

1 A bill to be entitled

2 An act relating to health care; amending s. 395.1051,
3 F.S.; requiring a hospital to notify obstetrical
4 physicians before the hospital closes its obstetrical
5 department or ceases to provide obstetrical services;
6 providing legislative findings; permitting a hospital
7 that has operated as a Level I, Level II, or pediatric
8 trauma center for a specified period to continue
9 operating at that trauma center level under certain
10 conditions, notwithstanding any other provision of
11 law; making a hospital that complies with such
12 requirements eligible for renewal of its 7-year
13 approval period under s. 395.4025(6), F.S.; requiring
14 a hospital that obtains a trauma center consultation
15 report following the site visit to provide the report
16 to the Department of Health; requiring the department
17 to use the trauma center consultation reports in any
18 assessment of the state trauma system; amending s.
19 395.401, F.S.; restricting trauma service fees to
20 \$15,000 until July 1, 2015; amending s. 395.4025,
21 F.S.; requiring each trauma center to post its trauma
22 activation fee in the trauma center and in a prominent
23 position on the trauma center Internet website home
24 page; amends s. 408.036, F.S.; providing an exemption
25 from certificate of need requirements for the
26 relocation of not more than 15 percent of acute care

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PCS for CSHB 7113

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

27 hospital beds from a licensed hospital to another
 28 location within the county where the hospital is
 29 located; requiring certain information to be included
 30 in a request for exemption; creating s. 456.47, F.S.;
 31 defining terms; providing for certain practice
 32 standards for telehealth providers; providing for the
 33 maintenance and confidentiality of medical records;
 34 requiring the registration of health care
 35 professionals not licensed in this state in order to
 36 use telehealth to deliver health care services;
 37 providing registration requirements; prohibiting
 38 registrants from opening an office or providing in-
 39 person health care services in this state; requiring a
 40 registrant to notify the appropriate board or the
 41 Department of Health of certain actions against the
 42 registrant's professional license; prohibiting a
 43 health care professional with a revoked license from
 44 being registered as a telehealth provider; providing
 45 exemptions to the registration requirement; providing
 46 rulemaking authority; creating s. 463.0125, F.S.;
 47 requiring certain conditions and criteria to be met in
 48 situations where telehealth is used to diagnose and
 49 treat the human eye and its appendages; amending s.
 50 381.026, F.S.; including independent nurse
 51 practitioners within the definition of "health care
 52 provider"; amending s. 382.008, F.S.; authorizing

53 independent nurse practitioners to certify causes of
54 death and to sign, correct, and file death
55 certificates; amending s. 394.463, F.S.; authorizing
56 an independent nurse practitioner to execute a
57 certificate to require, under the Baker Act, an
58 involuntary examination of a person; authorizing a
59 qualified independent nurse practitioner to examine a
60 person at a receiving facility and approve the release
61 of a person at the receiving facility under the Baker
62 Act; amending s. 456.048, F.S.; requiring independent
63 nurse practitioners to maintain medical malpractice
64 insurance or provide proof of financial
65 responsibility; exempting independent nurse
66 practitioners from such requirements under certain
67 circumstances; amending s. 456.072, F.S.; requiring
68 the suspension and fining of an independent nurse
69 practitioner for prescribing or dispensing a
70 controlled substances in a certain manner; amending s.
71 456.44, F.S.; providing certain requirements for
72 independent nurse practitioners who prescribe
73 controlled substances for the treatment of chronic
74 nonmalignant pain; amending s. 464.003, F.S.; revising
75 the definition of "advanced or specialized nursing
76 practice" to require a joint committee to establish an
77 exclusionary formulary of controlled substances;
78 creating a definition for "independent nurse

79 practitioner"; amending s. 464.012, F.S.; authorizing
80 advanced registered nurse practitioners to perform
81 certain acts as they relate to controlled substances;
82 providing limitations; amending s. 464.0125, F.S.,
83 providing for the registration of qualified advanced
84 registered nurse practitioners as independent nurse
85 practitioners; authorizing registered independent
86 nurse practitioners to perform certain acts; requiring
87 advanced registered nurse practitioners registered as
88 independent nurse practitioners to include their
89 registered status on their practitioner profile;
90 requiring independent nurse practitioners to complete
91 a certain amount of continuing education in
92 pharmacology for biennial renewal of registration;
93 aligning the biennial renewal cycle period for
94 registration for independent nurse practitioners with
95 the advanced registered nurse practitioner licensure
96 renewal cycle; authorizing the Board of Nursing to
97 establish fees by rule; providing the board with
98 rulemaking authority; amending s. 464.015, F.S.;
99 providing title protection for independent nurse
100 practitioners; creating s. 464.0155, F.S., requiring
101 independent nurse practitioners to report adverse
102 incidents to the Board of Nursing in a certain manner;
103 providing for board review of the adverse incident;
104 authorizing the board to take disciplinary action for

105 adverse incidents; amending s. 464.018, F.S.; adding
 106 certain acts to an existing list of acts for which
 107 nurses may be administratively disciplined; amending
 108 s. 893.02, F.S.; redefining "practitioner" to include
 109 independent nurse practitioners; providing an
 110 effective date.

111

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

113

114

115 Section 1. Section 395.1051, Florida Statutes, is amended
 116 to read:

117 395.1051 Duty to notify patients and physicians.—

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

122 Notification of outcomes of care which ~~that~~ result in harm to
 123 the patient under this section does ~~shall~~ not constitute an
 124 acknowledgment or admission of liability and may not, ~~nor can it~~
 125 be introduced as evidence.

126 (2) A hospital shall notify each obstetrical physician who
 127 has privileges at the hospital at least 120 days before the
 128 hospital closes its obstetrical department or ceases to provide
 129 obstetrical services.

130 Section 2. Effective upon this act becoming a law, the

131 Legislature finds that an integrated, comprehensive, and
 132 superior quality trauma system is necessary to protect the
 133 health, safety, and welfare of the residents of Florida and
 134 visitors to this state. The Legislature further finds that each
 135 trauma center operating in the state is an integral part of the
 136 trauma system and fulfills a critical need for trauma care in
 137 the area in which it is located. A disruption in the operational
 138 status of a trauma center may disrupt the availability of needed
 139 trauma services for residents of and visitors to Florida. The
 140 Legislature finds that all currently operating trauma centers in
 141 the state are contributing to an inclusive trauma system and are
 142 delivering needed trauma services so that optimal trauma care is
 143 available and accessible throughout the state.

144 Section 3. Effective upon this act becoming a law and
 145 notwithstanding any other provision of law, a hospital that has
 146 operated continuously as a Level I, Level II, or pediatric
 147 trauma center for a consecutive 12-month period after the
 148 enactment of chapter 2004-259, Laws of Florida, remains
 149 operational as of the effective date of this act, and submits an
 150 application for a site visit by the American College of Surgeons
 151 Committee on Trauma on or before April 1, 2015, for the purpose
 152 of obtaining a trauma center consultation report, may continue
 153 to operate at the same trauma center level as a verified Level
 154 I, Level II, or pediatric trauma center until the approval
 155 period in s. 395.4025(6), Florida Statutes, expires as long as
 156 the hospital continues to meet the other requirements of s.

157 395.4025(6), Florida Statutes, related to trauma center
 158 standards and patient outcomes. A hospital that meets the
 159 requirements of this section shall be eligible for renewal of
 160 its 7-year approval period pursuant to s. 395.4025(6), Florida
 161 Statutes.

162 Section 4. Effective upon this act becoming a law, each
 163 hospital that obtains a trauma center consultation report from
 164 the American College of Surgeons Committee on Trauma shall
 165 provide a copy of the report to the Department of Health. The
 166 department shall use the report in any assessment of the state
 167 trauma system.

168 Section 5. Effective upon this act becoming a law,
 169 paragraphs (k), (l), (m), (n), and (o) of subsection (1) of
 170 section 395.401, Florida Statutes, are redesignated as
 171 paragraphs (l), (m), (n), (o), and (p), respectively, and
 172 paragraph (k) is added to that subsection, to read:

173 395.401 Trauma services system plans; approval of trauma
 174 centers and pediatric trauma centers; procedures; renewal.—

175 (1)

176 (k) No hospital operating a trauma center may charge a
 177 trauma activation fee greater than \$15,000. This paragraph
 178 expires on July 1, 2015.

179 Section 6. Effective upon this act becoming a law,
 180 subsection (15) is added to section 395.4025, Florida Statutes,
 181 to read:

182 395.4025 Trauma centers; selection; quality assurance;

183 records.-

184 (15) Each trauma center must post its trauma activation
 185 fee amount in a conspicuous place within the trauma center. The
 186 trauma activation fee amount must also be posted in a prominent
 187 position on the trauma center's Internet website home page.

188 Section 7. Effective January 1, 2015, section 456.47,
 189 Florida Statutes, is created to read:

190 456.47 Use of telehealth to provide services.-

191 (1) DEFINITIONS.-As used in this section, the term:

192 (a) "Telehealth" means the use of synchronous or
 193 asynchronous communication services technology by a telehealth
 194 provider to provide health care services, including, but not
 195 limited to, patient assessment, diagnosis, consultation,
 196 treatment, monitoring and transfer of medical data, patient and
 197 professional health-related education, public health, and health
 198 administration. The term does not include audio-only telephone
 199 calls, e-mail messages, or facsimile transmissions.

200 (b) "Telehealth provider" means any individual person who
 201 provides health care and related services using telehealth and
 202 who is licensed under chapter 457; chapter 458; chapter 459;
 203 chapter 460; chapter 461; chapter 463; chapter 464; chapter 465;
 204 chapter 466; chapter 467; part I, part III, part IV, part V,
 205 part X, part XIII, or part XIV of chapter 468; chapter 478;
 206 chapter 480; part III of chapter 483; chapter 484; chapter 486;
 207 chapter 490; or chapter 491; or who is registered under this
 208 section and is in compliance with paragraph (4) (a).

209 (2) PRACTICE STANDARD.—

210 (a) The standard of care for telehealth providers
 211 providing health care services is the same as the standard of
 212 care for health care professionals providing in-person health
 213 care services to patients in this state. A telehealth provider
 214 is not required to research a patient's medical history or
 215 conduct a physical examination of the patient before using
 216 telehealth to provide services to the patient if the telehealth
 217 provider conducts a patient evaluation sufficient to diagnose
 218 and treat the patient. The evaluation may be performed using
 219 telehealth.

220 (b) A telehealth provider may not use telehealth to
 221 prescribe a controlled substance for chronic nonmalignant pain,
 222 as defined under s. 456.44, unless the controlled substance is
 223 ordered for inpatient treatment at a hospital licensed under ch.
 224 395.

225 (c) A telehealth provider and a patient may each be in any
 226 location when telehealth is used to provide health care services
 227 to a patient.

228 (d) A non-physician telehealth provider using telehealth
 229 and acting within the relevant scope of practice, as established
 230 by Florida law and rule, may not be interpreted as practicing
 231 medicine without a license.

232 (3) RECORDS.—A telehealth provider shall document in the
 233 patient's medical record the health care services rendered using
 234 telehealth according to the same standard as used for in-person

235 services in this state. Medical records, including video, audio,
 236 electronic, or other records generated as a result of providing
 237 such services, are confidential pursuant to ss. 395.3025(4) and
 238 456.057.

239 (4) REGISTRATION OF OUT-OF-STATE TELEHEALTH PROVIDERS.—

240 (a) A health care professional not licensed in this state
 241 may provide health care services to a patient located in this
 242 state using telehealth if the telehealth provider annually
 243 registers with the applicable board, or the department if there
 244 is no board, and provides health care services within the
 245 relevant scope of practice established by Florida law and rule.

246 (b) The board, or the department if there is no board,
 247 shall register a health care professional as a telehealth
 248 provider if the health care professional:

- 249 1. Completes an application form developed by the
 250 department;
- 251 2. Pays a \$150 registration fee; and
- 252 3. Holds an active, unencumbered license for a profession
 253 included in paragraph (1) (b) issued by another state, the
 254 District of Columbia, or a possession or territory of the United
 255 States and against whom no disciplinary action has been taken
 256 during the 5 years before submission of the application. The
 257 department shall use the National Practitioner Data Bank to
 258 verify information submitted by an applicant.

259 (c) A health care professional registered under this
 260 section is prohibited from opening an office in this state and

261 from providing in-person health care services to patients
 262 located in this state.

263 (d) A health care professional registered under this
 264 section must immediately notify the appropriate board, or the
 265 department if there is no board, of restrictions placed on the
 266 health care professional's license to practice, or disciplinary
 267 action taken against the health care professional, in any state
 268 or jurisdiction.

269 (e) A pharmacist registered under this section may only
 270 use a Florida pharmacy permitted under ch. 465, or a nonresident
 271 pharmacy registered under s. 465.0156, to dispense medicinal
 272 drugs to Florida patients.

273 (f) A health care professional whose license to provide
 274 health care services is subject to a pending disciplinary
 275 investigation or which has been revoked in any state or
 276 jurisdiction may not register under this section.

277 (g) The department shall publish on its website a list of
 278 all registrants and include each registrant's:

- 279 1. Name.
- 280 2. Health care occupation.
- 281 3. Completed health care training and education, including
 282 completion dates and any certificates or degrees obtained.
- 283 4. Out-of-state health care license with license number.
- 284 5. Florida telehealth provider registration number.
- 285 6. Specialty.
- 286 7. Board certification.

287 8. 5 year disciplinary history, including sanctions and
 288 board actions.

289 9. Medical malpractice insurance provider and policy
 290 limits, including whether the policy covers claims which arise
 291 in this state.

292 (h) The department may revoke a telehealth provider's
 293 registration if the registrant:

294 1. Fails to immediately notify the department of any
 295 adverse actions taken against his or her license as required
 296 under subsection (4) (d).

297 2. Has restrictions placed on or disciplinary action taken
 298 against his or her license in any state or jurisdiction.

299 3. Violates any of the requirements of this section.

300 (5) JURISDICTION.- For the purposes of this section, any
 301 act that constitutes the delivery of health care services shall
 302 be deemed to occur at the place where the patient is located at
 303 the time the act is performed.

304 (6) EXEMPTIONS.- A health care professional who is not
 305 licensed to provide health care services in this state but who
 306 holds an active license to provide health care services in
 307 another state or jurisdiction, and who provides health care
 308 services using telehealth to a patient located in this state, is
 309 not subject to the registration requirement under this section
 310 if the services are provided:

311 (a) In response to an emergency medical condition as
 312 defined in s. 395.002; or

313 (b) In consultation with a health care professional
 314 licensed in this state and that health care professional retains
 315 ultimate authority over the diagnosis and care of the patient.

316 (6) RULEMAKING.—The applicable board, or the department if
 317 there is no board, may adopt rules to administer the
 318 requirements of this section.

319 Section 8. Effective January 1, 2015, section 463.0125,
 320 Florida Statutes, is created to read:

321 463.0125 The use of telehealth to diagnose and treat the
 322 human eye and its appendages.—

323 (1) If automated equipment and computer controlled devices
 324 are used to provide services through telehealth to diagnose and
 325 treat the human eye and its appendages, the following
 326 requirements must be met:

327 (a) The automated equipment must be approved by the United
 328 States Food and Drug Administration for its intended use;

329 (b) The automated equipment must be designed and operated
 330 in a manner that provides any accommodation required by the ADA
 331 Amendments Act of 2008;

332 (c) The automated equipment and accompanying technology
 333 used for the collection and transmission of information and
 334 data, including photographs and scans, must gather and transmit
 335 protected health information in compliance with the Health
 336 Insurance Portability and Accountability Act;

337 (d) The procedure for which the automated equipment is
 338 used must have a recognized Current Procedural Technology code

339 approved by the Center for Medicare and Medicaid Services;

340 (e) The physical location of the automated equipment must
 341 prominently display in writing the name and Florida health care
 342 licensure number of the individual who will read and interpret
 343 the diagnostic information and data, including photographs and
 344 scans and provide any necessary treatment;

345 (f) Diagnostic information and data, including photographs
 346 and scans gathered by the automated equipment must be read and
 347 interpreted by a health care practitioner licensed under chapter
 348 458, chapter 459, or chapter 463 skilled in diseases of the
 349 human eye who thereafter provides the patient with any necessary
 350 and authorized treatment based on the diagnostic information and
 351 data; and

352 (g) The owner or lessee of the automated equipment must
 353 maintain liability insurance in an adequate amount to cover
 354 claims made by individuals diagnosed and treated based on
 355 information and data, including photographs and scans, generated
 356 by the automated equipment.

357 (2) A prescription for spectacles or contact lens may not
 358 be based on a diagnosis made while using telehealth or based
 359 solely on the refractive error of the human eye generated by a
 360 computer controlled device such as an auto-refractor.

361 Section 9. Paragraph (t) is added to subsection (3) of
 362 section 408.036, Florida Statutes, to read:

363 408.036 Projects subject to review; exemptions.—

364 (3) EXEMPTIONS.—Upon request, the following projects are

365 subject to exemption from the provisions of subsection (1):

366 (t) For the relocation of not more than fifteen percent of
 367 an acute care hospital's beds licensed under Chapter 395 within
 368 the county where the hospital is located. In addition to any
 369 other documentation otherwise required by the agency, a request
 370 for exemption submitted under this paragraph must:

371 1. Certify that the applicant has at least 500 beds
 372 licensed under Chapter 395.

373 2. Certify that the hospital provides care to a greater
 374 number of indigent persons than any other acute care hospital
 375 operating in the same county. For the purpose of this
 376 paragraph, "indigent persons" means Medicaid recipients and
 377 uninsured individuals.

378 3. Certify that at least 40% of the care provided by the
 379 applicant qualifies as care for indigent persons measured by
 380 gross revenues or patient days as demonstrated by the four most
 381 recent quarterly reports filed with the agency or demonstrated
 382 for most recent complete fiscal year.

383 4. Certify that the applicant has an investment grade
 384 bond credit rating from a nationally recognized statistical
 385 rating organization.

386 5. Certify that relocation of the beds is for the purpose
 387 of enhancing the fiscal stability of the applicant's facility.

388 Section 10. Paragraph (c) of subsection (2) of section
 389 381.026, Florida Statutes, is amended to read:

390 381.026 Florida Patient's Bill of Rights and

391 Responsibilities.—

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

394 (c) "Health care provider" means a physician licensed
395 under chapter 458, an osteopathic physician licensed under
396 chapter 459, ~~or~~ a podiatric physician licensed under chapter
397 461, or an independent nurse practitioner registered under part
398 I of chapter 464.

399 Section 11. Paragraph (a) of subsection (2), paragraph (b)
400 of subsection (3), and subsections (4) and (5) of section
401 382.008, Florida Statutes, are amended to read:

402 382.008 Death and fetal death registration.—

403 (2) (a) The funeral director who first assumes custody of a
404 dead body or fetus shall file the certificate of death or fetal
405 death. In the absence of the funeral director, the physician,
406 independent nurse practitioner, or other person in attendance at
407 or after the death or the district medical examiner of the
408 county in which the death occurred or the body was found shall
409 file the certificate of death or fetal death. The person who
410 files the certificate shall obtain personal data from the next
411 of kin or the best qualified person or source available. The
412 medical certification of cause of death shall be furnished to
413 the funeral director, either in person or via certified mail or
414 electronic transfer, by the physician, independent nurse
415 practitioner, or medical examiner responsible for furnishing
416 such information. For fetal deaths, the physician, certified

417 nurse midwife, midwife, or hospital administrator shall provide
 418 any medical or health information to the funeral director within
 419 72 hours after expulsion or extraction.

420 (3) Within 72 hours after receipt of a death or fetal
 421 death certificate from the funeral director, the medical
 422 certification of cause of death shall be completed and made
 423 available to the funeral director by the decedent's primary or
 424 attending practitioner ~~physician~~ or, if s. 382.011 applies, the
 425 district medical examiner of the county in which the death
 426 occurred or the body was found. The primary or attending
 427 practitioner ~~physician~~ or the medical examiner shall certify
 428 over his or her signature the cause of death to the best of his
 429 or her knowledge and belief. As used in this section, the term
 430 "primary or attending practitioner ~~physician~~" means a physician
 431 or independent nurse practitioner registered under s. 464.0125,
 432 who treated the decedent through examination, medical advice, or
 433 medication during the 12 months preceding the date of death.

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

443 (4) If the department or local registrar grants an
 444 extension of time to provide the medical certification of cause
 445 of death, the funeral director shall file a temporary
 446 certificate of death or fetal death which shall contain all
 447 available information, including the fact that the cause of
 448 death is pending. The decedent's primary or attending
 449 practitioner ~~physician~~ or the district medical examiner of the
 450 county in which the death occurred or the body was found shall
 451 provide an estimated date for completion of the permanent
 452 certificate.

453 (5) A permanent certificate of death or fetal death,
 454 containing the cause of death and any other information that was
 455 previously unavailable, shall be registered as a replacement for
 456 the temporary certificate. The permanent certificate may also
 457 include corrected information if the items being corrected are
 458 noted on the back of the certificate and dated and signed by the
 459 funeral director, physician, independent nurse practitioner, or
 460 district medical examiner of the county in which the death
 461 occurred or the body was found, as appropriate.

462 Section 12. Paragraph (a) and (f) of subsection (2) of
 463 section 394.463, Florida Statutes, is amended to read:

464 394.463 Involuntary examination.—

465 (2) INVOLUNTARY EXAMINATION.—

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

468 1. A court may enter an ex parte order stating that a

469 person appears to meet the criteria for involuntary examination,
 470 giving the findings on which that conclusion is based. The ex
 471 parte order for involuntary examination must be based on sworn
 472 testimony, written or oral. If other less restrictive means are
 473 not available, such as voluntary appearance for outpatient
 474 evaluation, a law enforcement officer, or other designated agent
 475 of the court, shall take the person into custody and deliver him
 476 or her to the nearest receiving facility for involuntary
 477 examination. The order of the court shall be made a part of the
 478 patient's clinical record. No fee shall be charged for the
 479 filing of an order under this subsection. Any receiving facility
 480 accepting the patient based on this order must send a copy of
 481 the order to the Agency for Health Care Administration on the
 482 next working day. The order shall be valid only until executed
 483 or, if not executed, for the period specified in the order
 484 itself. If no time limit is specified in the order, the order
 485 shall be valid for 7 days after the date that the order was
 486 signed.

487 2. A law enforcement officer shall take a person who
 488 appears to meet the criteria for involuntary examination into
 489 custody and deliver the person or have him or her delivered to
 490 the nearest receiving facility for examination. The officer
 491 shall execute a written report detailing the circumstances under
 492 which the person was taken into custody, and the report shall be
 493 made a part of the patient's clinical record. Any receiving
 494 facility accepting the patient based on this report must send a

495 copy of the report to the Agency for Health Care Administration
 496 on the next working day.

497 3. A physician, clinical psychologist, psychiatric nurse,
 498 independent nurse practitioner, mental health counselor,
 499 marriage and family therapist, or clinical social worker may
 500 execute a certificate stating that he or she has examined a
 501 person within the preceding 48 hours and finds that the person
 502 appears to meet the criteria for involuntary examination and
 503 stating the observations upon which that conclusion is based. If
 504 other less restrictive means are not available, such as
 505 voluntary appearance for outpatient evaluation, a law
 506 enforcement officer shall take the person named in the
 507 certificate into custody and deliver him or her to the nearest
 508 receiving facility for involuntary examination. The law
 509 enforcement officer shall execute a written report detailing the
 510 circumstances under which the person was taken into custody. The
 511 report and certificate shall be made a part of the patient's
 512 clinical record. Any receiving facility accepting the patient
 513 based on this certificate must send a copy of the certificate to
 514 the Agency for Health Care Administration on the next working
 515 day.

516 (f) A patient shall be examined by a physician, ~~or a~~ a
 517 clinical psychologist, or an independent nurse practitioner who
 518 is nationally certified as a psychiatric-mental health advanced
 519 practice nurse at a receiving facility without unnecessary delay
 520 and may, upon the order of a physician, be given emergency

521 treatment if it is determined that such treatment is necessary
 522 for the safety of the patient or others. The patient may not be
 523 released by the receiving facility or its contractor without the
 524 documented approval of a psychiatrist, a clinical psychologist,
 525 or an independent nurse practitioner who is nationally certified
 526 as a psychiatric-mental health advanced practice nurse, or, if
 527 the receiving facility is a hospital, the release may also be
 528 approved by an attending emergency department physician with
 529 experience in the diagnosis and treatment of mental and nervous
 530 disorders and after completion of an involuntary examination
 531 pursuant to this subsection. However, a patient may not be held
 532 in a receiving facility for involuntary examination longer than
 533 72 hours.

534 Section 13. Subsection (1) of section 456.048, Florida
 535 Statutes, and paragraphs (a), (d), and (e) of subsection (2) are
 536 amended to read:

537 456.048 Financial responsibility requirements for certain
 538 health care practitioners.—

539 (1) As a prerequisite for licensure or license renewal,
 540 the Board of Acupuncture, the Board of Chiropractic Medicine,
 541 the Board of Podiatric Medicine, and the Board of Dentistry
 542 shall, by rule, require that all health care practitioners
 543 licensed under the respective board, and the Board of Medicine
 544 and the Board of Osteopathic Medicine shall, by rule, require
 545 that all anesthesiologist assistants licensed pursuant to s.
 546 458.3475 or s. 459.023, and the Board of Nursing shall, by rule,

547 require that independent nurse practitioners registered under s.
548 464.0125 and advanced registered nurse practitioners certified
549 under s. 464.012, and the department shall, by rule, require
550 that midwives maintain medical malpractice insurance or provide
551 proof of financial responsibility in an amount and in a manner
552 determined by the board or department to be sufficient to cover
553 claims arising out of the rendering of or failure to render
554 professional care and services in this state.

555 (2) The board or department may grant exemptions upon
556 application by practitioners meeting any of the following
557 criteria:

558 (a) Any person licensed under chapter 457, s. 458.3475, s.
559 459.023, chapter 460, chapter 461, s. 464.012, s. 464.0125,
560 chapter 466, or chapter 467 who practices exclusively as an
561 officer, employee, or agent of the Federal Government or of the
562 state or its agencies or its subdivisions. For the purposes of
563 this subsection, an agent of the state, its agencies, or its
564 subdivisions is a person who is eligible for coverage under any
565 self-insurance or insurance program authorized by the provisions
566 of s. 768.28(16) or who is a volunteer under s. 110.501(1).

567 (d) Any person licensed or certified under chapter 457, s.
568 458.3475, s. 459.023, chapter 460, chapter 461, s. 464.012, s.
569 464.0125, chapter 466, or chapter 467 who practices only in
570 conjunction with his or her teaching duties at an accredited
571 school or in its main teaching hospitals. Such person may engage
572 in the practice of medicine to the extent that such practice is

573 incidental to and a necessary part of duties in connection with
 574 the teaching position in the school.

575 (e) Any person holding an active license or certification
 576 under chapter 457, s. 458.3475, s. 459.023, chapter 460, chapter
 577 461, s. 464.012, s. 464.0125, chapter 466, or chapter 467 who is
 578 not practicing in this state. If such person initiates or
 579 resumes practice in this state, he or she must notify the
 580 department of such activity.

581 Section 14. Subsection (7) of section 456.072, Florida
 582 Statutes, is amended to read:

583 456.072 Grounds for discipline; penalties; enforcement.—

584 (7) Notwithstanding subsection (2), upon a finding that a
 585 physician or an independent nurse practitioner has prescribed or
 586 dispensed a controlled substance, or caused a controlled
 587 substance to be prescribed or dispensed, in a manner that
 588 violates the standard of practice set forth in s. 458.331(1)(q)
 589 or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s),
 590 464.018(1)(p) or s. 466.028(1)(p) or (x), ~~the physician~~ such
 591 practitioner shall be suspended for a period of not less than 6
 592 months and pay a fine of not less than \$10,000 per count.
 593 Repeated violations shall result in increased penalties.

594 Section 15. Paragraph (a) of subsection (2) and paragraphs
 595 (b), (c), (d), (e), (f), and (g) of subsection (3) of section
 596 456.44, Florida Statutes, are amended to read:

597 456.44 Controlled substance prescribing.—

598 (2) REGISTRATION.—Effective January 1, 2012, a physician

599 licensed under chapter 458, chapter 459, chapter 461, or chapter
 600 466, or an independent nurse practitioner registered under part
 601 I of chapter 464, who prescribes any controlled substance,
 602 listed in Schedule II, Schedule III, or Schedule IV as defined
 603 in s. 893.03, for the treatment of chronic nonmalignant pain,
 604 must:

605 (a) Designate himself or herself as a controlled substance
 606 prescribing practitioner on the practitioner's ~~physician's~~
 607 ~~practitioner~~ profile.

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

612 (b) Each registrant must develop a written individualized
 613 treatment plan for each patient. The treatment plan shall state
 614 objectives that will be used to determine treatment success,
 615 such as pain relief and improved physical and psychosocial
 616 function, and shall indicate if any further diagnostic
 617 evaluations or other treatments are planned. After treatment
 618 begins, the practitioner ~~physician~~ shall adjust drug therapy to
 619 the individual medical needs of each patient. Other treatment
 620 modalities, including a rehabilitation program, shall be
 621 considered depending on the etiology of the pain and the extent
 622 to which the pain is associated with physical and psychosocial
 623 impairment. The interdisciplinary nature of the treatment plan
 624 shall be documented.

625 (c) The practitioner ~~physician~~ shall discuss the risks and
626 benefits of the use of controlled substances, including the
627 risks of abuse and addiction, as well as physical dependence and
628 its consequences, with the patient, persons designated by the
629 patient, or the patient's surrogate or guardian if the patient
630 is incompetent. The practitioner ~~physician~~ shall use a written
631 controlled substance agreement between the practitioner
632 ~~physician~~ and the patient outlining the patient's
633 responsibilities, including, but not limited to:

634 1. Number and frequency of controlled substance
635 prescriptions and refills.

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

638 3. An agreement that controlled substances for the
639 treatment of chronic nonmalignant pain shall be prescribed by a
640 single treating practitioner ~~physician~~ unless otherwise
641 authorized by the treating practitioner ~~physician~~ and documented
642 in the medical record.

643 (d) The patient shall be seen by the practitioner
644 ~~physician~~ at regular intervals, not to exceed 3 months, to
645 assess the efficacy of treatment, ensure that controlled
646 substance therapy remains indicated, evaluate the patient's
647 progress toward treatment objectives, consider adverse drug
648 effects, and review the etiology of the pain. Continuation or
649 modification of therapy shall depend on the practitioner's
650 ~~physician's~~ evaluation of the patient's progress. If treatment

651 goals are not being achieved, despite medication adjustments,
652 the practitioner ~~physician~~ shall reevaluate the appropriateness
653 of continued treatment. The practitioner ~~physician~~ shall monitor
654 patient compliance in medication usage, related treatment plans,
655 controlled substance agreements, and indications of substance
656 abuse or diversion at a minimum of 3-month intervals.

657 (e) The practitioner ~~physician~~ shall refer the patient as
658 necessary for additional evaluation and treatment in order to
659 achieve treatment objectives. Special attention shall be given
660 to those patients who are at risk for misusing their medications
661 and those whose living arrangements pose a risk for medication
662 misuse or diversion. The management of pain in patients with a
663 history of substance abuse or with a comorbid psychiatric
664 disorder requires extra care, monitoring, and documentation and
665 requires consultation with or referral to an addiction medicine
666 specialist or psychiatrist.

667 (f) A practitioner ~~physician~~ registered under this section
668 must maintain accurate, current, and complete records that are
669 accessible and readily available for review and comply with the
670 requirements of this section, the applicable practice act, and
671 applicable board rules. The medical records must include, but
672 are not limited to:

- 673 1. The complete medical history and a physical
674 examination, including history of drug abuse or dependence.
- 675 2. Diagnostic, therapeutic, and laboratory results.
- 676 3. Evaluations and consultations.

- 677 4. Treatment objectives.
- 678 5. Discussion of risks and benefits.
- 679 6. Treatments.
- 680 7. Medications, including date, type, dosage, and quantity
- 681 prescribed.
- 682 8. Instructions and agreements.
- 683 9. Periodic reviews.
- 684 10. Results of any drug testing.
- 685 11. A photocopy of the patient's government-issued photo
- 686 identification.
- 687 12. If a written prescription for a controlled substance
- 688 is given to the patient, a duplicate of the prescription.
- 689 13. The practitioner's ~~physician's~~ full name presented in
- 690 a legible manner.
- 691 (g) Patients with signs or symptoms of substance abuse
- 692 shall be immediately referred to a board-certified pain
- 693 management physician, an addiction medicine specialist, or a
- 694 mental health addiction facility as it pertains to drug abuse or
- 695 addiction unless the practitioner is a physician who is board-
- 696 certified or board-eligible in pain management. Throughout the
- 697 period of time before receiving the consultant's report, a
- 698 prescribing practitioner ~~physician~~ shall clearly and completely
- 699 document medical justification for continued treatment with
- 700 controlled substances and those steps taken to ensure medically
- 701 appropriate use of controlled substances by the patient. Upon
- 702 receipt of the consultant's written report, the prescribing

703 practitioner ~~physician~~ shall incorporate the consultant's
704 recommendations for continuing, modifying, or discontinuing
705 controlled substance therapy. The resulting changes in treatment
706 shall be specifically documented in the patient's medical
707 record. Evidence or behavioral indications of diversion shall be
708 followed by discontinuation of controlled substance therapy, and
709 the patient shall be discharged, and all results of testing and
710 actions taken by the physician shall be documented in the
711 patient's medical record.

712

713 This subsection does not apply to a board-eligible or board-
714 certified anesthesiologist, physiatrist, rheumatologist, or
715 neurologist, or to a board-certified physician who has surgical
716 privileges at a hospital or ambulatory surgery center and
717 primarily provides surgical services. This subsection does not
718 apply to a board-eligible or board-certified medical specialist
719 who has also completed a fellowship in pain medicine approved by
720 the Accreditation Council for Graduate Medical Education or the
721 American Osteopathic Association, or who is board eligible or
722 board certified in pain medicine by the American Board of Pain
723 Medicine or a board approved by the American Board of Medical
724 Specialties or the American Osteopathic Association and performs
725 interventional pain procedures of the type routinely billed
726 using surgical codes. This subsection does not apply to a
727 practitioner ~~physician~~ who prescribes medically necessary
728 controlled substances for a patient during an inpatient stay in

729 a hospital licensed under chapter 395.

730 Section 16. Subsections (16), (17), (18), (19), (20),
 731 (21), (22), and (23) of section 464.003, Florida Statutes, are
 732 renumbered as subsections (17), (18), (19), (20), (21), (22),
 733 (23), and (24), respectively, subsections (2) is amended in that
 734 section, and subsection (16) is added to that section, to read:

735 464.003 Definitions.—As used in this part, the term:

736 (2) "Advanced or specialized nursing practice" means, in
 737 addition to the practice of professional nursing, the
 738 performance of advanced-level nursing acts approved by the board
 739 which, by virtue of postbasic specialized education, training,
 740 and experience, are appropriately performed by an advanced
 741 registered nurse practitioner. Within the context of advanced or
 742 specialized nursing practice, the advanced registered nurse
 743 practitioner may perform acts of nursing diagnosis and nursing
 744 treatment of alterations of the health status. The advanced
 745 registered nurse practitioner may also perform acts of medical
 746 diagnosis and treatment, prescription, and operation which are
 747 identified and approved by a joint committee composed of three
 748 members appointed by the Board of Nursing, two of whom must be
 749 advanced registered nurse practitioners; three members appointed
 750 by the Board of Medicine, two of whom must have had work
 751 experience with advanced registered nurse practitioners; and one
 752 member appointed by the Board of Pharmacy ~~the State Surgeon~~
 753 ~~General or the State Surgeon General's designee~~. Each committee
 754 member appointed by a board shall be appointed to a term of 4

755 | years unless a shorter term is required to establish or maintain
 756 | staggered terms. The Board of Nursing shall adopt rules
 757 | authorizing the performance of any such acts approved by the
 758 | joint committee. Unless otherwise specified by the joint
 759 | committee, such medical acts must be performed under the general
 760 | supervision of a practitioner licensed under chapter 458,
 761 | chapter 459, or chapter 466 within the framework of standing
 762 | protocols which identify the medical acts to be performed and
 763 | the conditions for their performance. The department may, by
 764 | rule, require that a copy of the protocol be filed with the
 765 | department along with the notice required by s. 458.348 or s.
 766 | 459.025. The joint committee must also establish a formulary of
 767 | controlled substances that independent nurse practitioners
 768 | registered under s. 464.0125, are prohibited from prescribing,
 769 | administering, or dispensing. The board must adopt the
 770 | exclusionary formulary developed by the joint committee in rule.

771 | (16) "Independent nurse practitioner" means an advanced
 772 | registered nurse practitioner who maintains an active and valid
 773 | certification under s. 464.012(2) and registration under s.
 774 | 464.0125 to practice advanced or specialized nursing
 775 | independently and without the supervision of a physician or a
 776 | protocol.

777 | Section 17. Paragraph (c) of subsection (4) of section
 778 | 464.012, Florida Statutes, is amended to read:

779 | 464.012 Certification of advanced registered nurse
 780 | practitioners; fees.—

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

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

- 786 1. Manage selected medical problems.
- 787 2. Order physical and occupational therapy.
- 788 3. Initiate, monitor, or alter therapies for certain
 789 uncomplicated acute illnesses.
- 790 4. Monitor and manage patients with stable chronic
 791 diseases.
- 792 5. Establish behavioral problems and diagnosis and make
 793 treatment recommendations.

794 6. Prescribe, dispense, order, or administer controlled
 795 substances to the extent authorized in the protocol and only to
 796 the extent the supervising physician is authorized to prescribe,
 797 dispense, order, or administer controlled substances.

798 Section 18. Section 464.0125, Florida Statutes, is created
 799 to read:

800 464.0125 Registration of independent nurse practitioners;
 801 fees.—

802 (1) To be registered as an independent nurse practitioner,
 803 an applicant must hold an active and unencumbered certificate
 804 issued by the department under s. 464.012, and a national nurse
 805 practitioner certificate issued by a nursing specialty board,
 806 and must have:

807 (a) Completed, in any jurisdiction of the United States,
 808 at least 2,000 clinical practice hours within a 3-year period
 809 immediately preceding the submission of the application and
 810 while practicing as an advanced registered nurse practitioner;

811 (b) Not been subject to any disciplinary action under s.
 812 464.018 or s. 456.072, or any similar disciplinary action in any
 813 other jurisdiction, during the 5 years immediately preceding the
 814 submission of the application; and

815 (c) Completed a graduate level course in pharmacology.

816 (2) An independent nurse practitioner may perform, without
 817 physician supervision or a protocol, the acts authorized in s.
 818 464.012(3), acts described in s. 464.012(4)(c), and any of the
 819 following:

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

822 1. Admit the patient to the facility.

823 2. Manage the care that the patient receives in the
 824 facility.

825 3. Discharge the patient from the facility.

826 (b) Provide a signature, certification, stamp,
 827 verification, affidavit, or other endorsement that is otherwise
 828 required by law to be provided by a physician.

829 (c) Act as a patient's primary care provider.

830 (d) Administer, dispense, order, and prescribe medicinal
 831 drugs, including controlled substances if the controlled
 832 substances are not included in the formulary created pursuant to

833 s. 464.003(2).

834 (3) An advanced registered nurse practitioner registered
 835 as an independent nurse practitioner under this section must
 836 submit to the department proof of registration along with the
 837 information required under s. 456.0391, and the department shall
 838 include the registration in the advanced registered nurse
 839 practitioner's profile created pursuant to s. 456.041.

840 (4) To be eligible for biennial renewal of registration,
 841 an independent nurse practitioner must complete at least 10
 842 hours of continuing education approved by the board in
 843 pharmacology in addition to completing the continuing education
 844 requirements established by board rule pursuant to s. 464.013.
 845 The biennial renewal for registration shall coincide with the
 846 independent nurse practitioner's biennial renewal period for
 847 advanced registered nurse practitioner certification.

848 (5) The board shall register any nurse meeting the
 849 qualifications in this section. The board shall establish an
 850 application fee not to exceed \$100 and a biennial renewal fee
 851 not to exceed \$50. The board is authorized to adopt rules as
 852 necessary to implement this section.

853 Section 19. Subsections (9) and (10) of section 464.015,
 854 Florida Statutes, are renumbered as subsections (10) and (11),
 855 respectively, subsection (10) is amended, and a new subsection
 856 (9) is added to that section, to read:

857 464.015 Titles and abbreviations; restrictions; penalty.-

858 (9) Only persons who are registered to practice as

859 independent nurse practitioners in this state may use the title
 860 "Independent Nurse Practitioner" and the abbreviation "I.N.P."

861 ~~(10)~~~~(9)~~ A person may not practice or advertise as, or
 862 assume the title of, registered nurse, licensed practical nurse,
 863 clinical nurse specialist, certified registered nurse
 864 anesthetist, certified nurse midwife, ~~or~~ advanced registered
 865 nurse practitioner, or independent nurse practitioner or use the
 866 abbreviation "R.N.," "L.P.N.," "C.N.S.," "C.R.N.A.," "C.N.M.,"
 867 ~~or~~ "A.R.N.P.," or "I.N.P." or take any other action that would
 868 lead the public to believe that person was certified as such or
 869 is performing nursing services pursuant to the exception set
 870 forth in s. 464.022(8), unless that person is licensed or
 871 certified to practice as such.

872 Section 20. Section 464.0155, Florida Statutes, is created
 873 to read:

874 464.0155 Reports of adverse incidents by independent nurse
 875 practitioners.—

876 (1) Effective January 1, 2015, an independent nurse
 877 practitioner must report an adverse incident to the board in
 878 accordance with this section.

879 (2) The report must be in writing, sent to the board by
 880 certified mail, and postmarked within 15 days after the adverse
 881 incident if the adverse incident occurs when the patient is at
 882 the office of the independent nurse practitioner. If the adverse
 883 incident occurs when the patient is not at the office of the
 884 independent nurse practitioner, the report must be postmarked

885 within 15 days after the independent nurse practitioner
 886 discovers, or reasonably should have discovered, the occurrence
 887 of the adverse incident.

888 (3) For the purpose of this section, the term "adverse
 889 incident" means any of the following events when it is
 890 reasonable to believe that the event is attributable to the
 891 prescription of a controlled substance by the independent nurse
 892 practitioner:

893 (a) Any condition that requires the transfer of a patient
 894 to a hospital licensed under chapter 395.

895 (b) Permanent physical injury to the patient.

896 (c) Death of the patient.

897 (4) The board shall review each adverse incident and
 898 determine whether the adverse incident is caused by the
 899 independent nurse practitioner. The board may take disciplinary
 900 action upon such a finding, in which event s. 456.073 applies.

901 Section 21. Paragraphs (p), (q), (r), (s), (t), (u), (v),
 902 (w), (x), (y), and (z) are added to subsection (1) of section
 903 464.018, Florida Statutes, to read:

904 464.018 Disciplinary actions.—

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

907 (p) For an independent nurse practitioner registered under
 908 s. 464.0125:

909 1. Prescribing, dispensing, administering, mixing, or
 910 otherwise preparing a legend drug, including any controlled

911 substance, other than in the course of the professional practice
 912 of the independent nurse practitioner. For the purposes of this
 913 subparagraph, it shall be legally presumed that prescribing,
 914 dispensing, administering, mixing, or otherwise preparing legend
 915 drugs, including all controlled substances, inappropriately or
 916 in excessive or inappropriate quantities is not in the best
 917 interest of the patient and is not in the course of the
 918 professional practice of the independent nurse practitioner,
 919 without regard to the nurse's intent.

920 2. Dispensing a controlled substance listed in Schedule II
 921 or Schedule III in violation of s. 465.0276.

922 3. Presigning blank prescription forms.

923 4. Prescribing any medicinal drug appearing on Schedule II
 924 in chapter 893 by the nurse for office use.

925 5. Prescribing, ordering, dispensing, administering,
 926 supplying, selling, or giving any Schedule II drug that is an
 927 amphetamine or sympathomimetic amine or any compound thereof,
 928 pursuant to chapter 893, to or for any person except for:

929 a. The treatment of narcolepsy; hyperkinesis; behavioral
 930 syndrome characterized by the developmentally inappropriate
 931 symptoms of moderate to severe distractability, short attention
 932 span, hyperactivity, emotional liability, and impulsivity; or
 933 drug-induced brain dysfunction;

934 b. The differential diagnostic psychiatric evaluation of
 935 depression or the treatment of depression shown to be refractory
 936 to other therapeutic modalities; or

937 c. The clinical investigation of the effects of such drugs
 938 or compounds when an investigative protocol therefor is
 939 submitted to, reviewed, and approved by the board before such
 940 investigation is begun.

941 6. Prescribing, ordering, dispensing, administering,
 942 supplying, selling, or giving growth hormones, testosterone or
 943 its analogs, human chorionic gonadotropin (HCG), or other
 944 hormones for the purpose of muscle building or to enhance
 945 athletic performance. For the purposes of this subsection, the
 946 term "muscle building" does not include the treatment of injured
 947 muscle. A prescription written for the drug products listed
 948 above may be dispensed by the pharmacist with the presumption
 949 that the prescription is for legitimate medical use.

950 7. Prescribing, ordering, dispensing, administering,
 951 supplying, selling, or giving amygdalin (laetrile) to any
 952 person.

953 8. Promoting or advertising on any prescription form of a
 954 community pharmacy, unless the form shall also state "This
 955 prescription may be filled at any pharmacy of your choice."

956 9. Promoting or advertising through any communication
 957 media the use, sale, or dispensing of any controlled substance
 958 appearing on any schedule in chapter 893.

959 10. Prescribing or dispensing any medicinal drug appearing
 960 on any schedule set forth in chapter 893 by the independent
 961 nurse practitioner for himself or herself or administering any
 962 such drug by the nurse to himself or herself unless such drug is

963 prescribed for the independent nurse practitioner by another
 964 practitioner authorized to prescribe medicinal drugs.

965 11. Paying or receiving any commission, bonus, kickback,
 966 or rebate, or engaging in any split-fee arrangement in any form
 967 whatsoever with a health care practitioner, organization,
 968 agency, or person, either directly or indirectly, for patients
 969 referred to providers of health care goods and services,
 970 including, but not limited to, hospitals, nursing homes,
 971 clinical laboratories, ambulatory surgical centers, or
 972 pharmacies. The provisions of this subparagraph shall not be
 973 construed to prevent an independent nurse practitioner from
 974 receiving a fee for professional consultation services.

975 12. Exercising influence within a patient-independent
 976 nurse practitioner relationship for purposes of engaging a
 977 patient in sexual activity. A patient shall be presumed to be
 978 incapable of giving free, full, and informed consent to sexual
 979 activity with his or her independent nurse practitioner.

980 13. Making deceptive, untrue, or fraudulent
 981 representations in or related to the practice of advanced or
 982 specialized nursing or employing a trick or scheme in the
 983 practice of advanced or specialized nursing.

984 14. Soliciting patients, either personally or through an
 985 agent, through the use of fraud, intimidation, undue influence,
 986 or a form of overreaching or vexatious conduct. A solicitation
 987 is any communication which directly or implicitly requests an
 988 immediate oral response from the recipient.

989 15. Failing to keep legible, as defined by department rule
 990 in consultation with the board, medical records that identify
 991 the independent nurse practitioner by name and professional
 992 title who is responsible for rendering, ordering, supervising,
 993 or billing for each diagnostic or treatment procedure and that
 994 justify the course of treatment of the patient, including, but
 995 not limited to, patient histories; examination results; test
 996 results; records of drugs prescribed, dispensed, or
 997 administered; and reports of consultations or referrals.

998 16. Exercising influence on the patient or client in such
 999 a manner as to exploit the patient or client for financial gain
 1000 of the licensee or of a third party, which shall include, but
 1001 not be limited to, the promoting or selling of services, goods,
 1002 appliances, or drugs.

1003 17. Performing professional services which have not been
 1004 duly authorized by the patient or client, or his or her legal
 1005 representative, except as provided in s. 766.103 or s. 768.13.

1006 18. Performing any procedure or prescribing any therapy
 1007 which, by the prevailing standards of advanced or specialized
 1008 nursing practice in the community, would constitute
 1009 experimentation on a human subject, without first obtaining
 1010 full, informed, and written consent.

1011 19. Delegating professional responsibilities to a person
 1012 when the licensee delegating such responsibilities knows or has
 1013 reason to know that such person is not qualified by training,
 1014 experience, or licensure to perform them.

1015 20. Conspiring with another independent nurse practitioner
 1016 or with any other person to commit an act, or committing an act,
 1017 which would tend to coerce, intimidate, or preclude another
 1018 independent nurse practitioner from lawfully advertising his or
 1019 her services.

1020 21. Advertising or holding oneself out as having
 1021 certification in a specialty which the independent nurse
 1022 practitioner has not received.

1023 22. Failing to comply with the requirements of ss. 381.026
 1024 and 381.0261 to provide patients with information about their
 1025 patient rights and how to file a patient complaint.

1026 23. Providing deceptive or fraudulent expert witness
 1027 testimony related to the advanced or specialized practice of
 1028 nursing.

1029 Section 22. Subsection (21) of section 893.02, Florida
 1030 Statutes, is amended to read:

1031 893.02 Definitions.—The following words and phrases as
 1032 used in this chapter shall have the following meanings, unless
 1033 the context otherwise requires:

1034 (21) "Practitioner" means a physician licensed pursuant to
 1035 chapter 458, a dentist licensed pursuant to chapter 466, a
 1036 veterinarian licensed pursuant to chapter 474, an osteopathic
 1037 physician licensed pursuant to chapter 459, a naturopath
 1038 licensed pursuant to chapter 462, a certified optometrist
 1039 licensed pursuant to chapter 463, an independent nurse
 1040 practitioner registered pursuant to s. 464.0125, or a podiatric

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1041 physician licensed pursuant to chapter 461, provided such
1042 practitioner holds a valid federal controlled substance registry
1043 number.

1044 Section 23. Except as otherwise provided herein, this act
1045 shall take effect on July 1, 2014.