

The Florida

Board of Nursing

Draft Agenda

June 1-3, 2016

Hyatt Regency

225 East Coastline Drive

Jacksonville, Florida 32202

(904) 588-1234



Jody Bryant Newman, EdD, EdS
Chair

Kathryn L. Whitson, MSN, RN
Vice Chair

Joe Baker, Jr.
Executive Director

Florida Board of Nursing Meeting Draft Minutes
June 1-3, 2016
Jacksonville, FL

Board Members:

Jody Bryant Newman, EdD, EdS Consumer– Chair
Kathryn L. Whitson, MSN, RN – Vice Chair
Cathy Oles Gordon, LPN, BPS
Leonard Connors, JD, Consumer
Deborah McKeen, LPN, BS
Diana Forst, BA, RN
Elizabeth Webster, RN, MBA
Lori Desmond, MSN, RN, NE-BC
Derrick C. Glymph, DNAP, CRNA, ARNP, LTC, USAR
Anna Maria Hubbard, EdD, ARNP, CNE
Lisa Johnson, LPN, RN
Vacant, Consumer
Vacant, ARNP

Attorneys:

Lee Ann Gustafson, Senior Assistant Attorney General
Diane Guillemette, Assistant Attorney General
Matthew Witters, Assistant General Counsel
John Wilson, Assistant General Counsel
Amy Thorn, Assistant General Counsel

Board Staff:

Joe Baker, Jr., Executive Director
Jessica Hollingsworth, Program Operations Administrator
Sherri Sutton-Johnson, MSN, RN, Director of Nursing Education
Angela Falls, BSN, RN, Nursing Education Consultant
Templar Harper, Regulatory Supervisor/Consultant

Meeting Schedule

Wednesday @ 4:00 PM

Credentials "A" Committee

Required Appearances
CNA Applicants for Licensure with criminal, discipline, and health history
CNA Applicants for Licensure with False Answer on application
Other Items – CNA

Education and Credentials "B" Committee

Required Appearances
CNA Exemption Applicants
CNA Applicants for Licensure under 456.0635, FS Applications
CNA Applicants for License - Other
Ratification Lists
Items for Discussion
Informational Items
Other

Thursday @ 8:30 AM

Credentials "A" Committee

LPN, RN, ARNP Applicants for Licensure with criminal, discipline, and health history
LPN, RN, ARNP Applicants for Licensure with False Answer on application
CNS Applicants
Other Items – LPN, RN, ARNP

Education and Credentials "B" Committee

Non-Compliance with Section 464.019, FS
LPN, RN, ARNP Exemption Applicants
Education Credentials
LPN, RN, ARNP Applicants for Licensure under 456.0635, FS Applications
Applicants for Licensure under Section 464.009, FS Applications
LPN, RN, ARNP Applicants for License - Other
Other

Thursday @ 1:30 PM

Full Board

CNA, LPN, RN, and ARNP Discipline & General Business
Reconsiderations
Recommended Orders
Petitions for Hearing/Modification
CNA Informal Hearings
LPN, RN, and ARNP Informal Hearings
Licensure Informal Hearings
CNA Settlement Agreements
LPN, RN, and ARNP Settlement Agreements
CNA Voluntary Relinquishments
LPN, RN, and ARNP Voluntary Relinquishments
Other
Practice Issues
Advanced Practice Issues
Special Education Issues
Legislative Issues
Declaratory Statement
Petition for Variance and Waiver
IPN

Friday @ 8:30 AM

Full Board

CNA, LPN, RN, and ARNP Discipline & General Business
CNA Motion to Vacate
LPN, RN, and ARNP Motion to Vacate
Reinstatements and Compliance Issues
CNA Informal Waivers
LPN, RN, and ARNP Informal Waivers
Board Reports

Credentials “A” Committee

Wednesday, June 1, 2016 at 4:00 PM

Call to Order

Roll Call

A. Required Appearances

CNA

1. Davidson, Kimberly N.; 4401/697060 (**Page 1**)
2. Trofatter, Hollie D.; 4401/674141 (**Page 27**)
3. Wening, Joshua Jerad; 4401/690383 (**Page 47**)

LPN, RN, and ARNP

Pending Formal Denial

CNA

LPN, RN, and ARNP

B. CNA Applicants for Licensure

Prior Board Action

Exam

1. Woodward, Althea; 4401/470164 (**Page 76**)

Reciprocity

Juvenile Offense

Exam

1. Shaughnessy, Derrick; 4401/684051 (**Page 337**)

Reciprocity

Criminal History

Exam

1. Ennis, Kamesiha; 4401/698590 (**Page 366**)
 2. Dixon, Vintoria; 4401/698590 (**Page 403**)
 3. Bates, Jessica L.; 4401/702709 (**Page 420**)
 4. Webb, Nicola; 4401/701656 (**Page 438**)
 5. McKnight, Dara T; 4401/699310 (**Page 465**)
-

Reciprocity

1. Smith, Karla Veneta; 4401/700777 (**Page 506**)

False Answer on Application

Exam

1. Barr, Toni D.; 4401/689576 (**Page 536**)
2. Covington, Christopher; 4401/693918 (**Page 556**)
3. Davis, Shaquana L.; 4401/698639 (**Page 575**)
4. Singletary, Taikenya; 4401/698570 (**Page 591**)

Reciprocity

5. Williams, Pamela S.; 4401/698111 (**Page 614**)

C. Other Items- CNA

None

Education & Credentials “B” Committee

Wednesday, June 1, 2016 at 4:00 PM

Call to Order

Roll Call

A. Required Appearances

LPN, RN, and ARNP

1. Shing, April Faye Vivas; 1701/546679 (**Page 633**)
2. Sarkodie, Doris Fremah; 1701/540313 (**Page 681**)
3. Palisoc, Grace Gladys Daseco; 1701/477702 (**Page 723**)

B. Pending Formal Denial

LPN, RN, and ARNP

C. CNA Exemption Applicants

D. CNA Applicants for Licensure under 456.0635, FS Applications

Juvenile 456.0635 Offense

Exam

1. Lovett, Lillie M.; 4401/698630 (**Page 748**)
 2. Richardson, Sylvester; 4401/676512 (**Page 779**)
 3. McCant, Janice; 4401/524520 (**Page 812**)
 4. Shields, Fatima; 4401/691899 (**Page 833**)
 5. Graham, Lakeythia S.; 4401/699678 (**Page 897**)
 6. Davis, Keoka; 4401/409020 (**Page 921**)
 7. Watson, Deaunita; 4401/702830 (**Page 969**)
 8. Williams, Latrina; 4401/697773 (**Page 997**)
 9. Quarterman, Sharnique; 4401/424586 (**Page 1025**)
 10. Degraffread, Latoya R.; 4401/394659 (**Page 1060**)
 11. Ford, Rosetta; 4401/694436 (**Page 1087**)
-

Reciprocity

12. Russell, Kimbly Ann; 4401/692110 (**Page 1112**)

E. CNA Applicants for Licensure under 435.07

Exam

1. Wood, Griffin J.; 4401/699694-**withdrawn**
2. Keskiner, Bekir Onur; 4401/699164 (**Page 1209**)
3. Worthy, Shelia E.; 4401/692738 (**Page 1230**)
4. Bennett, Sherrell M.; 4401/620223 (**Page 1255**)

Reciprocity

5. Corbitt, Tiesha; 4401/691380 - **pulled**
6. Pelicos, Christina; 4401/698719 (**Page 1305**)

Exemption

7. Knight, O' Darius M.; 4401/619183 (**Page 1338**)
8. Turner, Chassidee S.; 4401/493186 (**Page 1352**)
9. Gaskins, Bess E.; 4401/425285 (**Page 1366**)

F. Non-Compliance with Section 464.019, FS

1. Application for a new Practical Nursing Program (**Page 1387**)
2. Approved to Probationary Status (**Page 1454**)
3. Continuance of Probationary Status (**Page 1636**)
4. Probationary Status Extension Request (**Page 1658**)
5. Annual Reports (**Page 1674**)

G. Ratification Lists

1. CNA Program Ratification List (**Page 1696**)
2. Nursing Education Program Ratification List (**Page 1697**)
3. Internationally Educated Nurse Ratification List (**Page 1698**)

H. Items for Discussion

None.

I. Informational Items

1. Brown Mackie College - Miami, FL- RN Program Closure **(Page 1701)**
2. Lincoln Technical Institute, Fern Park, FL- ABHES Voluntary Relinquishment/Closure **(Page 1705)**
3. Ultimate Medical Academy, Tampa & Clearwater, FL **(Page 1706)**
4. Victoria Medical College, West Palm Beach, FL- RN Program Remediation Plan **(Page 1731)**
5. Accreditation Commission for Education in Nursing (ACEN) - Notification of Commission Actions **(Page 1736)**
6. Breckinridge School of Nursing, Ft. Myers, FL- Remediation Plan **(Page 1737)**
7. 2016 Q1 NCLEX Reports **(Page 1813)**
8. Medlife Institute - Bradenton NCLEX Improvement Plan **(Page 2111)**
9. Florida International Training Institute - Doral, FL- CNAP Notification **(Page 2117)**
10. Azure College, Sebring, FL- Campus Reclassification **(Page 2120)**
11. Emergency Educational Institute Remediation Plan **(Page 2166)**
12. Progress reports submitted to the Commission **(Page 2171)**
13. Sunshine Training Center- North Miami Beach **(Page 2173)**
14. Larkin School of Nursing **(Page 2174)**
15. Censa International College- Plan for Remediation **(Page 2180)**
16. FMI Career School- Revised Remediation Plan **(Page 2187)**
17. Fortis Institute- NCLEX Pass Rate improvement Plan **(Page 2192)**
18. Health Care Institute- Action Plan **(Page 2228)**
19. Med-Life Institute- Kissimmee **(Page 2370)**
20. Med-Life Institute- West Palm **(Page 2376)**
21. South Florida Medical College **(Page 2389)**
22. Techni-Pro Institute, LLC **(Page 2400)**
23. Breckinridge Institute- Jacksonville **(Page 2405)**
24. Hope College of Arts & Science **(Page 2443)**
25. Horizon Healthcare Institute- Remediation Plan **(Page 2514)**
26. Rasmussen College, Inc. **(Page 2529)**
27. Saber- Action Plan **(Page 2536)**
28. Virginia College **(Page 2544)**
29. Suncoast College **(Page 2550)**
30. Centura Institute **(Page 2552)**
31. Florida Career College **(Page 2558)**
32. Universal Career School **(Page 2560)**

J. Informal Hearings

1. Zephyrhills High School **(Page 2562)**
 2. Allstate Home Health **(Page 2575)**
-

Credentials “A” Committee

Thursday, June 2, 2016 at 8:30 AM

Call to Order

Roll Call

A. LPN, RN, and ARNP Applicants for Licensure

Prior Discipline

Exam

1. Rogers, Charles O.; 1701/550787 **(Page 2590)**
2. Adkins, Paul; 1701/557205 **(Page 2619)- present**

Endorsement

3. Strawder, Wendy Renee; 1701/551698 **(Page 2643)**
4. Tavares, Diane Dorothy; 1701/538993 **(Page 2660)- present**
5. Atito, Mavis Abena; 1701/548719 **(Page 2682)**
6. Brown, Karen Kay; 1701/553593 **(Page 2709)**
7. Jones, Cynthia Leigh; 1701/553983 **(Page 2741)**
8. Rowe, Donna M.; 1701/546641 **(Page 2772)**
9. Kaloustian, Amber 1701/554742 **(Page 2825)- present**
10. Wiggins, Sharon Kay; 1701/479971 **(Page 2848)**
11. Williamson, William David; 1701/550926 **(Page 2893)- present**
12. Williams, Carscena A.; 1701/551246 **(Page 2944)**
13. Clark, Jennifer Marie; 1701/554050 **(Page 2969)**
14. Snowden, Necole Alexandria; 1702/181438 **(Page 2997)**
15. Sweat, Deneen Jones; 1702/18183 **(Page 3025)**
16. Hall, Sharon Smith; 1702/181901 **(Page 3072)**
17. Torres Pagan, Marilyn; 1701/542685 **(Page 3108)**
18. Hassell, Kimberly Marie; 1702/178795 **(Page 3149)- present**

ARNP Upgrade

19. Ciamaichelo, Christopher Jules; 1701/469744 **(Page 3215)- present**

Prior Board Action

Exam
None

Endorsement

1. Sadowsky, Amanda Sue; 1701/546562 (**Page 3275**)

Criminal History

Exam

1. Enright, Donette Marie; 1701/554248 (**Page 3309**)- present
2. Vasquez, Choya Trevas; 1702/181298 (**Page 3329**)
3. Ryan, Meghan Elizabeth; 1701/537597 (**Page 3351**)- present
4. Nee, Donald Keith; 1701/551889 (**Page 3371**) -present
5. Reba, Stephanie Marie; 1701/554971 (**Page 3398**)
6. Nelson, Jacquelyn Allen; 1702/181275 (**Page 3422**)- present
7. Hornbeck, Scott Asher; 1701/543519 (**Page 3585**)- present
8. Kohl, Jeannie Marie; 1702/178528 (**Page 3623**)- present
9. Lord, Jacob Robert; 1702/182452 (**Page 3651**)- present

Endorsement

10. Baum, Brandi; 1701/548603 (**Page 3671**)
11. Bennett-Smith, Stephanie Etta; 1702/151904 (**Page 3697**)- present

ARNP Upgrade

12. Todorova, Iva Simeonova; 1701/460742 (**Page 3725**)

Health History

Exam

1. Williams, Ashley; 1701/522147 (**Page 3752**)- present
2. Vitale, Carly Ann; 1701/547549 (**Page 3765**)- present

Endorsement

3. Wasserstein, Jill Ramona; 1701/546360
(**Page 3774**)
 4. Mancuso, Candace Renee; 1701/522091- present
(**Page 3783**)
 5. Brown, Carolann; 1702/181099
(**Page 3792**)
 6. Johnson, Donna Elise; 1701/551462 (**Page 3803**)
-

7. Scaff, Michelle Lynne; 1701/552126 **(Page 3812)**

8. Wright, Brittney Lynn; 1701/551127

(Page 3823)- present

9. Hunt, Rebecca Elizabeth; 1701/556243 **(Page 3836)**

10. Steele, Jessica; 1701/549352 **(Page 3847)**

ARNP Upgrade

False Answer on Application

Exam

1. Valladares, Gail Aida; 1701/545508 **(Page 3857)**

2. Figaro, Stephanie; 1701/453039 **(Page 3869)**

Endorsement

None

Open Case

Exam

1. Dufort, Angie Young; 1701/554017 **(Page 3895)**

Endorsement

2. Whittemore, Joseph Arthur; 1701/551139 **(Page 3904)- present**

3. Collins, Mia Fawn; 1702/182732 **(Page 3922)**

ARNP Upgrade

Staff Concern

Exam

Endorsement

1. Tilis, Michael Robert; 1701/551873 **(Page 3930)**

B. CNS Applicants

None

C. Other Items- LPN, RN, ARNP

None

D. Other Items for Discussion

None

Education & Credentials “B” Committee

Thursday, June 2, 2016 at 8:30 AM

Call to Order

Roll Call

A. LPN, RN, and ARNP Exemption Applicants

1. Payne, Michelle; 1702/154917 (**Page 3941**)

B. Education Credentials

1. Absin, Anna; 1701/550722 (**Page 3958**)
 2. Abueme, Jenniel De Los Reyes; 1701/547328 (**Page 3987**)
 3. Amaut, Dolores Baldemor; 1701/532141 (**Page 4016**)
 4. Delos Reyes, Diana Hazel Sorreta; 1701/529215 (**Page 4029**)
 5. Diaz Leon, Hector Lazaro; 1701/554962 (**Page 4043**)
 6. Dunkley Roberts, Calmena; 1702/179199 (**Page 4068**)
 7. Emelumba, Charles; 1701/546991 - **pulled**
 8. Gilmartin, Michael Joseph; 1701/525916 (**Page 4114**)
 9. Graciano Arias, Daifeny; 1701/551659 (**Page 4129**)
 10. Isaindang, Ray; 1701/539007 (**Page 4156**)
 11. Itambi, Linda Ngwiba; 1701/551781 (**Page 4167**)
 12. Jno-Charles, Gissel; 1701/529014 (**Page 4184**)
 13. Jose, Rosmi; 1701/527822 (**Page 4208**)
 14. Madu, Nzubechukwu O; 1701/552820 (**Page 4233**)
 15. Malave, Natasha Liz; 1701/447360 (**Page 4261**)
 16. Mashni, Mayson; 1701/546402 (**Page 4283**)
 17. Mathew, Bino Pappy; 1701/551932 (**Page 4308**)
 18. Mbong, Rocine Beng; 1701/553425 (**Page 4324**)
 19. McNab, Roslyn Alexandra; 1701/511330 (**Page 4343**)
 20. Miranda Calnick, Katia; 1701/548115 (**Page 4412**)
 21. Ortiz, Anthony Raphael; 1702/180723 (**Page 4430**)
 22. Montano Hernandez, Lazara Yesenia; 1701/546352 (**Page 4453**)
 23. Morales Salagre, Amilcar; 1701/553020 (**Page 4480**)
 24. Morejon Medina, Mayelin; 1701/506766 (**Page 4497**)
 25. Murdock-McNeil, Dorrett Marveta; 1701/520195 (**Page 4519**)
-

26. Padoa, Ma Shire Agura; 1701/552570 **(Page 4539)**
27. Pasigna, Dexie Saavedra; 1701/548454 **(Page 4559)**
28. Perez, Lilibeth; 1701/544576 **(Page 4573)**
29. Santana Ramos, Iliana; 1701/545963 **(Page 4592)**
30. Simpson, Carline Elizabeth; 1701/525169 **(Page 4612)**
31. Spirina, Marina; 1701/548579 **(Page 4626)**
32. Toda, Iris; 1701/547478 **(Page 4647)**
33. Wassie, Azmera Tsegaye; 1701/511834 **(Page 4660)**
34. Anzardo, Christine Mae; 1701/539932 **(Page 4673)**
35. Benitez, Alain; 1701/550031 **(Page 4692)**
36. Bowerbank-Ingram, Kimberley Gaye; 1701/554414 **(Page 4709)**
37. **Camacho Saez, Damaris Noemi; 1701/547349 (Page 4722)- present**
38. Cervantes, Ailyn Ke-E; 1701/537732 **(Page 4743)**
39. Che, Maceline Nanga; 1702/181733 **(Page 4756)**
40. Corcho, Mariley; 1701/357423 **(Page 4789)**
41. Crespo Marquez, Dianelys; 1701/551204 **(Page 4805)**
42. Reddy, Aireen Maglantay; 1701/554071 **(Page 4827)**
43. Romero, Jasalynn; 1701/523735 **(Page 4841)**
44. Ruvira, Onelia; 1701/554047 **(Page 4855)**
45. Trantham, Kaylee Rae, 1702/181597 **(Page 4871)**
46. Vieite, Mayelin; 1701/546521 **(Page 4921)**
47. Walton, Matthew Paul; 1701/542382 **(Page 4944)**
48. Alamo, Idania; 1701/540312 **(Page 4966)**
49. Mota, Dalete Delalibera Correa de Faria; 1701/505667 **(Page 4992)**
50. Bendayon, Maricen Grace Solania; 1701/550600 **(Page 5006)**
51. Cervantes, Johexis; 1701/554362 **(Page 5025)**
52. Delatorre, Regina Estandarte; 1701/525704 **(Page 5042)**
53. Crespo, Peggy Lee; 1702/182015 **(Page 5056)**
54. Bardin, Tracy Lynn; 1702/173326 **(Page 5069)**

C. LPN, RN, ARNP Applicants for Licensure under 456.0635, FS

Exam
None

Endorsement
None

D. LPN, RN, ARNP Applicants for Licensure under Section 464.009, FS

Exam
None

Endorsement
None

E. LPN, RN, ARNP Applicants for License - Other

None

F. Other

None

Disciplinary Hearings & General Business

Thursday, June 2, 2016 at 1:30 PM

Call to Order

Roll Call

I. CNA, RN, LPN, and ARNP Discipline & General Business

A. Reconsiderations

CNA

LPN, RN, and ARNP

1. Odier, Denise Ann; 1702/177545 (**Page 5268**)

B. Recommended Orders

Recused Member: Anna Maria Hubbard

1. Tinson, Ekemi A., CNA 262882 Case #2015-18437 File #592052
(**Page 5334**)

No Recused Members:

2. Christie,Stephaney, Case#2015-7256
File #665260 (**Page 6703**)
3. DeCelestino, Stephanie; 1702/173468
(**Page 6802**)

C. CNA Informal Hearings

Recused Member: Anna Maria Hubbard

1. Petitfrere, Myriam, CNA 310725 Case #2015-21930 File #667186 (**Page 6824**)-
present
2. Lewis, Brenda M., CNA 35523 Case #2015-09537 File #294770
(**Page 6902**)- **Present**

Recused Member: Jody Bryant Newman

3. Cooper, Priscilla A., CNA 218968 Case #2015-19367 File #420031
(**Page 7001**)- **present**
-

Recused Member: Diana Forst

4. Fuqua, Candice N., CNA 144905 Case #2015-27246 File #415633 **(Page 7041)**

Recused Member: Derrick C. Glymph

5. Cerrato, Danielle M., CNA 180460 Case #2015-28386 File #467222 **(Page 7240)**

D. LPN, RN, and ARNP Informal Hearings

No Recused Members:

1. Freeman-Carbajal, Melinda Rose, RN 9313088 Case #2013-11744 File #413637 **(Page 7301)**

Recused Member: Anna Maria Hubbard

2. Felix, Mishonda Timmons, RN 9212856 Case #2015-21459 File #303146 **(Page 7448)- present**
3. Parker, Denise RN 3244002 Case #2015-23778 File #189512 – **pulled**
4. Stockwell, Lisa Carol, RN 9356443 Case #2014-10809 File #452193 **(Page 7795)- present**
5. Box, David Lee, LPN 1029881 Case #2015-11766 File #40090 **(Page 8069)**
6. Reagan, Sandra Davis, LPN 5150574 Case #2015-20877 File #94618 – **pulled**
7. Weaver, Lisa Bonny, RN 9196238 Case #2015-03829 File #260042 **(Page 9004)**

Recused Member: Cathy Oles Gordon

8. Ryan, Sylvia Darlene G., RN 1327992 Case #2014-01774 File #29554 **(Page 9069)- present**
9. Miller, Diantha Davis, ARNP 9322768 Case #2015-26410 File #424297 **(Page 13259)**
10. Mclaughlin, Shalena, LPN 5191555 Case #2015-21405 File #140436 **(Page 13315)- present**
11. Hughes, Kendra Lavette, LPN 5185973 Case #2010-21838 File #125844 **(Page 13564)- present**
12. Ortiz, Atoyia Stephens, RN 9220393 Case #2015-24311 File #309246 **(Page 13623)**
13. Dean, Angela RN 9170736 Case #2015-30363 File #256663 **(Page 13800)**

14. Mullen, Donna Marie, LPN 1200091 Case #2015-24976 File #57482
(Page 14385)

Recused Member: Diana Forst

15. Tomaselli, Debra B., RN 9353684 Case #2015-26623 File #450928
(Page 14685)- present

Recused Member: Jody Bryant Newman

17. Morehouse, Marilyn, RN 9254479 Case #2015-17196 File #349271

(Page 14721)- present

18. Haggard, Melissa Dianne, LPN 1282101 Case #2014-17210 File #65893
(Page 14762)

Recused Member: Kathryn Whitson

19. Mora, Melaine Mae, LPN 5147561 Case #2014-12720 File #91273 **(Page 14852)**

Recused Member: Derrick C. Glymph

20. Peters, Linda Sue, RN 9253276 Case #2015-08385 File #348833 **(Page 14953)**

21. Mitchell, Nancy A., RN 9298241 Case #2015-17313 File #397885 **(Page 15021)-
present**

Recused Member: Lori Desmond

22. Walke, Lindsay Anna, RN 9240803 Case #2016-09335 File #330741
(Page 15132)

E. Licensure Informal Hearings

CNA

1. Smith, Kristina; 4401/539637 **(Page 15212)**

LPN, RN, and ARNP

2. **Johnson, Valentino Nilosaharan; 1701/542806-Pulled**

3. West, Shea Tyler; 1701/538703 **(Page 15569)- present**

4. Jones, Trina Ann; 1701/536336 **(Page 15601)**

5. Carmon, Mary; 1701/270728 **(Page 15623)**

6. Batista, Yoelmis; 1701/534559 **(Page 15658)**

7. Adebisi, Adenike; 1701/50703 **(Page 15700)**

8. Fulkner, Raymond; 1701/539540 **(Page 15843)**

9. Szokolovics, Judit; 1701/537127 (**Page 15871**)- present
10. Craven, Lisa; 1701/506760 (**Page 15900**)

Recused Member: JoAnn Trybulski

11. Miles, Shanika; 1702/518767 (**Page 15951**)

F. Petitions for Hearing/ Modifications LPN, RN, and ARNP

G. CNA Settlement Agreements

Recused Member: Cathy Oles Gordon

1. Queen, Felicia Catina, CNA 180217 Case #2015-06583 File #467327 (**Page 16070**)

Recused Member: Anna Maria Hubbard

2. Rawls, Lola B., a.k.a. Bradshaw-Rawls, Lola, CNA 274420 Case #2015-19934 File #601560 (**Page 16171**)- present
3. Jackson, Garaya J., CNA 199256 Case #2015-26485 File #490133 (**Page 16217**)
4. Singletary, Ciera Amber, CNA 104126 Case #2015-27994 File #382806 (**Page 16264**)

Recused Member: Jody Bryant Newman

5. Phillips, Ebony Lashey, CNA 286657 Case #2015-18039 File #451825 (**Page 16298**)

Recused Member: Kathryn L. Whitson

6. Robinson, Brandy Nicole, CNA 87678 Case #2015-09294 File #308843 (**Page 16353**)

H. LPN, RN, and ARNP Settlement Agreements

No Recused Members:

1. Carter, Lucille Janet, LPN 5164549 Case #2013-02999 File #110660 (**Page 16429**)- present
2. Bradshaw, Sheri Ann, RN 9280933 Case #2015-10779 File #378354 (**Page 16527**)

Recused Member: Cathy Oles Gordon

3. Vinson, Julie Ann, RN 9207375 Case #2015-09033 File #298586 **(Page 16559)**
4. Grawey, James Guy, RN 9307604 Case #2015-11361 File #407378 **(Page 16791)**
5. Strickland, Catherine Annastacia, RN 9370967 Case #2014-16905 File #472803 **(Page 16830)**
6. Charles, Marlon Kevin, RN 9338311 Case #2015-24500 File #442502 **(Page 16939)**
7. Direnzi, Dina Anne, RN 9209295 Case #2015-10364 File #296524 **(Page 17249)**
8. Stockigt, Jr., Peter E., RN 9378498 Case #2015-08580 File #488319 **(Page 17330)**
9. Green, Savannah Jasmine, LPN 5215392 Case #2015-06378 File #169365 **(Page 17722)**
10. Metzger, Nicholas James, RN 9308024 Case #2015-21528 File #406548 **(Page 17758)**
11. Pratt, Ginger Sue, RN 9290636 Case #2014-22247 File #387635 **(Page 17842)**
12. Moretz, Stefanie Lyn, RN 9372519 Case #2016-00122 File #478938 **(Page 18195)**

Recused Member: Jody Bryant Newman

13. Cribbs, Patricia Ritch, RN 2813212 Case #2015-20295 File #145016 **(Page 18309)**
14. Smith, Doris Hunt, RN 9219459 Case #2014-09111 File #311870 **(Page 18358)- present**
15. Kemmler, Zachary Cole, RN 9356582 Case #2015-17939 File #432804 **(Page 18472)**
16. Locke, Donna L., RN 9322704 Case #2015-18746 File #424889 **(Page 18651)**

Recused Member: Kathryn Whitson

17. Hayes, Tiffany Marie, RN 9326058 Case #2014-12484 File #426153 **(Page 18679)**
18. Chuites, Drinda Sue Lane, RN 1614202 Case #2014-07065 File #517849 **(Page 18728)**

Recused Member: Anna Maria Hubbard

19. Mesic, Vera Diane Higgins, RN 2055092 Case #2015-08558 File #91309 **(Page 18949)**
20. Hull, Sheri Lynn, RN 9314040 Case #2015-18331 File #414781 **(Page 19064)**
21. Adrian, Pamela Lynn, RN 9327686 Case #2015-28892 File #429189 **(Page 19300)**
22. Gray, Anthony Damond, LPN 5206758 Case #2015-20717 File #157867 **(Page 19655)- present**
23. Zdravich, Tammy Yvonne, RN 9351551 Case #2015-23485 File #452074 **(Page 19711)**
24. Lalonde, Ronald M., RN 9368186 Case #2015-17107 File #477463 **(Page 20723)- present**
25. Lavimoniere, Jill Evette, RN 3181762 Case #2015-18551 File #183136 **(Page 20768)**

26. Burkowsky, Alexandra RN 9202664 Case #2015-20463 File #2932203
(Page 22041)

27. Harms, Tiffany Ann, aka Sanford, Tiffany Harms, LPN 5202081 Case #2015-11964
File #152779 **(Page 22129)**

28. Spradlin, Margaret Elaine aka Spradlin Peggy, RN 9215456 Case #2015-00165 File
#305020 **(Page 22242)--pulled**

Recused Member: Diana Forst

29. Brunton-Cooley, Lisa Anne, ARNP 2776972 Case #2015-22740 File #141291
(Page 22742)

30. Mesfin, Tigist, RN 9308258 Case #2015-25112 File #410413
(Page 22905)- present

31. White, Tawanna Christine, LPN 5171444 Case #2015-27953 File #117616
(Page 23033)

32. Humphries, Cameron Leola, LPN 5191865 Case #2014-18542 File #141028
(Page 23078)

33. Hodge, Kathy Darlene, RN 9203017 Case #2015-07046 File #295261- **Pulled**

34. Lyons, Kathleen, RN 3302602 Case #2015-23771 File #195544 **(Page 24297)**

35. Joseph, Sherley, RN 9382541 Case #2015-20011 File #455979 **(Page 24343)**

36. Tsolakakis, Andria Beth, LPN 5205668 Case #2014-18438 File #156041
(Page 24843)

37. Edwards, Glyn Barton, LPN 1307701 Case #2015-18209 File #68523 **(Page 24917)**

38. Linares, Susan Diane Crane, RN 2533832 Case #2015-19382 File #116276
(Page 25106)- present (attorney William Strickland?)

39. St. Val, Marlene M., LPN 5194231 Case #2015-25363 File #132380 **(Page 25297)**

Recused Member: Derrick C. Glymph

40. Kosnick, Christine Marie, RN 3995568 Case #2015-24766 File #507362
(Page 25344)

41. Tevenal, Angela Marie, RN 9308885 Case #2015-28146 File #410215
(Page 25427)

42. Rivera, Lilliam RN 9200441 Case #2015-26024 File #286330 **(Page 25917)**

Recused Member: Lori Desmond

43. Despaigne, Bradley LPN 5199994 Case #2015-26007 File #150542
(Page 26035)

44. Devries, Michele D., LPN 5157037 Case #2015-26783 File #102149
(Page 26063)

I. CNA Voluntary Relinquishments

No Recused Members

1. Dowling, Stephanie M., CNA 316694 Case #2015-31225 File #676281 **(Page 26130)**
2. Hannah, Jennifer L., CNA 310976 Case #2016-05158 File #667430 **(Page 26165)**
3. Denson, Susan E., CNA 87548 Case #2016-09205 File #145488 **(Page 26590)**
4. Gonzalez Aguila, Nirania Yanet, CNA 178285 Case #2016-11118 File #462717 **(Page 26744)**

Recused Member: Cathy Oles Gordon

5. Mitchell, Kathleen N., CNA 319409 Case #2015-26321 File #677052 **(Page 26770)**

Recused Member: Anna Maria Hubbard

6. Colon, Jose E., CNA 279526 Case #2014-18469 File #26984 **(Page 26797)**

Recused Member: Derrick C. Glymph

7. Guerrero, Cesar A., CNA 200984 Case #2015-31352 File #494619 **(Page 26836)**

Recused Member: Diana Forst

8. Exposito, Luis Miguel, CNA 31261 Case #2013-12071 File #358447 - **pulled**

J. RN, LPN and ARNP Voluntary Relinquishments

No Recused Members:

1. Good, Angela Ann, RN 9406350 Case #2016-05232 File #519409 **(Page 27261)**
2. Adams, Tina Joann, RN 2744352 Case #2016-09823 File #137897 **(Page 27665)**
3. Rock, Linda D., RN 3362162 Case #2016-05179 File #201774 **(Page 28034)**
4. Kubek, Marilyn Marie, RN 9383222 Case #2015-08335 File #496840 **(Page 28171)**
5. Gleason, Melody Rae Morgan, RN 797582 Case #2016-11446 File #230209 **(Page 28899)**
6. Christenson, Evan Macleod, RN 9421687 Case #2016-08975 File #334479 **(Page 28919)**
7. Schad, Jeanne Celeste, RN 9289363 Case #2016-10635 File #387644 **(Page 28975)**
8. Barkley, Jr., Eugene Carl, RN 9179396 Case #2015-29974 File #265808 **(Page 29170)**
9. Prine, Jeanne Marie, RN 9198751 Case #2015-07644 File #288146 **(Page 29510)**
10. Melo, Kristin Lynn, RN 9324458 Case #2015-28693 File #426083 **(Page 29675)**
11. Hayes, Audra Maria RN 9324948 Case #2016-11296 File #423940 - **pulled**
12. Powell, Mary Jo, RN 9323017 Case #2016-05166 File #425530 **(Page 29709)**
13. Cunningham, Susan Jane, LPN 516601 Case #2015-31733 File #3432 **(Page 29757)**

14. Krull, Letitia Mollie, RN 3332612 Case #2016-09070 File #198724 **(Page 29805)**

Recused Member: Anna Maria Hubbard

15. Spangler, Dennis Albert, RN 2907912 Case #2015-17779 File #154847 **(Page 30114)**

16. Buratt, Aaron David, RN 9283764 Case #2014-17497 File #375033 **(Page 30521)**

17. Bonin, Andrea Elizabeth, LPN 5205262 Case #2014-18561 File #15111 **(Page 30797)**

Recused Member: Derrick C. Glymph

18. Reid, Kami Lee, RN 9357526 Case #2015-19048 File #463795 **(Page 31170)**

19. Call, Christopher Allen, LPN 5204221 Case #2015-27531 File #152490 **(Page 31286)**

20. Sexton, Rhonda Lee, RN 9209314 Case #2015-27720 File #296568 **(Page 31566)**

Recused Member: Cathy Oles Gordon

21. Green, Donna C., RN 9358498 Case #2015-23625 File #464237 **(Page 31598)**

22. Lansdowne, Allison Jean, RN 2826712 Case #2015-30574 File #146415

(Page 31914)

K. Reinstatements and Compliance Issues

CNA

1. Deverlus, Eronie, CNA 148052 Case# 2010-13021 **(Page 32330)**- present

RN, LPN, and ARNP

2. Pearo, Brett D., RN 9372401 Case# 2014-19429 **(Page 32444)**- Present

3. Staley, Hope S., RN 9176371 Case# 2010-12317 **(Page 32825)**- present

4. Rivera, Tamra R., RN 9273347 Case# 2014-04788 **(Page 33692)**- Present

5. Brawley, William B., RN 2687122 Case# 2012-08345 **(Page 33981)**

6. Clark, Gayle W., RN 9182013 Case# 2011-04329 **(Page 34575)**

7. Johnson, Sophia D., RN 2909222 Case# 2010-10954 **(Page 34677)**- present

8. Fisher, Trisha Ann, RN 9206727 Case #2013-08301 **(Page 35295)**

9. Rivera-Hernandez, Lydia, PN 5207561 Case# 2013-06507 **(Page 36980)**

II. Other

A. Practice Issues

None

B. Advanced Practice Issues

Protocols

1. Christan Ballmann **(Page 37491)**

2. Deborah Coupland-Porter **(Page 37493)**

3. Joan Elizabeth Gallagher **(Page 37497)**

4. Maria Czupryn (**Page 37499**)
5. Duangdow Cumemanie (**Page 37502**)
6. Theresa Ann Homa Hrovoski (**Page 37506**)
7. Maria Romero (**Page 37508**)
8. Vanessa Cravatta (**Page 37512**)
9. Barbara C. Brandt (**Page 37515**)
10. Jannet Jorvina Vergara (**Page 37519**)
11. Richard Sterne (**Page 37521**)
12. Betty Kachnycz (**Page 37523**)
13. Alexls Goss (**Page 37526**)
14. Michelle Jayne Bonfe (**Page 37529**)
15. Robert James Stratton (**Page 37531**)
16. Eli Maggie Figueroa (**Page 37535**)
17. Aubry Washington Fulton (**Page 37538**)
18. Melissa K. Morris (**Page 37541**)
19. Monica J. Cox (**Page 37544**)
20. Ann Darlene Vlaun (**Page 37548**)
21. Chelsea C. Catalanotto (**Page 37550**)
22. Ann Moore (**Page 37555**)
23. Amy Brown (**Page 37557**)
24. Denise A. Joseph (**Page 37559**)
25. Thomas Stross (**Page 37561**)

C. Special Education Issues

None.

D. Legislative Issues

E. Approval of Minutes

1. April 2016 Full Board Minutes (**Page 37563**)
2. May 10, 2016 Full Board Conference Call Minutes-Establish Formulary Committee (**Page 37621**)

F. Declaratory Statements

1. Tucker, Chelsea Adelle; 1701/9426124; Reference Rules 64B9-2.005 and/or 64B9- 2.011 (6)(c), F.A.C.; Scope of Practice regarding laser hair removal (**Page 37624**)

2. Baker, LeShanta; 1701/9267638; Reference Section 464.003, FS; Scope of practice in regards to practicing using title Monitrice **(Page 37633)**

G. Prosecution Services Unit

H. Board Members

I. Financial Report

III. Intervention Project for Nurses

1. State Reports

A. March 2016 **(Page 37637)**

B. April 2016 **(Page 37661)**

2. IPN Agenda **(Page 37685)**

3. FY 15-16 3rd Quarter IPN Performance Measures **(Page 37686)**

Disciplinary Hearings & General Business

Friday, June 3, 2016 at 8:30 AM

Call to Order

Roll Call

I. CNA, LPN, RN, and ARNP Discipline & General Business

A. CNA Motion to Vacate

None

B. LPN, RN, and ARNP Motion to Vacate

None

C. CNA Informal Waivers

No Recused Members

1. Edwards, Ashley S, CNA 88495 Case #2014-07144 File #374189 (Page 37706)
2. Krebs, Sheila W., CNA 77829 Case #2015-22379 File #139945 (Page 37788)
3. Kent Cassandra B., CNA 293333 Case #2014-13541 File #635352 (Page 38037)

Recused Member: Kathryn Whitson

4. Fultz, Tiffany A., CNA 270044 Case #2014-06728 File #600454 (Page 38165)

Recused Member: Cathy Oles Gordon

5. Shakoor, Shadeek A., CNA 45936 Case #2015-27672 File #381230 (Page 38307)
6. Hugger, Jammal, CNA 299149 Case #2015-24672 File #647384 (Page 38379)
7. Everett, Jacqueria S., CNA 288922 Case #2015-18041 File #599883 (Page 38436)
8. Lawrence, Erica M., CNA 250756 Case #2015-25318 File #538236 (Page 38482)
9. Fields, Nicole M., CNA 207494 Case #2015-24406 File #507049 (Page 38537)
10. Milord, Franckendy, CNA 287377 Case #2014-13911 File #611526 (Page 38600)
11. Tatum, Catherine CNA 282959 Case#2014-03896 File #617663 (Page 38643)
12. Norment, Angelika S., CNA 224024 Case #2015-19460 File #524838 (Page 38690)

Recused Member: Jody Bryant Newman

- ~~13. Garcia, Gesler A., CNA 281554 Case #2015-28451 File #9612939 (Page 38749)~~

14. Lafond, Jeanne, CNA 293749 Case #2014-03635 File #571577 **(Page 38821)**
15. Johnson, Jarret, CNA 277955 Case #2015-08581 File #453721 **(Page 38863)**
16. Dolata, Cassidy J. Burnett, CNA 215493 Case #2015-11483 File #515371
(Page 38921)
17. Foster, Taytum CNA 299151 Case #2015-00890 File #649285 **(Page 39052)**
18. Elliott, Tiffany L., CNA 147198 Case #2015-21574 File #418314 **(Page 39094)**

Recused Member: Diana Forst

19. Beheshti, Alexis, CNA 304222 Case #2015-11449 File #656733 **(Page 39365)**
20. Hunt, Latifha K., CNA 304774 Case #2015-11283 File #647606 **(Page 39410)**
21. Walker, Barbara J, CNA 72834 Case #2015-22890 File #110402 **(Page 39465)**
22. Dixon, Jashawn R., CNA 291937 Case #2014-20012 File #615336 **(Page 39660)**
23. Baker, Jeanette N., CNA 193213 Case #2015-07348 File #487842 **(Page 39851)***
24. Vrabel, Sylvia K., CNA 284409 Case #2015-11441 File #621784 **(Page 39962)***

Recused Member: Anna Maria Hubbard

25. Harris, Ureka S., CNA 190073 Case #2014-18459 File #418427 **(Page 40047)**
26. Harry, Ta Kenya S., CNA 244037 Case #2015-03205 File #562933 **(Page 40100)**
27. Dean, Candace K., CNA 218808 Case #2014-18710 File #527650 **(Page 40158)**
28. McGuinness, Shavon Renee, CNA 86744 Case #2015-07387 File #371066
(Page 40418)
29. Morris, Melissa J, CNA 115342 Case #2015-24853 File #390761 **(Page 40479)**
30. Cooper, Shirlette D., CNA 141154 Case #2015-09293 File #410017 **(Page 40635)**
31. Johnson, Jamarial Taneesha aka Brown, Jamarial Taneesha, CN 135172 Case
#2015-23459 File #401939 **(Page 40728)**

Recused Member: Derrick C. Glymph

32. Garduno, Maria Isabel, CNA 113007 Case #2015-30442 File #344524
(Page 40785)

D. RN, LPN, and ARNP Informal Waivers

No Recused Members:

1. Sanders, Rebekah Katherine, RN 9342457 Case #2015-08655 File #448471
(Page 40850)

Recused Member: Diana Forst

2. Dieguez, Eduardo, LPN 5174992 Case #2015-17162 File #119691 **(Page 40908)**
3. Duggins, David Wayne, RN 1203922 Case #2015-19030 File #20950 **(Page 41601)**
4. Labor, Lorraine Linda, RN 9329657 Case #2014-12803 File #431202 **(Page 41651)**
5. Kidder, Tara Sue, RN 9234183 Case #2015-06722 File #326029 **(Page 41774)**
6. Hughes, John Anthony, RN 3212082 Case #2012-08182 File #186297 **(Page 41924)**
7. Lazarus, David Paul, RN 9327108 Case #2013-13472 File #426145 **(Page 41981)**

8. Matesic, Kerry Michelle, RN 9302018 Case #2015-07320 File #371341 **(Page 42051)**
9. Lee, Stephanie Walker, RN 9368758 Case #2015-18894 File #474245 **(Page 42569)**

Recused Member: Kathryn L. Whitson

10. Wolfe, Virginia Wanell, LPN 5200873 Case #2014-14895 File #151295 **(Page 42617)**
11. Kolczycki, Lorri Ann, RN 9234318 Case #2014-03282 File #324680 **(Page 42660)**
12. Hedrick, Beth Ann Chambers, RN 1968072 Case #2015-07566 File #82293 **(Page 42761)**
13. Brower, Gary Alan, RN 9372858 Case #2014-19507 File #468406 **(Page 42804)**
14. Linchy, Lorie J., RN 2952302 Case #2015-23340 File #159419 **(Page 42994)**
15. McGuire, Gilda Lizette, RN 9344857 Case #2015-00330 File #445365 **(Page 43038)**

Recused Member: Cathy Oles Gordon

16. Arndt, Erin McCall, RN 9388050 Case #2015-00183 File #501484 **(Page 43118)**
17. Vollmer, Mark David, RN 9359244 Case #2015-23945 File #464967 **(Page 43167)**
18. Baskin, Kelli C., RN 9359615 Case #2015-18907 File #462894 **(Page 43250)**

Recused Member: Jody Bryant Newman

19. Barnes, Michelle L., LPN 5179310 Case #2015-23602 File #121172 - pulled
20. Farrell, Nicole Lynn, RN 9354672 Case #2015-24278 File #462033 **(Page 43662)**
21. Carden, Robin Michelle, LPN 1103851 Case #2015-17842 File #47641 **(Page 43718)**
22. Gearing, David William, LPN 1276441 Case# 2015-20832 File #65307 **(Page 43911)**
23. Danes, III, Louis Reed, RN 9234943 Case #2014-20204 File #325874 **(Page 43975)**
24. Nixon, Corrina D., LPN 5218592 Case #2015-11495 File #137139 **(Page 44291)**
25. Austin, Richard V., LPN 52105963 Case #2015-18256 File #161165 **(Page 44531)**
26. Carroll, Kathy Lynn, RN 9326460 Case #2015-21542 File #430269 **(Page 44616)**

Recused Member: Anna Maria Hubbard

27. Gordon, Latoya Aneka, RN 9287499 Case #2014-13997 File #386512 **(Page 44690)**
28. Taylor, Irma Jean, RN 9234625 Case #2015-17123 File #327034 **(Page 45040)**
29. Ryther, Keli Kay, RN 9228294 Case #2015-07025 File #319541 **(Page 45097)**
30. Marston, Kim RN 2866582 Case #2015-16765 File #150577

(Page 45140)

31. Wood, Dale Justine, RN 9294228 Case #2015-21640 File #393284

(Page 45204)

32. Gillis, Kimberly Diann, LPN 5215900 Case #2015-06371 File #170010

(Page 46381)

33. Ming, Yvette RN 9286490 Case #2015-25455 File #381422 **(Page 46415)**

Recused Member: Deborah Wakefield McKeen

34. Keith, Tracy Jean, RN 9322432 Case #2014-13500 File #419138 **(Page 55951)**

Recused Member: Derrick C. Glymph

35. Lee, Linda Joyce, RN 9219571 Case #2015-19029 File #307840 **(Page 55994)**

36. McMillan, James Richard, RN 9402625 Case #2015-19042 File #517816

(Page 56041)

II. Board Reports

A. Board Chair

1. Appoint 2 BON Members to discuss wrong-site surgery issues with 2 BOM Members
2. Designate Voting Delegates for Annual Meeting **(Starts Page 62775)**

B. Board Counsel

1. April 2016 Rules Report **(Page 62780)**
2. May 2016 Rules Report **(Page 62781)**
3. 4th Circuit Unpublished Opinion affirming Summary Judgment **(Page 62782)**
4. April State Report **(Page 62795)**

C. Executive Director

1. Ratification Lists
 - A. Nursing Withdrawals **(Page 62821)**
 - B. CE Provider **(Page 62823)**
 - C. Licensure Applicant Ratification **(Page 62824)**
2. ARNP Application Update **(Page 62825)**
3. Endorsement Application **(Page 62850)**
4. CNS Application **(Page 62866)**
5. Re-exam Application **(Page 62881)**
6. Exam Application **(Page 62896)**
7. Reactivation Application **(Page 62916)**

IV. Adjournment

Long Range Policy Planning



Jody Bryant Newman, EdD, EdS
Chair

Joe Baker, Jr.
Executive Director

LRPP Friday June 3, 2016 @ 2pm

Board Members:

Jody Bryant Newman, EdD, EdS Consumer- Chair
Kathryn L. Whitson MSN, RN, Vice-Chair
Anna Maria Hubbard, EdD, ARNP, CNE
Elizabeth Webster, RN, MBA
Leonard Connors, JD, Consumer
Lisa Renee Johnson, LPN, RN
Diana Forst, BA, RN
Deborah McKeen, CD-LPN, BS
Lori Desmond, MSN, RN, NE-BC
Derrick C. Glymph, DNAP, CRNA, ARNP, LTC, USAR
Cathy Oles Gordon, LPN, BPS

Attorneys:

Lee Ann Gustafson, Senior Assistant Attorney General
Diane Guillemette, Assistant Attorney General
Matthew Witters, Assistant General Counsel

Board Office Staff:

Joe Baker, Jr., Executive Director
Jessica Hollingsworth, Program Operations Administrator
William Spooner, Program Operations Administrator
Sherri Sutton-Johnson, MSN, RN, Director of Nursing Education
Angela Falls, BSN, RN, Nursing Education Consultant
Templar Harper, Regulatory Supervisor/Consultant

Call to Order

Roll call

Board Members:

Jody Bryant Newman, EdD, EdS Consumer- Chair
Kathryn L. Whitson MSN, RN, Vice-Chair
Anna Maria Hubbard, EdD, ARNP, CNE
Elizabeth Webster, RN, MBA
Leonard Connors, JD, Consumer
Lisa Renee Johnson, LPN, RN
Diana Forst, BA, RN
Deborah McKeen, CD-LPN, BS
Lori Desmond, MSN, RN, NE-BC
Derrick C. Glymph, DNAP, CRNA, ARNP, LTC, USAR
Cathy Oles Gordon, LPN, BPS

Attorneys:

Lee Ann Gustafson, Senior Assistant Attorney General
Diane Guillemette, Assistant Attorney General
Matthew Witters, Assistant General Counsel

Board Office Staff:

Joe Baker, Jr., Executive Director
Jessica Hollingsworth, Program Operations Administrator
William Spooner, Program Operations Administrator
Sherri Sutton-Johnson, MSN, RN, Director of Nursing Education
Angela Falls, BSN, RN, Nursing Education Consultant
Templar Harper, Regulatory Supervisor/Consultant

For more information regarding board meetings please visit

<http://floridasnursing.gov/meeting-information/>

Or contact: Florida Board of Nursing
4052 Bald Cypress Way, Bin # C-02 Tallahassee, FL 32399-3252
Direct Line: (850)245-4125/Direct
Fax: (850)617-6450
[Email: info@floridasnursing.gov](mailto:info@floridasnursing.gov)

- I. Discussion
 - A. Probable Cause Panel- Participation
 - 1. S. 456.073, FS - Disciplinary Proceedings.
 - 2. Point of contact
 - B. Possible 2017 Legislation:
 - 1. S. 464.012, FS – ARNP certification; possible elimination of obsolete route
 - 2. S. 464.019, FS – proposed revisions
 - 3. Change ARNP Title to APRN
 - 4. Other
 - C. 2016 Legislation:
 - 1. HB 423
 - a) Rule 64B9-4.010 ARNP Standards for Protocols
 - b) Approved Organizations to Offer Required ARNP Controlled Substance CE
 - 2. HB 977
 - a) Rule 64B9-4.002(3) – adding language related to new Psych Nurse certification
 - 3. HB 1061- Nurse Licensure Compact
 - D. Rule 64B9- 8.006- Disciplinary guidelines (Review of current guidelines in addition to new requirements under HB 423 & HB 977)
 - E. S. 464.018(1)(d)2, FS - 1st Time Retail Theft
 - F. Rule Clean-up
 - 1. Rule 64B9-4.004(3)(a) – deleting “notarized true and correct”
 - 2. Rule 64B9-3.0025 Remedial Courses for Reexamination.
 - a) Offerings by programs on probationary status.
 - G. Division of Work Load:
 - 1. Presentation
 - 2. Flow of Cases
 - 3. Files for Committee
 - 4. Full Board Agendas
 - H. Potential 2017 Board Meeting Dates
 - I. Other Discussion
- II. Adjourn

456.073 Disciplinary proceedings.—Disciplinary proceedings for each board shall be within the jurisdiction of the department.

(1) The department, for the boards under its jurisdiction, shall cause to be investigated any complaint that is filed before it if the complaint is in writing, signed by the complainant, and legally sufficient. A complaint filed by a state prisoner against a health care practitioner employed by or otherwise providing health care services within a facility of the Department of Corrections is not legally sufficient unless there is a showing that the prisoner complainant has exhausted all available administrative remedies within the state correctional system before filing the complaint. However, if the Department of Health determines after a preliminary inquiry of a state prisoner's complaint that the practitioner may present a serious threat to the health and safety of any individual who is not a state prisoner, the Department of Health may determine legal sufficiency and proceed with discipline. The Department of Health shall be notified within 15 days after the Department of Corrections disciplines or allows a health care practitioner to resign for an offense related to the practice of his or her profession. A complaint is legally sufficient if it contains ultimate facts that show that a violation of this chapter, of any of the practice acts relating to the professions regulated by the department, or of any rule adopted by the department or a regulatory board in the department has occurred. In order to determine legal sufficiency, the department may require supporting information or documentation. The department may investigate, and the department or the appropriate board may take appropriate final action on, a complaint even though the original complainant withdraws it or otherwise indicates a desire not to cause the complaint to be investigated or prosecuted to completion. The department may investigate an anonymous complaint if the complaint is in writing and is legally sufficient, if the alleged violation of law or rules is substantial, and if the department has reason to believe, after preliminary inquiry, that the violations alleged in the complaint are true. The department may investigate a complaint made by a confidential informant if the complaint is legally sufficient, if the alleged violation of law or rule is substantial, and if the department has reason to believe, after preliminary inquiry, that the allegations of the complainant are true. The department may initiate an investigation if it has reasonable cause to believe that a licensee or a group of licensees has violated a Florida statute, a rule of the department, or a rule of a board. Notwithstanding subsection (13), the department may investigate information filed pursuant to s. 456.041(4) relating to liability actions with respect to practitioners licensed under chapter 458 or chapter 459 which have been reported under s. 456.049 or s. 627.912 within the previous 6 years for any paid claim that exceeds \$50,000. Except as provided in ss. 458.331(9), 459.015(9), 460.413(5), and 461.013(6), when an investigation of any subject is undertaken, the department shall promptly furnish to the subject or the subject's attorney a copy of the complaint or document that resulted in the initiation of the investigation. The subject may submit a written response to the information contained in such complaint or document within 20 days after service to the subject of the complaint or document. The subject's written response shall be

considered by the probable cause panel. The right to respond does not prohibit the issuance of a summary emergency order if necessary to protect the public. However, if the State Surgeon General, or the State Surgeon General's designee, and the chair of the respective board or the chair of its probable cause panel agree in writing that such notification would be detrimental to the investigation, the department may withhold notification. The department may conduct an investigation without notification to any subject if the act under investigation is a criminal offense.

(2) The department shall allocate sufficient and adequately trained staff to expeditiously and thoroughly determine legal sufficiency and investigate all legally sufficient complaints. For purposes of this section, it is the intent of the Legislature that the term "expeditiously" means that the department complete the report of its initial investigative findings and recommendations concerning the existence of probable cause within 6 months after its receipt of the complaint. The failure of the department, for disciplinary cases under its jurisdiction, to comply with the time limits of this section while investigating a complaint against a licensee constitutes harmless error in any subsequent disciplinary action unless a court finds that either the fairness of the proceeding or the correctness of the action may have been impaired by a material error in procedure or a failure to follow prescribed procedure. When its investigation is complete and legally sufficient, the department shall prepare and submit to the probable cause panel of the appropriate regulatory board the investigative report of the department. The report shall contain the investigative findings and the recommendations of the department concerning the existence of probable cause. The department shall not recommend a letter of guidance in lieu of finding probable cause if the subject has already been issued a letter of guidance for a related offense. At any time after legal sufficiency is found, the department may dismiss any case, or any part thereof, if the department determines that there is insufficient evidence to support the prosecution of allegations contained therein. The department shall provide a detailed report to the appropriate probable cause panel prior to dismissal of any case or part thereof, and to the subject of the complaint after dismissal of any case or part thereof, under this section. For cases dismissed prior to a finding of probable cause, such report is confidential and exempt from s. 119.07(1). The probable cause panel shall have access, upon request, to the investigative files pertaining to a case prior to dismissal of such case. If the department dismisses a case, the probable cause panel may retain independent legal counsel, employ investigators, and continue the investigation and prosecution of the case as it deems necessary.

(3) As an alternative to the provisions of subsections (1) and (2), when a complaint is received, the department may provide a licensee with a notice of noncompliance for an initial offense of a minor violation. Each board, or the department if there is no board, shall establish by rule those minor violations under this provision which do not endanger the public health, safety, and welfare and which do not demonstrate a serious inability to practice the profession. Failure of a licensee to take action in

correcting the violation within 15 days after notice may result in the institution of regular disciplinary proceedings.

(4) The determination as to whether probable cause exists shall be made by majority vote of a probable cause panel of the board, or by the department, as appropriate. Each regulatory board shall provide by rule that the determination of probable cause shall be made by a panel of its members or by the department. Each board may provide by rule for multiple probable cause panels composed of at least two members. Each board may provide by rule that one or more members of the panel or panels may be a former board member. The length of term or repetition of service of any such former board member on a probable cause panel may vary according to the direction of the board when authorized by board rule. Any probable cause panel must include one of the board's former or present consumer members, if one is available, is willing to serve, and is authorized to do so by the board chair. Any probable cause panel must include a present board member. Any probable cause panel must include a former or present professional board member. However, any former professional board member serving on the probable cause panel must hold an active valid license for that profession. All proceedings of the panel are exempt from s. 286.011 until 10 days after probable cause has been found to exist by the panel or until the subject of the investigation waives his or her privilege of confidentiality. The probable cause panel may make a reasonable request, and upon such request the department shall provide such additional investigative information as is necessary to the determination of probable cause. A request for additional investigative information shall be made within 15 days from the date of receipt by the probable cause panel of the investigative report of the department or the agency. The probable cause panel or the department, as may be appropriate, shall make its determination of probable cause within 30 days after receipt by it of the final investigative report of the department. The State Surgeon General may grant extensions of the 15-day and the 30-day time limits. In lieu of a finding of probable cause, the probable cause panel, or the department if there is no board, may issue a letter of guidance to the subject. If, within the 30-day time limit, as may be extended, the probable cause panel does not make a determination regarding the existence of probable cause or does not issue a letter of guidance in lieu of a finding of probable cause, the department must make a determination regarding the existence of probable cause within 10 days after the expiration of the time limit. If the probable cause panel finds that probable cause exists, it shall direct the department to file a formal complaint against the licensee. The department shall follow the directions of the probable cause panel regarding the filing of a formal complaint. If directed to do so, the department shall file a formal complaint against the subject of the investigation and prosecute that complaint pursuant to chapter 120. However, the department may decide not to prosecute the complaint if it finds that probable cause has been improvidently found by the panel. In such cases, the department shall refer the matter to the board. The board may then file a formal complaint and prosecute the complaint pursuant to chapter 120. The department shall also refer to the board any investigation or disciplinary proceeding

not before the Division of Administrative Hearings pursuant to chapter 120 or otherwise completed by the department within 1 year after the filing of a complaint. The department, for disciplinary cases under its jurisdiction, must establish a uniform reporting system to quarterly refer to each board the status of any investigation or disciplinary proceeding that is not before the Division of Administrative Hearings or otherwise completed by the department within 1 year after the filing of the complaint. Annually, the department, in consultation with the applicable probable cause panel, must establish a plan to expedite or otherwise close any investigation or disciplinary proceeding that is not before the Division of Administrative Hearings or otherwise completed by the department within 1 year after the filing of the complaint. A probable cause panel or a board may retain independent legal counsel, employ investigators, and continue the investigation as it deems necessary; all costs thereof shall be paid from a trust fund used by the department to implement this chapter. All proceedings of the probable cause panel are exempt from s. 120.525.

(5) A formal hearing before an administrative law judge from the Division of Administrative Hearings shall be held pursuant to chapter 120 if there are any disputed issues of material fact. The determination of whether or not a licensee has violated the laws and rules regulating the profession, including a determination of the reasonable standard of care, is a conclusion of law to be determined by the board, or department when there is no board, and is not a finding of fact to be determined by an administrative law judge. The administrative law judge shall issue a recommended order pursuant to chapter 120. Notwithstanding s. 120.569(2), the department shall notify the division within 45 days after receipt of a petition or request for a formal hearing.

(6) The appropriate board, with those members of the panel, if any, who reviewed the investigation pursuant to subsection (4) being excused, or the department when there is no board, shall determine and issue the final order in each disciplinary case. Such order shall constitute final agency action. Any consent order or agreed-upon settlement shall be subject to the approval of the department.

(7) The department shall have standing to seek judicial review of any final order of the board, pursuant to s. 120.68.

(8) Any proceeding for the purpose of summary suspension of a license, or for the restriction of the license, of a licensee pursuant to s. 120.60(6) shall be conducted by the State Surgeon General or his or her designee, as appropriate, who shall issue the final summary order.

(9)(a) The department shall periodically notify the person who filed the complaint, as well as the patient or the patient's legal representative, of the status of the investigation, indicating whether probable cause has been found and the status of any civil action or administrative proceeding or appeal.

(b) In any disciplinary case for which probable cause has been found, the department shall provide to the person who filed the complaint a copy of the administrative complaint and:

1. A written explanation of how an administrative complaint is resolved by the disciplinary process.

2. A written explanation of how and when the person may participate in the disciplinary process.
3. A written notice of any hearing before the Division of Administrative Hearings or the regulatory board at which final agency action may be taken.

(c) In any disciplinary case for which probable cause is not found, the department shall so inform the person who filed the complaint and notify that person that he or she may, within 60 days, provide any additional information to the department which may be relevant to the decision. To facilitate the provision of additional information, the person who filed the complaint may receive, upon request, a copy of the department's expert report that supported the recommendation for closure, if such a report was relied upon by the department. In no way does this require the department to procure an expert opinion or report if none was used. Additionally, the identity of the expert shall remain confidential. In any administrative proceeding under s. 120.57, the person who filed the disciplinary complaint shall have the right to present oral or written communication relating to the alleged disciplinary violations or to the appropriate penalty.

(10) The complaint and all information obtained pursuant to the investigation by the department are confidential and exempt from s. 119.07(1) until 10 days after probable cause has been found to exist by the probable cause panel or by the department, or until the regulated professional or subject of the investigation waives his or her privilege of confidentiality, whichever occurs first. Upon completion of the investigation and a recommendation by the department to find probable cause, and pursuant to a written request by the subject or the subject's attorney, the department shall provide the subject an opportunity to inspect the investigative file or, at the subject's expense, forward to the subject a copy of the investigative file. Notwithstanding s. 456.057, the subject may inspect or receive a copy of any expert witness report or patient record connected with the investigation if the subject agrees in writing to maintain the confidentiality of any information received under this subsection until 10 days after probable cause is found and to maintain the confidentiality of patient records pursuant to s. 456.057. The subject may file a written response to the information contained in the investigative file. Such response must be filed within 20 days of mailing by the department, unless an extension of time has been granted by the department. This subsection does not prohibit the department from providing such information to any law enforcement agency or to any other regulatory agency.

(11) A privilege against civil liability is hereby granted to any complainant or any witness with regard to information furnished with respect to any investigation or proceeding pursuant to this section, unless the complainant or witness acted in bad faith or with malice in providing such information.

(12)(a) No person who reports in any capacity, whether or not required by law, information to the department with regard to the incompetence, impairment, or unprofessional conduct of any health care provider licensed under chapter 458, chapter 459, chapter 460, chapter 461, chapter 462, chapter

463, chapter 464, chapter 465, or chapter 466 shall be held liable in any civil action for reporting against such health care provider if such person acts without intentional fraud or malice.

(b) No facility licensed under chapter 395, health maintenance organization certificated under part I of chapter 641, physician licensed under chapter 458, or osteopathic physician licensed under chapter 459 shall discharge, threaten to discharge, intimidate, or coerce any employee or staff member by reason of such employee's or staff member's report to the department about a physician licensed under chapter 458, chapter 459, chapter 460, chapter 461, or chapter 466 who may be guilty of incompetence, impairment, or unprofessional conduct so long as such report is given without intentional fraud or malice.

(c) In any civil suit brought outside the protections of paragraphs (a) and (b) in which intentional fraud or malice is alleged, the person alleging intentional fraud or malice shall be liable for all court costs and for the other party's reasonable attorney's fees if intentional fraud or malice is not proved.

(13) Notwithstanding any provision of law to the contrary, an administrative complaint against a licensee shall be filed within 6 years after the time of the incident or occurrence giving rise to the complaint against the licensee. If such incident or occurrence involved criminal actions, diversion of controlled substances, sexual misconduct, or impairment by the licensee, this subsection does not apply to bar initiation of an investigation or filing of an administrative complaint beyond the 6-year timeframe. In those cases covered by this subsection in which it can be shown that fraud, concealment, or intentional misrepresentation of fact prevented the discovery of the violation of law, the period of limitations is extended forward, but in no event to exceed 12 years after the time of the incident or occurrence.

History.—s. 68, ch. 97-261; s. 23, ch. 99-7; s. 114, ch. 2000-153; s. 91, ch. 2000-160; ss. 14, 72, ch. 2001-277; s. 5, ch. 2002-254; s. 1, ch. 2003-27; s. 20, ch. 2003-416; s. 65, ch. 2008-6.

Note.—Former s. 455.621.

The Panel members need to be advised that if they are not able to participate in a panel meeting, they need to contact the Board office staff, not PSU staff. PSU contact information is only on the PCP agendas, for them to contact us if there are issues with the materials, i.e. not being able to access the materials.

464.012 Certification of advanced registered nurse practitioners; fees.—

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

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

464.019 Approval of nursing education programs.—

(1) PROGRAM APPLICATION.—An educational institution that wishes to conduct a program in this state for the prelicensure education of professional or practical nurses must submit to the department a program application and review fee of \$1,000 for each prelicensure nursing education program to be offered at the institution's main campus, branch campus, or other instructional site. The program application must include the legal name of the educational institution, the legal name of the nursing education program, and, if such institution is accredited, the name of the accrediting agency. The application must also document that:

- (a)1. For a professional nursing education program, the program director and at least 50 percent of the program's faculty members are registered nurses who have a master's or higher degree in nursing or a bachelor's degree in nursing and a master's or higher degree in a field related to nursing.
2. For a practical nursing education program, the program director and at least 50 percent of the program's faculty members are registered nurses who have a bachelor's or higher degree in nursing.

The educational degree requirements of this paragraph may be documented by an official transcript or by a written statement from the educational institution verifying that the institution conferred the degree.

(b) The program's nursing major curriculum consists of at least:

1. Fifty percent clinical training in the United States, the District of Columbia, or a possession or territory of the United States for a practical nursing education program, an associate degree professional nursing education program, or a professional diploma nursing education program.
2. Forty percent clinical training in the United States, the District of Columbia, or a possession or territory of the United States for a bachelor's degree professional nursing education program.

(c) No more than 50 percent of the program's clinical training per subject area consists of clinical simulation.

(d) The program has signed agreements with each agency, facility, and organization included in the curriculum plan as clinical training sites and community-based clinical experience sites.

(e) The program has written policies for faculty which include provisions for direct or indirect supervision by program faculty or clinical preceptors for students in clinical training consistent with the following standards:

1. The number of program faculty members equals at least one faculty member directly supervising every 12 students unless the written agreement between the program and the agency, facility, or organization providing clinical training sites allows more students, not to exceed 18 students, to be directly supervised by one program faculty member.
2. For a hospital setting, indirect supervision may occur only if there is direct supervision by an assigned clinical preceptor, a supervising program faculty member is available by telephone, and such arrangement is approved by the clinical facility.
3. For community-based clinical experiences that involve student participation in invasive or complex nursing activities, students must be directly supervised by a program faculty member or clinical preceptor and such arrangement must be approved by the community-based clinical facility.
4. For community-based clinical experiences not subject to subparagraph 3., indirect supervision may occur only when a supervising program faculty member is available to the student by telephone.

A program's policies established under this paragraph must require that a clinical preceptor who is supervising students in a professional nursing education program be a registered nurse or, if supervising students in a practical nursing education program, be a registered nurse or licensed practical nurse.

(f) The professional or practical nursing curriculum plan, as specified by the board in rule, shall document clinical experience and theoretical instruction in medical, surgical, obstetric, pediatric, and geriatric nursing. A professional nursing curriculum plan shall also document clinical experience and theoretical instruction in psychiatric nursing. Each curriculum plan must document clinical training experience in appropriate settings that include, but are not limited to, acute care, long-term care, and community settings.

(g) The professional or practical nursing education program provides theoretical instruction and clinical application in personal, family, and community health concepts; nutrition; human growth and development throughout the life span; body structure and function; interpersonal relationship skills; mental health concepts; pharmacology and administration of medications; and legal aspects of practice. A professional nursing education program must also provide theoretical instruction and clinical application in interpersonal relationships and leadership skills; professional role and function; and health teaching and counseling skills.

(2) PROGRAM APPROVAL.—

(a) Upon receipt of a program application and review fee, the department shall examine the application to determine if it is complete. If the application is not complete, the department shall notify the educational institution in writing of any errors or omissions within 30 days after the department's receipt of the application. A program application is deemed complete upon the department's receipt of:

1. The initial application, if the department does not notify the educational institution of any errors or omissions within the 30-day period; or
2. A revised application that corrects each error and omission of which the department notifies the educational institution within the 30-day period.

(b) Within 90 days after the department's receipt of a complete program application, the board shall:

1. Approve the application if it documents compliance with subsection (1); or
2. Provide the educational institution with a notice of intent to deny the application if it does not document compliance with subsection (1). The notice must specify written reasons for the board's denial of the application. The board may not deny a program application because of an educational institution's failure to correct an error or omission that the department failed to provide notice of to the institution within the 30-day notice period under paragraph (a). The educational institution may request a hearing on the notice of intent to deny the program application pursuant to chapter 120.

(c) A program application is deemed approved if the board does not act within the 90-day review period provided under paragraph (b).

(d) Upon the board's approval of a program application, the program becomes an approved program.

(e) An applicant for program approval shall permit the board to conduct an on-site evaluation.

(3) ANNUAL REPORT.—By November 1 of each year, each approved program shall submit to the board an annual report comprised of an affidavit certifying continued compliance with subsection (1), a summary description of the program's compliance with subsection (1), and documentation for the previous academic year that, to the extent applicable, describes:

- (a) The number of student applications received, qualified applicants, applicants accepted, accepted applicants who enroll in the program, students enrolled in the program, and program graduates.
- (b) The program's retention rates for students tracked from program entry to graduation.
- (c) The program's accreditation status, including identification of the accrediting agency.

(4) INTERNET WEBSITE.— The board shall publish the following information on its Internet website:

(a) A list of each accredited program conducted in the state and the program's graduate passage rates for the most recent 2 calendar years, which the department shall determine through the following sources:

1. For a program's accreditation status, the specialized accrediting agencies that are nationally recognized by the United States Secretary of Education to accredit nursing education programs.
2. For a program's graduate passage rates, the contract testing service of the National Council of State Boards of Nursing.

(b) The following data for each approved program, which includes, to the extent applicable:

1. All documentation provided by the program in its program application if submitted on or after July 1, 2009.
2. The summary description of the program's compliance submitted under subsection (3).
3. The program's accreditation status, including identification of the accrediting agency.
4. The program's probationary status.
5. The program's graduate passage rates for the most recent 2 calendar years.
6. Each program's retention rates for students tracked from program entry to graduation.

(c) The average passage rates for United States educated, first-time test takers on the National Council of State Boards of Nursing Licensing Examination for the most recent 2 calendar years, as calculated by the contract testing service of the National Council of State Boards of Nursing. The average passage rates shall be published separately for each type of comparable degree program listed in subparagraph (5)(a)1.

The information required to be published under this subsection shall be made available in a manner that allows interactive searches and comparisons of individual programs selected by the website user. The board shall update the Internet website at least quarterly with the available information.

(5) ACCOUNTABILITY.—

(a)1. An approved program must achieve a graduate passage rate for first-time test takers who take the licensure examination within 6 months after graduation from the program that is not more than 10 percentage points lower than the average passage rate during the same calendar year for graduates of comparable degree programs who are United States educated, first-time test takers on the National Council of State Boards of Nursing Licensing Examination, as calculated by the contract testing service of the National Council of State Boards of Nursing. ~~An approved program shall require a graduate from the program who does not take the licensure examination within 6 months after graduation to enroll in and successfully complete a licensure examination preparatory course pursuant to s. 464.008.~~
S. 464.008(4) would also be recommended to be deleted

For purposes of this subparagraph, an approved program is comparable to all degree programs of the same program type from among the following program types:

- a. Professional nursing education programs that terminate in a bachelor's degree.
- b. Professional nursing education programs that terminate in an associate degree.
- c. Professional nursing education programs that terminate in a diploma.
- d. Practical nursing education programs.

2. Beginning with graduate passage rates for calendar year 2010, if an approved program's graduate passage rates do not equal or exceed the required passage rates for 2 consecutive calendar years, the program shall present a documented plan for remediation which shall include specific benchmarks to identify progress towards a graduate passage rate goal. ~~the board shall place the program on probationary status pursuant to chapter 120 and the program director shall appear before the board to present a the plan.~~ Upon board approval of the remediation plan, the board shall place the program on probationary status

Formatted: Strikethrough

Formatted: Strikethrough

~~pursuant to chapter 120. for remediation, which shall include specific benchmarks to identify progress toward a graduate passage rate goal, and which is subject to board approval.~~ The program must remain on probationary status until it achieves a graduate passage rate that equals or exceeds the required passage rate for any 1 calendar year. The board shall deny a program application for a new prelicensure nursing education program submitted by an educational institution if the institution has an existing program that is already on probationary status.

Formatted: Strikethrough

3. Upon the program's achievement of a graduate passage rate that equals or exceeds the required passage rate, the board, at its next regularly scheduled meeting following release of the program's graduate passage rate by the National Council of State Boards of Nursing, shall remove the program's probationary status. If the program, during the 2 calendar years following its placement on probationary status, does not achieve the required passage rate for any 1 calendar year, the board shall terminate the program pursuant to chapter 120. However, the board may extend the program's probationary status for 1 additional year if the program demonstrates adequate progress toward the graduate passage rate goal by meeting a majority of the benchmarks established in the remediation plan.

(b) If an approved program fails to submit the annual report required in subsection (3), the board shall notify the program director and president or chief executive officer of the educational institution in writing within 15 days after the due date of the annual report. The program director shall appear before the board at the board's next regularly scheduled meeting to explain the reason for the delay. The board shall terminate the program pursuant to chapter 120 if ~~the program director fails to appear and it does not submit the annual report within 6 months after the due date or if the program director fails to appear within 6 months after the due date.~~

Formatted: Strikethrough

Formatted: Strikethrough

Formatted: Strikethrough

(c) An approved program on probationary status shall disclose its probationary status in writing to the program's students and applicants.

(d) If students from a program that is terminated pursuant to this subsection transfer to an approved or an accredited program under the direction of the Commission for Independent Education, the board shall recalculate the passage rates of the programs receiving the transferring students, excluding the test scores of those students transferring more than 12 credits.

(6) DISCLOSURE OF GRADUATE PASSAGE RATE DATA.—

(a) For each graduate of the program included in the calculation of the program's graduate passage rate, the department shall disclose to the program director, upon his or her written request, the name, examination date, and determination of whether each graduate passed or failed the National Council of State Boards of Nursing Licensing Examination, if such information is provided to the department by the contract testing service of the National Council of State Boards of Nursing. The written request must specify the calendar years for which the information is requested.

(b) A program director to whom confidential information exempt from public disclosure pursuant to s. [456.014](#) is disclosed under this subsection must maintain the confidentiality of the information and is subject to the same penalties provided in s. [456.082](#) for department employees who unlawfully disclose confidential information.

(7) PROGRAM CLOSURE.—

(a) An educational institution conducting an approved program or accredited program in this state, at least 30 days before voluntarily closing the program, shall notify the board in writing of the institution's reason for closing the program, the intended closure date, the institution's plan to provide for or assist in the completion of training by the program's students, and the arrangements for storage of the program's permanent records.

(b) An educational institution conducting a nursing education program that is terminated under subsection (5) or closed under subparagraph (9)(b)3.:

1. May not accept or enroll new students.

2. Shall submit to the board for approval within 30 days after the program is terminated or closed a written description of how the institution will assist in completing the training of the program's students and the institution's arrangements for storage of the program's permanent records.

(c) If an educational institution does not comply with paragraph (a) or paragraph (b), the board shall provide a written notice explaining the institution's noncompliance to the following persons and entities:

1. The president or chief executive officer of the educational institution.
2. The Board of Governors, if the program is conducted by a state university.
3. The district school board, if the program is conducted by an educational institution operated by a school district.
4. The Commission for Independent Education, if the program is conducted by an educational institution licensed under chapter 1005.
5. The State Board of Education, if the program is conducted by an educational institution in the Florida College System or by an educational institution that is not subject to subparagraphs 2.-4.

~~(d) A closed or terminated program must wait can not be relicensed until a minimum of 3 years from the date of termination or closing has passed. prior to filing a new application for program approval.~~

Formatted: Strikethrough

Formatted: Strikethrough

(8) RULEMAKING.—The board does not have rulemaking authority to administer this section, except that the board shall adopt rules that prescribe the format for submitting program applications under subsection (1) and annual reports under subsection (3), for the oversight of distance learning nursing programs, and to administer the documentation of the accreditation of nursing education programs under subsection (11). The board may not impose any condition or requirement on an educational institution submitting a program application, an approved program, or an accredited program, except as expressly provided in this section.

(9) APPLICABILITY TO ACCREDITED PROGRAMS.—

(a) Subsections (1)-(3), paragraph (4)(b), and subsection (5) do not apply to an accredited program.

(b) If an accredited program ceases to be accredited, the educational institution conducting the program:

1. Within 10 business days after the program ceases to be accredited, must provide written notice of the date that the program ceased to be accredited to the board, the program's students and applicants, and each entity providing clinical training sites or community-based clinical experience sites for the program. The educational institution must continue to provide the written notice to new students, applicants, and entities providing clinical training sites or community-based clinical experience sites for the program until the program becomes an approved program or is closed under subparagraph 3.
2. Within 30 days after the program ceases to be accredited, must submit an affidavit to the board, signed by the educational institution's president or chief executive officer, which certifies the institution's compliance with subparagraph 1. The board shall notify the persons and applicable entities listed in paragraph (7)(c) if an educational institution does not submit the affidavit required by this subparagraph.
3. May apply to become an approved program under this section. If the educational institution:
 - a. Within 30 days after the program ceases to be accredited, submits a program application and review fee to the department under subsection (1) and the affidavit required under subparagraph 2., the program shall be deemed an approved program from the date that the program ceased to be accredited until the date that the board approves or denies the program application. The program application must be denied by the board pursuant to chapter 120 if it does not contain the affidavit. If the board denies the program application under subsection (2) or if the program application does not contain the affidavit, the

program shall be closed and the educational institution conducting the program must comply with paragraph (7)(b).

b. Does not apply to become an approved program pursuant to sub-subparagraph a., the program shall be deemed an approved program from the date the program ceased to be accredited until the 31st day after that date. On the 31st day after the program ceased to be accredited, the program shall be closed and the educational institution conducting the program must comply with paragraph (7)(b).

(10) IMPLEMENTATION STUDY.—The Florida Center for Nursing and the education policy area of the Office of Program Policy Analysis and Government Accountability shall study the administration of this section and submit reports to the Governor, the President of the Senate, and the Speaker of the House of Representatives annually by January 30, through January 30, 2020. The annual reports shall address the previous academic year; provide data on the measures specified in paragraphs (a) and (b), as such data becomes available; and include an evaluation of such data for purposes of determining whether this section is increasing the availability of nursing education programs and the production of quality nurses. The department and each approved program or accredited program shall comply with requests for data from the Florida Center for Nursing and the education policy area of the Office of Program Policy Analysis and Government Accountability.

(a) The education policy area of the Office of Program Policy Analysis and Government Accountability shall evaluate program-specific data for each approved program and accredited program conducted in the state, including, but not limited to:

1. The number of programs and student slots available.
2. The number of student applications submitted, the number of qualified applicants, and the number of students accepted.
3. The number of program graduates.
4. Program retention rates of students tracked from program entry to graduation.
5. Graduate passage rates on the National Council of State Boards of Nursing Licensing Examination.
6. The number of graduates who become employed as practical or professional nurses in the state.

(b) The Florida Center for Nursing shall evaluate the board's implementation of the:

1. Program application approval process, including, but not limited to, the number of program applications submitted under subsection (1); the number of program applications approved and denied by the board under subsection (2); the number of denials of program applications reviewed under chapter 120; and a description of the outcomes of those reviews.
2. Accountability processes, including, but not limited to, the number of programs on probationary status, the number of approved programs for which the program director is required to appear before the board under subsection (5), the number of approved programs terminated by the board, the number of terminations reviewed under chapter 120, and a description of the outcomes of those reviews.

(c) For any state fiscal year in which the Florida Center for Nursing does not receive legislative appropriations, the education policy area of the Office of Program Policy Analysis and Government Accountability shall perform the duties assigned by this subsection to the Florida Center for Nursing.

(11) ACCREDITATION REQUIRED.—

(a) A nursing education program that prepares students for the practice of professional nursing, that was approved under this section before July 1, 2014, and that enrolled students before July 1, 2014, must become an accredited program by July 1, 2019.

(b) A nursing education program that prepares students for the practice of professional nursing and that was approved under this section before July 1, 2014, but did not enroll students before that date, must become an accredited program within 5 years after the date of enrolling the program's first students.

(c) A nursing education program that prepares students for the practice of professional nursing and that is approved under this section after June 30, 2014, must become an accredited program within 5 years after the date of enrolling the program's first students.

(d) This subsection does not apply to a nursing education program provided by an institution that is exempt from licensure by the Commission for Independent Education under s. [1005.06\(1\)\(e\)](#).

(e) A nursing education program which fails to meet the requirement for accreditation shall be terminated and ineligible for re-approval for a period of 3 years.

History.—ss. 1, 6, ch. 79-225; ss. 2, 3, ch. 81-318; ss. 17, 18, ch. 86-284; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 11, ch. 96-274; s. 84, ch. 97-264; s. 126, ch. 2000-318; s. 7, ch. 2002-230; s. 2, ch. 2009-168; s. 5, ch. 2010-37; s. 98, ch. 2012-184; s. 4, ch. 2014-92.



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

103
104 Be It Enacted by the Legislature of the State of Florida:



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

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

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

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

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

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

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

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

220
 221 Upon resignation or in the case of disability permanently
 222 affecting a pilot's ability to serve, the state license or
 223 certificate issued under this chapter shall be revoked by the
 224 department.

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

227 456.072 Grounds for discipline; penalties; enforcement.—

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

244 456.44 Controlled substance prescribing.—

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

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

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

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

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

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

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

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

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

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

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

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

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

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

391 identification.

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

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

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

417 the patient's medical record.

418

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

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

440 458.3265 Pain-management clinics.—

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

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

453 459.0137 Pain-management clinics.—

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

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

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

467 458.347 Physician assistants.—

468 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

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

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

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

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

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

520 (c) The council shall:



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

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

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

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

549 458.347 Physician assistants.—

550 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

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

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

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

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

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

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

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

624 (a) Satisfactory completion of a formal postbasic



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

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

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

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

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

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

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

683 | 3. Order under the protocol preanesthetic medication.

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

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

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

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

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

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

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

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

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

729 uncomplicated acute illnesses.

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

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

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

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

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

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

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

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

781 amended to read:

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

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

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

805 (b) Initiate appropriate therapies for certain conditions.

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

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

812 464.013 Renewal of license or certificate.—

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

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

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

833 | and may be offered in a distance learning format.

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

837 | 464.018 Disciplinary actions.—

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

840 | (p) For an advanced registered nurse practitioner:

841 | 1. Presigning blank prescription forms.

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

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

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

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

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

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

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

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

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

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

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

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

905 627.42392 Prior authorization.—

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

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

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

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

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

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

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

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

981 948.03 Terms and conditions of probation.—

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

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

999 (1) NOTICE.—

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

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

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

1040 459.025 Formal supervisory relationships, standing orders,



ENROLLED

HB 423, Engrossed 3

2016 Legislature

1041 and established protocols; notice; standards.—

1042 (1) NOTICE.—

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

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

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

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

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

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

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

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



ENROLLED

HB 423, Engrossed 3

2016 Legislature

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

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

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

1106 Section 31. Except as otherwise expressly provided in this
 1107 act, this act shall take effect upon becoming a law.
 1108

64B9-4.010 Standards for Protocols.

(1) An Advanced Registered Nurse Practitioner shall only perform medical acts of diagnosis, treatment, and operation pursuant to a protocol between the ARNP and a Florida-licensed medical doctor, osteopathic physician, or dentist. The degree and method of supervision, determined by the ARNP and the physician or dentist, shall be specifically identified in the written protocol and shall be appropriate for prudent health care providers under similar circumstances. General supervision by the physician or dentist is required unless these rules set a different level of supervision for a particular act. The number of persons to be supervised shall be limited to insure that an acceptable standard of medical care is rendered in consideration of the following factors:

- (a) Risk to patient;
- (b) Educational preparation, specialty, and experience of the parties to the protocol;
- (c) Complexity and risk of the procedures;
- (d) Practice setting; and
- (e) Availability of the physician or dentist.

(2) A written protocol signed by all parties, representing the mutual agreement of the physician or dentist and the ARNP, shall include the following, at a minimum:

(a) General Data.

1. Signatures of individual parties to the protocol;
 - a. Name, address, ARNP certificate number;
 - b. Name, address, license number, and DEA number of the physician or dentist;
2. Nature of practice, practice location, including primary and satellite sites; and
3. Date developed and dates amended with signatures of all parties.

(b) Collaborative Practice Agreement.

1. A description of the duties of the ARNP.
2. A description of the duties of the physician or dentist (which shall include consultant and supervisory arrangements in case the physician or dentist is unavailable).
3. The management areas for which the ARNP is responsible, including
 - a. The conditions for which therapies may be initiated,
 - b. The treatments that may be initiated by the ARNP, depending on patient condition and judgment of the ARNP,
 - c. The drug therapies that the ARNP may prescribe, initiate, monitor, alter, or order.
4. A provision for annual review by the parties.
5. Specific conditions and a procedure for identifying conditions that require direct evaluation or specific consultation by the physician or dentist. The parties to the protocol, to insure an acceptable standard of supervision and medical care, will decide the detail and scope needed in the description of conditions and treatments, and in doing so will consider the factors listed in subparagraphs (1)(a) through (e) above.

(3) The original of the protocol and the original of the notice shall be filed with the Department within 30 days of renewal of the practitioner's license, and a copy of the protocol and a copy of the notice required by Section 458.348(1), F.S., shall be kept at the site of practice of each party to the protocol. Any alterations to the protocol or amendments should be signed by the ARNP and a Florida-licensed medical doctor, osteopathic physician, or dentist and filed with the Department within 30 days of the alteration to be kept in the Department for filing purposes only.

After the termination of the relationship between the ARNP and the supervising professional, each party is responsible for insuring that a copy of the protocol is maintained for future reference for a period of four years.

Rulemaking Authority 458.348(2), 464.006 FS. Law Implemented 458.348(2), 464.012 FS. History—New 4-4-82, Amended 3-13-84, Formerly 210-16.02, Amended 5-25-88, Formerly 210-16.002, 61F7-4.010, 59S-4.010, Amended 11-22-07.



ENROLLED

CS/HB 977, Engrossed 1

2016 Legislature

1
2 An act relating to behavioral health workforce;
3 amending s. 394.453, F.S.; revising legislative
4 intent; amending s. 394.467, F.S.; authorizing a
5 second opinion for admission to a treatment facility
6 to be provided by certain licensed physicians in all
7 counties, rather than counties with a specified
8 population size; revising procedures for recommending
9 admission of a patient to a treatment facility;
10 amending s. 397.451, F.S.; revising provisions
11 relating to personnel background checks and exemptions
12 from disqualification for certain service provider
13 personnel; amending s. 456.44, F.S.; defining the term
14 "registrant"; requiring psychiatric nurses to make
15 certain designations and comply with certain
16 requirements under specified circumstances; amending
17 s. 458.3265, F.S.; restricting to physicians the
18 authorization to dispense certain medications or
19 prescribe certain controlled substances on the
20 premises of a registered pain-management clinic;
21 amending s. 459.0137, F.S.; restricting to osteopathic
22 physicians the authorization to dispense certain
23 medications or prescribe certain controlled substances
24 on the premises of a registered pain-management
25 clinic; amending s. 464.012, F.S.; providing
26 certification criteria for psychiatric nurses;



ENROLLED

CS/HB 977, Engrossed 1

2016 Legislature

27 | authorizing psychiatric nurses to prescribe certain
 28 | psychotropic controlled substances under certain
 29 | circumstances; amending s. 464.018, F.S.; providing
 30 | that certain acts by a psychiatric nurse constitute
 31 | grounds for denial of a license or disciplinary
 32 | action; amending s. 893.02, F.S.; revising the
 33 | definition of the term "practitioner"; providing an
 34 | effective date.

35 |

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

37 |

38 | Section 1. Section 394.453, Florida Statutes, is amended
 39 | to read:

40 | 394.453 Legislative intent.—It is the intent of the
 41 | Legislature to authorize and direct the Department of Children
 42 | and Families to evaluate, research, plan, and recommend to the
 43 | Governor and the Legislature programs designed to reduce the
 44 | occurrence, severity, duration, and disabling aspects of mental,
 45 | emotional, and behavioral disorders. It is the intent of the
 46 | Legislature that treatment programs for such disorders shall
 47 | include, but not be limited to, comprehensive health, social,
 48 | educational, and rehabilitative services to persons requiring
 49 | intensive short-term and continued treatment in order to
 50 | encourage them to assume responsibility for their treatment and
 51 | recovery. It is intended that such persons be provided with
 52 | emergency service and temporary detention for evaluation when



ENROLLED

CS/HB 977, Engrossed 1

2016 Legislature

53 required; that they be admitted to treatment facilities on a
54 voluntary basis when extended or continuing care is needed and
55 unavailable in the community; that involuntary placement be
56 provided only when expert evaluation determines that it is
57 necessary; that any involuntary treatment or examination be
58 accomplished in a setting which is clinically appropriate and
59 most likely to facilitate the person's return to the community
60 as soon as possible; and that individual dignity and human
61 rights be guaranteed to all persons who are admitted to mental
62 health facilities or who are being held under s. 394.463. It is
63 the further intent of the Legislature that the least restrictive
64 means of intervention be employed based on the individual needs
65 of each person, within the scope of available services. It is
66 the policy of this state that the use of restraint and seclusion
67 on clients is justified only as an emergency safety measure to
68 be used in response to imminent danger to the client or others.
69 It is, therefore, the intent of the Legislature to achieve an
70 ongoing reduction in the use of restraint and seclusion in
71 programs and facilities serving persons with mental illness. The
72 Legislature further finds the need for additional psychiatrists
73 to be of critical state concern and recommends the establishment
74 of an additional psychiatry program to be offered by one of
75 Florida's schools of medicine currently not offering psychiatry.
76 The program shall seek to integrate primary care and psychiatry
77 and other evolving models of care for persons with mental health
78 and substance use disorders. Additionally, the Legislature finds



ENROLLED

CS/HB 977, Engrossed 1

2016 Legislature

79 that the use of telemedicine for patient evaluation, case
80 management, and ongoing care will improve management of patient
81 care and reduce costs of transportation.

82 Section 2. Subsection (2) of section 394.467, Florida
83 Statutes, is amended to read:

84 394.467 Involuntary inpatient placement.—

85 (2) ADMISSION TO A TREATMENT FACILITY.—A patient may be
86 retained by a receiving facility or involuntarily placed in a
87 treatment facility upon the recommendation of the administrator
88 of the receiving facility where the patient has been examined
89 and after adherence to the notice and hearing procedures
90 provided in s. 394.4599. The recommendation must be supported by
91 the opinion of a psychiatrist and the second opinion of a
92 clinical psychologist or another psychiatrist, both of whom have
93 personally examined the patient within the preceding 72 hours,
94 that the criteria for involuntary inpatient placement are met.
95 ~~However, in a county that has a population of fewer than 50,000,~~
96 if the administrator certifies that a psychiatrist or clinical
97 psychologist is not available to provide the second opinion, the
98 second opinion may be provided by a licensed physician who has
99 postgraduate training and experience in diagnosis and treatment
100 of mental and nervous disorders or by a psychiatric nurse. Any
101 ~~second~~ opinion authorized in this subsection may be conducted
102 through a face-to-face examination, in person or by electronic
103 means. Such recommendation shall be entered on an involuntary
104 inpatient placement certificate that authorizes the receiving



ENROLLED

CS/HB 977, Engrossed 1

2016 Legislature

105 facility to retain the patient pending transfer to a treatment
106 facility or completion of a hearing.

107 Section 3. Paragraphs (e) and (f) of subsection (1) and
108 paragraph (b) of subsection (4) of section 397.451, Florida
109 Statutes, are amended to read:

110 397.451 Background checks of service provider personnel.—

111 (1) PERSONNEL BACKGROUND CHECKS; REQUIREMENTS AND
112 EXCEPTIONS.—

113 (e) Personnel employed directly or under contract with the
114 Department of Corrections in an inmate substance abuse program
115 ~~who have direct contact with unmarried inmates under the age of~~
116 ~~18 or with inmates who are developmentally disabled~~ are exempt
117 from the fingerprinting and background check requirements of
118 this section unless they have direct contact with unmarried
119 inmates under the age of 18 or with inmates who are
120 developmentally disabled.

121 (f) Service provider personnel who request an exemption
122 from disqualification must submit the request within 30 days
123 after being notified of the disqualification. If 5 years or more
124 have elapsed since the most recent disqualifying offense,
125 service provider personnel may work with adults with substance
126 use disorders under the supervision of a qualified professional
127 licensed under chapter 490 or chapter 491 or a master's level
128 certified addiction professional until the agency makes a final
129 determination regarding the request for an exemption from
130 disqualification ~~Upon notification of the disqualification, the~~



ENROLLED

CS/HB 977, Engrossed 1

2016 Legislature

131 ~~service provider shall comply with requirements regarding~~
132 ~~exclusion from employment in s. 435.06.~~

133 (4) EXEMPTIONS FROM DISQUALIFICATION.—

134 (b) Since rehabilitated substance abuse impaired persons
135 are effective in the successful treatment and rehabilitation of
136 individuals with substance use disorders ~~substance abuse~~
137 ~~impaired adolescents~~, for service providers which treat
138 adolescents 13 years of age and older, service provider
139 personnel whose background checks indicate crimes under s.
140 817.563, s. 893.13, or s. 893.147 may be exempted from
141 disqualification from employment pursuant to this paragraph.

142 Section 4. Paragraph (g) is added to subsection (1) of
143 section 456.44, Florida Statutes, and subsections (2) and (3) of
144 that section are amended, to read:

145 456.44 Controlled substance prescribing.—

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

147 (g) "Registrant" means a physician who meets the
148 requirements of subsection (2).

149 (2) REGISTRATION.—~~Effective January 1, 2012,~~ A physician
150 licensed under chapter 458, chapter 459, chapter 461, or chapter
151 466 who prescribes any controlled substance, listed in Schedule
152 II, Schedule III, or Schedule IV as defined in s. 893.03, for
153 the treatment of chronic nonmalignant pain, must:

154 (a) Designate himself or herself as a controlled substance
155 prescribing practitioner on his or her ~~the physician's~~
156 practitioner profile.



ENROLLED

CS/HB 977, Engrossed 1

2016 Legislature

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

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

163 (a) A complete medical history and a physical examination
164 must be conducted before beginning any treatment and must be
165 documented in the medical record. The exact components of the
166 physical examination shall be left to the judgment of the
167 registrant ~~clinician~~ who is expected to perform a physical
168 examination proportionate to the diagnosis that justifies a
169 treatment. The medical record must, at a minimum, document the
170 nature and intensity of the pain, current and past treatments
171 for pain, underlying or coexisting diseases or conditions, the
172 effect of the pain on physical and psychological function, a
173 review of previous medical records, previous diagnostic studies,
174 and history of alcohol and substance abuse. The medical record
175 shall also document the presence of one or more recognized
176 medical indications for the use of a controlled substance. Each
177 registrant must develop a written plan for assessing each
178 patient's risk of aberrant drug-related behavior, which may
179 include patient drug testing. Registrants must assess each
180 patient's risk for aberrant drug-related behavior and monitor
181 that risk on an ongoing basis in accordance with the plan.

182 (b) Each registrant must develop a written individualized



ENROLLED

CS/HB 977, Engrossed 1

2016 Legislature

183 treatment plan for each patient. The treatment plan shall state
184 objectives that will be used to determine treatment success,
185 such as pain relief and improved physical and psychosocial
186 function, and shall indicate if any further diagnostic
187 evaluations or other treatments are planned. After treatment
188 begins, the registrant ~~physician~~ shall adjust drug therapy to
189 the individual medical needs of each patient. Other treatment
190 modalities, including a rehabilitation program, shall be
191 considered depending on the etiology of the pain and the extent
192 to which the pain is associated with physical and psychosocial
193 impairment. The interdisciplinary nature of the treatment plan
194 shall be documented.

195 (c) The registrant ~~physician~~ shall discuss the risks and
196 benefits of the use of controlled substances, including the
197 risks of abuse and addiction, as well as physical dependence and
198 its consequences, with the patient, persons designated by the
199 patient, or the patient's surrogate or guardian if the patient
200 is incompetent. The registrant ~~physician~~ shall use a written
201 controlled substance agreement between the registrant ~~physician~~
202 and the patient outlining the patient's responsibilities,
203 including, but not limited to:

204 1. Number and frequency of controlled substance
205 prescriptions and refills.

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

208 3. An agreement that controlled substances for the



ENROLLED

CS/HB 977, Engrossed 1

2016 Legislature

209 treatment of chronic nonmalignant pain shall be prescribed by a
210 single treating registrant ~~physician~~ unless otherwise authorized
211 by the treating registrant ~~physician~~ and documented in the
212 medical record.

213 (d) The patient shall be seen by the registrant ~~physician~~
214 at regular intervals, not to exceed 3 months, to assess the
215 efficacy of treatment, ensure that controlled substance therapy
216 remains indicated, evaluate the patient's progress toward
217 treatment objectives, consider adverse drug effects, and review
218 the etiology of the pain. Continuation or modification of
219 therapy shall depend on the registrant's ~~physician's~~ evaluation
220 of the patient's progress. If treatment goals are not being
221 achieved, despite medication adjustments, the registrant
222 ~~physician~~ shall reevaluate the appropriateness of continued
223 treatment. The registrant ~~physician~~ shall monitor patient
224 compliance in medication usage, related treatment plans,
225 controlled substance agreements, and indications of substance
226 abuse or diversion at a minimum of 3-month intervals.

227 (e) The registrant ~~physician~~ shall refer the patient as
228 necessary for additional evaluation and treatment in order to
229 achieve treatment objectives. Special attention shall be given
230 to those patients who are at risk for misusing their medications
231 and those whose living arrangements pose a risk for medication
232 misuse or diversion. The management of pain in patients with a
233 history of substance abuse or with a comorbid psychiatric
234 disorder requires extra care, monitoring, and documentation and



ENROLLED

CS/HB 977, Engrossed 1

2016 Legislature

235 requires consultation with or referral to an addiction medicine
236 specialist or a psychiatrist.

237 (f) A registrant ~~physician registered under this section~~
238 must maintain accurate, current, and complete records that are
239 accessible and readily available for review and comply with the
240 requirements of this section, the applicable practice act, and
241 applicable board rules. The medical records must include, but
242 are not limited to:

- 243 1. The complete medical history and a physical
244 examination, including history of drug abuse or dependence.
- 245 2. Diagnostic, therapeutic, and laboratory results.
- 246 3. Evaluations and consultations.
- 247 4. Treatment objectives.
- 248 5. Discussion of risks and benefits.
- 249 6. Treatments.
- 250 7. Medications, including date, type, dosage, and quantity
251 prescribed.
- 252 8. Instructions and agreements.
- 253 9. Periodic reviews.
- 254 10. Results of any drug testing.
- 255 11. A photocopy of the patient's government-issued photo
256 identification.
- 257 12. If a written prescription for a controlled substance
258 is given to the patient, a duplicate of the prescription.
- 259 13. The registrant's ~~physician's~~ full name presented in a
260 legible manner.



ENROLLED

CS/HB 977, Engrossed 1

2016 Legislature

261 (g) A registrant shall immediately refer patients with
262 signs or symptoms of substance abuse ~~shall be immediately~~
263 ~~referred~~ to a board-certified pain management physician, an
264 addiction medicine specialist, or a mental health addiction
265 facility as it pertains to drug abuse or addiction unless the
266 registrant is a physician who is board-certified or board-
267 eligible in pain management. Throughout the period of time
268 before receiving the consultant's report, a prescribing
269 registrant ~~physician~~ shall clearly and completely document
270 medical justification for continued treatment with controlled
271 substances and those steps taken to ensure medically appropriate
272 use of controlled substances by the patient. Upon receipt of the
273 consultant's written report, the prescribing registrant
274 ~~physician~~ shall incorporate the consultant's recommendations for
275 continuing, modifying, or discontinuing controlled substance
276 therapy. The resulting changes in treatment shall be
277 specifically documented in the patient's medical record.
278 Evidence or behavioral indications of diversion shall be
279 followed by discontinuation of controlled substance therapy, and
280 the patient shall be discharged, and all results of testing and
281 actions taken by the registrant ~~physician~~ shall be documented in
282 the patient's medical record.

283
284 This subsection does not apply to a board-eligible or board-
285 certified anesthesiologist, physiatrist, rheumatologist, or
286 neurologist, or to a board-certified physician who has surgical



ENROLLED

CS/HB 977, Engrossed 1

2016 Legislature

287 | privileges at a hospital or ambulatory surgery center and
 288 | primarily provides surgical services. This subsection does not
 289 | apply to a board-eligible or board-certified medical specialist
 290 | who has also completed a fellowship in pain medicine approved by
 291 | the Accreditation Council for Graduate Medical Education or the
 292 | American Osteopathic Association, or who is board eligible or
 293 | board certified in pain medicine by the American Board of Pain
 294 | Medicine, the American Board of Interventional Pain Physicians,
 295 | the American Association of Physician Specialists, or a board
 296 | approved by the American Board of Medical Specialties or the
 297 | American Osteopathic Association and performs interventional
 298 | pain procedures of the type routinely billed using surgical
 299 | codes. This subsection does not apply to a registrant ~~physician~~
 300 | who prescribes medically necessary controlled substances for a
 301 | patient during an inpatient stay in a hospital licensed under
 302 | chapter 395.

303 | Section 5. Paragraph (b) of subsection (2) of section
 304 | 458.3265, Florida Statutes, is amended to read:

305 | 458.3265 Pain-management clinics.—

306 | (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
 307 | apply to any physician who provides professional services in a
 308 | pain-management clinic that is required to be registered in
 309 | subsection (1).

310 | (b) Only ~~a person may not dispense any medication on the~~
 311 | ~~premises of a registered pain-management clinic unless he or she~~
 312 | ~~is~~ a physician licensed under this chapter or chapter 459 may



ENROLLED

CS/HB 977, Engrossed 1

2016 Legislature

313 dispense medication or prescribe a controlled substance
 314 regulated under chapter 893 on the premises of a registered
 315 pain-management clinic.

316 Section 6. Paragraph (b) of subsection (2) of section
 317 459.0137, Florida Statutes, is amended to read:

318 459.0137 Pain-management clinics.—

319 (2) PHYSICIAN RESPONSIBILITIES.—These responsibilities
 320 apply to any osteopathic physician who provides professional
 321 services in a pain-management clinic that is required to be
 322 registered in subsection (1).

323 (b) Only ~~a person may not dispense any medication on the~~
 324 ~~premises of a registered pain-management clinic unless he or she~~
 325 ~~is~~ a physician licensed under this chapter or chapter 458 may
 326 dispense medication or prescribe a controlled substance
 327 regulated under chapter 893 on the premises of a registered
 328 pain-management clinic.

329 Section 7. Section 464.012, Florida Statutes, is amended
 330 to read:

331 464.012 Certification of advanced registered nurse
 332 practitioners; fees.—

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

338 (a) Satisfactory completion of a formal postbasic



ENROLLED

CS/HB 977, Engrossed 1

2016 Legislature

339 educational program of at least one academic year, the primary
340 purpose of which is to prepare nurses for advanced or
341 specialized practice.

342 (b) Certification by an appropriate specialty board. Such
343 certification shall be required for initial state certification
344 and any recertification as a registered nurse anesthetist,
345 psychiatric nurse, or nurse midwife. The board may by rule
346 provide for provisional state certification of graduate nurse
347 anesthetists, psychiatric nurses, and nurse midwives for a
348 period of time determined to be appropriate for preparing for
349 and passing the national certification examination.

350 (c) Graduation from a program leading to a master's degree
351 in a nursing clinical specialty area with preparation in
352 specialized practitioner skills. For applicants graduating on or
353 after October 1, 1998, graduation from a master's degree program
354 shall be required for initial certification as a nurse
355 practitioner under paragraph (4)(c). For applicants graduating
356 on or after October 1, 2001, graduation from a master's degree
357 program shall be required for initial certification as a
358 registered nurse anesthetist under paragraph (4)(a).

359 (2) The board shall provide by rule the appropriate
360 requirements for advanced registered nurse practitioners in the
361 categories of certified registered nurse anesthetist, certified
362 nurse midwife, and nurse practitioner.

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



ENROLLED

CS/HB 977, Engrossed 1

2016 Legislature

365 framework of an established protocol that is filed with the
366 board upon biennial license renewal and within 30 days after
367 entering into a supervisory relationship with a physician or
368 changes to the protocol. The board shall review the protocol to
369 ensure compliance with applicable regulatory standards for
370 protocols. The board shall refer to the department licensees
371 submitting protocols that are not compliant with the regulatory
372 standards for protocols. A practitioner currently licensed under
373 chapter 458, chapter 459, or chapter 466 shall maintain
374 supervision for directing the specific course of medical
375 treatment. Within the established framework, an advanced
376 registered nurse practitioner may:

- 377 (a) Monitor and alter drug therapies.
378 (b) Initiate appropriate therapies for certain conditions.
379 (c) Perform additional functions as may be determined by
380 rule in accordance with s. 464.003(2).
381 (d) Order diagnostic tests and physical and occupational
382 therapy.

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

- 386 (a) The certified registered nurse anesthetist may, to the
387 extent authorized by established protocol approved by the
388 medical staff of the facility in which the anesthetic service is
389 performed, perform any or all of the following:

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



ENROLLED

CS/HB 977, Engrossed 1

2016 Legislature

391 relates to the risk factors and to the anesthetic management of
392 the patient through the performance of the general functions.

393 2. Based on history, physical assessment, and supplemental
394 laboratory results, determine, with the consent of the
395 responsible physician, the appropriate type of anesthesia within
396 the framework of the protocol.

397 3. Order under the protocol preanesthetic medication.

398 4. Perform under the protocol procedures commonly used to
399 render the patient insensible to pain during the performance of
400 surgical, obstetrical, therapeutic, or diagnostic clinical
401 procedures. These procedures include ordering and administering
402 regional, spinal, and general anesthesia; inhalation agents and
403 techniques; intravenous agents and techniques; and techniques of
404 hypnosis.

405 5. Order or perform monitoring procedures indicated as
406 pertinent to the anesthetic health care management of the
407 patient.

408 6. Support life functions during anesthesia health care,
409 including induction and intubation procedures, the use of
410 appropriate mechanical supportive devices, and the management of
411 fluid, electrolyte, and blood component balances.

412 7. Recognize and take appropriate corrective action for
413 abnormal patient responses to anesthesia, adjunctive medication,
414 or other forms of therapy.

415 8. Recognize and treat a cardiac arrhythmia while the
416 patient is under anesthetic care.



ENROLLED

CS/HB 977, Engrossed 1

2016 Legislature

417 9. Participate in management of the patient while in the
 418 postanesthesia recovery area, including ordering the
 419 administration of fluids and drugs.

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

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

- 428 1. Perform superficial minor surgical procedures.
- 429 2. Manage the patient during labor and delivery to include
 430 amniotomy, episiotomy, and repair.
- 431 3. Order, initiate, and perform appropriate anesthetic
 432 procedures.
- 433 4. Perform postpartum examination.
- 434 5. Order appropriate medications.
- 435 6. Provide family-planning services and well-woman care.
- 436 7. Manage the medical care of the normal obstetrical
 437 patient and the initial care of a newborn patient.

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

- 440 1. Manage selected medical problems.
- 441 2. Order physical and occupational therapy.
- 442 3. Initiate, monitor, or alter therapies for certain



ENROLLED

CS/HB 977, Engrossed 1

2016 Legislature

443 uncomplicated acute illnesses.

444 4. Monitor and manage patients with stable chronic
445 diseases.

446 5. Establish behavioral problems and diagnosis and make
447 treatment recommendations.

448 (5) A psychiatric nurse, as defined in s. 394.455, within
449 the framework of an established protocol with a psychiatrist,
450 may prescribe psychotropic controlled substances for the
451 treatment of mental disorders.

452 (6) The board shall certify, and the department shall
453 issue a certificate to, any nurse meeting the qualifications in
454 this section. The board shall establish an application fee not
455 to exceed \$100 and a biennial renewal fee not to exceed \$50. The
456 board is authorized to adopt such other rules as are necessary
457 to implement the provisions of this section.

458 Section 8. Paragraph (p) is added to subsection (1) of
459 section 464.018, Florida Statutes, and subsection (2) of that
460 section is republished, to read:

461 464.018 Disciplinary actions.—

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

464 (p) For a psychiatric nurse:

465 1. Presigning blank prescription forms.

466 2. Prescribing for office use any medicinal drug appearing
467 in Schedule II of s. 893.03.

468 3. Prescribing, ordering, dispensing, administering,



ENROLLED

CS/HB 977, Engrossed 1

2016 Legislature

469 supplying, selling, or giving a drug that is an amphetamine, a
470 sympathomimetic amine drug, or a compound designated in s.
471 893.03(2) as a Schedule II controlled substance, to or for any
472 person except for:

473 a. The treatment of narcolepsy; hyperkinesis; behavioral
474 syndrome in children characterized by the developmentally
475 inappropriate symptoms of moderate to severe distractibility,
476 short attention span, hyperactivity, emotional lability, and
477 impulsivity; or drug-induced brain dysfunction.

478 b. The differential diagnostic psychiatric evaluation of
479 depression or the treatment of depression shown to be refractory
480 to other therapeutic modalities.

481 c. The clinical investigation of the effects of such drugs
482 or compounds when an investigative protocol is submitted to,
483 reviewed by, and approved by the department before such
484 investigation is begun.

485 4. Prescribing, ordering, dispensing, administering,
486 supplying, selling, or giving growth hormones, testosterone or
487 its analogs, human chorionic gonadotropin (HCG), or other
488 hormones for the purpose of muscle building or to enhance
489 athletic performance. As used in this subparagraph, the term
490 "muscle building" does not include the treatment of injured
491 muscle. A prescription written for the drug products identified
492 in this subparagraph may be dispensed by a pharmacist with the
493 presumption that the prescription is for legitimate medical use.

494 5. Promoting or advertising on any prescription form a



ENROLLED

CS/HB 977, Engrossed 1

2016 Legislature

495 community pharmacy unless the form also states: "This
496 prescription may be filled at any pharmacy of your choice."

497 6. Prescribing, dispensing, administering, mixing, or
498 otherwise preparing a legend drug, including a controlled
499 substance, other than in the course of his or her professional
500 practice. For the purposes of this subparagraph, it is legally
501 presumed that prescribing, dispensing, administering, mixing, or
502 otherwise preparing legend drugs, including all controlled
503 substances, inappropriately or in excessive or inappropriate
504 quantities is not in the best interest of the patient and is not
505 in the course of the advanced registered nurse practitioner's
506 professional practice, without regard to his or her intent.

507 7. Prescribing, dispensing, or administering a medicinal
508 drug appearing on any schedule set forth in chapter 893 to
509 himself or herself, except a drug prescribed, dispensed, or
510 administered to the psychiatric nurse by another practitioner
511 authorized to prescribe, dispense, or administer medicinal
512 drugs.

513 8. Prescribing, ordering, dispensing, administering,
514 supplying, selling, or giving amygdalin (laetrile) to any
515 person.

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

519 10. Promoting or advertising through any communication
520 medium the use, sale, or dispensing of a substance designated in



ENROLLED

CS/HB 977, Engrossed 1

2016 Legislature

521 s. 893.03 as a controlled substance.

522 (2) The board may enter an order denying licensure or
523 imposing any of the penalties in s. 456.072(2) against any
524 applicant for licensure or licensee who is found guilty of
525 violating any provision of subsection (1) of this section or who
526 is found guilty of violating any provision of s. 456.072(1).

527 Section 9. Subsection (21) of section 893.02, Florida
528 Statutes, is amended to read:

529 893.02 Definitions.—The following words and phrases as
530 used in this chapter shall have the following meanings, unless
531 the context otherwise requires:

532 (21) "Practitioner" means a physician licensed pursuant to
533 chapter 458, a dentist licensed pursuant to chapter 466, a
534 veterinarian licensed pursuant to chapter 474, an osteopathic
535 physician licensed pursuant to chapter 459, a naturopath
536 licensed pursuant to chapter 462, a certified optometrist
537 licensed pursuant to chapter 463, a psychiatric nurse as defined
538 in s. 394.455, or a podiatric physician licensed pursuant to
539 chapter 461, provided such practitioner holds a valid federal
540 controlled substance registry number.

541 Section 10. This act shall take effect upon becoming a
542 law.

64B9-4.002 Requirements for Certification.

(1) In accordance with the provisions of Section 464.012, F.S., any person who wishes to be certified as an Advanced Registered Nurse Practitioner shall submit a completed Application for Dual Registered Nurse (RN) and Advanced Registered Nurse Practitioner, form number DH-MQA 1124, 10/13, hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-03638>. The form is available from the Board office or on the Board's website: www.FloridasNursing.gov.

(2) Applicant shall submit proof of national advanced practice certification from an approved nursing specialty board. After July 1, 2006, applications for certification as an Advanced Registered Nurse Practitioner pursuant to Section 464.012(3), F.S., shall submit proof of current national advanced practice certification from an approved nursing specialty board.

(3) Professional or national nursing specialty boards recognized by the Board include, but are not limited to:

- (a) Council on Certification of Nurse Anesthetists, or Council on Recertification of Nurse Anesthetists, or their predecessors.
- (b) American College of Nurse Midwives.
- (c) American Nurses Association (American Nurses Credentialing Center) Nurse Practitioner level examinations only.
- (d) National Certification Corporation for OB/GYN, Neonatal Nursing Specialties (nurse practitioner level examination only).
- (e) National Board of Pediatric Nurse Practitioners and Associates (Pediatric Nurse Associate/Practitioner level examinations only).
- (f) National Board for Certification of Hospice and Palliative Nurses;
- (g) American Academy of Nurse Practitioners (nurse practitioner level examination only).
- (h) Oncology Nursing Certification Corporation.
- (i) American Association of Critical-Care Nurses (AACN Certification Corporation) Adult Acute Care Nurse Practitioner Certification (ACNPC).

(4) Nursing specialty boards shall meet the following standards:

- (a) Attest to the competency of nurses in a clinical specialty area;
- (b) Require a written examination prior to certification;
- (c) Require (and required at the time of original certification) completion of a formal program prior to eligibility of examination;
- (d) Maintain a program accreditation or review mechanism that adheres to criteria which are substantially equivalent to requirements in Florida;
- (e) Identify standards or scope of practice statements as appropriate for the specialty.

(5) Pursuant to Section 456.048, F.S., all ARNP's shall carry malpractice insurance or demonstrate proof of financial responsibility. Any applicant for certification shall submit proof of compliance with Section 456.048, F.S. or exemption to the Board office within sixty days of certification or be in violation of this rule. All certificateholders shall submit such proof as a condition of biennial renewal or reactivation. Acceptable coverage shall include:

(a) Professional liability coverage of at least \$100,000 per claim with a minimum annual aggregate of at least \$300,000 from an authorized insurer under Section 624.09, F.S., a surplus lines insurer under Section 626.914(2), F.S., a joint underwriting association under Section 627.351(4), F.S., a self-insurance plan under Section 627.357, F.S., or a risk retention group under Section 627.942(9), F.S.; or

(b) An unexpired irrevocable letter of credit as defined by Chapter 675, F.S., which is in the amount of at least \$100,000 per claim with a minimum aggregate availability of at least \$300,000 and which is payable to the ARNP as beneficiary.

(c) Any person claiming exemption from the financial responsibility law pursuant to Section 456.048(2), F.S., must timely document such exemption at initial certification, biennial renewal, and reactivation.

Rulemaking Authority 456.048, 464.006, 464.012 FS. Law Implemented 456.048, 456.072(1)(f), 464.012, 464.018(1)(b), 456.0135, 456.0635 FS. History—New 8-31-80, Amended 3-16-81, 10-6-82, 6-18-85, Formerly 210-11.23, Amended 3-19-87, 4-6-92, Formerly 210-11.023, Amended 3-7-94, 7-4-94, Formerly 61F7-4.002, Amended 5-1-95, 5-29-96, Formerly 59S-4.002, Amended 2-18-98, 11-12-98, 4-5-00, 3-23-06, 6-4-09, 12-6-10, 1-3-12, 10-22-12, 1-20-14.



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

1
2 An act relating to the Nurse Licensure Compact;
3 amending s. 456.073, F.S.; requiring the Department of
4 Health to report certain investigative information to
5 the coordinated licensure information system; amending
6 s. 456.076, F.S.; requiring an impaired practitioner
7 consultant to disclose certain information to the
8 department; requiring a nurse holding a multistate
9 license to report participation in a treatment program
10 to the department; amending s. 464.003, F.S.; revising
11 definitions, to conform; amending s. 464.004, F.S.;
12 requiring the executive director of the Board of
13 Nursing or his or her designee to serve as state
14 administrator of the Nurse Licensure Compact; amending
15 s. 464.008, F.S.; providing eligibility criteria for a
16 multistate license; requiring that multistate licenses
17 be distinguished from single-state licenses; exempting
18 certain persons from licensed practical nurse and
19 registered nurse licensure requirements; amending s.
20 464.009, F.S.; exempting certain persons from
21 requirements for licensure by endorsement; creating s.
22 464.0095, F.S.; creating the Nurse Licensure Compact;
23 providing findings and purpose; providing definitions;
24 providing for the recognition of nursing licenses in
25 party states; requiring party states to perform
26 criminal history checks of licensure applicants;

Page 1 of 47

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

hb1061-02-er



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

27 providing requirements for obtaining and retaining a
28 multistate license; authorizing party states to take
29 adverse action against a nurse's multistate licensure
30 privilege; requiring notification to the home
31 licensing state of an adverse action against a
32 licensee; requiring nurses practicing in party states
33 to comply with state practice laws; providing
34 limitations for licensees not residing in a party
35 state; providing the effect of the act on a current
36 licensee; providing application requirements for a
37 multistate license; providing licensure requirements
38 when a licensee moves between party states or to a
39 nonparty state; providing certain authority to state
40 licensing boards of party states; requiring
41 deactivation of a nurse's multistate licensure
42 privilege under certain circumstances; authorizing
43 participation in an alternative program in lieu of
44 adverse action against a license; requiring all party
45 states to participate in a coordinated licensure
46 information; providing for the development of the
47 system, reporting procedures, and the exchange of
48 certain information between party states; establishing
49 the Interstate Commission of Nurse Licensure Compact
50 Administrators; providing for the jurisdiction and
51 venue for court proceedings; providing membership and
52 duties; authorizing the commission to adopt rules;

Page 2 of 47

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

hb1061-02-er



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

53 providing rulemaking procedures; providing for state
54 enforcement of the compact; providing for the
55 termination of compact membership; providing
56 procedures for the resolution of certain disputes;
57 providing an effective date of the compact; providing
58 a procedure for membership termination; providing
59 compact amendment procedures; authorizing nonparty
60 states to participate in commission activities before
61 adoption of the compact; providing construction and
62 severability; amending s. 464.012, F.S.; authorizing a
63 multistate licensee under the compact to be certified
64 as an advanced registered nurse practitioner if
65 certain eligibility criteria are met; amending s.
66 464.015, F.S.; authorizing registered nurses and
67 licensed practical nurses holding a multistate license
68 under the compact to use certain titles and
69 abbreviations; amending s. 464.018, F.S.; revising the
70 grounds for denial of a nursing license or
71 disciplinary action against a nursing licensee;
72 authorizing certain disciplinary action under the
73 compact for certain prohibited acts; amending s.
74 464.0195, F.S.; revising the information required to
75 be included in the database on nursing supply and
76 demand; requiring the Florida Center for Nursing to
77 analyze and make future projections of the supply and
78 demand for nurses; authorizing the center to request,



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

79 | and requiring the Board of Nursing to provide, certain
80 | information about licensed nurses; amending s. 768.28,
81 | F.S.; designating the state administrator of the Nurse
82 | Licensure Compact and other members or employees of
83 | the commission as state agents for the purpose of
84 | applying sovereign immunity and waivers of sovereign
85 | immunity; requiring the commission to pay certain
86 | judgments or claims; providing an effective date.

87 |
88 | Be It Enacted by the Legislature of the State of Florida:

89 |
90 | Section 1. Subsection (10) of section 456.073, Florida
91 | Statutes, is amended to read:

92 | 456.073 Disciplinary proceedings.—Disciplinary proceedings
93 | for each board shall be within the jurisdiction of the
94 | department.

95 | (10) The complaint and all information obtained pursuant
96 | to the investigation by the department are confidential and
97 | exempt from s. 119.07(1) until 10 days after probable cause has
98 | been found to exist by the probable cause panel or by the
99 | department, or until the regulated professional or subject of
100 | the investigation waives his or her privilege of
101 | confidentiality, whichever occurs first. The department shall
102 | report any significant investigation information relating to a
103 | nurse holding a multistate license to the coordinated licensure
104 | information system pursuant to s. 464.0095. Upon completion of



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

105 | the investigation and a recommendation by the department to find
106 | probable cause, and pursuant to a written request by the subject
107 | or the subject's attorney, the department shall provide the
108 | subject an opportunity to inspect the investigative file or, at
109 | the subject's expense, forward to the subject a copy of the
110 | investigative file. Notwithstanding s. 456.057, the subject may
111 | inspect or receive a copy of any expert witness report or
112 | patient record connected with the investigation if the subject
113 | agrees in writing to maintain the confidentiality of any
114 | information received under this subsection until 10 days after
115 | probable cause is found and to maintain the confidentiality of
116 | patient records pursuant to s. 456.057. The subject may file a
117 | written response to the information contained in the
118 | investigative file. Such response must be filed within 20 days
119 | of mailing by the department, unless an extension of time has
120 | been granted by the department. This subsection does not
121 | prohibit the department from providing such information to any
122 | law enforcement agency or to any other regulatory agency.

123 | Section 2. Subsection (9) of section 456.076, Florida
124 | Statutes, is amended to read:

125 | 456.076 Treatment programs for impaired practitioners.—

126 | (9) An impaired practitioner consultant is the official
127 | custodian of records relating to the referral of an impaired
128 | licensee or applicant to that consultant and any other
129 | interaction between the licensee or applicant and the
130 | consultant. The consultant may disclose to the impaired licensee



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

131 or applicant or his or her designee any information that is
132 disclosed to or obtained by the consultant or that is
133 confidential under paragraph (6) (a), but only to the extent that
134 it is necessary to do so to carry out the consultant's duties
135 under this section. The department, and any other entity that
136 enters into a contract with the consultant to receive the
137 services of the consultant, has direct administrative control
138 over the consultant to the extent necessary to receive
139 disclosures from the consultant as allowed by federal law. The
140 consultant must disclose to the department, upon the
141 department's request, whether an applicant for a multistate
142 license under s. 464.0095 is participating in a treatment
143 program and must report to the department when a nurse holding a
144 multistate license under s. 464.0095 enters a treatment program.
145 A nurse holding a multistate license pursuant to s. 464.0095
146 must report to the department within 2 business days after
147 entering a treatment program pursuant to this section. If a
148 disciplinary proceeding is pending, an impaired licensee may
149 obtain such information from the department under s. 456.073.

150 Section 3. Subsections (16) and (22) of section 464.003,
151 Florida Statutes, are amended to read:

152 464.003 Definitions.—As used in this part, the term:

153 (16) "Licensed practical nurse" means any person licensed
154 in this state or holding an active multistate license under s.
155 464.0095 to practice practical nursing.

156 (22) "Registered nurse" means any person licensed in this



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

157 | state or holding an active multistate license under s. 464.0095
158 | to practice professional nursing.

159 | Section 4. Subsection (5) is added to section 464.004,
160 | Florida Statutes, to read:

161 | 464.004 Board of Nursing; membership; appointment; terms.—

162 | (5) The executive director of the board appointed pursuant
163 | to s. 456.004(2) or his or her designee shall serve as the state
164 | administrator of the Nurse Licensure Compact as required under
165 | s. 464.0095.

166 | Section 5. Subsection (2) of section 464.008, Florida
167 | Statutes, is amended, and subsection (5) is added to that
168 | section, to read:

169 | 464.008 Licensure by examination.—

170 | (2)(a) Each applicant who passes the examination and
171 | provides proof of meeting the educational requirements specified
172 | in subsection (1) shall, unless denied pursuant to s. 464.018,
173 | be entitled to licensure as a registered professional nurse or a
174 | licensed practical nurse, whichever is applicable.

175 | (b) An applicant who resides in this state, meets the
176 | licensure requirements of this section, and meets the criteria
177 | for multistate licensure under s. 464.0095 may request the
178 | issuance of a multistate license from the department.

179 | (c) A nurse who holds a single-state license in this state
180 | and applies to the department for a multistate license must meet
181 | the eligibility criteria for a multistate license under s.
182 | 464.0095 and must pay an application and licensure fee to change



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

209 to the public.

210 (c) The expanded mobility of nurses and the use of
211 advanced communication technologies as part of the nation's
212 health care delivery system require greater coordination and
213 cooperation among states in the areas of nurse licensure and
214 regulation.

215 (d) New practice modalities and technology make compliance
216 with individual state nurse licensure laws difficult and
217 complex.

218 (e) The current system of duplicative licensure for nurses
219 practicing in multiple states is cumbersome and redundant for
220 both nurses and states.

221 (f) Uniformity of nurse licensure requirements throughout
222 the states promotes public safety and public health benefits.

223 (2) The general purposes of this compact are to:

224 (a) Facilitate the states' responsibility to protect the
225 public's health and safety.

226 (b) Ensure and encourage the cooperation of party states
227 in the areas of nurse licensure and regulation.

228 (c) Facilitate the exchange of information among party
229 states in the areas of nurse regulation, investigation, and
230 adverse actions.

231 (d) Promote compliance with the laws governing the
232 practice of nursing in each jurisdiction.

233 (e) Invest all party states with the authority to hold a
234 nurse accountable for meeting all state practice laws in the



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

235 state in which the patient is located at the time care is
 236 rendered through the mutual recognition of party state licenses.

237 (f) Decrease redundancies in the consideration and
 238 issuance of nurse licenses.

239 (g) Provide opportunities for interstate practice by
 240 nurses who meet uniform licensure requirements.

241 ARTICLE II

242 DEFINITIONS

243 As used in this compact, the term:

244 (1) "Adverse action" means any administrative, civil,
 245 equitable, or criminal action permitted by a state's laws which
 246 is imposed by a licensing board or other authority against a
 247 nurse, including actions against an individual's license or
 248 multistate licensure privilege, such as revocation, suspension,
 249 probation, monitoring of the licensee, limitation on the
 250 licensee's practice, or any other encumbrance on licensure
 251 affecting a nurse's authorization to practice, including
 252 issuance of a cease and desist action.

253 (2) "Alternative program" means a nondisciplinary
 254 monitoring program approved by a licensing board.

255 (3) "Commission" means the Interstate Commission of Nurse
 256 Licensure Compact Administrators established by this compact.

257 (4) "Compact" means the Nurse Licensure Compact
 258 recognized, established, and entered into by the state under
 259 this compact.

260 (5) "Coordinated licensure information system" means an



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

261 integrated process for collecting, storing, and sharing
262 information on nurse licensure and enforcement activities
263 related to nurse licensure laws which is administered by a
264 nonprofit organization composed of and controlled by licensing
265 boards.

266 (6) "Current significant investigative information" means:

267 (a) Investigative information that a licensing board,
268 after a preliminary inquiry that includes notification and an
269 opportunity for the nurse to respond, if required by state law,
270 has reason to believe is not groundless and, if proved true,
271 would indicate more than a minor infraction; or

272 (b) Investigative information that indicates that the
273 nurse represents an immediate threat to public health and safety
274 regardless of whether the nurse has been notified and had an
275 opportunity to respond.

276 (7) "Encumbrance" means a revocation or suspension of, or
277 any limitation on, the full and unrestricted practice of nursing
278 imposed by a licensing board.

279 (8) "Home state" means the party state that is the nurse's
280 primary state of residence.

281 (9) "Licensing board" means a party state's regulatory
282 body responsible for issuing nurse licenses.

283 (10) "Multistate license" means a license to practice as a
284 registered nurse (RN) or a licensed practical/vocational nurse
285 (LPN/VN) issued by a home state licensing board which authorizes
286 the licensed nurse to practice in all party states under a



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

287 multistate licensure privilege.

288 (11) "Multistate licensure privilege" means a legal
 289 authorization associated with a multistate license permitting
 290 the practice of nursing as either an RN or an LPN/VN in a remote
 291 state.

292 (12) "Nurse" means an RN or LPN/VN, as those terms are
 293 defined by each party state's practice laws.

294 (13) "Party state" means any state that has adopted this
 295 compact.

296 (14) "Remote state" means a party state other than the
 297 home state.

298 (15) "Single-state license" means a nurse license issued
 299 by a party state which authorizes practice only within the
 300 issuing state and does not include a multistate licensure
 301 privilege to practice in any other party state.

302 (16) "State" means a state, territory, or possession of
 303 the United States, or the District of Columbia.

304 (17) "State practice laws" means a party state's laws,
 305 rules, and regulations that govern the practice of nursing,
 306 define the scope of nursing practice, and create the methods and
 307 grounds for imposing discipline. The term "state practice laws"
 308 does not include requirements necessary to obtain and retain a
 309 license, except for qualifications or requirements of the home
 310 state.

311 ARTICLE III

312 GENERAL PROVISIONS AND JURISDICTION



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

313 (1) A multistate license to practice registered or
314 licensed practical/vocational nursing issued by a home state to
315 a resident in that state shall be recognized by each party state
316 as authorizing a nurse to practice as an RN or as an LPN/VN
317 under a multistate licensure privilege in each party state.

318 (2) Each party state must implement procedures for
319 considering the criminal history records of applicants for
320 initial multistate licensure or licensure by endorsement. Such
321 procedures shall include the submission of fingerprints or other
322 biometric-based information by applicants for the purpose of
323 obtaining an applicant's criminal history record information
324 from the Federal Bureau of Investigation and the agency
325 responsible for retaining that state's criminal records.

326 (3) In order for an applicant to obtain or retain a
327 multistate license in the home state, each party state shall
328 require that the applicant fulfills the following criteria:

329 (a) Meets the home state's qualifications for licensure or
330 renewal of licensure, as well as all other applicable state
331 laws.

332 (b)1. Has graduated or is eligible to graduate from a
333 licensing board-approved RN or LPN/VN prelicensure education
334 program; or

335 2. Has graduated from a foreign RN or LPN/VN prelicensure
336 education program that has been approved by the authorized
337 accrediting body in the applicable country and has been verified
338 by a licensing board-approved independent credentials review



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

339 agency to be comparable to a licensing board-approved
340 prelicensure education program.

341 (c) If the applicant is a graduate of a foreign
342 prelicensure education program not taught in English, or if
343 English is not the applicant's native language, has successfully
344 passed a licensing board-approved English proficiency
345 examination that includes the components of reading, speaking,
346 writing, and listening.

347 (d) Has successfully passed an NCLEX-RN or NCLEX-PN
348 Examination or recognized predecessor, as applicable.

349 (e) Is eligible for or holds an active, unencumbered
350 license.

351 (f) Has submitted, in connection with an application for
352 initial licensure or licensure by endorsement, fingerprints or
353 other biometric data for the purpose of obtaining criminal
354 history record information from the Federal Bureau of
355 Investigation and the agency responsible for retaining that
356 state's criminal records.

357 (g) Has not been convicted or found guilty, or has entered
358 into an agreed disposition other than a disposition that results
359 in nolle prosequi, of a felony offense under applicable state or
360 federal criminal law.

361 (h) Has not been convicted or found guilty, or has entered
362 into an agreed disposition other than a disposition that results
363 in nolle prosequi, of a misdemeanor offense related to the
364 practice of nursing as determined on a case-by-case basis.



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

- 365 (i) Is not currently enrolled in an alternative program.
- 366 (j) Is subject to self-disclosure requirements regarding
 367 current participation in an alternative program.
- 368 (k) Has a valid United States social security number.
- 369 (4) All party states may, in accordance with existing
 370 state due process law, take adverse action against a nurse's
 371 multistate licensure privilege, such as revocation, suspension,
 372 probation, or any other action that affects the nurse's
 373 authorization to practice under a multistate licensure
 374 privilege, including cease and desist actions. If a party state
 375 takes such action, it shall promptly notify the administrator of
 376 the coordinated licensure information system. The administrator
 377 of the coordinated licensure information system shall promptly
 378 notify the home state of any such actions by remote states.
- 379 (5) A nurse practicing in a party state must comply with
 380 the state practice laws of the state in which the patient is
 381 located at the time service is provided. The practice of nursing
 382 is not limited to patient care but shall include all nursing
 383 practice as defined by the state practice laws of the party
 384 state in which the patient is located. The practice of nursing
 385 in a party state under a multistate licensure privilege subjects
 386 a nurse to the jurisdiction of the licensing board, the courts,
 387 and the laws of the party state in which the patient is located
 388 at the time service is provided.
- 389 (6) A person not residing in a party state shall continue
 390 to be able to apply for a party state's single-state license as



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

391 provided under the laws of each party state. The single-state
392 license granted to such a person does not grant the privilege to
393 practice nursing in any other party state. This compact does not
394 affect the requirements established by a party state for the
395 issuance of a single-state license.

396 (7) A nurse holding a home state multistate license, on
397 the effective date of this compact, may retain and renew the
398 multistate license issued by the nurse's then-current home
399 state, provided that:

400 (a) A nurse who changes his or her primary state of
401 residence after the effective date must meet all applicable
402 requirements under subsection (3) to obtain a multistate license
403 from a new home state.

404 (b) A nurse who fails to satisfy the multistate licensure
405 requirements under subsection (3) due to a disqualifying event
406 occurring after the effective date is ineligible to retain or
407 renew a multistate license, and the nurse's multistate license
408 shall be revoked or deactivated in accordance with applicable
409 rules adopted by the commission.

410 ARTICLE IV

411 APPLICATIONS FOR LICENSURE IN A PARTY STATE

412 (1) Upon application for a multistate license, the
413 licensing board in the issuing party state shall ascertain,
414 through the coordinated licensure information system, whether
415 the applicant has ever held, or is the holder of, a license
416 issued by any other state, whether there are any encumbrances on



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

417 any license or multistate licensure privilege held by the
418 applicant, whether any adverse action has been taken against any
419 license or multistate licensure privilege held by the applicant,
420 and whether the applicant is currently participating in an
421 alternative program.

422 (2) A nurse may hold a multistate license, issued by the
423 home state, in only one party state at a time.

424 (3) If a nurse changes his or her primary state of
425 residence by moving from one party state to another party state,
426 the nurse must apply for licensure in the new home state, and
427 the multistate license issued by the prior home state shall be
428 deactivated in accordance with applicable rules adopted by the
429 commission.

430 (a) The nurse may apply for licensure in advance of a
431 change in his or her primary state of residence.

432 (b) A multistate license may not be issued by the new home
433 state until the nurse provides satisfactory evidence of a change
434 in his or her primary state of residence to the new home state
435 and satisfies all applicable requirements to obtain a multistate
436 license from the new home state.

437 (4) If a nurse changes his or her primary state of
438 residence by moving from a party state to a nonparty state, the
439 multistate license issued by the prior home state shall convert
440 to a single-state license valid only in the former home state.

441 ARTICLE V

442 ADDITIONAL AUTHORITY VESTED IN PARTY STATE LICENSING BOARDS



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

443 (1) In addition to the other powers conferred by state
444 law, a licensing board or state agency may:

445 (a) Take adverse action against a nurse's multistate
446 licensure privilege to practice within that party state.

447 1. Only the home state has the power to take adverse
448 action against a nurse's license issued by the home state.

449 2. For purposes of taking adverse action, the home state
450 licensing board or state agency shall give the same priority and
451 effect to conduct reported by a remote state as it would if such
452 conduct had occurred within the home state. In so doing, the
453 home state shall apply its own state laws to determine
454 appropriate action.

455 (b) Issue cease and desist orders or impose an encumbrance
456 on a nurse's authority to practice within that party state.

457 (c) Complete any pending investigation of a nurse who
458 changes his or her primary state of residence during the course
459 of such investigation. The licensing board or state agency may
460 also take appropriate action and shall promptly report the
461 conclusions of such investigation to the administrator of the
462 coordinated licensure information system. The administrator of
463 the coordinated licensure information system shall promptly
464 notify the new home state of any such action.

465 (d) Issue subpoenas for both hearings and investigations
466 that require the attendance and testimony of witnesses or the
467 production of evidence. Subpoenas issued by a licensing board or
468 state agency in a party state for the attendance and testimony



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

469 of witnesses or the production of evidence from another party
470 state shall be enforced in the latter state by any court of
471 competent jurisdiction according to the practice and procedure
472 of that court applicable to subpoenas issued in proceedings
473 pending before it. The issuing authority shall pay any witness
474 fees, travel expenses, and mileage and other fees required by
475 the service statutes of the state in which the witnesses or
476 evidence is located.

477 (e) Obtain and submit, for each nurse licensure applicant,
478 fingerprint or other biometric-based information to the Federal
479 Bureau of Investigation for criminal background checks, receive
480 the results of the Federal Bureau of Investigation record search
481 on criminal background checks, and use the results in making
482 licensure decisions.

483 (f) If otherwise permitted by state law, recover from the
484 affected nurse the costs of investigations and disposition of
485 cases resulting from any adverse action taken against that
486 nurse.

487 (g) Take adverse action based on the factual findings of
488 the remote state, provided that the licensing board or state
489 agency follows its own procedures for taking such adverse
490 action.

491 (2) If adverse action is taken by the home state against a
492 nurse's multistate license, the nurse's multistate licensure
493 privilege to practice in all other party states shall be
494 deactivated until all encumbrances are removed from the



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

495 multistate license. All home state disciplinary orders that
 496 impose adverse action against a nurse's multistate license shall
 497 include a statement that the nurse's multistate licensure
 498 privilege is deactivated in all party states during the pendency
 499 of the order.

500 (3) This compact does not override a party state's
 501 decision that participation in an alternative program may be
 502 used in lieu of adverse action. The home state licensing board
 503 shall deactivate the multistate licensure privilege under the
 504 multistate license of any nurse for the duration of the nurse's
 505 participation in an alternative program.

506 ARTICLE VI

507 COORDINATED LICENSURE INFORMATION SYSTEM AND EXCHANGE
 508 INFORMATION

509 (1) All party states shall participate in a coordinated
 510 licensure information system relating to all licensed RNs and
 511 LPNs/VNs. This system shall include information on the licensure
 512 and disciplinary history of each nurse, as submitted by party
 513 states, to assist in the coordination of nurse licensure and
 514 enforcement efforts.

515 (2) The commission, in consultation with the administrator
 516 of the coordinated licensure information system, shall formulate
 517 necessary and proper procedures for the identification,
 518 collection, and exchange of information under this compact.

519 (3) All licensing boards shall promptly report to the
 520 coordinated licensure information system any adverse action, any



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

521 current significant investigative information, denials of
522 applications, the reasons for application denials, and nurse
523 participation in alternative programs known to the licensing
524 board regardless of whether such participation is deemed
525 nonpublic or confidential under state law.

526 (4) Current significant investigative information and
527 participation in nonpublic or confidential alternative programs
528 shall be transmitted through the coordinated licensure
529 information system only to party state licensing boards.

530 (5) Notwithstanding any other provision of law, all party
531 state licensing boards contributing information to the
532 coordinated licensure information system may designate
533 information that may not be shared with nonparty states or
534 disclosed to other entities or individuals without the express
535 permission of the contributing state.

536 (6) Any personal identifying information obtained from the
537 coordinated licensure information system by a party state
538 licensing board may not be shared with nonparty states or
539 disclosed to other entities or individuals except to the extent
540 permitted by the laws of the party state contributing the
541 information.

542 (7) Any information contributed to the coordinated
543 licensure information system which is subsequently required to
544 be expunged by the laws of the party state contributing that
545 information shall also be expunged from the coordinated
546 licensure information system.



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

547 (8) The compact administrator of each party state shall
548 furnish a uniform data set to the compact administrator of each
549 other party state, which shall include, at a minimum:

550 (a) Identifying information.

551 (b) Licensure data.

552 (c) Information related to alternative program
553 participation.

554 (d) Other information that may facilitate the
555 administration of this compact, as determined by commission
556 rules.

557 (9) The compact administrator of a party state shall
558 provide all investigative documents and information requested by
559 another party state.

560 ARTICLE VII

561 ESTABLISHMENT OF THE INTERSTATE COMMISSION OF NURSE LICENSURE

562 COMPACT ADMINISTRATORS

563 (1) The party states hereby create and establish a joint
564 public entity known as the Interstate Commission of Nurse
565 Licensure Compact Administrators.

566 (a) The commission is an instrumentality of the party
567 states.

568 (b) Venue is proper, and judicial proceedings by or
569 against the commission shall be brought solely and exclusively,
570 in a court of competent jurisdiction where the commission's
571 principal office is located. The commission may waive venue and
572 jurisdictional defenses to the extent it adopts or consents to



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

573 participate in alternative dispute resolution proceedings.

574 (c) This compact does not waive sovereign immunity except
575 to the extent sovereign immunity is waived in the party states.

576 (2) (a) Each party state shall have and be limited to one
577 administrator. The executive director of the state licensing
578 board or his or her designee shall be the administrator of this
579 compact for each party state. Any administrator may be removed
580 or suspended from office as provided by the law of the state
581 from which the administrator is appointed. Any vacancy occurring
582 on the commission shall be filled in accordance with the laws of
583 the party state in which the vacancy exists.

584 (b) Each administrator is entitled to one vote with regard
585 to the adoption of rules and the creation of bylaws and shall
586 otherwise have an opportunity to participate in the business and
587 affairs of the commission. An administrator shall vote in person
588 or by such other means as provided in the bylaws. The bylaws may
589 provide for an administrator's participation in meetings by
590 telephone or other means of communication.

591 (c) The commission shall meet at least once during each
592 calendar year. Additional meetings shall be held as set forth in
593 the commission's bylaws or rules.

594 (d) All meetings shall be open to the public, and public
595 notice of meetings shall be given in the same manner as required
596 under Article VIII of this compact.

597 (e) The commission may convene in a closed, nonpublic
598 meeting if the commission must discuss:



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

- 599 | 1. Failure of a party state to comply with its obligations
600 | under this compact;
- 601 | 2. The employment, compensation, discipline, or other
602 | personnel matters, practices, or procedures related to specific
603 | employees or other matters related to the commission's internal
604 | personnel practices and procedures;
- 605 | 3. Current, threatened, or reasonably anticipated
606 | litigation;
- 607 | 4. Negotiation of contracts for the purchase or sale of
608 | goods, services, or real estate;
- 609 | 5. Accusing any person of a crime or formally censuring
610 | any person;
- 611 | 6. Disclosure of trade secrets or commercial or financial
612 | information that is privileged or confidential;
- 613 | 7. Disclosure of information of a personal nature where
614 | disclosure would constitute a clearly unwarranted invasion of
615 | personal privacy;
- 616 | 8. Disclosure of investigatory records compiled for law
617 | enforcement purposes;
- 618 | 9. Disclosure of information related to any reports
619 | prepared by or on behalf of the commission for the purpose of
620 | investigation of compliance with this compact; or
- 621 | 10. Matters specifically exempted from disclosure by
622 | federal or state statute.
- 623 | (f) If a meeting, or portion of a meeting, is closed
624 | pursuant to this subsection, the commission's legal counsel or



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

625 designee shall certify that the meeting, or portion of the
626 meeting, is closed and shall reference each relevant exempting
627 provision. The commission shall keep minutes that fully and
628 clearly describe all matters discussed in a meeting and shall
629 provide a full and accurate summary of actions taken, and the
630 reasons therefor, including a description of the views
631 expressed. All documents considered in connection with an action
632 shall be identified in such minutes. All minutes and documents
633 of a closed meeting shall remain under seal, subject to release
634 by a majority vote of the commission or order of a court of
635 competent jurisdiction.

636 (3) The commission shall, by a majority vote of the
637 administrators, prescribe bylaws or rules to govern its conduct
638 as may be necessary or appropriate to carry out the purposes and
639 exercise the powers of this compact, including, but not limited
640 to:

641 (a) Establishing the commission's fiscal year.

642 (b) Providing reasonable standards and procedures:

643 1. For the establishment and meetings of other committees.

644 2. Governing any general or specific delegation of any
645 authority or function of the commission.

646 (c) Providing reasonable procedures for calling and
647 conducting meetings of the commission, ensuring reasonable
648 advance notice of all meetings, and providing an opportunity for
649 attendance of such meetings by interested parties, with
650 enumerated exceptions designed to protect the public's interest,



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

651 the privacy of individuals, and proprietary information,
652 including trade secrets. The commission may meet in closed
653 session only after a majority of the administrators vote to
654 close a meeting in whole or in part. As soon as practicable, the
655 commission must make public a copy of the vote to close the
656 meeting revealing the vote of each administrator, with no proxy
657 votes allowed.

658 (d) Establishing the titles, duties and authority, and
659 reasonable procedures for the election of the commission's
660 officers.

661 (e) Providing reasonable standards and procedures for the
662 establishment of the commission's personnel policies and
663 programs. Notwithstanding any civil service or other similar
664 laws of any party state, the bylaws shall exclusively govern the
665 commission's personnel policies and programs.

666 (f) Providing a mechanism for winding up the commission's
667 operations and the equitable disposition of any surplus funds
668 that may exist after the termination of this compact after the
669 payment or reserving of all of its debts and obligations.

670 (4) The commission shall publish its bylaws and rules, and
671 any amendments thereto, in a convenient form on the commission's
672 website.

673 (5) The commission shall maintain its financial records in
674 accordance with the bylaws.

675 (6) The commission shall meet and take such actions as are
676 consistent with this compact and the bylaws.



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

677 (7) The commission has the power to:

678 (a) Adopt uniform rules to facilitate and coordinate
679 implementation and administration of this compact. The rules
680 shall have the force and effect of law and are binding in all
681 party states.

682 (b) Bring and prosecute legal proceedings or actions in
683 the name of the commission, provided that the standing of any
684 licensing board to sue or be sued under applicable law are not
685 affected.

686 (c) Purchase and maintain insurance and bonds.

687 (d) Borrow, accept, or contract for services of personnel,
688 including employees of a party state or nonprofit organizations.

689 (e) Cooperate with other organizations that administer
690 state compacts related to the regulation of nursing, including
691 sharing administrative or staff expenses, office space, or other
692 resources.

693 (f) Hire employees, elect or appoint officers, fix
694 compensation, define duties, grant such individuals appropriate
695 authority to carry out the purposes of this compact, and
696 establish the commission's personnel policies and programs
697 relating to conflicts of interest, qualifications of personnel,
698 and other related personnel matters.

699 (g) Accept any and all appropriate donations, grants, and
700 gifts of money, equipment, supplies, materials, and services and
701 receive, use, and dispose of the same, provided that, at all
702 times, the commission shall avoid any appearance of impropriety



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

703 or conflict of interest.

704 (h) Lease, purchase, accept appropriate gifts or donations
705 of, or otherwise own, hold, improve, or use any property,
706 whether real, personal, or mixed, provided that, at all times,
707 the commission shall avoid any appearance of impropriety.

708 (i) Sell, convey, mortgage, pledge, lease, exchange,
709 abandon, or otherwise dispose of any property, whether real,
710 personal, or mixed.

711 (j) Establish a budget and make expenditures.

712 (k) Borrow money.

713 (l) Appoint committees, including advisory committees
714 comprised of administrators, state nursing regulators, state
715 legislators or their representatives, consumer representatives,
716 and other interested persons.

717 (m) Provide information to, receive information from, and
718 cooperate with law enforcement agencies.

719 (n) Adopt and use an official seal.

720 (o) Perform such other functions as may be necessary or
721 appropriate to achieve the purposes of this compact consistent
722 with the state regulation of nurse licensure and practice.

723 (8) Relating to the financing of the commission, the
724 commission:

725 (a) Shall pay, or provide for the payment of, the
726 reasonable expenses of its establishment, organization, and
727 ongoing activities.

728 (b) May also levy and collect an annual assessment from



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

729 each party state to cover the cost of its operations,
730 activities, and staff in its annual budget as approved each
731 year. The aggregate annual assessment amount, if any, shall be
732 allocated based on a formula to be determined by the commission,
733 which shall adopt a rule that is binding on all party states.

734 (c) May not incur obligations of any kind before securing
735 the funds adequate to meet the same; and the commission may not
736 pledge the credit of any of the party states, except by and with
737 the authority of such party state.

738 (d) Shall keep accurate accounts of all receipts and
739 disbursements. The commission's receipts and disbursements are
740 subject to the audit and accounting procedures established under
741 its bylaws. However, all receipts and disbursements of funds
742 handled by the commission shall be audited yearly by a certified
743 or licensed public accountant, and the report of the audit shall
744 be included in, and become part of, the commission's annual
745 report.

746 (9) Relating to the sovereign immunity, defense, and
747 indemnification of the commission:

748 (a) The administrators, officers, executive director,
749 employees, and representatives of the commission are immune from
750 suit and liability, either personally or in their official
751 capacity, for any claim for damage to or loss of property or
752 personal injury or other civil liability caused by or arising
753 out of any actual or alleged act, error, or omission that
754 occurred, or that the person against whom the claim is made had



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

755 a reasonable basis for believing occurred, within the scope of
756 commission employment, duties, or responsibilities. This
757 paragraph does not protect any such person from suit or
758 liability for any damage, loss, injury, or liability caused by
759 the intentional, willful, or wanton misconduct of that person.

760 (b) The commission shall defend any administrator,
761 officer, executive director, employee, or representative of the
762 commission in any civil action seeking to impose liability
763 arising out of any actual or alleged act, error, or omission
764 that occurred within the scope of commission employment, duties,
765 or responsibilities or that the person against whom the claim is
766 made had a reasonable basis for believing occurred within the
767 scope of commission employment, duties, or responsibilities,
768 provided that the actual or alleged act, error, or omission did
769 not result from that person's intentional, willful, or wanton
770 misconduct. This paragraph does not prohibit that person from
771 retaining his or her own counsel.

772 (c) The commission shall indemnify and hold harmless any
773 administrator, officer, executive director, employee, or
774 representative of the commission for the amount of any
775 settlement or judgment obtained against that person arising out
776 of any actual or alleged act, error, or omission that occurred
777 within the scope of commission employment, duties, or
778 responsibilities or that such person had a reasonable basis for
779 believing occurred within the scope of commission employment,
780 duties, or responsibilities, provided that the actual or alleged



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

781 act, error, or omission did not result from the intentional,
782 willful, or wanton misconduct of that person.

783 ARTICLE VIII

784 RULEMAKING

785 (1) The commission shall exercise its rulemaking powers
786 pursuant to the criteria set forth in this article and the rules
787 adopted thereunder. Rules and amendments become binding as of
788 the date specified in each rule or amendment and have the same
789 force and effect as provisions of this compact.

790 (2) Rules or amendments to the rules shall be adopted at a
791 regular or special meeting of the commission.

792 (3) Before adoption of a final rule or final rules by the
793 commission, and at least 60 days before the meeting at which the
794 rule will be considered and voted upon, the commission shall
795 file a notice of proposed rulemaking:

796 (a) On the commission's website.

797 (b) On the website of each licensing board or the
798 publication in which each state would otherwise publish proposed
799 rules.

800 (4) The notice of proposed rulemaking shall include:

801 (a) The proposed time, date, and location of the meeting
802 in which the rule will be considered and voted upon.

803 (b) The text of the proposed rule or amendment and the
804 reason for the proposed rule.

805 (c) A request for comments on the proposed rule from any
806 interested person.



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

807 (d) The manner in which an interested person may submit
808 notice to the commission of his or her intention to attend the
809 public hearing and any written comments.

810 (5) Before adoption of a proposed rule, the commission
811 shall allow persons to submit written data, facts, opinions, and
812 arguments, which shall be made available to the public.

813 (6) The commission shall grant an opportunity for a public
814 hearing before it adopts a rule or amendment.

815 (7) The commission shall publish the place, time, and date
816 of the scheduled public hearing.

817 (a) Hearings shall be conducted in a manner providing each
818 person who wishes to comment a fair and reasonable opportunity
819 to comment orally or in writing. All hearings will be recorded,
820 and a copy will be made available upon request.

821 (b) This article does not require a separate hearing on
822 each rule. Rules may be grouped for the convenience of the
823 commission at hearings required by this article.

824 (8) If no interested person appears at the public hearing,
825 the commission may proceed with adoption of the proposed rule.

826 (9) Following the scheduled hearing date, or by the close
827 of business on the scheduled hearing date if the hearing is not
828 held, the commission shall consider all written and oral
829 comments received.

830 (10) The commission shall, by majority vote of all
831 administrators, take final action on the proposed rule and shall
832 determine the effective date of the rule, if any, based on the



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

833 | rulemaking record and the full text of the rule.

834 | (11) Upon determination that an emergency exists, the
835 | commission may consider and adopt an emergency rule without
836 | prior notice, opportunity for comment, or hearing, provided that
837 | the usual rulemaking procedures provided in this compact and in
838 | this article shall be applied retroactively to the rule as soon
839 | as reasonably possible within 90 days after the effective date
840 | of the rule. For the purposes of this subsection, an emergency
841 | rule is one that must be adopted immediately in order to:

842 | (a) Meet an imminent threat to public health, safety, or
843 | welfare;

844 | (b) Prevent a loss of commission or party state funds; or

845 | (c) Meet a deadline for the adoption of an administrative
846 | rule that is required by federal law or rule.

847 | (12) The commission may direct revisions to a previously
848 | adopted rule or amendment for purposes of correcting
849 | typographical errors, errors in format, errors in consistency,
850 | or grammatical errors. Public notice of any revisions shall be
851 | posted on the commission's website. The revision is subject to
852 | challenge by any person for 30 days after posting. The revision
853 | may be challenged only on grounds that the revision results in a
854 | material change to a rule. A challenge must be made in writing
855 | and delivered to the commission before the end of the notice
856 | period. If no challenge is made, the revision shall take effect
857 | without further action. If the revision is challenged, the
858 | revision may not take effect without the commission's approval.



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

ARTICLE IX

OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT

(1) Oversight of this compact shall be accomplished by:

(a) Each party state, which shall enforce this compact and take all actions necessary and appropriate to effectuate this compact's purposes and intent.

(b) The commission, which is entitled to receive service of process in any proceeding that may affect the powers, responsibilities, or actions of the commission and has standing to intervene in such a proceeding for all purposes. Failure to provide service of process in such proceeding to the commission renders a judgment or order void as to the commission, this compact, or adopted rules.

(2) When the commission determines that a party state has defaulted in the performance of its obligations or responsibilities under this compact or the adopted rules, the commission shall:

(a) Provide written notice to the defaulting state and other party states of the nature of the default, the proposed means of curing the default, or any other action to be taken by the commission.

(b) Provide remedial training and specific technical assistance regarding the default.

(3) If a state in default fails to cure the default, the defaulting state's membership in this compact may be terminated upon an affirmative vote of a majority of the administrators,



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

885 and all rights, privileges, and benefits conferred by this
886 compact may be terminated on the effective date of termination.
887 A cure of the default does not relieve the offending state of
888 obligations or liabilities incurred during the period of
889 default.

890 (4) Termination of membership in this compact shall be
891 imposed only after all other means of securing compliance have
892 been exhausted. Notice of intent to suspend or terminate shall
893 be given by the commission to the governor of the defaulting
894 state, to the executive officer of the defaulting state's
895 licensing board, and each of the party states.

896 (5) A state whose membership in this compact is terminated
897 is responsible for all assessments, obligations, and liabilities
898 incurred through the effective date of termination, including
899 obligations that extend beyond the effective date of
900 termination.

901 (6) The commission shall not bear any costs related to a
902 state that is found to be in default or whose membership in this
903 compact is terminated unless agreed upon in writing between the
904 commission and the defaulting state.

905 (7) The defaulting state may appeal the action of the
906 commission by petitioning the United States District Court for
907 the District of Columbia or the federal district in which the
908 commission has its principal offices. The prevailing party shall
909 be awarded all costs of such litigation, including reasonable
910 attorney fees.



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

911 (8) Dispute resolution may be used by the commission in
912 the following manner:

913 (a) Upon request by a party state, the commission shall
914 attempt to resolve disputes related to the compact that arise
915 among party states and between party and nonparty states.

916 (b) The commission shall adopt a rule providing for both
917 mediation and binding dispute resolution for disputes, as
918 appropriate.

919 (c) In the event the commission cannot resolve disputes
920 among party states arising under this compact:

921 1. The party states may submit the issues in dispute to an
922 arbitration panel, which will be comprised of individuals
923 appointed by the compact administrator in each of the affected
924 party states and an individual mutually agreed upon by the
925 compact administrators of all the party states involved in the
926 dispute.

927 2. The decision of a majority of the arbitrators is final
928 and binding.

929 (9) (a) The commission shall, in the reasonable exercise of
930 its discretion, enforce the provisions and rules of this
931 compact.

932 (b) By majority vote, the commission may initiate legal
933 action in the United States District Court for the District of
934 Columbia or the federal district in which the commission has its
935 principal offices against a party state that is in default to
936 enforce compliance with this compact and its adopted rules and



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

937 bylaws. The relief sought may include both injunctive relief and
 938 damages. In the event judicial enforcement is necessary, the
 939 prevailing party shall be awarded all costs of such litigation,
 940 including reasonable attorney fees.

941 (c) The remedies provided in this subsection are not the
 942 exclusive remedies of the commission. The commission may pursue
 943 any other remedies available under federal or state law.

944 ARTICLE X

945 EFFECTIVE DATE, WITHDRAWAL, AND AMENDMENT

946 (1) This compact becomes effective and binding on the date
 947 of legislative enactment of this compact into law by no fewer
 948 than 26 states or on December 31, 2018, whichever occurs first.
 949 All party states to this compact which were also parties to the
 950 prior Nurse Licensure Compact ("prior compact"), superseded by
 951 this compact, are deemed to have withdrawn from the prior
 952 compact within 6 months after the effective date of this
 953 compact.

954 (2) Each party state to this compact shall continue to
 955 recognize a nurse's multistate licensure privilege to practice
 956 in that party state issued under the prior compact until such
 957 party state is withdrawn from the prior compact.

958 (3) Any party state may withdraw from this compact by
 959 enacting a statute repealing the compact. A party state's
 960 withdrawal does not take effect until 6 months after enactment
 961 of the repealing statute.

962 (4) A party state's withdrawal or termination does not



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

963 affect the continuing requirement of the withdrawing or
964 terminated state's licensing board to report adverse actions and
965 significant investigations occurring before the effective date
966 of such withdrawal or termination.

967 (5) This compact does not invalidate or prevent any nurse
968 licensure agreement or other cooperative arrangement between a
969 party state and a nonparty state that is made in accordance with
970 the other provisions of this compact.

971 (6) This compact may be amended by the party states. An
972 amendment to this compact does not become effective and binding
973 upon the party states unless and until it is enacted into the
974 laws of all party states.

975 (7) Representatives of nonparty states to this compact
976 shall be invited to participate in the activities of the
977 commission, on a nonvoting basis, before the adoption of this
978 compact by all party states.

979 ARTICLE XI

980 CONSTRUCTION AND SEVERABILITY

981 This compact shall be liberally construed so as to
982 effectuate the purposes thereof. The provisions of this compact
983 are severable, and if any phrase, clause, sentence, or provision
984 of this compact is declared to be contrary to the constitution
985 of any party state or of the United States, or if the
986 applicability thereof to any government, agency, person, or
987 circumstance is held invalid, the validity of the remainder of
988 this compact and the applicability thereof to any government,



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

989 agency, person, or circumstance is not affected thereby. If this
990 compact is declared to be contrary to the constitution of any
991 party state, the compact shall remain in full force and effect
992 as to the remaining party states and in full force and effect as
993 to the party state affected as to all severable matters.

994 Section 8. Subsection (1) of section 464.012, Florida
995 Statutes, is amended to read:

996 464.012 Certification of advanced registered nurse
997 practitioners; fees.—

998 (1) Any nurse desiring to be certified as an advanced
999 registered nurse practitioner shall apply to the department and
1000 submit proof that he or she holds a current license to practice
1001 professional nursing or holds an active multistate license to
1002 practice professional nursing pursuant to s. 464.0095 and that
1003 he or she meets one or more of the following requirements as
1004 determined by the board:

1005 (a) Satisfactory completion of a formal postbasic
1006 educational program of at least one academic year, the primary
1007 purpose of which is to prepare nurses for advanced or
1008 specialized practice.

1009 (b) Certification by an appropriate specialty board. Such
1010 certification shall be required for initial state certification
1011 and any recertification as a registered nurse anesthetist or
1012 nurse midwife. The board may by rule provide for provisional
1013 state certification of graduate nurse anesthetists and nurse
1014 midwives for a period of time determined to be appropriate for



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

1015 preparing for and passing the national certification
 1016 examination.

1017 (c) Graduation from a program leading to a master's degree
 1018 in a nursing clinical specialty area with preparation in
 1019 specialized practitioner skills. For applicants graduating on or
 1020 after October 1, 1998, graduation from a master's degree program
 1021 shall be required for initial certification as a nurse
 1022 practitioner under paragraph (4) (c). For applicants graduating
 1023 on or after October 1, 2001, graduation from a master's degree
 1024 program shall be required for initial certification as a
 1025 registered nurse anesthetist under paragraph (4) (a).

1026 Section 9. Subsections (1), (2), and (9) of section
 1027 464.015, Florida Statutes, are amended to read:

1028 464.015 Titles and abbreviations; restrictions; penalty.—

1029 (1) Only a person ~~persons~~ who holds a license in this
 1030 state or a multistate license pursuant to s. 464.0095 ~~held~~
 1031 ~~licenses~~ to practice professional nursing ~~in this state~~ or who
 1032 performs ~~are performing~~ nursing services pursuant to the
 1033 exception set forth in s. 464.022(8) may ~~shall have the right to~~
 1034 use the title "Registered Nurse" and the abbreviation "R.N."

1035 (2) Only a person ~~persons~~ who holds a license in this
 1036 state or a multistate license pursuant to s. 464.0095 ~~held~~
 1037 ~~licenses~~ to practice as a licensed practical nurse ~~nurses in~~
 1038 ~~this state~~ or who performs ~~are performing~~ practical nursing
 1039 services pursuant to the exception set forth in s. 464.022(8)
 1040 may ~~shall have the right to~~ use the title "Licensed Practical



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

1041 Nurse" and the abbreviation "L.P.N."

1042 (9) A person may not practice or advertise as, or assume
 1043 the title of, registered nurse, licensed practical nurse,
 1044 clinical nurse specialist, certified registered nurse
 1045 anesthetist, certified nurse midwife, or advanced registered
 1046 nurse practitioner or use the abbreviation "R.N.," "L.P.N.,"
 1047 "C.N.S.," "C.R.N.A.," "C.N.M.," or "A.R.N.P." or take any other
 1048 action that would lead the public to believe that person was
 1049 authorized by law to practice ~~certified~~ as such or is performing
 1050 nursing services pursuant to the exception set forth in s.
 1051 464.022(8) ~~r~~ unless that person is licensed, ~~or~~ certified, or
 1052 authorized pursuant to s. 464.0095 to practice as such.

1053 Section 10. Subsections (1) and (2) of section 464.018,
 1054 Florida Statutes, are amended to read:

1055 464.018 Disciplinary actions.—

1056 (1) The following acts constitute grounds for denial of a
 1057 license or disciplinary action, as specified in ss. s.
 1058 456.072(2) and 464.0095:

1059 (a) Procuring, attempting to procure, or renewing a
 1060 license to practice nursing or the authority to practice
 1061 practical or professional nursing pursuant to s. 464.0095 by
 1062 bribery, by knowing misrepresentations, or through an error of
 1063 the department or the board.

1064 (b) Having a license to practice nursing revoked,
 1065 suspended, or otherwise acted against, including the denial of
 1066 licensure, by the licensing authority of another state,



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

1067 territory, or country.

1068 (c) Being convicted or found guilty of, or entering a plea
 1069 of guilty or nolo contendere to, regardless of adjudication, a
 1070 crime in any jurisdiction which directly relates to the practice
 1071 of nursing or to the ability to practice nursing.

1072 (d) Being convicted or found guilty of, or entering a plea
 1073 of guilty or nolo contendere to, regardless of adjudication, ~~of~~
 1074 any of the following offenses:

- 1075 1. A forcible felony as defined in chapter 776.
- 1076 2. A violation of chapter 812, relating to theft, robbery,
 1077 and related crimes.
- 1078 3. A violation of chapter 817, relating to fraudulent
 1079 practices.
- 1080 4. A violation of chapter 800, relating to lewdness and
 1081 indecent exposure.
- 1082 5. A violation of chapter 784, relating to assault,
 1083 battery, and culpable negligence.
- 1084 6. A violation of chapter 827, relating to child abuse.
- 1085 7. A violation of chapter 415, relating to protection from
 1086 abuse, neglect, and exploitation.
- 1087 8. A violation of chapter 39, relating to child abuse,
 1088 abandonment, and neglect.
- 1089 9. For an applicant for a multistate license or for a
 1090 multistate licenseholder under s. 464.0095, a felony offense
 1091 under Florida law or federal criminal law.

1092 (e) Having been found guilty of, regardless of



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

1093 adjudication, or entered a plea of nolo contendere or guilty to,
1094 any offense prohibited under s. 435.04 or similar statute of
1095 another jurisdiction; or having committed an act which
1096 constitutes domestic violence as defined in s. 741.28.

1097 (f) Making or filing a false report or record, which the
1098 nurse licensee knows to be false, intentionally or negligently
1099 failing to file a report or record required by state or federal
1100 law, willfully impeding or obstructing such filing or inducing
1101 another person to do so. Such reports or records shall include
1102 only those which are signed in the nurse's capacity as a
1103 licensed nurse.

1104 (g) False, misleading, or deceptive advertising.

1105 (h) Unprofessional conduct, as defined by board rule.

1106 (i) Engaging or attempting to engage in the possession,
1107 sale, or distribution of controlled substances as set forth in
1108 chapter 893, for any other than legitimate purposes authorized
1109 by this part.

1110 (j) Being unable to practice nursing with reasonable skill
1111 and safety to patients by reason of illness or use of alcohol,
1112 drugs, narcotics, or chemicals or any other type of material or
1113 as a result of any mental or physical condition. In enforcing
1114 this paragraph, the department shall have, upon a finding of the
1115 State Surgeon General or the State Surgeon General's designee
1116 that probable cause exists to believe that the nurse licensee is
1117 unable to practice nursing because of the reasons stated in this
1118 paragraph, the authority to issue an order to compel a nurse



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

1119 | ~~licensee~~ to submit to a mental or physical examination by
1120 | physicians designated by the department. If the nurse licensee
1121 | refuses to comply with such order, the department's order
1122 | directing such examination may be enforced by filing a petition
1123 | for enforcement in the circuit court where the nurse licensee
1124 | resides or does business. The nurse licensee against whom the
1125 | petition is filed shall not be named or identified by initials
1126 | in any public court records or documents, and the proceedings
1127 | shall be closed to the public. The department shall be entitled
1128 | to the summary procedure provided in s. 51.011. A nurse affected
1129 | by ~~the provisions of~~ this paragraph shall at reasonable
1130 | intervals be afforded an opportunity to demonstrate that she or
1131 | he can resume the competent practice of nursing with reasonable
1132 | skill and safety to patients.

1133 | (k) Failing to report to the department any person who the
1134 | nurse licensee knows is in violation of this part or of the
1135 | rules of the department or the board; however, if the nurse
1136 | ~~licensee~~ verifies that such person is actively participating in
1137 | a board-approved program for the treatment of a physical or
1138 | mental condition, the nurse licensee is required to report such
1139 | person only to an impaired professionals consultant.

1140 | (l) Knowingly violating any provision of this part, a rule
1141 | of the board or the department, or a lawful order of the board
1142 | or department previously entered in a disciplinary proceeding or
1143 | failing to comply with a lawfully issued subpoena of the
1144 | department.



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

1145 (m) Failing to report to the department any licensee under
 1146 chapter 458 or under chapter 459 who the nurse knows has
 1147 violated the grounds for disciplinary action set out in the law
 1148 under which that person is licensed and who provides health care
 1149 services in a facility licensed under chapter 395, or a health
 1150 maintenance organization certificated under part I of chapter
 1151 641, in which the nurse also provides services.

1152 (n) Failing to meet minimal standards of acceptable and
 1153 prevailing nursing practice, including engaging in acts for
 1154 which the nurse ~~licensee~~ is not qualified by training or
 1155 experience.

1156 (o) Violating any provision of this chapter or chapter
 1157 456, or any rules adopted pursuant thereto.

1158 (2) (a) The board may enter an order denying licensure or
 1159 imposing any of the penalties in s. 456.072(2) against any
 1160 applicant for licensure or nurse ~~licensee~~ who is found guilty of
 1161 violating ~~any provision of subsection (1) of this section or who~~
 1162 ~~is found guilty of violating any provision of~~ s. 456.072(1).

1163 (b) The board may take adverse action against a nurse's
 1164 multistate licensure privilege and impose any of the penalties
 1165 in s. 456.072(2) when the nurse is found guilty of violating
 1166 subsection (1) or s. 456.072(1).

1167 Section 11. Paragraph (a) of subsection (2) of section
 1168 464.0195, Florida Statutes, is amended, and subsection (4) is
 1169 added to that section, to read:

1170 464.0195 Florida Center for Nursing; goals.—



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

1171 (2) The primary goals for the center shall be to:
 1172 (a) Develop a strategic statewide plan for nursing
 1173 manpower in this state by:
 1174 1. Establishing and maintaining a database on nursing
 1175 supply and demand in the state, to include current supply and
 1176 demand, ~~and future projections; and~~
 1177 2. Analyzing the current supply and demand in the state
 1178 and making future projections of such, including assessing the
 1179 impact of this state's participation in the Nurse Licensure
 1180 Compact under s. 464.0095; and
 1181 ~~3.2.~~ Selecting from the plan priorities to be addressed.
 1182 (4) The center may request from the board, and the board
 1183 must provide to the center upon its request, any information
 1184 held by the board regarding nurses licensed in this state or
 1185 holding a multistate license pursuant to s. 464.0095 or
 1186 information reported to the board by employers of such nurses,
 1187 other than personal identifying information.
 1188 Section 12. Paragraph (g) is added to subsection (10) of
 1189 section 768.28, Florida Statutes, to read:
 1190 768.28 Waiver of sovereign immunity in tort actions;
 1191 recovery limits; limitation on attorney fees; statute of
 1192 limitations; exclusions; indemnification; risk management
 1193 programs.—
 1194 (10)
 1195 (g) For the purposes of this section, the executive
 1196 director of the Board of Nursing, when serving as the state



ENROLLED

HB 1061, Engrossed 1

2016 Legislature

1197 administrator of the Nurse Licensure Compact pursuant to s.
1198 464.0095, and any administrator, officer, executive director,
1199 employee, or representative of the Interstate Commission of
1200 Nurse Licensure Compact Administrators, when acting within the
1201 scope of their employment, duties, or responsibilities in this
1202 state, are considered agents of the state. The commission shall
1203 pay any claims or judgments pursuant to this section and may
1204 maintain insurance coverage to pay any such claims or judgments.

1205 Section 13. This act shall take effect December 31, 2018,
1206 or upon enactment of the Nurse Licensure Compact into law by 26
1207 states, whichever occurs first.

64B9-8.006 Disciplinary Guidelines; Range of Penalties; Aggravating and Mitigating Circumstances.

(1) The legislature created the Board to assure protection of the public from nurses who do not meet minimum requirements for safe practice or who pose a danger to the public. The suspensions, restrictions of practice, and conditions of probation used by the Board in discharging its duties under Sections 464.018 and 456.072, F.S., shall include, but are not limited to, the following:

- (a) Suspension until appearance before the Board or for a definite time period and demonstration of ability to practice safely.
- (b) Suspension until appearance before the Board, or for a definite time period, and submission of mental or physical examinations from professionals specializing in the diagnosis or treatment of the suspected condition, completion of counseling, completion of continuing education, and ability to practice safely.
- (c) Suspension until fees and fines paid or until proof of continuing education completion submitted.
- (d) Suspension until evaluation by and treatment in the Intervention Project for Nurses.
- (e) Suspension stayed so long as the licensee complies with probationary conditions.
- (f) Probation with the minimum conditions of not violating laws, rules, or orders related to the ability to practice nursing safely, keeping the Board advised of the nurse’s address and employment, and supplying both timely and satisfactory probation and employer/supervisor reports, or the requirement that work must be under direct supervision on a regularly assigned basis.
- (g) Probation with specified continuing education courses in addition to the minimum conditions. In those cases involving unprofessional conduct or substandard practice, including recordkeeping, the Board finds continuing education directed to the practice deficiency to be the preferred punishment.
- (h) Personal appearances before the Board to monitor compliance with the Board’s order.
- (i) Administrative fine and payment of costs associated with probation or professional treatment.

(2) The Board sets forth below a range of disciplinary guidelines from which disciplinary penalties will be imposed upon practitioners and applicants for licensure guilty of violating Chapters 464 and 456, F.S. The purpose of the disciplinary guidelines is to give notice to licensees and applicants of the range of penalties which will normally be imposed upon violations of particular provisions of Chapters 464 and 456, F.S.

(3) The following disciplinary guidelines shall be followed by the Board in imposing disciplinary penalties upon licensees for violation of the noted statutes and rules:

(a) Procuring, attempting to procure, or renewing a license to practice nursing by bribery, by knowing misrepresentations, or through an error of the department or board. (Section 456.072(1)(h) or 464.018(1)(a), F.S.)

| | MINIMUM | MAXIMUM |
|---------------|--------------------------|------------------------------|
| FIRST OFFENSE | \$500 fine and probation | \$10,000 fine and revocation |

(b) Having a license to practice nursing revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of another state, territory or country. (Section 456.072(1)(f) or 464.018(1)(b), F.S.)

| | MINIMUM | MAXIMUM |
|----------------|---|---|
| FIRST OFFENSE | Letter of concern | Same penalty as penalty imposed in other jurisdiction |
| SECOND OFFENSE | Same penalty as imposed by other jurisdiction | Revocation |

(c) Criminal Violations:

1. Being convicted of or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication of a crime in any jurisdiction which directly relates to the practice of nursing or to the ability to practice nursing. (Sections 456.072(1)(c), 464.018(1)(c), F.S., misdemeanors in violation of Section 464.018(1)(d)3., or (d)7., or 464.018(1)(e), F.S., for crimes set forth in Sections 435.04(2)(a) through (t), (v) through (dd) or (ff), F.S.)

| | MINIMUM | MAXIMUM |
|----------------|--------------------------|------------------------------|
| FIRST OFFENSE | Reprimand | \$10,000 fine and suspension |
| SECOND OFFENSE | \$500 fine and probation | Revocation |

2. Being found guilty, regardless of adjudication, of a violation of Chapter 776, 784, 812, 827, 415 or 39, F.S. (Section 464.018(1)(d)1., (d)2., (d)5., (d)6., (d)7., or (d)8., or a misdemeanor violation of Chapter 409 or 817, F.S.)

| | MINIMUM | MAXIMUM |
|----------------|--------------------------|------------------------------|
| FIRST OFFENSE | Reprimand | \$10,000 fine and suspension |
| SECOND OFFENSE | \$500 fine and probation | Revocation |

3. Being convicted or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication of a felony violation of Chapter 409, 817 or 893, F.S., or of any crime related to health care fraud. (Section 456.072(1)(II), 464.018(1)(d)3. or 464.018(1)(e), F.S., for crimes set forth in Section 435.04(2)(u) or (ee), F.S.)

| | MINIMUM | MAXIMUM |
|---------------|---------------------------|------------------------------|
| FIRST OFFENSE | 10,000 fine and probation | \$10,000 fine and revocation |

4. Being found guilty, regardless of adjudication, of a violation of Chapter 800, F.S., relating to lewdness and indecent exposure. (Section 464.018(1)(d)4., F.S.)

| | MINIMUM | MAXIMUM |
|---------------|--------------------------|------------|
| FIRST OFFENSE | \$250 fine and probation | Revocation |

(d) Making or filing a false report or record, which the licensee knows to be false, intentionally or negligently failing to file a report or records required by state or federal law, willfully impeding or obstructing such filing or inducing another person to do so; Intentionally submitting a claim, statement or bill that has been upcoded as defined in Section 627.736, F.S., for a PIP claim or for services that were not rendered. (Section 456.072(1)(I), (ee) or (ff) or 464.018(1)(f), F.S.)

| | MINIMUM | MAXIMUM |
|----------------|---|------------------------------|
| FIRST OFFENSE | \$250 fine, continuing education or probation | \$10,000 fine and suspension |
| SECOND OFFENSE | \$500 fine and suspension | \$10,000 and revocation |

(e) False, misleading or deceptive advertising. (Section 464.018(1)(g), F.S.)

| | MINIMUM | MAXIMUM |
|----------------|--------------------------|---------------------------|
| FIRST OFFENSE | \$100 fine | \$250 fine and probation |
| SECOND OFFENSE | \$250 fine and probation | \$500 fine and suspension |

(f) Unprofessional conduct as defined by Rule 64B9-8.005, F.A.C. (Section 464.018(1)(h), F.S.).

1. Subsections 64B9-8.005(1), (2), (5) and (12), F.A.C.

| | MINIMUM | MAXIMUM |
|----------------|---|--|
| FIRST OFFENSE | Reprimand, \$250 fine, and continuing education | \$500 fine and suspension with IPN evaluation or probation |
| SECOND OFFENSE | \$500 fine, suspension and IPN evaluation | Revocation |

2. Subsections 64B9-8.005(6), (9), (10) and (11), F.A.C.

| | MINIMUM | MAXIMUM |
|---------------|--|------------|
| FIRST OFFENSE | Reprimand, \$500 fine and continuing education | Revocation |

3. Subsections 64B9-8.005(3), (7), (8) and (13), F.A.C.

| | MINIMUM | MAXIMUM |
|----------------|---|--------------------------|
| FIRST OFFENSE | Reprimand, \$250 fine, and continuing education | \$500 fine and probation |
| SECOND OFFENSE | \$750 fine and probation | Revocation |

4. Subsections 64B9-8.005(4) and (14), F.A.C.

| | MINIMUM | MAXIMUM |
|---------------|------------|---------|
| FIRST OFFENSE | Revocation | |

5. Subsection 64B9-8.005(15), F.A.C.

| | MINIMUM | MAXIMUM |
|---------------|--------------|------------|
| FIRST OFFENSE | \$5,000 fine | Revocation |

(g) Engaging or attempting to engage in the possession, sale or distribution of controlled substances as set forth in Chapter 893, F.S. for illegitimate purposes; being unable to practice nursing with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, or chemicals or any other type of material or as a result of any mental or physical condition; testing positive for any drug, as defined in Section 112.0455, F.S., on any confirmed pre-employment or employer-ordered drug screening when the practitioner does not have a lawful prescription and legitimate medical reason for using such drug; or being terminated

from a treatment program for impaired practitioners for failure to comply without good cause with the terms of the monitoring or treatment contract, or not successfully completing a drug or alcohol treatment program. (Section 456.072(1)(z), (aa), or (hh), or 464.018(1)(i) or (j), F.S.)

| | MINIMUM | MAXIMUM |
|----------------|---|------------------------|
| FIRST OFFENSE | \$250 fine, suspension and IPN evaluation | \$500 fine, suspension |
| SECOND OFFENSE | \$500 fine, suspension and IPN evaluation | Revocation |

(h) Failing to report to the department any person who the licensee knows is in violation of this part or of the rules of the department or the board; however, if the licensee verifies that such person is actively participating in a board-approved program for the treatment of a physical or mental condition, the licensee is required to report such person only to an impaired professionals consultant. (Section 456.072(1)(i) or 464.018(1)(k), F.S.)

| | MINIMUM | MAXIMUM |
|----------------|-------------------------------------|---|
| FIRST OFFENSE | \$100 fine and continuing education | \$250 fine and probation |
| SECOND OFFENSE | \$250 fine and probation | \$500 fine, continuing education and suspension |

(i) Knowingly violating any provision of Chapter 456 or 464, F.S., a rule of the board or the department, or a lawful order of the board or department previously entered in a disciplinary proceeding or failing to comply with a lawfully issued subpoena of the department; or failing to perform any statutory or legal obligation placed on a licensee. (Section 456.072(1)(b), (k) or (q) or 464.018(1)(l) or (o), F.S.)

| | MINIMUM | MAXIMUM |
|----------------|---|---|
| FIRST OFFENSE | \$250 fine and compliance with rule or terms of prior order | \$500 fine and suspension until compliant with rule or terms of prior order |
| SECOND OFFENSE | \$500 fine and suspension until compliant with rule or terms of prior order | Revocation |

(j) Failing to report to the department any licensee under Chapter 458, F.S., or under Chapter 459, F.S., who the nurse knows has violated the grounds for disciplinary action set out in the law under which that person is licensed and who provides health care services in a facility licensed under Chapter 395, F.S., or a health maintenance organization certificated under Part I of Chapter 641, F.S., in which the nurse also provides services. (Section 464.018(1)(m), F.S.)

| | MINIMUM | MAXIMUM |
|---------------|-----------|------------|
| FIRST OFFENSE | Reprimand | Revocation |

(k) Failing to meet minimal standards of acceptable and prevailing nursing practice, including engaging in acts for which the licensee is not qualified by training or experience, or practicing; or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities the licensee knows, or has reason to know, the licensee is not competent to perform. (Section 456.072(1)(o) or 464.018(1)(n), F.S.)

| | MINIMUM | MAXIMUM |
|---------------|---|------------|
| FIRST OFFENSE | Reprimand, \$250 fine, and continuing education | Revocation |

(l) Making misleading, deceptive or fraudulent representations in or related to the practice of the licensee's profession or making deceptive, untrue, or fraudulent representations in or related to the practice of a profession or employing a trick or scheme in or related to the practice of a profession. (Section 456.072(1)(a) or (m), F.S.)

| | MINIMUM | MAXIMUM |
|----------------|---------------------------|------------------------------|
| FIRST OFFENSE | Reprimand and \$250 fine | \$10,000 fine and suspension |
| SECOND OFFENSE | \$500 fine and suspension | \$10,000 fine and revocation |

(m) Using a Class III or a Class IV laser device or product, as defined by federal regulations, without having complied with the rules adopted under Section 501.122(2), F.S., governing the registration of the devices. (Section 456.072(1)(d), F.S.)

| | MINIMUM | MAXIMUM |
|----------------|--------------------------|---------------------------|
| FIRST OFFENSE | Reprimand and \$100 fine | \$250 fine and probation |
| SECOND OFFENSE | \$250 fine and probation | \$500 fine and suspension |

(n) Failing to comply with the educational course requirements. (Section 456.072(1)(e) or (s), F.S. or Rule 64B9-5.002, F.A.C.)

| | MINIMUM | MAXIMUM |
|----------------|---|--|
| FIRST OFFENSE | Reprimand and \$250 fine | \$500 fine and suspension until licensee complies |
| SECOND OFFENSE | \$500 fine and suspension until licensee complies | \$750 fine, suspension until licensee complies followed by probation |

(o) Having been found liable in a civil proceeding for knowingly filing a false report or complaint with the department against another licensee. (Section 456.072(1)(g), F.S.)

| | MINIMUM | MAXIMUM |
|----------------|---------------------------|---------------------------|
| FIRST OFFENSE | Reprimand and \$250 fine | \$500 fine and suspension |
| SECOND OFFENSE | \$500 fine and suspension | Revocation |

(p) Aiding, assisting, procuring, employing, or advising any unlicensed person or entity to practice a profession contrary to this chapter, the chapter regulating the profession, or the rules of the department or the board. (Section 456.072(1)(j), F.S.)

| | MINIMUM | MAXIMUM |
|----------------|--|--|
| FIRST OFFENSE | \$250 fine and continuing education | \$500 fine and probation or suspension |
| SECOND OFFENSE | \$500 fine and probation or suspension | Revocation |

(q) Exercising influence on the patient or client for the purpose of financial gain of the licensee or a third party. (Section 456.072(1)(n), F.S.)

| | MINIMUM | MAXIMUM |
|---------------|--------------------------|------------|
| FIRST OFFENSE | \$250 fine and probation | Revocation |

(r) Delegating or contracting for the performance of professional responsibilities by a person when the licensee delegating or contracting for performance of the responsibilities knows, or has reason to know, the person is not qualified by training, experience, and authorization when required to perform them. (Section 456.072(1)(p), F.S.)

| | MINIMUM | MAXIMUM |
|---------------|--------------------------|------------|
| FIRST OFFENSE | \$250 fine and probation | Revocation |

(s) Improperly interfering with an investigation or inspection authorized by statute, or with any disciplinary proceeding. (Section 456.072(1)(r), F.S.)

| | MINIMUM | MAXIMUM |
|----------------|--------------------------|---------------------------|
| FIRST OFFENSE | Reprimand and \$250 fine | \$500 fine and suspension |
| SECOND OFFENSE | \$500 fine and probation | Revocation |

(t) Failing to identify through written notice, which may include the wearing of a name tag, or orally to a patient the type of license under which the practitioner is practicing. (Section 456.072(1)(t), F.S.)

| | MINIMUM | MAXIMUM |
|----------------|--------------------------|--------------------------|
| FIRST OFFENSE | Letter of concern | Reprimand and \$200 fine |
| SECOND OFFENSE | Reprimand and \$500 fine | \$500 fine and probation |

(u) Failing to comply with the requirements of Sections 381.026 and 381.0261, F.S., to provide patients with information about their patient rights and how to file a patient complaint. (Section 456.072(1)(u), F.S.)

| | MINIMUM | MAXIMUM |
|----------------|-------------------------------------|---------------------------|
| FIRST OFFENSE | \$100 fine and continuing education | \$250 fine and probation |
| SECOND OFFENSE | \$500 fine and probation | \$500 fine and suspension |

(v) Engaging or attempting to engage in sexual misconduct as defined and prohibited in Section 456.063(1), F.S.
(Section 456.072(1)(v), F.S.)

| | MINIMUM | MAXIMUM |
|---------------|---|--|
| FIRST OFFENSE | \$250 fine, suspension and IPN evaluation | \$500 fine, suspension and IPN evaluation, or revocation |

(w) Failing to comply with the requirements for profiling and credentialing, including, but not limited to, failing to provide initial information, failing to timely provide updated information, or making misleading, untrue, deceptive, or fraudulent representations on a profile, credentialing, or initial or renewal licensure application. (Section 456.072(1)(w) or 456.041(8), F.S.)

| | MINIMUM | MAXIMUM |
|----------------|--------------------------|---|
| FIRST OFFENSE | Reprimand and \$250 fine | \$500 fine and suspension until compliant |
| SECOND OFFENSE | \$500 fine and probation | \$750 fine and suspension until compliant |

For failure to verify the profile contents and to correct any factual errors in the licensee's profile within the 30-day period in Section 456.041(7), F.S.: A fine of \$50 per day.

(x) Failing to report to the board, or the department if there is no board, in writing within 30 days after the licensee has been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction.
(Section 456.072(1)(x), F. S.)

| | MINIMUM | MAXIMUM |
|----------------|--|--------------------------|
| FIRST OFFENSE | Reprimand, \$250 fine and continuing education | \$500 fine and probation |
| SECOND OFFENSE | \$500 fine and probation | Revocation |

(y) Using information about people involved in motor vehicle accidents which has been derived from accident reports made by law enforcement officers or persons involved in accidents under Section 316.066, F.S., or using information published in a newspaper or other news publication or through a radio or television broadcast that has used information gained from such reports, for the purposes of commercial or any other solicitation whatsoever of the people involved in the accidents. (Section 456.072(1)(y), F.S.)

| | MINIMUM | MAXIMUM |
|----------------|--------------------------|---|
| FIRST OFFENSE | Reprimand and \$100 fine | \$250 fine and probation |
| SECOND OFFENSE | \$250 fine and probation | \$500 fine and suspension followed by probation |

(z) Performing or attempting to perform health care services on the wrong patient, a wrong-site procedure, a wrong procedure, or an unauthorized procedure or a procedure that is medically unnecessary or otherwise unrelated to the patient's diagnosis or medical condition or leaving a foreign body in a patient, such as a sponge, clamp, forceps, surgical needle, or other paraphernalia commonly used in surgical, examination, or other diagnostic procedures. (Section 456.072(1)(bb) or (cc), F.S.)

| | MINIMUM | MAXIMUM |
|----------------|---|--|
| FIRST OFFENSE | Reprimand, \$250 and continuing education | Reprimand, \$500 fine and continuing education |
| SECOND OFFENSE | \$500 fine and probation | \$750 and suspension |

(aa) Being convicted of, or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, being convicted of, or entering a plea of guilty or nolo contendere to, any misdemeanor or felony, regardless of adjudication, a crime in any jurisdiction which relates to health care fraud. (Sections 456.072(1)(ii) and (ll), F.S.)
\$10,000 fine and revocation

(bb) Failing to remit the sum owed to the state for an overpayment from the Medicaid program pursuant to a final order, judgment, or stipulation or settlement (Section 456.072(1)(jj), F.S.)

| | MINIMUM | MAXIMUM |
|---------------|---------------------|----------------------------------|
| FIRST OFFENSE | \$500 and reprimand | Suspension until payment is made |

SECOND OFFENSE

Suspend until payment is made

Revocation

(cc) Being terminated from the state Medicaid program pursuant to Section 409.913, F.S., any other state Medicaid program, or the federal Medicare program, unless eligibility to participate in the program from which the practitioner was terminated has been restored. (Section 456.072(1)(kk), F.S.)

MINIMUM

MAXIMUM

FIRST OFFENSE

\$500 Reprimand

Revocation

(dd) Violating any of the provisions of Section 790.338, F.S. (Section 456.072(1)(nn), F.S.)

Letter of Concern

(ee) Violating any provision of Section 390.0111, F.S. (Section 390.0111(12), F.S.)

MINIMUM

MAXIMUM

Letter of Concern

Letter of Concern

(4) In licensure and disciplinary matters involving impairment, the applicant or licensee may be referred to IPN in addition to the imposition of the above-outlined disciplinary action.

(5)(a) The Board shall be entitled to deviate from the foregoing guidelines upon a showing of aggravating or mitigating circumstances by clear and convincing evidence, presented to the Board prior to the imposition of a final penalty at informal hearing. If a formal hearing is held, any aggravating or mitigating factors must be submitted to the hearing officer at formal hearing. At the final hearing following a formal hearing, the Board will not hear additional aggravating or mitigating evidence.

(b) Circumstances which may be considered for purposes of mitigation or aggravation of penalty shall include, but are not limited to, the following:

1. The danger to the public.
2. Previous disciplinary action against the licensee in this or any other jurisdiction.
3. The length of time the licensee has practiced.
4. The actual damage, physical or otherwise, caused by the violation.
5. The deterrent effect of the penalty imposed.
6. Any efforts at rehabilitation.
7. Attempts by the licensee to correct or stop violations, or refusal by the licensee to correct or stop violations.
8. Cost of treatment.
9. Financial hardship.
10. Cost of disciplinary proceedings.

(6) In instances when a licensee or applicant is found guilty of any of the above offenses involving fraud or making a false or fraudulent representation, the Board shall impose a fine of \$10,000.00 per count or offense.

Rulemaking Authority 456.072, 456.079 FS. Law Implemented 456.072, 456.079, 464.018 FS. History—New 2-5-87, Amended 8-12-87, 12-8-87, 11-23-89, 7-28-92, Formerly 210-10.011, Amended 12-5-93, Formerly 61F7-8.006, Amended 5-1-95, Formerly 59S-8.006, Amended 8-18-98, 7-1-99, 3-23-00, 5-8-00, 5-2-02, 1-12-03, 2-22-04, 8-3-05, 7-5-06, 2-6-12, 11-19-12.

464.018 Disciplinary actions.—

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

(a) Procuring, attempting to procure, or renewing a license to practice nursing by bribery, by knowing misrepresentations, or through an error of the department or the board.

(b) Having a license to practice nursing revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of another state, territory, or country.

(c) Being convicted or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to the practice of nursing or to the ability to practice nursing.

(d) Being found guilty, regardless of adjudication, of any of the following offenses:

1. A forcible felony as defined in chapter 776.
2. A violation of chapter 812, relating to theft, robbery, and related crimes.
3. A violation of chapter 817, relating to fraudulent practices.
4. A violation of chapter 800, relating to lewdness and indecent exposure.
5. A violation of chapter 784, relating to assault, battery, and culpable negligence.
6. A violation of chapter 827, relating to child abuse.
7. A violation of chapter 415, relating to protection from abuse, neglect, and exploitation.
8. A violation of chapter 39, relating to child abuse, abandonment, and neglect.

(e) Having been found guilty of, regardless of adjudication, or entered a plea of nolo contendere or guilty to, any offense prohibited under s. 435.04 or similar statute of another jurisdiction; or having committed an act which constitutes domestic violence as defined in s. 741.28.

(f) Making or filing a false report or record, which the licensee knows to be false, intentionally or negligently failing to file a report or record required by state or federal law, willfully impeding or obstructing such filing or inducing another person to do so. Such reports or records shall include only those which are signed in the nurse's capacity as a licensed nurse.

(g) False, misleading, or deceptive advertising.

(h) Unprofessional conduct, as defined by board rule.

(i) Engaging or attempting to engage in the possession, sale, or distribution of controlled substances as set forth in chapter 893, for any other than legitimate purposes authorized by this part.

(j) Being unable to practice nursing with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, or chemicals or any other type of material or as a result of any mental or physical condition. In enforcing this paragraph, the department shall have, upon a finding of the State Surgeon General or the State Surgeon General's designee that probable cause exists to believe that the licensee is unable to practice nursing because of the reasons stated in this paragraph, the authority to issue an order to compel a licensee to submit to a mental or physical examination by

physicians designated by the department. If the licensee refuses to comply with such order, the department's order directing such examination may be enforced by filing a petition for enforcement in the circuit court where the licensee resides or does business. The licensee against whom the petition is filed shall not be named or identified by initials in any public court records or documents, and the proceedings shall be closed to the public. The department shall be entitled to the summary procedure provided in s. 51.011. A nurse affected by the provisions of this paragraph shall at reasonable intervals be afforded an opportunity to demonstrate that she or he can resume the competent practice of nursing with reasonable skill and safety to patients.

(k) Failing to report to the department any person who the licensee knows is in violation of this part or of the rules of the department or the board; however, if the licensee verifies that such person is actively participating in a board-approved program for the treatment of a physical or mental condition, the licensee is required to report such person only to an impaired professionals consultant.

(l) Knowingly violating any provision of this part, a rule of the board or the department, or a lawful order of the board or department previously entered in a disciplinary proceeding or failing to comply with a lawfully issued subpoena of the department.

(m) Failing to report to the department any licensee under chapter 458 or under chapter 459 who the nurse knows has violated the grounds for disciplinary action set out in the law under which that person is licensed and who provides health care services in a facility licensed under chapter 395, or a health maintenance organization certificated under part I of chapter 641, in which the nurse also provides services.

(n) Failing to meet minimal standards of acceptable and prevailing nursing practice, including engaging in acts for which the licensee is not qualified by training or experience.

(o) Violating any provision of this chapter or chapter 456, or any rules adopted pursuant thereto.

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

(3) The board shall not reinstate the license of a nurse, or cause a license to be issued to a person it has deemed unqualified, until such time as it is satisfied that such person has complied with all the terms and conditions set forth in the final order and that such person is capable of safely engaging in the practice of nursing.

(4) The board shall not reinstate the license of a nurse who has been found guilty by the board on three separate occasions of violations of this part relating to the use of drugs or narcotics, which offenses involved the diversion of drugs or narcotics from patients to personal use or sale.

(5) The board shall by rule establish guidelines for the disposition of disciplinary cases involving specific types of violations. Such guidelines may include minimum and maximum fines, periods of supervision or probation, or conditions of probation or reissuance of a license.

History.—ss. 1, 6, ch. 79-225; s. 321, ch. 81-259; ss. 2, 3, ch. 81-318; s. 1, ch. 83-27; s. 27, ch. 83-329; ss. 14, 17, 18, ch. 86-284; s. 40, ch. 88-1; s. 13, ch. 88-219; s. 19, ch. 88-277; s. 19, ch. 88-392; s. 3, ch. 89-170; s. 33, ch. 91-57; s. 58, ch. 91-137; s. 5, ch. 91-156; s. 4, ch. 91-429; s. 44, ch. 92-149; s. 24, ch. 94-134; s. 24, ch. 94-135; s. 20, ch. 95-152; s. 48, ch. 95-228; s. 136, ch. 95-418; s. 10, ch. 96-274; s. 1106, ch. 97-103; s. 83, ch. 97-264; s. 155, ch. 98-403; s. 2, ch. 99-335; s. 125, ch. 2000-318; s. 103, ch. 2000-349; s. 31, ch. 2001-277; s. 6, ch. 2002-230; s. 30, ch. 2004-267; s. 9, ch. 2005-240; s. 83, ch. 2008-6; s. 51, ch. 2010-114.

64B9-4.004 Requirements for Documentation.

A Registered Nurse applying for initial certification as an Advanced Registered Nurse Practitioner shall submit with a completed application the following:

(1) Proof acceptable to the Board of satisfactory completion of the educational program which shall consist of:

(a) An official Registrar's copy of the applicant's transcript shall be sent directly to the Board from the school and shall denote successful completion of the formal post-basic program or awarding of the masters' degree in a nursing clinical specialty;

(b) A verification form prescribed by the Board submitted by the director of the advanced nursing program indicating successful completion with the official school seal;

(2) Documentation of national certification by a national nursing specialty board identified in subsection 64B9-4.002(3), F.A.C., or documentation of certification by a specialty board that meets the requirements set forth in subsection 64B9-4.002(4), F.A.C., by submitting one of the following:

(a) A notarized true and correct copy of the original or recertification specialty board certificate;

(b) Such other documentary proof which evidences certification by an appropriate specialty board; or

(c) Verification from the specialty association of certification.

Rulemaking Authority 464.006, 464.012 FS. Law Implemented 464.012 FS. History—New 8-31-80, Amended 10-6-82, Formerly 21O-11.25, Amended 3-19-87, Formerly 21O-11.025, 61F7-4.004, Amended 5-29-96, 2-12-97, Formerly 59S-4.004, Amended 4-5-00, 11-2-10, 1-3-12, 5-17-16.

64B9-3.0025 Remedial Courses for Reexamination.

To meet the requirements of Section 464.008(3), F.S., remedial courses must be approved by the Board, and must meet the following requirements:

(1) The faculty qualifications and clinical training shall comply with the standards in Sections 464.019(1)(a), (c), (d), and (e), F.S.

(2) The curriculum shall comply with the guidelines in Sections 464.019(1)(f) and (g), F.S., and shall include a minimum of 80 hours didactic education and 96 hours clinical experience in a medical-surgical setting.

Rulemaking Authority 464.008(3) FS. Law Implemented 464.008(3) FS. History—New 3-23-00, Amended 10-25-10.

Proposed 2017 Board Meeting Dates:

- 1. February 1-3, 2017**
- 2. April 5-7, 2017**
- 3. June 7-9, 2017**
- 4. August 2-4, 2017**
- 5. October 4-6, 2017**
- 6. December 6-8, 2017**