

Mail additional documentation, not included with your application, to the following

Address: Florida Board of Medicine  
4052 Bald Cypress Way,  
BIN #CO3 Tallahassee,  
Florida 32399-3253

All documents must have your name as listed on your application to ensure materials reach your application in a timely manner.

**Fees:**

The application and initial license fee for any person who is issued a Physician Assistant license as provided in Sections 458.347 and 459.022, Florida Statutes, shall be \$305. Submit a personal check, money order or cashiers check made payable to the Florida Department of Health in the amount of \$305.

Application fee: \$100.00 (non-refundable)

Initial license fee: \$200.00

Unlicensed activity fee: \$5

Military Veteran Fee Waiver: Application fee and initial fee waived if qualified.

Make one cashier's check or money order for the total amount payable to the Department of Health-Board of Medicine.

An applicant, who is denied licensure, or withdraws the application prior to licensure, is entitled to a refund of the initial licensure fee. A request to withdraw and receive a refund must be made in writing.

**Please submit the following supporting documentation:**

- Applicable fees
- Copy of your military discharge document (if applicable)
- Transcript(s)
- Course Description
- Statements for all yes answers and supporting documentation (if applicable)
- Diploma
- Name Change Document(s)

Please request the following be sent directly to the Florida Board of Medicine:

- Verification from Physician Assistants Program
- Verification of NCCPA Examination
- State License Verification

### INSTRUCTIONS FOR COMPLETING THE APPLICATION FOR LICENSURE AS A PHYSICIAN ASSISTANT

The Department strongly suggests that you refrain from making a commitment or accepting a position in Florida until you are licensed.

Please take personal responsibility for preparing your application. Carefully read and follow all instructions. If you have questions, call for clarification.

#### IMPORTANT NOTICE:

Effective July 1, 2012, section 456.0635, Florida Statutes, provides that health care boards or the department **shall refuse** to issue a license, certificate or registration and **shall refuse** to admit a candidate for examination if the applicant:

1. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S., (relating to social and economic assistance), Chapter 817, F.S., (relating to fraudulent practices), Chapter 893, F.S., (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction unless the candidate or applicant has successfully completed a drug court program for that felony and provides proof that the plea has been withdrawn or the charges have been dismissed.

Any such conviction or plea shall exclude the applicant or candidate from licensure, examination, certification, or registration, unless the sentence and any subsequent period of probation for such conviction or plea ended:

- For the felonies of the first or second degree, more than 15 years from the date of the plea, sentence and completion of any subsequent probation;
  - For the felonies of the third degree, more than 10 years from the date of the plea, sentence and completion of any subsequent probation;
  - For the felonies of the third degree under section 893.13(6)(a), F.S., more than five years from the date of the plea, sentence and completion of any subsequent probation;
2. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues), unless the sentence and any subsequent period of probation for such conviction or pleas ended more than 15 years prior to the date of the application;
  3. Has been terminated for cause from the Florida Medicaid program pursuant to section 409.913, F.S., unless the candidate or applicant has been in good standing with the Florida Medicaid program for the most recent five years;
  4. Has been terminated for cause, pursuant to the appeals procedures established by the state or Federal Government, from any other state Medicaid program, unless the candidate or applicant has been in good standing with a state Medicaid program for the most recent five years and the termination occurred at least 20 years before the date of the application;
  5. Is currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities.

**THE FOLLOWING ITEMS MUST ACCOMPANY YOUR APPLICATION FOR LICENSURE AS A PHYSICIAN ASSISTANT:**

**1. APPLICATION / LICENSE FEE:** No application will be processed without the application fee. APPLICATION FEE MUST ACCOMPANY THE APPLICATION AND IS NON-REFUNDABLE.

The application and initial license fee for any person who is issued a Physician Assistant license as provided in Sections 458.347 and 459.022, Florida Statutes, shall be \$305. Submit a personal check, money order or cashiers check made payable to the Florida Department of Health in the amount of \$305, (application fee \$100, initial license fee \$200, unlicensed activity fee \$5).

Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code, Sections 653 and 654; and Sections 456.004, 409.2577 and 409.2598, Florida Statutes. Social Security numbers are used to allow efficient screening of applicants and licensees by Title IV-D child support agency to assure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for licensee identification pursuant to the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act), 104 Pub. L. 193, Section 317.

**2. TEMPORARY LICENSURE:** List date you will take the PANCE and contact the NCCPA and request direct verification of your examination registration be sent to this office.

**3. PRESCRIBING AUTHORITY:** If yes, submit a copy of your course transcripts and a copy of the course description from your physician assistant training program describing course content in pharmacotherapy. These documents must meet the evidence requirements for prescribing authority.

**4. Name:** List your name as it appears on your birth certificate and/or a legal name-change document. Nicknames or shortened versions are unacceptable. If you have a hyphenated last name, enter both names in the last name space. It will be recognized by the first letter of the first name; e.g., Djaz-Jones.

**4a.** List name(s). Name changes include marriage, naturalization, divorce, or by any other means. Provide a copy of the legal name-change document.

**4b.** List your aliases or any of your other names that may appear on supporting documentation.

**5. Mailing address:** List your current mailing address. We will mail correspondence to you at this address unless you notify the board in writing of an address change. NOTE: If your address changes prior to the issuance of the license, it is your responsibility to notify your reviewer of your address change in writing.

**6. Physical location or address of employment:** List your physical location or address of employment. This address will be available to the public on the MQA License Verification web site. Post Office Box is not acceptable.

**7. Provide your place and date of birth.**

**8. Provide primary and alternate telephone numbers.**

**9. List your e-mail address.** We will e-mail correspondence to you at this address instead of the mailing address when possible. If you do not want your e-mail address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

**10. Physician Assistant Training Program:** Provide name and location of the physician assistant training program graduated from. Submit a copy of your Physician Assistant diploma. Additionally, you are responsible for mailing to your Physician Assistant program the "Physician Assistant Program Verification Form" provided with the application.

**11. Dates of attendance and graduation date of the Physician Assistant Training Program:** Provide dates of attendance at the physician assistant training program and the graduation date. List the month, day and year.

**12. National Commission Certifying Examination and/or Physician Assistant National Recertifying Examination administered by the National Commission of Physician Assistants:** Provide date you passed, number of attempts and dates of attempts the PANCE and/or PANRE. Submit a photocopy of your certificate issued to you by the NCCPA. If you have had a previous certificate that lapsed, please indicate the certification number. Please indicate whether you were ever issued a certificate number other than your current NCCPA certificate number. Chapter 458.347(7)(a)2., and Section 459.022(7)(a)2., F.S. requires any person desiring to be licensed, as a physician assistant, must have "satisfactorily passed a proficiency examination by an acceptable score established by the NCCPA. If an applicant does not hold a current certification issued by the NCCPA 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 NCCPA to be eligible for licensure." Additionally, you are responsible for mailing the "NCCPA Verification Form" to NCCPA provided with the application. For temporary licensure, contact NCCPA and request direct verification of your examination registration sent to this office.

**13. LICENSE VERIFICATIONS INCLUDING INACTIVE STATUS: (PA, LPN, RN, EMT, CNA, PARAMEDIC, RT, TT, PT, etc.)** List state licensure information as a Physician Assistant **AND ALL other healthcare related licenses / certifications in any state.** If you are, or have been, licensed in the United States, contact each state and have them forward licensure/registration/certification, (including temporary licenses/permits) verification directly to the Florida Council on Physician Assistants. If no license/registration/certification was required during your employment, please request that the state board provide such statement directly to this office. You may want to request state licensure verifications as soon as possible; some states can take up to 6 weeks to complete and mail verifications. Additionally, you are responsible for mailing the attached "Licensure Verification Form" to all state boards where you have ever held a license/registration/certification as a health care provider.

**14. UNDERGRADUATE, GRADUATE AND PROFESSIONAL EDUCATION** – List all schools, colleges and universities attended in chronological order. If applicable, list the date of graduation.

**15. EMPLOYMENT HISTORY:**

Account for all employment since graduation from an approved physician assistant educational program until present. Give full name and address of the facility, dates of employment (month and year), positions / titles held, and reason for leaving. Failure to provide all required information will delay processing the application.

**16. UNITED STATES MILITARY AND/OR PUBLIC HEALTH:** Provide a copy of your discharge documents indicating type of discharge.

**SUPPLEMENTAL DOCUMENTS:** If any of the questions numbered 18-40 on the application are answered "YES", you must submit a detailed statement, composed by you, explaining the circumstances. Should any of the questions in the "YES/NO" portion of the application fail to provide sufficient space for the requested information, use an additional page and number the additional information with the corresponding number in the application.

**For Questions 17-27:** Submit copies of charges/arrest report(s), indictments(s) and judgment(s) and satisfaction of judgment(s) Submit copies of any litigation or any other proceedings in any court of law or equity, any criminal court, any arbitration Board or before any governmental Board or Agency, to which you have been a party, either as a plaintiff, defendant, co-defendant, or otherwise. Also see "Supplemental Documents".

**For Questions 28:** Submit a copy of the complaint, amended complaint(s), and judgment. If litigation is pending, the attorney representing the case must submit a letter addressed to the Council on Physician Assistants explaining the current litigation status. Submit a statement, composed by you, stating how many cases you have been named in and the details of your involvement. Also see "Supplemental Documents".

**For Questions 32-36:** Reports from all treating physicians/hospitals/institutions/agencies, including admission and discharge summary, regarding any and all treatment on conduct assessment(s); mental or physical conditions. Reports must include all DSM III R/DSM IV, Axis I and II diagnoses and codes and Axis III condition and prescribed medications. Applicants, who have any history of those listed above, may be required to undergo a current conduct assessment through Florida's Professionals Resource Network, Inc. Also see "Supplemental Documents".

## CRIMINAL HISTORY

**For Questions 37: If you answer "Yes" to the following question you are required to send the following items:**

- o Self-explanation describing in detail the circumstances surrounding each offense, including dates, city and state, charges and final results.
- o Final Dispositions and Arrest Records for all offenses. The Clerk of the Court in the arresting jurisdiction will provide you with these documents. Unavailability of these documents must come in the form of a letter from the Clerk of the Court.
- o Completion of Sentence Documents. You may obtain documentation from the Department of Corrections. The report must include the start date, end date and that the conditions were met.

**Section 456.013(3)(c), Florida Statutes, permits the Council to require your personal appearance.**

Upon employment you must notify the Board of Medicine within 30 days of beginning such employment and after any subsequent changes in the supervising physician(s) including address changes. A Physician Assistant Supervision Data Form must be used for this purpose and will be supplied to you upon licensure. This form can also be printed from the DOH web site at [http://flboardofmedicine.gov/forms/frm\\_supervision-data.pdf](http://flboardofmedicine.gov/forms/frm_supervision-data.pdf) Any change to your application, including address changes, must be submitted to the Board within 30 days of the occurrence.

### Keep a copy of these frequently used phone numbers and web sites

Physician Assistant Website: <http://flboardofmedicine.gov/renewals/physician-assistants/>  
(Applications and forms, renewal forms, CME requirements, address changes, laws & rules)

MQA Services (Look-up License, request an application, request license certification for another state medical Board, current list of supervising physicians) <http://flboardofmedicine.gov/resources/>

Supervision Data Form [http://flboardofmedicine.gov/forms/frm\\_supervision-data.pdf](http://flboardofmedicine.gov/forms/frm_supervision-data.pdf)

Web Board Address: <http://flboardofmedicine.gov>

American Medical Association: (312) 464-5000

American Academy of Physician Assistants: (703) 836-2272

Florida Academy of Physician Assistants: (407) 774-7880

American Osteopathic Association: (800) 621-1773

NCCPA: (770) 734-4500

### CME websites:

NET CE: [www.netce.com/courselist.php](http://www.netce.com/courselist.php)

AKH: [www.AKHealthcare.com](http://www.AKHealthcare.com)

Florida Medical Association: [www.fmaonline.org](http://www.fmaonline.org)

American Medical Association: [cme@ama-assn.org](mailto:cme@ama-assn.org)



## Electronic Fingerprinting

Take this form with you to the Livescan service provider. Please check the service provider's requirements to see if you need to bring any additional items.

- Background screening results are obtained from the Florida Department of Law Enforcement and the Federal Bureau of Investigation by submitting to a fingerprint scan using the Livescan method;
- You can find a Livescan service provider at: <http://www.floridahealth.gov/licensing-and-regulation/background-screening/index.html>.
- Failure to submit background screening will delay your application;
- Applicants may use any Livescan service provider approved by the Florida Department of Law Enforcement to submit their background screening to the department;
- If you do not provide the correct Originating Agency Identification (ORI) number to the Livescan service provider the Board office will not receive your background screening results; The ORI number for the Board of Medicine is **EDOH2014Z**.
- You must provide accurate demographic information to the Livescan service provider at the time your fingerprints are taken, including your Social Security number (SSN);
- Typically background screening results submitted through a Livescan service provider are received by the Board within 24-72 hours of being processed.
- If you obtain your Livescan from a service provider who does not capture your photo you may be required to be reprinted by another agency in the future.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Aliases: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Citizenship: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
White/Latino(a); B-Black; A-Asian; NA-Native American; U-Unknown (M=Male; F=Female)

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Transaction Control Number (TCN#): \_\_\_\_\_  
(This will be provided to you by the Livescan service provider.)

Keep this form for your records.

## FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

### NOTICE OF:

- **SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,**
- **RETENTION OF FINGERPRINTS,**
- **PRIVACY POLICY, AND**
- **RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD**

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C-8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.

## **Privacy Statement**

**Authority:** The FBI's acquisition, preservation and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L.92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L.94-29; Pub.L.101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion of approval of your application.

**Social Security Account Number (SSAN):** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal Agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, security, licensing and adoption, may be predicated on fingerprint based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI (may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

**Routine Uses:** The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as many be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice, FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing the application, they may have additional routine uses.

**Additional Information:** The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice.

**PHYSICIAN ASSISTANT  
APPLICATION FOR LICENSURE**  
Apply for your license online at [www.flboardofmedicine.gov](http://www.flboardofmedicine.gov)

For Deposit/Receipt Only  
**CLIENT 1512**

Application must be typed or legibly printed.

1. FULL LICENSURE:  MILITARY VENTERANS FEE WAIVER

2. TEMPORARY LICENSURE:  List date you will take the PANCE \_\_\_\_\_

If you were honorably discharged from the U.S. armed services within 60 months of your application you will qualify for a waiver of the application fee and the initial licensure fee. In order to qualify, please check the box above indicating that you are seeking a waiver and submit a DD-214 or NGB-22 form as proof of honorable discharge.

3. DO YOU WANT PRESCRIBING AUTHORITY: YES  NO

If yes, submit copy of course transcript, course description describing from your physician assistant training program describing course content in pharmacotherapy. These documents must meet the evidence requirements for prescribing authority.

4. Name: \_\_\_\_\_  
(First) (Middle) (Last)

4a. Have you ever legally changed your name? (Including marriage), maiden, or other:  YES  NO  
If so, please provide legal documentation of each name change.

4b. List any other names by which you have been known \_\_\_\_\_

5. Mailing address \_\_\_\_\_  
(No. & Street) (City) (State) (zip)

6. Physical location or address of employment – This address will be available to the public on the MQA License Verification website. Post Office Box is not acceptable.

\_\_\_\_\_  
(No. & Street) (City) (State) (zip)

7. Place of Birth: (City/State/ or Country) \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(Month, Day, Year)

8. Primary Telephone Number: \_\_\_\_\_ Alternate Telephone Number: \_\_\_\_\_

9. Email Address: \_\_\_\_\_

Under Florida law, email addresses are public records. If you do not want your e-mail address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

**PHYSICIAN ASSISTANT TRAINING PROGRAM:**

10. Name and location of Program: \_\_\_\_\_

11. Dates of Attendance: From: \_\_\_\_\_ To: \_\_\_\_\_ Graduation Date: \_\_\_\_\_  
(Month / Day / Year) (Month / Day / Year)

**NATIONAL COMMISSION CERTIFICATION**

12. Date you passed the Physician Assistant National Certifying Examination (PANCE) and/or Physician Assistant National Recertifying Examination (PANRE) administered by the National Commission on Certification of Physician Assistants (NCCPA)?

PANCE \_\_\_\_\_  
 Number of Attempts \_\_\_\_\_  
 Dates of Attempts \_\_\_\_\_  
 PANRE \_\_\_\_\_  
 Number of Attempts \_\_\_\_\_  
 Dates of Attempts \_\_\_\_\_

**STATE LICENSE INFORMATION  
 Not Limited to Physician Assistant Licensure**

13. Do you hold or have you ever held a license to practice medicine as a physician assistant or any other profession in the United States or territory? YES  NO

If yes list below (attach additional sheets if necessary).

State:	Type of License:	License Number:	Original Issue Date:

**EDUCATION  
 Not limited to Physician Assistant Educational Program**

14. List all undergraduate, graduate and professional education in chronological order. Submit on a separate sheet

School/College/University Name and Address	Major and Degree	From: mm/yy	To: mm/yy	Graduation Date

--	--	--	--	--

**EMPLOYMENT HISTORY:**

15. In CHRONOLOGICAL order list all employment since graduation from an approved physician assistant educational program until present. Give full name and address of the facility, dates of employment (month and year), positions / titles held, and reason for leaving. Failure to provide all required information will delay processing the application. Add additional sheets if necessary.

Name and Address of Employment	Dates of Employment (Month and Year)	Title of position held & reason for leaving

**MILITARY HISTORY:**

16. Have you ever been in the United States Military and/or Public Health Service?  
 Provide a copy of your discharge documents indicating type of discharge.  YES  NO

**THE FOLLOWING QUESTIONS MUST BE ANSWERED YES OR NO. ALL AFFIRMATIVE ANSWERS MUST BE PERSONALLY EXPLAINED TO THE COUNCIL IN DETAIL ON AN ADDITIONAL SHEET. DOCUMENTATION SUBSTANTIATING THE EXPLANATION IS REQUIRED.**

17. Have you ever been denied a license as a Physician Assistant or health care practitioner by any state board or other governmental agency of any state or country?  YES  NO

18. Have you ever been notified to appear before any licensing agency for a hearing or complaint of any nature, including, but not limited to, a charge of violation of the medical practice act, unprofessional or unethical conduct?  YES  NO

19. Have you ever had a license to practice as a Physician Assistant or other license to practice any regulated profession revoked, suspended, or otherwise acted against including denial of license  YES  NO

20. Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if the court withheld adjudication so that you would not have a record of conviction. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question.  YES  NO
21. I have been provided and read the statement from the Florida Department of Law Enforcement regarding the sharing, retention, privacy and right to challenge incorrect criminal history records and the "Privacy Statement" document from the Federal Bureau of Investigation.  YES  NO
22. Have you had any felony convictions?  YES  NO
23. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction?  
(If you responded "no", skip to #24.)  YES  NO
- a. If "yes" to 23, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation?  YES  NO
- b. If "yes" to 23, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes)  YES  NO
- c. If "yes" to 23, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation?  YES  NO
- d. If "yes" to 23, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or charges dismissed? (If "yes", please provide supporting documentation)  YES  NO
24. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)?  YES  NO
- a. If "yes" to 24, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended?  YES  NO
25. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If "No", do not answer 25a)  YES  NO
- a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years?  YES  NO
26. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? (If "No", do not answer 26a or 26b.)  YES  NO
- a. Have you been in good standing with a state Medicaid program for the most recent five years?  YES  NO
- b. Did the termination occur at least 20 years before the date of this application?  YES  NO
26. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities?  YES  NO

28. Have you ever been named in a lawsuit for malpractice or has any settlement or claim been paid on your behalf in relation to a claim of malpractice?  YES  NO
29. Have you ever discontinued practice for any reason for a period of one month or longer?  YES  NO
30. Have you ever had employment terminated for cause?  YES  NO
31. In the last five years, have you been enrolled in, required to enter into, or participated in any drug or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years?  YES  NO
32. In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment?  YES  NO
33. During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice medicine within the past five years?  YES  NO
34. In the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice medicine?  YES  NO
35. In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five years?  YES  NO
36. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice medicine within the last five years?  YES  NO
37. I have been provided and read the statement from the Florida Department of Law Enforcement regarding the sharing, retention, privacy and right to challenge incorrect criminal history records and the "Privacy Statement" document from the Federal Bureau of Investigation.  YES  NO



**Statement of Applicant:**

I state that these statements are true and correct. I recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.067, 775.083, and 775.084 F.S. I state that I have read Chapters 456, 458 and 459, and Sections 766.301- 316, Florida Statutes, Rule Chapters 64B8 and 64B15, Florida Administrative Code.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Board of Medicine information which is material to my application for licensure.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind. I state that my answers and all statements made by me herein are true and correct.

Should I furnish any false information in this application, I hereby agree that such act constitutes cause for denial, suspension, or revocation of my license to practice medicine in the State of Florida. If there are any changes to my status or any change that would affect any of my answers to this application I must notify the board within 30 days.

I understand that my records are protected under federal and state regulations governing Confidentiality of Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that my records are protected under federal and state regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42CFR Part 2 and cannot be disclosed without my written consent unless otherwise provided in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it.

---

Signature of Applicant:

Date:

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43 FR38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

Male  Female

Black  Caucasian  Hispanic  Native American  Asian  Other



**CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS  
DISCLOSURE\***

**Florida Department of Health  
Board of Medicine  
Physician Assistant License Application**

**Name:** \_\_\_\_\_  
                    **Last**                                    **First**                                    **Middle**

**Social Security Number:** \_\_\_\_\_

This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCA § 666 (a)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of social security numbers is required by Section 456.013(1)(a), Florida Statutes.

# PHYSICIAN ASSISTANT PROGRAM VERIFICATION FORM

To:   (Physician Assistant program address)	From: <b>Department of Health                  Council on Physician Assistants                  4052 Bald Cypress Way                  Bin #C03                  Tallahassee, Florida 32399-3253</b>
--	--

**The individual listed below has applied to the Florida Department of Health, Council on Physician Assistants for licensure as a physician assistant. A diploma from your school was submitted as proof of having completed educational prerequisites for licensure in Florida. Please authenticate by signature and seal that the following is true and correct to your records.**

Name:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;"></td> <td style="width: 33%; border-bottom: 1px solid black;"></td> <td style="width: 33%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="font-size: small;">First</td> <td style="font-size: small;">Middle</td> <td style="font-size: small;">Last</td> </tr> </table>				First	Middle	Last
First	Middle	Last					

DOB:	/      /
------	----------

Profession:	<b>Physician Assistant</b>	Degree issue date:	/      /
-------------	----------------------------	--------------------	----------

Comments (if any): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Verified by: \_\_\_\_\_ (signature)

Name: \_\_\_\_\_ (please print)

Title: \_\_\_\_\_

**SEAL**

## NCCPA VERIFICATION FORM

<b>National Commission on Certification of Physician Assistants</b> 12000 Findley Road, Suite 100 John Creek, GA 30097 (678) 417-8100	<b>From: Department of Health Council on Physician Assistants</b> 4052 Bald Cypress Way, Bin #C03 Tallahassee, Florida 32399-3253
---	---

**\* Completed by the applicant – Please print**

* Name:	First	Middle	Last
---------	-------	--------	------

* Date of Birth:	/	/	
------------------	---	---	--

**Completed by NCCPA**

NCCPA Certificate #:		Previous NCCPA Certificate # if applicable	
----------------------	--	--	--

Number of times NCCPA exam was taken:		Number of times NCCPA exam was failed:	
---------------------------------------	--	--	--

Dates of exams:	
-----------------	--

Original issue date:	
----------------------	--

Expiration date:	
------------------	--

Current status:	
-----------------	--

SEAL

---

Comments if any

---



---



---

Signature and title:

## LICENSE VERIFICATION FORM

(Mail to each state where you were/are licensed except Florida)

<b>To:</b>	<b>FROM:</b> <b>Department of Health</b> <b>Council on Physician Assistants</b> <b>4052 Bald Cypress Way</b> <b>BIN #C03</b> <b>Tallahassee, Florida 32399-3253</b>
------------	--

The physician assistant listed below has submitted an application for licensure in Florida. He/she states that he/she was licensed/registered in your state as a healthcare practitioner. Please complete and return this form as soon as possible. Thank you for your cooperation.

**\*Completed by applicant – Please Print**

Name:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;"></td> <td style="width: 33%; border-bottom: 1px solid black;"></td> <td style="width: 33%; border-bottom: 1px solid black;"></td> </tr> <tr> <td style="text-align: center; font-size: small;">First</td> <td style="text-align: center; font-size: small;">Middle</td> <td style="text-align: center; font-size: small;">Last</td> </tr> </table>				First	Middle	Last
First	Middle	Last					
*DOB:	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; border-bottom: 1px solid black;">/</td> <td style="width: 33%; border-bottom: 1px solid black;">/</td> <td style="width: 33%; border-bottom: 1px solid black;"></td> </tr> </table>	/	/				
/	/						

**Completed by Medical Board**

Profession:		License #:	
Issue date:		Expiry date:	

Was a temporary certificate issued prior to full licensure?    YES <input type="checkbox"/> NO <input type="checkbox"/>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; padding: 5px;">License #</td> <td style="width: 33%; padding: 5px;">Issue date:</td> <td style="width: 33%; padding: 5px;">Expiry date:</td> </tr> <tr> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> <td style="padding: 5px;"></td> </tr> </table>	License #	Issue date:	Expiry date:			
License #	Issue date:	Expiry date:				

Has any disciplinary action ever been taken against this license?    YES <input type="checkbox"/> NO <input type="checkbox"/>
If yes, please explain.

Verified by: \_\_\_\_\_ (signature)

Name: \_\_\_\_\_ (please print)

Title: \_\_\_\_\_

**SEAL**



## Change of Address for Current Physician Assistant Licensees

License Number	PA	
Name (as printed on license)		
NEW mailing address:		
City/State/Zip:		
Country (other than US)		
NEW practice location:		
City/State/Zip:		
Country (other than US)		
Telephone:	Home:	Work:
E-mail Address:		
Signature:	Date:	

**NOTE: Only practice locations are published on the Internet. Any change to your licensure information must be up-dated within 30 days of the occurrence.**

Telephone: (850) 245-4131  
 Fax: (850) 412-1285

## Checklist of Supporting Documents for the Initial Application

- Personal check or money order, in the amount of \$305, made payable to The Department of Health, must accompany the application
- All pages of the application with all information required
- Legal name change document, i.e. marriage certificate, divorce decree, naturalization, etc. if applicable
- Military discharge certificate (DD214) if applicable
- Physician Assistant program diploma
- Physician Assistant Program Verification Form (provided with the application)
- NCCPA certificate
- NCCPA Verification Form (provided with the application)
- License Verification Form (provided with the application) if applicable.
- Explanation(s) and supporting documentation regarding affirmative response to questions 17-36.

Please review the application instruction pages regarding each item in the checklist and how to submit them.

To expedite processing, submit all available supporting documents with your application. Remaining supporting documents may be sent under separate cover to the physical address. Supporting documents received in the Board office prior to receiving the application will be held until the application is received.



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1  
2 An act relating to the Department of Health; amending  
3 s. 20.43, F.S.; renaming the Office of Minority Health  
4 within the department; specifying that the office  
5 shall be headed by a Senior Health Equity Officer and  
6 prescribing his or her duties; amending s. 215.5602,  
7 F.S.; revising the reporting requirements for the  
8 Biomedical Research Advisory Council under the James  
9 and Esther King Biomedical Research program; revising  
10 the reporting requirements for certain entities that  
11 perform or are associated with cancer research or  
12 care; amending s. 381.0034, F.S.; deleting the  
13 requirement that applicants making initial application  
14 for certain licensure complete certain courses;  
15 amending s. 381.7355, F.S.; revising the review  
16 criteria for Closing the Gap grant proposals; amending  
17 s. 381.82, F.S.; revising the reporting requirements  
18 for the Alzheimer's Disease Research Grant Advisory  
19 Board under the Ed and Ethel Moore Alzheimer's Disease  
20 Research Program; providing for the carryforward for a  
21 limited period of any unexpended balance of an  
22 appropriation for the program; amending s. 381.922,  
23 F.S.; providing reporting requirements for the  
24 Biomedical Research Advisory Council under the William  
25 G. "Bill" Bankhead, Jr., and David Coley Cancer  
26 Research Program; amending s. 384.23, F.S.; revising





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27 | the factors to be considered in designating a  
28 | condition as a sexually transmissible disease;  
29 | amending s. 384.27, F.S.; authorizing certain health  
30 | care practitioners to provide partner therapy under  
31 | certain conditions; authorizing the department to  
32 | adopt rules; amending s. 401.27, F.S.; increasing the  
33 | length of time that an emergency medical technician or  
34 | paramedic certificate may remain in an inactive  
35 | status; revising the requirements for reactivating and  
36 | renewing such a certificate; revising eligibility for  
37 | certification; deleting a requirement that applicants  
38 | successfully complete a certification examination  
39 | within a specified timeframe; amending s. 456.013,  
40 | F.S.; revising course requirements for renewing a  
41 | certain license; amending s. 456.024, F.S.; revising  
42 | the eligibility criteria for a member of the United  
43 | States Armed Forces, the United States Reserve Forces,  
44 | or the National Guard and the spouse of an active duty  
45 | military member to be issued a license to practice as  
46 | a health care practitioner in this state; creating s.  
47 | 456.0241, F.S.; providing definitions; providing for  
48 | issuance of a temporary certificate under certain  
49 | conditions for certain military health care  
50 | practitioners; providing for the automatic expiration  
51 | of the temporary certificate unless renewed; providing  
52 | for application and renewal fees; requiring the



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53 department to adopt rules; creating s. 456.0361, F.S.;  
 54 requiring the department to establish an electronic  
 55 continuing education tracking system; prohibiting the  
 56 department from renewing a license unless the licensee  
 57 has complied with all continuing education  
 58 requirements; authorizing the department to adopt  
 59 rules; amending s. 456.057, F.S.; requiring a person  
 60 or entity appointed by the board as a custodian of  
 61 medical records to be approved by the department;  
 62 authorizing the department to contract with a third  
 63 party to provide custodial services; amending s.  
 64 456.0635, F.S.; deleting a provision on applicability  
 65 relating to the issuance of licenses; amending s.  
 66 457.107, F.S.; deleting a provision authorizing the  
 67 Board of Acupuncture to request certain documentation  
 68 from applicants; amending s. 458.347, F.S.; deleting a  
 69 requirement that a physician assistant file a signed  
 70 affidavit with the department; amending s. 459.022,  
 71 F.S.; deleting a requirement that a physician  
 72 assistant file a signed affidavit with the department;  
 73 amending s. 460.402, F.S.; providing an additional  
 74 exception to licensure requirements for chiropractic  
 75 physicians; amending s. 463.007, F.S.; making  
 76 technical changes; amending s. 464.203, F.S.; revising  
 77 inservice training requirements for certified nursing  
 78 assistants; repealing s. 464.2085, F.S., relating to



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79 the Council on Certified Nursing Assistants; amending  
80 s. 465.027, F.S.; providing an additional exception to  
81 pharmacy regulations for manufacturers of dialysis  
82 drugs or supplies; amending s. 465.0275, F.S.;;  
83 revising the amount of emergency prescription refill  
84 authorized to be dispensed by a pharmacist; amending  
85 s. 465.0276, F.S.; deleting a requirement that the  
86 department inspect certain facilities; amending s.  
87 466.0135, F.S.; deleting a requirement that a dentist  
88 file a signed affidavit with the department; deleting  
89 a provision authorizing the Board of Dentistry to  
90 request certain documentation from applicants;  
91 amending s. 466.014, F.S.; deleting a requirement that  
92 a dental hygienist file a signed affidavit with the  
93 department; deleting a provision authorizing the board  
94 to request certain documentation from applicants;  
95 amending s. 466.032, F.S.; deleting a requirement that  
96 a dental laboratory file a signed affidavit with the  
97 department; deleting a provision authorizing the  
98 department to request certain documentation from  
99 applicants; repealing s. 468.1201, F.S., relating to a  
100 requirement for instruction on human immunodeficiency  
101 virus and acquired immune deficiency syndrome;  
102 amending s. 483.901, F.S.; deleting provisions  
103 relating to the Advisory Council of Medical  
104 Physicists; authorizing the department to issue



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105 temporary licenses in certain circumstances;  
 106 authorizing the department to adopt rules; amending s.  
 107 484.047, F.S.; deleting a requirement for a written  
 108 statement from an applicant in certain circumstances;  
 109 amending s. 486.102, F.S.; revising accrediting  
 110 agencies that may approve physical therapy assistant  
 111 programs for purposes of licensing; amending s.  
 112 486.109, F.S.; deleting a provision authorizing the  
 113 department to conduct a random audit of certain  
 114 information; amending ss. 499.028, 893.04, and  
 115 921.0022, F.S.; conforming provisions and cross-  
 116 references; providing an effective date.

117

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

119

120 Section 1. Subsection (9) of section 20.43, Florida  
 121 Statutes, is amended to read:

122 20.43 Department of Health.—There is created a Department  
 123 of Health.

124 (9) There is established within the Department of Health  
 125 the Office of Minority Health and Health Equity, which shall be  
 126 headed by a Senior Health Equity Officer. The Senior Health  
 127 Equity Officer shall administer the Closing the Gap grant  
 128 program established under ss. 381.7351-381.7356 in a manner that  
 129 maximizes the impact of the grants in achieving health equity.  
 130 The Senior Health Equity Officer shall evaluate the awarded



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131 grants to assess the effectiveness and efficiency of the use of  
 132 funds and to determine best practices. The Senior Health Equity  
 133 Officer shall disseminate information on best practices to  
 134 stakeholders and shall ensure that the assessments inform future  
 135 grant award decisions.

136 Section 2. Subsections (10) and (12) of section 215.5602,  
 137 Florida Statutes, are amended to read:

138 215.5602 James and Esther King Biomedical Research  
 139 Program.—

140 (10) The council shall submit a fiscal-year progress  
 141 report on the programs under its purview to the Governor, the  
 142 State Surgeon General, the President of the Senate, and the  
 143 Speaker of the House of Representatives by December 15. The  
 144 report must include:

145 (a) For each A-list-of research project projects supported  
 146 by grants or fellowships awarded under the program:—

147 1.(b) A summary list of the research project and results  
 148 or expected results of the research recipients of program grants  
 149 or fellowships.

150 2. The status of the research project, including whether  
 151 it has concluded or the estimated date of completion.

152 3. The amount of the grant or fellowship awarded and the  
 153 estimated or actual cost of the research project.

154 4.(c) A list of principal investigators under the research  
 155 project.

156 5. The title, citation, and summary of findings of a



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157 publication ~~publications~~ in a peer-reviewed journal resulting  
 158 from the ~~peer-reviewed journals~~ involving research supported by  
 159 ~~grants or fellowships~~ awarded under the program.

160 6. ~~(d)~~ The source and amount of any federal, state, or  
 161 local government grants or donations or private grants or  
 162 donations generated as a result of the research project.

163 7. The status of a patent, if any, generated from the  
 164 research project and an economic analysis of the impact of the  
 165 resulting patent.

166 8. A list of postsecondary educational institutions  
 167 involved in the research project, a description of each  
 168 postsecondary educational institution's involvement in the  
 169 research project, and the number of students receiving training  
 170 or performing research under the research project.

171 (b) The state ranking and total amount of biomedical  
 172 research funding currently flowing into the state from the  
 173 National Institutes of Health.

174 ~~(c) New grants for biomedical research which were funded~~  
 175 ~~based on research supported by grants or fellowships awarded~~  
 176 ~~under the program.~~

177 (c) ~~(f)~~ Progress towards programmatic goals, particularly  
 178 in the prevention, diagnosis, treatment, and cure of diseases  
 179 related to tobacco use, including cancer, cardiovascular  
 180 disease, stroke, and pulmonary disease.

181 (d) ~~(g)~~ Recommendations to further the mission of the  
 182 programs.



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183           (12) (a) ~~Each~~ Beginning in the 2011-2012 fiscal year and  
 184 ~~thereafter~~, \$25 million from the revenue deposited into the  
 185 Health Care Trust Fund pursuant to ss. 210.011(9) and 210.276(7)  
 186 shall be reserved for research of tobacco-related or cancer-  
 187 related illnesses. Of the revenue deposited in the Health Care  
 188 Trust Fund pursuant to this section, \$25 million shall be  
 189 transferred to the Biomedical Research Trust Fund within the  
 190 Department of Health. Subject to annual appropriations in the  
 191 General Appropriations Act, \$5 million shall be appropriated to  
 192 the James and Esther King Biomedical Research Program, and \$5  
 193 million shall be appropriated to the William G. "Bill" Bankhead,  
 194 Jr., and David Coley Cancer Research Program created under s.  
 195 381.922.

196           (b) ~~Beginning July 1, 2014,~~ An entity that ~~which~~ performs  
 197 or is associated with cancer research or care that receives a  
 198 specific appropriation for biomedical research, research-related  
 199 functions, operations or other supportive functions, or  
 200 expansion of operations in the General Appropriations Act  
 201 without statutory reporting requirements for the receipt of  
 202 those funds, ~~7~~ must submit an annual fiscal-year progress report  
 203 to the President of the Senate and the Speaker of the House of  
 204 Representatives by December 15. The report must:

- 205           1. Describe the general use of the funds.  
 206           2. Summarize ~~Specify~~ the research, if any, funded by the  
 207 appropriation and provide the:  
 208           a. Status of the research, including whether the research



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209 has concluded.

210 b. Results or expected results of the research.

211 c. Names of principal investigators performing the  
212 research.

213 d. Title, citation, and summary of findings of a  
214 publication in a peer-reviewed journal resulting from the  
215 research.

216 e. Status of a patent, if any, generated from the research  
217 and an economic analysis of the impact of the resulting patent.

218 f. List of postsecondary educational institutions involved  
219 in the research, a description of each postsecondary educational  
220 institution's involvement in the research, and the number of  
221 students receiving training or performing research.

222 3. Describe any fixed capital outlay project funded by the  
223 appropriation, the need for the project, how the project will be  
224 utilized, and the timeline for and status of the project, if  
225 applicable.

226 4. Identify any federal, state, or local government grants  
227 or donations or private grants or donations generated as a  
228 result of the appropriation or activities funded by the  
229 appropriation, if applicable and traceable.

230 Section 3. Subsection (3) of section 381.0034, Florida  
231 Statutes, is amended to read:

232 381.0034 Requirement for instruction on HIV and AIDS.—

233 (3) The department shall require, as a condition of  
234 granting a license under chapter 467 or part III of chapter 483





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235 | ~~the chapters specified in subsection (1),~~ that an applicant  
236 | making initial application for licensure complete an educational  
237 | course acceptable to the department on human immunodeficiency  
238 | virus and acquired immune deficiency syndrome. Upon submission  
239 | of an affidavit showing good cause, an applicant who has not  
240 | taken a course at the time of licensure shall, ~~upon an affidavit~~  
241 | ~~showing good cause,~~ be allowed 6 months to complete this  
242 | requirement.

243 | Section 4. Paragraph (a) of subsection (2) of section  
244 | 381.7355, Florida Statutes, is amended, and paragraph (i) is  
245 | added to subsection (3) of that section, to read:

246 | 381.7355 Project requirements; review criteria.—

247 | (2) A proposal must include each of the following  
248 | elements:

249 | (a) The purpose and objectives of the proposal, including  
250 | identification of the particular racial or ethnic disparity the  
251 | project will address. The proposal must address one or more of  
252 | the following priority areas:

253 | 1. Decreasing racial and ethnic disparities in maternal  
254 | and infant mortality rates.

255 | 2. Decreasing racial and ethnic disparities in morbidity  
256 | and mortality rates relating to cancer.

257 | 3. Decreasing racial and ethnic disparities in morbidity  
258 | and mortality rates relating to HIV/AIDS.

259 | 4. Decreasing racial and ethnic disparities in morbidity  
260 | and mortality rates relating to cardiovascular disease.



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261 5. Decreasing racial and ethnic disparities in morbidity  
262 and mortality rates relating to diabetes.

263 6. Increasing adult and child immunization rates in  
264 certain racial and ethnic populations.

265 7. Decreasing racial and ethnic disparities in oral health  
266 care.

267 8. Decreasing racial and ethnic disparities in morbidity  
268 and mortality rates relating to sickle cell disease.

269 9. Improve neighborhood social determinants of health,  
270 such as transportation, safety, and food access, as outlined by  
271 the Centers for Disease Control and Prevention's "Tools for  
272 Putting Social Determinants of Health into Action."

273 (3) Priority shall be given to proposals that:

274 (i) Incorporate policy approaches to achieve sustainable  
275 long-term improvement.

276 Section 5. Subsection (4) of section 381.82, Florida  
277 Statutes, is amended, and subsection (8) is added to that  
278 section, to read:

279 381.82 Ed and Ethel Moore Alzheimer's Disease Research  
280 Program.—

281 (4) The board shall submit a fiscal-year progress report  
282 on the programs under its purview annually to the Governor, the  
283 President of the Senate, the Speaker of the House of  
284 Representatives, and the State Surgeon General by February 15.  
285 The report must include:

286 (a) For each ~~A list of~~ research project ~~projects~~ supported



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287 | by grants or fellowships awarded under the program:—

288 |        1. (b) A summary list of the research project and results

289 | or expected results of the research recipients of program grants

290 | or fellowships.

291 |        2. The status of the research project, including whether

292 | it has concluded or the estimated date of completion.

293 |        3. The amount of the grant or fellowship awarded and the

294 | estimated or actual cost of the research project.

295 |        4. (e) A list of principal investigators under the research

296 | project.

297 |        5. The title, citation, and summary of findings of a

298 | publication publications in a peer-reviewed journal resulting

299 | from the journals involving research supported by grants or

300 | fellowships awarded under the program.

301 |        6. The source and amount of any federal, state, or local

302 | government grants or donations or private grants or donations

303 | generated as a result of the research project.

304 |        7. The status of a patent, if any, generated from the

305 | research project and an economic analysis of the impact of the

306 | resulting patent.

307 |        8. A list of postsecondary educational institutions

308 | involved in the research project, a description of each

309 | postsecondary educational institution's involvement in the

310 | research project, and the number of students receiving training

311 | or performing research under the research project.

312 |        (b) (d) The state ranking and total amount of Alzheimer's



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313 disease research funding currently flowing into the state from  
314 the National Institutes of Health.

315 ~~(e) New grants for Alzheimer's disease research which were~~  
316 ~~funded based on research supported by grants or fellowships~~  
317 ~~awarded under the program.~~

318 (c) ~~(f)~~ Progress toward programmatic goals, particularly in  
319 the prevention, diagnosis, treatment, and cure of Alzheimer's  
320 disease.

321 (d) ~~(g)~~ Recommendations to further the mission of the  
322 program.

323 (8) Notwithstanding s. 216.301 and pursuant to s. 216.351,  
324 the balance of any appropriation from the General Revenue Fund  
325 for the Ed and Ethel Moore Alzheimer's Disease Research Program  
326 which is not disbursed but which is obligated pursuant to  
327 contract or committed to be expended by June 30 of the fiscal  
328 year in which the funds are appropriated may be carried forward  
329 for up to 5 years after the effective date of the original  
330 appropriation.

331 Section 6. Subsection (6) is added to section 381.922,  
332 Florida Statutes, to read:

333 381.922 William G. "Bill" Bankhead, Jr., and David Coley  
334 Cancer Research Program.—

335 (6) The Biomedical Research Advisory Council shall submit  
336 a report relating to grants awarded under the program to the  
337 Governor, the President of the Senate, and the Speaker of the  
338 House of Representatives by December 15 each year. The report



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339 must include:

340 (a) For each research project supported by grants or  
341 fellowships awarded under the program:

342 1. A summary of the research project and results or  
343 expected results of the research.

344 2. The status of the research project, including whether  
345 it has concluded or the estimated date of completion.

346 3. The amount of the grant or fellowship awarded and the  
347 estimated or actual cost of the research project.

348 4. A list of principal investigators under the research  
349 project.

350 5. The title, citation, and summary of findings of a  
351 publication in a peer-reviewed journal resulting from the  
352 research.

353 6. The source and amount of any federal, state, or local  
354 government grants or donations or private grants or donations  
355 generated as a result of the research project.

356 7. The status of a patent, if any, generated from the  
357 research project and an economic analysis of the impact of the  
358 resulting patent.

359 8. A list of postsecondary educational institutions  
360 involved in the research project, a description of each  
361 postsecondary educational institution's involvement in the  
362 research project, and the number of students receiving training  
363 or performing research under the research project.

364 (b) The state ranking and total amount of cancer research



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365 funding currently flowing into the state from the National  
 366 Institutes of Health.

367 (c) Progress toward programmatic goals, particularly in  
 368 the prevention, diagnosis, treatment, and cure of cancer.

369 (d) Recommendations to further the mission of the program.

370 Section 7. Subsection (3) of section 384.23, Florida  
 371 Statutes, is amended to read:

372 384.23 Definitions.—

373 (3) "Sexually transmissible disease" means a bacterial,  
 374 viral, fungal, or parasitic disease, ~~determined by rule of the~~  
 375 ~~department to be sexually transmissible, to be a threat to the~~  
 376 ~~public health and welfare, and to be a disease for which a~~  
 377 ~~legitimate public interest will be served by providing for~~  
 378 prevention, elimination, control, regulation and treatment. The  
 379 department must, by rule, determine ~~In considering~~ which  
 380 diseases are to be designated as sexually transmissible  
 381 ~~diseases, the department shall consider such diseases as~~  
 382 ~~chaneroid, gonorrhoea, granuloma inguinale, lymphogranuloma~~  
 383 ~~venereum, genital herpes simplex, chlamydia, nongonococcal~~  
 384 ~~urethritis (NGU), pelvic inflammatory disease (PID)/acute~~  
 385 ~~salpingitis, syphilis, and human immune deficiency virus~~  
 386 ~~infection for designation, and shall consider the~~  
 387 ~~recommendations and classifications of the Centers for Disease~~  
 388 ~~Control and Prevention and other nationally recognized medical~~  
 389 ~~authorities in that determination.~~ Not all diseases that are  
 390 sexually transmissible need be designated for the purposes of



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391 | this act.

392 |       Section 8. Subsection (7) is added to section 384.27,  
393 | Florida Statutes, to read:

394 |       384.27 Physical examination and treatment.—

395 |       (7) (a) A health care practitioner licensed under chapter  
396 | 458 or chapter 459 or certified under s. 464.012 may provide  
397 | expedited partner therapy if the following requirements are met:

398 |       1. The patient has a laboratory-confirmed or suspected  
399 | clinical diagnosis of a sexually transmissible disease.

400 |       2. The patient indicates that he or she has a partner with  
401 | whom he or she engaged in sexual activity before the diagnosis  
402 | of the sexually transmissible disease.

403 |       3. The patient indicates that his or her partner is unable  
404 | or unlikely to seek clinical services in a timely manner.

405 |       (b) A pharmacist licensed under chapter 465 may dispense  
406 | medication to a person diagnosed with a sexually transmissible  
407 | disease pursuant to a prescription for the purpose of treating  
408 | that person's partner, regardless of whether the person's  
409 | partner has been personally examined by the prescribing health  
410 | care practitioner.

411 |       (c) A pharmacist or health care practitioner must check  
412 | for potential allergic reactions, in accordance with the  
413 | prevailing professional standard of care, before dispensing a  
414 | prescription or providing a medication under this subsection.

415 |       (d) The department may adopt rules to implement this  
416 | subsection.



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417 Section 9. Subsections (8) and (12) of section 401.27,  
418 Florida Statutes, are amended to read:

419 401.27 Personnel; standards and certification.—

420 (8) Each emergency medical technician certificate and each  
421 paramedic certificate will expire automatically and may be  
422 renewed if the holder meets the qualifications for renewal as  
423 established by the department. A certificate that is not renewed  
424 at the end of the 2-year period will automatically revert to an  
425 inactive status for a period not to exceed two renewal periods  
426 ~~180 days~~. Such certificate may be reactivated and renewed within  
427 the two renewal periods ~~180 days~~ if the certificateholder meets  
428 all other qualifications for renewal, including continuing  
429 education requirements, and pays a \$25 late fee. The  
430 certificateholder also must pass the certification examination  
431 to reactivate the certificate during the second of the two  
432 renewal periods. Reactivation shall be in a manner and on forms  
433 prescribed by department rule.

434 (12) An applicant for certification as an emergency  
435 medical technician or paramedic who is trained outside the  
436 state, or trained in the military, must provide proof of a  
437 current, nationally recognized emergency medical technician or  
438 paramedic certification or registration that is recognized by  
439 the department and based upon successful completion of a  
440 training program approved by the department as being equivalent  
441 to the most recent EMT-Basic or EMT-Paramedic National Standard  
442 Curriculum or the National EMS Education Standards of the United





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443 States Department of Transportation and hold a current  
 444 certificate of successful course completion in cardiopulmonary  
 445 resuscitation (CPR) or advanced cardiac life support for  
 446 emergency medical technicians or paramedics, respectively, to be  
 447 eligible for the certification examination. ~~The applicant must~~  
 448 ~~successfully complete the certification examination within 2~~  
 449 ~~years after the date of the receipt of his or her application by~~  
 450 ~~the department. After 2 years, the applicant must submit a new~~  
 451 ~~application, meet all eligibility requirements, and submit all~~  
 452 ~~fees to reestablish eligibility to take the certification~~  
 453 ~~examination.~~

454 Section 10. Subsection (7) of section 456.013, Florida  
 455 Statutes, is amended to read:

456 456.013 Department; general licensing provisions.—

457 (7) The boards, or the department when there is no board,  
 458 shall require the completion of a 2-hour course relating to  
 459 prevention of medical errors as part of the biennial licensure  
 460 ~~and~~ renewal process. The 2-hour course counts toward ~~shall count~~  
 461 ~~towards~~ the total number of continuing education hours required  
 462 for the profession. The course must ~~shall~~ be approved by the  
 463 board or department, as appropriate, and must ~~shall~~ include a  
 464 study of root-cause analysis, error reduction and prevention,  
 465 and patient safety. In addition, the course approved by the  
 466 Board of Medicine and the Board of Osteopathic Medicine must  
 467 ~~shall~~ include information relating to the five most misdiagnosed  
 468 conditions during the previous biennium, as determined by the



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469 board. If the course is being offered by a facility licensed  
 470 pursuant to chapter 395 for its employees, the board may approve  
 471 up to 1 hour of the 2-hour course to be specifically related to  
 472 error reduction and prevention methods used in that facility.

473 Section 11. Subsection (3) of section 456.024, Florida  
 474 Statutes, is amended to read:

475 456.024 Members of Armed Forces in good standing with  
 476 administrative boards or the department; spouses; licensure.—

477 (3)(a) A person is eligible for licensure as a health care  
 478 practitioner in this state if he or she:

479 1. who Serves or has served as a health care practitioner  
 480 in the United States Armed Forces, the United States Reserve  
 481 Forces, or the National Guard;

482 2. or a person who Serves or has served on active duty  
 483 with the United States Armed Forces as a health care  
 484 practitioner in the United States Public Health Service; or

485 3. Is a health care practitioner, other than a dentist, in  
 486 another state, the District of Columbia, or a possession or  
 487 territory of the United States and is the spouse of a person  
 488 serving on active duty with the United States Armed Forces is  
 489 eligible for licensure in this state.

490  
 491 The department shall develop an application form, and each  
 492 board, or the department if there is no board, shall waive the  
 493 application fee, licensure fee, and unlicensed activity fee for  
 494 such applicants. For purposes of this subsection, "health care



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495 practitioner" means a health care practitioner as defined in s.  
 496 456.001 and a person licensed under part III of chapter 401 or  
 497 part IV of chapter 468.

498 (b) ~~(a)~~ The board, or the department if there is no board,  
 499 shall issue a license to practice in this state to a person who:

500 1. Submits a complete application.

501 2. If he or she is member of the United States Armed  
 502 Forces, the United States Reserve Forces, or the National Guard,  
 503 submits proof that he or she has received ~~Receives~~ an honorable  
 504 discharge within 6 months before, or will receive an honorable  
 505 discharge within 6 months after, the date of submission of the  
 506 application.

507 3.a. Holds an active, unencumbered license issued by  
 508 another state, the District of Columbia, or a possession or  
 509 territory of the United States and who has not had disciplinary  
 510 action taken against him or her in the 5 years preceding the  
 511 date of submission of the application;

512 b. Is a military health care practitioner in a profession  
 513 for which licensure in a state or jurisdiction is not required  
 514 to practice in the United States Armed Forces, if he or she  
 515 submits to the department evidence of military training or  
 516 experience substantially equivalent to the requirements for  
 517 licensure in this state in that profession and evidence that he  
 518 or she has obtained a passing score on the appropriate  
 519 examination of a national or regional standards organization if  
 520 required for licensure in this state; or



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521 c. Is the spouse of a person serving on active duty in the  
522 United States Armed Forces and is a health care practitioner in  
523 a profession, excluding dentistry, for which licensure in  
524 another state or jurisdiction is not required, if he or she  
525 submits to the department evidence of training or experience  
526 substantially equivalent to the requirements for licensure in  
527 this state in that profession and evidence that he or she has  
528 obtained a passing score on the appropriate examination of a  
529 national or regional standards organization if required for  
530 licensure in this state.

531 4. Attests that he or she is not, at the time of  
532 submission of the application, the subject of a disciplinary  
533 proceeding in a jurisdiction in which he or she holds a license  
534 or by the United States Department of Defense for reasons  
535 related to the practice of the profession for which he or she is  
536 applying.

537 5. Actively practiced the profession for which he or she  
538 is applying for the 3 years preceding the date of submission of  
539 the application.

540 6. Submits a set of fingerprints for a background  
541 screening pursuant to s. 456.0135, if required for the  
542 profession for which he or she is applying.

543  
544 The department shall verify information submitted by the  
545 applicant under this subsection using the National Practitioner  
546 Data Bank.



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547        ~~(c)(b)~~ Each applicant who meets the requirements of this  
 548 subsection shall be licensed with all rights and  
 549 responsibilities as defined by law. The applicable board, or the  
 550 department if there is no board, may deny an application if the  
 551 applicant has been convicted of or pled guilty or nolo  
 552 contendere to, regardless of adjudication, any felony or  
 553 misdemeanor related to the practice of a health care profession  
 554 regulated by this state.

555        ~~(d)(e)~~ An applicant for initial licensure under this  
 556 subsection must submit the information required by ss.  
 557 456.039(1) and 456.0391(1) no later than 1 year after the  
 558 license is issued.

559        Section 12. Section 456.0241, Florida Statutes, is created  
 560 to read:

561        456.0241 Temporary certificate for active duty military  
 562 health care practitioners.—

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

564        (a) "Military health care practitioner" means:

565        1. A person practicing as a health care practitioner as  
 566 defined in s. 456.001, as a person licensed under part III of  
 567 chapter 401, or as a person licensed under part IV of chapter  
 568 468 who is serving on active duty in the United States Armed  
 569 Forces, the United States Reserve Forces, or the National Guard;  
 570 or

571        2. A person who is serving on active duty in the United  
 572 States Armed Forces and serving in the United States Public



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573 Health Service.

574 (b) "Military platform" means a military training  
575 agreement with a nonmilitary health care provider that is  
576 designed to develop and support medical, surgical, or other  
577 health care treatment opportunities in a nonmilitary health care  
578 provider setting to authorize a military health care  
579 practitioner to develop and maintain the technical proficiency  
580 necessary to meet the present and future health care needs of  
581 the United States Armed Forces. Such agreements may include  
582 Training Affiliation Agreements and External Resource Sharing  
583 Agreements.

584 (2) The department may issue a temporary certificate to an  
585 active duty military health care practitioner to practice in a  
586 regulated profession in this state if the applicant:

587 (a) Submits proof that he or she will be practicing  
588 pursuant to a military platform.

589 (b) Submits a complete application and a nonrefundable  
590 application fee.

591 (c) Holds an active, unencumbered license to practice as a  
592 health care professional issued by another state, the District  
593 of Columbia, or a possession or territory of the United States  
594 or is a military health care practitioner in a profession for  
595 which licensure in a state or jurisdiction is not required for  
596 practice in the United States Armed Forces and provides evidence  
597 of military training and experience substantially equivalent to  
598 the requirements for licensure in this state in that profession.



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599 (d) Attests that he or she is not, at the time of  
600 submission of the application, the subject of a disciplinary  
601 proceeding in a jurisdiction in which he or she holds a license  
602 or by the United States Department of Defense for reasons  
603 related to the practice of the profession for which he or she is  
604 applying.

605 (e) Has been determined to be competent in the profession  
606 for which he or she is applying.

607 (f) Submits a set of fingerprints for a background  
608 screening pursuant to s. 456.0135, if required for the  
609 profession for which he or she is applying.

610  
611 The department shall verify information submitted by the  
612 applicant under this subsection using the National Practitioner  
613 Data Bank.

614 (3) A temporary certificate issued under this section  
615 expires 6 months after issuance but may be renewed upon proof of  
616 continuing military orders for active duty assignment in this  
617 state and evidence that the military health care practitioner  
618 continues to be a military platform participant.

619 (4) A military health care practitioner applying for a  
620 temporary certificate under this section is exempt from ss.  
621 456.039-456.046. All other provisions of this chapter apply to  
622 such military health care practitioner.

623 (5) An applicant for a temporary certificate under this  
624 section is deemed ineligible if he or she:



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625 (a) Has been convicted of or pled guilty or nolo  
 626 contendere to, regardless of adjudication, any felony or  
 627 misdemeanor related to the practice of a health care profession;

628 (b) Has had a health care provider license revoked or  
 629 suspended in another state, the District of Columbia, or a  
 630 possession or territory of the United States;

631 (c) Has failed to obtain a passing score on the Florida  
 632 examination required to receive a license to practice the  
 633 profession for which he or she is applying; or

634 (d) Is under investigation in another jurisdiction for an  
 635 act that would constitute a violation of the applicable  
 636 licensing chapter or this chapter until the investigation is  
 637 complete and all charges against him or her are disposed of by  
 638 dismissal, nolle prosequi, or acquittal.

639 (6) The department shall, by rule, set an application fee  
 640 not to exceed \$50 and a renewal fee not to exceed \$50.

641 (7) Application shall be made on a form prescribed and  
 642 furnished by the department.

643 (8) The department shall adopt rules to implement this  
 644 section.

645 Section 13. Section 456.0361, Florida Statutes, is created  
 646 to read:

647 456.0361 Compliance with continuing education  
 648 requirements.—

649 (1) The department shall establish an electronic  
 650 continuing education tracking system to monitor licensee





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651 compliance with applicable continuing education requirements and  
 652 to determine whether a licensee is in full compliance with the  
 653 requirements at the time of his or her application for license  
 654 renewal. The tracking system shall be integrated into the  
 655 department's licensure and renewal process.

656 (2) The department may not renew a license until the  
 657 licensee complies with all applicable continuing education  
 658 requirements. This subsection does not prohibit the department  
 659 or the boards from imposing additional penalties under the  
 660 applicable professional practice act or applicable rules for  
 661 failure to comply with continuing education requirements.

662 (3) The department may adopt rules to implement this  
 663 section.

664 Section 14. Subsection (20) of section 456.057, Florida  
 665 Statutes, is amended to read:

666 456.057 Ownership and control of patient records; report  
 667 or copies of records to be furnished; disclosure of  
 668 information.-

669 (20) The board with department approval, or the department  
 670 when there is no board, may temporarily or permanently appoint a  
 671 person or entity as a custodian of medical records in the event  
 672 of the death of a practitioner, the mental or physical  
 673 incapacitation of a ~~the~~ practitioner, or the abandonment of  
 674 medical records by a practitioner. Such ~~The~~ custodian ~~appointed~~  
 675 shall comply with ~~all provisions of~~ this section. The department  
 676 may contract with a third party to provide these services under



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677 the confidentiality and disclosure requirements of this section,  
 678 ~~including the release of patient records.~~

679 Section 15. Subsection (2) of section 456.0635, Florida  
 680 Statutes, is amended to read:

681 456.0635 Health care fraud; disqualification for license,  
 682 certificate, or registration.—

683 (2) Each board within the jurisdiction of the department,  
 684 or the department if there is no board, shall refuse to admit a  
 685 candidate to any examination and refuse to issue a license,  
 686 certificate, or registration to any applicant if the candidate  
 687 or applicant or any principal, officer, agent, managing  
 688 employee, or affiliated person of the applicant:

689 (a) Has been convicted of, or entered a plea of guilty or  
 690 nolo contendere to, regardless of adjudication, a felony under  
 691 chapter 409, chapter 817, or chapter 893, or a similar felony  
 692 offense committed in another state or jurisdiction, unless the  
 693 candidate or applicant has successfully completed a drug court  
 694 program for that felony and provides proof that the plea has  
 695 been withdrawn or the charges have been dismissed. Any such  
 696 conviction or plea shall exclude the applicant or candidate from  
 697 licensure, examination, certification, or registration unless  
 698 the sentence and any subsequent period of probation for such  
 699 conviction or plea ended:

700 1. For felonies of the first or second degree, more than  
 701 15 years before the date of application.

702 2. For felonies of the third degree, more than 10 years



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703 before the date of application, except for felonies of the third  
704 degree under s. 893.13(6) (a).

705 3. For felonies of the third degree under s. 893.13(6) (a),  
706 more than 5 years before the date of application;

707 (b) Has been convicted of, or entered a plea of guilty or  
708 nolo contendere to, regardless of adjudication, a felony under  
709 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396, unless the  
710 sentence and any subsequent period of probation for such  
711 conviction or plea ended more than 15 years before the date of  
712 the application;

713 (c) Has been terminated for cause from the Florida  
714 Medicaid program pursuant to s. 409.913, unless the candidate or  
715 applicant has been in good standing with the Florida Medicaid  
716 program for the most recent 5 years;

717 (d) Has been terminated for cause, pursuant to the appeals  
718 procedures established by the state, from any other state  
719 Medicaid program, unless the candidate or applicant has been in  
720 good standing with a state Medicaid program for the most recent  
721 5 years and the termination occurred at least 20 years before  
722 the date of the application; or

723 (e) Is currently listed on the United States Department of  
724 Health and Human Services Office of Inspector General's List of  
725 Excluded Individuals and Entities.

726

727 ~~This subsection does not apply to candidates or applicants for~~  
728 ~~initial licensure or certification who were enrolled in an~~



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729 ~~educational or training program on or before July 1, 2009, which~~  
 730 ~~was recognized by a board or, if there is no board, recognized~~  
 731 ~~by the department, and who applied for licensure after July 1,~~  
 732 ~~2012.~~

733 Section 16. Subsection (3) of section 457.107, Florida  
 734 Statutes, is amended to read:

735 457.107 Renewal of licenses; continuing education.—

736 (3) The board shall ~~by rule prescribe~~ by rule continuing  
 737 education requirements of up to, ~~not to exceed~~ 30 hours  
 738 biennially~~,~~ as a condition for renewal of a license. All  
 739 education programs that contribute to the advancement,  
 740 extension, or enhancement of professional skills and knowledge  
 741 related to the practice of acupuncture, whether conducted by a  
 742 nonprofit or profitmaking entity, are eligible for approval. The  
 743 continuing professional education requirements must be in  
 744 acupuncture or oriental medicine subjects, including, but not  
 745 limited to, anatomy, biological sciences, adjunctive therapies,  
 746 sanitation and sterilization, emergency protocols, and diseases.  
 747 The board may ~~shall have the authority to~~ set a fee of up to,  
 748 ~~not to exceed~~ \$100~~,~~ for each continuing education provider. The  
 749 licensee shall retain in his or her records the certificates of  
 750 completion of continuing professional education requirements ~~to~~  
 751 ~~prove compliance with this subsection.~~ The board ~~may request~~  
 752 ~~such documentation without cause from applicants who are~~  
 753 ~~selected at random.~~ All national and state acupuncture and  
 754 oriental medicine organizations and acupuncture and oriental



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755 | medicine schools are approved to provide continuing professional  
756 | education in accordance with this subsection.

757 |       Section 17. Paragraph (e) of subsection (4) of section  
758 | 458.347, Florida Statutes, is amended to read:

759 |       458.347 Physician assistants.—

760 |       (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

761 |       (e) A supervisory physician may delegate to a fully  
762 | licensed physician assistant the authority to prescribe or  
763 | dispense any medication used in the supervisory physician's  
764 | practice unless such medication is listed on the formulary  
765 | created pursuant to paragraph (f). A fully licensed physician  
766 | assistant may only prescribe or dispense such medication under  
767 | the following circumstances:

768 |       1. A physician assistant must clearly identify to the  
769 | patient that he or she is a physician assistant and.  
770 | ~~Furthermore, the physician assistant must~~ inform the patient  
771 | that the patient has the right to see the physician before a  
772 | ~~prior to any~~ prescription is being prescribed or dispensed by  
773 | the physician assistant.

774 |       2. The supervisory physician must notify the department of  
775 | his or her intent to delegate, on a department-approved form,  
776 | before delegating such authority and ~~notify the department of~~  
777 | any change in prescriptive privileges of the physician  
778 | assistant. Authority to dispense may be delegated only by a  
779 | supervising physician who is registered as a dispensing  
780 | practitioner in compliance with s. 465.0276.



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781           3. The physician assistant must complete ~~file with the~~  
 782 ~~department a signed affidavit that he or she has completed~~ a  
 783 minimum of 10 continuing medical education hours in the  
 784 specialty practice in which the physician assistant has  
 785 prescriptive privileges with each licensure renewal ~~application~~.

786           4. The department may issue a prescriber number to the  
 787 physician assistant granting authority for the prescribing of  
 788 medicinal drugs authorized within this paragraph upon completion  
 789 of the ~~foregoing~~ requirements of this paragraph. The physician  
 790 assistant is ~~shall~~ not be required to independently register  
 791 pursuant to s. 465.0276.

792           5. The prescription must be written in a form that  
 793 complies with chapter 499 and, in addition to the supervisory  
 794 physician's name, address, and telephone number, must contain,  
 795 ~~in addition to the supervisory physician's name, address, and~~  
 796 ~~telephone number,~~ the physician assistant's prescriber number.  
 797 Unless it is a drug or drug sample dispensed by the physician  
 798 assistant, the prescription must be filled in a pharmacy  
 799 permitted under chapter 465 and must be dispensed in that  
 800 pharmacy by a pharmacist licensed under chapter 465. The  
 801 inclusion ~~appearance~~ of the prescriber number creates a  
 802 presumption that the physician assistant is authorized to  
 803 prescribe the medicinal drug and the prescription is valid.

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

806           Section 18. Paragraph (e) of subsection (4) of section



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807 459.022, Florida Statutes, is amended to read:

808 459.022 Physician assistants.—

809 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

810 (e) A supervisory physician may delegate to a fully  
 811 licensed physician assistant the authority to prescribe or  
 812 dispense any medication used in the supervisory physician's  
 813 practice unless such medication is listed on the formulary  
 814 created pursuant to s. 458.347. A fully licensed physician  
 815 assistant may only prescribe or dispense such medication under  
 816 the following circumstances:

817 1. A physician assistant must clearly identify to the  
 818 patient that she or he is a physician assistant and.  
 819 ~~Furthermore, the physician assistant~~ must inform the patient  
 820 that the patient has the right to see the physician before a  
 821 ~~prior to any~~ prescription is being prescribed or dispensed by  
 822 the physician assistant.

823 2. The supervisory physician must notify the department of  
 824 her or his intent to delegate, on a department-approved form,  
 825 before delegating such authority and ~~notify the department of~~  
 826 any change in prescriptive privileges of the physician  
 827 assistant. Authority to dispense may be delegated only by a  
 828 supervisory physician who is registered as a dispensing  
 829 practitioner in compliance with s. 465.0276.

830 3. The physician assistant must complete ~~file with the~~  
 831 ~~department a signed affidavit that she or he has completed a~~  
 832 minimum of 10 continuing medical education hours in the



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833 specialty practice in which the physician assistant has  
834 prescriptive privileges with each licensure renewal application.

835 4. The department may issue a prescriber number to the  
836 physician assistant granting authority for the prescribing of  
837 medicinal drugs authorized within this paragraph upon completion  
838 of the ~~foregoing~~ requirements of this paragraph. The physician  
839 assistant is ~~shall~~ not be required to independently register  
840 pursuant to s. 465.0276.

841 5. The prescription must be written in a form that  
842 complies with chapter 499 and, in addition to the supervisory  
843 physician's name, address, and telephone number, must contain,  
844 ~~in addition to the supervisory physician's name, address, and~~  
845 ~~telephone number,~~ the physician assistant's prescriber number.  
846 Unless it is a drug or drug sample dispensed by the physician  
847 assistant, the prescription must be filled in a pharmacy  
848 permitted under chapter 465, and must be dispensed in that  
849 pharmacy by a pharmacist licensed under chapter 465. The  
850 inclusion ~~appearance~~ of the prescriber number creates a  
851 presumption that the physician assistant is authorized to  
852 prescribe the medicinal drug and the prescription is valid.

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

855 Section 19. Subsection (7) is added to section 460.402,  
856 Florida Statutes, to read:

857 460.402 Exceptions.—The provisions of this chapter shall  
858 not apply to:





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859        (7) A chiropractic physician who holds an active license  
 860 in another state, the District of Columbia, or a possession or  
 861 territory of the United States and is performing chiropractic  
 862 procedures or demonstrating equipment or supplies for  
 863 educational purposes at a board-approved continuing education  
 864 program.

865        Section 20. Subsection (3) of section 463.007, Florida  
 866 Statutes, is amended to read:

867        463.007 Renewal of license; continuing education.—

868        (3) As a condition of license renewal, a licensee must  
 869 ~~Unless otherwise provided by law, the board shall require~~  
 870 ~~licensees to periodically demonstrate his or her their~~  
 871 ~~professional competence, as a condition of renewal of a license,~~  
 872 by completing up to 30 hours of continuing education during the  
 873 2-year period preceding license renewal. For certified  
 874 optometrists, the 30-hour continuing education requirement  
 875 includes ~~shall include~~ 6 or more hours of approved transcript-  
 876 quality coursework in ocular and systemic pharmacology and the  
 877 diagnosis, treatment, and management of ocular and systemic  
 878 conditions and diseases during the 2-year period preceding  
 879 application for license renewal.

880        Section 21. Subsection (7) of section 464.203, Florida  
 881 Statutes, is amended to read:

882        464.203 Certified nursing assistants; certification  
 883 requirement.—

884        (7) A certified nursing assistant shall complete 24 ~~12~~



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885 hours of inservice training during each biennium ~~ealendar~~ year.  
 886 The certified nursing assistant shall maintain ~~be responsible~~  
 887 ~~for maintaining~~ documentation demonstrating compliance with  
 888 ~~these provisions. The Council on Certified Nursing Assistants,~~  
 889 ~~in accordance with s. 464.2085(2)(b), shall propose rules to~~  
 890 ~~implement~~ this subsection.

891 Section 22. Section 464.2085, Florida Statutes, is  
 892 repealed.

893 Section 23. Section 465.027, Florida Statutes, is amended  
 894 to read:

895 465.027 Exceptions.—

896 (1) This chapter shall not be construed to prohibit the  
 897 sale of home remedies or preparations commonly known as patents  
 898 or proprietary preparations, ~~when such are~~ sold only in original  
 899 or unbroken packages, nor shall this chapter be construed to  
 900 prevent businesses from engaging in the sale of sundries or  
 901 patents or proprietary preparations.

902 (2) This chapter shall not apply to a manufacturer, or its  
 903 agent, holding an active permit as a manufacturer under chapter  
 904 499 and engaged solely in the manufacture or distribution of  
 905 dialysate, drugs, or devices necessary to perform home renal  
 906 dialysis on patients with chronic kidney failure, if the  
 907 dialysate, drugs, or devices are:

908 (a) Approved or cleared by the United States Food and Drug  
 909 Administration; and

910 (b) Delivered in the original, sealed packaging after



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911 receipt of a physician's order to dispense to:

912 1. A patient with chronic kidney failure, or the patient's  
 913 designee, for the patient's self-administration of the dialysis  
 914 therapy; or

915 2. A health care practitioner or an institution for  
 916 administration or delivery of the dialysis therapy to a patient  
 917 with chronic kidney failure.

918 Section 24. Section 465.0275, Florida Statutes, is amended  
 919 to read:

920 465.0275 Emergency prescription refill.—

921 (1) In the event a pharmacist receives a request for a  
 922 prescription refill and the pharmacist is unable to readily  
 923 obtain refill authorization from the prescriber, the pharmacist  
 924 may dispense:

925 (a) A one-time emergency refill of up to a 72-hour supply  
 926 of the prescribed medication; or

927 (b) A one-time emergency refill of one vial of insulin to  
 928 treat diabetes mellitus.

929 (2) ~~If the Governor issues, with the exception of those~~  
 930 ~~areas or counties included in an emergency order or proclamation~~  
 931 ~~of a state of emergency declared by the Governor, in which the~~  
 932 ~~executive order may authorize the pharmacist may to dispense up~~  
 933 ~~to a 30-day supply in the areas or counties affected by the~~  
 934 ~~order or proclamation, provided providing that:~~

935 (a) ~~(1)~~ The prescription is not for a medicinal drug listed  
 936 in Schedule II appearing in chapter 893.



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937        (b) ~~(2)~~ The medication is essential to the maintenance of  
938 life or to the continuation of therapy in a chronic condition.

939        (c) ~~(3)~~ In the pharmacist's professional judgment, the  
940 interruption of therapy might reasonably produce undesirable  
941 health consequences or may cause physical or mental discomfort.

942        (d) ~~(4)~~ The dispensing pharmacist creates a written order  
943 containing all of the prescription information required by this  
944 chapter and chapters 499 and 893 and signs that order.

945        (e) ~~(5)~~ The dispensing pharmacist notifies the prescriber  
946 of the emergency dispensing within a reasonable time after such  
947 dispensing.

948        Section 25. Paragraph (b) of subsection (1) and subsection  
949 (3) of section 465.0276, Florida Statutes, are amended to read:  
950        465.0276 Dispensing practitioner.—

951        (1)

952        (b) A practitioner registered under this section may not  
953 dispense a controlled substance listed in Schedule II or  
954 Schedule III as provided in s. 893.03. This paragraph does not  
955 apply to:

956        1. The dispensing of complimentary packages of medicinal  
957 drugs which are labeled as a drug sample or complimentary drug  
958 as defined in s. 499.028 to the practitioner's own patients in  
959 the regular course of her or his practice without the payment of  
960 a fee or remuneration of any kind, whether direct or indirect,  
961 as provided in subsection (4) ~~(5)~~.

962        2. The dispensing of controlled substances in the health



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963 care system of the Department of Corrections.

964 3. The dispensing of a controlled substance listed in  
965 Schedule II or Schedule III in connection with the performance  
966 of a surgical procedure. The amount dispensed pursuant to the  
967 subparagraph may not exceed a 14-day supply. This exception does  
968 not allow for the dispensing of a controlled substance listed in  
969 Schedule II or Schedule III more than 14 days after the  
970 performance of the surgical procedure. For purposes of this  
971 subparagraph, the term "surgical procedure" means any procedure  
972 in any setting which involves, or reasonably should involve:

973 a. Perioperative medication and sedation that allows the  
974 patient to tolerate unpleasant procedures while maintaining  
975 adequate cardiorespiratory function and the ability to respond  
976 purposefully to verbal or tactile stimulation and makes intra-  
977 and postoperative monitoring necessary; or

978 b. The use of general anesthesia or major conduction  
979 anesthesia and preoperative sedation.

980 4. The dispensing of a controlled substance listed in  
981 Schedule II or Schedule III pursuant to an approved clinical  
982 trial. For purposes of this subparagraph, the term "approved  
983 clinical trial" means a clinical research study or clinical  
984 investigation that, in whole or in part, is state or federally  
985 funded or is conducted under an investigational new drug  
986 application that is reviewed by the United States Food and Drug  
987 Administration.

988 5. The dispensing of methadone in a facility licensed



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989 | under s. 397.427 where medication-assisted treatment for opiate  
 990 | addiction is provided.

991 |         6. The dispensing of a controlled substance listed in  
 992 | Schedule II or Schedule III to a patient of a facility licensed  
 993 | under part IV of chapter 400.

994 |         ~~(3) The department shall inspect any facility where a~~  
 995 | ~~practitioner dispenses medicinal drugs pursuant to subsection~~  
 996 | ~~(2) in the same manner and with the same frequency as it~~  
 997 | ~~inspects pharmacies for the purpose of determining whether the~~  
 998 | ~~practitioner is in compliance with all statutes and rules~~  
 999 | ~~applicable to her or his dispensing practice.~~

1000 |         Section 26. Subsection (3) of section 466.0135, Florida  
 1001 | Statutes, is amended to read:

1002 |         466.0135 Continuing education; dentists.—

1003 |         (3) A ~~In applying for license renewal, the dentist shall~~  
 1004 | complete ~~submit a sworn affidavit, on a form acceptable to the~~  
 1005 | ~~department, attesting that she or he has completed the required~~  
 1006 | continuing education as provided ~~required~~ in this section and in  
 1007 | ~~accordance with the guidelines and provisions of this section~~  
 1008 | ~~and listing the date, location, sponsor, subject matter, and~~  
 1009 | ~~hours of completed continuing education courses. The applicant~~  
 1010 | ~~shall retain in her or his records any such receipts, vouchers,~~  
 1011 | ~~or certificates as may be necessary to document completion of~~  
 1012 | such ~~the continuing education courses listed in accordance with~~  
 1013 | ~~this subsection. With cause, the board may request such~~  
 1014 | ~~documentation by the applicant, and the board may request such~~



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1015 ~~documentation from applicants selected at random without cause.~~  
 1016 Section 27. Section 466.014, Florida Statutes, is amended  
 1017 to read:  
 1018 466.014 Continuing education; dental hygienists.—In  
 1019 addition to the other requirements for relicensure for dental  
 1020 hygienists set out in this chapter ~~aet~~, the board shall require  
 1021 each licensed dental hygienist to complete at least ~~not less~~  
 1022 ~~than~~ 24 hours but not ~~or~~ more than 36 hours of continuing  
 1023 professional education in dental subjects, biennially, in  
 1024 programs prescribed or approved by the board or in equivalent  
 1025 programs of continuing education. Programs of continuing  
 1026 education approved by the board shall be programs of learning  
 1027 which, in the opinion of the board, contribute directly to the  
 1028 dental education of the dental hygienist. The board shall adopt  
 1029 rules and guidelines to administer and enforce ~~the provisions of~~  
 1030 this section. ~~In applying for license renewal,~~ The dental  
 1031 hygienist shall ~~submit a sworn affidavit, on a form acceptable~~  
 1032 ~~to the department, attesting that she or he has completed the~~  
 1033 ~~continuing education required in this section in accordance with~~  
 1034 ~~the guidelines and provisions of this section and listing the~~  
 1035 ~~date, location, sponsor, subject matter, and hours of completed~~  
 1036 ~~continuing education courses. The applicant shall retain in her~~  
 1037 ~~or his records~~ any such receipts, vouchers, or certificates ~~as~~  
 1038 ~~may be necessary to document completion of~~ such ~~the~~ continuing  
 1039 ~~education courses listed in accordance with this section. With~~  
 1040 ~~cause, the board may request such documentation by the~~



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1041 ~~applicant, and the board may request such documentation from~~  
 1042 ~~applicants selected at random without cause.~~ Compliance with the  
 1043 continuing education requirements is ~~shall~~ be mandatory for  
 1044 issuance of the renewal certificate. The board may ~~shall~~ have  
 1045 ~~the authority to~~ excuse licensees, as a group or as individuals,  
 1046 from all or part of the continuing education ~~educational~~  
 1047 requirements if, ~~or any part thereof,~~ in the event an unusual  
 1048 circumstance, emergency, or hardship has prevented compliance  
 1049 with this section.

1050 Section 28. Subsection (5) of section 466.032, Florida  
 1051 Statutes, is amended to read:

1052 466.032 Registration.—

1053 (5) A ~~The~~ dental laboratory owner or at least one employee  
 1054 of any dental laboratory renewing registration on or after July  
 1055 1, 2010, shall complete 18 hours of continuing education  
 1056 biennially. Programs of continuing education must ~~shall~~ be  
 1057 programs of learning that contribute directly to the education  
 1058 of the dental technician and may include, but are not limited  
 1059 to, attendance at lectures, study clubs, college courses, or  
 1060 scientific sessions of conventions and research.

1061 (a) The aim of continuing education for dental technicians  
 1062 is to improve dental health care delivery to the public as such  
 1063 is impacted through the design, manufacture, and use of  
 1064 artificial human oral prosthetics and related restorative  
 1065 appliances.

1066 (b) Continuing education courses shall address one or more





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1067 of the following areas of professional development, including,  
 1068 but not limited to:

1069 1. Laboratory and technological subjects, including, but  
 1070 not limited to, laboratory techniques and procedures, materials,  
 1071 and equipment; and

1072 2. Subjects pertinent to oral health, infection control,  
 1073 and safety.

1074 (c) Programs that meet ~~meeting~~ the general requirements of  
 1075 continuing education may be developed and offered to dental  
 1076 technicians by the Florida Dental Laboratory Association and the  
 1077 Florida Dental Association. Other organizations, schools, or  
 1078 agencies may also be approved to develop and offer continuing  
 1079 education in accordance with specific criteria established by  
 1080 the department.

1081 ~~(d) Any dental laboratory renewing a registration on or~~  
 1082 ~~after July 1, 2010, shall submit a sworn affidavit, on a form~~  
 1083 ~~approved by the department, attesting that either the dental~~  
 1084 ~~laboratory owner or one dental technician employed by the~~  
 1085 ~~registered dental laboratory has completed the continuing~~  
 1086 ~~education required in this subsection in accordance with the~~  
 1087 ~~guidelines and provisions of this subsection and listing the~~  
 1088 ~~date, location, sponsor, subject matter, and hours of completed~~  
 1089 ~~continuing education courses. The dental laboratory shall retain~~  
 1090 ~~in its records such receipts, vouchers, or certificates as may~~  
 1091 ~~be necessary to document completion of the continuing education~~  
 1092 ~~courses listed in accordance with this subsection. With cause,~~



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1093 ~~the department may request that the documentation be provided by~~  
 1094 ~~the applicant. The department may also request the documentation~~  
 1095 ~~from applicants selected at random without cause.~~

1096 (d)~~(e)~~1. This subsection does not apply to a dental  
 1097 laboratory that is physically located within a dental practice  
 1098 operated by a dentist licensed under this chapter.

1099 2. A dental laboratory in another state or country which  
 1100 provides service to a dentist licensed under this chapter is not  
 1101 required to register with the state and may continue to provide  
 1102 services to such dentist with a proper prescription. However, a  
 1103 dental laboratory in another state or country, ~~however~~, may  
 1104 voluntarily comply with this subsection.

1105 Section 29. Section 468.1201, Florida Statutes, is  
 1106 repealed.

1107 Section 30. Paragraph (a) of subsection (3), subsections  
 1108 (4) and (5), paragraphs (a) and (e) of present subsection (6),  
 1109 and present subsection (7) of section 483.901, Florida Statutes,  
 1110 are amended, and paragraph (k) is added to present subsection  
 1111 (6) of that section, to read:

1112 483.901 Medical physicists; definitions; licensure.—

1113 (3) DEFINITIONS.—As used in this section, the term:

1114 ~~(a) "Council" means the Advisory Council of Medical~~  
 1115 ~~Physicists in the Department of Health.~~

1116 ~~(4) COUNCIL.—The Advisory Council of Medical Physicists is~~  
 1117 ~~created in the Department of Health to advise the department in~~  
 1118 ~~regulating the practice of medical physics in this state.~~



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- 1119           ~~(a) The council shall be composed of nine members~~  
1120 ~~appointed by the State Surgeon General as follows:~~
- 1121           ~~1. A licensed medical physicist who specializes in~~  
1122 ~~diagnostic radiological physics.~~
- 1123           ~~2. A licensed medical physicist who specializes in~~  
1124 ~~therapeutic radiological physics.~~
- 1125           ~~3. A licensed medical physicist who specializes in medical~~  
1126 ~~nuclear radiological physics.~~
- 1127           ~~4. A physician who is board certified by the American~~  
1128 ~~Board of Radiology or its equivalent.~~
- 1129           ~~5. A physician who is board certified by the American~~  
1130 ~~Osteopathic Board of Radiology or its equivalent.~~
- 1131           ~~6. A chiropractic physician who practices radiology.~~
- 1132           ~~7. Three consumer members who are not, and have never~~  
1133 ~~been, licensed as a medical physicist or licensed in any closely~~  
1134 ~~related profession.~~
- 1135           ~~(b) The State Surgeon General shall appoint the medical~~  
1136 ~~physicist members of the council from a list of candidates who~~  
1137 ~~are licensed to practice medical physics.~~
- 1138           ~~(c) The State Surgeon General shall appoint the physician~~  
1139 ~~members of the council from a list of candidates who are~~  
1140 ~~licensed to practice medicine in this state and are board~~  
1141 ~~certified in diagnostic radiology, therapeutic radiology, or~~  
1142 ~~radiation oncology.~~
- 1143           ~~(d) The State Surgeon General shall appoint the public~~  
1144 ~~members of the council.~~



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1145 ~~(e) As the term of each member expires, the State Surgeon~~  
 1146 ~~General shall appoint the successor for a term of 4 years. A~~  
 1147 ~~member shall serve until the member's successor is appointed,~~  
 1148 ~~unless physically unable to do so.~~

1149 ~~(f) An individual is ineligible to serve more than two~~  
 1150 ~~full consecutive 4-year terms.~~

1151 ~~(g) If a vacancy on the council occurs, the State Surgeon~~  
 1152 ~~General shall appoint a member to serve for a 4-year term.~~

1153 ~~(h) A council member must be a United States citizen and~~  
 1154 ~~must have been a resident of this state for 2 consecutive years~~  
 1155 ~~immediately before being appointed.~~

1156 ~~1. A member of the council who is a medical physicist must~~  
 1157 ~~have practiced for at least 6 years before being appointed or be~~  
 1158 ~~board certified for the specialty in which the member practices.~~

1159 ~~2. A member of the council who is a physician must be~~  
 1160 ~~licensed to practice medicine in this state and must have~~  
 1161 ~~practiced diagnostic radiology or radiation oncology in this~~  
 1162 ~~state for at least 2 years before being appointed.~~

1163 ~~3. The public members of the council must not have a~~  
 1164 ~~financial interest in any endeavor related to the practice of~~  
 1165 ~~medical physics.~~

1166 ~~(i) A council member may be removed from the council if~~  
 1167 ~~the member:~~

1168 ~~1. Did not have the required qualifications at the time of~~  
 1169 ~~appointment;~~

1170 ~~2. Does not maintain the required qualifications while~~



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1171 ~~serv~~ing on the council; or

1172 ~~3. Fails to attend the regularly scheduled council~~  
 1173 ~~meetings in a calendar year as required by s. 456.011.~~

1174 ~~(j) Members of the council may not receive compensation~~  
 1175 ~~for their services; however, they are entitled to reimbursement,~~  
 1176 ~~from funds deposited in the Medical Quality Assurance Trust~~  
 1177 ~~Fund, for necessary travel expenses as specified in s. 112.061~~  
 1178 ~~for each day they engage in the business of the council.~~

1179 ~~(k) At the first regularly scheduled meeting of each~~  
 1180 ~~calendar year, the council shall elect a presiding officer and~~  
 1181 ~~an assistant presiding officer from among its members. The~~  
 1182 ~~council shall meet at least once each year and at other times in~~  
 1183 ~~accordance with department requirements.~~

1184 ~~(l) The department shall provide administrative support to~~  
 1185 ~~the council for all licensing activities.~~

1186 ~~(m) The council may conduct its meetings electronically.~~

1187 ~~(5) POWERS OF COUNCIL.—The council shall:~~

1188 ~~(a) Recommend rules to administer this section.~~

1189 ~~(b) Recommend practice standards for the practice of~~  
 1190 ~~medical physics which are consistent with the Guidelines for~~  
 1191 ~~Ethical Practice for Medical Physicists prepared by the American~~  
 1192 ~~Association of Physicists in Medicine and disciplinary~~  
 1193 ~~guidelines adopted under s. 456.079.~~

1194 ~~(c) Develop and recommend continuing education~~  
 1195 ~~requirements for licensed medical physicists.~~

1196 ~~(4) (6) LICENSE REQUIRED.—An individual may not engage in~~



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1197 the practice of medical physics, including the specialties of  
 1198 diagnostic radiological physics, therapeutic radiological  
 1199 physics, medical nuclear radiological physics, or medical health  
 1200 physics, without a license issued by the department for the  
 1201 appropriate specialty.

1202 (a) The department shall adopt rules to administer this  
 1203 section which specify license application and renewal fees,  
 1204 continuing education requirements, and standards for practicing  
 1205 medical physics. ~~The council shall recommend to the department~~  
 1206 ~~continuing education requirements that shall be a condition of~~  
 1207 ~~license renewal.~~ The department shall require a minimum of 24  
 1208 hours per biennium of continuing education offered by an  
 1209 organization ~~recommended by the council and~~ approved by the  
 1210 department. ~~The department, upon recommendation of the council,~~  
 1211 may adopt rules to specify continuing education requirements for  
 1212 persons who hold a license in more than one specialty.

1213 (e) Upon ~~On~~ receipt of an application and fee as specified  
 1214 in this section, the department may issue a license to practice  
 1215 medical physics in this state ~~on or after October 1, 1997,~~ to a  
 1216 person who is board certified in the medical physics specialty  
 1217 in which the applicant applies to practice by the American Board  
 1218 of Radiology for diagnostic radiological physics, therapeutic  
 1219 radiological physics, or medical nuclear radiological physics;  
 1220 by the American Board of Medical Physics for diagnostic  
 1221 radiological physics, therapeutic radiological physics, or  
 1222 medical nuclear radiological physics; or by the American Board



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1223 of Health Physics or an equivalent certifying body approved by  
1224 the department.

1225 (k) Upon proof of a completed residency program and  
1226 receipt of the fee set forth by rule, the department may issue a  
1227 temporary license for no more than 1 year. The department may  
1228 adopt by rule requirements for temporary licensure and renewal  
1229 of temporary licenses.

1230 (5) (7) FEES.—The fee for the initial license application  
1231 shall be \$500 and is nonrefundable. The fee for license renewal  
1232 may not be more than \$500. These fees may cover only the costs  
1233 incurred by the department ~~and the council~~ to administer this  
1234 section. By July 1 of each year, the department shall determine  
1235 whether ~~advise the council~~ if the fees are insufficient to  
1236 administer this section.

1237 Section 31. Subsection (2) of section 484.047, Florida  
1238 Statutes, is amended to read:

1239 484.047 Renewal of license.—

1240 (2) In addition to the other requirements for renewal  
1241 provided in this section and by the board, the department shall  
1242 renew a license upon receipt of the renewal application and, the  
1243 renewal fee, ~~and a written statement affirming compliance with~~  
1244 ~~all other requirements set forth in this section and by the~~  
1245 ~~board.~~ A licensee must maintain, if applicable, a certificate  
1246 from a manufacturer or independent testing agent certifying that  
1247 the testing room meets the requirements of s. 484.0501(6) and,  
1248 if applicable, a certificate from a manufacturer or independent



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1249 testing agent stating that all audiometric testing equipment  
 1250 used by the licensee has been calibrated acoustically to  
 1251 American National Standards Institute standards on an annual  
 1252 basis ~~acoustically to American National Standards Institute~~  
 1253 ~~standard specifications~~. Possession of an applicable certificate  
 1254 is ~~the certificates shall be~~ a prerequisite to renewal.

1255 Section 32. Paragraph (a) of subsection (3) of section  
 1256 486.102, Florida Statutes, is amended to read:

1257 486.102 Physical therapist assistant; licensing  
 1258 requirements.—To be eligible for licensing by the board as a  
 1259 physical therapist assistant, an applicant must:

1260 (3) (a) Have been graduated from a school giving a course  
 1261 of not less than 2 years for physical therapist assistants,  
 1262 which has been approved for the educational preparation of  
 1263 physical therapist assistants by the appropriate accrediting  
 1264 agency recognized by the Commission on Recognition of  
 1265 Postsecondary Accreditation or the United States Department of  
 1266 Education, ~~which includes, but is not limited to, any regional~~  
 1267 ~~or national institutional accrediting agencies recognized by the~~  
 1268 ~~United States Department of Education or the Commission on~~  
 1269 ~~Accreditation for Physical Therapy Education (CAPTE),~~ at the  
 1270 time of her or his graduation and have passed to the  
 1271 satisfaction of the board an examination to determine her or his  
 1272 fitness for practice as a physical therapist assistant as  
 1273 hereinafter provided;

1274 Section 33. Subsections (1) and (4) of section 486.109,





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1275 Florida Statutes, are amended to read:

1276 486.109 Continuing education.—

1277 (1) The board shall require licensees to ~~periodically~~  
 1278 demonstrate their professional competence as a condition of  
 1279 renewal of a license by completing 24 hours of continuing  
 1280 education biennially.

1281 (4) Each licensee shall maintain ~~be responsible for~~  
 1282 ~~maintaining~~ sufficient records ~~in a format as determined by rule~~  
 1283 ~~which shall be subject to a random audit by the department to~~  
 1284 demonstrate ~~assure~~ compliance with this section.

1285 Section 34. Paragraph (a) of subsection (15) of section  
 1286 499.028, Florida Statutes, is amended to read:

1287 499.028 Drug samples or complimentary drugs; starter  
 1288 packs; permits to distribute.—

1289 (15) A person may not possess a prescription drug sample  
 1290 unless:

1291 (a) The drug sample was prescribed to her or him as  
 1292 evidenced by the label required in s. 465.0276(4) ~~465.0276(5)~~.

1293 Section 35. Subsection (3) of section 893.04, Florida  
 1294 Statutes, is amended to read:

1295 893.04 Pharmacist and practitioner.—

1296 (3) Notwithstanding subsection (1), a pharmacist may  
 1297 dispense a one-time emergency refill of up to a 72-hour supply  
 1298 of the prescribed medication for any medicinal drug other than a  
 1299 medicinal drug listed in Schedule II, or up to one vial of  
 1300 insulin to treat diabetes mellitus, in compliance with ~~the~~



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1301 ~~provisions of s. 465.0275.~~

1302 Section 36. Paragraph (g) of subsection (3) of section  
 1303 921.0022, Florida Statutes, is amended to read:

1304 921.0022 Criminal Punishment Code; offense severity  
 1305 ranking chart.—

1306 (3) OFFENSE SEVERITY RANKING CHART

1307 (g) LEVEL 7

1308

Florida Statute	Felony Degree	Description
316.027(2)(c)	1st	Accident involving death, failure to stop; leaving scene.
316.193(3)(c)2.	3rd	DUI resulting in serious bodily injury.
316.1935(3)(b)	1st	Causing serious bodily injury or death to another person; driving at high speed or with wanton disregard for safety while fleeing or attempting to elude law

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1312	327.35 (3) (c) 2.	3rd	enforcement officer who is in a patrol vehicle with siren and lights activated.
1313	402.319 (2)	2nd	Vessel BUI resulting in serious bodily injury.
1314	409.920 (2) (b) 1.a.	3rd	Misrepresentation and negligence or intentional act resulting in great bodily harm, permanent disfiguration, permanent disability, or death.
1315	409.920 (2) (b) 1.b.	2nd	Medicaid provider fraud; \$10,000 or less.
1316	456.065 (2)	3rd	Medicaid provider fraud; more than \$10,000, but less than \$50,000.
			Practicing a health care profession without a license.

## F L O R I D A H O U S E O F R E P R E S E N T A T I V E S



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1317	456.065 (2)	2nd	Practicing a health care profession without a license which results in serious bodily injury.
1318	458.327 (1)	3rd	Practicing medicine without a license.
1319	459.013 (1)	3rd	Practicing osteopathic medicine without a license.
1320	460.411 (1)	3rd	Practicing chiropractic medicine without a license.
1321	461.012 (1)	3rd	Practicing podiatric medicine without a license.
1322	462.17	3rd	Practicing naturopathy without a license.
1323	463.015 (1)	3rd	Practicing optometry without a license.
1324	464.016 (1)	3rd	Practicing nursing without

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

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1325			a license.
1326	465.015 (2)	3rd	Practicing pharmacy without a license.
1327	466.026 (1)	3rd	Practicing dentistry or dental hygiene without a license.
1328	467.201	3rd	Practicing midwifery without a license.
1329	468.366	3rd	Delivering respiratory care services without a license.
1330	483.828 (1)	3rd	Practicing as clinical laboratory personnel without a license.
1331	<u>483.901 (7)</u> <del>483.901 (9)</del>	3rd	Practicing medical physics without a license.
1332	484.013 (1) (c)	3rd	Preparing or dispensing optical devices without a prescription.



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1333	484.053	3rd	Dispensing hearing aids without a license.
1334	494.0018 (2)	1st	Conviction of any violation of chapter 494 in which the total money and property unlawfully obtained exceeded \$50,000 and there were five or more victims.
1335	560.123 (8) (b) 1.	3rd	Failure to report currency or payment instruments exceeding \$300 but less than \$20,000 by a money services business.
1336	560.125 (5) (a)	3rd	Money services business by unauthorized person, currency or payment instruments exceeding \$300 but less than \$20,000.
	655.50 (10) (b) 1.	3rd	Failure to report financial transactions



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1337	775.21 (10) (a)	3rd	<p>exceeding \$300 but less than \$20,000 by financial institution.</p> <p>Sexual predator; failure to register; failure to renew driver license or identification card; other registration violations.</p>
1338	775.21 (10) (b)	3rd	<p>Sexual predator working where children regularly congregate.</p>
1339	775.21 (10) (g)	3rd	<p>Failure to report or providing false information about a sexual predator; harbor or conceal a sexual predator.</p>
1340	782.051 (3)	2nd	<p>Attempted felony murder of a person by a person other than the perpetrator or the perpetrator of an attempted felony.</p>



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1341	782.07(1)	2nd	Killing of a human being by the act, procurement, or culpable negligence of another (manslaughter).
1342	782.071	2nd	Killing of a human being or unborn child by the operation of a motor vehicle in a reckless manner (vehicular homicide).
1343	782.072	2nd	Killing of a human being by the operation of a vessel in a reckless manner (vessel homicide).
1344	784.045(1)(a)1.	2nd	Aggravated battery; intentionally causing great bodily harm or disfigurement.
1345	784.045(1)(a)2.	2nd	Aggravated battery; using deadly weapon.
1346	784.045(1)(b)	2nd	Aggravated battery;





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1347			perpetrator aware victim pregnant.
	784.048 (4)	3rd	Aggravated stalking; violation of injunction or court order.
1348			
	784.048 (7)	3rd	Aggravated stalking; violation of court order.
1349			
	784.07 (2) (d)	1st	Aggravated battery on law enforcement officer.
1350			
	784.074 (1) (a)	1st	Aggravated battery on sexually violent predators facility staff.
1351			
	784.08 (2) (a)	1st	Aggravated battery on a person 65 years of age or older.
1352			
	784.081 (1)	1st	Aggravated battery on specified official or employee.
1353			

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1354	784.082 (1)	1st	Aggravated battery by detained person on visitor or other detainee.
1355	784.083 (1)	1st	Aggravated battery on code inspector.
1356	787.06 (3) (a) 2.	1st	Human trafficking using coercion for labor and services of an adult.
1357	787.06 (3) (e) 2.	1st	Human trafficking using coercion for labor and services by the transfer or transport of an adult from outside Florida to within the state.
1358	790.07 (4)	1st	Specified weapons violation subsequent to previous conviction of s. 790.07 (1) or (2).
1359	790.16 (1)	1st	Discharge of a machine gun under specified circumstances.

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1360	790.165 (2)	2nd	Manufacture, sell, possess, or deliver hoax bomb.
1361	790.165 (3)	2nd	Possessing, displaying, or threatening to use any hoax bomb while committing or attempting to commit a felony.
1362	790.166 (3)	2nd	Possessing, selling, using, or attempting to use a hoax weapon of mass destruction.
1363	790.166 (4)	2nd	Possessing, displaying, or threatening to use a hoax weapon of mass destruction while committing or attempting to commit a felony.
1364	790.23	1st, PBL	Possession of a firearm by a person who qualifies for the penalty enhancements provided for in s. 874.04.
	794.08 (4)	3rd	Female genital mutilation;



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1365	796.05 (1)	1st	consent by a parent, guardian, or a person in custodial authority to a victim younger than 18 years of age.
1366	796.05 (1)	1st	Live on earnings of a prostitute; 2nd offense.
1367	796.05 (1)	1st	Live on earnings of a prostitute; 3rd and subsequent offense.
1368	800.04 (5) (c) 1.	2nd	Lewd or lascivious molestation; victim younger than 12 years of age; offender younger than 18 years of age.
1369	800.04 (5) (c) 2.	2nd	Lewd or lascivious molestation; victim 12 years of age or older but younger than 16 years of age; offender 18 years of age or older.



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1370	800.04 (5) (e)	1st	Lewd or lascivious molestation; victim 12 years of age or older but younger than 16 years; offender 18 years or older; prior conviction for specified sex offense.
1371	806.01 (2)	2nd	Maliciously damage structure by fire or explosive.
1372	810.02 (3) (a)	2nd	Burglary of occupied dwelling; unarmed; no assault or battery.
1373	810.02 (3) (b)	2nd	Burglary of unoccupied dwelling; unarmed; no assault or battery.
1374	810.02 (3) (d)	2nd	Burglary of occupied conveyance; unarmed; no assault or battery.
1375	810.02 (3) (e)	2nd	Burglary of authorized emergency vehicle.



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1376	812.014 (2) (a) 1.	1st	Property stolen, valued at \$100,000 or more or a semitrailer deployed by a law enforcement officer; property stolen while causing other property damage; 1st degree grand theft.
1377	812.014 (2) (b) 2.	2nd	Property stolen, cargo valued at less than \$50,000, grand theft in 2nd degree.
1378	812.014 (2) (b) 3.	2nd	Property stolen, emergency medical equipment; 2nd degree grand theft.
1379	812.014 (2) (b) 4.	2nd	Property stolen, law enforcement equipment from authorized emergency vehicle.
1379	812.0145 (2) (a)	1st	Theft from person

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1380	812.019 (2)	1st	65 years of age or older; \$50,000 or more. Stolen property; initiates, organizes, plans, etc., the theft of property and traffics in stolen property.
1381	812.131 (2) (a)	2nd	Robbery by sudden snatching.
1382	812.133 (2) (b)	1st	Carjacking; no firearm, deadly weapon, or other weapon.
1383	817.034 (4) (a) 1.	1st	Communications fraud, value greater than \$50,000.
1384	817.234 (8) (a)	2nd	Solicitation of motor vehicle accident victims with intent to defraud.
1385	817.234 (9)	2nd	Organizing, planning, or



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1386	817.234 (11) (c)	participating in an intentional motor vehicle collision.
1387	817.2341 (2) (b) & (3) (b)	1st Insurance fraud; property value \$100,000 or more.  1st Making false entries of material fact or false statements regarding property values relating to the solvency of an insuring entity which are a significant cause of the insolvency of that entity.
1388	817.535 (2) (a)	3rd Filing false lien or other unauthorized document.
1389	825.102 (3) (b)	2nd Neglecting an elderly person or disabled adult causing great bodily harm, disability, or disfigurement.
1390		



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1391	825.103 (3) (b)	2nd	Exploiting an elderly person or disabled adult and property is valued at \$10,000 or more, but less than \$50,000.
1392	827.03 (2) (b)	2nd	Neglect of a child causing great bodily harm, disability, or disfigurement.
1393	827.04 (3)	3rd	Impregnation of a child under 16 years of age by person 21 years of age or older.
1394	837.05 (2)	3rd	Giving false information about alleged capital felony to a law enforcement officer.
1395	838.015	2nd	Bribery.
1396	838.016	2nd	Unlawful compensation or reward for official behavior.
	838.021 (3) (a)	2nd	Unlawful harm to a

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1397			public servant.
1398	838.22	2nd	Bid tampering.
1399	843.0855 (2)	3rd	Impersonation of a public officer or employee.
1400	843.0855 (3)	3rd	Unlawful simulation of legal process.
1401	843.0855 (4)	3rd	Intimidation of a public officer or employee.
1402	847.0135 (3)	3rd	Solicitation of a child, via a computer service, to commit an unlawful sex act.
1403	847.0135 (4)	2nd	Traveling to meet a minor to commit an unlawful sex act.
1404	872.06	2nd	Abuse of a dead human body.
	874.05 (2) (b)	1st	Encouraging or recruiting person under 13 to join a



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1405	874.10	1st, PBL	criminal gang; second or subsequent offense.
1406	893.13 (1) (c) 1.	1st	Knowingly initiates, organizes, plans, finances, directs, manages, or supervises criminal gang-related activity.
1407	893.13 (1) (e) 1.	1st	Sell, manufacture, or deliver cocaine (or other drug prohibited under s. 893.03 (1) (a), (1) (b), (1) (d), (2) (a), (2) (b), or (2) (c) 4.) within 1,000 feet of a child care facility, school, or state, county, or municipal park or publicly owned recreational facility or community center.
			Sell, manufacture, or deliver cocaine or other



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1408	893.13(4)(a)	1st	<p>drug prohibited under s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)4., within 1,000 feet of property used for religious services or a specified business site.</p>
1409	893.135(1)(a)1.	1st	<p>Deliver to minor cocaine (or other s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)4. drugs).</p> <p>Trafficking in cannabis, more than 25 lbs., less than 2,000 lbs.</p>
1410	893.135 (1)(b)1.a.	1st	<p>Trafficking in cocaine, more than 28 grams, less than 200 grams.</p>
1411	893.135 (1)(c)1.a.	1st	<p>Trafficking in illegal drugs, more than 4 grams, less than 14 grams.</p>
1412			

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1413	893.135 (1) (c) 2.a.	1st	Trafficking in hydrocodone, 14 grams or more, less than 28 grams.
1414	893.135 (1) (c) 2.b.	1st	Trafficking in hydrocodone, 28 grams or more, less than 50 grams.
1415	893.135 (1) (c) 3.a.	1st	Trafficking in oxycodone, 7 grams or more, less than 14 grams.
1416	893.135 (1) (c) 3.b.	1st	Trafficking in oxycodone, 14 grams or more, less than 25 grams.
1417	893.135 (1) (d) 1.	1st	Trafficking in phencyclidine, more than 28 grams, less than 200 grams.
1418	893.135 (1) (e) 1.	1st	Trafficking in methaqualone, more than 200 grams, less than 5 kilograms.



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1419	893.135 (1) (f) 1.	1st	Trafficking in amphetamine, more than 14 grams, less than 28 grams.
1420	893.135 (1) (g) 1.a.	1st	Trafficking in flunitrazepam, 4 grams or more, less than 14 grams.
1421	893.135 (1) (h) 1.a.	1st	Trafficking in gamma- hydroxybutyric acid (GHB), 1 kilogram or more, less than 5 kilograms.
1422	893.135 (1) (j) 1.a.	1st	Trafficking in 1,4- Butanediol, 1 kilogram or more, less than 5 kilograms.
1423	893.135 (1) (k) 2.a.	1st	Trafficking in Phenethylamines, 10 grams or more, less than 200 grams.
1423	893.1351 (2)	2nd	Possession of place for trafficking in or manufacturing of controlled



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1424			substance.
1424	896.101 (5) (a)	3rd	Money laundering, financial transactions exceeding \$300 but less than \$20,000.
1425	896.104 (4) (a) 1.	3rd	Structuring transactions to evade reporting or registration requirements, financial transactions exceeding \$300 but less than \$20,000.
1426	943.0435 (4) (c)	2nd	Sexual offender vacating permanent residence; failure to comply with reporting requirements.
1427	943.0435 (8)	2nd	Sexual offender; remains in state after indicating intent to leave; failure to comply with reporting requirements.
1428	943.0435 (9) (a)	3rd	Sexual offender; failure



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1429	943.0435 (13)	3rd	Failure to report or providing false information about a sexual offender; harbor or conceal a sexual offender.
1430	943.0435 (14)	3rd	Sexual offender; failure to report and reregister; failure to respond to address verification; providing false registration information.
1431	944.607 (9)	3rd	Sexual offender; failure to comply with reporting requirements.
1432	944.607 (10) (a)	3rd	Sexual offender; failure to submit to the taking of a digitized photograph.
1433			





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1434	944.607(12)	3rd	Failure to report or providing false information about a sexual offender; harbor or conceal a sexual offender.
1435	944.607(13)	3rd	Sexual offender; failure to report and reregister; failure to respond to address verification; providing false registration information.
1436	985.4815(10)	3rd	Sexual offender; failure to submit to the taking of a digitized photograph.
1437	985.4815(12)	3rd	Failure to report or providing false information about a sexual offender; harbor or conceal a sexual offender.
	985.4815(13)	3rd	Sexual offender; failure to report and reregister;



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failure to respond to  
address verification;  
providing false registration  
information.

1438

1439

Section 37. This act shall take effect July 1, 2016.

**64B15-6.0038 Formulary.**

(1) Physician Assistants Approve to Prescribe Medicinal Drugs under the provisions of Sections 458.347(4)(e) or 459.022(4)(e), F.S., are not authorized to Prescribe the following Medicinal Drugs, in pure form or combination:

- (a) Controlled substances, as defined in Chapter 893, F.S.;
- (b) General, spinal or epidural anesthetics;
- (c) Radiographic contrast materials.

(2) A supervising physician may delegate to a prescribing physician assistant only such authorized medicinal drugs as are used in the supervising physician's practice, not listed in subsection (1).

(3) Subject to the requirements of this subsection, Sections 458.347 and 459.022, F.S., and the rules enacted thereunder, drugs not appearing on this formulary may be delegated by a supervising physician to a prescribing physician assistant to prescribe.

(4) Nothing herein prohibits a supervising physician from delegating to a physician assistant the authority to order medicinal drugs for a hospitalized patient of the supervising physician, nor does anything herein prohibit a supervising physician from delegating to a physician assistant the administration of a medicinal drug under the direction and supervision of the physician.

*Rulemaking Authority 458.347, 459.022(4) FS. Law Implemented 459.022(4)(e) FS. History—New 3-12-94, Formerly 61F9-6.0038, Amended 11-30-94, 4-17-95, 8-27-95, 11-13-96, Formerly 59W-6.0038, Amended 5-12-98, 3-10-99, 3-9-00, 6-19-00, 11-23-00, 2-26-02, 2-23-04, 8-2-09.*

### **Tab Summary**

HB 423 made changes to a PA's ability to prescribe certain controlled substances and provides restrictions (see below). As a result of this bill, the Council's formulary rule (Rule 64B8-30.008, FS) will need updating.

1. PA's may prescribe Schedule II, III, IV controlled substances
2. Must limit prescriptions of Schedule II controlled substances to a 7-day supply
3. Must restrict the prescribing of psychiatric mental health controlled substances for children younger than 18.

- HB 423
- Proposed Rules 64B830008 64B1560038
- Current Rule 64B8-30.008, FAC – Formulary



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



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27 required continuing education requirements for a  
28 physician assistant; requiring that a specified  
29 formulary limit the prescription of certain controlled  
30 substances by physician assistants as of a specified  
31 date; amending s. 464.003, F.S.; revising the term  
32 "advanced or specialized nursing practice"; deleting  
33 the joint committee established in the definition;  
34 amending s. 464.012, F.S.; requiring the Board of  
35 Nursing to establish a committee to recommend a  
36 formulary of controlled substances that may not be  
37 prescribed, or may be prescribed only on a limited  
38 basis, by an advanced registered nurse practitioner;  
39 specifying the membership of the committee; providing  
40 parameters for the formulary; requiring that the  
41 formulary be adopted by board rule; specifying the  
42 process for amending the formulary and imposing a  
43 burden of proof; limiting the formulary's application  
44 in certain instances; requiring the board to adopt the  
45 committee's initial recommendations by a specified  
46 date; providing a short title; authorizing an advanced  
47 registered nurse practitioner to prescribe, dispense,  
48 administer, or order drugs, including certain  
49 controlled substances under certain circumstances, as  
50 of a specified date; amending s. 464.013, F.S.;;  
51 revising continuing education requirements for renewal  
52 of a license or certificate; amending s. 464.018,



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53 F.S.; specifying acts that constitute grounds for  
 54 denial of a license or for disciplinary action against  
 55 an advanced registered nurse practitioner; creating s.  
 56 627.42392, F.S.; defining the term "health insurer";  
 57 requiring that certain health insurers that do not  
 58 already use a certain form use only a prior  
 59 authorization form approved by the Financial Services  
 60 Commission in consultation with the Agency for Health  
 61 Care Administration; requiring the commission in  
 62 consultation with the agency to adopt by rule  
 63 guidelines for such forms; providing that prior-  
 64 authorization approvals do not preclude certain  
 65 benefit verifications or medical reviews; amending s.  
 66 766.1115, F.S.; revising the definition of the term  
 67 "contract"; amending s. 893.02, F.S.; revising the  
 68 term "practitioner" to include advanced registered  
 69 nurse practitioners and physician assistants under the  
 70 Florida Comprehensive Drug Abuse Prevention and  
 71 Control Act if a certain requirement is met; amending  
 72 s. 948.03, F.S.; providing that possession of drugs or  
 73 narcotics prescribed by an advanced registered nurse  
 74 practitioner or a physician assistant does not violate  
 75 a prohibition relating to the possession of drugs or  
 76 narcotics during probation; amending ss. 458.348 and  
 77 459.025, F.S.; conforming provisions to changes made  
 78 by the act; reenacting ss. 458.331(10), 458.347(7)(g),



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79 459.015(10), 459.022(7)(f), and 465.0158(5)(b), F.S.,  
80 to incorporate the amendment made to s. 456.072, F.S.,  
81 in references thereto; reenacting ss. 456.072(1)(mm)  
82 and 466.02751, F.S., to incorporate the amendment made  
83 to s. 456.44, F.S., in references thereto; reenacting  
84 ss. 458.303, 458.3475(7)(b), 459.022(4)(e) and (9)(c),  
85 and 459.023(7)(b), F.S., to incorporate the amendment  
86 made to s. 458.347, F.S., in references thereto;  
87 reenacting s. 464.012(3)(c), F.S., to incorporate the  
88 amendment made to s. 464.003, F.S., in a reference  
89 thereto; reenacting ss. 456.041(1)(a), 458.348(1) and  
90 (2), and 459.025(1), F.S., to incorporate the  
91 amendment made to s. 464.012, F.S., in references  
92 thereto; reenacting s. 464.0205(7), F.S., to  
93 incorporate the amendment made to s. 464.013, F.S., in  
94 a reference thereto; reenacting ss. 320.0848(11),  
95 464.008(2), 464.009(5), and 464.0205(1)(b), (3), and  
96 (4)(b), F.S., to incorporate the amendment made to s.  
97 464.018, F.S., in references thereto; reenacting s.  
98 775.051, F.S., to incorporate the amendment made to s.  
99 893.02, F.S., in a reference thereto; reenacting ss.  
100 944.17(3)(a), 948.001(8), and 948.101(1)(e), F.S., to  
101 incorporate the amendment made to s. 948.03, F.S., in  
102 references thereto; providing effective dates.

103

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





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105  
106           Section 1. Subsection (7) of section 110.12315, Florida  
107 Statutes, is amended to read:  
108           110.12315 Prescription drug program.—The state employees'  
109 prescription drug program is established. This program shall be  
110 administered by the Department of Management Services, according  
111 to the terms and conditions of the plan as established by the  
112 relevant provisions of the annual General Appropriations Act and  
113 implementing legislation, subject to the following conditions:  
114           (7) The department shall establish the reimbursement  
115 schedule for prescription pharmaceuticals dispensed under the  
116 program. Reimbursement rates for a prescription pharmaceutical  
117 must be based on the cost of the generic equivalent drug if a  
118 generic equivalent exists, unless the physician, advanced  
119 registered nurse practitioner, or physician assistant  
120 prescribing the pharmaceutical clearly states on the  
121 prescription that the brand name drug is medically necessary or  
122 that the drug product is included on the formulary of drug  
123 products that may not be interchanged as provided in chapter  
124 465, in which case reimbursement must be based on the cost of  
125 the brand name drug as specified in the reimbursement schedule  
126 adopted by the department.

127           Section 2. Paragraph (c) of subsection (1) of section  
128 310.071, Florida Statutes, is amended, and subsection (3) of  
129 that section is republished, to read:  
130           310.071 Deputy pilot certification.—



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

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

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

154 (3) The initial certificate issued to a deputy pilot shall  
 155 be valid for a period of 12 months, and at the end of this  
 156 period, the certificate shall automatically expire and shall not



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157 | be renewed. During this period, the board shall thoroughly  
 158 | evaluate the deputy pilot's performance for suitability to  
 159 | continue training and shall make appropriate recommendations to  
 160 | the department. Upon receipt of a favorable recommendation by  
 161 | the board, the department shall issue a certificate to the  
 162 | deputy pilot, which shall be valid for a period of 2 years. The  
 163 | certificate may be renewed only two times, except in the case of  
 164 | a fully licensed pilot who is cross-licensed as a deputy pilot  
 165 | in another port, and provided the deputy pilot meets the  
 166 | requirements specified for pilots in paragraph (1)(c).

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

169 | 310.073 State pilot licensing.—In addition to meeting  
 170 | other requirements specified in this chapter, each applicant for  
 171 | license as a state pilot must:

172 | (3) Be in good physical and mental health, as evidenced by  
 173 | documentary proof of having satisfactorily passed a complete  
 174 | physical examination administered by a licensed physician within  
 175 | the preceding 6 months. The board shall adopt rules to establish  
 176 | requirements for passing the physical examination, which rules  
 177 | shall establish minimum standards for the physical or mental  
 178 | capabilities necessary to carry out the professional duties of a  
 179 | licensed state pilot. Such standards shall include zero  
 180 | tolerance for any controlled substance regulated under chapter  
 181 | 893 unless that individual is under the care of a physician, an  
 182 | advanced registered nurse practitioner, or a physician assistant



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183 and that controlled substance was prescribed by that physician,  
 184 advanced registered nurse practitioner, or physician assistant.  
 185 To maintain eligibility as a licensed state pilot, each licensed  
 186 state pilot must annually provide documentary proof of having  
 187 satisfactorily passed a complete physical examination  
 188 administered by a licensed physician. The physician must know  
 189 the minimum standards and certify that the licensee  
 190 satisfactorily meets the standards. The standards for licensees  
 191 shall include a drug test.

192 Section 4. Paragraph (b) of subsection (3) of section  
 193 310.081, Florida Statutes, is amended to read:

194 310.081 Department to examine and license state pilots and  
 195 certificate deputy pilots; vacancies.-

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

198 (b) Are in good physical and mental health as evidenced by  
 199 documentary proof of having satisfactorily passed a physical  
 200 examination administered by a licensed physician or physician  
 201 assistant within each calendar year. The board shall adopt rules  
 202 to establish requirements for passing the physical examination,  
 203 which rules shall establish minimum standards for the physical  
 204 or mental capabilities necessary to carry out the professional  
 205 duties of a licensed state pilot or a certificated deputy pilot.  
 206 Such standards shall include zero tolerance for any controlled  
 207 substance regulated under chapter 893 unless that individual is  
 208 under the care of a physician, an advanced registered nurse



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209 practitioner, or a physician assistant and that controlled  
 210 substance was prescribed by that physician, advanced registered  
 211 nurse practitioner, or physician assistant. To maintain  
 212 eligibility as a certificated deputy pilot or licensed state  
 213 pilot, each certificated deputy pilot or licensed state pilot  
 214 must annually provide documentary proof of having satisfactorily  
 215 passed a complete physical examination administered by a  
 216 licensed physician. The physician must know the minimum  
 217 standards and certify that the certificateholder or licensee  
 218 satisfactorily meets the standards. The standards for  
 219 certificateholders and for licensees shall include a drug test.

220

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

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

227 456.072 Grounds for discipline; penalties; enforcement.—

228 (7) Notwithstanding subsection (2), upon a finding that a  
 229 physician has prescribed or dispensed a controlled substance, or  
 230 caused a controlled substance to be prescribed or dispensed, in  
 231 a manner that violates the standard of practice set forth in s.  
 232 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)  
 233 or (s), or s. 466.028(1)(p) or (x), or that an advanced  
 234 registered nurse practitioner has prescribed or dispensed a



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235 controlled substance, or caused a controlled substance to be  
 236 prescribed or dispensed, in a manner that violates the standard  
 237 of practice set forth in s. 464.018(1)(n) or (p)6., the  
 238 physician or advanced registered nurse practitioner shall be  
 239 suspended for a period of not less than 6 months and pay a fine  
 240 of not less than \$10,000 per count. Repeated violations shall  
 241 result in increased penalties.

242 Section 6. Section 456.44, Florida Statutes, is amended to  
 243 read:

244 456.44 Controlled substance prescribing.—

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

246 (a) "Addiction medicine specialist" means a board-  
 247 certified psychiatrist with a subspecialty certification in  
 248 addiction medicine or who is eligible for such subspecialty  
 249 certification in addiction medicine, an addiction medicine  
 250 physician certified or eligible for certification by the  
 251 American Society of Addiction Medicine, or an osteopathic  
 252 physician who holds a certificate of added qualification in  
 253 Addiction Medicine through the American Osteopathic Association.

254 (b) "Adverse incident" means any incident set forth in s.  
 255 458.351(4)(a)-(e) or s. 459.026(4)(a)-(e).

256 (c) "Board-certified pain management physician" means a  
 257 physician who possesses board certification in pain medicine by  
 258 the American Board of Pain Medicine, board certification by the  
 259 American Board of Interventional Pain Physicians, or board  
 260 certification or subcertification in pain management or pain



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261 medicine by a specialty board recognized by the American  
 262 Association of Physician Specialists or the American Board of  
 263 Medical Specialties or an osteopathic physician who holds a  
 264 certificate in Pain Management by the American Osteopathic  
 265 Association.

266 (d) "Board eligible" means successful completion of an  
 267 anesthesia, physical medicine and rehabilitation, rheumatology,  
 268 or neurology residency program approved by the Accreditation  
 269 Council for Graduate Medical Education or the American  
 270 Osteopathic Association for a period of 6 years from successful  
 271 completion of such residency program.

272 (e) "Chronic nonmalignant pain" means pain unrelated to  
 273 cancer which persists beyond the usual course of disease or the  
 274 injury that is the cause of the pain or more than 90 days after  
 275 surgery.

276 (f) "Mental health addiction facility" means a facility  
 277 licensed under chapter 394 or chapter 397.

278 (g) "Registrant" means a physician, a physician assistant,  
 279 or an advanced registered nurse practitioner who meets the  
 280 requirements of subsection (2).

281 (2) REGISTRATION. ~~Effective January 1, 2012,~~ A physician  
 282 licensed under chapter 458, chapter 459, chapter 461, or chapter  
 283 466, a physician assistant licensed under chapter 458 or chapter  
 284 459, or an advanced registered nurse practitioner certified  
 285 under part I of chapter 464 who prescribes any controlled  
 286 substance, listed in Schedule II, Schedule III, or Schedule IV



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287 as defined in s. 893.03, for the treatment of chronic  
288 nonmalignant pain, must:

289 (a) Designate himself or herself as a controlled substance  
290 prescribing practitioner on his or her ~~the physician's~~  
291 practitioner profile.

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

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

298 (a) A complete medical history and a physical examination  
299 must be conducted before beginning any treatment and must be  
300 documented in the medical record. The exact components of the  
301 physical examination shall be left to the judgment of the  
302 registrant ~~clinician~~ who is expected to perform a physical  
303 examination proportionate to the diagnosis that justifies a  
304 treatment. The medical record must, at a minimum, document the  
305 nature and intensity of the pain, current and past treatments  
306 for pain, underlying or coexisting diseases or conditions, the  
307 effect of the pain on physical and psychological function, a  
308 review of previous medical records, previous diagnostic studies,  
309 and history of alcohol and substance abuse. The medical record  
310 shall also document the presence of one or more recognized  
311 medical indications for the use of a controlled substance. Each  
312 registrant must develop a written plan for assessing each





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313 patient's risk of aberrant drug-related behavior, which may  
314 include patient drug testing. Registrants must assess each  
315 patient's risk for aberrant drug-related behavior and monitor  
316 that risk on an ongoing basis in accordance with the plan.

317 (b) Each registrant must develop a written individualized  
318 treatment plan for each patient. The treatment plan shall state  
319 objectives that will be used to determine treatment success,  
320 such as pain relief and improved physical and psychosocial  
321 function, and shall indicate if any further diagnostic  
322 evaluations or other treatments are planned. After treatment  
323 begins, the registrant ~~physieian~~ shall adjust drug therapy to  
324 the individual medical needs of each patient. Other treatment  
325 modalities, including a rehabilitation program, shall be  
326 considered depending on the etiology of the pain and the extent  
327 to which the pain is associated with physical and psychosocial  
328 impairment. The interdisciplinary nature of the treatment plan  
329 shall be documented.

330 (c) The registrant ~~physieian~~ shall discuss the risks and  
331 benefits of the use of controlled substances, including the  
332 risks of abuse and addiction, as well as physical dependence and  
333 its consequences, with the patient, persons designated by the  
334 patient, or the patient's surrogate or guardian if the patient  
335 is incompetent. The registrant ~~physieian~~ shall use a written  
336 controlled substance agreement between the registrant ~~physieian~~  
337 and the patient outlining the patient's responsibilities,  
338 including, but not limited to:



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339 1. Number and frequency of controlled substance  
340 prescriptions and refills.

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

343 3. An agreement that controlled substances for the  
344 treatment of chronic nonmalignant pain shall be prescribed by a  
345 single treating registrant ~~physician~~ unless otherwise authorized  
346 by the treating registrant ~~physician~~ and documented in the  
347 medical record.

348 (d) The patient shall be seen by the registrant ~~physician~~  
349 at regular intervals, not to exceed 3 months, to assess the  
350 efficacy of treatment, ensure that controlled substance therapy  
351 remains indicated, evaluate the patient's progress toward  
352 treatment objectives, consider adverse drug effects, and review  
353 the etiology of the pain. Continuation or modification of  
354 therapy shall depend on the registrant's ~~physician's~~ evaluation  
355 of the patient's progress. If treatment goals are not being  
356 achieved, despite medication adjustments, the registrant  
357 ~~physician~~ shall reevaluate the appropriateness of continued  
358 treatment. The registrant ~~physician~~ shall monitor patient  
359 compliance in medication usage, related treatment plans,  
360 controlled substance agreements, and indications of substance  
361 abuse or diversion at a minimum of 3-month intervals.

362 (e) The registrant ~~physician~~ shall refer the patient as  
363 necessary for additional evaluation and treatment in order to  
364 achieve treatment objectives. Special attention shall be given



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365 to those patients who are at risk for misusing their medications  
366 and those whose living arrangements pose a risk for medication  
367 misuse or diversion. The management of pain in patients with a  
368 history of substance abuse or with a comorbid psychiatric  
369 disorder requires extra care, monitoring, and documentation and  
370 requires consultation with or referral to an addiction medicine  
371 specialist or a psychiatrist.

372 (f) A registrant ~~physician registered under this section~~  
373 must maintain accurate, current, and complete records that are  
374 accessible and readily available for review and comply with the  
375 requirements of this section, the applicable practice act, and  
376 applicable board rules. The medical records must include, but  
377 are not limited to:

- 378 1. The complete medical history and a physical  
379 examination, including history of drug abuse or dependence.
- 380 2. Diagnostic, therapeutic, and laboratory results.
- 381 3. Evaluations and consultations.
- 382 4. Treatment objectives.
- 383 5. Discussion of risks and benefits.
- 384 6. Treatments.
- 385 7. Medications, including date, type, dosage, and quantity  
386 prescribed.
- 387 8. Instructions and agreements.
- 388 9. Periodic reviews.
- 389 10. Results of any drug testing.
- 390 11. A photocopy of the patient's government-issued photo



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391 identification.

392 12. If a written prescription for a controlled substance  
393 is given to the patient, a duplicate of the prescription.

394 13. The registrant's ~~physician's~~ full name presented in a  
395 legible manner.

396 (g) A registrant shall immediately refer patients with  
397 signs or symptoms of substance abuse ~~shall be immediately~~  
398 ~~referred~~ to a board-certified pain management physician, an  
399 addiction medicine specialist, or a mental health addiction  
400 facility as it pertains to drug abuse or addiction unless the  
401 registrant is a physician who is board-certified or board-  
402 eligible in pain management. Throughout the period of time  
403 before receiving the consultant's report, a prescribing  
404 registrant ~~physician~~ shall clearly and completely document  
405 medical justification for continued treatment with controlled  
406 substances and those steps taken to ensure medically appropriate  
407 use of controlled substances by the patient. Upon receipt of the  
408 consultant's written report, the prescribing registrant  
409 ~~physician~~ shall incorporate the consultant's recommendations for  
410 continuing, modifying, or discontinuing controlled substance  
411 therapy. The resulting changes in treatment shall be  
412 specifically documented in the patient's medical record.  
413 Evidence or behavioral indications of diversion shall be  
414 followed by discontinuation of controlled substance therapy, and  
415 the patient shall be discharged, and all results of testing and  
416 actions taken by the registrant ~~physician~~ shall be documented in



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417 the patient's medical record.

418  
 419 This subsection does not apply to a board-eligible or board-  
 420 certified anesthesiologist, physiatrist, rheumatologist, or  
 421 neurologist, or to a board-certified physician who has surgical  
 422 privileges at a hospital or ambulatory surgery center and  
 423 primarily provides surgical services. This subsection does not  
 424 apply to a board-eligible or board-certified medical specialist  
 425 who has also completed a fellowship in pain medicine approved by  
 426 the Accreditation Council for Graduate Medical Education or the  
 427 American Osteopathic Association, or who is board eligible or  
 428 board certified in pain medicine by the American Board of Pain  
 429 Medicine, the American Board of Interventional Pain Physicians,  
 430 the American Association of Physician Specialists, or a board  
 431 approved by the American Board of Medical Specialties or the  
 432 American Osteopathic Association and performs interventional  
 433 pain procedures of the type routinely billed using surgical  
 434 codes. This subsection does not apply to a registrant ~~physician~~  
 435 who prescribes medically necessary controlled substances for a  
 436 patient during an inpatient stay in a hospital licensed under  
 437 chapter 395.

438 Section 7. Paragraph (b) of subsection (2) of section  
 439 458.3265, Florida Statutes, is amended to read:

440 458.3265 Pain-management clinics.—

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



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

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

451 Section 8. Paragraph (b) of subsection (2) of section  
452 459.0137, Florida Statutes, is amended to read:

453 459.0137 Pain-management clinics.—

454 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
455 apply to any osteopathic physician who provides professional  
456 services in a pain-management clinic that is required to be  
457 registered in subsection (1).

458 ~~(b) Only a person may not dispense any medication on the~~  
459 ~~premises of a registered pain-management clinic unless he or she~~  
460 ~~is a physician licensed under this chapter or chapter 458 may~~  
461 dispense medication or prescribe a controlled substance  
462 regulated under chapter 893 on the premises of a registered  
463 pain-management clinic.

464 Section 9. Paragraph (e) of subsection (4) of section  
465 458.347, Florida Statutes, is amended, and paragraph (c) of  
466 subsection (9) of that section is republished, to read:

467 458.347 Physician assistants.—

468 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—



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469 (e) A supervisory physician may delegate to a fully  
470 licensed physician assistant the authority to prescribe or  
471 dispense any medication used in the supervisory physician's  
472 practice unless such medication is listed on the formulary  
473 created pursuant to paragraph (f). A fully licensed physician  
474 assistant may only prescribe or dispense such medication under  
475 the following circumstances:

476 1. A physician assistant must clearly identify to the  
477 patient that he or she is a physician assistant. Furthermore,  
478 the physician assistant must inform the patient that the patient  
479 has the right to see the physician prior to any prescription  
480 being prescribed or dispensed by the physician assistant.

481 2. The supervisory physician must notify the department of  
482 his or her intent to delegate, on a department-approved form,  
483 before delegating such authority and notify the department of  
484 any change in prescriptive privileges of the physician  
485 assistant. Authority to dispense may be delegated only by a  
486 supervising physician who is registered as a dispensing  
487 practitioner in compliance with s. 465.0276.

488 3. The physician assistant must file with the department a  
489 signed affidavit that he or she has completed a minimum of 10  
490 continuing medical education hours in the specialty practice in  
491 which the physician assistant has prescriptive privileges with  
492 each licensure renewal application. Three of the 10 hours must  
493 consist of a continuing education course on the safe and  
494 effective prescribing of controlled substance medications which



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495 is offered by a statewide professional association of physicians  
 496 in this state accredited to provide educational activities  
 497 designated for the American Medical Association Physician's  
 498 Recognition Award Category 1 credit or designated by the  
 499 American Academy of Physician Assistants as a Category 1 credit.

500 4. The department may issue a prescriber number to the  
 501 physician assistant granting authority for the prescribing of  
 502 medicinal drugs authorized within this paragraph upon completion  
 503 of the foregoing requirements. The physician assistant shall not  
 504 be required to independently register pursuant to s. 465.0276.

505 5. The prescription must be written in a form that  
 506 complies with chapter 499 and must contain, in addition to the  
 507 supervisory physician's name, address, and telephone number, the  
 508 physician assistant's prescriber number. Unless it is a drug or  
 509 drug sample dispensed by the physician assistant, the  
 510 prescription must be filled in a pharmacy permitted under  
 511 chapter 465 and must be dispensed in that pharmacy by a  
 512 pharmacist licensed under chapter 465. The appearance of the  
 513 prescriber number creates a presumption that the physician  
 514 assistant is authorized to prescribe the medicinal drug and the  
 515 prescription is valid.

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

518 (9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on  
 519 Physician Assistants is created within the department.

520 (c) The council shall:





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521           1. Recommend to the department the licensure of physician  
522 assistants.

523           2. Develop all rules regulating the use of physician  
524 assistants by physicians under this chapter and chapter 459,  
525 except for rules relating to the formulary developed under  
526 paragraph (4) (f). The council shall also develop rules to ensure  
527 that the continuity of supervision is maintained in each  
528 practice setting. The boards shall consider adopting a proposed  
529 rule developed by the council at the regularly scheduled meeting  
530 immediately following the submission of the proposed rule by the  
531 council. A proposed rule submitted by the council may not be  
532 adopted by either board unless both boards have accepted and  
533 approved the identical language contained in the proposed rule.  
534 The language of all proposed rules submitted by the council must  
535 be approved by both boards pursuant to each respective board's  
536 guidelines and standards regarding the adoption of proposed  
537 rules. If either board rejects the council's proposed rule, that  
538 board must specify its objection to the council with  
539 particularity and include any recommendations it may have for  
540 the modification of the proposed rule.

541           3. Make recommendations to the boards regarding all  
542 matters relating to physician assistants.

543           4. Address concerns and problems of practicing physician  
544 assistants in order to improve safety in the clinical practices  
545 of licensed physician assistants.

546           Section 10. Effective January 1, 2017, paragraph (f) of



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547 subsection (4) of section 458.347, Florida Statutes, is amended  
548 to read:

549 458.347 Physician assistants.—

550 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

551 (f)1. The council shall establish a formulary of medicinal  
552 drugs that a fully licensed physician assistant having  
553 prescribing authority under this section or s. 459.022 may not  
554 prescribe. The formulary must include ~~controlled substances as~~  
555 ~~defined in chapter 893,~~ general anesthetics, and radiographic  
556 contrast materials, and must limit the prescription of Schedule  
557 II controlled substances as listed in s. 893.03 to a 7-day  
558 supply. The formulary must also restrict the prescribing of  
559 psychiatric mental health controlled substances for children  
560 younger than 18 years of age.

561 2. In establishing the formulary, the council shall  
562 consult with a pharmacist licensed under chapter 465, but not  
563 licensed under this chapter or chapter 459, who shall be  
564 selected by the State Surgeon General.

565 3. Only the council shall add to, delete from, or modify  
566 the formulary. Any person who requests an addition, a deletion,  
567 or a modification of a medicinal drug listed on such formulary  
568 has the burden of proof to show cause why such addition,  
569 deletion, or modification should be made.

570 4. The boards shall adopt the formulary required by this  
571 paragraph, and each addition, deletion, or modification to the  
572 formulary, by rule. Notwithstanding any provision of chapter 120



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573 to the contrary, the formulary rule shall be effective 60 days  
 574 after the date it is filed with the Secretary of State. Upon  
 575 adoption of the formulary, the department shall mail a copy of  
 576 such formulary to each fully licensed physician assistant having  
 577 prescribing authority under this section or s. 459.022, and to  
 578 each pharmacy licensed by the state. The boards shall establish,  
 579 by rule, a fee not to exceed \$200 to fund the provisions of this  
 580 paragraph and paragraph (e).

581 Section 11. Subsection (2) of section 464.003, Florida  
 582 Statutes, is amended to read:

583 464.003 Definitions.—As used in this part, the term:

584 (2) "Advanced or specialized nursing practice" means, in  
 585 addition to the practice of professional nursing, the  
 586 performance of advanced-level nursing acts approved by the board  
 587 which, by virtue of postbasic specialized education, training,  
 588 and experience, are appropriately performed by an advanced  
 589 registered nurse practitioner. Within the context of advanced or  
 590 specialized nursing practice, the advanced registered nurse  
 591 practitioner may perform acts of nursing diagnosis and nursing  
 592 treatment of alterations of the health status. The advanced  
 593 registered nurse practitioner may also perform acts of medical  
 594 diagnosis and treatment, prescription, and operation as  
 595 authorized within the framework of an established supervisory  
 596 protocol ~~which are identified and approved by a joint committee~~  
 597 ~~composed of three members appointed by the Board of Nursing, two~~  
 598 ~~of whom must be advanced registered nurse practitioners; three~~



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599 ~~members appointed by the Board of Medicine, two of whom must~~  
600 ~~have had work experience with advanced registered nurse~~  
601 ~~practitioners; and the State Surgeon General or the State~~  
602 ~~Surgeon General's designee. Each committee member appointed by a~~  
603 ~~board shall be appointed to a term of 4 years unless a shorter~~  
604 ~~term is required to establish or maintain staggered terms. The~~  
605 ~~Board of Nursing shall adopt rules authorizing the performance~~  
606 ~~of any such acts approved by the joint committee. Unless~~  
607 ~~otherwise specified by the joint committee, such acts must be~~  
608 ~~performed under the general supervision of a practitioner~~  
609 ~~licensed under chapter 458, chapter 459, or chapter 466 within~~  
610 ~~the framework of standing protocols which identify the medical~~  
611 ~~acts to be performed and the conditions for their performance.~~  
612 The department may, by rule, require that a copy of the protocol  
613 be filed with the department along with the notice required by  
614 s. 458.348.

615 Section 12. Section 464.012, Florida Statutes, is amended  
616 to read:

617 464.012 Certification of advanced registered nurse  
618 practitioners; fees; controlled substance prescribing.—

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

624 (a) Satisfactory completion of a formal postbasic



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625 educational program of at least one academic year, the primary  
626 purpose of which is to prepare nurses for advanced or  
627 specialized practice.

628 (b) Certification by an appropriate specialty board. Such  
629 certification shall be required for initial state certification  
630 and any recertification as a registered nurse anesthetist or  
631 nurse midwife. The board may by rule provide for provisional  
632 state certification of graduate nurse anesthetists and nurse  
633 midwives for a period of time determined to be appropriate for  
634 preparing for and passing the national certification  
635 examination.

636 (c) Graduation from a program leading to a master's degree  
637 in a nursing clinical specialty area with preparation in  
638 specialized practitioner skills. For applicants graduating on or  
639 after October 1, 1998, graduation from a master's degree program  
640 shall be required for initial certification as a nurse  
641 practitioner under paragraph (4)(c). For applicants graduating  
642 on or after October 1, 2001, graduation from a master's degree  
643 program shall be required for initial certification as a  
644 registered nurse anesthetist under paragraph (4)(a).

645 (2) The board shall provide by rule the appropriate  
646 requirements for advanced registered nurse practitioners in the  
647 categories of certified registered nurse anesthetist, certified  
648 nurse midwife, and nurse practitioner.

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



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

- 663 (a) Monitor and alter drug therapies.  
664 (b) Initiate appropriate therapies for certain conditions.  
665 (c) Perform additional functions as may be determined by  
666 rule in accordance with s. 464.003(2).  
667 (d) Order diagnostic tests and physical and occupational  
668 therapy.

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

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

- 676 1. Determine the health status of the patient as it



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677 | relates to the risk factors and to the anesthetic management of  
678 | the patient through the performance of the general functions.

679 |       2. Based on history, physical assessment, and supplemental  
680 | laboratory results, determine, with the consent of the  
681 | responsible physician, the appropriate type of anesthesia within  
682 | the framework of the protocol.

683 |       3. Order under the protocol preanesthetic medication.

684 |       4. Perform under the protocol procedures commonly used to  
685 | render the patient insensible to pain during the performance of  
686 | surgical, obstetrical, therapeutic, or diagnostic clinical  
687 | procedures. These procedures include ordering and administering  
688 | regional, spinal, and general anesthesia; inhalation agents and  
689 | techniques; intravenous agents and techniques; and techniques of  
690 | hypnosis.

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

694 |       6. Support life functions during anesthesia health care,  
695 | including induction and intubation procedures, the use of  
696 | appropriate mechanical supportive devices, and the management of  
697 | fluid, electrolyte, and blood component balances.

698 |       7. Recognize and take appropriate corrective action for  
699 | abnormal patient responses to anesthesia, adjunctive medication,  
700 | or other forms of therapy.

701 |       8. Recognize and treat a cardiac arrhythmia while the  
702 | patient is under anesthetic care.



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703 9. Participate in management of the patient while in the  
 704 postanesthesia recovery area, including ordering the  
 705 administration of fluids and drugs.

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

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

- 714 1. Perform superficial minor surgical procedures.
- 715 2. Manage the patient during labor and delivery to include  
 716 amniotomy, episiotomy, and repair.
- 717 3. Order, initiate, and perform appropriate anesthetic  
 718 procedures.
- 719 4. Perform postpartum examination.
- 720 5. Order appropriate medications.
- 721 6. Provide family-planning services and well-woman care.
- 722 7. Manage the medical care of the normal obstetrical  
 723 patient and the initial care of a newborn patient.

724 (c) The nurse practitioner may perform any or all of the  
 725 following acts within the framework of established protocol:

- 726 1. Manage selected medical problems.
- 727 2. Order physical and occupational therapy.
- 728 3. Initiate, monitor, or alter therapies for certain





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729 uncomplicated acute illnesses.

730 4. Monitor and manage patients with stable chronic  
731 diseases.

732 5. Establish behavioral problems and diagnosis and make  
733 treatment recommendations.

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

740 (6) (a) The board shall establish a committee to recommend  
741 a formulary of controlled substances that an advanced registered  
742 nurse practitioner may not prescribe or may prescribe only for  
743 specific uses or in limited quantities. The committee must  
744 consist of three advanced registered nurse practitioners  
745 licensed under this section, recommended by the board; three  
746 physicians licensed under chapter 458 or chapter 459 who have  
747 work experience with advanced registered nurse practitioners,  
748 recommended by the Board of Medicine; and a pharmacist licensed  
749 under chapter 465 who is a doctor of pharmacy, recommended by  
750 the Board of Pharmacy. The committee may recommend an evidence-  
751 based formulary applicable to all advanced registered nurse  
752 practitioners which is limited by specialty certification, is  
753 limited to approved uses of controlled substances, or is subject  
754 to other similar restrictions the committee finds are necessary



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755 to protect the health, safety, and welfare of the public. The  
756 formulary must restrict the prescribing of psychiatric mental  
757 health controlled substances for children younger than 18 years  
758 of age to advanced registered nurse practitioners who also are  
759 psychiatric nurses as defined in s. 394.455. The formulary must  
760 also limit the prescribing of Schedule II controlled substances  
761 as listed in s. 893.03 to a 7-day supply, except that such  
762 restriction does not apply to controlled substances that are  
763 psychiatric medications prescribed by psychiatric nurses as  
764 defined in s. 394.455.

765 (b) The board shall adopt by rule the recommended  
766 formulary and any revision to the formulary which it finds is  
767 supported by evidence-based clinical findings presented by the  
768 Board of Medicine, the Board of Osteopathic Medicine, or the  
769 Board of Dentistry.

770 (c) The formulary required under this subsection does not  
771 apply to a controlled substance that is dispensed for  
772 administration pursuant to an order, including an order for  
773 medication authorized by subparagraph (4)(a)3., subparagraph  
774 (4)(a)4., or subparagraph (4)(a)9.

775 (d) The board shall adopt the committee's initial  
776 recommendation no later than October 31, 2016.

777 (7) This section shall be known as "The Barbara Lumpkin  
778 Prescribing Act."

779 Section 13. Effective January 1, 2017, subsection (3) of  
780 section 464.012, Florida Statutes, as amended by this act, is



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781 amended to read:

782 464.012 Certification of advanced registered nurse  
783 practitioners; fees; controlled substance prescribing.—

784 (3) An advanced registered nurse practitioner shall  
785 perform those functions authorized in this section within the  
786 framework of an established protocol that is filed with the  
787 board upon biennial license renewal and within 30 days after  
788 entering into a supervisory relationship with a physician or  
789 changes to the protocol. The board shall review the protocol to  
790 ensure compliance with applicable regulatory standards for  
791 protocols. The board shall refer to the department licensees  
792 submitting protocols that are not compliant with the regulatory  
793 standards for protocols. A practitioner currently licensed under  
794 chapter 458, chapter 459, or chapter 466 shall maintain  
795 supervision for directing the specific course of medical  
796 treatment. Within the established framework, an advanced  
797 registered nurse practitioner may:

798 (a) Prescribe, dispense, administer, or order any drug;  
799 however, an advanced registered nurse practitioner may prescribe  
800 or dispense a controlled substance as defined in s. 893.03 only  
801 if the advanced registered nurse practitioner has graduated from  
802 a program leading to a master's or doctoral degree in a clinical  
803 nursing specialty area with training in specialized practitioner  
804 skills ~~Monitor and alter drug therapies.~~

805 (b) Initiate appropriate therapies for certain conditions.

806 (c) Perform additional functions as may be determined by



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807 rule in accordance with s. 464.003(2).

808 (d) Order diagnostic tests and physical and occupational  
809 therapy.

810 Section 14. Subsection (3) of section 464.013, Florida  
811 Statutes, is amended to read:

812 464.013 Renewal of license or certificate.—

813 (3) The board shall by rule prescribe up to 30 hours of  
814 continuing education biennially as a condition for renewal of a  
815 license or certificate.

816 (a) A nurse who is certified by a health care specialty  
817 program accredited by the National Commission for Certifying  
818 Agencies or the Accreditation Board for Specialty Nursing  
819 Certification is exempt from continuing education requirements.  
820 The criteria for programs must ~~shall~~ be approved by the board.

821 (b) Notwithstanding the exemption in paragraph (a), as  
822 part of the maximum 30 hours of continuing education hours  
823 required under this subsection, advanced registered nurse  
824 practitioners certified under s. 464.012 must complete at least  
825 3 hours of continuing education on the safe and effective  
826 prescription of controlled substances. Such continuing education  
827 courses must be offered by a statewide professional association  
828 of physicians in this state accredited to provide educational  
829 activities designated for the American Medical Association  
830 Physician's Recognition Award Category 1 credit, the American  
831 Nurses Credentialing Center, the American Association of Nurse  
832 Anesthetists, or the American Association of Nurse Practitioners



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833 and may be offered in a distance learning format.

834 Section 15. Paragraph (p) is added to subsection (1) of  
835 section 464.018, Florida Statutes, and subsection (2) of that  
836 section is republished, to read:

837 464.018 Disciplinary actions.—

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

840 (p) For an advanced registered nurse practitioner:

841 1. Presigning blank prescription forms.

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

844 3. Prescribing, ordering, dispensing, administering,  
845 supplying, selling, or giving a drug that is an amphetamine, a  
846 sympathomimetic amine drug, or a compound designated in s.  
847 893.03(2) as a Schedule II controlled substance, to or for any  
848 person except for:

849 a. The treatment of narcolepsy; hyperkinesis; behavioral  
850 syndrome in children characterized by the developmentally  
851 inappropriate symptoms of moderate to severe distractibility,  
852 short attention span, hyperactivity, emotional lability, and  
853 impulsivity; or drug-induced brain dysfunction.

854 b. The differential diagnostic psychiatric evaluation of  
855 depression or the treatment of depression shown to be refractory  
856 to other therapeutic modalities.

857 c. The clinical investigation of the effects of such drugs  
858 or compounds when an investigative protocol is submitted to,



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859 reviewed by, and approved by the department before such  
860 investigation is begun.

861 4. Prescribing, ordering, dispensing, administering,  
862 supplying, selling, or giving growth hormones, testosterone or  
863 its analogs, human chorionic gonadotropin (HCG), or other  
864 hormones for the purpose of muscle building or to enhance  
865 athletic performance. As used in this subparagraph, the term  
866 "muscle building" does not include the treatment of injured  
867 muscle. A prescription written for the drug products identified  
868 in this subparagraph may be dispensed by a pharmacist with the  
869 presumption that the prescription is for legitimate medical use.

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

873 6. Prescribing, dispensing, administering, mixing, or  
874 otherwise preparing a legend drug, including a controlled  
875 substance, other than in the course of his or her professional  
876 practice. For the purposes of this subparagraph, it is legally  
877 presumed that prescribing, dispensing, administering, mixing, or  
878 otherwise preparing legend drugs, including all controlled  
879 substances, inappropriately or in excessive or inappropriate  
880 quantities is not in the best interest of the patient and is not  
881 in the course of the advanced registered nurse practitioner's  
882 professional practice, without regard to his or her intent.

883 7. Prescribing, dispensing, or administering a medicinal  
884 drug appearing on any schedule set forth in chapter 893 to



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885 himself or herself, except a drug prescribed, dispensed, or  
 886 administered to the advanced registered nurse practitioner by  
 887 another practitioner authorized to prescribe, dispense, or  
 888 administer medicinal drugs.

889 8. Prescribing, ordering, dispensing, administering,  
 890 supplying, selling, or giving amygdalin (laetrile) to any  
 891 person.

892 9. Dispensing a substance designated in s. 893.03(2) or  
 893 (3) as a substance controlled in Schedule II or Schedule III,  
 894 respectively, in violation of s. 465.0276.

895 10. Promoting or advertising through any communication  
 896 medium the use, sale, or dispensing of a substance designated in  
 897 s. 893.03 as a controlled substance.

898 (2) The board may enter an order denying licensure or  
 899 imposing any of the penalties in s. 456.072(2) against any  
 900 applicant for licensure or licensee who is found guilty of  
 901 violating any provision of subsection (1) of this section or who  
 902 is found guilty of violating any provision of s. 456.072(1).

903 Section 16. Section 627.42392, Florida Statutes, is  
 904 created to read:

905 627.42392 Prior authorization.—

906 (1) As used in this section, the term "health insurer"  
 907 means an authorized insurer offering health insurance as defined  
 908 in s. 624.603, a managed care plan as defined in s. 409.962(9),  
 909 or a health maintenance organization as defined in s.  
 910 641.19(12).



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911       (2) Notwithstanding any other provision of law, in order  
 912 to establish uniformity in the submission of prior authorization  
 913 forms on or after January 1, 2017, a health insurer, or a  
 914 pharmacy benefits manager on behalf of the health insurer, which  
 915 does not use an electronic prior authorization form for its  
 916 contracted providers shall use only the prior authorization form  
 917 that has been approved by the Financial Services Commission in  
 918 consultation with the Agency for Health Care Administration to  
 919 obtain a prior authorization for a medical procedure, course of  
 920 treatment, or prescription drug benefit. Such form may not  
 921 exceed two pages in length, excluding any instructions or  
 922 guiding documentation.

923       (3) The Financial Services Commission in consultation with  
 924 the Agency for Health Care Administration shall adopt by rule  
 925 guidelines for all prior authorization forms which ensure the  
 926 general uniformity of such forms.

927       (4) Electronic prior-authorization approvals do not  
 928 preclude benefit verification or medical review by the insurer  
 929 under either the medical or pharmacy benefits.

930       Section 17. Paragraph (a) of subsection (3) of section  
 931 766.1115, Florida Statutes, is amended to read:

932       766.1115 Health care providers; creation of agency  
 933 relationship with governmental contractors.—

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

935       (a) "Contract" means an agreement executed in compliance  
 936 with this section between a health care provider and a





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937 governmental contractor for volunteer, uncompensated services  
 938 which allows the health care provider to deliver health care  
 939 services to low-income recipients as an agent of the  
 940 governmental contractor. ~~The contract must be for volunteer,~~  
 941 ~~uncompensated services, except as provided in paragraph (4)(g).~~  
 942 For services to qualify as volunteer, uncompensated services  
 943 under this section, the health care provider, or any employee or  
 944 agent of the health care provider, must receive no compensation  
 945 from the governmental contractor for any services provided under  
 946 the contract and must not bill or accept compensation from the  
 947 recipient, or a public or private third-party payor, for the  
 948 specific services provided to the low-income recipients covered  
 949 by the contract, except as provided in paragraph (4)(g). A free  
 950 clinic as described in subparagraph (d)14. may receive a  
 951 legislative appropriation, a grant through a legislative  
 952 appropriation, or a grant from a governmental entity or  
 953 nonprofit corporation to support the delivery of contracted  
 954 services by volunteer health care providers, including the  
 955 employment of health care providers to supplement, coordinate,  
 956 or support the delivery of such services. The appropriation or  
 957 grant for the free clinic does not constitute compensation under  
 958 this paragraph from the governmental contractor for services  
 959 provided under the contract, nor does receipt or use of the  
 960 appropriation or grant constitute the acceptance of compensation  
 961 under this paragraph for the specific services provided to the  
 962 low-income recipients covered by the contract.



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963 Section 18. Subsection (21) of section 893.02, Florida  
964 Statutes, is amended to read:

965 893.02 Definitions.—The following words and phrases as  
966 used in this chapter shall have the following meanings, unless  
967 the context otherwise requires:

968 (21) "Practitioner" means a physician licensed under  
969 ~~pursuant to~~ chapter 458, a dentist licensed under ~~pursuant to~~  
970 chapter 466, a veterinarian licensed under ~~pursuant to~~ chapter  
971 474, an osteopathic physician licensed under ~~pursuant to~~ chapter  
972 459, an advanced registered nurse practitioner certified under  
973 chapter 464, a naturopath licensed under ~~pursuant to~~ chapter  
974 462, a certified optometrist licensed under ~~pursuant to~~ chapter  
975 463, ~~or~~ a podiatric physician licensed under ~~pursuant to~~ chapter  
976 461, or a physician assistant licensed under chapter 458 or  
977 chapter 459, provided such practitioner holds a valid federal  
978 controlled substance registry number.

979 Section 19. Paragraph (n) of subsection (1) of section  
980 948.03, Florida Statutes, is amended to read:

981 948.03 Terms and conditions of probation.—

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

988 (n) Be prohibited from using intoxicants to excess or



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989 | possessing any drugs or narcotics unless prescribed by a  
 990 | physician, an advanced registered nurse practitioner, or a  
 991 | physician assistant. The probationer or community controllee may  
 992 | ~~shall~~ not knowingly visit places where intoxicants, drugs, or  
 993 | other dangerous substances are unlawfully sold, dispensed, or  
 994 | used.

995 | Section 20. Paragraph (a) of subsection (1) and subsection  
 996 | (2) of section 458.348, Florida Statutes, are amended to read:  
 997 | 458.348 Formal supervisory relationships, standing orders,  
 998 | and established protocols; notice; standards.—

999 | (1) NOTICE.—

1000 | (a) When a physician enters into a formal supervisory  
 1001 | relationship or standing orders with an emergency medical  
 1002 | technician or paramedic licensed pursuant to s. 401.27, which  
 1003 | relationship or orders contemplate the performance of medical  
 1004 | acts, or when a physician enters into an established protocol  
 1005 | with an advanced registered nurse practitioner, which protocol  
 1006 | contemplates the performance of medical ~~acts identified and~~  
 1007 | ~~approved by the joint committee pursuant to s. 464.003(2) or~~  
 1008 | acts set forth in s. 464.012(3) and (4), the physician shall  
 1009 | submit notice to the board. The notice shall contain a statement  
 1010 | in substantially the following form:

1011 |  
 1012 | I, ... (name and professional license number of  
 1013 | physician) ..., of ... (address of physician) ... have hereby  
 1014 | entered into a formal supervisory relationship, standing orders,



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1015 or an established protocol with ...(number of persons)...  
 1016 emergency medical technician(s), ...(number of persons)...  
 1017 paramedic(s), or ...(number of persons)... advanced registered  
 1018 nurse practitioner(s).

1019  
 1020 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The  
 1021 joint committee ~~created under s. 464.003(2)~~ shall determine  
 1022 minimum standards for the content of established protocols  
 1023 pursuant to which an advanced registered nurse practitioner may  
 1024 perform medical acts ~~identified and approved by the joint~~  
 1025 ~~committee pursuant to s. 464.003(2)~~ or acts set forth in s.  
 1026 464.012(3) and (4) and shall determine minimum standards for  
 1027 supervision of such acts by the physician, unless the joint  
 1028 committee determines that any act set forth in s. 464.012(3) or  
 1029 (4) is not a medical act. Such standards shall be based on risk  
 1030 to the patient and acceptable standards of medical care and  
 1031 shall take into account the special problems of medically  
 1032 underserved areas. The standards developed by the joint  
 1033 committee shall be adopted as rules by the Board of Nursing and  
 1034 the Board of Medicine for purposes of carrying out their  
 1035 responsibilities pursuant to part I of chapter 464 and this  
 1036 chapter, respectively, but neither board shall have disciplinary  
 1037 powers over the licensees of the other board.

1038 Section 21. Paragraph (a) of subsection (1) of section  
 1039 459.025, Florida Statutes, is amended to read:

1040 459.025 Formal supervisory relationships, standing orders,



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1041 and established protocols; notice; standards.—

1042 (1) NOTICE.—

1043 (a) When an osteopathic physician enters into a formal  
 1044 supervisory relationship or standing orders with an emergency  
 1045 medical technician or paramedic licensed pursuant to s. 401.27,  
 1046 which relationship or orders contemplate the performance of  
 1047 medical acts, or when an osteopathic physician enters into an  
 1048 established protocol with an advanced registered nurse  
 1049 practitioner, which protocol contemplates the performance of  
 1050 medical acts ~~identified and approved by the joint committee~~  
 1051 ~~pursuant to s. 464.003(2)~~ or acts set forth in s. 464.012(3) and  
 1052 (4), the osteopathic physician shall submit notice to the board.  
 1053 The notice must contain a statement in substantially the  
 1054 following form:

1055  
 1056 I, ...(name and professional license number of osteopathic  
 1057 physician)..., of ...(address of osteopathic physician)... have  
 1058 hereby entered into a formal supervisory relationship, standing  
 1059 orders, or an established protocol with ...(number of  
 1060 persons)... emergency medical technician(s), ...(number of  
 1061 persons)... paramedic(s), or ...(number of persons)... advanced  
 1062 registered nurse practitioner(s).

1063 Section 22. Subsection (10) of s. 458.331, paragraph (g)  
 1064 of subsection (7) of s. 458.347, subsection (10) of s. 459.015,  
 1065 paragraph (f) of subsection (7) of s. 459.022, and paragraph (b)  
 1066 of subsection (5) of s. 465.0158, Florida Statutes, are



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1067 reenacted for the purpose of incorporating the amendment made by  
 1068 this act to s. 456.072, Florida Statutes, in references thereto.

1069 Section 23. Paragraph (mm) of subsection (1) of s. 456.072  
 1070 and s. 466.02751, Florida Statutes, are reenacted for the  
 1071 purpose of incorporating the amendment made by this act to s.  
 1072 456.44, Florida Statutes, in references thereto.

1073 Section 24. Section 458.303, paragraph (b) of subsection  
 1074 (7) of s. 458.3475, paragraph (e) of subsection (4) and  
 1075 paragraph (c) of subsection (9) of s. 459.022, and paragraph (b)  
 1076 of subsection (7) of s. 459.023, Florida Statutes, are reenacted  
 1077 for the purpose of incorporating the amendment made by this act  
 1078 to s. 458.347, Florida Statutes, in references thereto.

1079 Section 25. Paragraph (c) of subsection (3) of s. 464.012,  
 1080 Florida Statutes, is reenacted for the purpose of incorporating  
 1081 the amendment made by this act to s. 464.003, Florida Statutes,  
 1082 in a reference thereto.

1083 Section 26. Paragraph (a) of subsection (1) of s. 456.041,  
 1084 subsections (1) and (2) of s. 458.348, and subsection (1) of s.  
 1085 459.025, Florida Statutes, are reenacted for the purpose of  
 1086 incorporating the amendment made by this act to s. 464.012,  
 1087 Florida Statutes, in references thereto.

1088 Section 27. Subsection (7) of s. 464.0205, Florida  
 1089 Statutes, is reenacted for the purpose of incorporating the  
 1090 amendment made by this act to s. 464.013, Florida Statutes, in a  
 1091 reference thereto.

1092 Section 28. Subsection (11) of s. 320.0848, subsection (2)



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1093 of s. 464.008, subsection (5) of s. 464.009, and paragraph (b)  
1094 of subsection (1), subsection (3), and paragraph (b) of  
1095 subsection (4) of s. 464.0205, Florida Statutes, are reenacted  
1096 for the purpose of incorporating the amendment made by this act  
1097 to s. 464.018, Florida Statutes, in references thereto.

1098 Section 29. Section 775.051, Florida Statutes, is  
1099 reenacted for the purpose of incorporating the amendment made by  
1100 this act to s. 893.02, Florida Statutes, in a reference thereto.

1101 Section 30. Paragraph (a) of subsection (3) of s. 944.17,  
1102 subsection (8) of s. 948.001, and paragraph (e) of subsection  
1103 (1) of s. 948.101, Florida Statutes, are reenacted for the  
1104 purpose of incorporating the amendment made by this act to s.  
1105 948.03, Florida Statutes, in references thereto.

1106 Section 31. Except as otherwise expressly provided in this  
1107 act, this act shall take effect upon becoming a law.

1108

**PROPOSED RULE REVISIONS FOR THE JUNE 2016 PA MEETING.**

**64B8-30.008 Formulary.**

(1) Physician Assistants approved to prescribe medicinal drugs under the provisions of Section 458.347(4)(e) or 459.022(4)(e), F.S., are not authorized to prescribe the following medicinal drugs, in pure form or combination:

~~(a) Controlled substances, as defined in Chapter 893, F.S.~~

~~(a)(b) General, spinal or epidural anesthetics;~~

~~(b)(e) Radiographic contrast materials;~~

~~(c) Psychiatric mental health controlled substances for children younger than 18 years of age.~~

~~(2) The prescription of Schedule II controlled substances as listed in s. 893.03, Florida Statutes, is limited to a 7-day supply.~~

~~(3)(2) A supervising physician may delegate to a prescribing physician assistant only such authorized medicinal drugs as are used in the supervising physician's practice, not listed in subsection (1).~~

~~(4)(3) Subject to the requirements of this subsection, Sections 456.44, 458.347, 458.3295, and 459.022, and 459.0137, F.S., and the rules enacted thereunder, drugs not appearing on this formulary may be delegated by a supervising physician to a prescribing physician assistant to prescribe.~~

~~(5)(4) Nothing herein prohibits a supervising physician from delegating to a physician assistant the authority to order medicinal drugs for a hospitalized patient of the supervising physician, nor does anything herein prohibit a supervising physician from delegating to a physician assistant the administration of a medicinal drug under the direction and supervision of the physician.~~

*Rulemaking Authority 458.309, 458.347(4)(f)1. FS. Law Implemented 458.347(4)(e), (f), 458.3295, and 456.044, FS. History—New 3-12-94, Formerly 61F6-17.0038, Amended 11-30-94, 2-22-95, 1-24-96, 11-13-96, 3-26-97, Formerly 59R-30.008, Amended 11-26-97, 1-11-99, 12-28-99, 6-20-00, 11-13-00, 2-15-02, 7-30-03, 8-2-09.*

**64B15-6.0038 Formulary.**

(1) Physician Assistants Approve to Prescribe Medicinal Drugs under the provisions of Sections 458.347(4)(e) or 459.022(4)(e), F.S., are not authorized to Prescribe the following Medicinal Drugs, in pure form or combination:

~~(a) Controlled substances, as defined in Chapter 893, F.S.;~~

~~(a)(b) General, spinal or epidural anesthetics;~~

~~(b)(e) Radiographic contrast materials;~~

~~(c) Psychiatric mental health controlled substances for children younger than 18 years of age.~~

~~(2) The prescription of Schedule II controlled substances as listed in s. 893.03, Florida Statutes, is limited to a 7-day supply.~~

~~(3)(2) A supervising physician may delegate to a prescribing physician assistant only such authorized medicinal drugs as are used in the supervising physician's practice, not listed in subsection (1).~~

~~(4)(3) Subject to the requirements of this subsection, Sections 456.44, 458.347, 458.3295, and 459.022, and 459.0137, and the rules enacted thereunder, drugs not appearing on this formulary may be delegated by a supervising physician to a prescribing physician assistant to prescribe.~~

~~(5)(4) Nothing herein prohibits a supervising physician from delegating to a physician assistant the authority to order medicinal drugs for a hospitalized patient of the supervising physician, nor does anything herein prohibit a supervising physician from delegating to a physician assistant the administration of a medicinal drug under the direction and supervision of the physician.~~

*Rulemaking Authority 458.347, 459.022(4) FS. Law Implemented 459.022(4)(e), 459.0137, and 456.44, FS. History—New 3-12-94, Formerly 61F9-6.0038, Amended 11-30-94, 4-17-95, 8-27-95, 11-13-96, Formerly 59W-6.0038, Amended 5-12-98, 3-10-99, 3-9-00, 6-19-00, 11-23-00, 2-26-02, 2-23-04, 8-2-09.*



**64B15-6.0035 Physician Assistant Licensure Renewal and Reactivation.**

(1) A Physician Assistant must renew his licensure on a biennial basis. Upon request by the Board or Department, the licensee must submit satisfactory documentation of compliance with the requirements set forth below.

(2) Requirements for Renewal.

(a) Completion of the Physician Assistant licensure renewal application on the appropriate form provided by the Department.

(b) Submission of a signed, sworn statement of no felony convictions in the previous two years.

(c) Submission of a written statement attesting to completion of 100 hours of Continuing Medical Education in the previous two (2) years or documentation that the licensee is certified at the time of renewal by the National Commission on Certification of Physician Assistants. A minimum of 50 hours must be Category I Continuing Medical Education approved by the American Academy of Physician Assistants, the Accreditation Council for Continuing Medical Education, the American Medical Association, the American Osteopathic Association Council on Continuing Medical Education, or the American Academy of Family Physicians. The remaining 50 hours may be Category II Continuing Medical Education. If not NCCPA certified, the Physician Assistant must be able to produce evidence of the 100 hours of reported CME for the relevant biennium.

(d) As part of every third biennial renewal licensure period, all licensees shall complete two (2) hours of training in domestic violence which includes information on the number of patients in that professional's practice who are likely to be victims of domestic violence and the number who are likely to be perpetrators of domestic violence, screening procedures for determining whether a patient has any history of being either a victim or a perpetrator of domestic violence, and instruction on how to provide such patients with information on, or how to refer such patients to, resources in the local community, such as domestic violence centers and other advocacy groups, that provide legal aid, shelter, victim counseling, batterer counseling, or child protection services, and which is approved by any state or federal government agency, or nationally affiliated professional association, or any provider of Category I or II American Medical Association Continuing Medical Education. Home study courses approved by the above agencies will be acceptable.

(e) Upon a licensee's first renewal of licensure, the licensee must document the completion of one hour of Category I American Medical Association Continuing Medical Education which includes the topics of Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome; the modes of transmission, including transmission from healthcare worker to patient and patient to healthcare worker; infection control procedures, including universal precautions; epidemiology of the disease; related infections including TB; clinical management, prevention; and current Florida law on AIDS and its impact on testing, confidentiality of test results, and treatment of patients. Any hours of said CME may also be counted toward the CME license renewal requirements. In order for a course to count as meeting this requirement, licensees practicing in Florida must clearly demonstrate that the course includes Florida law in HIV/AIDS and its impact on testing, confidentiality of test results, and treatment of patients. Only Category I hours shall be accepted.

(f) Completion of two hours of continuing medical education relating to prevention of medical errors which includes a study of root cause analysis, error reduction and prevention, and patient safety, and which is approved by any state or federal government agency, or nationally affiliated professional association, or any provider of Category I or II American Medical Association Continuing Medical Education. One hour of a two hour course which is provided by a facility licensed pursuant to Chapter 395, F.S., for its employees may be used to partially meet this requirement.

(3)(a) For purposes of this rule, risk management means the identification, investigation, analysis, and evaluation of risks and the selection of the most advantageous method of correcting, reducing or eliminating identifiable risks.

(b) Five hours of continuing medical education in the subject area of risk management or medical ethics as designated by the licensee at the time of attendance may be obtained by attending one full day or eight (8) hours, whichever is more, of disciplinary hearings at a regular meeting of the Board of Medicine or the Board of Osteopathic Medicine in compliance with the following:

1. The licensee must sign in with the Executive Director of the Board before the meeting day begins.

2. The licensee must remain in continuous attendance.

3. The licensee must sign out with the Executive Director of the Board at the end of the meeting day or at such other earlier time as affirmatively authorized by the Board. A licensee may receive CME credit in risk management for attending the disciplinary portion of a Board meeting only if he or she is attending on that date solely for that purpose; he or she may not receive such credit if appearing at the Board meeting for another purpose.

(4) Up to 5 hours, per biennium, of continuing education credit may be fulfilled by performing pro bono medical services, for an entity serving the indigent, underserved populations or in areas of critical need within the state where the licensee practices. The

standard for determining indigency shall be low-income (no greater than 150% of the federal poverty level) or uninsured persons. Credit shall be given on an hour per hour basis.

(a) The Board approves for credit under this rule, the following entities:

1. The Department of Health;
2. Community and Migrant Health Centers funded under section 330 of the United States Public Health Service Act; and,
3. Volunteer Health Care provider programs contracted to provide uncompensated care under the provisions of Section 766.1115, F.S., with the Department of Health.

(b) For services provided to an entity not specified under this rule, a licensee must apply for prior approval in order to receive credit. In the application for approval, licensees shall disclose the type, nature and extent of services to be rendered, the facility where the services will be rendered, the number of patients expected to be served, and a statement indicating that the patients to be served are indigent. If the licensee intends to provide services in underserved or critical need areas, the application shall provide a brief explanation as to those facts.

(c) Unless otherwise provided through Board order, no licensee who is subject to a disciplinary action that requires additional continuing education as a penalty, shall be permitted to use pro-bono medical services as a method of meeting the additional continuing education requirements.

(5) Upon request by the Board or Department, the licensee must submit satisfactory documentation of compliance with the requirements set forth above.

(6) Renewal of Licensure as a Prescribing Physician Assistant. In addition to the requirements of subsection (2) above, a prescribing physician assistant shall attest to having completed a minimum of 10 hours of continuing education in the specialty area(s) of the supervising physician(s), during the previous 2 years. These hours may be utilized to meet the general continuing education requirement.

(7) Reactivation of Inactive License. To reactivate a license that has been inactive for two (2) consecutive biennial cycles, the licensee must:

(a) Submit to the Department the original inactive license;

(b) Provide the Department with licensure verification from each state in which the licensee is licensed to practice as a physician assistant, or a statement that the licensee is licensed only in Florida;

(c) Provide to the Department a statement of medical activities from the date the licensee became inactive to the present; or, if the licensee has not practiced as a physician assistant for at least 2 of the 4 years preceding application for reactivation, the licensee must:

1. Successfully complete the 16 credit hour Graduate Clerkship offered by Nova Southeastern University (Physician Assistant Department) or an equivalent program approved by the Council; and,

2. Practice under the direct supervision of a supervising physician approved by the Council for one (1) year.

3. In lieu of proof of completion of the Graduate Clerkship or the equivalent, the licensee may submit proof of recertification by NCCPA.

(d) Submit to the Department a statement of any criminal or disciplinary actions pending in any jurisdiction;

(e) Submit proof of completion of the continuing medical education requirements in compliance with paragraphs 64B15-6.0035(2)(c), (d), (e) and (f), F.A.C., for each biennium in which the license was inactive;

(f) Pay the appropriate fees.

(8) The renewal and reactivation fees are found in Rule 64B8-30.019 or 64B15-6.013, F.A.C.

(9) The failure of any license holder to renew the license on or before the license expires shall cause the license to become delinquent.

(a) The delinquent status licensee must apply for active or inactive license status during the licensure cycle in which the license becomes delinquent. The failure by the delinquent licensee to become active or inactive before the expiration of the licensure cycle in which the license became delinquent shall render the license null and void without further action by the Board or the Department.

(b) The delinquent status licensee who applies for active or inactive licensure shall:

1. File with the Department the completed application for either active or inactive license status;

2. Pay to the Board the applicable license renewal fee, the delinquency fee, and if applicable, the processing fee; and,

3. If active status is elected, demonstrate compliance with the continuing education requirements found in Rule 64B15-6.0035, F.A.C.

(10) Licensees who are spouses of members of the Armed Forces of the United States shall be exempt from all licensure renewal provisions for any period of time which the licensee is absent from the State of Florida due to the spouse's duties with the Armed Forces. The licensee must document the absence and the spouse's military status to the Board in order to obtain the exemption. Upon the licensee's return to Florida, the licensee must inform the Department of his or her return within 30 days.

(11) Reactivation of a retired status license. To reactivate the license of a retired status licensee whose license has been on retired status for more than five (5) years or a licensee from another state who has not been in the active practice of osteopathic medicine within the past five (5) years shall be required to appear before the Council and establish the ability to practice with the care and skill sufficient to protect the health, safety, and welfare of the public. At the time of such appearance, the physician assistant must:

- (a) Surrender to the Department the original retired status license;
- (b) Provide the Department with licensure verification from each state in which the licensee is licensed to practice as a physician assistant, or a statement that the licensee is licensed only in Florida;
- (c) Provide to the Department a statement of medical activities from the date the licensee entered retired status to the present;
- (d) Provide documentation of successful completion of the 16 credit hour Graduate Clerkship offered by Nova Southeastern University (Physician Assistant Department) or an equivalent program approved by the Council;
- (e) Practice under the direct supervision of a supervising physician approved by the Council for one (1) year;
- (f) Submit proof of completion of the continuing medical education requirements in compliance with paragraphs 64B15-6.0035(2)(c)-(f), F.A.C., for each biennium in which the license was inactive; and,
- (g) Pay the appropriate fees set forth in Section 456.036(4)(b), F.S. and subsections 64B15-6.013(6) and (10), F.A.C.
- (h) In lieu of proof of completion of the Graduate Clerkship or the equivalent, the licensee may submit proof of recertification by NCCPA.

(12) The Department shall refuse to reactivate the license of a retired status physician assistant who is under investigation or prosecution in any jurisdiction for an action that would constitute a violation of this chapter or the professional practice acts administered by the department and the boards, until 15 days after the Department receives the final results of the investigation or prosecution.

*Rulemaking Authority 456.013, 456.033(1), 459.005, 459.022 FS. Law Implemented 456.013, 456.031, 459.022(7)(b), (c) FS. History--New 10-28-87, Amended 4-21-88, 1-3-93, Formerly 21R-6.0035, Amended 11-4-93, 3-29-94, Formerly 61F9-6.0035, 59W-6.0035, Amended 6-7-98, 10-16-01, 3-10-02, 7-13-04, 7-27-04, 2-25-07, 11-11-07, 6-2-08, 11-3-09, 1-27-13.*

### **Tab Summary**

In the past, PA's have been required to attest to completion of 10 hours CME in the specialty area(s) of the supervising physician(s) during the previous two years. HB 423 amends this to no longer require the attestation and to require three of the ten hours be a course that includes information on the safe and effective prescribing of controlled substance medications. The course must be offered by 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. Rules 64B8-30.005(6), FAC needs to be amended to reflect the changes instituted by HB 423.

There are conflicting bills related to this section. Staff would like to have the rule opened for rule development and will bring back appropriate proposed language at the July 28<sup>th</sup>.

- HB 423
- HB 941
- HB 375
- Rule 64B8-30.005, FAC – Physician Assistant Licensure Renewal and Reactivation



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1  
2 An act relating to physician assistants; amending s.  
3 458.347, F.S.; revising circumstances under which a  
4 physician assistant may prescribe medication;  
5 authorizing a licensed physician assistant to perform  
6 certain services as delegated by a supervising  
7 physician; revising physician assistant licensure and  
8 license renewal requirements; removing a requirement  
9 for letters of recommendation; deleting provisions  
10 related to examination by the Department of Health;  
11 amending s. 459.022, F.S.; revising circumstances  
12 under which a physician assistant may prescribe  
13 medication; authorizing a licensed physician assistant  
14 to perform certain services as delegated by a  
15 supervising physician; revising physician assistant  
16 licensure and license renewal requirements; removing a  
17 requirement for letters of recommendation; providing  
18 an effective date.

19  
20 Be It Enacted by the Legislature of the State of Florida:

21  
22 Section 1. Paragraph (e) of subsection (4) of section  
23 458.347, Florida Statutes, is amended, paragraph (h) is added to  
24 that subsection, present paragraphs (c) through (h) of  
25 subsection (7) are redesignated as paragraphs (b) through (g),  
26 respectively, and present paragraphs (a), (b), (c), and (f) of



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27 | that subsection are amended, to read:

28 |       458.347 Physician assistants.—

29 |       (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

30 |       (e) A supervising ~~supervisory~~ physician may delegate to a  
 31 | fully licensed physician assistant the authority to prescribe or  
 32 | dispense any medication used in the supervising ~~supervisory~~  
 33 | physician's practice unless such medication is listed on the  
 34 | formulary created pursuant to paragraph (f). A fully licensed  
 35 | physician assistant may only prescribe or dispense such  
 36 | medication under the following circumstances:

37 |       1. A physician assistant must clearly identify to the  
 38 | patient that he or she is a physician assistant. Furthermore,  
 39 | the physician assistant must inform the patient that the patient  
 40 | has the right to see the physician before ~~prior to~~ any  
 41 | prescription is being ~~is~~ prescribed or dispensed by the physician  
 42 | assistant.

43 |       2. The supervising ~~supervisory~~ physician must notify the  
 44 | department of his or her intent to delegate, on a department-  
 45 | approved form, before delegating such authority and notify the  
 46 | department of any change in prescriptive privileges of the  
 47 | physician assistant. Authority to dispense may be delegated only  
 48 | by a supervising physician who is registered as a dispensing  
 49 | practitioner in compliance with s. 465.0276.

50 |       3. The physician assistant must acknowledge with ~~file with~~  
 51 | the department ~~a signed affidavit~~ that he or she has completed a  
 52 | minimum of 10 continuing medical education hours in the



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53 specialty practice in which the physician assistant has  
 54 prescriptive privileges with each licensure renewal application.

55 4. The department may issue a prescriber number to the  
 56 physician assistant granting authority for the prescribing of  
 57 medicinal drugs authorized within this paragraph upon completion  
 58 of the foregoing requirements. The physician assistant shall not  
 59 be required to independently register pursuant to s. 465.0276.

60 5. The prescription may ~~must~~ be ~~written~~ in paper or  
 61 electronic a form but must comply ~~that complies~~ with ss.  
 62 456.0392(1) and 456.42(1) and chapter 499 and must contain, in  
 63 addition to the supervising ~~supervisory~~ physician's name,  
 64 address, and telephone number, the physician assistant's  
 65 prescriber number. Unless it is a drug or drug sample dispensed  
 66 by the physician assistant, the prescription must be filled in a  
 67 pharmacy permitted under chapter 465 and must be dispensed in  
 68 that pharmacy by a pharmacist licensed under chapter 465. The  
 69 appearance of the prescriber number creates a presumption that  
 70 the physician assistant is authorized to prescribe the medicinal  
 71 drug and the prescription is valid.

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

74 (h) A licensed physician assistant may perform services  
 75 delegated by the supervising physician in the physician  
 76 assistant's practice in accordance with his or her education and  
 77 training unless expressly prohibited under this chapter, chapter  
 78 459, or rules adopted under this chapter or chapter 459.



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79 (7) PHYSICIAN ASSISTANT LICENSURE.—

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

84 1. Is at least 18 years of age.

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

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

99 a. A certificate of completion of a physician assistant  
100 training program specified in subsection (6).

101 b. Acknowledgment ~~A sworn statement~~ of any prior felony  
102 convictions.

103 c. Acknowledgment ~~A sworn statement~~ of any previous  
104 revocation or denial of licensure or certification in any state.





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105 ~~d. Two letters of recommendation.~~

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

111 ~~(b)1. Notwithstanding subparagraph (a)2. and sub-~~  
 112 ~~subparagraph (a)3.a., the department shall examine each~~  
 113 ~~applicant who the Board of Medicine certifies:~~

114 ~~a. Has completed the application form and remitted a~~  
 115 ~~nonrefundable application fee not to exceed \$500 and an~~  
 116 ~~examination fee not to exceed \$300, plus the actual cost to the~~  
 117 ~~department to provide the examination. The examination fee is~~  
 118 ~~refundable if the applicant is found to be ineligible to take~~  
 119 ~~the examination. The department shall not require the applicant~~  
 120 ~~to pass a separate practical component of the examination. For~~  
 121 ~~examinations given after July 1, 1998, competencies measured~~  
 122 ~~through practical examinations shall be incorporated into the~~  
 123 ~~written examination through a multiple-choice format. The~~  
 124 ~~department shall translate the examination into the native~~  
 125 ~~language of any applicant who requests and agrees to pay all~~  
 126 ~~costs of such translation, provided that the translation request~~  
 127 ~~is filed with the board office no later than 9 months before the~~  
 128 ~~scheduled examination and the applicant remits translation fees~~  
 129 ~~as specified by the department no later than 6 months before the~~  
 130 ~~scheduled examination, and provided that the applicant~~



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131 ~~demonstrates to the department the ability to communicate orally~~  
132 ~~in basic English. If the applicant is unable to pay translation~~  
133 ~~costs, the applicant may take the next available examination in~~  
134 ~~English if the applicant submits a request in writing by the~~  
135 ~~application deadline and if the applicant is otherwise eligible~~  
136 ~~under this section. To demonstrate the ability to communicate~~  
137 ~~orally in basic English, a passing score or grade is required,~~  
138 ~~as determined by the department or organization that developed~~  
139 ~~it, on the test for spoken English (TSE) by the Educational~~  
140 ~~Testing Service (ETS), the test of English as a foreign language~~  
141 ~~(TOEFL) by ETS, a high school or college level English course,~~  
142 ~~or the English examination for citizenship, Bureau of~~  
143 ~~Citizenship and Immigration Services. A notarized copy of an~~  
144 ~~Educational Commission for Foreign Medical Graduates (ECFMG)~~  
145 ~~certificate may also be used to demonstrate the ability to~~  
146 ~~communicate in basic English; and~~

147 ~~b. Is an unlicensed physician who graduated from a foreign~~  
148 ~~medical school listed with the World Health Organization who has~~  
149 ~~not previously taken and failed the examination of the National~~  
150 ~~Commission on Certification of Physician Assistants and who has~~  
151 ~~been certified by the Board of Medicine as having met the~~  
152 ~~requirements for licensure as a medical doctor by examination as~~  
153 ~~set forth in s. 458.311(1), (3), (4), and (5), with the~~  
154 ~~exception that the applicant is not required to have completed~~  
155 ~~an approved residency of at least 1 year and the applicant is~~  
156 ~~not required to have passed the licensing examination specified~~



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157 | ~~under s. 458.311 or hold a valid, active certificate issued by~~  
158 | ~~the Educational Commission for Foreign Medical Graduates; was~~  
159 | ~~eligible and made initial application for certification as a~~  
160 | ~~physician assistant in this state between July 1, 1990, and June~~  
161 | ~~30, 1991; and was a resident of this state on July 1, 1990, or~~  
162 | ~~was licensed or certified in any state in the United States as a~~  
163 | ~~physician assistant on July 1, 1990.~~

164 |       2. ~~The department may grant temporary licensure to an~~  
165 | ~~applicant who meets the requirements of subparagraph 1. Between~~  
166 | ~~meetings of the council, the department may grant temporary~~  
167 | ~~licensure to practice based on the completion of all temporary~~  
168 | ~~licensure requirements. All such administratively issued~~  
169 | ~~licenses shall be reviewed and acted on at the next regular~~  
170 | ~~meeting of the council. A temporary license expires 30 days~~  
171 | ~~after receipt and notice of scores to the licenseholder from the~~  
172 | ~~first available examination specified in subparagraph 1.~~  
173 | ~~following licensure by the department. An applicant who fails~~  
174 | ~~the proficiency examination is no longer temporarily licensed,~~  
175 | ~~but may apply for a one-time extension of temporary licensure~~  
176 | ~~after reapplying for the next available examination. Extended~~  
177 | ~~licensure shall expire upon failure of the licenseholder to sit~~  
178 | ~~for the next available examination or upon receipt and notice of~~  
179 | ~~scores to the licenseholder from such examination.~~

180 |       3. ~~Notwithstanding any other provision of law, the~~  
181 | ~~examination specified pursuant to subparagraph 1. shall be~~  
182 | ~~administered by the department only five times. Applicants~~



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183 ~~certified by the board for examination shall receive at least 6~~  
 184 ~~months' notice of eligibility prior to the administration of the~~  
 185 ~~initial examination. Subsequent examinations shall be~~  
 186 ~~administered at 1-year intervals following the reporting of the~~  
 187 ~~scores of the first and subsequent examinations. For the~~  
 188 ~~purposes of this paragraph, the department may develop, contract~~  
 189 ~~for the development of, purchase, or approve an examination that~~  
 190 ~~adequately measures an applicant's ability to practice with~~  
 191 ~~reasonable skill and safety. The minimum passing score on the~~  
 192 ~~examination shall be established by the department, with the~~  
 193 ~~advice of the board. Those applicants failing to pass that~~  
 194 ~~examination or any subsequent examination shall receive notice~~  
 195 ~~of the administration of the next examination with the notice of~~  
 196 ~~scores following such examination. Any applicant who passes the~~  
 197 ~~examination and meets the requirements of this section shall be~~  
 198 ~~licensed as a physician assistant with all rights defined~~  
 199 ~~thereby.~~

200 ~~(e)~~ The license must be renewed biennially. Each renewal  
 201 must include:

- 202 1. A renewal fee not to exceed \$500 as set by the boards.  
 203 2. Acknowledgment ~~A sworn statement~~ of no felony  
 204 convictions in the previous 2 years.

205 (e) ~~(f)~~ Notwithstanding subparagraph (a)2., the department  
 206 may grant to a recent graduate of an approved program, as  
 207 specified in subsection (6), who expects to take the first  
 208 examination administered by the National Commission on



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209 Certification of Physician Assistants available for registration  
 210 after the applicant's graduation, a temporary license. The  
 211 temporary license shall expire 30 days after receipt of scores  
 212 of the proficiency examination administered by the National  
 213 Commission on Certification of Physician Assistants. Between  
 214 meetings of the council, the department may grant a temporary  
 215 license to practice based on the completion of all temporary  
 216 licensure requirements. All such administratively issued  
 217 licenses shall be reviewed and acted on at the next regular  
 218 meeting of the council. The recent graduate may be licensed  
 219 before ~~prior to~~ employment, but must comply with paragraph (d)  
 220 ~~(e)~~. An applicant who has passed the proficiency  
 221 examination may be granted permanent licensure. An applicant  
 222 failing the proficiency examination is no longer temporarily  
 223 licensed, but may reapply for a 1-year extension of temporary  
 224 licensure. An applicant may not be granted more than two  
 225 temporary licenses and may not be licensed as a physician  
 226 assistant until he or she passes the examination administered by  
 227 the National Commission on Certification of Physician  
 228 Assistants. As prescribed by board rule, the council may require  
 229 an applicant who does not pass the licensing examination after  
 230 five or more attempts to complete additional remedial education  
 231 or training. The council shall prescribe the additional  
 232 requirements in a manner that permits the applicant to complete  
 233 the requirements and be reexamined within 2 years after the date  
 234 the applicant petitions the council to retake the examination a



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235 sixth or subsequent time.

236 Section 2. Paragraph (e) of subsection (4) of section  
 237 459.022, Florida Statutes, is amended, paragraph (g) is added to  
 238 that subsection, and paragraphs (a) and (b) of subsection (7) of  
 239 that section are amended, to read:

240 459.022 Physician assistants.—

241 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

242 (e) A supervising ~~supervisory~~ physician may delegate to a  
 243 fully licensed physician assistant the authority to prescribe or  
 244 dispense any medication used in the supervising ~~supervisory~~  
 245 physician's practice unless such medication is listed on the  
 246 formulary created pursuant to s. 458.347. A fully licensed  
 247 physician assistant may only prescribe or dispense such  
 248 medication under the following circumstances:

249 1. A physician assistant must clearly identify to the  
 250 patient that she or he is a physician assistant. Furthermore,  
 251 the physician assistant must inform the patient that the patient  
 252 has the right to see the physician before ~~prior to~~ any  
 253 prescription is being prescribed or dispensed by the physician  
 254 assistant.

255 2. The supervising ~~supervisory~~ physician must notify the  
 256 department of her or his intent to delegate, on a department-  
 257 approved form, before delegating such authority and notify the  
 258 department of any change in prescriptive privileges of the  
 259 physician assistant. Authority to dispense may be delegated only  
 260 by a supervising ~~supervisory~~ physician who is registered as a



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261 dispensing practitioner in compliance with s. 465.0276.

262 3. The physician assistant must acknowledge with ~~file with~~  
263 the department ~~a signed affidavit~~ that she or he has completed a  
264 minimum of 10 continuing medical education hours in the  
265 specialty practice in which the physician assistant has  
266 prescriptive privileges with each licensure renewal application.

267 4. The department may issue a prescriber number to the  
268 physician assistant granting authority for the prescribing of  
269 medicinal drugs authorized within this paragraph upon completion  
270 of the foregoing requirements. The physician assistant shall not  
271 be required to independently register pursuant to s. 465.0276.

272 5. The prescription may ~~must~~ be written in paper or  
273 electronic a form but must comply that complies ~~with ss.~~  
274 456.0392(1) and 456.42(1) and chapter 499 and must contain, in  
275 addition to the supervising ~~supervisory~~ physician's name,  
276 address, and telephone number, the physician assistant's  
277 prescriber number. Unless it is a drug or drug sample dispensed  
278 by the physician assistant, the prescription must be filled in a  
279 pharmacy permitted under chapter 465, and must be dispensed in  
280 that pharmacy by a pharmacist licensed under chapter 465. The  
281 appearance of the prescriber number creates a presumption that  
282 the physician assistant is authorized to prescribe the medicinal  
283 drug and the prescription is valid.

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

286 (g) A licensed physician assistant may perform services



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287 delegated by the supervising physician in the physician  
288 assistant's practice in accordance with his or her education and  
289 training unless expressly prohibited under this chapter, chapter  
290 458, or rules adopted under this chapter or chapter 458.

291 (7) PHYSICIAN ASSISTANT LICENSURE.—

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

296 1. Is at least 18 years of age.

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

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

311 a. A certificate of completion of a physician assistant  
312 training program specified in subsection (6).





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- 313           b. Acknowledgment ~~A sworn statement~~ of any prior felony  
314 convictions.
- 315           c. Acknowledgment ~~A sworn statement~~ of any previous  
316 revocation or denial of licensure or certification in any state.
- 317           d. ~~Two letters of recommendation.~~
- 318           e. A copy of course transcripts and a copy of the course  
319 description from a physician assistant training program  
320 describing course content in pharmacotherapy, if the applicant  
321 wishes to apply for prescribing authority. These documents must  
322 meet the evidence requirements for prescribing authority.
- 323           (b) The licensure must be renewed biennially. Each renewal  
324 must include:
- 325           1. A renewal fee not to exceed \$500 as set by the boards.  
326           2. Acknowledgment ~~A sworn statement~~ of no felony  
327 convictions in the previous 2 years.
- 328           Section 3. This act shall take effect July 1, 2016.



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



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27 required continuing education requirements for a  
28 physician assistant; requiring that a specified  
29 formulary limit the prescription of certain controlled  
30 substances by physician assistants as of a specified  
31 date; amending s. 464.003, F.S.; revising the term  
32 "advanced or specialized nursing practice"; deleting  
33 the joint committee established in the definition;  
34 amending s. 464.012, F.S.; requiring the Board of  
35 Nursing to establish a committee to recommend a  
36 formulary of controlled substances that may not be  
37 prescribed, or may be prescribed only on a limited  
38 basis, by an advanced registered nurse practitioner;  
39 specifying the membership of the committee; providing  
40 parameters for the formulary; requiring that the  
41 formulary be adopted by board rule; specifying the  
42 process for amending the formulary and imposing a  
43 burden of proof; limiting the formulary's application  
44 in certain instances; requiring the board to adopt the  
45 committee's initial recommendations by a specified  
46 date; providing a short title; authorizing an advanced  
47 registered nurse practitioner to prescribe, dispense,  
48 administer, or order drugs, including certain  
49 controlled substances under certain circumstances, as  
50 of a specified date; amending s. 464.013, F.S.;

51 revising continuing education requirements for renewal  
52 of a license or certificate; amending s. 464.018,



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53 F.S.; specifying acts that constitute grounds for  
54 denial of a license or for disciplinary action against  
55 an advanced registered nurse practitioner; creating s.  
56 627.42392, F.S.; defining the term "health insurer";  
57 requiring that certain health insurers that do not  
58 already use a certain form use only a prior  
59 authorization form approved by the Financial Services  
60 Commission in consultation with the Agency for Health  
61 Care Administration; requiring the commission in  
62 consultation with the agency to adopt by rule  
63 guidelines for such forms; providing that prior-  
64 authorization approvals do not preclude certain  
65 benefit verifications or medical reviews; amending s.  
66 766.1115, F.S.; revising the definition of the term  
67 "contract"; amending s. 893.02, F.S.; revising the  
68 term "practitioner" to include advanced registered  
69 nurse practitioners and physician assistants under the  
70 Florida Comprehensive Drug Abuse Prevention and  
71 Control Act if a certain requirement is met; amending  
72 s. 948.03, F.S.; providing that possession of drugs or  
73 narcotics prescribed by an advanced registered nurse  
74 practitioner or a physician assistant does not violate  
75 a prohibition relating to the possession of drugs or  
76 narcotics during probation; amending ss. 458.348 and  
77 459.025, F.S.; conforming provisions to changes made  
78 by the act; reenacting ss. 458.331(10), 458.347(7)(g),



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79 459.015(10), 459.022(7)(f), and 465.0158(5)(b), F.S.,  
80 to incorporate the amendment made to s. 456.072, F.S.,  
81 in references thereto; reenacting ss. 456.072(1)(mm)  
82 and 466.02751, F.S., to incorporate the amendment made  
83 to s. 456.44, F.S., in references thereto; reenacting  
84 ss. 458.303, 458.3475(7)(b), 459.022(4)(e) and (9)(c),  
85 and 459.023(7)(b), F.S., to incorporate the amendment  
86 made to s. 458.347, F.S., in references thereto;  
87 reenacting s. 464.012(3)(c), F.S., to incorporate the  
88 amendment made to s. 464.003, F.S., in a reference  
89 thereto; reenacting ss. 456.041(1)(a), 458.348(1) and  
90 (2), and 459.025(1), F.S., to incorporate the  
91 amendment made to s. 464.012, F.S., in references  
92 thereto; reenacting s. 464.0205(7), F.S., to  
93 incorporate the amendment made to s. 464.013, F.S., in  
94 a reference thereto; reenacting ss. 320.0848(11),  
95 464.008(2), 464.009(5), and 464.0205(1)(b), (3), and  
96 (4)(b), F.S., to incorporate the amendment made to s.  
97 464.018, F.S., in references thereto; reenacting s.  
98 775.051, F.S., to incorporate the amendment made to s.  
99 893.02, F.S., in a reference thereto; reenacting ss.  
100 944.17(3)(a), 948.001(8), and 948.101(1)(e), F.S., to  
101 incorporate the amendment made to s. 948.03, F.S., in  
102 references thereto; providing effective dates.

103

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



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105  
106 Section 1. Subsection (7) of section 110.12315, Florida  
107 Statutes, is amended to read:  
108 110.12315 Prescription drug program.—The state employees'  
109 prescription drug program is established. This program shall be  
110 administered by the Department of Management Services, according  
111 to the terms and conditions of the plan as established by the  
112 relevant provisions of the annual General Appropriations Act and  
113 implementing legislation, subject to the following conditions:  
114 (7) The department shall establish the reimbursement  
115 schedule for prescription pharmaceuticals dispensed under the  
116 program. Reimbursement rates for a prescription pharmaceutical  
117 must be based on the cost of the generic equivalent drug if a  
118 generic equivalent exists, unless the physician, advanced  
119 registered nurse practitioner, or physician assistant  
120 prescribing the pharmaceutical clearly states on the  
121 prescription that the brand name drug is medically necessary or  
122 that the drug product is included on the formulary of drug  
123 products that may not be interchanged as provided in chapter  
124 465, in which case reimbursement must be based on the cost of  
125 the brand name drug as specified in the reimbursement schedule  
126 adopted by the department.  
127 Section 2. Paragraph (c) of subsection (1) of section  
128 310.071, Florida Statutes, is amended, and subsection (3) of  
129 that section is republished, to read:  
130 310.071 Deputy pilot certification.—



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

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

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

154 (3) The initial certificate issued to a deputy pilot shall  
 155 be valid for a period of 12 months, and at the end of this  
 156 period, the certificate shall automatically expire and shall not



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157 | be renewed. During this period, the board shall thoroughly  
 158 | evaluate the deputy pilot's performance for suitability to  
 159 | continue training and shall make appropriate recommendations to  
 160 | the department. Upon receipt of a favorable recommendation by  
 161 | the board, the department shall issue a certificate to the  
 162 | deputy pilot, which shall be valid for a period of 2 years. The  
 163 | certificate may be renewed only two times, except in the case of  
 164 | a fully licensed pilot who is cross-licensed as a deputy pilot  
 165 | in another port, and provided the deputy pilot meets the  
 166 | requirements specified for pilots in paragraph (1)(c).

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

169 | 310.073 State pilot licensing.—In addition to meeting  
 170 | other requirements specified in this chapter, each applicant for  
 171 | license as a state pilot must:

172 | (3) Be in good physical and mental health, as evidenced by  
 173 | documentary proof of having satisfactorily passed a complete  
 174 | physical examination administered by a licensed physician within  
 175 | the preceding 6 months. The board shall adopt rules to establish  
 176 | requirements for passing the physical examination, which rules  
 177 | shall establish minimum standards for the physical or mental  
 178 | capabilities necessary to carry out the professional duties of a  
 179 | licensed state pilot. Such standards shall include zero  
 180 | tolerance for any controlled substance regulated under chapter  
 181 | 893 unless that individual is under the care of a physician, an  
 182 | advanced registered nurse practitioner, or a physician assistant





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183 and that controlled substance was prescribed by that physician,  
 184 advanced registered nurse practitioner, or physician assistant.  
 185 To maintain eligibility as a licensed state pilot, each licensed  
 186 state pilot must annually provide documentary proof of having  
 187 satisfactorily passed a complete physical examination  
 188 administered by a licensed physician. The physician must know  
 189 the minimum standards and certify that the licensee  
 190 satisfactorily meets the standards. The standards for licensees  
 191 shall include a drug test.

192 Section 4. Paragraph (b) of subsection (3) of section  
 193 310.081, Florida Statutes, is amended to read:

194 310.081 Department to examine and license state pilots and  
 195 certificate deputy pilots; vacancies.-

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

198 (b) Are in good physical and mental health as evidenced by  
 199 documentary proof of having satisfactorily passed a physical  
 200 examination administered by a licensed physician or physician  
 201 assistant within each calendar year. The board shall adopt rules  
 202 to establish requirements for passing the physical examination,  
 203 which rules shall establish minimum standards for the physical  
 204 or mental capabilities necessary to carry out the professional  
 205 duties of a licensed state pilot or a certificated deputy pilot.  
 206 Such standards shall include zero tolerance for any controlled  
 207 substance regulated under chapter 893 unless that individual is  
 208 under the care of a physician, an advanced registered nurse



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209 practitioner, or a physician assistant and that controlled  
 210 substance was prescribed by that physician, advanced registered  
 211 nurse practitioner, or physician assistant. To maintain  
 212 eligibility as a certificated deputy pilot or licensed state  
 213 pilot, each certificated deputy pilot or licensed state pilot  
 214 must annually provide documentary proof of having satisfactorily  
 215 passed a complete physical examination administered by a  
 216 licensed physician. The physician must know the minimum  
 217 standards and certify that the certificateholder or licensee  
 218 satisfactorily meets the standards. The standards for  
 219 certificateholders and for licensees shall include a drug test.

220

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

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

227 456.072 Grounds for discipline; penalties; enforcement.—

228 (7) Notwithstanding subsection (2), upon a finding that a  
 229 physician has prescribed or dispensed a controlled substance, or  
 230 caused a controlled substance to be prescribed or dispensed, in  
 231 a manner that violates the standard of practice set forth in s.  
 232 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)  
 233 or (s), or s. 466.028(1)(p) or (x), or that an advanced  
 234 registered nurse practitioner has prescribed or dispensed a



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235 controlled substance, or caused a controlled substance to be  
 236 prescribed or dispensed, in a manner that violates the standard  
 237 of practice set forth in s. 464.018(1)(n) or (p)6., the  
 238 physician or advanced registered nurse practitioner shall be  
 239 suspended for a period of not less than 6 months and pay a fine  
 240 of not less than \$10,000 per count. Repeated violations shall  
 241 result in increased penalties.

242 Section 6. Section 456.44, Florida Statutes, is amended to  
 243 read:

244 456.44 Controlled substance prescribing.—

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

246 (a) "Addiction medicine specialist" means a board-  
 247 certified psychiatrist with a subspecialty certification in  
 248 addiction medicine or who is eligible for such subspecialty  
 249 certification in addiction medicine, an addiction medicine  
 250 physician certified or eligible for certification by the  
 251 American Society of Addiction Medicine, or an osteopathic  
 252 physician who holds a certificate of added qualification in  
 253 Addiction Medicine through the American Osteopathic Association.

254 (b) "Adverse incident" means any incident set forth in s.  
 255 458.351(4)(a)-(e) or s. 459.026(4)(a)-(e).

256 (c) "Board-certified pain management physician" means a  
 257 physician who possesses board certification in pain medicine by  
 258 the American Board of Pain Medicine, board certification by the  
 259 American Board of Interventional Pain Physicians, or board  
 260 certification or subcertification in pain management or pain



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261 medicine by a specialty board recognized by the American  
 262 Association of Physician Specialists or the American Board of  
 263 Medical Specialties or an osteopathic physician who holds a  
 264 certificate in Pain Management by the American Osteopathic  
 265 Association.

266 (d) "Board eligible" means successful completion of an  
 267 anesthesia, physical medicine and rehabilitation, rheumatology,  
 268 or neurology residency program approved by the Accreditation  
 269 Council for Graduate Medical Education or the American  
 270 Osteopathic Association for a period of 6 years from successful  
 271 completion of such residency program.

272 (e) "Chronic nonmalignant pain" means pain unrelated to  
 273 cancer which persists beyond the usual course of disease or the  
 274 injury that is the cause of the pain or more than 90 days after  
 275 surgery.

276 (f) "Mental health addiction facility" means a facility  
 277 licensed under chapter 394 or chapter 397.

278 (g) "Registrant" means a physician, a physician assistant,  
 279 or an advanced registered nurse practitioner who meets the  
 280 requirements of subsection (2).

281 (2) REGISTRATION. ~~Effective January 1, 2012,~~ A physician  
 282 licensed under chapter 458, chapter 459, chapter 461, or chapter  
 283 466, a physician assistant licensed under chapter 458 or chapter  
 284 459, or an advanced registered nurse practitioner certified  
 285 under part I of chapter 464 who prescribes any controlled  
 286 substance, listed in Schedule II, Schedule III, or Schedule IV



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287 as defined in s. 893.03, for the treatment of chronic  
288 nonmalignant pain, must:

289 (a) Designate himself or herself as a controlled substance  
290 prescribing practitioner on his or her ~~the physician's~~  
291 practitioner profile.

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

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

298 (a) A complete medical history and a physical examination  
299 must be conducted before beginning any treatment and must be  
300 documented in the medical record. The exact components of the  
301 physical examination shall be left to the judgment of the  
302 registrant ~~clinician~~ who is expected to perform a physical  
303 examination proportionate to the diagnosis that justifies a  
304 treatment. The medical record must, at a minimum, document the  
305 nature and intensity of the pain, current and past treatments  
306 for pain, underlying or coexisting diseases or conditions, the  
307 effect of the pain on physical and psychological function, a  
308 review of previous medical records, previous diagnostic studies,  
309 and history of alcohol and substance abuse. The medical record  
310 shall also document the presence of one or more recognized  
311 medical indications for the use of a controlled substance. Each  
312 registrant must develop a written plan for assessing each



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313 patient's risk of aberrant drug-related behavior, which may  
314 include patient drug testing. Registrants must assess each  
315 patient's risk for aberrant drug-related behavior and monitor  
316 that risk on an ongoing basis in accordance with the plan.

317 (b) Each registrant must develop a written individualized  
318 treatment plan for each patient. The treatment plan shall state  
319 objectives that will be used to determine treatment success,  
320 such as pain relief and improved physical and psychosocial  
321 function, and shall indicate if any further diagnostic  
322 evaluations or other treatments are planned. After treatment  
323 begins, the registrant ~~physieian~~ shall adjust drug therapy to  
324 the individual medical needs of each patient. Other treatment  
325 modalities, including a rehabilitation program, shall be  
326 considered depending on the etiology of the pain and the extent  
327 to which the pain is associated with physical and psychosocial  
328 impairment. The interdisciplinary nature of the treatment plan  
329 shall be documented.

330 (c) The registrant ~~physieian~~ shall discuss the risks and  
331 benefits of the use of controlled substances, including the  
332 risks of abuse and addiction, as well as physical dependence and  
333 its consequences, with the patient, persons designated by the  
334 patient, or the patient's surrogate or guardian if the patient  
335 is incompetent. The registrant ~~physieian~~ shall use a written  
336 controlled substance agreement between the registrant ~~physieian~~  
337 and the patient outlining the patient's responsibilities,  
338 including, but not limited to:



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- 339 1. Number and frequency of controlled substance  
340 prescriptions and refills.
- 341 2. Patient compliance and reasons for which drug therapy  
342 may be discontinued, such as a violation of the agreement.
- 343 3. An agreement that controlled substances for the  
344 treatment of chronic nonmalignant pain shall be prescribed by a  
345 single treating registrant ~~physician~~ unless otherwise authorized  
346 by the treating registrant ~~physician~~ and documented in the  
347 medical record.
- 348 (d) The patient shall be seen by the registrant ~~physician~~  
349 at regular intervals, not to exceed 3 months, to assess the  
350 efficacy of treatment, ensure that controlled substance therapy  
351 remains indicated, evaluate the patient's progress toward  
352 treatment objectives, consider adverse drug effects, and review  
353 the etiology of the pain. Continuation or modification of  
354 therapy shall depend on the registrant's ~~physician's~~ evaluation  
355 of the patient's progress. If treatment goals are not being  
356 achieved, despite medication adjustments, the registrant  
357 ~~physician~~ shall reevaluate the appropriateness of continued  
358 treatment. The registrant ~~physician~~ shall monitor patient  
359 compliance in medication usage, related treatment plans,  
360 controlled substance agreements, and indications of substance  
361 abuse or diversion at a minimum of 3-month intervals.
- 362 (e) The registrant ~~physician~~ shall refer the patient as  
363 necessary for additional evaluation and treatment in order to  
364 achieve treatment objectives. Special attention shall be given



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365 to those patients who are at risk for misusing their medications  
 366 and those whose living arrangements pose a risk for medication  
 367 misuse or diversion. The management of pain in patients with a  
 368 history of substance abuse or with a comorbid psychiatric  
 369 disorder requires extra care, monitoring, and documentation and  
 370 requires consultation with or referral to an addiction medicine  
 371 specialist or a psychiatrist.

372 (f) A registrant ~~physician registered under this section~~  
 373 must maintain accurate, current, and complete records that are  
 374 accessible and readily available for review and comply with the  
 375 requirements of this section, the applicable practice act, and  
 376 applicable board rules. The medical records must include, but  
 377 are not limited to:

- 378 1. The complete medical history and a physical  
 379 examination, including history of drug abuse or dependence.
- 380 2. Diagnostic, therapeutic, and laboratory results.
- 381 3. Evaluations and consultations.
- 382 4. Treatment objectives.
- 383 5. Discussion of risks and benefits.
- 384 6. Treatments.
- 385 7. Medications, including date, type, dosage, and quantity  
 386 prescribed.
- 387 8. Instructions and agreements.
- 388 9. Periodic reviews.
- 389 10. Results of any drug testing.
- 390 11. A photocopy of the patient's government-issued photo





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391 identification.

392 12. If a written prescription for a controlled substance  
393 is given to the patient, a duplicate of the prescription.

394 13. The registrant's ~~physician's~~ full name presented in a  
395 legible manner.

396 (g) A registrant shall immediately refer patients with  
397 signs or symptoms of substance abuse ~~shall be immediately~~  
398 ~~referred~~ to a board-certified pain management physician, an  
399 addiction medicine specialist, or a mental health addiction  
400 facility as it pertains to drug abuse or addiction unless the  
401 registrant is a physician who is board-certified or board-  
402 eligible in pain management. Throughout the period of time  
403 before receiving the consultant's report, a prescribing  
404 registrant ~~physician~~ shall clearly and completely document  
405 medical justification for continued treatment with controlled  
406 substances and those steps taken to ensure medically appropriate  
407 use of controlled substances by the patient. Upon receipt of the  
408 consultant's written report, the prescribing registrant  
409 ~~physician~~ shall incorporate the consultant's recommendations for  
410 continuing, modifying, or discontinuing controlled substance  
411 therapy. The resulting changes in treatment shall be  
412 specifically documented in the patient's medical record.  
413 Evidence or behavioral indications of diversion shall be  
414 followed by discontinuation of controlled substance therapy, and  
415 the patient shall be discharged, and all results of testing and  
416 actions taken by the registrant ~~physician~~ shall be documented in



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417 the patient's medical record.

418  
 419 This subsection does not apply to a board-eligible or board-  
 420 certified anesthesiologist, physiatrist, rheumatologist, or  
 421 neurologist, or to a board-certified physician who has surgical  
 422 privileges at a hospital or ambulatory surgery center and  
 423 primarily provides surgical services. This subsection does not  
 424 apply to a board-eligible or board-certified medical specialist  
 425 who has also completed a fellowship in pain medicine approved by  
 426 the Accreditation Council for Graduate Medical Education or the  
 427 American Osteopathic Association, or who is board eligible or  
 428 board certified in pain medicine by the American Board of Pain  
 429 Medicine, the American Board of Interventional Pain Physicians,  
 430 the American Association of Physician Specialists, or a board  
 431 approved by the American Board of Medical Specialties or the  
 432 American Osteopathic Association and performs interventional  
 433 pain procedures of the type routinely billed using surgical  
 434 codes. This subsection does not apply to a registrant ~~physician~~  
 435 who prescribes medically necessary controlled substances for a  
 436 patient during an inpatient stay in a hospital licensed under  
 437 chapter 395.

438 Section 7. Paragraph (b) of subsection (2) of section  
 439 458.3265, Florida Statutes, is amended to read:

440 458.3265 Pain-management clinics.—

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



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

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

451 Section 8. Paragraph (b) of subsection (2) of section  
452 459.0137, Florida Statutes, is amended to read:

453 459.0137 Pain-management clinics.—

454 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities  
455 apply to any osteopathic physician who provides professional  
456 services in a pain-management clinic that is required to be  
457 registered in subsection (1).

458 ~~(b) Only a person may not dispense any medication on the~~  
459 ~~premises of a registered pain-management clinic unless he or she~~  
460 ~~is a physician licensed under this chapter or chapter 458 may~~  
461 dispense medication or prescribe a controlled substance  
462 regulated under chapter 893 on the premises of a registered  
463 pain-management clinic.

464 Section 9. Paragraph (e) of subsection (4) of section  
465 458.347, Florida Statutes, is amended, and paragraph (c) of  
466 subsection (9) of that section is republished, to read:

467 458.347 Physician assistants.—

468 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—



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469 (e) A supervisory physician may delegate to a fully  
470 licensed physician assistant the authority to prescribe or  
471 dispense any medication used in the supervisory physician's  
472 practice unless such medication is listed on the formulary  
473 created pursuant to paragraph (f). A fully licensed physician  
474 assistant may only prescribe or dispense such medication under  
475 the following circumstances:

476 1. A physician assistant must clearly identify to the  
477 patient that he or she is a physician assistant. Furthermore,  
478 the physician assistant must inform the patient that the patient  
479 has the right to see the physician prior to any prescription  
480 being prescribed or dispensed by the physician assistant.

481 2. The supervisory physician must notify the department of  
482 his or her intent to delegate, on a department-approved form,  
483 before delegating such authority and notify the department of  
484 any change in prescriptive privileges of the physician  
485 assistant. Authority to dispense may be delegated only by a  
486 supervising physician who is registered as a dispensing  
487 practitioner in compliance with s. 465.0276.

488 3. The physician assistant must file with the department a  
489 signed affidavit that he or she has completed a minimum of 10  
490 continuing medical education hours in the specialty practice in  
491 which the physician assistant has prescriptive privileges with  
492 each licensure renewal application. Three of the 10 hours must  
493 consist of a continuing education course on the safe and  
494 effective prescribing of controlled substance medications which



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495 is offered by a statewide professional association of physicians  
 496 in this state accredited to provide educational activities  
 497 designated for the American Medical Association Physician's  
 498 Recognition Award Category 1 credit or designated by the  
 499 American Academy of Physician Assistants as a Category 1 credit.

500 4. The department may issue a prescriber number to the  
 501 physician assistant granting authority for the prescribing of  
 502 medicinal drugs authorized within this paragraph upon completion  
 503 of the foregoing requirements. The physician assistant shall not  
 504 be required to independently register pursuant to s. 465.0276.

505 5. The prescription must be written in a form that  
 506 complies with chapter 499 and must contain, in addition to the  
 507 supervisory physician's name, address, and telephone number, the  
 508 physician assistant's prescriber number. Unless it is a drug or  
 509 drug sample dispensed by the physician assistant, the  
 510 prescription must be filled in a pharmacy permitted under  
 511 chapter 465 and must be dispensed in that pharmacy by a  
 512 pharmacist licensed under chapter 465. The appearance of the  
 513 prescriber number creates a presumption that the physician  
 514 assistant is authorized to prescribe the medicinal drug and the  
 515 prescription is valid.

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

518 (9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on  
 519 Physician Assistants is created within the department.

520 (c) The council shall:



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521           1. Recommend to the department the licensure of physician  
522 assistants.

523           2. Develop all rules regulating the use of physician  
524 assistants by physicians under this chapter and chapter 459,  
525 except for rules relating to the formulary developed under  
526 paragraph (4) (f). The council shall also develop rules to ensure  
527 that the continuity of supervision is maintained in each  
528 practice setting. The boards shall consider adopting a proposed  
529 rule developed by the council at the regularly scheduled meeting  
530 immediately following the submission of the proposed rule by the  
531 council. A proposed rule submitted by the council may not be  
532 adopted by either board unless both boards have accepted and  
533 approved the identical language contained in the proposed rule.  
534 The language of all proposed rules submitted by the council must  
535 be approved by both boards pursuant to each respective board's  
536 guidelines and standards regarding the adoption of proposed  
537 rules. If either board rejects the council's proposed rule, that  
538 board must specify its objection to the council with  
539 particularity and include any recommendations it may have for  
540 the modification of the proposed rule.

541           3. Make recommendations to the boards regarding all  
542 matters relating to physician assistants.

543           4. Address concerns and problems of practicing physician  
544 assistants in order to improve safety in the clinical practices  
545 of licensed physician assistants.

546           Section 10. Effective January 1, 2017, paragraph (f) of



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547 subsection (4) of section 458.347, Florida Statutes, is amended  
548 to read:

549 458.347 Physician assistants.—

550 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

551 (f)1. The council shall establish a formulary of medicinal  
552 drugs that a fully licensed physician assistant having  
553 prescribing authority under this section or s. 459.022 may not  
554 prescribe. The formulary must include ~~controlled substances as~~  
555 ~~defined in chapter 893,~~ general anesthetics, and radiographic  
556 contrast materials, and must limit the prescription of Schedule  
557 II controlled substances as listed in s. 893.03 to a 7-day  
558 supply. The formulary must also restrict the prescribing of  
559 psychiatric mental health controlled substances for children  
560 younger than 18 years of age.

561 2. In establishing the formulary, the council shall  
562 consult with a pharmacist licensed under chapter 465, but not  
563 licensed under this chapter or chapter 459, who shall be  
564 selected by the State Surgeon General.

565 3. Only the council shall add to, delete from, or modify  
566 the formulary. Any person who requests an addition, a deletion,  
567 or a modification of a medicinal drug listed on such formulary  
568 has the burden of proof to show cause why such addition,  
569 deletion, or modification should be made.

570 4. The boards shall adopt the formulary required by this  
571 paragraph, and each addition, deletion, or modification to the  
572 formulary, by rule. Notwithstanding any provision of chapter 120



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573 to the contrary, the formulary rule shall be effective 60 days  
 574 after the date it is filed with the Secretary of State. Upon  
 575 adoption of the formulary, the department shall mail a copy of  
 576 such formulary to each fully licensed physician assistant having  
 577 prescribing authority under this section or s. 459.022, and to  
 578 each pharmacy licensed by the state. The boards shall establish,  
 579 by rule, a fee not to exceed \$200 to fund the provisions of this  
 580 paragraph and paragraph (e).

581 Section 11. Subsection (2) of section 464.003, Florida  
 582 Statutes, is amended to read:

583 464.003 Definitions.—As used in this part, the term:

584 (2) "Advanced or specialized nursing practice" means, in  
 585 addition to the practice of professional nursing, the  
 586 performance of advanced-level nursing acts approved by the board  
 587 which, by virtue of postbasic specialized education, training,  
 588 and experience, are appropriately performed by an advanced  
 589 registered nurse practitioner. Within the context of advanced or  
 590 specialized nursing practice, the advanced registered nurse  
 591 practitioner may perform acts of nursing diagnosis and nursing  
 592 treatment of alterations of the health status. The advanced  
 593 registered nurse practitioner may also perform acts of medical  
 594 diagnosis and treatment, prescription, and operation as  
 595 authorized within the framework of an established supervisory  
 596 protocol ~~which are identified and approved by a joint committee~~  
 597 ~~composed of three members appointed by the Board of Nursing, two~~  
 598 ~~of whom must be advanced registered nurse practitioners; three~~





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599 ~~members appointed by the Board of Medicine, two of whom must~~  
600 ~~have had work experience with advanced registered nurse~~  
601 ~~practitioners; and the State Surgeon General or the State~~  
602 ~~Surgeon General's designee. Each committee member appointed by a~~  
603 ~~board shall be appointed to a term of 4 years unless a shorter~~  
604 ~~term is required to establish or maintain staggered terms. The~~  
605 ~~Board of Nursing shall adopt rules authorizing the performance~~  
606 ~~of any such acts approved by the joint committee. Unless~~  
607 ~~otherwise specified by the joint committee, such acts must be~~  
608 ~~performed under the general supervision of a practitioner~~  
609 ~~licensed under chapter 458, chapter 459, or chapter 466 within~~  
610 ~~the framework of standing protocols which identify the medical~~  
611 ~~acts to be performed and the conditions for their performance.~~  
612 The department may, by rule, require that a copy of the protocol  
613 be filed with the department along with the notice required by  
614 s. 458.348.

615 Section 12. Section 464.012, Florida Statutes, is amended  
616 to read:

617 464.012 Certification of advanced registered nurse  
618 practitioners; fees; controlled substance prescribing.—

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

624 (a) Satisfactory completion of a formal postbasic



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625 educational program of at least one academic year, the primary  
626 purpose of which is to prepare nurses for advanced or  
627 specialized practice.

628 (b) Certification by an appropriate specialty board. Such  
629 certification shall be required for initial state certification  
630 and any recertification as a registered nurse anesthetist or  
631 nurse midwife. The board may by rule provide for provisional  
632 state certification of graduate nurse anesthetists and nurse  
633 midwives for a period of time determined to be appropriate for  
634 preparing for and passing the national certification  
635 examination.

636 (c) Graduation from a program leading to a master's degree  
637 in a nursing clinical specialty area with preparation in  
638 specialized practitioner skills. For applicants graduating on or  
639 after October 1, 1998, graduation from a master's degree program  
640 shall be required for initial certification as a nurse  
641 practitioner under paragraph (4)(c). For applicants graduating  
642 on or after October 1, 2001, graduation from a master's degree  
643 program shall be required for initial certification as a  
644 registered nurse anesthetist under paragraph (4)(a).

645 (2) The board shall provide by rule the appropriate  
646 requirements for advanced registered nurse practitioners in the  
647 categories of certified registered nurse anesthetist, certified  
648 nurse midwife, and nurse practitioner.

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



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

- 663 (a) Monitor and alter drug therapies.  
664 (b) Initiate appropriate therapies for certain conditions.  
665 (c) Perform additional functions as may be determined by  
666 rule in accordance with s. 464.003(2).  
667 (d) Order diagnostic tests and physical and occupational  
668 therapy.

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

- 672 (a) The certified registered nurse anesthetist may, to the  
673 extent authorized by established protocol approved by the  
674 medical staff of the facility in which the anesthetic service is  
675 performed, perform any or all of the following:

- 676 1. Determine the health status of the patient as it



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677 | relates to the risk factors and to the anesthetic management of  
678 | the patient through the performance of the general functions.

679 |       2. Based on history, physical assessment, and supplemental  
680 | laboratory results, determine, with the consent of the  
681 | responsible physician, the appropriate type of anesthesia within  
682 | the framework of the protocol.

683 |       3. Order under the protocol preanesthetic medication.

684 |       4. Perform under the protocol procedures commonly used to  
685 | render the patient insensible to pain during the performance of  
686 | surgical, obstetrical, therapeutic, or diagnostic clinical  
687 | procedures. These procedures include ordering and administering  
688 | regional, spinal, and general anesthesia; inhalation agents and  
689 | techniques; intravenous agents and techniques; and techniques of  
690 | hypnosis.

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

694 |       6. Support life functions during anesthesia health care,  
695 | including induction and intubation procedures, the use of  
696 | appropriate mechanical supportive devices, and the management of  
697 | fluid, electrolyte, and blood component balances.

698 |       7. Recognize and take appropriate corrective action for  
699 | abnormal patient responses to anesthesia, adjunctive medication,  
700 | or other forms of therapy.

701 |       8. Recognize and treat a cardiac arrhythmia while the  
702 | patient is under anesthetic care.



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703 9. Participate in management of the patient while in the  
704 postanesthesia recovery area, including ordering the  
705 administration of fluids and drugs.

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

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

714 1. Perform superficial minor surgical procedures.

715 2. Manage the patient during labor and delivery to include  
716 amniotomy, episiotomy, and repair.

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

719 4. Perform postpartum examination.

720 5. Order appropriate medications.

721 6. Provide family-planning services and well-woman care.

722 7. Manage the medical care of the normal obstetrical  
723 patient and the initial care of a newborn patient.

724 (c) The nurse practitioner may perform any or all of the  
725 following acts within the framework of established protocol:

726 1. Manage selected medical problems.

727 2. Order physical and occupational therapy.

728 3. Initiate, monitor, or alter therapies for certain



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729 uncomplicated acute illnesses.

730 4. Monitor and manage patients with stable chronic  
731 diseases.

732 5. Establish behavioral problems and diagnosis and make  
733 treatment recommendations.

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

740 (6) (a) The board shall establish a committee to recommend  
741 a formulary of controlled substances that an advanced registered  
742 nurse practitioner may not prescribe or may prescribe only for  
743 specific uses or in limited quantities. The committee must  
744 consist of three advanced registered nurse practitioners  
745 licensed under this section, recommended by the board; three  
746 physicians licensed under chapter 458 or chapter 459 who have  
747 work experience with advanced registered nurse practitioners,  
748 recommended by the Board of Medicine; and a pharmacist licensed  
749 under chapter 465 who is a doctor of pharmacy, recommended by  
750 the Board of Pharmacy. The committee may recommend an evidence-  
751 based formulary applicable to all advanced registered nurse  
752 practitioners which is limited by specialty certification, is  
753 limited to approved uses of controlled substances, or is subject  
754 to other similar restrictions the committee finds are necessary



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755 to protect the health, safety, and welfare of the public. The  
 756 formulary must restrict the prescribing of psychiatric mental  
 757 health controlled substances for children younger than 18 years  
 758 of age to advanced registered nurse practitioners who also are  
 759 psychiatric nurses as defined in s. 394.455. The formulary must  
 760 also limit the prescribing of Schedule II controlled substances  
 761 as listed in s. 893.03 to a 7-day supply, except that such  
 762 restriction does not apply to controlled substances that are  
 763 psychiatric medications prescribed by psychiatric nurses as  
 764 defined in s. 394.455.

765 (b) The board shall adopt by rule the recommended  
 766 formulary and any revision to the formulary which it finds is  
 767 supported by evidence-based clinical findings presented by the  
 768 Board of Medicine, the Board of Osteopathic Medicine, or the  
 769 Board of Dentistry.

770 (c) The formulary required under this subsection does not  
 771 apply to a controlled substance that is dispensed for  
 772 administration pursuant to an order, including an order for  
 773 medication authorized by subparagraph (4)(a)3., subparagraph  
 774 (4)(a)4., or subparagraph (4)(a)9.

775 (d) The board shall adopt the committee's initial  
 776 recommendation no later than October 31, 2016.

777 (7) This section shall be known as "The Barbara Lumpkin  
 778 Prescribing Act."

779 Section 13. Effective January 1, 2017, subsection (3) of  
 780 section 464.012, Florida Statutes, as amended by this act, is



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781 amended to read:

782 464.012 Certification of advanced registered nurse  
783 practitioners; fees; controlled substance prescribing.—

784 (3) An advanced registered nurse practitioner shall  
785 perform those functions authorized in this section within the  
786 framework of an established protocol that is filed with the  
787 board upon biennial license renewal and within 30 days after  
788 entering into a supervisory relationship with a physician or  
789 changes to the protocol. The board shall review the protocol to  
790 ensure compliance with applicable regulatory standards for  
791 protocols. The board shall refer to the department licensees  
792 submitting protocols that are not compliant with the regulatory  
793 standards for protocols. A practitioner currently licensed under  
794 chapter 458, chapter 459, or chapter 466 shall maintain  
795 supervision for directing the specific course of medical  
796 treatment. Within the established framework, an advanced  
797 registered nurse practitioner may:

798 (a) Prescribe, dispense, administer, or order any drug;  
799 however, an advanced registered nurse practitioner may prescribe  
800 or dispense a controlled substance as defined in s. 893.03 only  
801 if the advanced registered nurse practitioner has graduated from  
802 a program leading to a master's or doctoral degree in a clinical  
803 nursing specialty area with training in specialized practitioner  
804 skills ~~Monitor and alter drug therapies.~~

805 (b) Initiate appropriate therapies for certain conditions.

806 (c) Perform additional functions as may be determined by





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807 rule in accordance with s. 464.003(2).

808 (d) Order diagnostic tests and physical and occupational  
809 therapy.

810 Section 14. Subsection (3) of section 464.013, Florida  
811 Statutes, is amended to read:

812 464.013 Renewal of license or certificate.—

813 (3) The board shall by rule prescribe up to 30 hours of  
814 continuing education biennially as a condition for renewal of a  
815 license or certificate.

816 (a) A nurse who is certified by a health care specialty  
817 program accredited by the National Commission for Certifying  
818 Agencies or the Accreditation Board for Specialty Nursing  
819 Certification is exempt from continuing education requirements.  
820 The criteria for programs must ~~shall~~ be approved by the board.

821 (b) Notwithstanding the exemption in paragraph (a), as  
822 part of the maximum 30 hours of continuing education hours  
823 required under this subsection, advanced registered nurse  
824 practitioners certified under s. 464.012 must complete at least  
825 3 hours of continuing education on the safe and effective  
826 prescription of controlled substances. Such continuing education  
827 courses must be offered by a statewide professional association  
828 of physicians in this state accredited to provide educational  
829 activities designated for the American Medical Association  
830 Physician's Recognition Award Category 1 credit, the American  
831 Nurses Credentialing Center, the American Association of Nurse  
832 Anesthetists, or the American Association of Nurse Practitioners



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833 and may be offered in a distance learning format.

834 Section 15. Paragraph (p) is added to subsection (1) of  
835 section 464.018, Florida Statutes, and subsection (2) of that  
836 section is republished, to read:

837 464.018 Disciplinary actions.—

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

840 (p) For an advanced registered nurse practitioner:

841 1. Presigning blank prescription forms.

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

844 3. Prescribing, ordering, dispensing, administering,  
845 supplying, selling, or giving a drug that is an amphetamine, a  
846 sympathomimetic amine drug, or a compound designated in s.  
847 893.03(2) as a Schedule II controlled substance, to or for any  
848 person except for:

849 a. The treatment of narcolepsy; hyperkinesis; behavioral  
850 syndrome in children characterized by the developmentally  
851 inappropriate symptoms of moderate to severe distractibility,  
852 short attention span, hyperactivity, emotional lability, and  
853 impulsivity; or drug-induced brain dysfunction.

854 b. The differential diagnostic psychiatric evaluation of  
855 depression or the treatment of depression shown to be refractory  
856 to other therapeutic modalities.

857 c. The clinical investigation of the effects of such drugs  
858 or compounds when an investigative protocol is submitted to,



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859 reviewed by, and approved by the department before such  
860 investigation is begun.

861 4. Prescribing, ordering, dispensing, administering,  
862 supplying, selling, or giving growth hormones, testosterone or  
863 its analogs, human chorionic gonadotropin (HCG), or other  
864 hormones for the purpose of muscle building or to enhance  
865 athletic performance. As used in this subparagraph, the term  
866 "muscle building" does not include the treatment of injured  
867 muscle. A prescription written for the drug products identified  
868 in this subparagraph may be dispensed by a pharmacist with the  
869 presumption that the prescription is for legitimate medical use.

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

873 6. Prescribing, dispensing, administering, mixing, or  
874 otherwise preparing a legend drug, including a controlled  
875 substance, other than in the course of his or her professional  
876 practice. For the purposes of this subparagraph, it is legally  
877 presumed that prescribing, dispensing, administering, mixing, or  
878 otherwise preparing legend drugs, including all controlled  
879 substances, inappropriately or in excessive or inappropriate  
880 quantities is not in the best interest of the patient and is not  
881 in the course of the advanced registered nurse practitioner's  
882 professional practice, without regard to his or her intent.

883 7. Prescribing, dispensing, or administering a medicinal  
884 drug appearing on any schedule set forth in chapter 893 to



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885 himself or herself, except a drug prescribed, dispensed, or  
 886 administered to the advanced registered nurse practitioner by  
 887 another practitioner authorized to prescribe, dispense, or  
 888 administer medicinal drugs.

889 8. Prescribing, ordering, dispensing, administering,  
 890 supplying, selling, or giving amygdalin (laetrile) to any  
 891 person.

892 9. Dispensing a substance designated in s. 893.03(2) or  
 893 (3) as a substance controlled in Schedule II or Schedule III,  
 894 respectively, in violation of s. 465.0276.

895 10. Promoting or advertising through any communication  
 896 medium the use, sale, or dispensing of a substance designated in  
 897 s. 893.03 as a controlled substance.

898 (2) The board may enter an order denying licensure or  
 899 imposing any of the penalties in s. 456.072(2) against any  
 900 applicant for licensure or licensee who is found guilty of  
 901 violating any provision of subsection (1) of this section or who  
 902 is found guilty of violating any provision of s. 456.072(1).

903 Section 16. Section 627.42392, Florida Statutes, is  
 904 created to read:

905 627.42392 Prior authorization.—

906 (1) As used in this section, the term "health insurer"  
 907 means an authorized insurer offering health insurance as defined  
 908 in s. 624.603, a managed care plan as defined in s. 409.962(9),  
 909 or a health maintenance organization as defined in s.  
 910 641.19(12).



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911 (2) Notwithstanding any other provision of law, in order  
 912 to establish uniformity in the submission of prior authorization  
 913 forms on or after January 1, 2017, a health insurer, or a  
 914 pharmacy benefits manager on behalf of the health insurer, which  
 915 does not use an electronic prior authorization form for its  
 916 contracted providers shall use only the prior authorization form  
 917 that has been approved by the Financial Services Commission in  
 918 consultation with the Agency for Health Care Administration to  
 919 obtain a prior authorization for a medical procedure, course of  
 920 treatment, or prescription drug benefit. Such form may not  
 921 exceed two pages in length, excluding any instructions or  
 922 guiding documentation.

923 (3) The Financial Services Commission in consultation with  
 924 the Agency for Health Care Administration shall adopt by rule  
 925 guidelines for all prior authorization forms which ensure the  
 926 general uniformity of such forms.

927 (4) Electronic prior-authorization approvals do not  
 928 preclude benefit verification or medical review by the insurer  
 929 under either the medical or pharmacy benefits.

930 Section 17. Paragraph (a) of subsection (3) of section  
 931 766.1115, Florida Statutes, is amended to read:

932 766.1115 Health care providers; creation of agency  
 933 relationship with governmental contractors.—

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

935 (a) "Contract" means an agreement executed in compliance  
 936 with this section between a health care provider and a



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937 governmental contractor for volunteer, uncompensated services  
 938 which allows the health care provider to deliver health care  
 939 services to low-income recipients as an agent of the  
 940 governmental contractor. ~~The contract must be for volunteer,~~  
 941 ~~uncompensated services, except as provided in paragraph (4) (g).~~  
 942 For services to qualify as volunteer, uncompensated services  
 943 under this section, the health care provider, or any employee or  
 944 agent of the health care provider, must receive no compensation  
 945 from the governmental contractor for any services provided under  
 946 the contract and must not bill or accept compensation from the  
 947 recipient, or a public or private third-party payor, for the  
 948 specific services provided to the low-income recipients covered  
 949 by the contract, except as provided in paragraph (4) (g). A free  
 950 clinic as described in subparagraph (d)14. may receive a  
 951 legislative appropriation, a grant through a legislative  
 952 appropriation, or a grant from a governmental entity or  
 953 nonprofit corporation to support the delivery of contracted  
 954 services by volunteer health care providers, including the  
 955 employment of health care providers to supplement, coordinate,  
 956 or support the delivery of such services. The appropriation or  
 957 grant for the free clinic does not constitute compensation under  
 958 this paragraph from the governmental contractor for services  
 959 provided under the contract, nor does receipt or use of the  
 960 appropriation or grant constitute the acceptance of compensation  
 961 under this paragraph for the specific services provided to the  
 962 low-income recipients covered by the contract.



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963 Section 18. Subsection (21) of section 893.02, Florida  
964 Statutes, is amended to read:

965 893.02 Definitions.—The following words and phrases as  
966 used in this chapter shall have the following meanings, unless  
967 the context otherwise requires:

968 (21) "Practitioner" means a physician licensed under  
969 ~~pursuant to~~ chapter 458, a dentist licensed under ~~pursuant to~~  
970 chapter 466, a veterinarian licensed under ~~pursuant to~~ chapter  
971 474, an osteopathic physician licensed under ~~pursuant to~~ chapter  
972 459, an advanced registered nurse practitioner certified under  
973 chapter 464, a naturopath licensed under ~~pursuant to~~ chapter  
974 462, a certified optometrist licensed under ~~pursuant to~~ chapter  
975 463, ~~or~~ a podiatric physician licensed under ~~pursuant to~~ chapter  
976 461, or a physician assistant licensed under chapter 458 or  
977 chapter 459, provided such practitioner holds a valid federal  
978 controlled substance registry number.

979 Section 19. Paragraph (n) of subsection (1) of section  
980 948.03, Florida Statutes, is amended to read:

981 948.03 Terms and conditions of probation.—

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

988 (n) Be prohibited from using intoxicants to excess or



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989 | possessing any drugs or narcotics unless prescribed by a  
 990 | physician, an advanced registered nurse practitioner, or a  
 991 | physician assistant. The probationer or community controllee may  
 992 | ~~shall~~ not knowingly visit places where intoxicants, drugs, or  
 993 | other dangerous substances are unlawfully sold, dispensed, or  
 994 | used.

995 | Section 20. Paragraph (a) of subsection (1) and subsection  
 996 | (2) of section 458.348, Florida Statutes, are amended to read:  
 997 | 458.348 Formal supervisory relationships, standing orders,  
 998 | and established protocols; notice; standards.—

999 | (1) NOTICE.—

1000 | (a) When a physician enters into a formal supervisory  
 1001 | relationship or standing orders with an emergency medical  
 1002 | technician or paramedic licensed pursuant to s. 401.27, which  
 1003 | relationship or orders contemplate the performance of medical  
 1004 | acts, or when a physician enters into an established protocol  
 1005 | with an advanced registered nurse practitioner, which protocol  
 1006 | contemplates the performance of medical ~~acts identified and~~  
 1007 | ~~approved by the joint committee pursuant to s. 464.003(2) or~~  
 1008 | acts set forth in s. 464.012(3) and (4), the physician shall  
 1009 | submit notice to the board. The notice shall contain a statement  
 1010 | in substantially the following form:

1011 |  
 1012 | I, ... (name and professional license number of  
 1013 | physician) ..., of ... (address of physician) ... have hereby  
 1014 | entered into a formal supervisory relationship, standing orders,





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1015 or an established protocol with ...(number of persons)...  
 1016 emergency medical technician(s), ...(number of persons)...  
 1017 paramedic(s), or ...(number of persons)... advanced registered  
 1018 nurse practitioner(s).

1019  
 1020 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The  
 1021 joint committee ~~created under s. 464.003(2)~~ shall determine  
 1022 minimum standards for the content of established protocols  
 1023 pursuant to which an advanced registered nurse practitioner may  
 1024 perform medical acts ~~identified and approved by the joint~~  
 1025 ~~committee pursuant to s. 464.003(2)~~ or acts set forth in s.  
 1026 464.012(3) and (4) and shall determine minimum standards for  
 1027 supervision of such acts by the physician, unless the joint  
 1028 committee determines that any act set forth in s. 464.012(3) or  
 1029 (4) is not a medical act. Such standards shall be based on risk  
 1030 to the patient and acceptable standards of medical care and  
 1031 shall take into account the special problems of medically  
 1032 underserved areas. The standards developed by the joint  
 1033 committee shall be adopted as rules by the Board of Nursing and  
 1034 the Board of Medicine for purposes of carrying out their  
 1035 responsibilities pursuant to part I of chapter 464 and this  
 1036 chapter, respectively, but neither board shall have disciplinary  
 1037 powers over the licensees of the other board.

1038 Section 21. Paragraph (a) of subsection (1) of section  
 1039 459.025, Florida Statutes, is amended to read:

1040 459.025 Formal supervisory relationships, standing orders,



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1041 and established protocols; notice; standards.—

1042 (1) NOTICE.—

1043 (a) When an osteopathic physician enters into a formal  
 1044 supervisory relationship or standing orders with an emergency  
 1045 medical technician or paramedic licensed pursuant to s. 401.27,  
 1046 which relationship or orders contemplate the performance of  
 1047 medical acts, or when an osteopathic physician enters into an  
 1048 established protocol with an advanced registered nurse  
 1049 practitioner, which protocol contemplates the performance of  
 1050 medical acts ~~identified and approved by the joint committee~~  
 1051 ~~pursuant to s. 464.003(2)~~ or acts set forth in s. 464.012(3) and  
 1052 (4), the osteopathic physician shall submit notice to the board.  
 1053 The notice must contain a statement in substantially the  
 1054 following form:

1055  
 1056 I, ...(name and professional license number of osteopathic  
 1057 physician)..., of ...(address of osteopathic physician)... have  
 1058 hereby entered into a formal supervisory relationship, standing  
 1059 orders, or an established protocol with ...(number of  
 1060 persons)... emergency medical technician(s), ...(number of  
 1061 persons)... paramedic(s), or ...(number of persons)... advanced  
 1062 registered nurse practitioner(s).

1063 Section 22. Subsection (10) of s. 458.331, paragraph (g)  
 1064 of subsection (7) of s. 458.347, subsection (10) of s. 459.015,  
 1065 paragraph (f) of subsection (7) of s. 459.022, and paragraph (b)  
 1066 of subsection (5) of s. 465.0158, Florida Statutes, are



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1067 reenacted for the purpose of incorporating the amendment made by  
 1068 this act to s. 456.072, Florida Statutes, in references thereto.

1069 Section 23. Paragraph (mm) of subsection (1) of s. 456.072  
 1070 and s. 466.02751, Florida Statutes, are reenacted for the  
 1071 purpose of incorporating the amendment made by this act to s.  
 1072 456.44, Florida Statutes, in references thereto.

1073 Section 24. Section 458.303, paragraph (b) of subsection  
 1074 (7) of s. 458.3475, paragraph (e) of subsection (4) and  
 1075 paragraph (c) of subsection (9) of s. 459.022, and paragraph (b)  
 1076 of subsection (7) of s. 459.023, Florida Statutes, are reenacted  
 1077 for the purpose of incorporating the amendment made by this act  
 1078 to s. 458.347, Florida Statutes, in references thereto.

1079 Section 25. Paragraph (c) of subsection (3) of s. 464.012,  
 1080 Florida Statutes, is reenacted for the purpose of incorporating  
 1081 the amendment made by this act to s. 464.003, Florida Statutes,  
 1082 in a reference thereto.

1083 Section 26. Paragraph (a) of subsection (1) of s. 456.041,  
 1084 subsections (1) and (2) of s. 458.348, and subsection (1) of s.  
 1085 459.025, Florida Statutes, are reenacted for the purpose of  
 1086 incorporating the amendment made by this act to s. 464.012,  
 1087 Florida Statutes, in references thereto.

1088 Section 27. Subsection (7) of s. 464.0205, Florida  
 1089 Statutes, is reenacted for the purpose of incorporating the  
 1090 amendment made by this act to s. 464.013, Florida Statutes, in a  
 1091 reference thereto.

1092 Section 28. Subsection (11) of s. 320.0848, subsection (2)



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1093 of s. 464.008, subsection (5) of s. 464.009, and paragraph (b)  
 1094 of subsection (1), subsection (3), and paragraph (b) of  
 1095 subsection (4) of s. 464.0205, Florida Statutes, are reenacted  
 1096 for the purpose of incorporating the amendment made by this act  
 1097 to s. 464.018, Florida Statutes, in references thereto.

1098 Section 29. Section 775.051, Florida Statutes, is  
 1099 reenacted for the purpose of incorporating the amendment made by  
 1100 this act to s. 893.02, Florida Statutes, in a reference thereto.

1101 Section 30. Paragraph (a) of subsection (3) of s. 944.17,  
 1102 subsection (8) of s. 948.001, and paragraph (e) of subsection  
 1103 (1) of s. 948.101, Florida Statutes, are reenacted for the  
 1104 purpose of incorporating the amendment made by this act to s.  
 1105 948.03, Florida Statutes, in references thereto.

1106 Section 31. Except as otherwise expressly provided in this  
 1107 act, this act shall take effect upon becoming a law.

1108



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1  
2 An act relating to the Department of Health; amending  
3 s. 20.43, F.S.; renaming the Office of Minority Health  
4 within the department; specifying that the office  
5 shall be headed by a Senior Health Equity Officer and  
6 prescribing his or her duties; amending s. 215.5602,  
7 F.S.; revising the reporting requirements for the  
8 Biomedical Research Advisory Council under the James  
9 and Esther King Biomedical Research program; revising  
10 the reporting requirements for certain entities that  
11 perform or are associated with cancer research or  
12 care; amending s. 381.0034, F.S.; deleting the  
13 requirement that applicants making initial application  
14 for certain licensure complete certain courses;  
15 amending s. 381.7355, F.S.; revising the review  
16 criteria for Closing the Gap grant proposals; amending  
17 s. 381.82, F.S.; revising the reporting requirements  
18 for the Alzheimer's Disease Research Grant Advisory  
19 Board under the Ed and Ethel Moore Alzheimer's Disease  
20 Research Program; providing for the carryforward for a  
21 limited period of any unexpended balance of an  
22 appropriation for the program; amending s. 381.922,  
23 F.S.; providing reporting requirements for the  
24 Biomedical Research Advisory Council under the William  
25 G. "Bill" Bankhead, Jr., and David Coley Cancer  
26 Research Program; amending s. 384.23, F.S.; revising



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27 | the factors to be considered in designating a  
28 | condition as a sexually transmissible disease;  
29 | amending s. 384.27, F.S.; authorizing certain health  
30 | care practitioners to provide partner therapy under  
31 | certain conditions; authorizing the department to  
32 | adopt rules; amending s. 401.27, F.S.; increasing the  
33 | length of time that an emergency medical technician or  
34 | paramedic certificate may remain in an inactive  
35 | status; revising the requirements for reactivating and  
36 | renewing such a certificate; revising eligibility for  
37 | certification; deleting a requirement that applicants  
38 | successfully complete a certification examination  
39 | within a specified timeframe; amending s. 456.013,  
40 | F.S.; revising course requirements for renewing a  
41 | certain license; amending s. 456.024, F.S.; revising  
42 | the eligibility criteria for a member of the United  
43 | States Armed Forces, the United States Reserve Forces,  
44 | or the National Guard and the spouse of an active duty  
45 | military member to be issued a license to practice as  
46 | a health care practitioner in this state; creating s.  
47 | 456.0241, F.S.; providing definitions; providing for  
48 | issuance of a temporary certificate under certain  
49 | conditions for certain military health care  
50 | practitioners; providing for the automatic expiration  
51 | of the temporary certificate unless renewed; providing  
52 | for application and renewal fees; requiring the



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53 department to adopt rules; creating s. 456.0361, F.S.;

54 requiring the department to establish an electronic

55 continuing education tracking system; prohibiting the

56 department from renewing a license unless the licensee

57 has complied with all continuing education

58 requirements; authorizing the department to adopt

59 rules; amending s. 456.057, F.S.; requiring a person

60 or entity appointed by the board as a custodian of

61 medical records to be approved by the department;

62 authorizing the department to contract with a third

63 party to provide custodial services; amending s.

64 456.0635, F.S.; deleting a provision on applicability

65 relating to the issuance of licenses; amending s.

66 457.107, F.S.; deleting a provision authorizing the

67 Board of Acupuncture to request certain documentation

68 from applicants; amending s. 458.347, F.S.; deleting a

69 requirement that a physician assistant file a signed

70 affidavit with the department; amending s. 459.022,

71 F.S.; deleting a requirement that a physician

72 assistant file a signed affidavit with the department;

73 amending s. 460.402, F.S.; providing an additional

74 exception to licensure requirements for chiropractic

75 physicians; amending s. 463.007, F.S.; making

76 technical changes; amending s. 464.203, F.S.; revising

77 inservice training requirements for certified nursing

78 assistants; repealing s. 464.2085, F.S., relating to



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79 | the Council on Certified Nursing Assistants; amending  
80 | s. 465.027, F.S.; providing an additional exception to  
81 | pharmacy regulations for manufacturers of dialysis  
82 | drugs or supplies; amending s. 465.0275, F.S.;;  
83 | revising the amount of emergency prescription refill  
84 | authorized to be dispensed by a pharmacist; amending  
85 | s. 465.0276, F.S.; deleting a requirement that the  
86 | department inspect certain facilities; amending s.  
87 | 466.0135, F.S.; deleting a requirement that a dentist  
88 | file a signed affidavit with the department; deleting  
89 | a provision authorizing the Board of Dentistry to  
90 | request certain documentation from applicants;  
91 | amending s. 466.014, F.S.; deleting a requirement that  
92 | a dental hygienist file a signed affidavit with the  
93 | department; deleting a provision authorizing the board  
94 | to request certain documentation from applicants;  
95 | amending s. 466.032, F.S.; deleting a requirement that  
96 | a dental laboratory file a signed affidavit with the  
97 | department; deleting a provision authorizing the  
98 | department to request certain documentation from  
99 | applicants; repealing s. 468.1201, F.S., relating to a  
100 | requirement for instruction on human immunodeficiency  
101 | virus and acquired immune deficiency syndrome;  
102 | amending s. 483.901, F.S.; deleting provisions  
103 | relating to the Advisory Council of Medical  
104 | Physicists; authorizing the department to issue





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105 temporary licenses in certain circumstances;  
 106 authorizing the department to adopt rules; amending s.  
 107 484.047, F.S.; deleting a requirement for a written  
 108 statement from an applicant in certain circumstances;  
 109 amending s. 486.102, F.S.; revising accrediting  
 110 agencies that may approve physical therapy assistant  
 111 programs for purposes of licensing; amending s.  
 112 486.109, F.S.; deleting a provision authorizing the  
 113 department to conduct a random audit of certain  
 114 information; amending ss. 499.028, 893.04, and  
 115 921.0022, F.S.; conforming provisions and cross-  
 116 references; providing an effective date.

117

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

119

120 Section 1. Subsection (9) of section 20.43, Florida  
 121 Statutes, is amended to read:

122 20.43 Department of Health.—There is created a Department  
 123 of Health.

124 (9) There is established within the Department of Health  
 125 the Office of Minority Health and Health Equity, which shall be  
 126 headed by a Senior Health Equity Officer. The Senior Health  
 127 Equity Officer shall administer the Closing the Gap grant  
 128 program established under ss. 381.7351-381.7356 in a manner that  
 129 maximizes the impact of the grants in achieving health equity.  
 130 The Senior Health Equity Officer shall evaluate the awarded



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131 grants to assess the effectiveness and efficiency of the use of  
 132 funds and to determine best practices. The Senior Health Equity  
 133 Officer shall disseminate information on best practices to  
 134 stakeholders and shall ensure that the assessments inform future  
 135 grant award decisions.

136 Section 2. Subsections (10) and (12) of section 215.5602,  
 137 Florida Statutes, are amended to read:

138 215.5602 James and Esther King Biomedical Research  
 139 Program.—

140 (10) The council shall submit a fiscal-year progress  
 141 report on the programs under its purview to the Governor, the  
 142 State Surgeon General, the President of the Senate, and the  
 143 Speaker of the House of Representatives by December 15. The  
 144 report must include:

145 (a) For each A-list-of research project projects supported  
 146 by grants or fellowships awarded under the program:—

147 1.(b) A summary list of the research project and results  
 148 or expected results of the research recipients of program grants  
 149 or fellowships.

150 2. The status of the research project, including whether  
 151 it has concluded or the estimated date of completion.

152 3. The amount of the grant or fellowship awarded and the  
 153 estimated or actual cost of the research project.

154 4.(c) A list of principal investigators under the research  
 155 project.

156 5. The title, citation, and summary of findings of a



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157 publication ~~publications~~ in a peer-reviewed journal resulting  
 158 from the ~~peer-reviewed journals~~ involving research supported by  
 159 ~~grants or fellowships~~ awarded under the program.

160 6. ~~(d)~~ The source and amount of any federal, state, or  
 161 local government grants or donations or private grants or  
 162 donations generated as a result of the research project.

163 7. The status of a patent, if any, generated from the  
 164 research project and an economic analysis of the impact of the  
 165 resulting patent.

166 8. A list of postsecondary educational institutions  
 167 involved in the research project, a description of each  
 168 postsecondary educational institution's involvement in the  
 169 research project, and the number of students receiving training  
 170 or performing research under the research project.

171 (b) The state ranking and total amount of biomedical  
 172 research funding currently flowing into the state from the  
 173 National Institutes of Health.

174 ~~(c) New grants for biomedical research which were funded~~  
 175 ~~based on research supported by grants or fellowships awarded~~  
 176 ~~under the program.~~

177 (c) ~~(f)~~ Progress towards programmatic goals, particularly  
 178 in the prevention, diagnosis, treatment, and cure of diseases  
 179 related to tobacco use, including cancer, cardiovascular  
 180 disease, stroke, and pulmonary disease.

181 (d) ~~(g)~~ Recommendations to further the mission of the  
 182 programs.



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183           (12) (a) ~~Each~~ Beginning in the 2011-2012 fiscal year and  
 184 ~~thereafter~~, \$25 million from the revenue deposited into the  
 185 Health Care Trust Fund pursuant to ss. 210.011(9) and 210.276(7)  
 186 shall be reserved for research of tobacco-related or cancer-  
 187 related illnesses. Of the revenue deposited in the Health Care  
 188 Trust Fund pursuant to this section, \$25 million shall be  
 189 transferred to the Biomedical Research Trust Fund within the  
 190 Department of Health. Subject to annual appropriations in the  
 191 General Appropriations Act, \$5 million shall be appropriated to  
 192 the James and Esther King Biomedical Research Program, and \$5  
 193 million shall be appropriated to the William G. "Bill" Bankhead,  
 194 Jr., and David Coley Cancer Research Program created under s.  
 195 381.922.

196           (b) ~~Beginning July 1, 2014,~~ An entity that ~~which~~ performs  
 197 or is associated with cancer research or care that receives a  
 198 specific appropriation for biomedical research, research-related  
 199 functions, operations or other supportive functions, or  
 200 expansion of operations in the General Appropriations Act  
 201 without statutory reporting requirements for the receipt of  
 202 those funds, ~~7~~ must submit an annual fiscal-year progress report  
 203 to the President of the Senate and the Speaker of the House of  
 204 Representatives by December 15. The report must:

- 205           1. Describe the general use of the funds.  
 206           2. Summarize ~~Specify~~ the research, if any, funded by the  
 207 appropriation and provide the:  
 208           a. Status of the research, including whether the research



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209 has concluded.

210 b. Results or expected results of the research.

211 c. Names of principal investigators performing the  
 212 research.

213 d. Title, citation, and summary of findings of a  
 214 publication in a peer-reviewed journal resulting from the  
 215 research.

216 e. Status of a patent, if any, generated from the research  
 217 and an economic analysis of the impact of the resulting patent.

218 f. List of postsecondary educational institutions involved  
 219 in the research, a description of each postsecondary educational  
 220 institution's involvement in the research, and the number of  
 221 students receiving training or performing research.

222 3. Describe any fixed capital outlay project funded by the  
 223 appropriation, the need for the project, how the project will be  
 224 utilized, and the timeline for and status of the project, if  
 225 applicable.

226 4. Identify any federal, state, or local government grants  
 227 or donations or private grants or donations generated as a  
 228 result of the appropriation or activities funded by the  
 229 appropriation, if applicable and traceable.

230 Section 3. Subsection (3) of section 381.0034, Florida  
 231 Statutes, is amended to read:

232 381.0034 Requirement for instruction on HIV and AIDS.—

233 (3) The department shall require, as a condition of  
 234 granting a license under chapter 467 or part III of chapter 483



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235 | ~~the chapters specified in subsection (1),~~ that an applicant  
236 | making initial application for licensure complete an educational  
237 | course acceptable to the department on human immunodeficiency  
238 | virus and acquired immune deficiency syndrome. Upon submission  
239 | of an affidavit showing good cause, an applicant who has not  
240 | taken a course at the time of licensure shall, ~~upon an affidavit~~  
241 | ~~showing good cause,~~ be allowed 6 months to complete this  
242 | requirement.

243 |       Section 4. Paragraph (a) of subsection (2) of section  
244 | 381.7355, Florida Statutes, is amended, and paragraph (i) is  
245 | added to subsection (3) of that section, to read:

246 |       381.7355 Project requirements; review criteria.—

247 |       (2) A proposal must include each of the following  
248 | elements:

249 |       (a) The purpose and objectives of the proposal, including  
250 | identification of the particular racial or ethnic disparity the  
251 | project will address. The proposal must address one or more of  
252 | the following priority areas:

253 |       1. Decreasing racial and ethnic disparities in maternal  
254 | and infant mortality rates.

255 |       2. Decreasing racial and ethnic disparities in morbidity  
256 | and mortality rates relating to cancer.

257 |       3. Decreasing racial and ethnic disparities in morbidity  
258 | and mortality rates relating to HIV/AIDS.

259 |       4. Decreasing racial and ethnic disparities in morbidity  
260 | and mortality rates relating to cardiovascular disease.



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261 5. Decreasing racial and ethnic disparities in morbidity  
262 and mortality rates relating to diabetes.

263 6. Increasing adult and child immunization rates in  
264 certain racial and ethnic populations.

265 7. Decreasing racial and ethnic disparities in oral health  
266 care.

267 8. Decreasing racial and ethnic disparities in morbidity  
268 and mortality rates relating to sickle cell disease.

269 9. Improve neighborhood social determinants of health,  
270 such as transportation, safety, and food access, as outlined by  
271 the Centers for Disease Control and Prevention's "Tools for  
272 Putting Social Determinants of Health into Action."

273 (3) Priority shall be given to proposals that:

274 (i) Incorporate policy approaches to achieve sustainable  
275 long-term improvement.

276 Section 5. Subsection (4) of section 381.82, Florida  
277 Statutes, is amended, and subsection (8) is added to that  
278 section, to read:

279 381.82 Ed and Ethel Moore Alzheimer's Disease Research  
280 Program.—

281 (4) The board shall submit a fiscal-year progress report  
282 on the programs under its purview annually to the Governor, the  
283 President of the Senate, the Speaker of the House of  
284 Representatives, and the State Surgeon General by February 15.  
285 The report must include:

286 (a) For each ~~A list of~~ research project ~~projects~~ supported



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287 | by grants or fellowships awarded under the program:—

288 |       1.~~(b)~~ A summary list of the research project and results

289 | or expected results of the research recipients of program grants

290 | or fellowships.

291 |       2. The status of the research project, including whether

292 | it has concluded or the estimated date of completion.

293 |       3. The amount of the grant or fellowship awarded and the

294 | estimated or actual cost of the research project.

295 |       4.~~(c)~~ A list of principal investigators under the research

296 | project.

297 |       5. The title, citation, and summary of findings of a

298 | publication publications in a peer-reviewed journal resulting

299 | from the journals involving research supported by grants or

300 | fellowships awarded under the program.

301 |       6. The source and amount of any federal, state, or local

302 | government grants or donations or private grants or donations

303 | generated as a result of the research project.

304 |       7. The status of a patent, if any, generated from the

305 | research project and an economic analysis of the impact of the

306 | resulting patent.

307 |       8. A list of postsecondary educational institutions

308 | involved in the research project, a description of each

309 | postsecondary educational institution's involvement in the

310 | research project, and the number of students receiving training

311 | or performing research under the research project.

312 |       **(b)**~~(d)~~ The state ranking and total amount of Alzheimer's





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313 disease research funding currently flowing into the state from  
 314 the National Institutes of Health.

315 ~~(e) New grants for Alzheimer's disease research which were~~  
 316 ~~funded based on research supported by grants or fellowships~~  
 317 ~~awarded under the program.~~

318 (c) ~~(f)~~ Progress toward programmatic goals, particularly in  
 319 the prevention, diagnosis, treatment, and cure of Alzheimer's  
 320 disease.

321 (d) ~~(g)~~ Recommendations to further the mission of the  
 322 program.

323 (8) Notwithstanding s. 216.301 and pursuant to s. 216.351,  
 324 the balance of any appropriation from the General Revenue Fund  
 325 for the Ed and Ethel Moore Alzheimer's Disease Research Program  
 326 which is not disbursed but which is obligated pursuant to  
 327 contract or committed to be expended by June 30 of the fiscal  
 328 year in which the funds are appropriated may be carried forward  
 329 for up to 5 years after the effective date of the original  
 330 appropriation.

331 Section 6. Subsection (6) is added to section 381.922,  
 332 Florida Statutes, to read:

333 381.922 William G. "Bill" Bankhead, Jr., and David Coley  
 334 Cancer Research Program.—

335 (6) The Biomedical Research Advisory Council shall submit  
 336 a report relating to grants awarded under the program to the  
 337 Governor, the President of the Senate, and the Speaker of the  
 338 House of Representatives by December 15 each year. The report



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339 must include:

340 (a) For each research project supported by grants or  
341 fellowships awarded under the program:

342 1. A summary of the research project and results or  
343 expected results of the research.

344 2. The status of the research project, including whether  
345 it has concluded or the estimated date of completion.

346 3. The amount of the grant or fellowship awarded and the  
347 estimated or actual cost of the research project.

348 4. A list of principal investigators under the research  
349 project.

350 5. The title, citation, and summary of findings of a  
351 publication in a peer-reviewed journal resulting from the  
352 research.

353 6. The source and amount of any federal, state, or local  
354 government grants or donations or private grants or donations  
355 generated as a result of the research project.

356 7. The status of a patent, if any, generated from the  
357 research project and an economic analysis of the impact of the  
358 resulting patent.

359 8. A list of postsecondary educational institutions  
360 involved in the research project, a description of each  
361 postsecondary educational institution's involvement in the  
362 research project, and the number of students receiving training  
363 or performing research under the research project.

364 (b) The state ranking and total amount of cancer research



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365 funding currently flowing into the state from the National  
 366 Institutes of Health.

367 (c) Progress toward programmatic goals, particularly in  
 368 the prevention, diagnosis, treatment, and cure of cancer.

369 (d) Recommendations to further the mission of the program.

370 Section 7. Subsection (3) of section 384.23, Florida  
 371 Statutes, is amended to read:

372 384.23 Definitions.—

373 (3) "Sexually transmissible disease" means a bacterial,  
 374 viral, fungal, or parasitic disease, ~~determined by rule of the~~  
 375 ~~department to be sexually transmissible, to be a threat to the~~  
 376 ~~public health and welfare, and to be a disease for which a~~  
 377 ~~legitimate public interest will be served by providing for~~  
 378 prevention, elimination, control, regulation and treatment. The  
 379 department must, by rule, determine ~~In considering~~ which  
 380 diseases are to be designated as sexually transmissible  
 381 ~~diseases, the department shall consider such diseases as~~  
 382 ~~chaneroid, gonorrhoea, granuloma inguinale, lymphogranuloma~~  
 383 ~~venereum, genital herpes simplex, chlamydia, nongonococcal~~  
 384 ~~urethritis (NGU), pelvic inflammatory disease (PID)/acute~~  
 385 ~~salpingitis, syphilis, and human immune deficiency virus~~  
 386 ~~infection for designation, and shall consider the~~  
 387 ~~recommendations and classifications of the Centers for Disease~~  
 388 ~~Control and Prevention and other nationally recognized medical~~  
 389 ~~authorities in that determination.~~ Not all diseases that are  
 390 sexually transmissible need be designated for the purposes of



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391 | this act.

392 |       Section 8. Subsection (7) is added to section 384.27,  
393 | Florida Statutes, to read:

394 |       384.27 Physical examination and treatment.—

395 |       (7) (a) A health care practitioner licensed under chapter  
396 | 458 or chapter 459 or certified under s. 464.012 may provide  
397 | expedited partner therapy if the following requirements are met:

398 |           1. The patient has a laboratory-confirmed or suspected  
399 | clinical diagnosis of a sexually transmissible disease.

400 |           2. The patient indicates that he or she has a partner with  
401 | whom he or she engaged in sexual activity before the diagnosis  
402 | of the sexually transmissible disease.

403 |           3. The patient indicates that his or her partner is unable  
404 | or unlikely to seek clinical services in a timely manner.

405 |       (b) A pharmacist licensed under chapter 465 may dispense  
406 | medication to a person diagnosed with a sexually transmissible  
407 | disease pursuant to a prescription for the purpose of treating  
408 | that person's partner, regardless of whether the person's  
409 | partner has been personally examined by the prescribing health  
410 | care practitioner.

411 |       (c) A pharmacist or health care practitioner must check  
412 | for potential allergic reactions, in accordance with the  
413 | prevailing professional standard of care, before dispensing a  
414 | prescription or providing a medication under this subsection.

415 |       (d) The department may adopt rules to implement this  
416 | subsection.



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417 Section 9. Subsections (8) and (12) of section 401.27,  
418 Florida Statutes, are amended to read:

419 401.27 Personnel; standards and certification.—

420 (8) Each emergency medical technician certificate and each  
421 paramedic certificate will expire automatically and may be  
422 renewed if the holder meets the qualifications for renewal as  
423 established by the department. A certificate that is not renewed  
424 at the end of the 2-year period will automatically revert to an  
425 inactive status for a period not to exceed two renewal periods  
426 ~~180 days~~. Such certificate may be reactivated and renewed within  
427 the two renewal periods ~~180 days~~ if the certificateholder meets  
428 all other qualifications for renewal, including continuing  
429 education requirements, and pays a \$25 late fee. The  
430 certificateholder also must pass the certification examination  
431 to reactivate the certificate during the second of the two  
432 renewal periods. Reactivation shall be in a manner and on forms  
433 prescribed by department rule.

434 (12) An applicant for certification as an emergency  
435 medical technician or paramedic who is trained outside the  
436 state, or trained in the military, must provide proof of a  
437 current, nationally recognized emergency medical technician or  
438 paramedic certification or registration that is recognized by  
439 the department and based upon successful completion of a  
440 training program approved by the department as being equivalent  
441 to the most recent EMT-Basic or EMT-Paramedic National Standard  
442 Curriculum or the National EMS Education Standards of the United



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443 States Department of Transportation and hold a current  
 444 certificate of successful course completion in cardiopulmonary  
 445 resuscitation (CPR) or advanced cardiac life support for  
 446 emergency medical technicians or paramedics, respectively, to be  
 447 eligible for the certification examination. ~~The applicant must~~  
 448 ~~successfully complete the certification examination within 2~~  
 449 ~~years after the date of the receipt of his or her application by~~  
 450 ~~the department. After 2 years, the applicant must submit a new~~  
 451 ~~application, meet all eligibility requirements, and submit all~~  
 452 ~~fees to reestablish eligibility to take the certification~~  
 453 ~~examination.~~

454 Section 10. Subsection (7) of section 456.013, Florida  
 455 Statutes, is amended to read:

456 456.013 Department; general licensing provisions.—

457 (7) The boards, or the department when there is no board,  
 458 shall require the completion of a 2-hour course relating to  
 459 prevention of medical errors as part of the biennial licensure  
 460 ~~and~~ renewal process. The 2-hour course counts toward ~~shall count~~  
 461 ~~towards~~ the total number of continuing education hours required  
 462 for the profession. The course must ~~shall~~ be approved by the  
 463 board or department, as appropriate, and must ~~shall~~ include a  
 464 study of root-cause analysis, error reduction and prevention,  
 465 and patient safety. In addition, the course approved by the  
 466 Board of Medicine and the Board of Osteopathic Medicine must  
 467 ~~shall~~ include information relating to the five most misdiagnosed  
 468 conditions during the previous biennium, as determined by the



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469 board. If the course is being offered by a facility licensed  
 470 pursuant to chapter 395 for its employees, the board may approve  
 471 up to 1 hour of the 2-hour course to be specifically related to  
 472 error reduction and prevention methods used in that facility.

473 Section 11. Subsection (3) of section 456.024, Florida  
 474 Statutes, is amended to read:

475 456.024 Members of Armed Forces in good standing with  
 476 administrative boards or the department; spouses; licensure.—

477 (3)(a) A person is eligible for licensure as a health care  
 478 practitioner in this state if he or she:

479 1. who Serves or has served as a health care practitioner  
 480 in the United States Armed Forces, the United States Reserve  
 481 Forces, or the National Guard;

482 2. or a person who Serves or has served on active duty  
 483 with the United States Armed Forces as a health care  
 484 practitioner in the United States Public Health Service; or

485 3. Is a health care practitioner, other than a dentist, in  
 486 another state, the District of Columbia, or a possession or  
 487 territory of the United States and is the spouse of a person  
 488 serving on active duty with the United States Armed Forces is  
 489 eligible for licensure in this state.

490  
 491 The department shall develop an application form, and each  
 492 board, or the department if there is no board, shall waive the  
 493 application fee, licensure fee, and unlicensed activity fee for  
 494 such applicants. For purposes of this subsection, "health care



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495 practitioner" means a health care practitioner as defined in s.  
 496 456.001 and a person licensed under part III of chapter 401 or  
 497 part IV of chapter 468.

498 (b)~~(a)~~ The board, or the department if there is no board,  
 499 shall issue a license to practice in this state to a person who:

500 1. Submits a complete application.

501 2. If he or she is member of the United States Armed  
 502 Forces, the United States Reserve Forces, or the National Guard,  
 503 submits proof that he or she has received ~~Receives~~ an honorable  
 504 discharge within 6 months before, or will receive an honorable  
 505 discharge within 6 months after, the date of submission of the  
 506 application.

507 3.a. Holds an active, unencumbered license issued by  
 508 another state, the District of Columbia, or a possession or  
 509 territory of the United States and who has not had disciplinary  
 510 action taken against him or her in the 5 years preceding the  
 511 date of submission of the application;

512 b. Is a military health care practitioner in a profession  
 513 for which licensure in a state or jurisdiction is not required  
 514 to practice in the United States Armed Forces, if he or she  
 515 submits to the department evidence of military training or  
 516 experience substantially equivalent to the requirements for  
 517 licensure in this state in that profession and evidence that he  
 518 or she has obtained a passing score on the appropriate  
 519 examination of a national or regional standards organization if  
 520 required for licensure in this state; or





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521 c. Is the spouse of a person serving on active duty in the  
522 United States Armed Forces and is a health care practitioner in  
523 a profession, excluding dentistry, for which licensure in  
524 another state or jurisdiction is not required, if he or she  
525 submits to the department evidence of training or experience  
526 substantially equivalent to the requirements for licensure in  
527 this state in that profession and evidence that he or she has  
528 obtained a passing score on the appropriate examination of a  
529 national or regional standards organization if required for  
530 licensure in this state.

531 4. Attests that he or she is not, at the time of  
532 submission of the application, the subject of a disciplinary  
533 proceeding in a jurisdiction in which he or she holds a license  
534 or by the United States Department of Defense for reasons  
535 related to the practice of the profession for which he or she is  
536 applying.

537 5. Actively practiced the profession for which he or she  
538 is applying for the 3 years preceding the date of submission of  
539 the application.

540 6. Submits a set of fingerprints for a background  
541 screening pursuant to s. 456.0135, if required for the  
542 profession for which he or she is applying.

543  
544 The department shall verify information submitted by the  
545 applicant under this subsection using the National Practitioner  
546 Data Bank.



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547        ~~(c)~~ Each applicant who meets the requirements of this  
 548 subsection shall be licensed with all rights and  
 549 responsibilities as defined by law. The applicable board, or the  
 550 department if there is no board, may deny an application if the  
 551 applicant has been convicted of or pled guilty or nolo  
 552 contendere to, regardless of adjudication, any felony or  
 553 misdemeanor related to the practice of a health care profession  
 554 regulated by this state.

555        ~~(d)~~ An applicant for initial licensure under this  
 556 subsection must submit the information required by ss.  
 557 456.039(1) and 456.0391(1) no later than 1 year after the  
 558 license is issued.

559        Section 12. Section 456.0241, Florida Statutes, is created  
 560 to read:

561        456.0241 Temporary certificate for active duty military  
 562 health care practitioners.—

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

564        (a) "Military health care practitioner" means:

565        1. A person practicing as a health care practitioner as  
 566 defined in s. 456.001, as a person licensed under part III of  
 567 chapter 401, or as a person licensed under part IV of chapter  
 568 468 who is serving on active duty in the United States Armed  
 569 Forces, the United States Reserve Forces, or the National Guard;  
 570 or

571        2. A person who is serving on active duty in the United  
 572 States Armed Forces and serving in the United States Public



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573 Health Service.

574 (b) "Military platform" means a military training  
575 agreement with a nonmilitary health care provider that is  
576 designed to develop and support medical, surgical, or other  
577 health care treatment opportunities in a nonmilitary health care  
578 provider setting to authorize a military health care  
579 practitioner to develop and maintain the technical proficiency  
580 necessary to meet the present and future health care needs of  
581 the United States Armed Forces. Such agreements may include  
582 Training Affiliation Agreements and External Resource Sharing  
583 Agreements.

584 (2) The department may issue a temporary certificate to an  
585 active duty military health care practitioner to practice in a  
586 regulated profession in this state if the applicant:

587 (a) Submits proof that he or she will be practicing  
588 pursuant to a military platform.

589 (b) Submits a complete application and a nonrefundable  
590 application fee.

591 (c) Holds an active, unencumbered license to practice as a  
592 health care professional issued by another state, the District  
593 of Columbia, or a possession or territory of the United States  
594 or is a military health care practitioner in a profession for  
595 which licensure in a state or jurisdiction is not required for  
596 practice in the United States Armed Forces and provides evidence  
597 of military training and experience substantially equivalent to  
598 the requirements for licensure in this state in that profession.



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599 (d) Attests that he or she is not, at the time of  
 600 submission of the application, the subject of a disciplinary  
 601 proceeding in a jurisdiction in which he or she holds a license  
 602 or by the United States Department of Defense for reasons  
 603 related to the practice of the profession for which he or she is  
 604 applying.

605 (e) Has been determined to be competent in the profession  
 606 for which he or she is applying.

607 (f) Submits a set of fingerprints for a background  
 608 screening pursuant to s. 456.0135, if required for the  
 609 profession for which he or she is applying.

610  
 611 The department shall verify information submitted by the  
 612 applicant under this subsection using the National Practitioner  
 613 Data Bank.

614 (3) A temporary certificate issued under this section  
 615 expires 6 months after issuance but may be renewed upon proof of  
 616 continuing military orders for active duty assignment in this  
 617 state and evidence that the military health care practitioner  
 618 continues to be a military platform participant.

619 (4) A military health care practitioner applying for a  
 620 temporary certificate under this section is exempt from ss.  
 621 456.039-456.046. All other provisions of this chapter apply to  
 622 such military health care practitioner.

623 (5) An applicant for a temporary certificate under this  
 624 section is deemed ineligible if he or she:



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625 (a) Has been convicted of or pled guilty or nolo  
 626 contendere to, regardless of adjudication, any felony or  
 627 misdemeanor related to the practice of a health care profession;

628 (b) Has had a health care provider license revoked or  
 629 suspended in another state, the District of Columbia, or a  
 630 possession or territory of the United States;

631 (c) Has failed to obtain a passing score on the Florida  
 632 examination required to receive a license to practice the  
 633 profession for which he or she is applying; or

634 (d) Is under investigation in another jurisdiction for an  
 635 act that would constitute a violation of the applicable  
 636 licensing chapter or this chapter until the investigation is  
 637 complete and all charges against him or her are disposed of by  
 638 dismissal, nolle prosequi, or acquittal.

639 (6) The department shall, by rule, set an application fee  
 640 not to exceed \$50 and a renewal fee not to exceed \$50.

641 (7) Application shall be made on a form prescribed and  
 642 furnished by the department.

643 (8) The department shall adopt rules to implement this  
 644 section.

645 Section 13. Section 456.0361, Florida Statutes, is created  
 646 to read:

647 456.0361 Compliance with continuing education  
 648 requirements.—

649 (1) The department shall establish an electronic  
 650 continuing education tracking system to monitor licensee



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651 compliance with applicable continuing education requirements and  
 652 to determine whether a licensee is in full compliance with the  
 653 requirements at the time of his or her application for license  
 654 renewal. The tracking system shall be integrated into the  
 655 department's licensure and renewal process.

656 (2) The department may not renew a license until the  
 657 licensee complies with all applicable continuing education  
 658 requirements. This subsection does not prohibit the department  
 659 or the boards from imposing additional penalties under the  
 660 applicable professional practice act or applicable rules for  
 661 failure to comply with continuing education requirements.

662 (3) The department may adopt rules to implement this  
 663 section.

664 Section 14. Subsection (20) of section 456.057, Florida  
 665 Statutes, is amended to read:

666 456.057 Ownership and control of patient records; report  
 667 or copies of records to be furnished; disclosure of  
 668 information.-

669 (20) The board with department approval, or the department  
 670 when there is no board, may temporarily or permanently appoint a  
 671 person or entity as a custodian of medical records in the event  
 672 of the death of a practitioner, the mental or physical  
 673 incapacitation of a ~~the~~ practitioner, or the abandonment of  
 674 medical records by a practitioner. Such ~~The~~ custodian appointed  
 675 shall comply with ~~all provisions of~~ this section. The department  
 676 may contract with a third party to provide these services under



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677 the confidentiality and disclosure requirements of this section,  
 678 ~~including the release of patient records.~~

679 Section 15. Subsection (2) of section 456.0635, Florida  
 680 Statutes, is amended to read:

681 456.0635 Health care fraud; disqualification for license,  
 682 certificate, or registration.—

683 (2) Each board within the jurisdiction of the department,  
 684 or the department if there is no board, shall refuse to admit a  
 685 candidate to any examination and refuse to issue a license,  
 686 certificate, or registration to any applicant if the candidate  
 687 or applicant or any principal, officer, agent, managing  
 688 employee, or affiliated person of the applicant:

689 (a) Has been convicted of, or entered a plea of guilty or  
 690 nolo contendere to, regardless of adjudication, a felony under  
 691 chapter 409, chapter 817, or chapter 893, or a similar felony  
 692 offense committed in another state or jurisdiction, unless the  
 693 candidate or applicant has successfully completed a drug court  
 694 program for that felony and provides proof that the plea has  
 695 been withdrawn or the charges have been dismissed. Any such  
 696 conviction or plea shall exclude the applicant or candidate from  
 697 licensure, examination, certification, or registration unless  
 698 the sentence and any subsequent period of probation for such  
 699 conviction or plea ended:

700 1. For felonies of the first or second degree, more than  
 701 15 years before the date of application.

702 2. For felonies of the third degree, more than 10 years



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703 before the date of application, except for felonies of the third  
704 degree under s. 893.13(6) (a).

705 3. For felonies of the third degree under s. 893.13(6) (a),  
706 more than 5 years before the date of application;

707 (b) Has been convicted of, or entered a plea of guilty or  
708 nolo contendere to, regardless of adjudication, a felony under  
709 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396, unless the  
710 sentence and any subsequent period of probation for such  
711 conviction or plea ended more than 15 years before the date of  
712 the application;

713 (c) Has been terminated for cause from the Florida  
714 Medicaid program pursuant to s. 409.913, unless the candidate or  
715 applicant has been in good standing with the Florida Medicaid  
716 program for the most recent 5 years;

717 (d) Has been terminated for cause, pursuant to the appeals  
718 procedures established by the state, from any other state  
719 Medicaid program, unless the candidate or applicant has been in  
720 good standing with a state Medicaid program for the most recent  
721 5 years and the termination occurred at least 20 years before  
722 the date of the application; or

723 (e) Is currently listed on the United States Department of  
724 Health and Human Services Office of Inspector General's List of  
725 Excluded Individuals and Entities.

726

727 ~~This subsection does not apply to candidates or applicants for~~  
728 ~~initial licensure or certification who were enrolled in an~~





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729 ~~educational or training program on or before July 1, 2009, which~~  
 730 ~~was recognized by a board or, if there is no board, recognized~~  
 731 ~~by the department, and who applied for licensure after July 1,~~  
 732 ~~2012.~~

733 Section 16. Subsection (3) of section 457.107, Florida  
 734 Statutes, is amended to read:

735 457.107 Renewal of licenses; continuing education.—

736 (3) The board shall ~~by rule prescribe~~ by rule continuing  
 737 education requirements of up to, ~~not to exceed~~ 30 hours  
 738 biennially~~,~~ as a condition for renewal of a license. All  
 739 education programs that contribute to the advancement,  
 740 extension, or enhancement of professional skills and knowledge  
 741 related to the practice of acupuncture, whether conducted by a  
 742 nonprofit or profitmaking entity, are eligible for approval. The  
 743 continuing professional education requirements must be in  
 744 acupuncture or oriental medicine subjects, including, but not  
 745 limited to, anatomy, biological sciences, adjunctive therapies,  
 746 sanitation and sterilization, emergency protocols, and diseases.  
 747 The board may ~~shall have the authority to~~ set a fee of up to,  
 748 ~~not to exceed~~ \$100~~,~~ for each continuing education provider. The  
 749 licensee shall retain in his or her records the certificates of  
 750 completion of continuing professional education requirements ~~to~~  
 751 ~~prove compliance with this subsection.~~ The board ~~may request~~  
 752 ~~such documentation without cause from applicants who are~~  
 753 ~~selected at random.~~ All national and state acupuncture and  
 754 oriental medicine organizations and acupuncture and oriental



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755 medicine schools are approved to provide continuing professional  
756 education in accordance with this subsection.

757 Section 17. Paragraph (e) of subsection (4) of section  
758 458.347, Florida Statutes, is amended to read:

759 458.347 Physician assistants.—

760 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

761 (e) A supervisory physician may delegate to a fully  
762 licensed physician assistant the authority to prescribe or  
763 dispense any medication used in the supervisory physician's  
764 practice unless such medication is listed on the formulary  
765 created pursuant to paragraph (f). A fully licensed physician  
766 assistant may only prescribe or dispense such medication under  
767 the following circumstances:

768 1. A physician assistant must clearly identify to the  
769 patient that he or she is a physician assistant and.  
770 ~~Furthermore, the physician assistant must~~ inform the patient  
771 that the patient has the right to see the physician before a  
772 ~~prior to any~~ prescription is being prescribed or dispensed by  
773 the physician assistant.

774 2. The supervisory physician must notify the department of  
775 his or her intent to delegate, on a department-approved form,  
776 before delegating such authority and ~~notify the department of~~  
777 any change in prescriptive privileges of the physician  
778 assistant. Authority to dispense may be delegated only by a  
779 supervising physician who is registered as a dispensing  
780 practitioner in compliance with s. 465.0276.



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781           3. The physician assistant must complete ~~file with the~~  
 782 ~~department a signed affidavit that he or she has completed a~~  
 783 minimum of 10 continuing medical education hours in the  
 784 specialty practice in which the physician assistant has  
 785 prescriptive privileges with each licensure renewal ~~application.~~

786           4. The department may issue a prescriber number to the  
 787 physician assistant granting authority for the prescribing of  
 788 medicinal drugs authorized within this paragraph upon completion  
 789 of the ~~foregoing~~ requirements of this paragraph. The physician  
 790 assistant is ~~shall~~ not be required to independently register  
 791 pursuant to s. 465.0276.

792           5. The prescription must be written in a form that  
 793 complies with chapter 499 and, in addition to the supervisory  
 794 physician's name, address, and telephone number, must contain,  
 795 ~~in addition to the supervisory physician's name, address, and~~  
 796 ~~telephone number,~~ the physician assistant's prescriber number.  
 797 Unless it is a drug or drug sample dispensed by the physician  
 798 assistant, the prescription must be filled in a pharmacy  
 799 permitted under chapter 465 and must be dispensed in that  
 800 pharmacy by a pharmacist licensed under chapter 465. The  
 801 inclusion ~~appearance~~ of the prescriber number creates a  
 802 presumption that the physician assistant is authorized to  
 803 prescribe the medicinal drug and the prescription is valid.

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

806           Section 18. Paragraph (e) of subsection (4) of section



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807 459.022, Florida Statutes, is amended to read:

808 459.022 Physician assistants.—

809 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

810 (e) A supervisory physician may delegate to a fully  
 811 licensed physician assistant the authority to prescribe or  
 812 dispense any medication used in the supervisory physician's  
 813 practice unless such medication is listed on the formulary  
 814 created pursuant to s. 458.347. A fully licensed physician  
 815 assistant may only prescribe or dispense such medication under  
 816 the following circumstances:

817 1. A physician assistant must clearly identify to the  
 818 patient that she or he is a physician assistant and.  
 819 ~~Furthermore, the physician assistant~~ must inform the patient  
 820 that the patient has the right to see the physician before a  
 821 ~~prior to any~~ prescription is being prescribed or dispensed by  
 822 the physician assistant.

823 2. The supervisory physician must notify the department of  
 824 her or his intent to delegate, on a department-approved form,  
 825 before delegating such authority and ~~notify the department of~~  
 826 any change in prescriptive privileges of the physician  
 827 assistant. Authority to dispense may be delegated only by a  
 828 supervisory physician who is registered as a dispensing  
 829 practitioner in compliance with s. 465.0276.

830 3. The physician assistant must complete ~~file with the~~  
 831 ~~department a signed affidavit that she or he has completed a~~  
 832 minimum of 10 continuing medical education hours in the



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833 specialty practice in which the physician assistant has  
 834 prescriptive privileges with each licensure renewal application.

835 4. The department may issue a prescriber number to the  
 836 physician assistant granting authority for the prescribing of  
 837 medicinal drugs authorized within this paragraph upon completion  
 838 of the ~~foregoing~~ requirements of this paragraph. The physician  
 839 assistant is ~~shall~~ not be required to independently register  
 840 pursuant to s. 465.0276.

841 5. The prescription must be written in a form that  
 842 complies with chapter 499 and, in addition to the supervisory  
 843 physician's name, address, and telephone number, must contain,  
 844 ~~in addition to the supervisory physician's name, address, and~~  
 845 ~~telephone number,~~ the physician assistant's prescriber number.  
 846 Unless it is a drug or drug sample dispensed by the physician  
 847 assistant, the prescription must be filled in a pharmacy  
 848 permitted under chapter 465, and must be dispensed in that  
 849 pharmacy by a pharmacist licensed under chapter 465. The  
 850 inclusion ~~appearance~~ of the prescriber number creates a  
 851 presumption that the physician assistant is authorized to  
 852 prescribe the medicinal drug and the prescription is valid.

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

855 Section 19. Subsection (7) is added to section 460.402,  
 856 Florida Statutes, to read:

857 460.402 Exceptions.—The provisions of this chapter shall  
 858 not apply to:



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859        (7) A chiropractic physician who holds an active license  
 860 in another state, the District of Columbia, or a possession or  
 861 territory of the United States and is performing chiropractic  
 862 procedures or demonstrating equipment or supplies for  
 863 educational purposes at a board-approved continuing education  
 864 program.

865        Section 20. Subsection (3) of section 463.007, Florida  
 866 Statutes, is amended to read:

867        463.007 Renewal of license; continuing education.—

868        (3) As a condition of license renewal, a licensee must  
 869 ~~Unless otherwise provided by law, the board shall require~~  
 870 ~~licensees to periodically demonstrate his or her their~~  
 871 ~~professional competence, as a condition of renewal of a license,~~  
 872 by completing up to 30 hours of continuing education during the  
 873 2-year period preceding license renewal. For certified  
 874 optometrists, the 30-hour continuing education requirement  
 875 includes ~~shall include~~ 6 or more hours of approved transcript-  
 876 quality coursework in ocular and systemic pharmacology and the  
 877 diagnosis, treatment, and management of ocular and systemic  
 878 conditions and diseases during the 2-year period preceding  
 879 application for license renewal.

880        Section 21. Subsection (7) of section 464.203, Florida  
 881 Statutes, is amended to read:

882        464.203 Certified nursing assistants; certification  
 883 requirement.—

884        (7) A certified nursing assistant shall complete 24 ~~12~~



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885 | hours of inservice training during each biennium ~~calendar year~~.  
 886 | The certified nursing assistant shall maintain ~~be responsible~~  
 887 | ~~for maintaining~~ documentation demonstrating compliance with  
 888 | ~~these provisions. The Council on Certified Nursing Assistants,~~  
 889 | ~~in accordance with s. 464.2085(2)(b), shall propose rules to~~  
 890 | ~~implement~~ this subsection.

891 |       Section 22. Section 464.2085, Florida Statutes, is  
 892 | repealed.

893 |       Section 23. Section 465.027, Florida Statutes, is amended  
 894 | to read:

895 |       465.027 Exceptions.—

896 |       (1) This chapter shall not be construed to prohibit the  
 897 | sale of home remedies or preparations commonly known as patents  
 898 | or proprietary preparations, ~~when such are~~ sold only in original  
 899 | or unbroken packages, nor shall this chapter be construed to  
 900 | prevent businesses from engaging in the sale of sundries or  
 901 | patents or proprietary preparations.

902 |       (2) This chapter shall not apply to a manufacturer, or its  
 903 | agent, holding an active permit as a manufacturer under chapter  
 904 | 499 and engaged solely in the manufacture or distribution of  
 905 | dialysate, drugs, or devices necessary to perform home renal  
 906 | dialysis on patients with chronic kidney failure, if the  
 907 | dialysate, drugs, or devices are:

908 |       (a) Approved or cleared by the United States Food and Drug  
 909 | Administration; and

910 |       (b) Delivered in the original, sealed packaging after



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911 receipt of a physician's order to dispense to:

912 1. A patient with chronic kidney failure, or the patient's  
 913 designee, for the patient's self-administration of the dialysis  
 914 therapy; or

915 2. A health care practitioner or an institution for  
 916 administration or delivery of the dialysis therapy to a patient  
 917 with chronic kidney failure.

918 Section 24. Section 465.0275, Florida Statutes, is amended  
 919 to read:

920 465.0275 Emergency prescription refill.—

921 (1) In the event a pharmacist receives a request for a  
 922 prescription refill and the pharmacist is unable to readily  
 923 obtain refill authorization from the prescriber, the pharmacist  
 924 may dispense:

925 (a) A one-time emergency refill of up to a 72-hour supply  
 926 of the prescribed medication; or

927 (b) A one-time emergency refill of one vial of insulin to  
 928 treat diabetes mellitus.

929 (2) ~~If the Governor issues, with the exception of those~~  
 930 ~~areas or counties included in an emergency order or proclamation~~  
 931 ~~of a state of emergency declared by the Governor, in which the~~  
 932 ~~executive order may authorize the pharmacist may to dispense up~~  
 933 to a 30-day supply in the areas or counties affected by the  
 934 order or proclamation, provided ~~providing~~ that:

935 (a) ~~(1)~~ The prescription is not for a medicinal drug listed  
 936 in Schedule II appearing in chapter 893.





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937        (b) ~~(2)~~ The medication is essential to the maintenance of  
 938 life or to the continuation of therapy in a chronic condition.

939        (c) ~~(3)~~ In the pharmacist's professional judgment, the  
 940 interruption of therapy might reasonably produce undesirable  
 941 health consequences or may cause physical or mental discomfort.

942        (d) ~~(4)~~ The dispensing pharmacist creates a written order  
 943 containing all of the prescription information required by this  
 944 chapter and chapters 499 and 893 and signs that order.

945        (e) ~~(5)~~ The dispensing pharmacist notifies the prescriber  
 946 of the emergency dispensing within a reasonable time after such  
 947 dispensing.

948        Section 25. Paragraph (b) of subsection (1) and subsection  
 949 (3) of section 465.0276, Florida Statutes, are amended to read:  
 950        465.0276 Dispensing practitioner.—

951        (1)

952        (b) A practitioner registered under this section may not  
 953 dispense a controlled substance listed in Schedule II or  
 954 Schedule III as provided in s. 893.03. This paragraph does not  
 955 apply to:

956        1. The dispensing of complimentary packages of medicinal  
 957 drugs which are labeled as a drug sample or complimentary drug  
 958 as defined in s. 499.028 to the practitioner's own patients in  
 959 the regular course of her or his practice without the payment of  
 960 a fee or remuneration of any kind, whether direct or indirect,  
 961 as provided in subsection (4) ~~(5)~~.

962        2. The dispensing of controlled substances in the health



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963 care system of the Department of Corrections.

964 3. The dispensing of a controlled substance listed in  
965 Schedule II or Schedule III in connection with the performance  
966 of a surgical procedure. The amount dispensed pursuant to the  
967 subparagraph may not exceed a 14-day supply. This exception does  
968 not allow for the dispensing of a controlled substance listed in  
969 Schedule II or Schedule III more than 14 days after the  
970 performance of the surgical procedure. For purposes of this  
971 subparagraph, the term "surgical procedure" means any procedure  
972 in any setting which involves, or reasonably should involve:

973 a. Perioperative medication and sedation that allows the  
974 patient to tolerate unpleasant procedures while maintaining  
975 adequate cardiorespiratory function and the ability to respond  
976 purposefully to verbal or tactile stimulation and makes intra-  
977 and postoperative monitoring necessary; or

978 b. The use of general anesthesia or major conduction  
979 anesthesia and preoperative sedation.

980 4. The dispensing of a controlled substance listed in  
981 Schedule II or Schedule III pursuant to an approved clinical  
982 trial. For purposes of this subparagraph, the term "approved  
983 clinical trial" means a clinical research study or clinical  
984 investigation that, in whole or in part, is state or federally  
985 funded or is conducted under an investigational new drug  
986 application that is reviewed by the United States Food and Drug  
987 Administration.

988 5. The dispensing of methadone in a facility licensed



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989 | under s. 397.427 where medication-assisted treatment for opiate  
990 | addiction is provided.

991 |         6. The dispensing of a controlled substance listed in  
992 | Schedule II or Schedule III to a patient of a facility licensed  
993 | under part IV of chapter 400.

994 |         ~~(3) The department shall inspect any facility where a~~  
995 | ~~practitioner dispenses medicinal drugs pursuant to subsection~~  
996 | ~~(2) in the same manner and with the same frequency as it~~  
997 | ~~inspects pharmacies for the purpose of determining whether the~~  
998 | ~~practitioner is in compliance with all statutes and rules~~  
999 | ~~applicable to her or his dispensing practice.~~

1000 |         Section 26. Subsection (3) of section 466.0135, Florida  
1001 | Statutes, is amended to read:

1002 |         466.0135 Continuing education; dentists.—

1003 |         (3) A ~~In applying for license renewal, the dentist shall~~  
1004 | complete ~~submit a sworn affidavit, on a form acceptable to the~~  
1005 | ~~department, attesting that she or he has completed the required~~  
1006 | ~~continuing education as provided~~ required ~~in this section and in~~  
1007 | ~~accordance with the guidelines and provisions of this section~~  
1008 | ~~and listing the date, location, sponsor, subject matter, and~~  
1009 | ~~hours of completed continuing education courses. The applicant~~  
1010 | ~~shall retain in her or his records any such~~ receipts, vouchers,  
1011 | ~~or certificates as may be necessary to document completion of~~  
1012 | such ~~the continuing education courses listed in accordance with~~  
1013 | ~~this subsection. With cause, the board may request such~~  
1014 | ~~documentation by the applicant, and the board may request such~~



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1015 ~~documentation from applicants selected at random without cause.~~  
1016       Section 27. Section 466.014, Florida Statutes, is amended  
1017 to read:  
1018       466.014 Continuing education; dental hygienists.—In  
1019 addition to the other requirements for relicensure for dental  
1020 hygienists set out in this chapter ~~aet~~, the board shall require  
1021 each licensed dental hygienist to complete at least ~~not less~~  
1022 ~~than~~ 24 hours but not ~~or~~ more than 36 hours of continuing  
1023 professional education in dental subjects, biennially, in  
1024 programs prescribed or approved by the board or in equivalent  
1025 programs of continuing education. Programs of continuing  
1026 education approved by the board shall be programs of learning  
1027 which, in the opinion of the board, contribute directly to the  
1028 dental education of the dental hygienist. The board shall adopt  
1029 rules and guidelines to administer and enforce ~~the provisions of~~  
1030 this section. ~~In applying for license renewal,~~ The dental  
1031 hygienist shall ~~submit a sworn affidavit, on a form acceptable~~  
1032 ~~to the department, attesting that she or he has completed the~~  
1033 ~~continuing education required in this section in accordance with~~  
1034 ~~the guidelines and provisions of this section and listing the~~  
1035 ~~date, location, sponsor, subject matter, and hours of completed~~  
1036 ~~continuing education courses. The applicant shall retain in her~~  
1037 ~~or his records~~ any such receipts, vouchers, or certificates ~~as~~  
1038 ~~may be necessary to document completion of~~ such ~~the~~ continuing  
1039 ~~education courses listed in accordance with this section. With~~  
1040 ~~cause, the board may request such documentation by the~~



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1041 ~~applicant, and the board may request such documentation from~~  
 1042 ~~applicants selected at random without cause.~~ Compliance with the  
 1043 continuing education requirements is ~~shall~~ be mandatory for  
 1044 issuance of the renewal certificate. The board may ~~shall~~ have  
 1045 ~~the authority to~~ excuse licensees, as a group or as individuals,  
 1046 from all or part of the continuing education ~~educational~~  
 1047 requirements if, ~~or any part thereof,~~ in the event an unusual  
 1048 circumstance, emergency, or hardship has prevented compliance  
 1049 with this section.

1050 Section 28. Subsection (5) of section 466.032, Florida  
 1051 Statutes, is amended to read:

1052 466.032 Registration.—

1053 (5) A ~~The~~ dental laboratory owner or at least one employee  
 1054 of any dental laboratory renewing registration on or after July  
 1055 1, 2010, shall complete 18 hours of continuing education  
 1056 biennially. Programs of continuing education must ~~shall~~ be  
 1057 programs of learning that contribute directly to the education  
 1058 of the dental technician and may include, but are not limited  
 1059 to, attendance at lectures, study clubs, college courses, or  
 1060 scientific sessions of conventions and research.

1061 (a) The aim of continuing education for dental technicians  
 1062 is to improve dental health care delivery to the public as such  
 1063 is impacted through the design, manufacture, and use of  
 1064 artificial human oral prosthetics and related restorative  
 1065 appliances.

1066 (b) Continuing education courses shall address one or more



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1067 of the following areas of professional development, including,  
 1068 but not limited to:

1069 1. Laboratory and technological subjects, including, but  
 1070 not limited to, laboratory techniques and procedures, materials,  
 1071 and equipment; and

1072 2. Subjects pertinent to oral health, infection control,  
 1073 and safety.

1074 (c) Programs that meet ~~meeting~~ the general requirements of  
 1075 continuing education may be developed and offered to dental  
 1076 technicians by the Florida Dental Laboratory Association and the  
 1077 Florida Dental Association. Other organizations, schools, or  
 1078 agencies may also be approved to develop and offer continuing  
 1079 education in accordance with specific criteria established by  
 1080 the department.

1081 ~~(d) Any dental laboratory renewing a registration on or~~  
 1082 ~~after July 1, 2010, shall submit a sworn affidavit, on a form~~  
 1083 ~~approved by the department, attesting that either the dental~~  
 1084 ~~laboratory owner or one dental technician employed by the~~  
 1085 ~~registered dental laboratory has completed the continuing~~  
 1086 ~~education required in this subsection in accordance with the~~  
 1087 ~~guidelines and provisions of this subsection and listing the~~  
 1088 ~~date, location, sponsor, subject matter, and hours of completed~~  
 1089 ~~continuing education courses. The dental laboratory shall retain~~  
 1090 ~~in its records such receipts, vouchers, or certificates as may~~  
 1091 ~~be necessary to document completion of the continuing education~~  
 1092 ~~courses listed in accordance with this subsection. With cause,~~



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1093 ~~the department may request that the documentation be provided by~~  
 1094 ~~the applicant. The department may also request the documentation~~  
 1095 ~~from applicants selected at random without cause.~~

1096 (d)~~(e)~~1. This subsection does not apply to a dental  
 1097 laboratory that is physically located within a dental practice  
 1098 operated by a dentist licensed under this chapter.

1099 2. A dental laboratory in another state or country which  
 1100 provides service to a dentist licensed under this chapter is not  
 1101 required to register with the state and may continue to provide  
 1102 services to such dentist with a proper prescription. However, a  
 1103 dental laboratory in another state or country, ~~however,~~ may  
 1104 voluntarily comply with this subsection.

1105 Section 29. Section 468.1201, Florida Statutes, is  
 1106 repealed.

1107 Section 30. Paragraph (a) of subsection (3), subsections  
 1108 (4) and (5), paragraphs (a) and (e) of present subsection (6),  
 1109 and present subsection (7) of section 483.901, Florida Statutes,  
 1110 are amended, and paragraph (k) is added to present subsection  
 1111 (6) of that section, to read:

1112 483.901 Medical physicists; definitions; licensure.—

1113 (3) DEFINITIONS.—As used in this section, the term:

1114 ~~(a) "Council" means the Advisory Council of Medical~~  
 1115 ~~Physicists in the Department of Health.~~

1116 ~~(4) COUNCIL.—The Advisory Council of Medical Physicists is~~  
 1117 ~~created in the Department of Health to advise the department in~~  
 1118 ~~regulating the practice of medical physics in this state.~~



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- 1119           ~~(a) The council shall be composed of nine members~~  
1120 ~~appointed by the State Surgeon General as follows:~~
- 1121           ~~1. A licensed medical physicist who specializes in~~  
1122 ~~diagnostic radiological physics.~~
- 1123           ~~2. A licensed medical physicist who specializes in~~  
1124 ~~therapeutic radiological physics.~~
- 1125           ~~3. A licensed medical physicist who specializes in medical~~  
1126 ~~nuclear radiological physics.~~
- 1127           ~~4. A physician who is board certified by the American~~  
1128 ~~Board of Radiology or its equivalent.~~
- 1129           ~~5. A physician who is board certified by the American~~  
1130 ~~Osteopathic Board of Radiology or its equivalent.~~
- 1131           ~~6. A chiropractic physician who practices radiology.~~
- 1132           ~~7. Three consumer members who are not, and have never~~  
1133 ~~been, licensed as a medical physicist or licensed in any closely~~  
1134 ~~related profession.~~
- 1135           ~~(b) The State Surgeon General shall appoint the medical~~  
1136 ~~physicist members of the council from a list of candidates who~~  
1137 ~~are licensed to practice medical physics.~~
- 1138           ~~(c) The State Surgeon General shall appoint the physician~~  
1139 ~~members of the council from a list of candidates who are~~  
1140 ~~licensed to practice medicine in this state and are board~~  
1141 ~~certified in diagnostic radiology, therapeutic radiology, or~~  
1142 ~~radiation oncology.~~
- 1143           ~~(d) The State Surgeon General shall appoint the public~~  
1144 ~~members of the council.~~





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1145 ~~(e) As the term of each member expires, the State Surgeon~~  
 1146 ~~General shall appoint the successor for a term of 4 years. A~~  
 1147 ~~member shall serve until the member's successor is appointed,~~  
 1148 ~~unless physically unable to do so.~~

1149 ~~(f) An individual is ineligible to serve more than two~~  
 1150 ~~full consecutive 4-year terms.~~

1151 ~~(g) If a vacancy on the council occurs, the State Surgeon~~  
 1152 ~~General shall appoint a member to serve for a 4-year term.~~

1153 ~~(h) A council member must be a United States citizen and~~  
 1154 ~~must have been a resident of this state for 2 consecutive years~~  
 1155 ~~immediately before being appointed.~~

1156 ~~1. A member of the council who is a medical physicist must~~  
 1157 ~~have practiced for at least 6 years before being appointed or be~~  
 1158 ~~board certified for the specialty in which the member practices.~~

1159 ~~2. A member of the council who is a physician must be~~  
 1160 ~~licensed to practice medicine in this state and must have~~  
 1161 ~~practiced diagnostic radiology or radiation oncology in this~~  
 1162 ~~state for at least 2 years before being appointed.~~

1163 ~~3. The public members of the council must not have a~~  
 1164 ~~financial interest in any endeavor related to the practice of~~  
 1165 ~~medical physics.~~

1166 ~~(i) A council member may be removed from the council if~~  
 1167 ~~the member:~~

1168 ~~1. Did not have the required qualifications at the time of~~  
 1169 ~~appointment;~~

1170 ~~2. Does not maintain the required qualifications while~~



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1171 ~~serv~~ing on the council; or

1172 ~~3. Fails to attend the regularly scheduled council~~  
 1173 ~~meetings in a calendar year as required by s. 456.011.~~

1174 ~~(j) Members of the council may not receive compensation~~  
 1175 ~~for their services; however, they are entitled to reimbursement,~~  
 1176 ~~from funds deposited in the Medical Quality Assurance Trust~~  
 1177 ~~Fund, for necessary travel expenses as specified in s. 112.061~~  
 1178 ~~for each day they engage in the business of the council.~~

1179 ~~(k) At the first regularly scheduled meeting of each~~  
 1180 ~~calendar year, the council shall elect a presiding officer and~~  
 1181 ~~an assistant presiding officer from among its members. The~~  
 1182 ~~council shall meet at least once each year and at other times in~~  
 1183 ~~accordance with department requirements.~~

1184 ~~(l) The department shall provide administrative support to~~  
 1185 ~~the council for all licensing activities.~~

1186 ~~(m) The council may conduct its meetings electronically.~~

1187 ~~(5) POWERS OF COUNCIL.—The council shall:~~

1188 ~~(a) Recommend rules to administer this section.~~

1189 ~~(b) Recommend practice standards for the practice of~~  
 1190 ~~medical physics which are consistent with the Guidelines for~~  
 1191 ~~Ethical Practice for Medical Physicists prepared by the American~~  
 1192 ~~Association of Physicists in Medicine and disciplinary~~  
 1193 ~~guidelines adopted under s. 456.079.~~

1194 ~~(c) Develop and recommend continuing education~~  
 1195 ~~requirements for licensed medical physicists.~~

1196 ~~(4) (6) LICENSE REQUIRED.—An individual may not engage in~~



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1197 the practice of medical physics, including the specialties of  
 1198 diagnostic radiological physics, therapeutic radiological  
 1199 physics, medical nuclear radiological physics, or medical health  
 1200 physics, without a license issued by the department for the  
 1201 appropriate specialty.

1202 (a) The department shall adopt rules to administer this  
 1203 section which specify license application and renewal fees,  
 1204 continuing education requirements, and standards for practicing  
 1205 medical physics. ~~The council shall recommend to the department~~  
 1206 ~~continuing education requirements that shall be a condition of~~  
 1207 ~~license renewal.~~ The department shall require a minimum of 24  
 1208 hours per biennium of continuing education offered by an  
 1209 organization ~~recommended by the council and~~ approved by the  
 1210 department. ~~The department, upon recommendation of the council,~~  
 1211 may adopt rules to specify continuing education requirements for  
 1212 persons who hold a license in more than one specialty.

1213 (e) Upon ~~On~~ receipt of an application and fee as specified  
 1214 in this section, the department may issue a license to practice  
 1215 medical physics in this state ~~on or after October 1, 1997,~~ to a  
 1216 person who is board certified in the medical physics specialty  
 1217 in which the applicant applies to practice by the American Board  
 1218 of Radiology for diagnostic radiological physics, therapeutic  
 1219 radiological physics, or medical nuclear radiological physics;  
 1220 by the American Board of Medical Physics for diagnostic  
 1221 radiological physics, therapeutic radiological physics, or  
 1222 medical nuclear radiological physics; or by the American Board



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1223 of Health Physics or an equivalent certifying body approved by  
1224 the department.

1225 (k) Upon proof of a completed residency program and  
1226 receipt of the fee set forth by rule, the department may issue a  
1227 temporary license for no more than 1 year. The department may  
1228 adopt by rule requirements for temporary licensure and renewal  
1229 of temporary licenses.

1230 (5) (7) FEES.—The fee for the initial license application  
1231 shall be \$500 and is nonrefundable. The fee for license renewal  
1232 may not be more than \$500. These fees may cover only the costs  
1233 incurred by the department ~~and the council~~ to administer this  
1234 section. By July 1 of each year, the department shall determine  
1235 whether ~~advise the council~~ if the fees are insufficient to  
1236 administer this section.

1237 Section 31. Subsection (2) of section 484.047, Florida  
1238 Statutes, is amended to read:

1239 484.047 Renewal of license.—

1240 (2) In addition to the other requirements for renewal  
1241 provided in this section and by the board, the department shall  
1242 renew a license upon receipt of the renewal application and, the  
1243 renewal fee, ~~and a written statement affirming compliance with~~  
1244 ~~all other requirements set forth in this section and by the~~  
1245 ~~board.~~ A licensee must maintain, if applicable, a certificate  
1246 from a manufacturer or independent testing agent certifying that  
1247 the testing room meets the requirements of s. 484.0501(6) and,  
1248 if applicable, a certificate from a manufacturer or independent



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1249 testing agent stating that all audiometric testing equipment  
 1250 used by the licensee has been calibrated acoustically to  
 1251 American National Standards Institute standards on an annual  
 1252 basis ~~acoustically to American National Standards Institute~~  
 1253 ~~standard specifications~~. Possession of an applicable certificate  
 1254 is ~~the certificates shall be~~ a prerequisite to renewal.

1255 Section 32. Paragraph (a) of subsection (3) of section  
 1256 486.102, Florida Statutes, is amended to read:

1257 486.102 Physical therapist assistant; licensing  
 1258 requirements.—To be eligible for licensing by the board as a  
 1259 physical therapist assistant, an applicant must:

1260 (3) (a) Have been graduated from a school giving a course  
 1261 of not less than 2 years for physical therapist assistants,  
 1262 which has been approved for the educational preparation of  
 1263 physical therapist assistants by the appropriate accrediting  
 1264 agency recognized by the Commission on Recognition of  
 1265 Postsecondary Accreditation or the United States Department of  
 1266 Education, ~~which includes, but is not limited to, any regional~~  
 1267 ~~or national institutional accrediting agencies recognized by the~~  
 1268 ~~United States Department of Education or the Commission on~~  
 1269 ~~Accreditation for Physical Therapy Education (CAPTE),~~ at the  
 1270 time of her or his graduation and have passed to the  
 1271 satisfaction of the board an examination to determine her or his  
 1272 fitness for practice as a physical therapist assistant as  
 1273 hereinafter provided;

1274 Section 33. Subsections (1) and (4) of section 486.109,



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1275 Florida Statutes, are amended to read:

1276 486.109 Continuing education.—

1277 (1) The board shall require licensees to ~~periodically~~  
 1278 demonstrate their professional competence as a condition of  
 1279 renewal of a license by completing 24 hours of continuing  
 1280 education biennially.

1281 (4) Each licensee shall maintain ~~be responsible for~~  
 1282 ~~maintaining~~ sufficient records ~~in a format as determined by rule~~  
 1283 ~~which shall be subject to a random audit by the department to~~  
 1284 demonstrate ~~assure~~ compliance with this section.

1285 Section 34. Paragraph (a) of subsection (15) of section  
 1286 499.028, Florida Statutes, is amended to read:

1287 499.028 Drug samples or complimentary drugs; starter  
 1288 packs; permits to distribute.—

1289 (15) A person may not possess a prescription drug sample  
 1290 unless:

1291 (a) The drug sample was prescribed to her or him as  
 1292 evidenced by the label required in s. 465.0276(4) ~~465.0276(5)~~.

1293 Section 35. Subsection (3) of section 893.04, Florida  
 1294 Statutes, is amended to read:

1295 893.04 Pharmacist and practitioner.—

1296 (3) Notwithstanding subsection (1), a pharmacist may  
 1297 dispense a one-time emergency refill of up to a 72-hour supply  
 1298 of the prescribed medication for any medicinal drug other than a  
 1299 medicinal drug listed in Schedule II, or up to one vial of  
 1300 insulin to treat diabetes mellitus, in compliance with ~~the~~



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1301 ~~provisions of s. 465.0275.~~

1302 Section 36. Paragraph (g) of subsection (3) of section  
 1303 921.0022, Florida Statutes, is amended to read:

1304 921.0022 Criminal Punishment Code; offense severity  
 1305 ranking chart.—

1306 (3) OFFENSE SEVERITY RANKING CHART

1307 (g) LEVEL 7

1308

Florida Statute	Felony Degree	Description
316.027(2)(c)	1st	Accident involving death, failure to stop; leaving scene.
316.193(3)(c)2.	3rd	DUI resulting in serious bodily injury.
316.1935(3)(b)	1st	Causing serious bodily injury or death to another person; driving at high speed or with wanton disregard for safety while fleeing or attempting to elude law

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1312	327.35 (3) (c) 2.	3rd	enforcement officer who is in a patrol vehicle with siren and lights activated.
1313	402.319 (2)	2nd	Vessel BUI resulting in serious bodily injury.
1314	409.920 (2) (b) 1.a.	3rd	Misrepresentation and negligence or intentional act resulting in great bodily harm, permanent disfiguration, permanent disability, or death.
1315	409.920 (2) (b) 1.b.	2nd	Medicaid provider fraud; \$10,000 or less.
1316	456.065 (2)	3rd	Medicaid provider fraud; more than \$10,000, but less than \$50,000.
			Practicing a health care profession without a license.



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1317	456.065 (2)	2nd	Practicing a health care profession without a license which results in serious bodily injury.
1318	458.327 (1)	3rd	Practicing medicine without a license.
1319	459.013 (1)	3rd	Practicing osteopathic medicine without a license.
1320	460.411 (1)	3rd	Practicing chiropractic medicine without a license.
1321	461.012 (1)	3rd	Practicing podiatric medicine without a license.
1322	462.17	3rd	Practicing naturopathy without a license.
1323	463.015 (1)	3rd	Practicing optometry without a license.
1324	464.016 (1)	3rd	Practicing nursing without

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

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1325			a license.
1326	465.015 (2)	3rd	Practicing pharmacy without a license.
1327	466.026 (1)	3rd	Practicing dentistry or dental hygiene without a license.
1328	467.201	3rd	Practicing midwifery without a license.
1329	468.366	3rd	Delivering respiratory care services without a license.
1330	483.828 (1)	3rd	Practicing as clinical laboratory personnel without a license.
1331	<u>483.901 (7)</u> <del>483.901 (9)</del>	3rd	Practicing medical physics without a license.
1332	484.013 (1) (c)	3rd	Preparing or dispensing optical devices without a prescription.



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1333	484.053	3rd	Dispensing hearing aids without a license.
1334	494.0018 (2)	1st	Conviction of any violation of chapter 494 in which the total money and property unlawfully obtained exceeded \$50,000 and there were five or more victims.
1335	560.123 (8) (b) 1.	3rd	Failure to report currency or payment instruments exceeding \$300 but less than \$20,000 by a money services business.
1336	560.125 (5) (a)	3rd	Money services business by unauthorized person, currency or payment instruments exceeding \$300 but less than \$20,000.
	655.50 (10) (b) 1.	3rd	Failure to report financial transactions



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1337	775.21 (10) (a)	3rd	<p>exceeding \$300 but less than \$20,000 by financial institution.</p> <p>Sexual predator; failure to register; failure to renew driver license or identification card; other registration violations.</p>
1338	775.21 (10) (b)	3rd	<p>Sexual predator working where children regularly congregate.</p>
1339	775.21 (10) (g)	3rd	<p>Failure to report or providing false information about a sexual predator; harbor or conceal a sexual predator.</p>
1340	782.051 (3)	2nd	<p>Attempted felony murder of a person by a person other than the perpetrator or the perpetrator of an attempted felony.</p>



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1341	782.07(1)	2nd	Killing of a human being by the act, procurement, or culpable negligence of another (manslaughter).
1342	782.071	2nd	Killing of a human being or unborn child by the operation of a motor vehicle in a reckless manner (vehicular homicide).
1343	782.072	2nd	Killing of a human being by the operation of a vessel in a reckless manner (vessel homicide).
1344	784.045(1)(a)1.	2nd	Aggravated battery; intentionally causing great bodily harm or disfigurement.
1345	784.045(1)(a)2.	2nd	Aggravated battery; using deadly weapon.
1346	784.045(1)(b)	2nd	Aggravated battery;



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1347			perpetrator aware victim pregnant.
1348	784.048 (4)	3rd	Aggravated stalking; violation of injunction or court order.
1349	784.048 (7)	3rd	Aggravated stalking; violation of court order.
1350	784.07 (2) (d)	1st	Aggravated battery on law enforcement officer.
1351	784.074 (1) (a)	1st	Aggravated battery on sexually violent predators facility staff.
1352	784.08 (2) (a)	1st	Aggravated battery on a person 65 years of age or older.
1353	784.081 (1)	1st	Aggravated battery on specified official or employee.

## F L O R I D A H O U S E O F R E P R E S E N T A T I V E S



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1354	784.082 (1)	1st	Aggravated battery by detained person on visitor or other detainee.
1355	784.083 (1)	1st	Aggravated battery on code inspector.
1356	787.06 (3) (a) 2.	1st	Human trafficking using coercion for labor and services of an adult.
1357	787.06 (3) (e) 2.	1st	Human trafficking using coercion for labor and services by the transfer or transport of an adult from outside Florida to within the state.
1358	790.07 (4)	1st	Specified weapons violation subsequent to previous conviction of s. 790.07 (1) or (2).
1359	790.16 (1)	1st	Discharge of a machine gun under specified circumstances.

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1360	790.165 (2)	2nd	Manufacture, sell, possess, or deliver hoax bomb.
1361	790.165 (3)	2nd	Possessing, displaying, or threatening to use any hoax bomb while committing or attempting to commit a felony.
1362	790.166 (3)	2nd	Possessing, selling, using, or attempting to use a hoax weapon of mass destruction.
1363	790.166 (4)	2nd	Possessing, displaying, or threatening to use a hoax weapon of mass destruction while committing or attempting to commit a felony.
1364	790.23	1st, PBL	Possession of a firearm by a person who qualifies for the penalty enhancements provided for in s. 874.04.
	794.08 (4)	3rd	Female genital mutilation;





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1365	796.05 (1)	1st	consent by a parent, guardian, or a person in custodial authority to a victim younger than 18 years of age.
1366	796.05 (1)	1st	Live on earnings of a prostitute; 2nd offense.
1367	796.05 (1)	1st	Live on earnings of a prostitute; 3rd and subsequent offense.
1368	800.04 (5) (c) 1.	2nd	Lewd or lascivious molestation; victim younger than 12 years of age; offender younger than 18 years of age.
1369	800.04 (5) (c) 2.	2nd	Lewd or lascivious molestation; victim 12 years of age or older but younger than 16 years of age; offender 18 years of age or older.



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1370	800.04 (5) (e)	1st	Lewd or lascivious molestation; victim 12 years of age or older but younger than 16 years; offender 18 years or older; prior conviction for specified sex offense.
1371	806.01 (2)	2nd	Maliciously damage structure by fire or explosive.
1372	810.02 (3) (a)	2nd	Burglary of occupied dwelling; unarmed; no assault or battery.
1373	810.02 (3) (b)	2nd	Burglary of unoccupied dwelling; unarmed; no assault or battery.
1374	810.02 (3) (d)	2nd	Burglary of occupied conveyance; unarmed; no assault or battery.
1375	810.02 (3) (e)	2nd	Burglary of authorized emergency vehicle.



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1376	812.014 (2) (a) 1.	1st	Property stolen, valued at \$100,000 or more or a semitrailer deployed by a law enforcement officer; property stolen while causing other property damage; 1st degree grand theft.
1377	812.014 (2) (b) 2.	2nd	Property stolen, cargo valued at less than \$50,000, grand theft in 2nd degree.
1378	812.014 (2) (b) 3.	2nd	Property stolen, emergency medical equipment; 2nd degree grand theft.
1379	812.014 (2) (b) 4.	2nd	Property stolen, law enforcement equipment from authorized emergency vehicle.
1379	812.0145 (2) (a)	1st	Theft from person

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1380	812.019 (2)	1st	65 years of age or older; \$50,000 or more. Stolen property; initiates, organizes, plans, etc., the theft of property and traffics in stolen property.
1381	812.131 (2) (a)	2nd	Robbery by sudden snatching.
1382	812.133 (2) (b)	1st	Carjacking; no firearm, deadly weapon, or other weapon.
1383	817.034 (4) (a) 1.	1st	Communications fraud, value greater than \$50,000.
1384	817.234 (8) (a)	2nd	Solicitation of motor vehicle accident victims with intent to defraud.
1385	817.234 (9)	2nd	Organizing, planning, or



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1386	817.234 (11) (c)	participating in an intentional motor vehicle collision.
1387	817.2341 (2) (b) & (3) (b)	1st Insurance fraud; property value \$100,000 or more.  1st Making false entries of material fact or false statements regarding property values relating to the solvency of an insuring entity which are a significant cause of the insolvency of that entity.
1388	817.535 (2) (a)	3rd Filing false lien or other unauthorized document.
1389	825.102 (3) (b)	2nd Neglecting an elderly person or disabled adult causing great bodily harm, disability, or disfigurement.
1390		



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1391	825.103 (3) (b)	2nd	Exploiting an elderly person or disabled adult and property is valued at \$10,000 or more, but less than \$50,000.
1392	827.03 (2) (b)	2nd	Neglect of a child causing great bodily harm, disability, or disfigurement.
1393	827.04 (3)	3rd	Impregnation of a child under 16 years of age by person 21 years of age or older.
1394	837.05 (2)	3rd	Giving false information about alleged capital felony to a law enforcement officer.
1395	838.015	2nd	Bribery.
1396	838.016	2nd	Unlawful compensation or reward for official behavior.
	838.021 (3) (a)	2nd	Unlawful harm to a



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1397			public servant.
1398	838.22	2nd	Bid tampering.
1399	843.0855 (2)	3rd	Impersonation of a public officer or employee.
1400	843.0855 (3)	3rd	Unlawful simulation of legal process.
1401	843.0855 (4)	3rd	Intimidation of a public officer or employee.
1402	847.0135 (3)	3rd	Solicitation of a child, via a computer service, to commit an unlawful sex act.
1403	847.0135 (4)	2nd	Traveling to meet a minor to commit an unlawful sex act.
1404	872.06	2nd	Abuse of a dead human body.
	874.05 (2) (b)	1st	Encouraging or recruiting person under 13 to join a



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1405

874.10

1st, PBL

criminal gang; second or subsequent offense.

Knowingly initiates, organizes, plans, finances, directs, manages, or supervises criminal gang-related activity.

1406

893.13 (1) (c) 1.

1st

Sell, manufacture, or deliver cocaine (or other drug prohibited under s. 893.03 (1) (a), (1) (b), (1) (d), (2) (a), (2) (b), or (2) (c) 4.) within 1,000 feet of a child care facility, school, or state, county, or municipal park or publicly owned recreational facility or community center.

1407

893.13 (1) (e) 1.

1st

Sell, manufacture, or deliver cocaine or other





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1408	893.13(4)(a)	1st	<p>drug prohibited under s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)4., within 1,000 feet of property used for religious services or a specified business site.</p> <p>Deliver to minor cocaine (or other s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)4. drugs).</p>
1409	893.135(1)(a)1.	1st	<p>Trafficking in cannabis, more than 25 lbs., less than 2,000 lbs.</p>
1410	893.135 (1)(b)1.a.	1st	<p>Trafficking in cocaine, more than 28 grams, less than 200 grams.</p>
1411	893.135 (1)(c)1.a.	1st	<p>Trafficking in illegal drugs, more than 4 grams, less than 14 grams.</p>
1412			



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1413	893.135 (1) (c) 2.a.	1st	Trafficking in hydrocodone, 14 grams or more, less than 28 grams.
1414	893.135 (1) (c) 2.b.	1st	Trafficking in hydrocodone, 28 grams or more, less than 50 grams.
1415	893.135 (1) (c) 3.a.	1st	Trafficking in oxycodone, 7 grams or more, less than 14 grams.
1416	893.135 (1) (c) 3.b.	1st	Trafficking in oxycodone, 14 grams or more, less than 25 grams.
1417	893.135 (1) (d) 1.	1st	Trafficking in phencyclidine, more than 28 grams, less than 200 grams.
1418	893.135 (1) (e) 1.	1st	Trafficking in methaqualone, more than 200 grams, less than 5 kilograms.



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1419	893.135 (1) (f) 1.	1st	Trafficking in amphetamine, more than 14 grams, less than 28 grams.
1420	893.135 (1) (g) 1.a.	1st	Trafficking in flunitrazepam, 4 grams or more, less than 14 grams.
1421	893.135 (1) (h) 1.a.	1st	Trafficking in gamma- hydroxybutyric acid (GHB), 1 kilogram or more, less than 5 kilograms.
1422	893.135 (1) (j) 1.a.	1st	Trafficking in 1,4- Butanediol, 1 kilogram or more, less than 5 kilograms.
1423	893.135 (1) (k) 2.a.	1st	Trafficking in Phenethylamines, 10 grams or more, less than 200 grams.
1423	893.1351 (2)	2nd	Possession of place for trafficking in or manufacturing of controlled



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1424	896.101 (5) (a)	3rd	substance. Money laundering, financial transactions exceeding \$300 but less than \$20,000.
1425	896.104 (4) (a) 1.	3rd	Structuring transactions to evade reporting or registration requirements, financial transactions exceeding \$300 but less than \$20,000.
1426	943.0435 (4) (c)	2nd	Sexual offender vacating permanent residence; failure to comply with reporting requirements.
1427	943.0435 (8)	2nd	Sexual offender; remains in state after indicating intent to leave; failure to comply with reporting requirements.
1428	943.0435 (9) (a)	3rd	Sexual offender; failure



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1429	943.0435 (13)	3rd	to comply with reporting requirements. Failure to report or providing false information about a sexual offender; harbor or conceal a sexual offender.
1430	943.0435 (14)	3rd	Sexual offender; failure to report and reregister; failure to respond to address verification; providing false registration information.
1431	944.607 (9)	3rd	Sexual offender; failure to comply with reporting requirements.
1432	944.607 (10) (a)	3rd	Sexual offender; failure to submit to the taking of a digitized photograph.
1433			



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1434	944.607(12)	3rd	Failure to report or providing false information about a sexual offender; harbor or conceal a sexual offender.
1435	944.607(13)	3rd	Sexual offender; failure to report and reregister; failure to respond to address verification; providing false registration information.
1436	985.4815(10)	3rd	Sexual offender; failure to submit to the taking of a digitized photograph.
1437	985.4815(12)	3rd	Failure to report or providing false information about a sexual offender; harbor or conceal a sexual offender.
	985.4815(13)	3rd	Sexual offender; failure to report and reregister;



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failure to respond to  
address verification;  
providing false registration  
information.

1438

1439

Section 37. This act shall take effect July 1, 2016.

### Purpose

The application for licensure as an anesthesiologist assistant has been revised to comply with provision of HB 941.

HB 941 requires the following amendment:

- To remove the requirement to complete a 2 hour course relating to prevention of medical errors as a part of the initial licensure process.





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1  
2 An act relating to the Department of Health; amending  
3 s. 20.43, F.S.; renaming the Office of Minority Health  
4 within the department; specifying that the office  
5 shall be headed by a Senior Health Equity Officer and  
6 prescribing his or her duties; amending s. 215.5602,  
7 F.S.; revising the reporting requirements for the  
8 Biomedical Research Advisory Council under the James  
9 and Esther King Biomedical Research program; revising  
10 the reporting requirements for certain entities that  
11 perform or are associated with cancer research or  
12 care; amending s. 381.0034, F.S.; deleting the  
13 requirement that applicants making initial application  
14 for certain licensure complete certain courses;  
15 amending s. 381.7355, F.S.; revising the review  
16 criteria for Closing the Gap grant proposals; amending  
17 s. 381.82, F.S.; revising the reporting requirements  
18 for the Alzheimer's Disease Research Grant Advisory  
19 Board under the Ed and Ethel Moore Alzheimer's Disease  
20 Research Program; providing for the carryforward for a  
21 limited period of any unexpended balance of an  
22 appropriation for the program; amending s. 381.922,  
23 F.S.; providing reporting requirements for the  
24 Biomedical Research Advisory Council under the William  
25 G. "Bill" Bankhead, Jr., and David Coley Cancer  
26 Research Program; amending s. 384.23, F.S.; revising



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27 | the factors to be considered in designating a  
28 | condition as a sexually transmissible disease;  
29 | amending s. 384.27, F.S.; authorizing certain health  
30 | care practitioners to provide partner therapy under  
31 | certain conditions; authorizing the department to  
32 | adopt rules; amending s. 401.27, F.S.; increasing the  
33 | length of time that an emergency medical technician or  
34 | paramedic certificate may remain in an inactive  
35 | status; revising the requirements for reactivating and  
36 | renewing such a certificate; revising eligibility for  
37 | certification; deleting a requirement that applicants  
38 | successfully complete a certification examination  
39 | within a specified timeframe; amending s. 456.013,  
40 | F.S.; revising course requirements for renewing a  
41 | certain license; amending s. 456.024, F.S.; revising  
42 | the eligibility criteria for a member of the United  
43 | States Armed Forces, the United States Reserve Forces,  
44 | or the National Guard and the spouse of an active duty  
45 | military member to be issued a license to practice as  
46 | a health care practitioner in this state; creating s.  
47 | 456.0241, F.S.; providing definitions; providing for  
48 | issuance of a temporary certificate under certain  
49 | conditions for certain military health care  
50 | practitioners; providing for the automatic expiration  
51 | of the temporary certificate unless renewed; providing  
52 | for application and renewal fees; requiring the



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53 department to adopt rules; creating s. 456.0361, F.S.;

54 requiring the department to establish an electronic

55 continuing education tracking system; prohibiting the

56 department from renewing a license unless the licensee

57 has complied with all continuing education

58 requirements; authorizing the department to adopt

59 rules; amending s. 456.057, F.S.; requiring a person

60 or entity appointed by the board as a custodian of

61 medical records to be approved by the department;

62 authorizing the department to contract with a third

63 party to provide custodial services; amending s.

64 456.0635, F.S.; deleting a provision on applicability

65 relating to the issuance of licenses; amending s.

66 457.107, F.S.; deleting a provision authorizing the

67 Board of Acupuncture to request certain documentation

68 from applicants; amending s. 458.347, F.S.; deleting a

69 requirement that a physician assistant file a signed

70 affidavit with the department; amending s. 459.022,

71 F.S.; deleting a requirement that a physician

72 assistant file a signed affidavit with the department;

73 amending s. 460.402, F.S.; providing an additional

74 exception to licensure requirements for chiropractic

75 physicians; amending s. 463.007, F.S.; making

76 technical changes; amending s. 464.203, F.S.; revising

77 inservice training requirements for certified nursing

78 assistants; repealing s. 464.2085, F.S., relating to



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79 the Council on Certified Nursing Assistants; amending  
80 s. 465.027, F.S.; providing an additional exception to  
81 pharmacy regulations for manufacturers of dialysis  
82 drugs or supplies; amending s. 465.0275, F.S.;;  
83 revising the amount of emergency prescription refill  
84 authorized to be dispensed by a pharmacist; amending  
85 s. 465.0276, F.S.; deleting a requirement that the  
86 department inspect certain facilities; amending s.  
87 466.0135, F.S.; deleting a requirement that a dentist  
88 file a signed affidavit with the department; deleting  
89 a provision authorizing the Board of Dentistry to  
90 request certain documentation from applicants;  
91 amending s. 466.014, F.S.; deleting a requirement that  
92 a dental hygienist file a signed affidavit with the  
93 department; deleting a provision authorizing the board  
94 to request certain documentation from applicants;  
95 amending s. 466.032, F.S.; deleting a requirement that  
96 a dental laboratory file a signed affidavit with the  
97 department; deleting a provision authorizing the  
98 department to request certain documentation from  
99 applicants; repealing s. 468.1201, F.S., relating to a  
100 requirement for instruction on human immunodeficiency  
101 virus and acquired immune deficiency syndrome;  
102 amending s. 483.901, F.S.; deleting provisions  
103 relating to the Advisory Council of Medical  
104 Physicists; authorizing the department to issue



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105 temporary licenses in certain circumstances;  
 106 authorizing the department to adopt rules; amending s.  
 107 484.047, F.S.; deleting a requirement for a written  
 108 statement from an applicant in certain circumstances;  
 109 amending s. 486.102, F.S.; revising accrediting  
 110 agencies that may approve physical therapy assistant  
 111 programs for purposes of licensing; amending s.  
 112 486.109, F.S.; deleting a provision authorizing the  
 113 department to conduct a random audit of certain  
 114 information; amending ss. 499.028, 893.04, and  
 115 921.0022, F.S.; conforming provisions and cross-  
 116 references; providing an effective date.

117

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

119

120 Section 1. Subsection (9) of section 20.43, Florida  
 121 Statutes, is amended to read:

122 20.43 Department of Health.—There is created a Department  
 123 of Health.

124 (9) There is established within the Department of Health  
 125 the Office of Minority Health and Health Equity, which shall be  
 126 headed by a Senior Health Equity Officer. The Senior Health  
 127 Equity Officer shall administer the Closing the Gap grant  
 128 program established under ss. 381.7351-381.7356 in a manner that  
 129 maximizes the impact of the grants in achieving health equity.  
 130 The Senior Health Equity Officer shall evaluate the awarded



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131 grants to assess the effectiveness and efficiency of the use of  
 132 funds and to determine best practices. The Senior Health Equity  
 133 Officer shall disseminate information on best practices to  
 134 stakeholders and shall ensure that the assessments inform future  
 135 grant award decisions.

136 Section 2. Subsections (10) and (12) of section 215.5602,  
 137 Florida Statutes, are amended to read:

138 215.5602 James and Esther King Biomedical Research  
 139 Program.—

140 (10) The council shall submit a fiscal-year progress  
 141 report on the programs under its purview to the Governor, the  
 142 State Surgeon General, the President of the Senate, and the  
 143 Speaker of the House of Representatives by December 15. The  
 144 report must include:

145 (a) For each A-list-of research project projects supported  
 146 by grants or fellowships awarded under the program:—

147 1.(b) A summary list of the research project and results  
 148 or expected results of the research recipients of program grants  
 149 or fellowships.

150 2. The status of the research project, including whether  
 151 it has concluded or the estimated date of completion.

152 3. The amount of the grant or fellowship awarded and the  
 153 estimated or actual cost of the research project.

154 4.(c) A list of principal investigators under the research  
 155 project.

156 5. The title, citation, and summary of findings of a



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157 publication ~~publications~~ in a peer-reviewed journal resulting  
 158 from the ~~peer-reviewed journals~~ involving research supported by  
 159 ~~grants or fellowships~~ awarded under the program.

160 6. ~~(d)~~ The source and amount of any federal, state, or  
 161 local government grants or donations or private grants or  
 162 donations generated as a result of the research project.

163 7. The status of a patent, if any, generated from the  
 164 research project and an economic analysis of the impact of the  
 165 resulting patent.

166 8. A list of postsecondary educational institutions  
 167 involved in the research project, a description of each  
 168 postsecondary educational institution's involvement in the  
 169 research project, and the number of students receiving training  
 170 or performing research under the research project.

171 (b) The state ranking and total amount of biomedical  
 172 research funding currently flowing into the state from the  
 173 National Institutes of Health.

174 ~~(c) New grants for biomedical research which were funded~~  
 175 ~~based on research supported by grants or fellowships awarded~~  
 176 ~~under the program.~~

177 (c) ~~(f)~~ Progress towards programmatic goals, particularly  
 178 in the prevention, diagnosis, treatment, and cure of diseases  
 179 related to tobacco use, including cancer, cardiovascular  
 180 disease, stroke, and pulmonary disease.

181 (d) ~~(g)~~ Recommendations to further the mission of the  
 182 programs.



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183           (12) (a) ~~Each~~ Beginning in the 2011-2012 fiscal year and  
 184 ~~thereafter~~, \$25 million from the revenue deposited into the  
 185 Health Care Trust Fund pursuant to ss. 210.011(9) and 210.276(7)  
 186 shall be reserved for research of tobacco-related or cancer-  
 187 related illnesses. Of the revenue deposited in the Health Care  
 188 Trust Fund pursuant to this section, \$25 million shall be  
 189 transferred to the Biomedical Research Trust Fund within the  
 190 Department of Health. Subject to annual appropriations in the  
 191 General Appropriations Act, \$5 million shall be appropriated to  
 192 the James and Esther King Biomedical Research Program, and \$5  
 193 million shall be appropriated to the William G. "Bill" Bankhead,  
 194 Jr., and David Coley Cancer Research Program created under s.  
 195 381.922.

196           (b) ~~Beginning July 1, 2014,~~ An entity that ~~which~~ performs  
 197 or is associated with cancer research or care that receives a  
 198 specific appropriation for biomedical research, research-related  
 199 functions, operations or other supportive functions, or  
 200 expansion of operations in the General Appropriations Act  
 201 without statutory reporting requirements for the receipt of  
 202 those funds, ~~7~~ must submit an annual fiscal-year progress report  
 203 to the President of the Senate and the Speaker of the House of  
 204 Representatives by December 15. The report must:

- 205           1. Describe the general use of the funds.  
 206           2. Summarize ~~Specify~~ the research, if any, funded by the  
 207 appropriation and provide the:  
 208           a. Status of the research, including whether the research





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209 has concluded.

210 b. Results or expected results of the research.

211 c. Names of principal investigators performing the  
212 research.

213 d. Title, citation, and summary of findings of a  
214 publication in a peer-reviewed journal resulting from the  
215 research.

216 e. Status of a patent, if any, generated from the research  
217 and an economic analysis of the impact of the resulting patent.

218 f. List of postsecondary educational institutions involved  
219 in the research, a description of each postsecondary educational  
220 institution's involvement in the research, and the number of  
221 students receiving training or performing research.

222 3. Describe any fixed capital outlay project funded by the  
223 appropriation, the need for the project, how the project will be  
224 utilized, and the timeline for and status of the project, if  
225 applicable.

226 4. Identify any federal, state, or local government grants  
227 or donations or private grants or donations generated as a  
228 result of the appropriation or activities funded by the  
229 appropriation, if applicable and traceable.

230 Section 3. Subsection (3) of section 381.0034, Florida  
231 Statutes, is amended to read:

232 381.0034 Requirement for instruction on HIV and AIDS.—

233 (3) The department shall require, as a condition of  
234 granting a license under chapter 467 or part III of chapter 483



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235 | ~~the chapters specified in subsection (1),~~ that an applicant  
236 | making initial application for licensure complete an educational  
237 | course acceptable to the department on human immunodeficiency  
238 | virus and acquired immune deficiency syndrome. Upon submission  
239 | of an affidavit showing good cause, an applicant who has not  
240 | taken a course at the time of licensure shall, ~~upon an affidavit~~  
241 | ~~showing good cause,~~ be allowed 6 months to complete this  
242 | requirement.

243 |       Section 4. Paragraph (a) of subsection (2) of section  
244 | 381.7355, Florida Statutes, is amended, and paragraph (i) is  
245 | added to subsection (3) of that section, to read:

246 |       381.7355 Project requirements; review criteria.—

247 |       (2) A proposal must include each of the following  
248 | elements:

249 |       (a) The purpose and objectives of the proposal, including  
250 | identification of the particular racial or ethnic disparity the  
251 | project will address. The proposal must address one or more of  
252 | the following priority areas:

253 |       1. Decreasing racial and ethnic disparities in maternal  
254 | and infant mortality rates.

255 |       2. Decreasing racial and ethnic disparities in morbidity  
256 | and mortality rates relating to cancer.

257 |       3. Decreasing racial and ethnic disparities in morbidity  
258 | and mortality rates relating to HIV/AIDS.

259 |       4. Decreasing racial and ethnic disparities in morbidity  
260 | and mortality rates relating to cardiovascular disease.



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261 5. Decreasing racial and ethnic disparities in morbidity  
262 and mortality rates relating to diabetes.

263 6. Increasing adult and child immunization rates in  
264 certain racial and ethnic populations.

265 7. Decreasing racial and ethnic disparities in oral health  
266 care.

267 8. Decreasing racial and ethnic disparities in morbidity  
268 and mortality rates relating to sickle cell disease.

269 9. Improve neighborhood social determinants of health,  
270 such as transportation, safety, and food access, as outlined by  
271 the Centers for Disease Control and Prevention's "Tools for  
272 Putting Social Determinants of Health into Action."

273 (3) Priority shall be given to proposals that:

274 (i) Incorporate policy approaches to achieve sustainable  
275 long-term improvement.

276 Section 5. Subsection (4) of section 381.82, Florida  
277 Statutes, is amended, and subsection (8) is added to that  
278 section, to read:

279 381.82 Ed and Ethel Moore Alzheimer's Disease Research  
280 Program.—

281 (4) The board shall submit a fiscal-year progress report  
282 on the programs under its purview annually to the Governor, the  
283 President of the Senate, the Speaker of the House of  
284 Representatives, and the State Surgeon General by February 15.  
285 The report must include:

286 (a) For each ~~A list of~~ research project ~~projects~~ supported



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287 | by grants or fellowships awarded under the program:—

288 |        1. (b) A summary list of the research project and results

289 | or expected results of the research recipients of program grants

290 | or fellowships.

291 |        2. The status of the research project, including whether

292 | it has concluded or the estimated date of completion.

293 |        3. The amount of the grant or fellowship awarded and the

294 | estimated or actual cost of the research project.

295 |        4. (e) A list of principal investigators under the research

296 | project.

297 |        5. The title, citation, and summary of findings of a

298 | publication publications in a peer-reviewed journal resulting

299 | from the journals involving research supported by grants or

300 | fellowships awarded under the program.

301 |        6. The source and amount of any federal, state, or local

302 | government grants or donations or private grants or donations

303 | generated as a result of the research project.

304 |        7. The status of a patent, if any, generated from the

305 | research project and an economic analysis of the impact of the

306 | resulting patent.

307 |        8. A list of postsecondary educational institutions

308 | involved in the research project, a description of each

309 | postsecondary educational institution's involvement in the

310 | research project, and the number of students receiving training

311 | or performing research under the research project.

312 |        (b) (d) The state ranking and total amount of Alzheimer's



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313 disease research funding currently flowing into the state from  
 314 the National Institutes of Health.

315 ~~(e) New grants for Alzheimer's disease research which were~~  
 316 ~~funded based on research supported by grants or fellowships~~  
 317 ~~awarded under the program.~~

318 (c) ~~(f)~~ Progress toward programmatic goals, particularly in  
 319 the prevention, diagnosis, treatment, and cure of Alzheimer's  
 320 disease.

321 (d) ~~(g)~~ Recommendations to further the mission of the  
 322 program.

323 (8) Notwithstanding s. 216.301 and pursuant to s. 216.351,  
 324 the balance of any appropriation from the General Revenue Fund  
 325 for the Ed and Ethel Moore Alzheimer's Disease Research Program  
 326 which is not disbursed but which is obligated pursuant to  
 327 contract or committed to be expended by June 30 of the fiscal  
 328 year in which the funds are appropriated may be carried forward  
 329 for up to 5 years after the effective date of the original  
 330 appropriation.

331 Section 6. Subsection (6) is added to section 381.922,  
 332 Florida Statutes, to read:

333 381.922 William G. "Bill" Bankhead, Jr., and David Coley  
 334 Cancer Research Program.—

335 (6) The Biomedical Research Advisory Council shall submit  
 336 a report relating to grants awarded under the program to the  
 337 Governor, the President of the Senate, and the Speaker of the  
 338 House of Representatives by December 15 each year. The report



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339 must include:

340 (a) For each research project supported by grants or  
341 fellowships awarded under the program:

342 1. A summary of the research project and results or  
343 expected results of the research.

344 2. The status of the research project, including whether  
345 it has concluded or the estimated date of completion.

346 3. The amount of the grant or fellowship awarded and the  
347 estimated or actual cost of the research project.

348 4. A list of principal investigators under the research  
349 project.

350 5. The title, citation, and summary of findings of a  
351 publication in a peer-reviewed journal resulting from the  
352 research.

353 6. The source and amount of any federal, state, or local  
354 government grants or donations or private grants or donations  
355 generated as a result of the research project.

356 7. The status of a patent, if any, generated from the  
357 research project and an economic analysis of the impact of the  
358 resulting patent.

359 8. A list of postsecondary educational institutions  
360 involved in the research project, a description of each  
361 postsecondary educational institution's involvement in the  
362 research project, and the number of students receiving training  
363 or performing research under the research project.

364 (b) The state ranking and total amount of cancer research



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365 funding currently flowing into the state from the National  
 366 Institutes of Health.

367 (c) Progress toward programmatic goals, particularly in  
 368 the prevention, diagnosis, treatment, and cure of cancer.

369 (d) Recommendations to further the mission of the program.

370 Section 7. Subsection (3) of section 384.23, Florida  
 371 Statutes, is amended to read:

372 384.23 Definitions.—

373 (3) "Sexually transmissible disease" means a bacterial,  
 374 viral, fungal, or parasitic disease, ~~determined by rule of the~~  
 375 ~~department to be sexually transmissible, to be a threat to the~~  
 376 ~~public health and welfare, and to be a disease for which a~~  
 377 ~~legitimate public interest will be served by providing for~~  
 378 prevention, elimination, control, regulation and treatment. The  
 379 department must, by rule, determine ~~In considering~~ which  
 380 diseases are to be designated as sexually transmissible  
 381 ~~diseases, the department shall consider such diseases as~~  
 382 ~~chaneroid, gonorrhoea, granuloma inguinale, lymphogranuloma~~  
 383 ~~venereum, genital herpes simplex, chlamydia, nongonococcal~~  
 384 ~~urethritis (NGU), pelvic inflammatory disease (PID)/acute~~  
 385 ~~salpingitis, syphilis, and human immune deficiency virus~~  
 386 ~~infection for designation, and shall consider the~~  
 387 ~~recommendations and classifications of the Centers for Disease~~  
 388 ~~Control and Prevention and other nationally recognized medical~~  
 389 ~~authorities in that determination.~~ Not all diseases that are  
 390 sexually transmissible need be designated for the purposes of



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391 | this act.

392 |       Section 8. Subsection (7) is added to section 384.27,  
393 | Florida Statutes, to read:

394 |       384.27 Physical examination and treatment.—

395 |       (7) (a) A health care practitioner licensed under chapter  
396 | 458 or chapter 459 or certified under s. 464.012 may provide  
397 | expedited partner therapy if the following requirements are met:

398 |       1. The patient has a laboratory-confirmed or suspected  
399 | clinical diagnosis of a sexually transmissible disease.

400 |       2. The patient indicates that he or she has a partner with  
401 | whom he or she engaged in sexual activity before the diagnosis  
402 | of the sexually transmissible disease.

403 |       3. The patient indicates that his or her partner is unable  
404 | or unlikely to seek clinical services in a timely manner.

405 |       (b) A pharmacist licensed under chapter 465 may dispense  
406 | medication to a person diagnosed with a sexually transmissible  
407 | disease pursuant to a prescription for the purpose of treating  
408 | that person's partner, regardless of whether the person's  
409 | partner has been personally examined by the prescribing health  
410 | care practitioner.

411 |       (c) A pharmacist or health care practitioner must check  
412 | for potential allergic reactions, in accordance with the  
413 | prevailing professional standard of care, before dispensing a  
414 | prescription or providing a medication under this subsection.

415 |       (d) The department may adopt rules to implement this  
416 | subsection.





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417 Section 9. Subsections (8) and (12) of section 401.27,  
418 Florida Statutes, are amended to read:

419 401.27 Personnel; standards and certification.—

420 (8) Each emergency medical technician certificate and each  
421 paramedic certificate will expire automatically and may be  
422 renewed if the holder meets the qualifications for renewal as  
423 established by the department. A certificate that is not renewed  
424 at the end of the 2-year period will automatically revert to an  
425 inactive status for a period not to exceed two renewal periods  
426 ~~180 days~~. Such certificate may be reactivated and renewed within  
427 the two renewal periods ~~180 days~~ if the certificateholder meets  
428 all other qualifications for renewal, including continuing  
429 education requirements, and pays a \$25 late fee. The  
430 certificateholder also must pass the certification examination  
431 to reactivate the certificate during the second of the two  
432 renewal periods. Reactivation shall be in a manner and on forms  
433 prescribed by department rule.

434 (12) An applicant for certification as an emergency  
435 medical technician or paramedic who is trained outside the  
436 state, or trained in the military, must provide proof of a  
437 current, nationally recognized emergency medical technician or  
438 paramedic certification or registration that is recognized by  
439 the department and based upon successful completion of a  
440 training program approved by the department as being equivalent  
441 to the most recent EMT-Basic or EMT-Paramedic National Standard  
442 Curriculum or the National EMS Education Standards of the United



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443 States Department of Transportation and hold a current  
 444 certificate of successful course completion in cardiopulmonary  
 445 resuscitation (CPR) or advanced cardiac life support for  
 446 emergency medical technicians or paramedics, respectively, to be  
 447 eligible for the certification examination. ~~The applicant must~~  
 448 ~~successfully complete the certification examination within 2~~  
 449 ~~years after the date of the receipt of his or her application by~~  
 450 ~~the department. After 2 years, the applicant must submit a new~~  
 451 ~~application, meet all eligibility requirements, and submit all~~  
 452 ~~fees to reestablish eligibility to take the certification~~  
 453 ~~examination.~~

454 Section 10. Subsection (7) of section 456.013, Florida  
 455 Statutes, is amended to read:

456 456.013 Department; general licensing provisions.—

457 (7) The boards, or the department when there is no board,  
 458 shall require the completion of a 2-hour course relating to  
 459 prevention of medical errors as part of the biennial licensure  
 460 ~~and~~ renewal process. The 2-hour course counts toward ~~shall count~~  
 461 ~~towards~~ the total number of continuing education hours required  
 462 for the profession. The course must ~~shall~~ be approved by the  
 463 board or department, as appropriate, and must ~~shall~~ include a  
 464 study of root-cause analysis, error reduction and prevention,  
 465 and patient safety. In addition, the course approved by the  
 466 Board of Medicine and the Board of Osteopathic Medicine must  
 467 ~~shall~~ include information relating to the five most misdiagnosed  
 468 conditions during the previous biennium, as determined by the



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469 board. If the course is being offered by a facility licensed  
 470 pursuant to chapter 395 for its employees, the board may approve  
 471 up to 1 hour of the 2-hour course to be specifically related to  
 472 error reduction and prevention methods used in that facility.

473 Section 11. Subsection (3) of section 456.024, Florida  
 474 Statutes, is amended to read:

475 456.024 Members of Armed Forces in good standing with  
 476 administrative boards or the department; spouses; licensure.—

477 (3)(a) A person is eligible for licensure as a health care  
 478 practitioner in this state if he or she:

479 1. who Serves or has served as a health care practitioner  
 480 in the United States Armed Forces, the United States Reserve  
 481 Forces, or the National Guard;

482 2. or a person who Serves or has served on active duty  
 483 with the United States Armed Forces as a health care  
 484 practitioner in the United States Public Health Service; or

485 3. Is a health care practitioner, other than a dentist, in  
 486 another state, the District of Columbia, or a possession or  
 487 territory of the United States and is the spouse of a person  
 488 serving on active duty with the United States Armed Forces is  
 489 eligible for licensure in this state.

490  
 491 The department shall develop an application form, and each  
 492 board, or the department if there is no board, shall waive the  
 493 application fee, licensure fee, and unlicensed activity fee for  
 494 such applicants. For purposes of this subsection, "health care



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495 practitioner" means a health care practitioner as defined in s.  
 496 456.001 and a person licensed under part III of chapter 401 or  
 497 part IV of chapter 468.

498 (b) ~~(a)~~ The board, or the department if there is no board,  
 499 shall issue a license to practice in this state to a person who:

500 1. Submits a complete application.

501 2. If he or she is member of the United States Armed  
 502 Forces, the United States Reserve Forces, or the National Guard,  
 503 submits proof that he or she has received ~~Receives~~ an honorable  
 504 discharge within 6 months before, or will receive an honorable  
 505 discharge within 6 months after, the date of submission of the  
 506 application.

507 3.a. Holds an active, unencumbered license issued by  
 508 another state, the District of Columbia, or a possession or  
 509 territory of the United States and who has not had disciplinary  
 510 action taken against him or her in the 5 years preceding the  
 511 date of submission of the application;

512 b. Is a military health care practitioner in a profession  
 513 for which licensure in a state or jurisdiction is not required  
 514 to practice in the United States Armed Forces, if he or she  
 515 submits to the department evidence of military training or  
 516 experience substantially equivalent to the requirements for  
 517 licensure in this state in that profession and evidence that he  
 518 or she has obtained a passing score on the appropriate  
 519 examination of a national or regional standards organization if  
 520 required for licensure in this state; or



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521 c. Is the spouse of a person serving on active duty in the  
522 United States Armed Forces and is a health care practitioner in  
523 a profession, excluding dentistry, for which licensure in  
524 another state or jurisdiction is not required, if he or she  
525 submits to the department evidence of training or experience  
526 substantially equivalent to the requirements for licensure in  
527 this state in that profession and evidence that he or she has  
528 obtained a passing score on the appropriate examination of a  
529 national or regional standards organization if required for  
530 licensure in this state.

531 4. Attests that he or she is not, at the time of  
532 submission of the application, the subject of a disciplinary  
533 proceeding in a jurisdiction in which he or she holds a license  
534 or by the United States Department of Defense for reasons  
535 related to the practice of the profession for which he or she is  
536 applying.

537 5. Actively practiced the profession for which he or she  
538 is applying for the 3 years preceding the date of submission of  
539 the application.

540 6. Submits a set of fingerprints for a background  
541 screening pursuant to s. 456.0135, if required for the  
542 profession for which he or she is applying.

543  
544 The department shall verify information submitted by the  
545 applicant under this subsection using the National Practitioner  
546 Data Bank.



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547        ~~(c)(b)~~ Each applicant who meets the requirements of this  
 548 subsection shall be licensed with all rights and  
 549 responsibilities as defined by law. The applicable board, or the  
 550 department if there is no board, may deny an application if the  
 551 applicant has been convicted of or pled guilty or nolo  
 552 contendere to, regardless of adjudication, any felony or  
 553 misdemeanor related to the practice of a health care profession  
 554 regulated by this state.

555        ~~(d)(e)~~ An applicant for initial licensure under this  
 556 subsection must submit the information required by ss.  
 557 456.039(1) and 456.0391(1) no later than 1 year after the  
 558 license is issued.

559        Section 12. Section 456.0241, Florida Statutes, is created  
 560 to read:

561        456.0241 Temporary certificate for active duty military  
 562 health care practitioners.—

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

564        (a) "Military health care practitioner" means:

565        1. A person practicing as a health care practitioner as  
 566 defined in s. 456.001, as a person licensed under part III of  
 567 chapter 401, or as a person licensed under part IV of chapter  
 568 468 who is serving on active duty in the United States Armed  
 569 Forces, the United States Reserve Forces, or the National Guard;  
 570 or

571        2. A person who is serving on active duty in the United  
 572 States Armed Forces and serving in the United States Public



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573 Health Service.

574 (b) "Military platform" means a military training  
575 agreement with a nonmilitary health care provider that is  
576 designed to develop and support medical, surgical, or other  
577 health care treatment opportunities in a nonmilitary health care  
578 provider setting to authorize a military health care  
579 practitioner to develop and maintain the technical proficiency  
580 necessary to meet the present and future health care needs of  
581 the United States Armed Forces. Such agreements may include  
582 Training Affiliation Agreements and External Resource Sharing  
583 Agreements.

584 (2) The department may issue a temporary certificate to an  
585 active duty military health care practitioner to practice in a  
586 regulated profession in this state if the applicant:

587 (a) Submits proof that he or she will be practicing  
588 pursuant to a military platform.

589 (b) Submits a complete application and a nonrefundable  
590 application fee.

591 (c) Holds an active, unencumbered license to practice as a  
592 health care professional issued by another state, the District  
593 of Columbia, or a possession or territory of the United States  
594 or is a military health care practitioner in a profession for  
595 which licensure in a state or jurisdiction is not required for  
596 practice in the United States Armed Forces and provides evidence  
597 of military training and experience substantially equivalent to  
598 the requirements for licensure in this state in that profession.



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599 (d) Attests that he or she is not, at the time of  
600 submission of the application, the subject of a disciplinary  
601 proceeding in a jurisdiction in which he or she holds a license  
602 or by the United States Department of Defense for reasons  
603 related to the practice of the profession for which he or she is  
604 applying.

605 (e) Has been determined to be competent in the profession  
606 for which he or she is applying.

607 (f) Submits a set of fingerprints for a background  
608 screening pursuant to s. 456.0135, if required for the  
609 profession for which he or she is applying.

610  
611 The department shall verify information submitted by the  
612 applicant under this subsection using the National Practitioner  
613 Data Bank.

614 (3) A temporary certificate issued under this section  
615 expires 6 months after issuance but may be renewed upon proof of  
616 continuing military orders for active duty assignment in this  
617 state and evidence that the military health care practitioner  
618 continues to be a military platform participant.

619 (4) A military health care practitioner applying for a  
620 temporary certificate under this section is exempt from ss.  
621 456.039-456.046. All other provisions of this chapter apply to  
622 such military health care practitioner.

623 (5) An applicant for a temporary certificate under this  
624 section is deemed ineligible if he or she:





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625 (a) Has been convicted of or pled guilty or nolo  
 626 contendere to, regardless of adjudication, any felony or  
 627 misdemeanor related to the practice of a health care profession;

628 (b) Has had a health care provider license revoked or  
 629 suspended in another state, the District of Columbia, or a  
 630 possession or territory of the United States;

631 (c) Has failed to obtain a passing score on the Florida  
 632 examination required to receive a license to practice the  
 633 profession for which he or she is applying; or

634 (d) Is under investigation in another jurisdiction for an  
 635 act that would constitute a violation of the applicable  
 636 licensing chapter or this chapter until the investigation is  
 637 complete and all charges against him or her are disposed of by  
 638 dismissal, nolle prosequi, or acquittal.

639 (6) The department shall, by rule, set an application fee  
 640 not to exceed \$50 and a renewal fee not to exceed \$50.

641 (7) Application shall be made on a form prescribed and  
 642 furnished by the department.

643 (8) The department shall adopt rules to implement this  
 644 section.

645 Section 13. Section 456.0361, Florida Statutes, is created  
 646 to read:

647 456.0361 Compliance with continuing education  
 648 requirements.—

649 (1) The department shall establish an electronic  
 650 continuing education tracking system to monitor licensee



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651 compliance with applicable continuing education requirements and  
 652 to determine whether a licensee is in full compliance with the  
 653 requirements at the time of his or her application for license  
 654 renewal. The tracking system shall be integrated into the  
 655 department's licensure and renewal process.

656 (2) The department may not renew a license until the  
 657 licensee complies with all applicable continuing education  
 658 requirements. This subsection does not prohibit the department  
 659 or the boards from imposing additional penalties under the  
 660 applicable professional practice act or applicable rules for  
 661 failure to comply with continuing education requirements.

662 (3) The department may adopt rules to implement this  
 663 section.

664 Section 14. Subsection (20) of section 456.057, Florida  
 665 Statutes, is amended to read:

666 456.057 Ownership and control of patient records; report  
 667 or copies of records to be furnished; disclosure of  
 668 information.-

669 (20) The board with department approval, or the department  
 670 when there is no board, may temporarily or permanently appoint a  
 671 person or entity as a custodian of medical records in the event  
 672 of the death of a practitioner, the mental or physical  
 673 incapacitation of a ~~the~~ practitioner, or the abandonment of  
 674 medical records by a practitioner. Such ~~The~~ custodian ~~appointed~~  
 675 shall comply with ~~all provisions of~~ this section. The department  
 676 may contract with a third party to provide these services under



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677 the confidentiality and disclosure requirements of this section,  
 678 ~~including the release of patient records.~~

679 Section 15. Subsection (2) of section 456.0635, Florida  
 680 Statutes, is amended to read:

681 456.0635 Health care fraud; disqualification for license,  
 682 certificate, or registration.—

683 (2) Each board within the jurisdiction of the department,  
 684 or the department if there is no board, shall refuse to admit a  
 685 candidate to any examination and refuse to issue a license,  
 686 certificate, or registration to any applicant if the candidate  
 687 or applicant or any principal, officer, agent, managing  
 688 employee, or affiliated person of the applicant:

689 (a) Has been convicted of, or entered a plea of guilty or  
 690 nolo contendere to, regardless of adjudication, a felony under  
 691 chapter 409, chapter 817, or chapter 893, or a similar felony  
 692 offense committed in another state or jurisdiction, unless the  
 693 candidate or applicant has successfully completed a drug court  
 694 program for that felony and provides proof that the plea has  
 695 been withdrawn or the charges have been dismissed. Any such  
 696 conviction or plea shall exclude the applicant or candidate from  
 697 licensure, examination, certification, or registration unless  
 698 the sentence and any subsequent period of probation for such  
 699 conviction or plea ended:

700 1. For felonies of the first or second degree, more than  
 701 15 years before the date of application.

702 2. For felonies of the third degree, more than 10 years



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703 before the date of application, except for felonies of the third  
704 degree under s. 893.13(6) (a).

705 3. For felonies of the third degree under s. 893.13(6) (a),  
706 more than 5 years before the date of application;

707 (b) Has been convicted of, or entered a plea of guilty or  
708 nolo contendere to, regardless of adjudication, a felony under  
709 21 U.S.C. ss. 801-970, or 42 U.S.C. ss. 1395-1396, unless the  
710 sentence and any subsequent period of probation for such  
711 conviction or plea ended more than 15 years before the date of  
712 the application;

713 (c) Has been terminated for cause from the Florida  
714 Medicaid program pursuant to s. 409.913, unless the candidate or  
715 applicant has been in good standing with the Florida Medicaid  
716 program for the most recent 5 years;

717 (d) Has been terminated for cause, pursuant to the appeals  
718 procedures established by the state, from any other state  
719 Medicaid program, unless the candidate or applicant has been in  
720 good standing with a state Medicaid program for the most recent  
721 5 years and the termination occurred at least 20 years before  
722 the date of the application; or

723 (e) Is currently listed on the United States Department of  
724 Health and Human Services Office of Inspector General's List of  
725 Excluded Individuals and Entities.

726

727 ~~This subsection does not apply to candidates or applicants for~~  
728 ~~initial licensure or certification who were enrolled in an~~



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729 ~~educational or training program on or before July 1, 2009, which~~  
 730 ~~was recognized by a board or, if there is no board, recognized~~  
 731 ~~by the department, and who applied for licensure after July 1,~~  
 732 ~~2012.~~

733 Section 16. Subsection (3) of section 457.107, Florida  
 734 Statutes, is amended to read:

735 457.107 Renewal of licenses; continuing education.—

736 (3) The board shall ~~by rule prescribe~~ by rule continuing  
 737 education requirements of up to, ~~not to exceed~~ 30 hours  
 738 biennially~~,~~ as a condition for renewal of a license. All  
 739 education programs that contribute to the advancement,  
 740 extension, or enhancement of professional skills and knowledge  
 741 related to the practice of acupuncture, whether conducted by a  
 742 nonprofit or profitmaking entity, are eligible for approval. The  
 743 continuing professional education requirements must be in  
 744 acupuncture or oriental medicine subjects, including, but not  
 745 limited to, anatomy, biological sciences, adjunctive therapies,  
 746 sanitation and sterilization, emergency protocols, and diseases.  
 747 The board may ~~shall have the authority to~~ set a fee of up to,  
 748 ~~not to exceed~~ \$100~~,~~ for each continuing education provider. The  
 749 licensee shall retain in his or her records the certificates of  
 750 completion of continuing professional education requirements ~~to~~  
 751 ~~prove compliance with this subsection.~~ The board ~~may request~~  
 752 ~~such documentation without cause from applicants who are~~  
 753 ~~selected at random.~~ All national and state acupuncture and  
 754 oriental medicine organizations and acupuncture and oriental



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755 | medicine schools are approved to provide continuing professional  
756 | education in accordance with this subsection.

757 |       Section 17. Paragraph (e) of subsection (4) of section  
758 | 458.347, Florida Statutes, is amended to read:

759 |       458.347 Physician assistants.—

760 |       (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

761 |       (e) A supervisory physician may delegate to a fully  
762 | licensed physician assistant the authority to prescribe or  
763 | dispense any medication used in the supervisory physician's  
764 | practice unless such medication is listed on the formulary  
765 | created pursuant to paragraph (f). A fully licensed physician  
766 | assistant may only prescribe or dispense such medication under  
767 | the following circumstances:

768 |       1. A physician assistant must clearly identify to the  
769 | patient that he or she is a physician assistant and.  
770 | ~~Furthermore, the physician assistant must~~ inform the patient  
771 | that the patient has the right to see the physician before a  
772 | ~~prior to any~~ prescription is being prescribed or dispensed by  
773 | the physician assistant.

774 |       2. The supervisory physician must notify the department of  
775 | his or her intent to delegate, on a department-approved form,  
776 | before delegating such authority and ~~notify the department of~~  
777 | any change in prescriptive privileges of the physician  
778 | assistant. Authority to dispense may be delegated only by a  
779 | supervising physician who is registered as a dispensing  
780 | practitioner in compliance with s. 465.0276.



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781           3. The physician assistant must complete ~~file with the~~  
 782 ~~department a signed affidavit that he or she has completed~~ a  
 783 minimum of 10 continuing medical education hours in the  
 784 specialty practice in which the physician assistant has  
 785 prescriptive privileges with each licensure renewal ~~application~~.

786           4. The department may issue a prescriber number to the  
 787 physician assistant granting authority for the prescribing of  
 788 medicinal drugs authorized within this paragraph upon completion  
 789 of the ~~foregoing~~ requirements of this paragraph. The physician  
 790 assistant is ~~shall~~ not be required to independently register  
 791 pursuant to s. 465.0276.

792           5. The prescription must be written in a form that  
 793 complies with chapter 499 and, in addition to the supervisory  
 794 physician's name, address, and telephone number, must contain,  
 795 ~~in addition to the supervisory physician's name, address, and~~  
 796 ~~telephone number,~~ the physician assistant's prescriber number.  
 797 Unless it is a drug or drug sample dispensed by the physician  
 798 assistant, the prescription must be filled in a pharmacy  
 799 permitted under chapter 465 and must be dispensed in that  
 800 pharmacy by a pharmacist licensed under chapter 465. The  
 801 inclusion ~~appearance~~ of the prescriber number creates a  
 802 presumption that the physician assistant is authorized to  
 803 prescribe the medicinal drug and the prescription is valid.

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

806           Section 18. Paragraph (e) of subsection (4) of section



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807 459.022, Florida Statutes, is amended to read:

808 459.022 Physician assistants.—

809 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

810 (e) A supervisory physician may delegate to a fully  
 811 licensed physician assistant the authority to prescribe or  
 812 dispense any medication used in the supervisory physician's  
 813 practice unless such medication is listed on the formulary  
 814 created pursuant to s. 458.347. A fully licensed physician  
 815 assistant may only prescribe or dispense such medication under  
 816 the following circumstances:

817 1. A physician assistant must clearly identify to the  
 818 patient that she or he is a physician assistant and.  
 819 ~~Furthermore, the physician assistant~~ must inform the patient  
 820 that the patient has the right to see the physician before a  
 821 ~~prior to any~~ prescription is being prescribed or dispensed by  
 822 the physician assistant.

823 2. The supervisory physician must notify the department of  
 824 her or his intent to delegate, on a department-approved form,  
 825 before delegating such authority and ~~notify the department of~~  
 826 any change in prescriptive privileges of the physician  
 827 assistant. Authority to dispense may be delegated only by a  
 828 supervisory physician who is registered as a dispensing  
 829 practitioner in compliance with s. 465.0276.

830 3. The physician assistant must complete ~~file with the~~  
 831 ~~department a signed affidavit that she or he has completed a~~  
 832 minimum of 10 continuing medical education hours in the





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833 specialty practice in which the physician assistant has  
 834 prescriptive privileges with each licensure renewal application.

835 4. The department may issue a prescriber number to the  
 836 physician assistant granting authority for the prescribing of  
 837 medicinal drugs authorized within this paragraph upon completion  
 838 of the ~~foregoing~~ requirements of this paragraph. The physician  
 839 assistant is ~~shall~~ not be required to independently register  
 840 pursuant to s. 465.0276.

841 5. The prescription must be written in a form that  
 842 complies with chapter 499 and, in addition to the supervisory  
 843 physician's name, address, and telephone number, must contain,  
 844 ~~in addition to the supervisory physician's name, address, and~~  
 845 ~~telephone number,~~ the physician assistant's prescriber number.  
 846 Unless it is a drug or drug sample dispensed by the physician  
 847 assistant, the prescription must be filled in a pharmacy  
 848 permitted under chapter 465, and must be dispensed in that  
 849 pharmacy by a pharmacist licensed under chapter 465. The  
 850 inclusion ~~appearance~~ of the prescriber number creates a  
 851 presumption that the physician assistant is authorized to  
 852 prescribe the medicinal drug and the prescription is valid.

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

855 Section 19. Subsection (7) is added to section 460.402,  
 856 Florida Statutes, to read:

857 460.402 Exceptions.—The provisions of this chapter shall  
 858 not apply to:



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859        (7) A chiropractic physician who holds an active license  
 860 in another state, the District of Columbia, or a possession or  
 861 territory of the United States and is performing chiropractic  
 862 procedures or demonstrating equipment or supplies for  
 863 educational purposes at a board-approved continuing education  
 864 program.

865        Section 20. Subsection (3) of section 463.007, Florida  
 866 Statutes, is amended to read:

867        463.007 Renewal of license; continuing education.—

868        (3) As a condition of license renewal, a licensee must  
 869 ~~Unless otherwise provided by law, the board shall require~~  
 870 ~~licensees to periodically demonstrate his or her their~~  
 871 ~~professional competence, as a condition of renewal of a license,~~  
 872 by completing up to 30 hours of continuing education during the  
 873 2-year period preceding license renewal. For certified  
 874 optometrists, the 30-hour continuing education requirement  
 875 includes ~~shall include~~ 6 or more hours of approved transcript-  
 876 quality coursework in ocular and systemic pharmacology and the  
 877 diagnosis, treatment, and management of ocular and systemic  
 878 conditions and diseases during the 2-year period preceding  
 879 application for license renewal.

880        Section 21. Subsection (7) of section 464.203, Florida  
 881 Statutes, is amended to read:

882        464.203 Certified nursing assistants; certification  
 883 requirement.—

884        (7) A certified nursing assistant shall complete 24 ~~12~~



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885 | hours of inservice training during each biennium ~~ealendar~~ year.  
 886 | The certified nursing assistant shall maintain ~~be responsible~~  
 887 | ~~for maintaining~~ documentation demonstrating compliance with  
 888 | ~~these provisions. The Council on Certified Nursing Assistants,~~  
 889 | ~~in accordance with s. 464.2085(2)(b), shall propose rules to~~  
 890 | ~~implement~~ this subsection.

891 |       Section 22. Section 464.2085, Florida Statutes, is  
 892 | repealed.

893 |       Section 23. Section 465.027, Florida Statutes, is amended  
 894 | to read:

895 |       465.027 Exceptions.—

896 |       (1) This chapter shall not be construed to prohibit the  
 897 | sale of home remedies or preparations commonly known as patents  
 898 | or proprietary preparations, ~~when such are~~ sold only in original  
 899 | or unbroken packages, nor shall this chapter be construed to  
 900 | prevent businesses from engaging in the sale of sundries or  
 901 | patents or proprietary preparations.

902 |       (2) This chapter shall not apply to a manufacturer, or its  
 903 | agent, holding an active permit as a manufacturer under chapter  
 904 | 499 and engaged solely in the manufacture or distribution of  
 905 | dialysate, drugs, or devices necessary to perform home renal  
 906 | dialysis on patients with chronic kidney failure, if the  
 907 | dialysate, drugs, or devices are:

908 |       (a) Approved or cleared by the United States Food and Drug  
 909 | Administration; and

910 |       (b) Delivered in the original, sealed packaging after



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911 receipt of a physician's order to dispense to:

912 1. A patient with chronic kidney failure, or the patient's  
 913 designee, for the patient's self-administration of the dialysis  
 914 therapy; or

915 2. A health care practitioner or an institution for  
 916 administration or delivery of the dialysis therapy to a patient  
 917 with chronic kidney failure.

918 Section 24. Section 465.0275, Florida Statutes, is amended  
 919 to read:

920 465.0275 Emergency prescription refill.—

921 (1) In the event a pharmacist receives a request for a  
 922 prescription refill and the pharmacist is unable to readily  
 923 obtain refill authorization from the prescriber, the pharmacist  
 924 may dispense:

925 (a) A one-time emergency refill of up to a 72-hour supply  
 926 of the prescribed medication; or

927 (b) A one-time emergency refill of one vial of insulin to  
 928 treat diabetes mellitus.

929 (2) ~~If the Governor issues, with the exception of those~~  
 930 ~~areas or counties included in an emergency order or proclamation~~  
 931 ~~of a state of emergency declared by the Governor, in which the~~  
 932 ~~executive order may authorize the pharmacist may to dispense up~~  
 933 ~~to a 30-day supply in the areas or counties affected by the~~  
 934 ~~order or proclamation, provided providing that:~~

935 (a) ~~(1)~~ The prescription is not for a medicinal drug listed  
 936 in Schedule II appearing in chapter 893.



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937        (b) ~~(2)~~ The medication is essential to the maintenance of  
 938 life or to the continuation of therapy in a chronic condition.

939        (c) ~~(3)~~ In the pharmacist's professional judgment, the  
 940 interruption of therapy might reasonably produce undesirable  
 941 health consequences or may cause physical or mental discomfort.

942        (d) ~~(4)~~ The dispensing pharmacist creates a written order  
 943 containing all of the prescription information required by this  
 944 chapter and chapters 499 and 893 and signs that order.

945        (e) ~~(5)~~ The dispensing pharmacist notifies the prescriber  
 946 of the emergency dispensing within a reasonable time after such  
 947 dispensing.

948        Section 25. Paragraph (b) of subsection (1) and subsection  
 949 (3) of section 465.0276, Florida Statutes, are amended to read:  
 950        465.0276 Dispensing practitioner.—

951        (1)

952        (b) A practitioner registered under this section may not  
 953 dispense a controlled substance listed in Schedule II or  
 954 Schedule III as provided in s. 893.03. This paragraph does not  
 955 apply to:

956        1. The dispensing of complimentary packages of medicinal  
 957 drugs which are labeled as a drug sample or complimentary drug  
 958 as defined in s. 499.028 to the practitioner's own patients in  
 959 the regular course of her or his practice without the payment of  
 960 a fee or remuneration of any kind, whether direct or indirect,  
 961 as provided in subsection (4) ~~(5)~~.

962        2. The dispensing of controlled substances in the health



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963 care system of the Department of Corrections.

964 3. The dispensing of a controlled substance listed in  
965 Schedule II or Schedule III in connection with the performance  
966 of a surgical procedure. The amount dispensed pursuant to the  
967 subparagraph may not exceed a 14-day supply. This exception does  
968 not allow for the dispensing of a controlled substance listed in  
969 Schedule II or Schedule III more than 14 days after the  
970 performance of the surgical procedure. For purposes of this  
971 subparagraph, the term "surgical procedure" means any procedure  
972 in any setting which involves, or reasonably should involve:

973 a. Perioperative medication and sedation that allows the  
974 patient to tolerate unpleasant procedures while maintaining  
975 adequate cardiorespiratory function and the ability to respond  
976 purposefully to verbal or tactile stimulation and makes intra-  
977 and postoperative monitoring necessary; or

978 b. The use of general anesthesia or major conduction  
979 anesthesia and preoperative sedation.

980 4. The dispensing of a controlled substance listed in  
981 Schedule II or Schedule III pursuant to an approved clinical  
982 trial. For purposes of this subparagraph, the term "approved  
983 clinical trial" means a clinical research study or clinical  
984 investigation that, in whole or in part, is state or federally  
985 funded or is conducted under an investigational new drug  
986 application that is reviewed by the United States Food and Drug  
987 Administration.

988 5. The dispensing of methadone in a facility licensed



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989 | under s. 397.427 where medication-assisted treatment for opiate  
990 | addiction is provided.

991 |         6. The dispensing of a controlled substance listed in  
992 | Schedule II or Schedule III to a patient of a facility licensed  
993 | under part IV of chapter 400.

994 |         ~~(3) The department shall inspect any facility where a~~  
995 | ~~practitioner dispenses medicinal drugs pursuant to subsection~~  
996 | ~~(2) in the same manner and with the same frequency as it~~  
997 | ~~inspects pharmacies for the purpose of determining whether the~~  
998 | ~~practitioner is in compliance with all statutes and rules~~  
999 | ~~applicable to her or his dispensing practice.~~

1000 |         Section 26. Subsection (3) of section 466.0135, Florida  
1001 | Statutes, is amended to read:

1002 |         466.0135 Continuing education; dentists.—

1003 |         (3) A ~~In applying for license renewal, the dentist shall~~  
1004 | complete ~~submit a sworn affidavit, on a form acceptable to the~~  
1005 | ~~department, attesting that she or he has completed the required~~  
1006 | continuing education as provided ~~required~~ in this section and in  
1007 | ~~accordance with the guidelines and provisions of this section~~  
1008 | ~~and listing the date, location, sponsor, subject matter, and~~  
1009 | ~~hours of completed continuing education courses. The applicant~~  
1010 | ~~shall retain in her or his records any such~~ receipts, vouchers,  
1011 | ~~or certificates as may be necessary to document completion of~~  
1012 | such ~~the continuing education courses listed in accordance with~~  
1013 | ~~this subsection. With cause, the board may request such~~  
1014 | ~~documentation by the applicant, and the board may request such~~



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1015 ~~documentation from applicants selected at random without cause.~~  
1016       Section 27. Section 466.014, Florida Statutes, is amended  
1017 to read:  
1018       466.014 Continuing education; dental hygienists.—In  
1019 addition to the other requirements for relicensure for dental  
1020 hygienists set out in this chapter ~~aet~~, the board shall require  
1021 each licensed dental hygienist to complete at least ~~not less~~  
1022 ~~than~~ 24 hours but not ~~or~~ more than 36 hours of continuing  
1023 professional education in dental subjects, biennially, in  
1024 programs prescribed or approved by the board or in equivalent  
1025 programs of continuing education. Programs of continuing  
1026 education approved by the board shall be programs of learning  
1027 which, in the opinion of the board, contribute directly to the  
1028 dental education of the dental hygienist. The board shall adopt  
1029 rules and guidelines to administer and enforce ~~the provisions of~~  
1030 this section. ~~In applying for license renewal,~~ The dental  
1031 hygienist shall ~~submit a sworn affidavit, on a form acceptable~~  
1032 ~~to the department, attesting that she or he has completed the~~  
1033 ~~continuing education required in this section in accordance with~~  
1034 ~~the guidelines and provisions of this section and listing the~~  
1035 ~~date, location, sponsor, subject matter, and hours of completed~~  
1036 ~~continuing education courses. The applicant shall retain in her~~  
1037 ~~or his records~~ any such receipts, vouchers, or certificates ~~as~~  
1038 ~~may be necessary to document completion of~~ such ~~the~~ continuing  
1039 ~~education courses listed in accordance with this section. With~~  
1040 ~~cause, the board may request such documentation by the~~





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1041 ~~applicant, and the board may request such documentation from~~  
 1042 ~~applicants selected at random without cause.~~ Compliance with the  
 1043 continuing education requirements is ~~shall~~ be mandatory for  
 1044 issuance of the renewal certificate. The board may ~~shall~~ have  
 1045 ~~the authority to~~ excuse licensees, as a group or as individuals,  
 1046 from all or part of the continuing education ~~educational~~  
 1047 requirements if, ~~or any part thereof,~~ in the event an unusual  
 1048 circumstance, emergency, or hardship has prevented compliance  
 1049 with this section.

1050 Section 28. Subsection (5) of section 466.032, Florida  
 1051 Statutes, is amended to read:

1052 466.032 Registration.—

1053 (5) A ~~The~~ dental laboratory owner or at least one employee  
 1054 of any dental laboratory renewing registration on or after July  
 1055 1, 2010, shall complete 18 hours of continuing education  
 1056 biennially. Programs of continuing education must ~~shall~~ be  
 1057 programs of learning that contribute directly to the education  
 1058 of the dental technician and may include, but are not limited  
 1059 to, attendance at lectures, study clubs, college courses, or  
 1060 scientific sessions of conventions and research.

1061 (a) The aim of continuing education for dental technicians  
 1062 is to improve dental health care delivery to the public as such  
 1063 is impacted through the design, manufacture, and use of  
 1064 artificial human oral prosthetics and related restorative  
 1065 appliances.

1066 (b) Continuing education courses shall address one or more



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1067 of the following areas of professional development, including,  
1068 but not limited to:

1069 1. Laboratory and technological subjects, including, but  
1070 not limited to, laboratory techniques and procedures, materials,  
1071 and equipment; and

1072 2. Subjects pertinent to oral health, infection control,  
1073 and safety.

1074 (c) Programs that meet ~~meeting~~ the general requirements of  
1075 continuing education may be developed and offered to dental  
1076 technicians by the Florida Dental Laboratory Association and the  
1077 Florida Dental Association. Other organizations, schools, or  
1078 agencies may also be approved to develop and offer continuing  
1079 education in accordance with specific criteria established by  
1080 the department.

1081 ~~(d) Any dental laboratory renewing a registration on or~~  
1082 ~~after July 1, 2010, shall submit a sworn affidavit, on a form~~  
1083 ~~approved by the department, attesting that either the dental~~  
1084 ~~laboratory owner or one dental technician employed by the~~  
1085 ~~registered dental laboratory has completed the continuing~~  
1086 ~~education required in this subsection in accordance with the~~  
1087 ~~guidelines and provisions of this subsection and listing the~~  
1088 ~~date, location, sponsor, subject matter, and hours of completed~~  
1089 ~~continuing education courses. The dental laboratory shall retain~~  
1090 ~~in its records such receipts, vouchers, or certificates as may~~  
1091 ~~be necessary to document completion of the continuing education~~  
1092 ~~courses listed in accordance with this subsection. With cause,~~



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1093 ~~the department may request that the documentation be provided by~~  
 1094 ~~the applicant. The department may also request the documentation~~  
 1095 ~~from applicants selected at random without cause.~~

1096 (d)~~(e)~~1. This subsection does not apply to a dental  
 1097 laboratory that is physically located within a dental practice  
 1098 operated by a dentist licensed under this chapter.

1099 2. A dental laboratory in another state or country which  
 1100 provides service to a dentist licensed under this chapter is not  
 1101 required to register with the state and may continue to provide  
 1102 services to such dentist with a proper prescription. However, a  
 1103 dental laboratory in another state or country, ~~however,~~ may  
 1104 voluntarily comply with this subsection.

1105 Section 29. Section 468.1201, Florida Statutes, is  
 1106 repealed.

1107 Section 30. Paragraph (a) of subsection (3), subsections  
 1108 (4) and (5), paragraphs (a) and (e) of present subsection (6),  
 1109 and present subsection (7) of section 483.901, Florida Statutes,  
 1110 are amended, and paragraph (k) is added to present subsection  
 1111 (6) of that section, to read:

1112 483.901 Medical physicists; definitions; licensure.—

1113 (3) DEFINITIONS.—As used in this section, the term:

1114 ~~(a) "Council" means the Advisory Council of Medical~~  
 1115 ~~Physicists in the Department of Health.~~

1116 ~~(4) COUNCIL.—The Advisory Council of Medical Physicists is~~  
 1117 ~~created in the Department of Health to advise the department in~~  
 1118 ~~regulating the practice of medical physics in this state.~~



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- 1119           ~~(a) The council shall be composed of nine members~~  
1120 ~~appointed by the State Surgeon General as follows:~~
- 1121           ~~1. A licensed medical physicist who specializes in~~  
1122 ~~diagnostic radiological physics.~~
- 1123           ~~2. A licensed medical physicist who specializes in~~  
1124 ~~therapeutic radiological physics.~~
- 1125           ~~3. A licensed medical physicist who specializes in medical~~  
1126 ~~nuclear radiological physics.~~
- 1127           ~~4. A physician who is board certified by the American~~  
1128 ~~Board of Radiology or its equivalent.~~
- 1129           ~~5. A physician who is board certified by the American~~  
1130 ~~Osteopathic Board of Radiology or its equivalent.~~
- 1131           ~~6. A chiropractic physician who practices radiology.~~
- 1132           ~~7. Three consumer members who are not, and have never~~  
1133 ~~been, licensed as a medical physicist or licensed in any closely~~  
1134 ~~related profession.~~
- 1135           ~~(b) The State Surgeon General shall appoint the medical~~  
1136 ~~physicist members of the council from a list of candidates who~~  
1137 ~~are licensed to practice medical physics.~~
- 1138           ~~(c) The State Surgeon General shall appoint the physician~~  
1139 ~~members of the council from a list of candidates who are~~  
1140 ~~licensed to practice medicine in this state and are board~~  
1141 ~~certified in diagnostic radiology, therapeutic radiology, or~~  
1142 ~~radiation oncology.~~
- 1143           ~~(d) The State Surgeon General shall appoint the public~~  
1144 ~~members of the council.~~



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1145 ~~(e) As the term of each member expires, the State Surgeon~~  
 1146 ~~General shall appoint the successor for a term of 4 years. A~~  
 1147 ~~member shall serve until the member's successor is appointed,~~  
 1148 ~~unless physically unable to do so.~~

1149 ~~(f) An individual is ineligible to serve more than two~~  
 1150 ~~full consecutive 4-year terms.~~

1151 ~~(g) If a vacancy on the council occurs, the State Surgeon~~  
 1152 ~~General shall appoint a member to serve for a 4-year term.~~

1153 ~~(h) A council member must be a United States citizen and~~  
 1154 ~~must have been a resident of this state for 2 consecutive years~~  
 1155 ~~immediately before being appointed.~~

1156 ~~1. A member of the council who is a medical physicist must~~  
 1157 ~~have practiced for at least 6 years before being appointed or be~~  
 1158 ~~board certified for the specialty in which the member practices.~~

1159 ~~2. A member of the council who is a physician must be~~  
 1160 ~~licensed to practice medicine in this state and must have~~  
 1161 ~~practiced diagnostic radiology or radiation oncology in this~~  
 1162 ~~state for at least 2 years before being appointed.~~

1163 ~~3. The public members of the council must not have a~~  
 1164 ~~financial interest in any endeavor related to the practice of~~  
 1165 ~~medical physics.~~

1166 ~~(i) A council member may be removed from the council if~~  
 1167 ~~the member:~~

1168 ~~1. Did not have the required qualifications at the time of~~  
 1169 ~~appointment;~~

1170 ~~2. Does not maintain the required qualifications while~~



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1171 ~~serv~~ing on the council; or

1172 ~~3. Fails to attend the regularly scheduled council~~  
 1173 ~~meetings in a calendar year as required by s. 456.011.~~

1174 ~~(j) Members of the council may not receive compensation~~  
 1175 ~~for their services; however, they are entitled to reimbursement,~~  
 1176 ~~from funds deposited in the Medical Quality Assurance Trust~~  
 1177 ~~Fund, for necessary travel expenses as specified in s. 112.061~~  
 1178 ~~for each day they engage in the business of the council.~~

1179 ~~(k) At the first regularly scheduled meeting of each~~  
 1180 ~~calendar year, the council shall elect a presiding officer and~~  
 1181 ~~an assistant presiding officer from among its members. The~~  
 1182 ~~council shall meet at least once each year and at other times in~~  
 1183 ~~accordance with department requirements.~~

1184 ~~(l) The department shall provide administrative support to~~  
 1185 ~~the council for all licensing activities.~~

1186 ~~(m) The council may conduct its meetings electronically.~~

1187 ~~(5) POWERS OF COUNCIL. The council shall:~~

1188 ~~(a) Recommend rules to administer this section.~~

1189 ~~(b) Recommend practice standards for the practice of~~  
 1190 ~~medical physics which are consistent with the Guidelines for~~  
 1191 ~~Ethical Practice for Medical Physicists prepared by the American~~  
 1192 ~~Association of Physicists in Medicine and disciplinary~~  
 1193 ~~guidelines adopted under s. 456.079.~~

1194 ~~(c) Develop and recommend continuing education~~  
 1195 ~~requirements for licensed medical physicists.~~

1196 ~~(4) (6) LICENSE REQUIRED. An individual may not engage in~~



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1197 the practice of medical physics, including the specialties of  
 1198 diagnostic radiological physics, therapeutic radiological  
 1199 physics, medical nuclear radiological physics, or medical health  
 1200 physics, without a license issued by the department for the  
 1201 appropriate specialty.

1202 (a) The department shall adopt rules to administer this  
 1203 section which specify license application and renewal fees,  
 1204 continuing education requirements, and standards for practicing  
 1205 medical physics. ~~The council shall recommend to the department~~  
 1206 ~~continuing education requirements that shall be a condition of~~  
 1207 ~~license renewal.~~ The department shall require a minimum of 24  
 1208 hours per biennium of continuing education offered by an  
 1209 organization ~~recommended by the council and~~ approved by the  
 1210 department. ~~The department, upon recommendation of the council,~~  
 1211 may adopt rules to specify continuing education requirements for  
 1212 persons who hold a license in more than one specialty.

1213 (e) Upon ~~On~~ receipt of an application and fee as specified  
 1214 in this section, the department may issue a license to practice  
 1215 medical physics in this state ~~on or after October 1, 1997,~~ to a  
 1216 person who is board certified in the medical physics specialty  
 1217 in which the applicant applies to practice by the American Board  
 1218 of Radiology for diagnostic radiological physics, therapeutic  
 1219 radiological physics, or medical nuclear radiological physics;  
 1220 by the American Board of Medical Physics for diagnostic  
 1221 radiological physics, therapeutic radiological physics, or  
 1222 medical nuclear radiological physics; or by the American Board



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1223 of Health Physics or an equivalent certifying body approved by  
1224 the department.

1225 (k) Upon proof of a completed residency program and  
1226 receipt of the fee set forth by rule, the department may issue a  
1227 temporary license for no more than 1 year. The department may  
1228 adopt by rule requirements for temporary licensure and renewal  
1229 of temporary licenses.

1230 (5) (7) FEES.—The fee for the initial license application  
1231 shall be \$500 and is nonrefundable. The fee for license renewal  
1232 may not be more than \$500. These fees may cover only the costs  
1233 incurred by the department ~~and the council~~ to administer this  
1234 section. By July 1 of each year, the department shall determine  
1235 whether ~~advise the council~~ if the fees are insufficient to  
1236 administer this section.

1237 Section 31. Subsection (2) of section 484.047, Florida  
1238 Statutes, is amended to read:

1239 484.047 Renewal of license.—

1240 (2) In addition to the other requirements for renewal  
1241 provided in this section and by the board, the department shall  
1242 renew a license upon receipt of the renewal application and, the  
1243 renewal fee, ~~and a written statement affirming compliance with~~  
1244 ~~all other requirements set forth in this section and by the~~  
1245 ~~board.~~ A licensee must maintain, if applicable, a certificate  
1246 from a manufacturer or independent testing agent certifying that  
1247 the testing room meets the requirements of s. 484.0501(6) and,  
1248 if applicable, a certificate from a manufacturer or independent





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1249 testing agent stating that all audiometric testing equipment  
 1250 used by the licensee has been calibrated acoustically to  
 1251 American National Standards Institute standards on an annual  
 1252 basis ~~acoustically to American National Standards Institute~~  
 1253 ~~standard specifications~~. Possession of an applicable certificate  
 1254 is ~~the certificates shall be~~ a prerequisite to renewal.

1255 Section 32. Paragraph (a) of subsection (3) of section  
 1256 486.102, Florida Statutes, is amended to read:

1257 486.102 Physical therapist assistant; licensing  
 1258 requirements.—To be eligible for licensing by the board as a  
 1259 physical therapist assistant, an applicant must:

1260 (3) (a) Have been graduated from a school giving a course  
 1261 of not less than 2 years for physical therapist assistants,  
 1262 which has been approved for the educational preparation of  
 1263 physical therapist assistants by the appropriate accrediting  
 1264 agency recognized by the Commission on Recognition of  
 1265 Postsecondary Accreditation or the United States Department of  
 1266 Education, ~~which includes, but is not limited to, any regional~~  
 1267 ~~or national institutional accrediting agencies recognized by the~~  
 1268 ~~United States Department of Education or the Commission on~~  
 1269 ~~Accreditation for Physical Therapy Education (CAPTE),~~ at the  
 1270 time of her or his graduation and have passed to the  
 1271 satisfaction of the board an examination to determine her or his  
 1272 fitness for practice as a physical therapist assistant as  
 1273 hereinafter provided;

1274 Section 33. Subsections (1) and (4) of section 486.109,



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1275 Florida Statutes, are amended to read:

1276 486.109 Continuing education.—

1277 (1) The board shall require licensees to ~~periodically~~  
 1278 demonstrate their professional competence as a condition of  
 1279 renewal of a license by completing 24 hours of continuing  
 1280 education biennially.

1281 (4) Each licensee shall maintain ~~be responsible for~~  
 1282 ~~maintaining~~ sufficient records ~~in a format as determined by rule~~  
 1283 ~~which shall be subject to a random audit by the department to~~  
 1284 demonstrate ~~assure~~ compliance with this section.

1285 Section 34. Paragraph (a) of subsection (15) of section  
 1286 499.028, Florida Statutes, is amended to read:

1287 499.028 Drug samples or complimentary drugs; starter  
 1288 packs; permits to distribute.—

1289 (15) A person may not possess a prescription drug sample  
 1290 unless:

1291 (a) The drug sample was prescribed to her or him as  
 1292 evidenced by the label required in s. 465.0276(4) ~~465.0276(5)~~.

1293 Section 35. Subsection (3) of section 893.04, Florida  
 1294 Statutes, is amended to read:

1295 893.04 Pharmacist and practitioner.—

1296 (3) Notwithstanding subsection (1), a pharmacist may  
 1297 dispense a one-time emergency refill of up to a 72-hour supply  
 1298 of the prescribed medication for any medicinal drug other than a  
 1299 medicinal drug listed in Schedule II, or up to one vial of  
 1300 insulin to treat diabetes mellitus, in compliance with ~~the~~



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1301 ~~provisions of s. 465.0275.~~

1302 Section 36. Paragraph (g) of subsection (3) of section  
 1303 921.0022, Florida Statutes, is amended to read:

1304 921.0022 Criminal Punishment Code; offense severity  
 1305 ranking chart.—

1306 (3) OFFENSE SEVERITY RANKING CHART

1307 (g) LEVEL 7

1308

Florida Statute	Felony Degree	Description
316.027(2)(c)	1st	Accident involving death, failure to stop; leaving scene.
316.193(3)(c)2.	3rd	DUI resulting in serious bodily injury.
316.1935(3)(b)	1st	Causing serious bodily injury or death to another person; driving at high speed or with wanton disregard for safety while fleeing or attempting to elude law

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1312	327.35 (3) (c) 2.	3rd	enforcement officer who is in a patrol vehicle with siren and lights activated.
1313	402.319 (2)	2nd	Vessel BUI resulting in serious bodily injury.
1314	409.920 (2) (b) 1.a.	3rd	Misrepresentation and negligence or intentional act resulting in great bodily harm, permanent disfiguration, permanent disability, or death.
1315	409.920 (2) (b) 1.b.	2nd	Medicaid provider fraud; \$10,000 or less.
1316	456.065 (2)	3rd	Medicaid provider fraud; more than \$10,000, but less than \$50,000.
			Practicing a health care profession without a license.

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1317	456.065 (2)	2nd	Practicing a health care profession without a license which results in serious bodily injury.
1318	458.327 (1)	3rd	Practicing medicine without a license.
1319	459.013 (1)	3rd	Practicing osteopathic medicine without a license.
1320	460.411 (1)	3rd	Practicing chiropractic medicine without a license.
1321	461.012 (1)	3rd	Practicing podiatric medicine without a license.
1322	462.17	3rd	Practicing naturopathy without a license.
1323	463.015 (1)	3rd	Practicing optometry without a license.
1324	464.016 (1)	3rd	Practicing nursing without

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

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1325			a license.
1326	465.015 (2)	3rd	Practicing pharmacy without a license.
1327	466.026 (1)	3rd	Practicing dentistry or dental hygiene without a license.
1328	467.201	3rd	Practicing midwifery without a license.
1329	468.366	3rd	Delivering respiratory care services without a license.
1330	483.828 (1)	3rd	Practicing as clinical laboratory personnel without a license.
1331	<u>483.901 (7)</u> <del>483.901 (9)</del>	3rd	Practicing medical physics without a license.
1332	484.013 (1) (c)	3rd	Preparing or dispensing optical devices without a prescription.



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1333	484.053	3rd	Dispensing hearing aids without a license.
1334	494.0018 (2)	1st	Conviction of any violation of chapter 494 in which the total money and property unlawfully obtained exceeded \$50,000 and there were five or more victims.
1335	560.123 (8) (b) 1.	3rd	Failure to report currency or payment instruments exceeding \$300 but less than \$20,000 by a money services business.
1336	560.125 (5) (a)	3rd	Money services business by unauthorized person, currency or payment instruments exceeding \$300 but less than \$20,000.
	655.50 (10) (b) 1.	3rd	Failure to report financial transactions



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1337	775.21 (10) (a)	3rd	<p>exceeding \$300 but less than \$20,000 by financial institution.</p> <p>Sexual predator; failure to register; failure to renew driver license or identification card; other registration violations.</p>
1338	775.21 (10) (b)	3rd	<p>Sexual predator working where children regularly congregate.</p>
1339	775.21 (10) (g)	3rd	<p>Failure to report or providing false information about a sexual predator; harbor or conceal a sexual predator.</p>
1340	782.051 (3)	2nd	<p>Attempted felony murder of a person by a person other than the perpetrator or the perpetrator of an attempted felony.</p>





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1341	782.07(1)	2nd	Killing of a human being by the act, procurement, or culpable negligence of another (manslaughter).
1342	782.071	2nd	Killing of a human being or unborn child by the operation of a motor vehicle in a reckless manner (vehicular homicide).
1343	782.072	2nd	Killing of a human being by the operation of a vessel in a reckless manner (vessel homicide).
1344	784.045(1)(a)1.	2nd	Aggravated battery; intentionally causing great bodily harm or disfigurement.
1345	784.045(1)(a)2.	2nd	Aggravated battery; using deadly weapon.
1346	784.045(1)(b)	2nd	Aggravated battery;



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1347			perpetrator aware victim pregnant.
	784.048 (4)	3rd	Aggravated stalking; violation of injunction or court order.
1348			
	784.048 (7)	3rd	Aggravated stalking; violation of court order.
1349			
	784.07 (2) (d)	1st	Aggravated battery on law enforcement officer.
1350			
	784.074 (1) (a)	1st	Aggravated battery on sexually violent predators facility staff.
1351			
	784.08 (2) (a)	1st	Aggravated battery on a person 65 years of age or older.
1352			
	784.081 (1)	1st	Aggravated battery on specified official or employee.
1353			

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1354	784.082 (1)	1st	Aggravated battery by detained person on visitor or other detainee.
1355	784.083 (1)	1st	Aggravated battery on code inspector.
1356	787.06 (3) (a) 2.	1st	Human trafficking using coercion for labor and services of an adult.
1357	787.06 (3) (e) 2.	1st	Human trafficking using coercion for labor and services by the transfer or transport of an adult from outside Florida to within the state.
1358	790.07 (4)	1st	Specified weapons violation subsequent to previous conviction of s. 790.07 (1) or (2).
1359	790.16 (1)	1st	Discharge of a machine gun under specified circumstances.

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1360	790.165 (2)	2nd	Manufacture, sell, possess, or deliver hoax bomb.
1361	790.165 (3)	2nd	Possessing, displaying, or threatening to use any hoax bomb while committing or attempting to commit a felony.
1362	790.166 (3)	2nd	Possessing, selling, using, or attempting to use a hoax weapon of mass destruction.
1363	790.166 (4)	2nd	Possessing, displaying, or threatening to use a hoax weapon of mass destruction while committing or attempting to commit a felony.
1364	790.23	1st, PBL	Possession of a firearm by a person who qualifies for the penalty enhancements provided for in s. 874.04.
	794.08 (4)	3rd	Female genital mutilation;



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1365	796.05 (1)	1st	consent by a parent, guardian, or a person in custodial authority to a victim younger than 18 years of age.
1366	796.05 (1)	1st	Live on earnings of a prostitute; 2nd offense.
1367	796.05 (1)	1st	Live on earnings of a prostitute; 3rd and subsequent offense.
1368	800.04 (5) (c) 1.	2nd	Lewd or lascivious molestation; victim younger than 12 years of age; offender younger than 18 years of age.
1369	800.04 (5) (c) 2.	2nd	Lewd or lascivious molestation; victim 12 years of age or older but younger than 16 years of age; offender 18 years of age or older.



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1370	800.04 (5) (e)	1st	Lewd or lascivious molestation; victim 12 years of age or older but younger than 16 years; offender 18 years or older; prior conviction for specified sex offense.
1371	806.01 (2)	2nd	Maliciously damage structure by fire or explosive.
1372	810.02 (3) (a)	2nd	Burglary of occupied dwelling; unarmed; no assault or battery.
1373	810.02 (3) (b)	2nd	Burglary of unoccupied dwelling; unarmed; no assault or battery.
1374	810.02 (3) (d)	2nd	Burglary of occupied conveyance; unarmed; no assault or battery.
1375	810.02 (3) (e)	2nd	Burglary of authorized emergency vehicle.



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1376	812.014 (2) (a) 1.	1st	Property stolen, valued at \$100,000 or more or a semitrailer deployed by a law enforcement officer; property stolen while causing other property damage; 1st degree grand theft.
1377	812.014 (2) (b) 2.	2nd	Property stolen, cargo valued at less than \$50,000, grand theft in 2nd degree.
1378	812.014 (2) (b) 3.	2nd	Property stolen, emergency medical equipment; 2nd degree grand theft.
1379	812.014 (2) (b) 4.	2nd	Property stolen, law enforcement equipment from authorized emergency vehicle.
1379	812.0145 (2) (a)	1st	Theft from person



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1380	812.019 (2)	1st	65 years of age or older; \$50,000 or more. Stolen property; initiates, organizes, plans, etc., the theft of property and traffics in stolen property.
1381	812.131 (2) (a)	2nd	Robbery by sudden snatching.
1382	812.133 (2) (b)	1st	Carjacking; no firearm, deadly weapon, or other weapon.
1383	817.034 (4) (a) 1.	1st	Communications fraud, value greater than \$50,000.
1384	817.234 (8) (a)	2nd	Solicitation of motor vehicle accident victims with intent to defraud.
1385	817.234 (9)	2nd	Organizing, planning, or





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1386	817.234 (11) (c)	participating in an intentional motor vehicle collision.
1387	817.2341 (2) (b) & (3) (b)	1st Insurance fraud; property value \$100,000 or more.  1st Making false entries of material fact or false statements regarding property values relating to the solvency of an insuring entity which are a significant cause of the insolvency of that entity.
1388	817.535 (2) (a)	3rd Filing false lien or other unauthorized document.
1389	825.102 (3) (b)	2nd Neglecting an elderly person or disabled adult causing great bodily harm, disability, or disfigurement.
1390		



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1391	825.103 (3) (b)	2nd	Exploiting an elderly person or disabled adult and property is valued at \$10,000 or more, but less than \$50,000.
1392	827.03 (2) (b)	2nd	Neglect of a child causing great bodily harm, disability, or disfigurement.
1393	827.04 (3)	3rd	Impregnation of a child under 16 years of age by person 21 years of age or older.
1394	837.05 (2)	3rd	Giving false information about alleged capital felony to a law enforcement officer.
1395	838.015	2nd	Bribery.
1396	838.016	2nd	Unlawful compensation or reward for official behavior.
	838.021 (3) (a)	2nd	Unlawful harm to a



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1397			public servant.
1398	838.22	2nd	Bid tampering.
1399	843.0855 (2)	3rd	Impersonation of a public officer or employee.
1400	843.0855 (3)	3rd	Unlawful simulation of legal process.
1401	843.0855 (4)	3rd	Intimidation of a public officer or employee.
1402	847.0135 (3)	3rd	Solicitation of a child, via a computer service, to commit an unlawful sex act.
1403	847.0135 (4)	2nd	Traveling to meet a minor to commit an unlawful sex act.
1404	872.06	2nd	Abuse of a dead human body.
	874.05 (2) (b)	1st	Encouraging or recruiting person under 13 to join a



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1405	874.10	1st, PBL	criminal gang; second or subsequent offense.
1406	893.13 (1) (c) 1.	1st	Knowingly initiates, organizes, plans, finances, directs, manages, or supervises criminal gang-related activity.
1407	893.13 (1) (e) 1.	1st	Sell, manufacture, or deliver cocaine (or other drug prohibited under s. 893.03 (1) (a), (1) (b), (1) (d), (2) (a), (2) (b), or (2) (c) 4.) within 1,000 feet of a child care facility, school, or state, county, or municipal park or publicly owned recreational facility or community center.
			Sell, manufacture, or deliver cocaine or other



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1408	893.13(4)(a)	1st	<p>drug prohibited under s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)4., within 1,000 feet of property used for religious services or a specified business site.</p> <p>Deliver to minor cocaine (or other s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)4. drugs).</p>
1409	893.135(1)(a)1.	1st	<p>Trafficking in cannabis, more than 25 lbs., less than 2,000 lbs.</p>
1410	893.135 (1)(b)1.a.	1st	<p>Trafficking in cocaine, more than 28 grams, less than 200 grams.</p>
1411	893.135 (1)(c)1.a.	1st	<p>Trafficking in illegal drugs, more than 4 grams, less than 14 grams.</p>
1412			

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1413	893.135 (1) (c) 2.a.	1st	Trafficking in hydrocodone, 14 grams or more, less than 28 grams.
1414	893.135 (1) (c) 2.b.	1st	Trafficking in hydrocodone, 28 grams or more, less than 50 grams.
1415	893.135 (1) (c) 3.a.	1st	Trafficking in oxycodone, 7 grams or more, less than 14 grams.
1416	893.135 (1) (c) 3.b.	1st	Trafficking in oxycodone, 14 grams or more, less than 25 grams.
1417	893.135 (1) (d) 1.	1st	Trafficking in phencyclidine, more than 28 grams, less than 200 grams.
1418	893.135 (1) (e) 1.	1st	Trafficking in methaqualone, more than 200 grams, less than 5 kilograms.



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1419	893.135 (1) (f) 1.	1st	Trafficking in amphetamine, more than 14 grams, less than 28 grams.
1420	893.135 (1) (g) 1.a.	1st	Trafficking in flunitrazepam, 4 grams or more, less than 14 grams.
1421	893.135 (1) (h) 1.a.	1st	Trafficking in gamma- hydroxybutyric acid (GHB), 1 kilogram or more, less than 5 kilograms.
1422	893.135 (1) (j) 1.a.	1st	Trafficking in 1,4- Butanediol, 1 kilogram or more, less than 5 kilograms.
1423	893.135 (1) (k) 2.a.	1st	Trafficking in Phenethylamines, 10 grams or more, less than 200 grams.
1423	893.1351 (2)	2nd	Possession of place for trafficking in or manufacturing of controlled



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1424	896.101 (5) (a)	3rd	substance. Money laundering, financial transactions exceeding \$300 but less than \$20,000.
1425	896.104 (4) (a) 1.	3rd	Structuring transactions to evade reporting or registration requirements, financial transactions exceeding \$300 but less than \$20,000.
1426	943.0435 (4) (c)	2nd	Sexual offender vacating permanent residence; failure to comply with reporting requirements.
1427	943.0435 (8)	2nd	Sexual offender; remains in state after indicating intent to leave; failure to comply with reporting requirements.
1428	943.0435 (9) (a)	3rd	Sexual offender; failure





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1429	943.0435 (13)	3rd	Failure to report or providing false information about a sexual offender; harbor or conceal a sexual offender.
1430	943.0435 (14)	3rd	Sexual offender; failure to report and reregister; failure to respond to address verification; providing false registration information.
1431	944.607 (9)	3rd	Sexual offender; failure to comply with reporting requirements.
1432	944.607 (10) (a)	3rd	Sexual offender; failure to submit to the taking of a digitized photograph.
1433			



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1434	944.607(12)	3rd	Failure to report or providing false information about a sexual offender; harbor or conceal a sexual offender.
1435	944.607(13)	3rd	Sexual offender; failure to report and reregister; failure to respond to address verification; providing false registration information.
1436	985.4815(10)	3rd	Sexual offender; failure to submit to the taking of a digitized photograph.
1437	985.4815(12)	3rd	Failure to report or providing false information about a sexual offender; harbor or conceal a sexual offender.
	985.4815(13)	3rd	Sexual offender; failure to report and reregister;



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failure to respond to  
address verification;  
providing false registration  
information.

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1439

Section 37. This act shall take effect July 1, 2016.

**DRAFT LANGUAGE TO BE CONSIDERED BY ANESTHESIOLOGIST ASSISTANT COMMITTEE – JUNE, 2016**

**64B15-7.003 Application for Licensure and Licensure Requirements for Anesthesiologist Assistants.**

**(1) Application for Licensure.**

(a) All persons applying for licensure as an anesthesiologist assistant shall submit an application to the Department. The application shall be made on Form DH-MQA 1087, entitled "Application for Licensure As An Anesthesiologist Assistant," (revised 6/16 40/13), hereby adopted and incorporated by reference, and can be obtained from [http://www.flrules.org/Gateway/reference.asp?No\\_Ref=03737](http://www.flrules.org/Gateway/reference.asp?No_Ref=03737), or <https://www.doh.state.fl.us/DOHInitialApp/CreateAccount.aspx?Board=8015&Procde=1515>.

(b) The application may not be used for more than one year from the date of original submission of the application and fee. Fees are found in Rule 64B15-7.012, F.A.C. After one year from the date that the original application and fee have been received in the Board office, a new application and fee shall be required from any applicant who desires licensure as an anesthesiologist assistant.

~~(c) All application information must be submitted no later than 15 days prior to the meeting at which the applicant desires his or her application to be considered.~~

**(2) Requirements for Licensure.**

(a) All applicants for licensure as an anesthesiologist assistant must submit an application as set forth in subsection (1) above. Applicants must provide a sworn statement of any prior felony convictions and a sworn statement of any prior discipline or denial of licensure or certification in any state. The applicant must meet all of the requirements of Section 459.023, F.S., and the applicant must submit two personalized and individualized letters of recommendation from anesthesiologists. Letters of recommendation must be composed and signed by the applicant's supervising anesthesiologist, or, for recent graduates, the faculty anesthesiologist, and give details of the applicant's clinical skills and ability. Each letter must be addressed to the Board and must have been written no more than six months prior to the filing of the application for licensure.

(b) The applicant must have obtained a passing score on the examination administered through the NCCAA. The passing score shall be established by the NCCAA.

(c) The applicant must be certified in advanced cardiac life support.

~~(d) The applicant must provide documentation of the completion of two hours of continuing medical education relating to prevention of medical errors which includes a study of root cause analysis, error reduction and prevention, and patient safety, and which is approved by any state or federal government agency, or nationally affiliated professional association, or any provider of Category I or II American Medical Association Continuing Medical Education or American Osteopathic Association approved Category I-A continuing education related to the practice of osteopathic medicine or under osteopathic auspices. One hour of a two hour course which is provided by a facility licensed pursuant to Chapter 395, F.S., for its employees may be used to partially meet this requirement.~~

~~(d) (e) Demonstrate compliance with the financial responsibility pursuant to Section 456.048, F.S., and as outlined in Rule 64B15-7.006, F.A.C., below.~~

(3) Restrictions. For purposes of carrying out the provisions of Sections 458.3475 and 459.023, F.S., every anesthesiologist assistant is prohibited from being supervised by any physician whose license to practice medicine is on probation.

*Rulemaking Authority 456.048, 459.005, 459.023 FS. Law Implemented 456.013(7), 456.048, 456.0635, 459.023 FS. History—New 8-2-05, Amended 5-20-09, 2-2-10, 3-10-14.*



DEPARTMENT OF HEALTH  
ANESTHESIOLOGIST  
ASSISTANTS  
P.O. Box 6320  
Tallahassee, Florida 32399-6320  
(850) 245-4131



INSTRUCTIONS FOR COMPLETING THE APPLICATION  
FOR LICENSURE AS AN ANESTHESIOLOGIST  
ASSISTANT

Prior to completing the application, we strongly recommend that you carefully read Sections 458 and 459, Florida Statutes and Rule Chapters 64B8-31, and 64B15-7 Florida Administrative Code. You must know and comply with the laws and rules as they pertain to your professional practice. Laws and rules are subject to change at any time. For updated information refer to the following web-sites [www.leg.state.fl.us/](http://www.leg.state.fl.us/) (statutes) and [www.fac.dos.state.fl.us](http://www.fac.dos.state.fl.us) (Florida Administrative Code).

**IMPORTANT NOTICE:**

Effective July 1, 2012, section 456.0635, Florida Statutes, provides that health care boards or the department **shall refuse**

to issue a license, certificate or registration and **shall refuse** to admit a candidate for examination if the applicant:

1. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S., (relating to social and economic assistance), Chapter 817, F.S., (relating to fraudulent practices), Chapter 893, F.S., (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction unless the candidate or applicant has successfully completed a drug court program for that felony and provides proof that the plea has been withdrawn or the charges have been dismissed.

Any such conviction or plea shall exclude the applicant or candidate from licensure, examination, certification, or registration, unless the sentence and any subsequent period of probation for such conviction or plea ended:

For the felonies of the first or second degree, more than 15 years from the date of the plea, sentence and completion of any subsequent probation;

For the felonies of the third degree, more than 10 years from the date of the plea, sentence and completion of any subsequent probation;

For the felonies of the third degree under section 893.13(6)(a), F.S., more than five years from the date of the plea, sentence and completion of any subsequent probation;

2. Has been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues), unless the sentence and any subsequent period of probation for such conviction or pleas ended more than 15 years prior to the date of the application;
3. Has been terminated for cause from the Florida Medicaid program pursuant to section 409.913, F.S., 64B8-31.003 & 64B15-7.003, F.A.C. DH-MQA-1087, revised (06/16)

unless the candidate or applicant has been in good standing with the Florida Medicaid program for the most recent five years;

4. Has been terminated for cause, pursuant to the appeals procedures established by the state or Federal Government, from any other state Medicaid program, unless the candidate or applicant has been in good standing with a state Medicaid program for the most recent five years and the termination occurred at least 20 years before the date of the application;
5. Is Excluded currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Individuals and Entities.

Please take personal responsibility for preparing your application. Carefully read and follow all instructions. If you have questions, call for clarification. Applicants are required to keep the application information updated during processing.

The Department strongly suggests that you refrain from making a commitment or accepting a position in Florida until you are licensed.

Upon employment as an Anesthesiologist Assistant, you must notify the Florida Department of Health, Board of Medicine, Anesthesiologist Assistants within 30 days of beginning such employment or after any subsequent changes in the supervising physician(s) and any address changes. An Anesthesiologist Assistant Protocol must be used for this purpose and will be supplied to you upon licensure.

**THE FOLLOWING ITEMS MUST ACCOMPANY YOUR APPLICATION FOR LICENSURE AS AN ANESTHESIOLOGIST ASSISTANT: Copies must be legible. It is acceptable, and preferred that large documents be reduced to 8 1/2" x 11".**

**1. Applications and Initial License Fee:**

No application will be processed without the fees. **APPLICATION & LICENSE FEES MUST ACCOMPANY THE APPLICATION. THE APPLICATION FEE IS NON-REFUNDABLE.** The application fee is \$300 and the initial license fee is \$500 plus \$5.00 unlicensed activities fee for any person applying for licensure as an Anesthesiologist Assistant as provided in Sections 458 and 459, F.S., Submit a check, money order or cashiers check made payable to the Florida Department of Health in the amount of \$805. The biennial license period for Anesthesiologist Assistants is February 1 odd year through January 31 odd year.

**2. Anesthesiologist Assistant Diploma:** Submit a photocopy of your Anesthesiologist Assistant diploma. Additionally, you are responsible for mailing to your Anesthesiologist Assistants program the "Anesthesiologist Assistant Program Verification Form".

**3. NCCAA:** Submit a photocopy of your certificate issued to you by the National Commission on Certification of Anesthesiologist Assistants (NCCAA). If you have had a previous certificate that lapsed, please indicate the certification number. Chapters 458 and 459 require any person desiring to be licensed, as an Anesthesiologist Assistant, must have "satisfactorily passed a proficiency examination by an acceptable score established by the National Commission on Certification of Anesthesiologist Assistants (NCCAA). If an applicant does not hold a current certificate issued by the NCCAA and has not actively practiced as an Anesthesiologist Assistant within the immediately preceding 4 years, the applicant must retake and successfully complete the entry-level examination of the NCCAA to be eligible for licensure." By Board rule, the Board may require an applicant who does not pass the NCCAA exam after five or more attempts to complete additional remedial education or training. Additionally, you are responsible for mailing the "NCCAA Verification Form" to NCCAA.

**4. Advanced Cardiac Life Support (ACLS) Certificate:** Submit a photocopy of your ACLS certificate issued by the American Heart Association.

**5. United States Military and/or Public Health:** Provide a copy of your discharge documents indicating type of discharge.

**6. Name:** List your name as it appears on your birth certificate and/or a legal name-change document. Nicknames or shortened versions are unacceptable. If you have a hyphenated last name, enter both names in the last name space. It will be recognized by the first letter of the first name; e.g., Diaz-Jones.

**7. Financial Responsibility:** Pursuant to Section 456.048(1), F.S., prior to licensure, the Anesthesiologist Assistant must provide a statement of liability coverage on forms approved by the Board.

**8. Letters of Recommendation:** Two current, original, personalized and individualized letters of recommendation from Anesthesiologists, (MD's or DO's) on his or her letterhead paper. Each letter must be addressed to the Board of Medicine and must have been written no more than six (6) months prior to the filing of the application. Letters addressed only "TO WHOM IT MAY CONCERN" and/or containing a signature stamp will not be accepted. Identical letters that appear to have been composed by the same person, or from family members, will not be accepted. If you are a recent graduate, your recommendation letters must be from your faculty anesthesiologists. If you were employed as an Anesthesiologist Assistant, your recommendation letters must be from supervising anesthesiologist. If clinical rotations are completed in a state other than your program and your preceptor physician is submitting a recommendation letter, please have the physician clarify his/her association with you. Letters should expound on your clinical skills and abilities.

**9. License Verifications: (AA, PA, LPN, RN, EMT, CNA, Paramedic, RT, TT, PT, etc.)**

Provide verification of licensure as an Anesthesiologist Assistant and/or any other healthcare practitioner in any state.

Some agencies charge a fee for license verifications. If you are, or have been, licensed in the United States, contact each state and have them forward licensure/registration/certification, (including temporary licenses/permits) verification directly to the Board of Medicine. If no license/registration/ certification was required during your employment, please request that the state board provide such statement directly to this office. A copy of your license is not acceptable in lieu of a written verification of licensure from the State Licensing Agency. You may want to request state licensure verifications as soon as possible; some states can take up to 6 weeks to complete and mail verifications. Additionally, you are responsible for mailing the "Licensure Verification Form" to all state Medical Boards where you have ever held a license as a health care provider. (Not limited to Anesthesiologist Assistant licensure)

**10. Education, Training, Employment and Non-Employment History:** Question 18 part one must contain and account for all non-medical periods of time, including vacations and non-employment during the past five years. Question 18 part two must contain and account for all medical related employment. Omission of this information will cause a delay in the application process. Do not leave off more than 30 days.

**11. Activities:** You are required to update your application by providing the Board office with a written statement of your activities within 30 days of the Committee meeting to which your application is being considered.

**12. Supplemental Documents:** If any of the questions numbered 21– 42 on the application are answered "Yes", you must submit a detailed statement, composed by you, explaining the circumstances. Should any of the questions in the "YES/NO" portion of the application fail to provide sufficient space for the requested information, use an additional page and number the additional information with the corresponding number in the application.

- For Questions 33-38: \* Reports from all treating physicians/hospitals/institutions/agencies, including admission and discharge summary regarding treatment on conduct assessment(s); mental or physical conditions. Reports must include all DSM III R/DSM IV, Axis I and II diagnoses and codes and Axis III condition and prescribed medications. Applicants, who have any history of those listed above, may be required to undergo a current conduct assessment through Florida's Professionals Resource Network (PRN). Also see "Supplemental Documents".
- For Questions 22-30 and 41-44: \* Submit court certified copies of charges/arrest report(s), indictments(s) and judgment(s) and satisfaction of judgment(s) Submit copies of any litigation or any other proceedings in any court of law or equity, any criminal court, any arbitration Board or before any governmental Board or Agency, to which you have been a party, either as a plaintiff, defendant, co-defendant, or otherwise. Also see "Supplemental Documents".
- For Questions 22- 30 and 40: \* Submit Copies of supporting documentation. Also see "Supplemental Documents".
- For Questions 29 and 30: \* Submit court certified copies of complaint(s), amended complaint(s), and judgment(s). If litigation is pending, the attorney representing the case must submit a letter addressed to the Committee on Anesthesiologist Assistants explaining the current litigation status. Submit a statement, composed by you, stating how many cases you have been named in and the details of your involvement. Also see "Supplemental Documents".

\*Section 456.013(3)(c), Florida Statutes, permits the Board to require your personal appearance.





**CERTIFICATION HISTORY:**

11a. Have you ever taken the examination of the National Commission on Certification of Anesthesiologist Assistants? YES  NO

11b. Initial NCCAA exam dates; month and year.

12a. Have you ever failed the examination of the National Commission on Certification of Anesthesiologist Assistants? YES  NO

12b. If yes, list all failed exam dates; month / year.

13a. Are you re-certified by the NCCAA? YES  NO

13b. List all NCCAA re-certification exam dates.

14. Have you completed the Advanced Cardiac Life Support program administered by the American Heart Association? YES  NO

15. List ACLS completion date; month and year.

**LICENSURE HISTORY:**

16. In what states are/were you licensed/registered as a healthcare provider? (AA, EMT, CNA, RN, etc.) Include all temporary certificates/licenses. List the states, the license number, issue date and type of license. If non-applicable, indicate N/A or none. (see #10 on page 3 of the instructions)

**EDUCATION HISTORY:**

17. List, undergraduate, graduate and professional education – Starting with undergraduate education, list in chronological order all schools, colleges and universities attended, whether completed or not. Submit on a separate sheet if needed.

**COLLEGE OR UNIVERSITY:** List the name, location of school, dates of attendance and degrees earned.

**OTHER TRAINING:**

**NON-MEDICAL EMPLOYMENT HISTORY:**

**18. Part One:** In CHRONOLOGICAL order list all non-medical employment during the past 5 years until present. Give full name and address of the facility, dates of employment (month and year), positions / titles held, and reason for leaving. Failure to provide all required information will delay processing the application. Add additional sheets if necessary.

NAME & ADDRESS OF FACILITY FOR NON-MEDICAL EMPLOYMENT DURING LAST 5 YRS	Dates of Employment (Month and Year)	Title of position held & reason for leaving

**MEDICAL EMPLOYMENT HISTORY:**

18. **Part Two:** In CHRONOLOGICAL order list all medical related employment. Give full name and address of the facility, dates of employment (month and year), positions / titles held, and reason for leaving. Failure to provide all required information will delay processing the application. Add additional sheets if necessary.

Name and Address of Employer	Dates of Employment (Month and Year)	Title of position held & reason for leaving

**MILITARY HISTORY:**

19. Have you ever been in the United States Military and or Public Health Service? If yes, please list below the branch of service, rank and all dates of service. Provide a copy of your discharge document.

YES  NO

**THE FOLLOWING QUESTIONS MUST BE ANSWERED YES OR NO. ALL AFFIRMATIVE ANSWERS MUST BE PERSONALLY EXPLAINED TO THE COUNCIL IN DETAIL ON AN ADDITIONAL SHEET. DOCUMENTATION SUBSTANTIATING THE EXPLANATION IS REQUIRED.**

- 20. Have you ever been denied a license as an Anesthesiologist Assistant or health care practitioner by any state board or other governmental agency of any state or country? YES  NO
- 21. Have you ever been notified to appear before any licensing agency for a hearing or complaint of any nature, including, but not limited to, a charge of violation of the medical practice act, unprofessional or unethical conduct? YES  NO
- 22. Have you ever had a license to practice as an Anesthesiologist Assistant or other health care practitioner revoked, suspended, or other disciplinary action taken in any state, territory or country? YES  NO
- 23. Have you ever been convicted of, or entered a plea of guilty, nolo contendere, or no contest to a crime in any jurisdiction other than a minor traffic offense? You must include all misdemeanors and felonies, even if the court withheld adjudication so that you would not have a record of conviction. Driving under the influence or driving while impaired is not a minor traffic offense for purposes of this question YES  NO
- 24. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under Chapter 409, F.S. (relating to social and economic assistance), Chapter 817, F.S. (relating to fraudulent practices), Chapter 893, F.S. (relating to drug abuse prevention and control) or a similar felony offense(s) in another state or jurisdiction? (If you responded "no", skip to #26.) YES  NO
- 24a. If "yes" to 25, for the felonies of the first or second degree, has it been more than 15 years from the date of the plea, sentence and completion of any subsequent probation? YES  NO
- 24b. If "yes" to 25, for the felonies of the third degree, has it been more than 10 years from the date of the plea, sentence and completion of any subsequent probation? (This question does not apply to felonies of the third degree under Section 893.13(6)(a), Florida Statutes) YES  NO
- 24c. If "yes" to 25, for the felonies of the third degree under Section 893.13(6)(a), Florida Statutes, has it been more than 5 years from the date of the plea, sentence and completion of any subsequent probation? YES  NO
- 24d. If "yes" to 25, have you successfully completed a drug court program that resulted in the plea for the felony offense being withdrawn or charges dismissed? (If "yes", please provide supporting documentation) YES  NO
- 25. Have you been convicted of, or entered a plea of guilty or nolo contendere to, regardless of adjudication, a felony under 21 U.S.C. ss. 801-970 (relating to controlled substances) or 42 U.S.C. ss. 1395-1396 (relating to public health, welfare, Medicare and Medicaid issues)? YES  NO
- 25a. If "yes" to 26, has it been more than 15 years before the date of application since the sentence and any subsequent period of probation for such conviction or plea ended? YES  NO
- 26. Have you ever been terminated for cause from the Florida Medicaid Program pursuant to Section 409.913, Florida Statutes? (If "No", do not answer 27a.) YES  NO
- 26a. If you have been terminated but reinstated, have you been in good standing with the Florida Medicaid Program for the most recent five years? YES  NO
- 27. Have you ever been terminated for cause, pursuant to the appeals procedures established by the state, from any other state Medicaid program? (If "No", do not answer 28a or 28b.) YES  NO
- 27a. Have you been in good standing with a state Medicaid program for the most recent five years? YES  NO
- 27b. Did the termination occur at least 20 years before the date of this application? YES  NO
- 28. Are you currently listed on the United States Department of Health and Human Services Office of Inspector General's List of Excluded Individuals and Entities? YES  NO

- 29. Have any civil judgments ever been entered against you? YES  NO
- 30. Have you ever been named in a lawsuit for malpractice or has any settlement or claim been paid on your behalf in relation to a claim of malpractice? YES  NO
- 31. Have you ever discontinued practice for any reason for a period of one month or longer? YES  NO
- 32. Have you ever had employment terminated for cause? YES  NO
- 33. In the last five years, have you been enrolled in, required to enter into, or participated in any drug and/or alcohol recovery program or impaired practitioner program for treatment of drug or alcohol abuse that occurred within the past five years? YES  NO
- 34. In the last five years, have you been admitted or referred to a hospital, facility or impaired practitioner program for treatment of a diagnosed mental disorder or impairment? YES  NO
- 35. During the last five years, have you been treated for or had a recurrence of a diagnosed mental disorder that has impaired your ability to practice medicine within the past five years? YES  NO
- 36. During the last five years, have you been treated for or had a recurrence of a diagnosed physical disorder that has impaired your ability to practice medicine? YES  NO
- 37. In the last five years, were you admitted or directed into a program for the treatment of a diagnosed substance-related (alcohol/drug) disorder or, if you were previously in such a program, did you suffer a relapse within the last five years? YES  NO
- 38. During the last five years, have you been treated for or had a recurrence of a diagnosed substance-related (alcohol/drug) disorder that has impaired your ability to practice medicine within the last five years? YES  NO
- 39. Have you had any felony convictions? YES  NO
- 40. Have you had any license revoked or denied? YES  NO
- 41. Are you a United States citizen? If no, please list your alien number YES  NO

**AFFIDAVIT: (Applicable to questions 23, 41 and 42 only)**

The foregoing instrument was sworn before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_, By \_\_\_\_\_ who is personally known to me or who has produced as identification \_\_\_\_\_ and did take an oath.

Name of Notary: \_\_\_\_\_ (typed, printed or stamped)

Signature of Notary: \_\_\_\_\_

Date Notary Commission Expires: \_\_\_\_\_

We are required to ask that you furnish the following information as part of your voluntary compliance with Section 2, Uniform Guidelines on Employee Selection Procedure (1978) 43 FR38296 (August 25, 1978). This information is gathered for statistical and reporting purposes only and does not in any way affect your candidacy for licensure.

Male  Female  Black  Caucasian  Hispanic  Native American  Other

**Statement of Applicant:**

I state that these statements are true and correct. I recognize that providing false information may result in denial of licensure, disciplinary action against my license, or criminal penalties pursuant to Sections 456.067, 775.083, and 775.084, Florida Statutes. I state that I have read Chapters 456, 458 and 459, and sections 766.301-306, F.S. and Chapters 64B8-31, and 64B15-7, Florida Administrative Code.

I hereby authorize all hospitals, institutions or organizations, my references, personal physicians, employers (past and present), and all governmental agencies and instrumentalities (local, state, federal, or foreign) to release to the Florida Board of Medicine information which is material to my application for licensure.

I have carefully read the questions in the foregoing application and have answered them completely, without reservations of any kind. I state that my answers and all statements made by me herein are true and correct. Should I furnish any false information in this application,

I hereby agree that such act constitutes cause for denial, suspension, or revocation of my license to practice Medicine in the State of Florida. If there are any changes to my status or any change that would affect any of my answers to this application I must notify the board within 30 days.

I understand that my records are protected under federal and state regulations governing Confidentiality of Mental Health Patient Records and cannot be disclosed without my written consent unless otherwise provided in the regulations. I understand that my records are protected under federal and state regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it.

---

**SIGNATURE OF APPLICANT:**

**DATE:**



**CONFIDENTIAL AND EXEMPT FROM PUBLIC RECORDS  
DISCLOSURE\***

**Florida Department of Health  
Board of Medicine  
Anesthesiologist Assistant License Application**

**Name:** \_\_\_\_\_  
**Last** **First** **Middle**

**Social Security Number:** \_\_\_\_\_

\*This page is exempt from public records disclosure. The Department of Health is required and authorized to collect Social Security Numbers relating to applications for professional licensure pursuant to Title 42 USCA § 666 (a)(13). For all professions regulated under chapter 456, Florida Statutes, the collection of Social Security Numbers is required by section 456.013 (1)(a), Florida Statutes.



**Department of Health, Board of Medicine**  
**ANESTHESIOLOGIST ASSISTANT FINANCIAL RESPONSIBILITY FORM**  
(Please Print the Following Information)

NAME:

MAILING ADDRESS:

CITY:

STATE:

ZIP:

Mailing address will not be published on the Internet.

PRACTICE LOCATION:

CITY:

STATE:

ZIP:

Practice locations will be published on the Internet.

**Financial Responsibility options are divided into two categories, coverage and exemptions.  
Choose only one option provided pursuant to s.456.048, Florida Statutes.**

**FINANCIAL RESPONSIBILITY COVERAGE:**

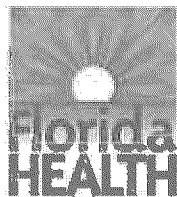
1. I have established an irrevocable letter of credit or an escrow account in an amount of \$100,000/ \$300,000, in accordance with Chapter 675, F. S., for a letter of credit and s. 625.52, F. S., for an escrow account.
2. I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F. S., from a surplus lines insurer as defined under s. 626.914(2), F.S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F. S., or through a plan of self-insurance as provided in s. 627.357, F.S.

**FINANCIAL RESPONSIBILITY EXEMPTIONS:**

3. I practice medicine exclusively as an officer, employee, or agent of the federal government, or of the state or its agencies or subdivisions.
4. I do not practice medicine in the State of Florida.
5. I practice only in conjunction with my teaching duties at an accredited school or its main teaching hospitals.

Signature of Anesthesiologist Assistant

Date



National Commission on Certification of

From: Department of Health

Anesthesiologist Assistants  
P.O Box 15519  
Atlanta, GA 30033-0519

Board of Medicine  
4052 Bald Cypress Way, Bin #C03  
Tallahassee, Florida 32399-3253

Name:

First

Middle

Last

Date of Birth:

/ /

NCCAA Certificate #:

Previous NCCAA  
Certificate # if applicable

Number of times NCCAA  
exam was taken:

Number of times NCCAA  
exam was failed:

Dates of  
exams:

Original issue date:

/ /

Expiration date:

/ /

SEAL

Comments if any

Signature and title:

Date:



**LICENSE VERIFICATION FORM**

(Mail to each state where you were/are licensed)

<b>To:</b>	<b>FROM: Department of Health Board of Medicine Anesthesiologist Assistants 4052 Bald Cypress Way BIN #C03 Tallahassee, Florida 32399-3253</b>
------------	--

The Anesthesiologist Assistant listed below has submitted an application for licensure in Florida. He/she states that he/she is/was licensed or registered in your state as a healthcare practitioner. Please complete and return this form as soon as possible. Thank you for your cooperation.

**\*Completed by applicant**

_____		
First	Middle	LAST
*DOB:		/ /

**Completed by Medical Board**

Profession:	License #:
Issue date:	Expiration Date

Was a temporary certificate issued prior to full licensure? YES  NO

License #	Issue date:	Expiration Date:
-----------	-------------	------------------

Has any disciplinary action ever been taken against this license? YES  NO

If yes, please explain.

Verified by: \_\_\_\_\_ (signature)

Name: \_\_\_\_\_ (please print)

**SEAL**

Title:





**ANESTHESIOLOGIST ASSISTANT PROGRAM VERIFICATION FORM**

<b>To:</b>   <p align="center"><small>(Anesthesiologist Assistant program address)</small></p>	<b>From: Department of Health          Board of Medicine          Anesthesiologist Assistants          4052 Bald Cypress Way          Bin #C03          Tallahassee, Florida 32399-3253</b>
---	---

**The individual listed below has applied to the Florida Department of Health, Board of Medicine for licensure as an Anesthesiologist Assistant. A diploma from your school was submitted as proof of having completed educational prerequisites for licensure in Florida. Please authenticate by signature and seal that the following is true and correct.**

<b>Name:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> <td style="width: 33%; height: 20px;"></td> </tr> <tr> <td align="center"><small>First</small></td> <td align="center"><small>Middle</small></td> <td align="center"><small>Last</small></td> </tr> </table>				<small>First</small>	<small>Middle</small>	<small>Last</small>
<small>First</small>	<small>Middle</small>	<small>Last</small>					

<b>DOB:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px; text-align: center;">/</td> <td style="width: 33%; height: 20px; text-align: center;">/</td> <td style="width: 33%; height: 20px;"></td> </tr> </table>	/	/	
/	/			

<b>Profession:</b>	<b>Anesthesiologist Assistant</b>	<b>Degree issue date:</b>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; height: 20px; text-align: center;">/</td> <td style="width: 33%; height: 20px; text-align: center;">/</td> <td style="width: 33%; height: 20px;"></td> </tr> </table>	/	/	
/	/					

**Comments (if any):** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
 Verified by: (signature)

\_\_\_\_\_  
 Name: (please print)

**SEAL**

Title:



**ANESTHESIOLOGIST ASSISTANT PROTOCOL**  
**INSTRUCTIONS AND INFORMATION**

- ✓ Always submit pages 17 - 21 of the Protocol. (Do not return the instruction page.)
- ✓ The Anesthesiologist **MUST** sign page 20 and the Anesthesiologist Assistant **MUST** sign page 21.
- ✓ A separate Protocol form must be submitted for each individual practice setting. (Satellite offices **DO NOT** require separate forms but **DO** need to be listed.)
- ✓ If you do not receive your stamped copy of the Protocol form within 30 days, please call us to confirm we have received it; (850) 245-4131.
- ✓ Please maintain a copy of your signed Protocol form for credentialing purposes.
- ✓ Failure to submit any changes or up-dates within 30 days of the occurrence will result in disciplinary action. (mailing / practice locations, adding / deleting supervising physicians)
- ✓ With the exception of practicing in a Government facility, only anesthesiologists with an unrestricted Florida license, and whose license is not on probation, is qualified to employ and supervise anesthesiologist assistants.
- ✓ Licensees are required to keep his/her protocol and licensure information current at all times.

**PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST(S):**

Sections 458.3475 and 459.023, Florida Statutes, states that "an Anesthesiologist who directly supervises an anesthesiologist assistant must be qualified in the medical areas in which the anesthesiologist assistant performs and is liable for the performance of the anesthesiologist assistant."

**Keep a copy of these frequently used phone numbers and Web sites**

- **Anesthesiologist Assistant Website:** [www.flhealthsource.com](http://www.flhealthsource.com) (Applications, Protocols, renewal forms, CME requirements, address changes)
  - **MQA Services** (Look-up License, request an application, request license certification for another state medical board.)
- **Laws & Rules:** [www.leg.state.fl.us/](http://www.leg.state.fl.us/) and [www.fac.dos.state.fl.us](http://www.fac.dos.state.fl.us)
- **Web Board Address:** [www.flboardofmedicine.gov](http://www.flboardofmedicine.gov)
- **American Medical Association (AMA):** (312) 464-5000
- **American Academy of Anesthesiologist Assistants (AAAA):** (703) 836-2272
- **American Osteopathic Association (AOA):** (800) 621-1773
- **NCCAA:** (770) 734-4500
- **Medicaid:** (850) 414-2759 **Medicare:** (877) 267-2323 <http://cms.hhs.gov>

**ANESTHESIOLOGIST ASSISTANT PROTOCOL FORM**

Department of Health  
4052 Bald Cypress Way, Bin #C03  
Tallahassee, Florida 32399-3253  
(850) 245-4131

**IT IS THE RESPONSIBILITY OF THE ANESTHESIOLOGIST ASSISTANT TO KEEP THE PROTOCOL CURRENT.**

Sections 458.3475 and 459.023, Florida Statutes, and Rules 64B8-31 and 64B15-7, Florida Administrative Code, require that "Upon employment as a Anesthesiologist Assistant, a licensed Anesthesiologist Assistant must notify the Board office prior to such employment and/or after any subsequent changes in the supervising Anesthesiologist(s)". **Such notification shall include the full name, Florida license number and address of the supervising Anesthesiologist(s) as appropriate.**

A separate Protocol is required for each distinct practice, i.e., working full-time in one practice and then working part-time in an additional practice with different supervising Anesthesiologist (s) and would require two (2) completed Protocols. Satellite offices within the same practice do not constitute multiple practices, but must be documented on a single Protocol.

**ANESTHESIOLOGIST ASSISTANT DATA:**

<b>Name:</b>		<b>FL License #: AA</b>
Address Change? Yes <input type="checkbox"/> No <input type="checkbox"/>		Employment Date:                    /                    /
Mailing Address:		
Practice Address:		
Home telephone #:	Practice telephone #:	
E-mail Address:		

**PLEASE INDICATE BELOW THE REASON (S) FOR SUBMITTING THIS FORM:**

Adding <input type="checkbox"/>	Deleting <input type="checkbox"/>	Primary Supervising Physician
Adding <input type="checkbox"/>	Deleting <input type="checkbox"/>	Alternate Supervising Physician
Adding <input type="checkbox"/>	Deleting <input type="checkbox"/>	Practice Location
Adding <input type="checkbox"/>	Deleting <input type="checkbox"/>	Satellite Location





**ADDING SUPERVISING ANESTHESIOLOGIST(S) DATA:**

Name and Practice Address of all Supervising Anesthesiologist(s) PLEASE PRINT	Supervising Physician(s) DEA Number	Physician's Florida Medical License #	Signature of Supervising Anesthesiologist	Beginning Date of Supervision

**Signature of primary supervising anesthesiologist.**

**DELETING SUPERVISING ANESTHESIOLOGIST(S)**

NAME OF SUPERVISING ANESTHESIOLOGIST (S) YOU ARE DELETING	FLORIDA MEDICAL LICENSE NUMBER	DELETION DATE

**DELETION OF PRACTICE LOCATION(S)**

	DELETION DATE

**I declare that these statements are true and correct and recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to Sections 456.072, 458.327, 458.331, 459.013, 459.015, 775.082, 775.083 and 775.084, Florida Statutes.**

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Anesthesiologist Assistant

**Electronic Fingerprinting**

Take this form with you to the Livescan service provider. Please check the service provider's 64B8-31.003 & 64B15-7.003, F.A.C. DH-MQA-1087, revised (06/16)

requirements to see if you need to bring any additional items.

Background screening results are obtained from the Florida Department of Law Enforcement and the Federal Bureau of Investigation by submitting to a fingerprint scan using the Livescan method; You can find a Livescan service provider at: <http://www.floridahealth.gov/licensing-and-regulation/background-screening/index.html>.

Failure to submit background screening will delay your application;

Applicants may use any Livescan service provider approved by the Florida Department of Law Enforcement to submit their background screening to the department;

If you do not provide the correct Originating Agency Identification (ORI) number to the Livescan service provider the Board office will not receive your background screening results;

The ORI number for the Board of Medicine is EDOH2014Z.

You must provide accurate demographic information to the Livescan service provider at the time your fingerprints are taken, including your Social Security number (SSN);

Typically background screening results submitted through a Livescan service provider are received by the Board within 24-72 hours of being processed.

If you obtain your Livescan from a service provider who does not capture your photo you may be required to be reprinted by another agency in the future.

Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Aliases: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
(MM/DD/YYYY)

Citizenship: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_  
White/Latino(a); B-Black; A-Asian; NA-Native American; U-Unknown (M=Male; F=Female)

Weight: \_\_\_\_\_ Height: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Address: \_\_\_\_\_ Apt. Number: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Transaction Control Number (TCN#): \_\_\_\_\_  
(This will be provided to you by the Livescan service provider.)

Keep this form for your records.

## FLORIDA DEPARTMENT OF LAW ENFORCEMENT

NOTICE FOR APPLICANTS SUBMITTING FINGERPRINTS WHERE CRIMINAL RECORD RESULTS WILL BECOME PART OF THE CARE PROVIDER BACKGROUND SCREENING CLEARINGHOUSE

### NOTICE OF:

- \* SHARING OF CRIMINAL HISTORY RECORD INFORMATION WITH SPECIFIED AGENCIES,
- \* RETENTION OF FINGERPRINTS,
- \* PRIVACY POLICY, AND
- \* RIGHT TO CHALLENGE AN INCORRECT CRIMINAL HISTORY RECORD

This notice is to inform you that when you submit a set of fingerprints to the Florida Department of Law Enforcement (FDLE) for the purpose of conducting a search for any Florida and national criminal history records that may pertain to you, the results of that search will be returned to the Care Provider Background Screening Clearinghouse. By submitting fingerprints, you are authorizing the dissemination of any state national criminal history record that may pertain to you to the Specified Agency or Agencies from which you are seeking approval to be employed, licensed, work under contract, or to serve as a volunteer, pursuant to the National Child Protection Act of 1993, as amended, and Section 943.0542, Florida Statutes. "Specified agency" means the Department of Health, the Department of Children and Family Services, the Division of Vocational Rehabilitation within the Department of Education, the Agency for Health Care Administration, the Department of Elder Affairs, the Department of Juvenile Justice, and the Agency for Persons with Disabilities when these agencies are conducting state and national criminal history background screening on persons who provide care for children or persons who are elderly or disabled. The fingerprints submitted will be retained by FDLE and the Clearinghouse will be notified if FDLE receives Florida arrest information on you.

Your Social Security Number (SSN) is needed to keep records accurate because other people may have the same name and birth date. Disclosure of your SSN is imperative for the performance of the Clearinghouse agencies' duties in distinguishing your identity from that of other persons whose identification information may be the same as or similar to yours.

Licensing and employing agencies are allowed to release a copy of the state and national criminal record information to a person who requests a copy of his or her own record if the identification of the record was based on submission of the person's fingerprints. Therefore, if you wish to review your record, you may request that the agency that is screening the record provide you with a copy. After you have reviewed the criminal history record, if you believe it is incomplete or inaccurate, you may conduct a personal review as provided in s. 943.056, F.S., and Rule 11C-8.001, F.A.C. If national information is believed to be in error, the FBI should be contacted at 304-625-2000. You can receive any national criminal history record that may pertain to you directly from the FBI, pursuant to 28 CFR Sections 16.30-16.34. You have the right to obtain a prompt determination as to the validity of your challenge before a final decision is made about your status as an employee, volunteer, contractor, or subcontractor.

Until the criminal history background check is completed, you may be denied unsupervised access to children, the elderly, or persons with disabilities.

The FBI's Privacy Statement follows on a separate page and contains additional information.

## **Privacy Statement**

**Authority:** The FBI's acquisition, preservation and exchange of information requested by this form is generally authorized under 28 U.S.C. 534. Depending on the nature of your application, supplemental authorities include numerous Federal statutes, hundreds of State statutes pursuant to Pub.L.92-544, Presidential executive orders, regulations and/or orders of the Attorney General of the United States, or other authorized authorities. Examples include, but are not limited to: 5 U.S.C. 9101; Pub.L.94-29; Pub.L.101-604; and Executive Orders 10450 and 12968. Providing the requested information is voluntary; however, failure to furnish the information may affect timely completion of approval of your application.

**Social Security Account Number (SSAN):** Your SSAN is needed to keep records accurate because other people may have the same name and birth date. Pursuant to the Federal Privacy Act of 1974 (5 USC 552a), the requesting agency is responsible for informing you whether disclosure is mandatory or voluntary, by what statutory or other authority your SSAN is solicited, and what uses will be made of it. Executive Order 9397 also asks Federal Agencies to use this number to help identify individuals in agency records.

**Principal Purpose:** Certain determinations, such as employment, security, licensing and adoption, may be predicated on fingerprint based checks. Your fingerprints and other information contained on (and along with) this form may be submitted to the requesting agency, the agency conducting the application investigation, and/or FBI for the purpose of comparing the submitted information to available records in order to identify other information that may be pertinent to the application. During the processing of this application, and for as long hereafter as may be relevant to the activity for which this application is being submitted, the FBI (may disclose any potentially pertinent information to the requesting agency and/or to the agency conducting the investigation. The FBI may also retain the submitted information in the FBI's permanent collection of fingerprints and related information, where it will be subject to comparisons against other submissions received by the FBI. Depending on the nature of your application, the requesting agency and/or the agency conducting the application investigation may also retain the fingerprints and other submitted information for other authorized purposes of such agency(ies).

**Routine Uses:** The fingerprints and information reported on this form may be disclosed pursuant to your consent, and may also be disclosed by the FBI without your consent as permitted by the Federal Privacy Act of 1974 (5 USC 552a(b)) and all applicable routine uses as many be published at any time in the Federal Register, including the routine uses for the FBI Fingerprint Identification Records System (Justice, FBI-009) and the FBI's Blanket Routine Uses (Justice/FBI-BRU). Routine uses include, but are not limited to, disclosures to: appropriate governmental authorities responsible for civil or criminal law enforcement counterintelligence, national security or public safety matters to which the information may be relevant; to State and local governmental agencies and nongovernmental entities for application processing as authorized by Federal and State legislation, executive order, or regulation, including employment, security, licensing, and adoption checks; and as otherwise authorized by law, treaty, executive order, regulation, or other lawful authority. If other agencies are involved in processing the application, they may have additional routine uses.

**Additional Information:** The requesting agency and/or the agency conducting the application investigation will provide you additional information pertinent to the specific circumstances of this application, which may include identification of other authorities, purposes, uses, and consequences of not providing requested information. In addition, any such agency in the Federal Executive Branch has also published notice.

**DRAFT LANGUAGE (Removal of Vasopressin from Crash Cart & Inclusion of Red Cross Language) FOR CONSIDERATION BY SURGICAL CARE COMMITTEE – JUNE , 2016**

64B8-9.009 Standard of Care for Office Surgery. Nothing in this rule relieves the surgeon of the responsibility for making the medical determination that the office is an appropriate forum for the particular procedure(s) to be performed on the particular patient.

(1) – (2) No change.

(3) Level I Office Surgery.

(a) No change.

(b) Standards for Level I Office Surgery.

1. Training Required. Surgeon's continuing medical education should include: proper dosages; management of toxicity or hypersensitivity to regional anesthetic drugs. One assistant must hold current certification in an American Heart Association, ~~or American Safety and Health Institute,~~ or American Red Cross approved Basic Life Support course, and the surgeon must hold current certification in an American Heart Association or American Safety and Health Institute approved Advanced Cardiac Life Support course.

2. through 4. No change.

(4) Level II Office Surgery.

(a) No change.

(b) Standards for Level II Office Surgery.

1. No change.

2. Training Required.

a. No change.

b. One (1) assistant must be currently certified in and by an American Heart Association, ~~or American Safety and Health Institute,~~ or American Red Cross approved Basic Life Support course and the surgeon must be currently certified in and by an American Heart Association or American Safety and Health Institute approved Advanced Cardiac Life Support course.

3. Equipment and Supplies Required.

a. Full and current crash cart at the location the anesthetizing is being carried out. Medicines shall be stored per the manufacturer's recommendations and multi-dose vials shall be dated once opened. The crash cart must include, at a minimum, the following intravenous or inhaled medications:

I. through XIX. Renumbered as (I) through (XIX) No change.

~~XX. Vasopressin 40 units;~~

~~(XX) XXI.~~ A calcium channel blocker class drug; and

~~(XXI) XXII.~~ Intralipid 20% 500 ml solution (only if non-neuraxial regional blocks are performed).

In the event of a drug shortage, the physician is allowed to substitute a therapeutically equivalent drug that meets the prevailing standard of care. The office must maintain documentation of its unsuccessful efforts to obtain the required drug.

b. through j. No change.

4. No change.

(5) No change.

(6) Level III Office Surgery.

(a) No change.

(b) Standards for Level III Office Surgery. In addition to the standards for Level II Office Surgery, the surgeon must comply with the following:

1. Training Required.

a. No change.

b. One assistant must be currently certified by an American Heart Association, ~~or American Safety and Health Institute,~~ or American Red Cross approved Basic Life Support course and the surgeon must be currently certified by an American Heart Association or American Safety and Health Institute approved Advanced Cardiac Life Support course.

2. through 4. No change.

Rulemaking Authority 458.309(1), 458.331(1)(v) FS. Law Implemented 458.331(1)(v), 458.351 FS. History—New 2-1-94, Amended 5-17-94,

Formerly 61F6-27.009, Amended 9-8-94, 11-15-94, Formerly 59R-9.009, Amended 2-17-00, 12-7-00, 2-27-01, 8-1-01, 8-12-01, 3-25-02, 3-22-05, 4-19-05, 10-23-05, 10-10-06, 4-18-07, 9-3-07, 3-25-10, 8-6-12, 11-22-12, 1-9-13, 3-3-13, 7-22-14, 4-6-15,\_\_\_\_\_.



**DRAFT LANGUAGE (Removal of Vasopressin from Crash Cart & Inclusion of Red Cross Language) FOR CONSIDERATION BY SURGICAL CARE COMMITTEE – JUNE , 2016**

64B15-14.007 Standard of Care for Office Surgery. Nothing in this rule relieves the surgeon of the responsibility for making the medical determination that the office is an appropriate forum for the particular procedure(s) to be performed on the particular patient.

(1) – (2) No change.

(3) Level I Office Surgery.

(a) No change.

(b) Standards for Level I Office Surgery.

1. Training Required. Surgeon's continuing medical education should include: proper dosages; management of toxicity or hypersensitivity to regional anesthetic drugs. One assistant must hold current certification in an American Heart Association, ~~or~~ American Safety and Health Institute, or American Red Cross approved Basic Life Support course, and the surgeon must hold current certification in an American Heart Association or American Safety and Health Institute approved Advanced Cardiac Life Support course.

2. through 4. No change.

(4) Level II Office Surgery.

(a) No change.

(b) Standards for Level II Office Surgery.

1. No change.

2. Training Required.

a. No change.

b. One (1) assistant must be currently certified in and by an American Heart Association ~~or~~ American Safety and Health Institute, or American Red Cross approved Basic Life Support course and the surgeon must be currently certified in and by an American Heart Association or American Safety and Health Institute approved Advanced Cardiac Life Support course.

3. Equipment and Supplies Required.

a. Full and current crash cart at the location the anesthetizing is being carried out. Medicines shall be stored per the manufacturer's recommendations and multi-dose vials shall be dated once opened. The crash cart must include, at a minimum, the following intravenous or inhaled medications:

(I) through (XIX) No change.

~~(XX) Vasopressin 40 units~~

~~(XX) (XXI) A calcium channel blocker class drug~~

~~(XXI) (XXII) Intralipid 20% 500 ml solution (only if non-neuraxial regional blocks are performed)~~

In the event of a drug shortage, the physician is allowed to substitute a therapeutically equivalent drug that meets the prevailing standard of care. The office must maintain documentation of its unsuccessful efforts to obtain the required drug.

b. through j. No change.

4. No change.

(5) No change.

(6) Level III Office Surgery.

(a) No change.

(b) Standards for Level III Office Surgery. In addition to the standards for Level II Office Surgery, the surgeon must comply with the following:

1. Training Required.

a. No change.

b. One assistant must be currently certified by an American Heart Association, ~~or~~ American Safety and Health Institute, or American Red Cross approved Basic Life Support course and the surgeon must be currently certified by an American Heart Association or American Safety and Health Institute approved Advanced Cardiac Life Support course.

2. through 4. No change.

Amended 2-23-03, 11-2-05, 6-4-09, 8-30-10, 3-20-13, 10-3-13, 12-11-14, 5-24-15, 11-10-15, \_\_\_\_\_.

**Florida Board of Medicine  
Surgical Care/Quality Assurance Committee  
Meeting**



**Hilton Orlando/Altamonte Springs  
350 Northlake Blvd  
Altamonte Springs, FL 32701  
(407) 830-1985**

**April 7, 2016**

**MEETING MINUTES**

Roll call 2:36 pm

**Members Present:**

James W. Orr, Jr, M.D., Chair  
Sarvam TerKonda, M.D.  
Enrique Ginzburg, M.D.  
Steven Rosenberg, M.D.  
Brigitte Goersch, Consumer Member  
Bernardo Fernandez, M.D.  
Gary Dolin, M.D.  
Merle Stringer, M.D.

**Members Absent:**

**Staff Present:**

Adrienne Rodgers, J.D., HCPR Bureau Chief  
Claudia Kemp, Executive Director  
Edward Tellechea, Board Counsel  
Donna McNulty, Board Counsel  
Nancy Murphy, Certified Paralegal  
Crystal Sanford, Program Operations Administrator

**Others Present:**

American Court Reporting  
425 Old Magnolia Rd  
Crawfordville, FL 32327  
(850) 221-0048

**Rules Discussion:**

**Rule 64B8-9.009, F.A.C. - Standards for Office Surgery ..... Tab 1**

Ms. Rodgers summarized the revised Statement of Estimated Regulatory Costs (SERC) and described the methodology used to analyze the data.

- The Board does not anticipate an adverse impact on economic growth, private sector job creation or employment, or private sector investment in excess of \$1 million in the aggregate within five years after the implementation of the rule amendment.
- The Board does not anticipate an adverse impact on business competitiveness, including the ability of persons doing business in the state to compete with persons doing business in other states or domestic markets, productivity, or innovation in excess of \$1 million in the aggregate within five years after implementation of the rule amendment.

- The Board anticipates an impact on regulatory costs, including any transitional costs, in excess of \$1 million in the aggregate within five years after implementation of the rule amendment.

A motion was made, seconded, and carried unanimously to recommend approval of the Statement of Estimated Regulatory Costs.

A motion was made, seconded, and carried unanimously to recommend sending the SERC to the Legislature in 2017 for ratification.

Mr. Tellechea explained the Board of Osteopathic Medicine's equivalent rule is in the process of being adopted. He said because it is a smaller profession no SERC was necessary.

**Action taken:** SERC approved; send for Legislative ratification in 2017

**Petition:**

**American Red Cross ..... Tab 2**

Mr. Tellechea explained the American Red Cross was asking the Board to enter into rulemaking to add their organization to Rule 64B9-9.009, FAC, as an approved provider of Basic Life Support courses.

A motion was made, seconded, and carried unanimously to recommend approval of the petition.

Ms. Murphy advised that she could submit this portion of the rule for adoption separately from the rest of the rule that requires Legislative ratification.

**Action taken:** petition approved

**New Business**

None

The meeting adjourned at 2:48 p.m.

## Tab Summary

At the last meeting, the Committee approved the removal of Vasopressin from the list of required crash cart medications. The Committee requested input from the Florida Society of Anesthesiology. This was requested but no information has been received.

Also at the last meeting, the Committee approved adding the American Red Cross as a provider of Basic Life Support certification.

Proposed language for both matters is included in *the agenda for the Committee's review and approval*. If approved, the following questions need to be answered:

1. Will the proposed rule amendments have an adverse impact on small business?
2. Will the proposed rule amendments be likely to directly or indirectly increase regulatory costs to any entity (including government) in excess of \$200,000 in the aggregate in Florida within one year after implementation of the rule amendments?

The Committee requested information from the Agency for Health Care Administration regarding adverse incidents. This information has not yet been received.

The Committee also requested information on cases that started at one level and moved to a higher level procedure in an office setting. This information has not yet been received.

### Materials included in agenda:

9009 – draft – 4-16

14007 -- draft – 4-16

Current Rule 64B8-9.009, FAC – Medicine

Current Rule 64B15-14.007, FAC – Osteopathic Medicine

MTG RPT April 2016

MTG RPT Feb 2016

Article - In search of bigger butts, women find South Florida death traps

Email with Dr. Epstein

Email to AHCA

Surgical Safety Checklist

Universal Protocol Poster

**Florida Board of Medicine  
Surgical Care/Quality Assurance Committee  
Meeting**



**Regency Hyatt  
9801 International Drive  
Orlando, FL 32819  
(800) 233-1234**

**February 4, 2016**

**AGENDA**

Roll call 3:56 p.m.

**Members Present:**

James W. Orr, Jr., M.D., Chair  
Enrique Ginzburg, M.D.  
Steven Rosenberg, M.D.  
Brigitte Goersch, Consumer Member  
Merle Stringer, M.D.  
Gary Dolin, M.D.  
Bernardo Fernandez, M.D.

**Members Absent:**

Sarvam TerKonda, M.D., Vice Chair

**Staff Present:**

Adrienne Rodgers, J.D., Interim Executive Director  
Edward Tellechea, Esquire, Board Counsel  
Donna McNulty, Esquire, Board Counsel  
Nancy Murphy, Certified Paralegal  
Crystal A. Sanford, CPM, Program Operations Administrator (850) 421-0058

**Others Present:**

American Court Reporting  
Suzette Bragg  
425 Old Magnolia Road  
Crawfordville, FL 32327

**Rules Discussion:**

**Rule 64B8-9.009, F.A.C. - Standards for Office Surgery ..... Tab 1**

At the last meeting, the Board approved the proposed language for this rule. The proposed statement of estimated regulatory costs (SERC) was presented by Ms. Rodgers for the Committee's review and approval. She explained she looked at the resources that were available and that certain assumptions had to be made. She said she used the 2014 physician workforce survey to determine the number of affected physicians, took the number of physicians practicing in family medicine, dermatology, plastic surgery, pediatrics, and OB/GYN for the purpose of this analysis and reduced that total by the 30% who reported working in group practices. She also said she had been provided with the cost of the medications from one of the physicians, which cost was lower than the cost that staff had found just by going online. She explained to be on the safe side she used the higher cost.

Mr. Tellechea asked if the analysis was conducted over a five year period. Ms. Rodgers advised there were several factors affecting the final figure such as shelf life of the medication, usage and replacement of used medications. The assumption was made, based on average shelf life of the three drugs, to use a 4 year shelf life, and therefore the analysis did take 5-year costs into consideration. Mr. Tellechea suggested including the actual shelf life for each medication in the revised version.

Dr. Orr stated that he thought the number of physicians listed in the statement was low.

Dr. Rosenberg asked if Physician Assistants (PA) should be included in the count because there are PAs who work in remote locations from a physician's office and that could affect the number of people performing the procedures.

Dr. Orr's asked if urology and general surgery were included in the analysis.

Ms. Rodgers advised that urology was not a specialty included in the workforce survey. She said she agreed the number of physicians affected as reflected in the draft SERC was low but it was difficult to determine the actual number because, unless you are removing a certain amount of supernatant fat, level I procedures do not require registration.

Dr. Dolin was asked if he performed procedures in his office. He stated some were done in the office, but most were done in ambulatory surgery centers.

Ms. Rodgers stated she could do an informal survey of the specialty associations to get a better number of urologists, etc.

Mary Thomas, Esquire, with the Florida Medical Association (FMA), stated she would be happy to look at sending a survey to their members, but FMA did a survey for the medical records rule and it was not very successful.

Dr. Orr stated he was concerned with a conflict of interest because it was the FMA's language that was approved but if they could get us the numbers of practicing physicians the Board could make some assumptions for the analysis.

Ms. Thomas stated she would touch bases with the various societies to see what she could get and would correspond with Ms. Rodgers.

Chris Nuland, Esquire stated he may be able to capture a sampling of specialty societies that would be impacted by the rule through the various associations that he represents.

A motion was made, seconded, and carried unanimously to recommend tabling this until the next meeting.

**Action taken:** table until next meeting to revise the analysis based on the discussion

**General Discussion:**

**Wrong Site Surgery ..... Tab 2**

At the last meeting, the Committee began reviewing wrong site surgery data to determine areas where the Board can assist physicians in avoiding wrong site surgeries. Dr. Orr stated there were

six or seven cases on tomorrow's discipline agenda and there appears to be a trending increase in wrong site surgeries.

Kimberly Smoak, representing the Agency for Health Care Administration (AHCA), stated she could get specific data regarding wrong site surgeries but she could not release the actual code 15 or adverse incident reports to the Board.

Dr. Orr, looking at the charts provided by Ms. Smoak, stated that there were more adverse incidents in ambulatory surgery centers than the Board was dealing with.

Ms. Goersch stated she would like to see the national statistics.

Dr. Fernandez asked Ms. Smoak how the Board could collaborate with ACHA so that responsibility for wrong site cases was distributed among all members of the surgical team.

Dr. Rosenberg asked if AHCA could do an analysis and identify any problems that could be resolved by Board action.

Dr. Fernandez elaborated and said data on trends and lessons that could be learned would help the collaboration between Boards.

Ms. Smoak stated she could probably do that and present the data but she would need to run it by her legal department. She said she would be happy to look at any suggestions the Board had to offer.

Dr. Ginzburg stated he wanted AHCA's data so it could be compared to the data that the Department of Health provided.

Ms. Goersch said it would be helpful to know why the wrong site occurred such as how many did not do a timeout, did the physician walk out of the room and come back in or any other action that may have caused the wrong site surgery.

Dr. Orr asked if AHCA levies fines.

Ms. Smoas stated that fines were levied against the specific healthcare facility, not against the practitioners. She said AHCA holds the facility responsible but does not have the authority to hold the healthcare practitioners responsible. She went on to say fines are levied if a hospital fails to report an adverse incident or fails to respond to deficiencies found during an inspection. She stated she would be happy to share their statutory authority to levy fines.

Dr. Orr stated he wanted a representative from the Board of Nursing at the next meeting. He said we needed all the players at the table at the same time.

Mr. Tellechea explained the Board of Nursing usually meets at the same time the Board of Medicine does and it might be difficult to make that happen.

Dr. Rosenberg said he wanted the Board of Osteopathic Medicine, the Board of Nursing, and AHCA included in the meeting.



Ms. Rodgers advised that April look good but the Board already had a joint meeting with the Board of Pharmacy at that meeting.

**Action taken:** gather additional data and get involved parties together for a meeting to discuss the issue

**Questions from Risk Managers:**

**Rachelle Springer – Monitoring of Temperature/Nitrous Oxide ..... Tab 3**

**Jennifer Benedict - Ketamine Infusions/ACLS Changes Regarding Vasopressin**

**..... Tab 4**

The Committee addressed tab three and four together.

Jennifer Benedict addressed the Committee on behalf of Ms. Springer who had questions for the committee regarding the monitoring of a patient’s temperature during procedures, the use of ketamine, and the use of nitrous oxide for Level I procedures.

Mr. Tellechea advise the Committee not to respond to the question regarding ketamine because it was a scope of practice issue. He advised Ms. Benedict to file a complaint if she found someone doing something she felt was a violation.

Ms. Benedict went on to explain vasopressin was no longer being produced and requested it be removed from the list of required drugs for crash carts. She also said ACLS shows vasopressin is no longer required.

Dr. Ginzburg agreed saying there were other medications that he preferred to use rather than vasopressin. He did wonder if there were other medications on the crash cart that ACLS does not require. He asked Mr. Tellechea if this was an antitrust issue.

Mr. Tellechea stated if vasopressin was removed from the rule and not replaced, that was not an anti-trust issue.

A motion was made, seconded, and carried unanimously to recommend the language to remove vasopressin as a required drug, which language is to be presented at the next meeting, and to ask the Florida Society of Anesthesiology to provide input.

Ms. Benedict stated that in general anesthesia cases the patient’s temperature is not being monitored every 15 minutes as listed on the standard case monitoring form, and it appeared there was no standard frequency for checking. She asked if a specific time period could be added to the rule.

Dr. Orr stated in the future if the risk managers bring forth questions like this, we need a Florida Society of Anesthesiology representative present as well.

Mr. Tellechea agreed that given the anti-trust concerns, the Board could no longer answer these types of questions without expert input. He stated that before making a decision, the Board needed to have backup data for making a record of how it arrived at its decision.

Ms. Benedict explained that Ms. Springer has a physician who is administering nitrous oxide as a Level I medication; however it is classified as a Level III medication. Dr. Orr stated the

physician has problems. Mr. Tellechea stated if the risk managers believe that someone is involved in the unlicensed practice of medicine they should file a complaint.

**Action taken:** none necessary

**Other Questions:**

**Correspondence Received from Nemer Ahmad, RN, BSN ..... Tab 5**

Mr. Ahmad submitted a letter expressing concerns regarding the changes to the office surgery rule. He stated he was concerned with the change in the requirement for an emergency power source. He explained the old language required two hours and that was sufficient; however, the new language is vague and physicians are not using the proper backup emergency power source.

Dr. Orr stated the rule does not provide a time limit and it sounded like someone was making an interpretation of the Board's rule.

Mr. Tellechea explained the issue came up during discussion of amending the rule because two hours was not enough time to close a patient and the time necessary to close a patient depends on the procedure being performed. He said the rule was widened to account for that diversity and was written to allow the surgeon to use discretion in making that determination.

Dr. Orr advised Mr. Ahmad that if he knows someone is doing something inappropriate, he should file a complaint.

Ms. Goersch suggested sharing his information with the Board's inspectors and get their feedback. Ms. Benedict addressed the Committee and stated there were specific generators made for this purpose and when she goes into an office surgery facility she does test the generators.

Dr. Fernandez commended Mr. Ahmad for his courage to bring this forward and it was clear he cared about patients.

Dr. Dolin stated he was concerned with not specifying a time period and leaving it up to the surgeon's discretion.

Dr. Rosenberg asked what happens if there is a complication and two hours is not enough time to close the patient.

**Action taken:** none necessary

George M. Varkarakis, M.D. addressed the Committee next. He had concerns about the rule's requirement for having hospital privileges or a transfer agreement in place. He said the rule now allows the facility to have the transfer agreement, rather than requiring the individual physician to have an agreement.

Mr. Tellechea stated the rule was changed after being thoroughly discussed. The language regarding the transfer agreement was changed to allow the facility to have a transfer agreement and in addition, training requirements were increased.

Dr. Orr advised Dr. Varkarakis to file a complaint if he sees something inappropriate being done.

**Action taken:** none necessary

There being no further business, the meeting adjourned at 5:28 p.m.

**From:** Jeff Jacobs [<mailto:jjgas@bellsouth.net>]

**Sent:** Thursday, May 26, 2016 1:03 PM

**To:** Sanford, Crystal <[Crystal.Sanford@flhealth.gov](mailto:Crystal.Sanford@flhealth.gov)>

**Cc:** Jonathan Slonin <[jslonin@gmail.com](mailto:jslonin@gmail.com)>

**Subject:** Upcoming Board Meeting and Surgical Committee Meeting

Crystal,

Due to personnel crunches within our departments, it looks as though no FSA member will be able to participate at the upcoming Surgical Committee on BOM meeting next week.

I want you to know that we are comfortable with the plan to remove Vasopressin from the list of required medications to keep on hand. This medication has been removed from the recent revision to ACLS protocols, so it follows to remove it from our rules as well.

I also want you to know that we sincerely appreciate you including the FSA in these types of discussions. We will continue to participate either in person (or when not possible, electronically) with great enthusiasm.

Best to you over the summer. If, at any time, you require clarification or further information, don't hesitate to reach back to us.

Jeffrey Jacobs, MD

Immediate Past-President, Florida Society of Anesthesiologists

## Sanford, Crystal

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**From:** Sanford, Crystal  
**Sent:** Tuesday, May 10, 2016 10:35 AM  
**To:** 'Jay Epstein'  
**Cc:** 'Steven Gayer'; 'Kurt Jones'; 'Jonathan Slonin'  
**Subject:** RE: Board of Medicine - Surgical Care Committee  
**Attachments:** 9009-draft-4-16.doc; Current 64B8-9.009.doc

Ok

1. Both are attached.
2. June 2, 2016 at the Embassy Suites Ft. Lauderdale, 1100 SE 17<sup>th</sup> Street Causeway, Ft. Lauderdale. The meeting follows the Rules/Legislative Committee meeting and should begin around 2 or so.
3. Committee took no action on the ketamine issue.

### Crystal A. Sanford, CPM

Program Operations Administrator  
Department of Health (DOH) | Division of Medical Quality Assurance (MQA)  
Board of Medicine  
Phone: 850-245-4132 | Fax: 850-412-1261  
4052 Bald Cypress Way, # C03 | Tallahassee, FL. 32399-3256  
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**From:** Jay Epstein [mailto:jhe@tampabay.rr.com]  
**Sent:** Tuesday, May 10, 2016 9:01 AM  
**To:** Sanford, Crystal <Crystal.Sanford@flhealth.gov>  
**Cc:** 'Steven Gayer' <sgayer@med.miami.edu>; 'Kurt Jones' <kujo96@mac.com>; 'Jonathan Slonin' <jslonin@gmail.com>  
**Subject:** RE: Board of Medicine - Surgical Care Committee

Thank you Crystal, we will discuss.

1. Can you please send a complete copy of the current rule and the proposed changes, including but not limited to the vasopressin section
2. Where and when is the surgical committee meeting in May?
3. What ever happened with the Ketamine issue? I will re-send you an email from March to refresh what the FSA needed to know to render an opinion.

Regards,

Jay H. Epstein, MD  
Florida Society of Anesthesiologists  
Chairman, Committee on Legislative Affairs

Mobile: 727-580-9238  
Email: [jhe@tampabay.rr.com](mailto:jhe@tampabay.rr.com)

***Anesthesiologists: Physicians Safeguarding Patients When Minutes Matter Most***

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**From:** Sanford, Crystal [<mailto:Crystal.Sanford@flhealth.gov>]  
**Sent:** Tuesday, May 10, 2016 8:07 AM  
**To:** Jay Epstein <[jhe@tampabay.rr.com](mailto:jhe@tampabay.rr.com)>  
**Subject:** Board of Medicine - Surgical Care Committee

Dr. Epstein

Good morning. I was wondering if you have had a chance to review the guidelines related to the Board removing vasopressin from the list of medications required on the crash cart by Rule 64B8-9.009, FAC – Standards for Office Surgery? My deadline for that meeting is May 18<sup>th</sup> and they plan to address this issue at this meeting. Please let me know. Thank you.

**Crystal A. Sanford, CPM**

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## Sanford, Crystal

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**From:** Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>  
**Sent:** Sunday, May 15, 2016 5:27 PM  
**To:** Sanford, Crystal  
**Subject:** RE: Board of Medicine Information Request

I am not sure I will have it by your deadline, but will see what I can get. Thanks

**Kimberly R. Smoak, MSH, QIDP**  
**Chief of Field Operations**  
**Division of Health Quality Assurance**  
**Agency for Health Care Administration**  
**2727 Mahan Drive MS#59, Tallahassee Fl. 32308**  
**(850) 412-4516 Office Or Cell (850) 559-8273**  
**[Kimberly.Smoak@ahca.myflorida.com](mailto:Kimberly.Smoak@ahca.myflorida.com)**



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**From:** Sanford, Crystal [mailto:Crystal.Sanford@flhealth.gov]  
**Sent:** Tuesday, May 10, 2016 10:40 AM  
**To:** Smoak, Kimberly <Kimberly.Smoak@ahca.myflorida.com>  
**Subject:** RE: Board of Medicine Information Request

Ok –thank you!

**Crystal A. Sanford, CPM**  
Program Operations Administrator  
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---

**From:** Smoak, Kimberly [<mailto:Kimberly.Smoak@ahca.myflorida.com>]

**Sent:** Tuesday, May 10, 2016 9:15 AM

**To:** Sanford, Crystal <[Crystal.Sanford@flhealth.gov](mailto:Crystal.Sanford@flhealth.gov)>

**Subject:** Re: Board of Medicine Information Request

Goodness Crystal I forgot- let me see what I can get you before next week.

Kimberly Smoak, MSH, QIDP

Chief of Field Operations

Health Quality Assurance

(850) 412-4516-Office

(850) 559-8273-Cell

On May 10, 2016, at 7:05 AM, Sanford, Crystal <[Crystal.Sanford@flhealth.gov](mailto:Crystal.Sanford@flhealth.gov)> wrote:

Good morning Ms. Smoak

I was following up on an email Adrienne Rodgers sent to you a month or so ago requesting information regarding wrong site surgeries and adverse incidents for the Board's Surgical Care Committee to review. My deadline for that meeting is May 18<sup>th</sup>. Do you think you will have any information to me by that date or should I reschedule the meeting for July 28<sup>th</sup>? Let me know. Thank you!

**Crystal A. Sanford, CPM**

Program Operations Administrator

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# SpeakUP™



## The Universal Protocol

for Preventing Wrong Site, Wrong Procedure, and Wrong Person Surgery™

Guidance for health care professionals

### Conduct a pre-procedure verification process

Address missing information or discrepancies before starting the procedure.

- Verify the correct procedure, for the correct patient, at the correct site.
- When possible, involve the patient in the verification process.
- Identify the items that must be available for the procedure.
- Use a standardized list to verify the availability of items for the procedure. (It is not necessary to document that the list was used for each patient.) At a minimum, these items include:
  - relevant documentation  
Examples: history and physical, signed consent form, preanesthesia assessment
  - labeled diagnostic and radiology test results that are properly displayed  
Examples: radiology images and scans, pathology reports, biopsy reports
  - any required blood products, implants, devices, special equipment
- Match the items that are to be available in the procedure area to the patient.

### Mark the procedure site

At a minimum, mark the site when there is more than one possible location for the procedure and when performing the procedure in a different location could harm the patient.

- The site does not need to be marked for bilateral structures.  
Examples: tonsils, ovaries
- For spinal procedures: Mark the general spinal region on the skin. Special intraoperative imaging techniques may be used to locate and mark the exact vertebral level.
- Mark the site before the procedure is performed.
- If possible, involve the patient in the site marking process.
- The site is marked by a licensed independent practitioner who is ultimately accountable for the procedure and will be present when the procedure is performed.\*
- Ultimately, the licensed independent practitioner is accountable for the procedure – even when delegating site marking.
  - \* In limited circumstances, site marking may be delegated to some medical residents, physician assistants (P.A.), or advanced practice registered nurses (A.P.R.N.).
- The mark is unambiguous and is used consistently throughout the organization.
- The mark is made at or near the procedure site.
- The mark is sufficiently permanent to be visible after skin preparation and draping.
- Adhesive markers are not the sole means of marking the site.
- For patients who refuse site marking or when it is technically or anatomically impossible or impractical to mark the site (see examples below): Use your organization's written, alternative process to ensure that the correct site is operated on. Examples of situations that involve alternative processes:
  - mucosal surfaces or perineum
  - minimal access procedures treating a lateralized internal organ, whether percutaneous or through a natural orifice
  - interventional procedure cases for which the catheter or instrument insertion site is not predetermined  
Examples: cardiac catheterization, pacemaker insertion
  - teeth
  - premature infants, for whom the mark may cause a permanent tattoo

### Perform a time-out

The procedure is not started until all questions or concerns are resolved.

- Conduct a time-out immediately before starting the invasive procedure or making the incision.
- A designated member of the team starts the time-out.
- The time-out is standardized.
- The time-out involves the immediate members of the procedure team: the individual performing the procedure, anesthesia providers, circulating nurse, operating room technician, and other active participants who will be participating in the procedure from the beginning.
- All relevant members of the procedure team actively communicate during the time-out.
- During the time-out, the team members agree, at a minimum, on the following:
  - correct patient identity
  - correct site
  - procedure to be done
- When the same patient has two or more procedures: If the person performing the procedure changes, another time-out needs to be performed before starting each procedure.
- Document the completion of the time-out. The organization determines the amount and type of documentation.

*This document has been adapted from the full Universal Protocol. For specific requirements of the Universal Protocol, see The Joint Commission standards.*