An act relating to direct care workers; amending s. 400.141, F.S.; authorizing nursing home facilities to use paid feeding assistants in accordance with specified federal law under certain circumstances; providing training program requirements; authorizing the Agency for Health Care Administration to adopt rules; amending s. 400.23, F.S.; prohibiting the counting of paid feeding assistants toward compliance with minimum staffing standards; amending s. 400.461, F.S.; revising a short title; amending s. 400.462, F.S.; revising the definition of the term "home health aide"; amending s. 400.464, F.S.; requiring a licensed home health agency that authorizes a registered nurse to delegate tasks to a certified nursing assistant or a home health aide to ensure that certain requirements are met; amending s. 400.488, F.S.; authorizing an unlicensed person to assist with self-administration of certain treatments; revising the requirements for such assistance; creating s. 400.489, F.S.; authorizing home health aides to administer certain prescription medications under certain conditions; requiring such home health aides to meet certain training and competency requirements; requiring that the training, determination of competency, and annual

validation of home health aides be conducted by a registered nurse or a physician; requiring home health aides to complete annual inservice training in medication administration and medication error prevention, in addition to existing annual inservice training requirements; requiring the agency, in consultation with the Board of Nursing, to establish by rule standards and procedures for medication administration by home health aides; providing requirements for such rules; creating s. 400.490, F.S.; authorizing certified nursing assistants or home health aides to perform certain tasks delegated by a registered nurse; creating ss. 400.52 and 400.53, F.S.; creating the Excellence in Home Health Program and the Nurse Registry Excellence Program, respectively, within the agency for a specified purpose; requiring the agency to adopt rules establishing program criteria; providing requirements for such criteria; requiring the agency to annually evaluate certain home health agencies and nurse registries; providing program designation eligibility requirements; providing that a program designation is not transferable, with an exception; providing for the expiration of awarded designations; requiring home health agencies and nurse registries to biennially

renew the awarded program designation; authorizing a program designation award recipient to use the designation in advertising and marketing; specifying circumstances under which a home health agency or nurse registry may not use a program designation in advertising or marketing; providing that an application submitted under the program is not an application for licensure; providing that certain actions by the agency are not subject to certain provisions; creating s. 408.822, F.S.; defining the term "direct care worker"; requiring certain licensees to provide specified information about their employees in a survey beginning on a specified date; requiring that the survey be completed on a form adopted by the agency by rule and include a specified attestation; requiring a licensee to submit such survey as a contingency of license renewal; requiring the agency to continually analyze the results of such surveys and publish the results on the agency's website; requiring the agency to update such information monthly; creating s. 464.0156, F.S.; authorizing a registered nurse to delegate certain tasks to a certified nursing assistant or a home health aide under certain conditions; providing criteria that a registered nurse must consider in determining if a task may be

delegated to a certified nursing assistant or a home health aide; authorizing a registered nurse to delegate prescription medication administration to a certified nursing assistant or a home health aide, subject to certain requirements; providing an exception for certain controlled substances; requiring the Board of Nursing, in consultation with the agency, to adopt rules; amending s. 464.018, F.S.; providing disciplinary action; creating s. 464.2035, F.S.; authorizing certified nursing assistants to administer certain prescription medications under certain conditions; requiring such certified nursing assistants to meet certain training and competency requirements; requiring the training, determination of competency, and annual validation of certified nursing assistants to be conducted by a registered nurse or a physician; requiring such certified nursing assistants to complete annual inservice training in medication administration and medication error prevention in addition to existing annual inservice training requirements; requiring the board, in consultation with the agency, to adopt by rule standards and procedures for medication administration by certified nursing assistants; amending s. 381.026, F.S.; revising the definition of the term "health care

provider" to include an advanced practice registered nurse who is registered to engage in autonomous practice for purposes of the Florida Patient's Bill of Rights and Responsibilities; amending s. 382.008, F.S.; authorizing an advanced practice registered nurse who is registered to engage in autonomous practice to file a certificate of death or fetal death under certain circumstances; authorizing an advanced practice registered nurse who is registered to engage in autonomous practice to provide certain information to the funeral director within a specified time period; replacing the term "primary or attending physician" with "primary or attending practitioner"; defining the term "primary or attending practitioner"; amending s. 382.011, F.S.; conforming a provision to changes made by the act; amending s. 394.463, F.S.; authorizing an advanced practice registered nurse who is registered to engage in autonomous practice to initiate an involuntary examination for mental illness under certain circumstances; amending s. 397.501, F.S.; prohibiting the denial of certain services to an individual who takes medication prescribed by an advanced practice registered nurse who is registered to engage in autonomous practice; amending s. 409.905, F.S.; requiring the Agency for Health Care

Administration to pay for services provided to Medicaid recipients by a licensed advanced practice registered nurse who is registered to engage in autonomous practice; amending s. 456.053, F.S.; revising definitions; authorizing an advanced practice registered nurse registered to engage in autonomous practice to make referrals under certain circumstances; conforming a provision to changes made by the act; amending s. 464.003, F.S.; defining the term "autonomous practice"; amending s. 464.012, F.S.; conforming a provision to changes made by the act; providing an exception; creating s. 464.0123, F.S.; providing for the registration of an advanced practice registered nurse to engage in autonomous practice; providing registration requirements; providing financial responsibility requirements; authorizing an advanced practice registered nurse to engage in autonomous practice to provide primary health care services; requiring the department to adopt rules relating to scope of practice; requiring the department to distinguish such advanced practice registered nurses' licenses and include the registration in their practitioner profiles; authorizing such advanced practice registered nurses to perform specified acts without physician

supervision or supervisory protocol; establishing the Council on Advanced Practice Registered Nurse Autonomous Practice to recommend standards of practice for advanced practice registered nurses engaging in autonomous practice for adoption in rule by the board; providing for appointment and terms of committee members; requiring the board to state with particularity its reason for rejecting a recommendation and provide the council an opportunity to modify the recommendation; requiring the board to adopt rules to establish certain standards of practice; requiring biennial registration renewal and continuing education; requiring the board to adopt rules; creating s. 464.0155, F.S.; requiring advanced practice registered nurses registered to engage in autonomous practice to report adverse incidents to the Department of Health; providing requirements; defining the term "adverse incident"; providing for department review of such reports; authorizing the department to take disciplinary action; amending s. 464.018, F.S.; providing additional grounds for denial of a license or disciplinary action for advanced practice registered nurses registered to engage in autonomous practice; amending s. 626.9707, F.S.; conforming terminology; creating ss. 627.64025 and 627.6621,

F.S.; prohibiting certain health insurance policies and certain group, blanket, or franchise health insurance policies, respectively, from requiring an insured to receive services from an advanced practice registered nurse registered to engage in autonomous practice in place of a physician; amending s. 627.6699, F.S.; prohibiting certain health benefit plans from requiring an insured to receive services from an advanced practice registered nurse registered to engage in autonomous practice in place of a physician; amending s. 627.736, F.S.; requiring personal injury protection insurance policies to cover a certain percentage of medical services and care provided by an advanced practice registered nurse registered to engage in autonomous practice; providing for specified reimbursement of such an advanced practice registered nurse; creating s. 641.31075, F.S.; prohibiting certain health maintenance contracts from requiring a subscriber to receive services from an advanced practice registered nurse registered to engage in autonomous practice in place of a primary care physician; amending s. 641.495, F.S.; requiring certain health maintenance organization documents to disclose specified information; amending ss. 744.2006 and 744.331, F.S.; conforming terminology; amending s.

744.3675, F.S.; authorizing an advanced practice registered nurse to provide the medical report of a ward in an annual guardianship plan; amending s. 766.118, F.S.; revising the definition of the term "practitioner" to include an advanced practice registered nurse registered to engage in autonomous practice; amending s. 768.135, F.S.; providing immunity from liability for an advanced practice registered nurse registered to engage in autonomous practice who provides volunteer services under certain circumstances; amending s. 1006.062, F.S.; authorizing an advanced practice registered nurse to provide training in the administration of medication to designated school personnel; amending s. 1006.20, F.S.; authorizing an advanced practice registered nurse registered to engage in autonomous practice to medically evaluate a student athlete; amending s. 1009.65, F.S.; authorizing an advanced practice registered nurse registered to engage in autonomous practice to receive payments under the Health Care Education Reimbursement and Loan Repayment Program; establishing payment amounts; providing appropriations and authorizing positions; providing effective dates.

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

Section 1. Effective upon this act becoming a law, paragraph (v) is added to subsection (1) of section 400.141, Florida Statutes, to read:

400.141 Administration and management of nursing home facilities.—

(1) Every licensed facility shall comply with all applicable standards and rules of the agency and shall:

(v) Be allowed to use paid feeding assistants as defined in 42 C.F.R. s. 488.301, and in accordance with 42 C.F.R. s. 483.60, if the paid feeding assistant has successfully completed a feeding assistant training program developed by the agency.

1. The feeding assistant training program must consist of a minimum of 12 hours of education and training and must include all of the topics and lessons specified in the program curriculum.

2. The program curriculum must include, but need not be limited to, training in all of the following content areas:

a. Feeding techniques.

b. Assistance with feeding and hydration.

c. Communication and interpersonal skills.

d. Appropriate responses to resident behavior.

e. Safety and emergency procedures, including the first aid procedure used to treat upper airway obstructions.

f. Infection control.

g. Residents' rights.

h. Recognizing changes in residents which are inconsistent with their normal behavior and the importance of reporting those changes to the supervisory nurse.

The agency may adopt rules to implement this paragraph.

Section 2. Effective upon this act becoming a law, paragraph (b) of subsection (3) of section 400.23, Florida Statutes, is amended to read:

400.23 Rules; evaluation and deficiencies; licensure status.—

(3)

(b) Paid feeding assistants and nonnursing staff providing eating assistance to residents shall not count toward compliance with minimum staffing standards.

Section 3. Effective upon this act becoming a law, subsection (1) of section 400.461, Florida Statutes, is amended to read:

400.461 Short title; purpose.—

(1) This part, consisting of ss. 400.461-400.53 ~~ss. 400.461-400.518~~, may be cited as the "Home Health Services Act."

Section 4. Subsection (15) of section 400.462, Florida Statutes, is amended to read:

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

(15) "Home health aide" means a person who is trained or

qualified, as provided by rule, and who provides hands-on personal care, performs simple procedures as an extension of therapy or nursing services, assists in ambulation or exercises, ~~or~~ assists in administering medications as permitted in rule and for which the person has received training established by the agency under this part, or performs tasks delegated to him or her under chapter 464 ~~s. 400.497(1)~~.

Section 5. Effective upon this act becoming a law, present subsections (5) and (6) of section 400.464, Florida Statutes, are redesignated as subsections (6) and (7), respectively, a new subsection (5) is added to that section, and present subsection (6) of that section is amended, to read:

400.464 Home health agencies to be licensed; expiration of license; exemptions; unlawful acts; penalties.—

(5) If a licensed home health agency authorizes a registered nurse to delegate tasks, including medication administration, to a certified nursing assistant pursuant to chapter 464 or to a home health aide pursuant to s. 400.490, the licensed home health agency must ensure that such delegation meets the requirements of this chapter and chapter 464 and the rules adopted thereunder.

(7)~~(6)~~ Any person, entity, or organization providing home health services which is exempt from licensure under subsection (6) ~~subsection (5)~~ may voluntarily apply for a certificate of exemption from licensure under its exempt status with the agency

on a form that specifies its name or names and addresses, a statement of the reasons why it is exempt from licensure as a home health agency, and other information deemed necessary by the agency. A certificate of exemption is valid for a period of not more than 2 years and is not transferable. The agency may charge an applicant $100 for a certificate of exemption or charge the actual cost of processing the certificate.

Section 6. Effective upon this act becoming a law, subsections (2) and (3) of section 400.488, Florida Statutes, are amended to read:

400.488 Assistance with self-administration of medication.—

(2) Patients who are capable of self-administering their own medications without assistance shall be encouraged and allowed to do so. However, an unlicensed person may, consistent with a dispensed prescription's label or the package directions of an over-the-counter medication, assist a patient whose condition is medically stable with the self-administration of routine, regularly scheduled medications that are intended to be self-administered. Assistance with self-medication by an unlicensed person may occur only upon a documented request by, and the written informed consent of, a patient or the patient's surrogate, guardian, or attorney in fact. For purposes of this section, self-administered medications include both legend and over-the-counter oral dosage forms, topical dosage forms, and

topical ophthalmic, otic, and nasal dosage forms, including solutions, suspensions, sprays, ~~and~~ inhalers, and nebulizer treatments.

(3) Assistance with self-administration of medication includes:

(a) Taking the medication, in its previously dispensed, properly labeled container, from where it is stored and bringing it to the patient.

(b) In the presence of the patient, confirming that the medication is intended for that patient, orally advising the patient of the medication name and purpose ~~reading the label~~, opening the container, removing a prescribed amount of medication from the container, and closing the container.

(c) Placing an oral dosage in the patient's hand or placing the dosage in another container and helping the patient by lifting the container to his or her mouth.

(d) Applying topical medications, including routine preventive skin care and applying and replacing bandages for minor cuts and abrasions as provided by the agency in rule.

(e) Returning the medication container to proper storage.

(f) For nebulizer treatments, assisting with setting up and cleaning the device in the presence of the patient, confirming that the medication is intended for that patient, orally advising the patient of the medication name and purpose, opening the container, removing the prescribed amount for a

single treatment dose from a properly labeled container, and assisting the patient with placing the dose into the medicine receptacle or mouthpiece.

(g) ~~(f)~~ Keeping a record of when a patient receives assistance with self-administration under this section.

Section 7. Effective upon this act becoming a law, section 400.489, Florida Statutes, is created to read:

400.489 Administration of medication by a home health aide; staff training requirements.—

(1) A home health aide may administer oral, transdermal, ophthalmic, otic, rectal, inhaled, enteral, or topical prescription medications if the home health aide has been delegated such task by a registered nurse licensed under chapter 464; has satisfactorily completed an initial 6-hour training course approved by the agency; and has been found competent to administer medication to a patient in a safe and sanitary manner. The training, determination of competency, and initial and annual validations required in this section shall be conducted by a registered nurse licensed under chapter 464 or a physician licensed under chapter 458 or chapter 459.

(2) A home health aide must annually and satisfactorily complete a 2-hour inservice training course approved by the agency in medication administration and medication error prevention. The inservice training course shall be in addition to the annual inservice training hours required by agency rules.

(3) The agency, in consultation with the Board of Nursing, shall establish by rule standards and procedures that a home health aide must follow when administering medication to a patient. Such rules must, at a minimum, address qualification requirements for trainers, requirements for labeling medication, documentation and recordkeeping, the storage and disposal of medication, instructions concerning the safe administration of medication, informed-consent requirements and records, and the training curriculum and validation procedures.

Section 8. Effective upon this act becoming a law, section 400.490, Florida Statutes, is created to read:

400.490 Nurse-delegated tasks.—A certified nursing assistant or home health aide may perform any task delegated by a registered nurse as authorized in this part and in chapter 464, including, but not limited to, medication administration.

Section 9. Effective upon this act becoming a law, section 400.52, Florida Statutes, is created to read:

400.52 Excellence in Home Health Program.—

(1) There is created within the agency the Excellence in Home Health Program for the purpose of awarding home health agencies that meet the criteria specified in this section.

(2)(a) The agency shall adopt rules establishing criteria for the program which must include, at a minimum, meeting standards relating to:

1. Patient satisfaction.

2. Patients requiring emergency care for wound infections.

3. Patients admitted or readmitted to an acute care hospital.

4. Patient improvement in the activities of daily living.

5. Employee satisfaction.

6. Quality of employee training.

7. Employee retention rates.

8. High performance under federal Medicaid electronic visit verification requirements.

(b) The agency must annually evaluate home health agencies seeking the award which apply on a form and in the manner designated by rule.

(3) The home health agency must:

(a) Be actively licensed and operating for at least 24 months to be eligible to apply for a program award. An award under the program is not transferrable to another license, except when the existing home health agency is being relicensed in the name of an entity related to the current licenseholder by common control or ownership, and there will be no change in the management, operation, or programs of the home health agency as a result of the relicensure.

(b) Have had no licensure denials, revocations, or any Class I, Class II, or uncorrected Class III deficiencies within the 24 months preceding the application for the program award.

(4) The award designation shall expire on the same date as

the home health agency's license. A home health agency must reapply and be approved for the award designation to continue using the award designation in the manner authorized under subsection (5).

(5) A home health agency that is awarded under the program may use the designation in advertising and marketing. However, a home health agency may not use the award designation in any advertising or marketing if the home health agency:

(a) Has not been awarded the designation;

(b) Fails to renew the award upon expiration of the award designation;

(c) Has undergone a change in ownership that does not qualify for an exception under paragraph (3)(a); or

(d) Has been notified that it no longer meets the criteria for the award upon reapplication after expiration of the award designation.

(6) An application for an award designation under the program is not an application for licensure. A designation award or denial by the agency under this section does not constitute final agency action subject to chapter 120.

Section 10. Effective upon this act becoming a law, section 400.53, Florida Statutes, is created to read:

400.53 Nurse Registry Excellence Program.—

(1) There is created within the agency the Nurse Registry Excellence Program for the purpose of awarding nurse registries

that meet the criteria specified in this section.

(2)(a) The agency shall adopt rules establishing criteria for the program which must include, at a minimum, meeting standards relating to:

1. Patient or client satisfaction.

2. Patients or clients requiring emergency care for wound infections.

3. Patients or clients admitted or readmitted to an acute care hospital.

4. Patient or client longevity with the nurse registry.

5. Independent contractor satisfaction.

6. Independent contractor longevity with the nurse registry.

7. High performance under federal Medicaid electronic visit verification requirements.

(b) The agency must annually evaluate nurse registries seeking the award which apply on a form and in the manner designated by rule.

(3) The nurse registry must:

(a) Be actively licensed and operating for at least 24 months to be eligible to apply for a program award. An award under the program is not transferrable to another license, except when the existing nurse registry is being relicensed in the name of an entity related to the current licenseholder by common control or ownership, and there will be no change in the

management, operation, or programs of the nurse registry as a result of the relicensure.

(b) Have had no licensure denials, revocations, or any Class I, Class II, or uncorrected Class III deficiencies within the 24 months preceding the application for the program award.

(4) The award designation shall expire on the same date as the nurse registry's license. A nurse registry must reapply and be approved for the award designation to continue using the award designation in the manner authorized under subsection (5).

(5) A nurse registry that is awarded under the program may use the designation in advertising and marketing. However, a nurse registry may not use the award designation in any advertising or marketing if the nurse registry:

(a) Has not been awarded the designation;

(b) Fails to renew the award upon expiration of the award designation;

(c) Has undergone a change in ownership that does not qualify for an exception under paragraph (3)(a); or

(d) Has been notified that it no longer meets the criteria for the award upon reapplication after expiration of the award designation.

(6) An application for an award designation under the program is not an application for licensure. A designation award or denial by the agency under this section does not constitute final agency action subject to chapter 120.

Section 11. Effective upon this act becoming a law, section 408.822, Florida Statutes, is created to read:

408.822 Direct care workforce survey.—

(1) For purposes of this section, the term "direct care worker" means a certified nursing assistant, a home health aide, a personal care assistant, a companion services or homemaker services provider, a paid feeding assistant trained under s. 400.141(1)(v), or another individual who provides personal care as defined in s. 400.462 to individuals who are elderly, developmentally disabled, or chronically ill.

(2) Beginning January 1, 2021, each licensee that applies for licensure renewal as a nursing home facility licensed under part II of chapter 400, an assisted living facility licensed under part I of chapter 429, or a home health agency or companion services or homemaker services provider licensed under part III of chapter 400 shall furnish all of the following information to the agency in a survey on the direct care workforce:

(a) The number of registered nurses and the number of direct care workers by category employed by the licensee.

(b) The turnover and vacancy rates of registered nurses and direct care workers and the contributing factors to these rates.

(c) The average employee wage for registered nurses and each category of direct care worker.

(d) Employment benefits for registered nurses and direct care workers and the average cost of such benefits to the employer and the employee.

(e) Type and availability of training for registered nurses and direct care workers.

(3) An administrator or designee shall include the information required in subsection (2) on a survey form developed by the agency by rule which must contain an attestation that the information provided is true and accurate to the best of his or her knowledge.

(4) The licensee must submit the completed survey before the agency issues the license renewal.

(5) The agency shall continually analyze the results of the surveys and publish the results on its website. The agency shall update the information published on its website monthly.

Section 12. Effective upon this act becoming a law, section 464.0156, Florida Statutes, is created to read:

464.0156 Delegation of duties.—

(1) A registered nurse may delegate a task to a certified nursing assistant certified under part II of this chapter or a home health aide as defined in s. 400.462 if the registered nurse determines that the certified nursing assistant or the home health aide is competent to perform the task, the task is delegable under federal law, and the task meets all of the following criteria:

(a) Is within the nurse's scope of practice.

(b) Frequently recurs in the routine care of a patient or group of patients.

(c) Is performed according to an established sequence of steps.

(d) Involves little or no modification from one patient to another.

(e) May be performed with a predictable outcome.

(f) Does not inherently involve ongoing assessment, interpretation, or clinical judgment.

(g) Does not endanger a patient's life or well-being.

(2) A registered nurse may delegate to a certified nursing assistant or a home health aide the administration of oral, transdermal, ophthalmic, otic, rectal, inhaled, enteral, or topical prescription medications to a patient of a home health agency, if the certified nursing assistant or home health aide meets the requirements of s. 464.2035 or s. 400.489, respectively. A registered nurse may not delegate the administration of any controlled substance listed in Schedule II, Schedule III, or Schedule IV of s. 893.03 or 21 U.S.C. s. 812.

(3) The board, in consultation with the Agency for Health Care Administration, shall adopt rules to implement this section.

Section 13. Effective upon this act becoming a law,

paragraph (r) is added to subsection (1) of section 464.018, Florida Statutes, to read:

464.018 Disciplinary actions.—

(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in ss. 456.072(2) and 464.0095:

(r) Delegating professional responsibilities to a person when the nurse delegating such responsibilities knows or has reason to know that such person is not qualified by training, experience, certification, or licensure to perform them.

Section 14. Effective upon this act becoming a law, section 464.2035, Florida Statutes, is created to read:

464.2035 Administration of medication.—

(1) A certified nursing assistant may administer oral, transdermal, ophthalmic, otic, rectal, inhaled, enteral, or topical prescription medication to a patient of a home health agency if the certified nursing assistant has been delegated such task by a registered nurse licensed under part I of this chapter, has satisfactorily completed an initial 6-hour training course approved by the board, and has been found competent to administer medication to a patient in a safe and sanitary manner. The training, determination of competency, and initial and annual validation required under this section must be conducted by a registered nurse licensed under this chapter or a physician licensed under chapter 458 or chapter 459.

(2) A certified nursing assistant shall annually and satisfactorily complete 2 hours of inservice training in medication administration and medication error prevention approved by the board, in consultation with the Agency for Health Care Administration. The inservice training is in addition to the other annual inservice training hours required under this part.

(3) The board, in consultation with the Agency for Health Care Administration, shall establish by rule standards and procedures that a certified nursing assistant must follow when administering medication to a patient of a home health agency. Such rules must, at a minimum, address qualification requirements for trainers, requirements for labeling medication, documentation and recordkeeping, the storage and disposal of medication, instructions concerning the safe administration of medication, informed-consent requirements and records, and the training curriculum and validation procedures.

Section 15. Paragraph (c) of subsection (2) of section 381.026, Florida Statutes, is amended to read:

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

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

(c) "Health care provider" means a physician licensed under chapter 458, an osteopathic physician licensed under

chapter 459, ~~or~~ a podiatric physician licensed under chapter 461, or an advanced practice registered nurse registered under s. 464.0123.

Section 16. Paragraph (a) of subsection (2) and subsections (3), (4), and (5) of section 382.008, Florida Statutes, are amended to read:

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

(2)(a) The funeral director who first assumes custody of a dead body or fetus shall file the certificate of death or fetal death. In the absence of the funeral director, the physician, advanced practice registered nurse registered under s. 464.0123, or other person in attendance at or after the death or the district medical examiner of the county in which the death occurred or the body was found shall file the certificate of death or fetal death. The person who files the certificate shall obtain personal data from a legally authorized person as described in s. 497.005 or the best qualified person or source available. The medical certification of cause of death shall be furnished to the funeral director, either in person or via certified mail or electronic transfer, by the physician, advanced practice registered nurse registered under s. 464.0123, or medical examiner responsible for furnishing such information. For fetal deaths, the physician, advanced practice registered nurse registered under s. 464.0123, midwife, or hospital

administrator shall provide any medical or health information to the funeral director within 72 hours after expulsion or extraction.

(3) Within 72 hours after receipt of a death or fetal death certificate from the funeral director, the medical certification of cause of death shall be completed and made available to the funeral director by the decedent's primary or attending practitioner ~~physician~~ or, if s. 382.011 applies, the district medical examiner of the county in which the death occurred or the body was found. The primary or attending practitioner ~~physician~~ or the medical examiner shall certify over his or her signature the cause of death to the best of his or her knowledge and belief. As used in this section, the term "primary or attending practitioner ~~physician~~" means a physician or advanced practice registered nurse registered under s. 464.0123 who treated the decedent through examination, medical advice, or medication during the 12 months preceding the date of death.

(a) The department may grant the funeral director an extension of time upon a good and sufficient showing of any of the following conditions:

1. An autopsy is pending.

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

3. The identity of the decedent is unknown and further

investigation or identification is required.

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

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

(5) A permanent certificate of death or fetal death, containing the cause of death and any other information that was previously unavailable, shall be registered as a replacement for the temporary certificate. The permanent certificate may also include corrected information if the items being corrected are

noted on the back of the certificate and dated and signed by the funeral director, physician, advanced practice registered nurse registered under s. 464.0123, or district medical examiner of the county in which the death occurred or the body was found, as appropriate.

Section 17. Subsection (1) of section 382.011, Florida Statutes, is amended to read:

382.011 Medical examiner determination of cause of death.—

(1) In the case of any death or fetal death due to causes or conditions listed in s. 406.11, any death that occurred more than 12 months after the decedent was last treated by a primary or attending physician ~~as defined in s. 382.008(3)~~, or any death for which there is reason to believe that the death may have been due to an unlawful act or neglect, the funeral director or other person to whose attention the death may come shall refer the case to the district medical examiner of the county in which the death occurred or the body was found for investigation and determination of the cause of death.

Section 18. Paragraph (a) of subsection (2) of section 394.463, Florida Statutes, is amended to read:

394.463 Involuntary examination.—

(2) INVOLUNTARY EXAMINATION.—

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

1. A circuit or county court may enter an ex parte order

stating that a person appears to meet the criteria for involuntary examination and specifying the findings on which that conclusion is based. The ex parte order for involuntary examination must be based on written or oral sworn testimony that includes specific facts that support the findings. If other less restrictive means are not available, such as voluntary appearance for outpatient evaluation, a law enforcement officer, or other designated agent of the court, shall take the person into custody and deliver him or her to an appropriate, or the nearest, facility within the designated receiving system pursuant to s. 394.462 for involuntary examination. The order of the court shall be made a part of the patient's clinical record. A fee may not be charged for the filing of an order under this subsection. A facility accepting the patient based on this order must send a copy of the order to the department within 5 working days. The order may be submitted electronically through existing data systems, if available. The order shall be valid only until the person is delivered to the facility or for the period specified in the order itself, whichever comes first. If a ~~no~~ time limit is not specified in the order, the order is ~~shall be~~ valid for 7 days after the date that the order was signed.

2. A law enforcement officer shall take a person who appears to meet the criteria for involuntary examination into custody and deliver the person or have him or her delivered to an appropriate, or the nearest, facility within the designated

receiving system pursuant to s. 394.462 for examination. The officer shall execute a written report detailing the circumstances under which the person was taken into custody, which must be made a part of the patient's clinical record. Any facility accepting the patient based on this report must send a copy of the report to the department within 5 working days.

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

working days. The document may be submitted electronically through existing data systems, if applicable.

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

Section 19. Paragraph (a) of subsection (2) of section 397.501, Florida Statutes, is amended to read:

397.501 Rights of individuals.—Individuals receiving substance abuse services from any service provider are guaranteed protection of the rights specified in this section, unless otherwise expressly provided, and service providers must ensure the protection of such rights.

(2) RIGHT TO NONDISCRIMINATORY SERVICES.—

(a) Service providers may not deny an individual access to substance abuse services solely on the basis of race, gender, ethnicity, age, sexual preference, human immunodeficiency virus status, prior service departures against medical advice, disability, or number of relapse episodes. Service providers may not deny an individual who takes medication prescribed by a physician or an advanced practice registered nurse registered under s. 464.0123 access to substance abuse services solely on that basis. Service providers who receive state funds to provide

substance abuse services may not, if space and sufficient state resources are available, deny access to services based solely on inability to pay.

Section 20. Subsection (1) of section 409.905, Florida Statutes, is amended to read:

409.905 Mandatory Medicaid services.—The agency may make payments for the following services, which are required of the state by Title XIX of the Social Security Act, furnished by Medicaid providers to recipients who are determined to be eligible on the dates on which the services were provided. Any service under this section shall be provided only when medically necessary and in accordance with state and federal law. Mandatory services rendered by providers in mobile units to Medicaid recipients may be restricted by the agency. Nothing in this section shall be construed to prevent or limit the agency from adjusting fees, reimbursement rates, lengths of stay, number of visits, number of services, or any other adjustments necessary to comply with the availability of moneys and any limitations or directions provided for in the General Appropriations Act or chapter 216.

(1) ADVANCED PRACTICE REGISTERED NURSE SERVICES.—The agency shall pay for services provided to a recipient by a licensed advanced practice registered nurse who has a valid collaboration agreement with a licensed physician on file with the Department of Health or who provides anesthesia services in

accordance with established protocol required by state law and approved by the medical staff of the facility in which the anesthetic service is performed. Reimbursement for such services must be provided in an amount that equals not less than 80 percent of the reimbursement to a physician who provides the same services, unless otherwise provided for in the General Appropriations Act. The agency shall also pay for services provided to a recipient by a licensed advance practice registered nurse who is registered to engage in autonomous practice under s. 464.0123.

Section 21. Paragraphs (a), (i), (o), and (r) of subsection (3) and paragraph (g) of subsection (5) of section 456.053, Florida Statutes, are amended to read:

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

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

(a) "Board" means any of the following boards relating to the respective professions: the Board of Medicine as created in s. 458.307; the Board of Osteopathic Medicine as created in s. 459.004; the Board of Chiropractic Medicine as created in s. 460.404; the Board of Podiatric Medicine as created in s. 461.004; the Board of Optometry as created in s. 463.003; the Board of Nursing as created in s. 464.004; the Board of Pharmacy as created in s. 465.004; and the Board of Dentistry as created

in s. 466.004.

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

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

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

2. The request or establishment of a plan of care by a health care provider, which includes the provision of designated health services or other health care item or service.

3. The following orders, recommendations, or plans of care shall not constitute a referral by a health care provider:

a. By a radiologist for diagnostic-imaging services.

b. By a physician specializing in the provision of radiation therapy services for such services.

c. By a medical oncologist for drugs and solutions to be prepared and administered intravenously to such oncologist's patient, as well as for the supplies and equipment used in connection therewith to treat such patient for cancer and the

complications thereof.

d. By a cardiologist for cardiac catheterization services.

e. By a pathologist for diagnostic clinical laboratory tests and pathological examination services, if furnished by or under the supervision of such pathologist pursuant to a consultation requested by another physician.

f. By a health care provider who is the sole provider or member of a group practice for designated health services or other health care items or services that are prescribed or provided solely for such referring health care provider's or group practice's own patients, and that are provided or performed by or under the direct supervision of such referring health care provider or group practice; provided, however, ~~that effective July 1, 1999,~~ a physician licensed pursuant to chapter 458, chapter 459, chapter 460, or chapter 461 or an advanced practice registered nurse registered under s. 464.0123 may refer a patient to a sole provider or group practice for diagnostic imaging services, excluding radiation therapy services, for which the sole provider or group practice billed both the technical and the professional fee for or on behalf of the patient, if the referring physician or advanced practice registered nurse registered under s. 464.0123 has no investment interest in the practice. The diagnostic imaging service referred to a group practice or sole provider must be a diagnostic imaging service normally provided within the scope of

practice to the patients of the group practice or sole provider. The group practice or sole provider may accept no more than 15 percent of their patients receiving diagnostic imaging services from outside referrals, excluding radiation therapy services.

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

h. By a urologist for lithotripsy services.

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

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

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

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

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

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

(5) PROHIBITED REFERRALS AND CLAIMS FOR PAYMENT.—Except as provided in this section:

(g) A violation of this section by a health care provider shall constitute grounds for disciplinary action to be taken by the applicable board pursuant to s. 458.331(2), s. 459.015(2), s. 460.413(2), s. 461.013(2), s. 463.016(2), s. 464.018, or s. 466.028(2). Any hospital licensed under chapter 395 found in violation of this section shall be subject to s. 395.0185(2).

Section 22. Present subsections (5) through (21) of section 464.003, Florida Statutes, are renumbered as subsections (6) through (22), respectively, and subsection (5) is added to that section, to read:

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

(5) "Autonomous practice" means advanced nursing practice by an advanced practice registered nurse who is registered under s. 464.0123 and who is not subject to supervision by a physician or a supervisory protocol.

Section 23. Subsection (3) of section 464.012, Florida Statutes, is amended to read:

464.012 Licensure of advanced practice registered nurses; fees; controlled substance prescribing.—

(3) An advanced practice registered nurse shall perform those functions authorized in this section within the framework of an established protocol that must be maintained on site at the location or locations at which an advanced practice registered nurse practices, unless the advanced practice registered nurse is registered and practicing under s. 464.0123. In the case of multiple supervising physicians in the same group, an advanced practice registered nurse must enter into a supervisory protocol with at least one physician within the physician group practice. A practitioner currently licensed under chapter 458, chapter 459, or chapter 466 shall maintain supervision for directing the specific course of medical treatment. Within the established framework, an advanced practice registered nurse may:

(a) Prescribe, dispense, administer, or order any drug; however, an advanced practice registered nurse may prescribe or dispense a controlled substance as defined in s. 893.03 only if the advanced practice registered nurse has graduated from a program leading to a master's or doctoral degree in a clinical nursing specialty area with training in specialized practitioner skills.

(b) Initiate appropriate therapies for certain conditions.

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

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

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

Section 24. Section 464.0123, Florida Statutes, is created to read:

464.0123 Autonomous practice by an advanced practice registered nurse.—

(1) REGISTRATION.—The board shall register an advanced practice registered nurse as an autonomous advanced practice registered nurse if the applicant demonstrates that he or she:

(a) Holds an active, unencumbered license to practice advanced nursing under s. 464.012.

(b) Has not been subject to any disciplinary action as specified in s. 456.072 or s. 464.018 or any similar disciplinary action in another state or other territory or jurisdiction within the 5 years immediately preceding the registration request.

(c) Has completed, in any state, jurisdiction, or territory of the United States, at least 3,000 clinical practice

hours, which may include clinical instructional hours provided by the applicant, within the 5 years immediately preceding the registration request while practicing as an advanced practice registered nurse under the supervision of an allopathic or osteopathic physician who held an active, unencumbered license issued by any state, jurisdiction, or territory of the United States during the period of such supervision. For purposes of this paragraph, "clinical instruction" means education provided by faculty in a clinical setting in a graduate program leading to a master's or doctoral degree in a clinical nursing specialty area.

(d) Has completed within the past 5 years 3 graduate-level semester hours, or the equivalent, in differential diagnosis and 3 graduate-level semester hours, or the equivalent, in pharmacology.

(e) The board may provide additional registration requirements by rule.

(2) FINANCIAL RESPONSIBILITY.—

(a) An advanced practice registered nurse registered under this section must, by one of the following methods, demonstrate to the satisfaction of the board and the department financial responsibility to pay claims and costs ancillary thereto arising out of the rendering of, or the failure to render nursing care, treatment, or services:

1. Obtaining and maintaining 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 in s. 624.09, from a surplus lines insurer as defined in s. 626.914(2), from a risk retention group as defined in s. 627.942, from the Joint Underwriting Association established under s. 627.351(4), or through a plan of self-insurance as provided in s. 627.357; or

2. Obtaining and maintaining an unexpired, irrevocable letter of credit, established pursuant to chapter 675, in an amount of not less than $100,000 per claim, with a minimum aggregate availability of credit of not less than $300,000. The letter of credit must be payable to the advanced practice registered nurse as beneficiary upon presentment of a final judgment indicating liability and awarding damages to be paid by the advanced practice registered nurse or upon presentment of a settlement agreement signed by all parties to such agreement when such final judgment or settlement is a result of a claim arising out of the rendering of, or the failure to render, nursing care and services.

(b) The requirements of paragraph (a) do not apply to:

1. An advanced practice registered nurse registered under this section who practices exclusively as an officer, employee, or agent of the Federal Government or of the state or its agencies or its subdivisions.

2. An advanced practice registered nurse whose

registration under this section has become inactive and who is not practicing as an advanced practice registered nurse registered under this section in this state.

3. An advanced practice registered nurse registered under this section who practices only in conjunction with his or her teaching duties at an accredited school or its main teaching hospitals. Such practice is limited to that which is incidental to and a necessary part of duties in connection with the teaching position.

4. An advanced practice registered nurse who holds an active registration under this section and who is not engaged in autonomous practice as authorized under this section in this state. If such person initiates or resumes any practice as an autonomous advanced practice registered nurse, he or she must notify the department of such activity and fulfill the professional liability coverage requirements of paragraph (a).

(3) PRACTICE REQUIREMENTS.—

(a) An advanced practice registered nurse who is registered under this section may:

1. Engage in autonomous practice only in primary care practice, including family medicine, general pediatrics, and general internal medicine, as defined by board rule.

2. For certified nurse midwives, engage in autonomous practice in the performance of the acts listed in s. 464.012(4)(c).

3. Perform the general functions of an advanced practice registered nurse under s. 464.012(3) related to primary care.

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

a. Admit the patient to the facility.

b. Manage the care received by the patient in the facility.

c. Discharge the patient from the facility, unless prohibited by federal law or rule.

5. Provide a signature, certification, stamp, verification, affidavit, or endorsement that is otherwise required by law to be provided by a physician, except an advanced practice registered nurse registered under this section may not issue a physician certification under s. 381.986.

(b) A certified nurse midwife must have a written patient transfer agreement with a hospital and a written referral agreement with a physician licensed under chapter 458 or chapter 459 to engage in nurse midwifery.

(c) An advanced practice registered nurse engaging in autonomous practice under this section may not perform any surgical procedure other than a subcutaneous procedure.

(d) The board shall adopt rules, in consultation with the council created in subsection (4), establishing standards of practice, for an advanced practice registered nurse registered under this section.

(4) COUNCIL ON ADVANCED PRACTICE REGISTERED NURSE AUTONOMOUS PRACTICE.—

(a) The Council on Advanced Practice Registered Nurse Autonomous Practice is established within the Department of Health. The council must consist of the following nine members:

1. Two members appointed by the chair of the Board of Medicine who are physicians and members of the Board of Medicine.

2. Two members appointed by the chair of the Board of Osteopathic Medicine who are physicians and members of the Board of Osteopathic Medicine.

3. Four members appointed by the chair of the board who are advanced practice registered nurses registered under this chapter with experience practicing advanced or specialized nursing.

4. The State Surgeon General or his or her designee who shall serve as the chair of the council.

(b) The Board of Medicine members, the Board of Osteopathic Medicine members, and the Board of Nursing appointee members shall be appointed for terms of 4 years. The initial appointments shall be staggered so that one member from the Board of Medicine, one member from the Board of Osteopathic Medicine, and one appointee member from the Board of Nursing shall each be appointed for a term of 4 years; one member from the Board of Medicine and one appointee member from the Board of

Nursing shall each be appointed for a term of 3 years; and one member from the Board of Osteopathic Medicine and two appointee members from the Board of Nursing shall each be appointed for a term of 2 years. Physician members appointed to the council must be physicians who have practiced with advanced practice registered nurses under a protocol in their practice.

(c) Council members may not serve more than two consecutive terms.

(d) The council shall recommend standards of practice for advanced practice registered nurses registered under this section to the board. If the board rejects a recommendation of the council, the board must state with particularity the basis for rejecting the recommendation and provide the council an opportunity to modify its recommendation. The board must consider the council's modified recommendation.

(5) REGISTRATION RENEWAL.—

(a) An advanced practice registered nurse must biennially renew registration under this section. The biennial renewal for registration shall coincide with the advanced practice registered nurse's biennial renewal period for licensure.

(b) To renew his or her registration under this section, an advanced practice registered nurse must complete at least 10 hours of continuing education approved by the board, in addition to completing 30 hours of continuing education requirements established by board rule pursuant to s. 464.013, regardless of

whether the registrant is otherwise required to complete this requirement. If the initial renewal period occurs before January 1, 2021, an advanced practice registered nurse who is registered under this section is not required to complete the continuing education requirement within this subsection until the following biennial renewal period.

(6) PRACTITIONER PROFILE.—The department shall conspicuously distinguish an advanced practice registered nurse's license if he or she is registered with the board under this section and include the registration in the advanced practice registered nurse's practitioner profile created under s. 456.041.

(7) DISCLOSURES.—When engaging in autonomous practice, an advanced practice registered nurse registered under this section must provide information in writing to a new patient about his or her qualifications and the nature of autonomous practice before or during the initial patient encounter.

(8) RULES.—The board shall adopt rules to implement this section.

Section 25. Section 464.0155, Florida Statutes, is created to read:

464.0155 Reports of adverse incidents by advanced practice registered nurses.—

(1) An advanced practice registered nurse registered under s. 464.0123 must report an adverse incident to the department in

accordance with this section.

(2) The report must be in writing, sent to the department by certified mail, and postmarked within 15 days after the occurrence of the adverse incident if the adverse incident occurs when the patient is in the direct care of the advanced practice registered nurse registered under s. 464.0123. If the adverse incident occurs when the patient is not in the direct care of the advanced practice registered nurse registered under s. 464.0123, the report must be postmarked within 15 days after the advanced practice registered nurse discovers, or reasonably should have discovered, the occurrence of the adverse incident.

(3) For purposes of this section, the term "adverse incident" means an event over which the advanced practice registered nurse registered under s. 464.0123 could exercise control and which is associated in whole or in part with a nursing intervention, rather than the condition for which such intervention occurred, and which results in any of the following patient injuries:

(a) Any condition that required the transfer of a patient from the practice location of the advanced practice registered nurse registered under s. 464.0123 to a hospital licensed under chapter 395.

(b) A permanent physical injury to the patient.

(c) The death of the patient.

(4) The department shall review each report of an adverse

incident and determine whether the adverse incident was attributable to conduct by the advanced practice registered nurse. Upon making such a determination, the board may take disciplinary action pursuant to s. 456.073.

Section 26. Paragraph (r) is added to subsection (1) of section 464.018, Florida Statutes, to read:

464.018 Disciplinary actions.—

(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in ss. 456.072(2) and 464.0095:

(r) For an advanced practice registered nurse registered under s. 464.0123:

1. Paying or receiving any commission, bonus, kickback, or rebate from, or engaging in any split-fee arrangement in any form whatsoever with, a health care practitioner, organization, agency, or person, either directly or implicitly, for referring patients to providers of health care goods or services, including, but not limited to, hospitals, nursing homes, clinical laboratories, ambulatory surgical centers, or pharmacies. This subparagraph may not be construed to prevent an advanced practice registered nurse registered under s. 464.0123 from receiving a fee for professional consultation services.

2. Exercising influence within a patient-advanced practice registered nurse relationship for purposes of engaging a patient in sexual activity. A patient shall be presumed to be incapable

of giving free, full, and informed consent to sexual activity with his or her advanced practice registered nurse registered under s. 464.0123.

3. Making deceptive, untrue, or fraudulent representations in or related to, or employing a trick or scheme in or related to, advanced or specialized nursing practice.

4. Soliciting patients, either personally or through an agent, by the use of fraud, intimidation, undue influence, or a form of overreaching or vexatious conduct. As used in this subparagraph, the term "soliciting" means directly or implicitly requesting an immediate oral response from the recipient.

5. Failing to keep legible, as defined by department rule in consultation with the board, medical records that identify the advanced practice registered nurse, by name and professional title, who is responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient, including, but not limited to, patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; and reports of consultations or referrals.

6. Exercising influence on the patient to exploit the patient for the financial gain of the advanced practice registered nurse or a third party, including, but not limited to, the promoting or selling of services, goods, appliances, or drugs.

7. Performing professional services that have not been duly authorized by the patient or his or her legal representative, except as provided in s. 766.103 or s. 768.13.

8. Performing any procedure or prescribing any therapy that, by the prevailing standards of advanced or specialized nursing practice in the community, would constitute experimentation on a human subject, without first obtaining full, informed, and written consent.

9. Delegating professional responsibilities to a person when the advanced practice registered nurse delegating such responsibilities knows or has reason to believe that such person is not qualified by training, experience, or licensure to perform such responsibilities.

10. Committing, or conspiring with another to commit, an act that would tend to coerce, intimidate, or preclude another advanced practice registered nurse from lawfully advertising his or her services.

11. Advertising or holding himself or herself out as having certification in a specialty that he or she has not received.

12. Failing to comply with ss. 381.026 and 381.0261 relating to providing patients with information about their rights and how to file a complaint.

13. Providing deceptive or fraudulent expert witness testimony related to advanced or specialized nursing practice.

Section 27. Subsection (1) of section 626.9707, Florida Statutes, is amended to read:

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

(1) An ~~No~~ insurer authorized to transact insurance in this state may not ~~shall~~ refuse to issue and deliver in this state any policy of disability insurance, whether such policy is defined as individual, group, blanket, franchise, industrial, or otherwise, which is currently being issued for delivery in this state and which affords benefits and coverage for any medical treatment or service authorized and permitted to be furnished by a hospital, clinic, health clinic, neighborhood health clinic, health maintenance organization, physician, physician's assistant, advanced practice registered nurse ~~practitioner~~, or medical service facility or personnel solely because the person to be insured has the sickle-cell trait.

Section 28. Section 627.64025, Florida Statutes, is created to read:

627.64025 Advanced practice registered nurse services.—A health insurance policy that provides major medical coverage and that is delivered, issued, or renewed in this state on or after January 1, 2021, may not require an insured to receive services from an advanced practice registered nurse registered under s. 464.0123 in place of a physician.

Section 29. Section 627.6621, Florida Statutes, is created

to read:

627.6621 Advanced practice registered nurse services.—A group, blanket, or franchise health insurance policy that is delivered, issued, or renewed in this state on or after January 1, 2021, may not require an insured to receive services from an advanced practice registered nurse registered under s. 464.0123 in place of a physician.

Section 30. Paragraph (g) is added to subsection (5) of section 627.6699, Florida Statutes, to read:

627.6699 Employee Health Care Access Act.—

(5) AVAILABILITY OF COVERAGE.—

(g) A health benefit plan covering small employers which is delivered, issued, or renewed in this state on or after January 1, 2021, may not require an insured to receive services from an advanced practice registered nurse registered under s. 464.0123 in place of a physician.

Section 31. Paragraph (a) of subsection (1) of section 627.736, Florida Statutes, is amended to read:

627.736 Required personal injury protection benefits; exclusions; priority; claims.—

(1) REQUIRED BENEFITS.—An insurance policy complying with the security requirements of s. 627.733 must provide personal injury protection to the named insured, relatives residing in the same household, persons operating the insured motor vehicle, passengers in the motor vehicle, and other persons struck by the

motor vehicle and suffering bodily injury while not an occupant of a self-propelled vehicle, subject to subsection (2) and paragraph (4)(e), to a limit of $10,000 in medical and disability benefits and $5,000 in death benefits resulting from bodily injury, sickness, disease, or death arising out of the ownership, maintenance, or use of a motor vehicle as follows:

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

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

2. Upon referral by a provider described in subparagraph

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

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

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

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

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

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

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

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

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

(A) General medicine.

(B) Radiography.

(C) Orthopedic medicine.

(D) Physical medicine.

(E) Physical therapy.

(F) Physical rehabilitation.

(G) Prescribing or dispensing outpatient prescription medication.

(H) Laboratory services.

3. Reimbursement for services and care provided in subparagraph 1. or subparagraph 2. up to $10,000 if a physician licensed under chapter 458 or chapter 459, a dentist licensed

under chapter 466, a physician assistant licensed under chapter 458 or chapter 459, or an advanced practice registered nurse licensed under chapter 464 has determined that the injured person had an emergency medical condition.

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

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

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

Only insurers writing motor vehicle liability insurance in this state may provide the required benefits of this section, and such insurer may not require the purchase of any other motor

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

Section 32. Section 641.31075, Florida Statutes, is created to read:

641.31075 Advanced practice registered nurse services.—A health maintenance contract that is delivered, issued, or renewed in this state on or after January 1, 2021, may not require a subscriber to receive services from an advanced practice registered nurse registered under s. 464.0123 in place of a physician.

Section 33. Subsection (8) of section 641.495, Florida Statutes, is amended to read:

641.495 Requirements for issuance and maintenance of certificate.—

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

Section 34. Subsection (1) of section 744.2006, Florida Statutes, is amended to read:

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

(1) The executive director of the Office of Public and Professional Guardians, after consultation with the chief judge and other circuit judges within the judicial circuit and with appropriate advocacy groups and individuals and organizations who are knowledgeable about the needs of incapacitated persons, may establish, within a county in the judicial circuit or within the judicial circuit, one or more offices of public guardian and if so established, shall create a list of persons best qualified to serve as the public guardian, who have been investigated pursuant to s. 744.3135. The public guardian must have knowledge of the legal process and knowledge of social services available to meet the needs of incapacitated persons. The public guardian shall maintain a staff or contract with professionally qualified

individuals to carry out the guardianship functions, including an attorney who has experience in probate areas and another person who has a master's degree in social work, or a gerontologist, psychologist, advanced practice registered nurse, or registered nurse~~, or nurse practitioner~~. A public guardian that is a nonprofit corporate guardian under s. 744.309(5) must receive tax-exempt status from the United States Internal Revenue Service.

Section 35. Paragraph (a) of subsection (3) of section 744.331, Florida Statutes, is amended to read:

744.331 Procedures to determine incapacity.—

(3) EXAMINING COMMITTEE.—

(a) Within 5 days after a petition for determination of incapacity has been filed, the court shall appoint an examining committee consisting of three members. One member must be a psychiatrist or other physician. The remaining members must be either a psychologist, a gerontologist, a ~~another~~ psychiatrist, a ~~or other~~ physician, an advanced practice registered nurse, a registered nurse, a ~~nurse practitioner,~~ licensed social worker, a person with an advanced degree in gerontology from an accredited institution of higher education, or any other person who by knowledge, skill, experience, training, or education may, in the court's discretion, advise the court in the form of an expert opinion. One of three members of the committee must have knowledge of the type of incapacity alleged in the petition.

Unless good cause is shown, the attending or family physician may not be appointed to the committee. If the attending or family physician is available for consultation, the committee must consult with the physician. Members of the examining committee may not be related to or associated with one another, with the petitioner, with counsel for the petitioner or the proposed guardian, or with the person alleged to be totally or partially incapacitated. A member may not be employed by any private or governmental agency that has custody of, or furnishes, services or subsidies, directly or indirectly, to the person or the family of the person alleged to be incapacitated or for whom a guardianship is sought. A petitioner may not serve as a member of the examining committee. Members of the examining committee must be able to communicate, either directly or through an interpreter, in the language that the alleged incapacitated person speaks or to communicate in a medium understandable to the alleged incapacitated person if she or he is able to communicate. The clerk of the court shall send notice of the appointment to each person appointed no later than 3 days after the court's appointment.

Section 36. Paragraph (b) of subsection (1) of section 744.3675, Florida Statutes, is amended to read:

744.3675 Annual guardianship plan.—Each guardian of the person must file with the court an annual guardianship plan which updates information about the condition of the ward. The

annual plan must specify the current needs of the ward and how those needs are proposed to be met in the coming year.

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

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

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

2. The report of a physician or an advanced practice registered nurse registered under s. 464.0123 who examined the ward no more than 90 days before the beginning of the applicable reporting period. The report must contain an evaluation of the ward's condition and a statement of the current level of capacity of the ward.

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

Section 37. Paragraph (c) of subsection (1) of section 766.118, Florida Statutes, is amended to read:

766.118 Determination of noneconomic damages.—

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

(c) "Practitioner" means any person licensed under chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter 463, chapter 466, chapter 467, chapter 486, or s. 464.012 or registered under s. 464.0123. "Practitioner" also means any

association, corporation, firm, partnership, or other business entity under which such practitioner practices or any employee of such practitioner or entity acting in the scope of his or her employment. For the purpose of determining the limitations on noneconomic damages set forth in this section, the term "practitioner" includes any person or entity for whom a practitioner is vicariously liable and any person or entity whose liability is based solely on such person or entity being vicariously liable for the actions of a practitioner.

Section 38. Subsection (3) of section 768.135, Florida Statutes, is amended to read:

768.135 Volunteer team physicians; immunity.—

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

Section 39. Paragraph (a) of subsection (1) of section 1006.062, Florida Statutes, is amended to read:

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

(1) Notwithstanding the provisions of the Nurse Practice Act, part I of chapter 464, district school board personnel may assist students in the administration of prescription medication

when the following conditions have been met:

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

Section 40. Paragraph (c) of subsection (2) of section 1006.20, Florida Statutes, is amended to read:

1006.20 Athletics in public K-12 schools.—

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

(c) The FHSAA shall adopt bylaws that require all students participating in interscholastic athletic competition or who are candidates for an interscholastic athletic team to satisfactorily pass a medical evaluation each year before ~~prior to~~ participating in interscholastic athletic competition or engaging in any practice, tryout, workout, or other physical activity associated with the student's candidacy for an interscholastic athletic team. Such medical evaluation may be

administered only by a practitioner licensed under chapter 458, chapter 459, chapter 460, or s. 464.012 or registered under s. 464.0123~~,~~ and in good standing with the practitioner's regulatory board. The bylaws shall establish requirements for eliciting a student's medical history and performing the medical evaluation required under this paragraph, which shall include a physical assessment of the student's physical capabilities to participate in interscholastic athletic competition as contained in a uniform preparticipation physical evaluation and history form. The evaluation form shall incorporate the recommendations of the American Heart Association for participation cardiovascular screening and shall provide a place for the signature of the practitioner performing the evaluation with an attestation that each examination procedure listed on the form was performed by the practitioner or by someone under the direct supervision of the practitioner. The form shall also contain a place for the practitioner to indicate if a referral to another practitioner was made in lieu of completion of a certain examination procedure. The form shall provide a place for the practitioner to whom the student was referred to complete the remaining sections and attest to that portion of the examination. The preparticipation physical evaluation form shall advise students to complete a cardiovascular assessment and shall include information concerning alternative cardiovascular evaluation and diagnostic tests. Results of such medical

evaluation must be provided to the school. A student is not eligible to participate, as provided in s. 1006.15(3), in any interscholastic athletic competition or engage in any practice, tryout, workout, or other physical activity associated with the student's candidacy for an interscholastic athletic team until the results of the medical evaluation have been received and approved by the school.

Section 41. For the 2020-2021 fiscal year, the sums of $219,089 in recurring funds and $17,716 in nonrecurring funds from the Medical Quality Assurance Trust Fund are appropriated to the Department of Health, and 3.5 full-time equivalent positions with associated salary rate of 183,895 are authorized, for the purpose of implementing s. 464.0123, Florida Statutes, as created by this act.

Section 42. For the 2020-2021 fiscal year, two full-time equivalent positions with associated salary rate of 82,211 are authorized and the sums of $320,150 in recurring and $232,342 in nonrecurring funds from the Health Care Trust Fund are appropriated to the Agency for Health Care Administration for the purpose of implementing sections 400.52, 400.53, and 408.822, Florida Statutes, as created by this act.

Section 43. Subsection (1) and paragraphs (a) and (b) of subsection (2) of section 1009.65, Florida Statutes, are amended to read:

1009.65 Medical Education Reimbursement and Loan Repayment

Program.—

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

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

~~(2)~~ From the funds available, the Department of Health shall make payments ~~to selected medical professionals~~ as follows:

1.~~(a)~~ Up to $4,000 per year for licensed practical nurses and registered nurses, up to $10,000 per year for advanced

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

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

(b) Advanced practice registered nurses registered to engage in autonomous practice under s. 464.0123 and practicing in the primary care specialties of family medicine, general pediatrics, general internal medicine, or midwifery. From the funds available, the Department of Health shall make payments of up to $15,000 per year to advanced practice registered nurses registered under s. 464.0123 who demonstrate, as required by department rule, active employment providing primary care

services in a public health program, an independent practice, or a group practice that serves Medicaid recipients and other low-income patients and that is located in a primary care health professional shortage area. Only loans to pay the costs of tuition, books, medical equipment and supplies, uniforms, and living expenses may be covered. For the purposes of this paragraph:

1. "Primary care health professional shortage area" means a geographic area, an area having a special population, or a facility with a score of at least 18, as designated and calculated by the Federal Health Resources and Services Administration or a rural area as defined by the Federal Office of Rural Health Policy.

2. "Public health program" means a county health department, the Children's Medical Services program, a federally funded community health center, a federally funded migrant health center, or any other publicly funded or nonprofit health care program designated by the department.

Section 44. For the 2020-2021 fiscal year, the sum of $5 million in recurring funds is appropriated from the General Revenue Fund to the Department of Health for the Health Care Education Reimbursement and Loan Repayment Program pursuant to s. 1009.65, Florida Statutes, for advanced practice registered nurses registered to engage in autonomous practice under s. 464.0123, Florida Statutes.

Section 45. Except as expressly provided otherwise in this act, and except for this section, which shall take effect upon this act becoming a law, this act shall take effect July 1, 2020.