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

Version I

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 cation and Crodentials "B" Committee

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

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 IPN 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

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

Reciprocity

Juvenile Offense

Exam

1. Shaughnessy, Derrick; 4401/684051

Reciprocity

Criminal History

Exam

- 1. Ennis, Kamesiha; 4401/698590
- 2. Dixon, Vintoria; 4401/698590
- 3. Bates, Jessica L.; 4401/702709
- 4. Webb, Nicola; 4401/701656
- 5. McKnight, Dara T; 4401/699310

Reciprocity

1. Smith, Karla Veneta; 4401/700777

False Answer on Application Exam

- 1. Barr, Toni D.; 4401/689576
- Covington, Christopher; 4401/693918
 Davis, Shaquana L.; 4401/698639
- 4. Singletary, Taikenya; 4401/698570

Reciprocity

- 5. Williams, Pamela S.; 4401/698111
- 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
- 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
- 2. Richardson, Sylvester; 4401/676512
- 3. McCant, Janice; 4401/524520
- 4. Shields, Fatima; 4401/691899
- 5. Graham, Lakeythia S.; 4401/699678
- 6. Davis, Keoka; 4401/409020
- 7. Watson, Deaunita; 4401/702830
- 8. Williams, Latrina; 4401/697773
- 9. Quarterman, Sharnique; 4401/424586
- 10. Degraffread, Latoya R.; 4401/394659
- 11. Ford, Rosetta; 4401/694436

Reciprocity 12. Russell, Kimbly Ann; 4401/692110

E. CNA Applicants for Licensure under 435.07

Exam

- 1. Wood, Griffin J.; 4401/699694
- 2. Keskiner, Bekir Onur; 4401/699164
- 3. Worthy, Shelia E.; 4401/692738
- 4. Bennett, Sherrell M.; 4401/620223

Reciprocity

- 5. Corbitt, Tiesha; 4401/691380
- 6. Pelicos, Christina; 4401/698719

Exemption

- 7. Knight, O' Darius M.; 4401/619183
- 8. Turner, Chassidee S.; 4401/493186
- 9. Gaskins, Bess E.; 4401/425285

F. Non-Compliance with Section 464.019, FS

- 1. Application for a new Practical Nursing Program
- 2. PN and RN Programs with Low Scores for 2014 and 2015
- 3. PN and RN Programs Currently on Probation

G. Ratification Lists

- 1. CNA Program Ratification List
- 2. Nursing Education Program Ratification List
- 3. Internationally Educated Nurse Ratification List

H. Items for Discussion

None.

I. Informational Items

- 1. Brown Mackie College Miami, FL- RN Program Closure
- 2. Lincoln Techinical Institute, Fern Park, FL- ABHES Voluntary Relinquishment/Closure
- 3. Ultimate Medical Academy, Tampa & Clearwater, FL
- 4. Victoria Medical College, West Palm Beach, FL- RN Program Remediation Plan

5. Accreditation Commission for Education in Nursing (ACEN) - Notification of Commission Actions

- 6. Breckinridge School of Nursing, Ft. Myers, FL- Remediation Plan
- 7. 2016 Q1 NCLEX Reports
- 8. Medlife Institute Bradenton NCLEX Improvement Plan
- 9. Florida International Training Institute Doral, FL- CNAP Notification
- 10. Azure College, Sebring, FL- Campus Reclassification
- 11. Emergency Educational Institute Remediation Plan
- 12. Progress reports submitted to the Commission

J. Informational Hearings

None.

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
- 2. Adkins, Paul; 1701/557205
- None

Endorsement

- 3. Strawder, Wendy Renee; 1701/551698
- 4. Tavares, Diane Dorothy; 1701/538993
- 5. Atito, Mavis Abena; 1701/548719
- 6. Brown, Karen Kay; 1701/553593
- 7. Jones, Cynthia Leigh; 1701/553983
- 8. Rowe, Donna M.; 1701/546641
- 9. Kaloustian, Amber 1701/554742
- 10. Wiggins, Sharon Kay; 1701/479971
- 11. Williamson, William David; 1701/550926
- 12. Williams, Carscenia A.; 1701/551246
- 13. Clark, Jennifer Marie; 1701/554050
- 14. Snowden, Necole Alexandria; 1702/181438
- 15. Sweat, Deneen Jones; 1702/18183
- 16. Hall, Sharon Smith; 1702/181901
- 17. Torres Pagan, Marilyn; 1701/542685
- 18. Hassell, Kimberly Marie; 1702/178795

ARNP Upgrade

19. Ciamaichelo, Christopher Jules; 1701/469744

Prior Board Action

Exam

Endorsement

1. Sadowsky, Amanda Sue; 1701/546562

Criminal History

Exam

- 1. Enright, Donette Marie; 1701/554248
- 2. Vasquez, Choya Trevas; 1702/181298
- 3. Ryan, Meghan Elizabeth; 1701/537597
- 4. Nee, Donald Keith; 1701/551889
- 5. Reba, Stephanie Marie; 1701/554971
- 6. Nelson, Jacquelyn Allen; 1702/181275
- 7. Hornbeck, Scott Asher; 1701/543519
- 8. Kohl, Jeannie Marie; 1702/178528
- 9. Lord, Jacob Robert; 1702/182452

Endorsement

10. Baum, Brandi; 1701/548603

11. Bennett-Smith, Stephanie Etta; 1702/151904

ARNP Upgrade

12. Todorova, Iva Simeonova; 1701/460742

Health History

Exam

- 1. Williams, Ashley; 1701/522147
- 2. Vitale, Carly Ann; 1701/547549

Endorsement

- 3. Wasserstein, Jill Ramona; 1701/546360
- 4. Mancuso, Candace Renee; 1701/522091
- 5. Brown, Carolann; 1702/181099
- 6. Johnson, Donna Elise; 1701/551462
- 7. Scalf, Michelle Lynne; 1701/552126
- 8. Wright, Brittney Lynn; 1701/551127
- 9. Hunt, Rebecca Elizabeth; 1701/556243
- 10. Steele, Jessica; 1701/549352

ARNP Upgrade

False Answer on Application

Exam

- 1. Valladares, Gail Aida; 1701/545508
- 2. Figaro, Stephanie; 1701/453039

Endorsement

Open Case

Exam

1. Dufort, Angie Young; 1701/554017

Endorsement

- 2. Whittemore, Joseph Arthur; 1701/551139
- 3. Collins, Mia Fawn; 1702/182732

ARNP Upgrade

Staff Concern

Exam

Endorsement 1. Tilis, Michael Robert; 1701/551873

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

B. Education Credentials

- 1. Absin, Anna; 1701/550722
- 2. Abueme, Jenniel De Los Reyes; 1701/547328
- 3. Amaut, Dolores Baldemor; 1701/532141
- 4. Delos Reyes, Diana Hazel Sorreta; 1701/529215
- 5. Diaz Leon, Hector Lazaro; 1701/554962
- 6. Dunkley Roberts, Calmena; 1702/179199
- 7. Emelumba, Charles; 1701/546991 pulled
- 8. Gilmartin, Michael Joseph; 1701/525916
- 9. Graciano Arias, Daifeny; 1701/551659
- 10. Isaindang, Ray; 1701/539007
- 11. Itambi, Linda Ngwiba; 1701/551781
- 12. Jno-Charles, Gissel; 1701/529014
- 13. Jose, Rosmi; 1701/527822
- 14. Madu, Nzubechukwu O; 1701/552820
- 15. Malave, Natasha Liz; 1701/447360
- 16. Mashni, Mayson; 1701/546402
- 17. Mathew, Bino Pappy; 1701/551932
- 18. Mbong, Rocine Beng; 1701/553425
- 19. McNab, Roslyn Alexandra; 1701/511330
- 20. Miranda Calnick, Katia; 1701/548115
- 21. Ortiz, Anthony Raphael; 1702/180723
- 22. Montano Hernandez, Lazara Yesenia; 1701/546352
- 23. Morales Salagre, Amilcar; 1701/553020
- 24. Morejon Medina, Mayelin; 1701/506766
- 25. Murdock-McNeil, Dorrett Marveta; 1701/520195
- 26. Padao, Ma Shire Agura; 1701/552570
- 27. Pasigna, Dexie Saavedra; 1701/548454
- 28. Perez, Lilibeth; 1701/544576

- 29. Santana Ramos, Iliana; 1701/545963
- 30. Simpson, Carline Elizabeth; 1701/525169
- 31. Spirina, Marina; 1701/548579
- 32. Toda, Iris; 1701/547478
- 33. Wassie, Azmera Tsegaye; 1701/511834
- 34. Anzardo, Christine Mae; 1701/539932
- 35. Benitez, Alain; 1701/550031
- 36. Bowerbank-Ingram, Kimberley Gaye; 1701/554414
- 37. Camacho Saez, Damaris Noemi; 1701/547349
- 38. Cervantes, Ailyn Ke-E; 1701/537732
- 39. Che, Maceline Nanga; 1702/181733
- 40. Corcho, Mariley; 1701/357423
- 41. Crespo Marquez, Dianelys; 1701/551204
- 42. Reddy, Aireen Maglantay; 1701/554071
- 43. Romero, Jasalynn; 1701/523735
- 44. Ruvira, Onelia; 1701/554047
- 45. Trantham, Kaylee Rae, 1702/181597
- 46. Vieite, Mayelin; 1701/546521
- 47. Walton, Matthew Paul; 1701/542382
- 48. Alamo, Idania; 1701/540312
- 49. Mota, Dalete Delalibera Correa de Faria; 1701/505667
- 50. Bendayon, Maricen Grace Solania; 1701/550600
- 51. Cervantes, Johexis; 1701/554362
- 52. Delatorre, Regina Estandarte;1701/525704
- 53. Crespo, Peggy Lee; 1702/182015

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

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

B. Recommended Orders

Recused Member: Anna Maria Hubbard

1. Tinson, Ekemi A., CNA 262882 Case #2015-18437 File #592052

C. CNA Informal Hearings

Recused Member: Anna Maria Hubbard

1. Petitfrere, Myriam, CNA 310725 Case #2015-21930 File #667186

2. Lewis, Brenda M., CNA 35523 Case #2015-09537 File #294770

Recused Member: Jody Bryant Newman

3. Cooper, Priscilla A., CNA 218968 Case #2015-19367 File #420031

Recused Member: Diana Forst

4. Fuqua, Candice N., CNA 144905 Case #2015-27246 File #415633

Recused Member: Derrick C. Glymph

5. Cerrato, Danielle M., CNA 180460 Case #2015-28386 File #467222

No Recused Members

6. Smith, Kristina, 4401/539637

D. LPN, RN, and ARNP Informal Hearings

No Recused Members:

1. Freeman-Carbajal, Melinda Rose, RN 9313088 Case #2013-11744 File #413637

2. Miles, Shanika; 1702/5187676

Recused Member: Anna Maria Hubbard

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

Recused Member: Cathy Oles Gordon

9. Ryan, Sylvia Darlene G., RN 1327992 Case #2014-01774 File #29554

- 10. Miller, Diantha Davis, ARNP 9322768 Case #2015-26410 File #424297
- 11. Mclaughlin, Shalena, LPN 5191555 Case #2015-21405 File #140436
- 12. Hughes, Kendra Lavette, LPN 5185973 Case #2010-21838 File #125844
- 13. Ortiz, Atoyia Stephens, RN 9220393 Case #2015-24311 File #309246
- 14. Dean, Angela RN 9170736 Case #2015-30363 File #256663
- 15. Mullen, Donna Marie, LPN 1200091 Case #2015-24976 File #57482

Recused Member: Diana Forst

16. Tomaselli, Debra B., RN 9353684 Case #2015-26623 File #450928

Recused Member: Jody Bryant Newman

17. Morehouse, Marilyn, RN 9254479 Case #2015-17196 File #349271 18. Haggard, Melissa Dianne, LPN 1282101 Case #2014-17210 File #65893

Recused Member: Kathryn Whitson

19. Mora, Melaine Mae, LPN 5147561 Case #2014-12720 File #91273

Recused Member: Derrick C. Glymph

20. Peters, Linda Sue, RN 9253276 Case #2015-08385 File #348833 21. Mitchell, Nancy A., RN 9298241 Case #2015-17313 File #397885

Recused Member: Lori Desmond

22. Walke, Lindsay Anna, RN 9240803 Case #2016-09335 File #330741

E. Licensure Informal Hearings CNA

LPN, RN, and ARNP

- 1. Johnson, Valentino Nilosaharan; 1701/542806
- 2. West, Shea Tyler; 1701/538703
- 3. Jones, Trina Ann; 1701/536336
- 4. Carmon, Mary; 1701/270728
- 5. Batista, Yoelmis; 1701/534559
- 6. Adebiyi, Adenike; 1701/50703
- 7. Fulknier, Raymond; 1701/539540
- 8. Szokolovics, Judit; 1701/537127

F. Petitions for Hearing/ Modifications

LPN, RN, and ARNP

1. Rivera-Hernandez, Lydia, PN 5207561 Case# 2013-06507

G. CNA Settlement Agreements

Recused Member: Cathy Oles Gordon

1. Queen, Felicia Catina, CNA 180217 Case #2015-06583 File #467327

Recused Member: Anna Maria Hubbard

2. Rawls, Lola B., a.k.a. Bradshaw-Rawls, Lola, CNA 274420 Case #2015-19934 File #601560

3. Jackson, Garaya J., CNA 199256 Case #2015-26485 File #490133

4. Singletary, Ciera Amber, CNA 104126 Case #2015-27994 File #382806

Recused Member: Jody Bryant Newman

5. Phillips, Ebony Lashey, CNA 286657 Case #2015-18039 File #451825

Recused Member: Kathryn L. Whitson

6. Robinson, Brandy Nicole, CNA 87678 Case #2015-09294 File #308843

H. LPN, RN, and ARNP Settlement Agreements

No Recused Members:

1. Carter, Lucille Janet, LPN 5164549 Case #2013-02999 File #110660

2. Bradshaw, Sheri Ann, RN 9280933 Case #2015-10779 File #378354

Recused Member: Cathy Oles Gordon

3. Vinson, Julie Ann, RN 9207375 Case #2015-09033 File #298586

- 4. Grawey, James Guy, RN 9307604 Case #2015-11361 File #407378
- 5. Strickland, Catherine Annastacia, RN 9370967 Case #2014-16905 File #472803
- 6. Charles, Marlon Kevin, RN 9338311 Case #2015-24500 File #442502
- 7. Direnzi, Dina Anne, RN 9209295 Case #2015-10364 File #296524
- 8. Stockigt, Jr., Peter E., RN 9378498 Case #2015-08580 File #488319
- 9. Green, Savannah Jasmine, LPN 5215392 Case #2015-06378 File #169365
- 10. Metzger, Nicholas James, RN 9308024 Case #2015-21528 File #406548
- 11. Pratt, Ginger Sue, RN 9290636 Case #2014-22247 File #387635
- 12. Moretz, Stefanie Lyn, RN 9372519 Case #2016-00122 File #478938

Recused Member: Jody Bryant Newman

13. Cribbs, Patricia Ritch, RN 2813212 Case #2015-20295 File #145016

- 14. Smith, Doris Hunt, RN 9219459 Case #2014-09111 File #311870
- 15. Kemmler, Zachary Cole, RN 9356582 Case #2015-17939 File #432804
- 16. Locke, Donna L., RN 9322704 Case #2015-18746 File #424889

Recused Member: Kathyrn Whitson

17. Hayes, Tiffany Marie, RN 9326058 Case #2014-12484 File #426153

18. Chuites, Drinda Sue Lane, RN 1614202 Case #2014-07065 File #517849

Recused Member: Anna Maria Hubbard

Mesic, Vera Diane Higgins, RN 2055092 Case #2015-08558 File #91309
 Hull, Sheri Lynn, RN 9314040 Case #2015-18331 File #414781
 Adrian, Pamela Lynn, RN 9327686 Case #2015-28892 File #429189
 Gray, Anthony Damond, Gray, LPN 5206758 Case #2015-20717 File #157867
 Zdravich, Tammy Yvonne, RN 9351551 Case #2015-23485 File #452074
 Lalonde, Ronald M., RN 9368186 Case #2015-17107 File #177463
 Lavimoniere, Jill Evette, RN 3181762 Case #2015-18551 File #183136
 Burkowsky, Alexandra RN 9202664 Case #2015-20463 File #2932203
 Harms, Tiffany Ann, aka Sanford, Tiffany Harms, LPN 5202081 Case #2015-11964 File #152779
 Spradlin, Margaret Elaine aka Spradlin Peggy, RN 9215456 Case #2015-00165 File

#305020

Recused Member: Diana Forst

Brunton-Cooley, Lisa Anne, ARNP 2776972 Case #2015-22740 File #141291
 Mesfin, Tigist, RN 9308258 Case #2015-25112 File #410413
 White, Tawanna Christine, LPN 5171444 Case #2015-27953 File #117616
 Humphries, Cameron Leola, LPN 5191865 Case #2014-18542 File #141028
 Hodge, Kathy Darlene, RN 9203017 Case #2015-07046 File #295261
 Lyons, Kathleen, RN 3302602 Case #2015-23771 File #195544
 Joseph, Sherley, RN 9382541 Case #2015-20011 File #455979
 Tsolakakis, Andria Beth, LPN 5205668 Case #2014-18438 File #156041
 Edwards, Glyn Barton, LPN 1307701 Case #2015-18209 File #68523
 Linares, Susan Diane Crane, RN 2533832 Case #2015-19382 File #116276

39. St. Val, Marlene M., LPN 5194231 Case #2015-25363 File #132380

Recused Member: Derrick C. Glymph

40. Kosnick, Christine Marie, RN 3995568 Case #2015-24766 File #507362 41. Tevenal, Angela Marie, RN 9308885 Case #2015-28146 File #410215 42. Rivera, Lilliam RN 9200441 Case #2015-26024 File #286330

Recused Member: Lori Desmond

43. Despaigne, Bradley LPN 5199994 Case #2015-26007 File #150542 44. Devries, Michele D., LPN 5157037 Case #2015-26783 File #102149

I. CNA Voluntary Relinquishments

No Recused Members

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

Recused Member: Cathy Oles Gordon

5. Mitchell, Kathleen N., CNA 319409 Case #2015-26321 File #677052

Recused Member: Anna Maria Hubbard

6. Colon, Jose E., CNA 279526 Case #2014-18469 File #26984

Recused Member: Derrick C. Glymph

7. Guerrero, Cesar A., CNA 200984 Case #2015-31352 File #494619

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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

- 2. Adams, Tina Joann, RN 2744352 Case #2016-09823 File #137897
- 3. Rock, Linda D., RN 3362162 Case #2016-05179 File #201774
- 4. Kubek, Marilyn Marie, RN 9383222 Case #2015-08335 File #496840
- 5. Gleason, Melody Rae Morgan, RN 797582 Case #2016-11446 File #230209
- 6. Christenson, Evan Macleod, RN 9421687 Case #2016-08975 File #334479
- 7. Schad, Jeanne Celeste, RN 9289363 Case #2016-10635 File #387644
- 8. Barkley, Jr., Eugene Carl, RN 9179396 Case #2015-29974 File #265808
- 9. Prine, Jeanne Marie, RN 9198751 Case #2015-07644 File #288146
- 10. Melo, Kristin Lynn, RN 9324458 Case #2015-28693 File #426083

11. Hayes, Audra Maria RN 9324948 Case #2016-11296 File #423940

12. Powell, Mary Jo, RN 9323017 Case #2016-05166 File #425530

13. Cunningham, Susan Jane, LPN 516601 Case #2015-31733 File #3432

14. Krull, Letitia Mollie, RN 3332612 Case #2016-09070 File #198724

Recused Member: Anna Maria Hubbard

15. Spangler, Dennis Albert, RN 2907912 Case #2015-17779 File #154847

- 16. Buratt, Aaron David, RN 9283764 Case #2014-17497 File #375033
- 17. Bonin, Andrea Elizabeth, LPN 5205262 Case #2014-18561 File #15111

Recused Member: Derrick C. Glymph

18. Reid, Kami Lee, RN 9357526 Case #2015-19048 File #463795

- 19. Call, Christopher Allen, LPN 5204221 Case #2015-27531 File #152490
- 20. Sexton, Rhonda Lee, RN 9209314 Case #2015-27720 File #296568

Recused Member: Cathy Oles Gordon

21. Green, Donna C., RN 9358498 Case #2015-23625 File #464237 22. Lansdowne, Allison Jean, RN 2826712 Case #2015-30574 File #146415

K. Reinstatements and Compliance Issues

CNA

1. Deverlus, Eronie, CNA 148052 Case# 2010-13021

RN, LPN, and ARNP

- 2. Pearo, Brett D., RN 9372401 Case# 2014-19429
- 3. Staley, Hope S., RN 9176371 Case# 2010-12317
- 4. Rivera, Tamra R., RN 9273347 Case# 2014-04788
- 5. Brawley, William B., RN 2687122 Case# 2012-08345
- 6. Clark, Gayle W., RN 9182013 Case# 2011-04329
- 7. Johnson, Sophia D., RN 2909222 Case# 2010-10954
- 8. Fisher, Trisha Ann, RN 9206727 Case #2013-08301

II. Other

A. Practice Issues None

B. Advanced Practice Issues

Protocols

- 1. Christan Ballmann
- 2. Deborah Coupland-Porter
- 3. Joan Elizabeth Gallagher
- 4. Maria Czupryn
- 5. Duangdow Cumemanie
- 6. Theresa Ann Homa Hrovoski
- 7. Maria Romero
- 8. Vanessa Cravatta
- 9. Barbara C. Brandt
- 10. Jannet Jorvina Vergara
- 11. Richard Sterne
- 12. Betty Kachnycz
- 13. AlexIs Goss
- 14. Michelle Jayne Bonfe
- 15. Robert James Stratton
- 16. Eli Maggie Figueroa
- 17. Aubry Washington Fulton
- 18. Melissa K. Morris
- 19. Monica J. Cox
- 20. Ann Darlene Vlaun
- 21. Chelsea C. Catalanotto
- 22. Ann Moore
- 23. Amy Brown

24. Denise A. Joseph

25. Thomas Stross

C. Special Education Issues

None.

D. Approval of Minutes

- 1. April 2016 Full Board Minutes
- 2. Current Committee Meeting Minutes
- 3. Full Board Conference call Establish Formulary Committee- Meeting Minutes
 - E. Declaratory Statements
- 1. Tucker, Chelsea Adelle; 1701/9426124
 - F. Prosecution Services Unit
 - G. Board Members
 - H. Financial Report

III. Intervention Project for Nurses

- 1. State Reports
 - A. March 2016 B. April 2016
- 2. IPN Agenda

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
- 2. Krebs, Sheila W., CNA 77829 Case #2015-22379 File #139945
- 3. Kent Cassandra B., CNA 293333 Case #2014-13541 File #635352

Recused Member: Kathryn Whitson

4. Fultz, Tiffany A., CNA 270044 Case #2014-06728 File #600454

Recused Member: Cathy Oles Gordon

Shakoor, Shadeek A., CNA 45936 Case #2015-27672 File #381230
 Hugger, Jammel, CNA 299149 Case #2015-24672 File #647384
 Everett, Jacqueria S., CNA 288922 Case #2015-18041 File #599883
 Lawrence, Erica M., CNA 250756 Case #2015-25318 File #538236
 Fields, Nicole M., CNA 207494 Case #2015-24406 File #507049
 Milord, Franckendy, CNA 287377 Case #2014-13911 File #611526
 Tatum, Catherine CNA 282959 Case#2014-03896 File #617663
 Norment, Angelika S., CNA 224024 Case #2015-19460 File #524838

13. Garcia, Gesler A., CNA 281554 Case #2015-28451 File #9612939

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

Recused Member: Diana Forst

Beheshti, Alexis, CNA 304222 Case #2015-11449 File #656733
 Hunt, Latifha K., CNA 304774 Case #2015-11283 File #647606
 Walker, Barbara J, CNA 72834 Case #2015-22890 File #110402
 Dixon, Jashawn R., CNA 291937 Case #2014-20012 File #615336
 Baker, Jeanette N., CNA 193213 Case #2015-07348 File #487842
 Vrabel, Sylvia K., CNA 284409 Case #2015-11441 File #621784

Recused Member: Anna Maria Hubbard

Harris, Ureka S., CNA 190073 Case #2014-18459 File #418427
 Harry, Ta Kenya S., CNA 244037 Case #2015-03205 File #562933
 Dean, Candace K., CNA 218808 Case #2014-18710 File #527650
 McGuinness, Shavon Renee, CNA 86744 Case #2015-07387 File #371066
 Morris, Melissa J, CNA 115342 Case #2015-24853 File #390761
 Cooper, Shirlette D., CNA 141154 Case #2015-09293 File #410017
 Johnson, Jamarial Taneesha aka Brown, Jamarial Taneesha, CN 135172 Case #2015-23459 File #401939

Recused Member: Derrick C. Glymph

32. Garduno, Maria Isabel, CNA 113007 Case #2015-30442 File #344524

D. RN, LPN, and ARNP Informal Waivers

No Recused Members:

1. Sanders, Rebekah Katherine, RN 9342457 Case #2015-08655 File #448471

Recused Member: Diana Forst

2. Dieguez, Eduardo, LPN 5174992 Case #2015-17162 File #119691

3. Duggins, David Wayne, RN 1203922 Case #2015-19030 File #20950

- 4. Labor, Lorraine Linda, RN 9329657 Case #2014-12803 File #431202
- 5. Kidder, Tara Sue, RN 9234183 Case #2015-06722 File #326029
- 6. Hughes, John Anthony, RN 3212082 Case #2012-08182 File #186297
- 7. Lazarus, David Paul, RN 9327108 Case #2013-13472 File #426145
- 8. Matesic, Kerry Michelle, RN 9302018 Case #2015-07320 File #371341
- 9. Lee, Stephanie Walker, RN 9368758 Case #2015-18894 File #474245

Recused Member: Kathryn L. Whitson

10. Wolfe, Virginia Wanell, LPN 5200873 Case #2014-14895 File #151295 11. Kolczycki, Lorri Ann, RN 9234318 Case #2014-03282 File #324680

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- 12. Hedrick, Beth Ann Chambers, RN 1968072 Case #2015-07566 File #82293
- 13. Brower, Gary Alan, RN 9372858 Case #2014-19507 File #468406
- 14. Linchy, Lorie J., RN 2952302 Case #2015-23340 File #159419
- 15. McGuire, Gilda Lizette, RN 9344857 Case #2015-00330 File #445365

Recused Member: Cathy Oles Gordon

16. Arndt, Erin McCall, RN 9388050 Case #2015-00183 File #501484

- 17. Vollmer, Mark David, RN 9359244 Case #2015-23945 File #464967
- 18. Baskin, Kelli C., RN 9359615 Case #2015-18907 File #462894

Recused Member: Jody Bryant Newman

Barnes, Michelle L., LPN 5179310 Case #2015-23602 File #121172
 Farrell, Nicole Lynn, RN 9354672 Case #2015-24278 File #462033
 Carden, Robin Michelle, LPN 1103851 Case #2015-17842 File #47641
 Gearing, David William, LPN 1276441 Case# 2015-20832 File #65307
 Danes, III, Louis Reed, RN 9234943 Case #2014-20204 File #325874
 Nixon, Corrina D., LPN 5218592 Case #2015-11495 File #137139
 Austin, Richard V., LPN 52105963 Case #2015-18256 File #161165
 Carroll, Kathy Lynn, RN 9326460 Case #2015-21542 File #430269

Recused Member: Anna Maria Hubbard

27. Gordon, Latoya Aneka, RN 9287499 Case #2014-13997 File #386512

- 28. Taylor, Irma Jean, RN 9234625 Case #2015-17123 File #327034
- 29. Ryther, Keli Kay, RN 9228294 Case #2015-07025 File #319541
- 30. Marston, Kim RN 2866582 Case #2015-16765 File #150577
- 31. Wood, Dale Justine, RN 9294228 Case #2015-21640 File #393284
- 32. Gillis, Kimberly Diann, LPN 5215900 Case #2015-06371 File #170010

33. Ming, Yvette RN 9286490 Case #2015-25455 File #381422

Recused Member: Deborah Wakefield McKeen

34. Keith, Tracy Jean, RN 9322432 Case #2014-13500 File #419138

Recused Member: Derrick C. Glymph

35. Lee, Linda Joyce, RN 9219571 Case #2015-19029 File #307840 36. McMillan, James Richard, RN 9402625 Case #2015-19042 File #517816

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II. Nursing education clinical space challenges discussion

III. Board Reports

A. Board Chair

1. Appoint 2 BON Members to discuss wrong-site surgery issues with 2 BOM Members 2. NCSBN

B. Board Counsel

- 1. April 2016 Rules Report
- 2. May 2016 Rules Report
- 3. Litigation Update
- 4. 4th Circuit Unpublished Opinion affirming Summary Judgment

C. Executive Director

- 1. Ratification Lists
 - A. Nursing Withdrawals
 - B. CE Provider
 - C. Licensure Applicant Ratification
- 2. ARNP Application Update
- 3. Endorsement Application
- 4. CNS Application
- 5. Re-exam Application
- 6. Exam Application
- 7. Reactivation Application

D. Legislative Issues

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

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> 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

- 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. <u>458.331(9)</u>, <u>459.015(9)</u>, <u>460.413(5)</u>, and <u>461.013(6)</u>, 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. <u>120.525</u>.

(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. <u>120.60</u>(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. <u>120.57</u>, 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. $\underline{119.07}(1)$ 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 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 <u>per subject area</u> 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<u>, as specified by the board in rule</u>, <u>shall</u> documents 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. <u>464.008</u>. **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 proress 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

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pursuant to chapter 120. for remediation, which shall include specific benchmarks to

identify progress toward a graduate passage rate goal<u>, and which is subject to board</u> 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.

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 jt does not submit the annual report within 6 months after the due date <u>or if the program director fails to appear</u> <u>within 6 months after the due date</u>.

(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. <u>456.014</u> is disclosed under this subsection must maintain the confidentiality of the information and is subject to the same penalties provided in s. <u>456.082</u> 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.

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2. Shall submit to the board <u>for approval</u> 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.

(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. 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

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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 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. <u>1005.06(1)(e)</u>.

(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.



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2	An act relating to access to health care services;
3	amending s. 110.12315, F.S.; expanding the categories
4	of persons who may prescribe brand name drugs under
5	the prescription drug program when medically
6	necessary; amending ss. 310.071, 310.073, and 310.081,
7	F.S.; exempting controlled substances prescribed by an
8	advanced registered nurse practitioner or a physician
9	assistant from the disqualifications for certification
10	or licensure, and for continued certification or
11	licensure, as a deputy pilot or state pilot; amending
12	s. 456.072, F.S.; applying existing penalties for
13	violations relating to the prescribing or dispensing
14	of controlled substances by an advanced registered
15	nurse practitioner; amending s. 456.44, F.S.; defining
16	the term "registrant"; deleting an obsolete date;
17	requiring advanced registered nurse practitioners and
18	physician assistants who prescribe controlled
19	substances for the treatment of certain pain to make a
20	certain designation, comply with registration
21	requirements, and follow specified standards of
22	practice; providing applicability; amending ss.
23	458.3265 and 459.0137, F.S.; limiting the authority to
24	prescribe a controlled substance in a pain-management
25	clinic only to a physician licensed under ch. 458 or
26	ch. 459, F.S.; amending s. 458.347, F.S.; revising the
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27 required continuing education requirements for a 28 physician assistant; requiring that a specified 29 formulary limit the prescription of certain controlled substances by physician assistants as of a specified 30 31 date; amending s. 464.003, F.S.; revising the term "advanced or specialized nursing practice"; deleting 32 33 the joint committee established in the definition; amending s. 464.012, F.S.; requiring the Board of 34 35 Nursing to establish a committee to recommend a formulary of controlled substances that may not be 36 37 prescribed, or may be prescribed only on a limited basis, by an advanced registered nurse practitioner; 38 specifying the membership of the committee; providing 39 parameters for the formulary; requiring that the 40 formulary be adopted by board rule; specifying the 41 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 date; providing a short title; authorizing an advanced 46 registered nurse practitioner to prescribe, dispense, 47 48 administer, or order drugs, including certain controlled substances under certain circumstances, as 49 of a specified date; amending s. 464.013, F.S.; 50 revising continuing education requirements for renewal 51 52 of a license or certificate; amending s. 464.018,

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

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79	459.015(10), 459.022(7)(f), and 465.0158(5)(b), F.S.,
80	to incorporate the amendment made to s. 456.072, F.S.,
81	in references thereto; reenacting ss. 456.072(1)(mm)
82	and 466.02751, F.S., to incorporate the amendment made
83	to s. 456.44, F.S., in references thereto; reenacting
84	ss. 458.303, 458.3475(7)(b), 459.022(4)(e) and (9)(c),
85	and 459.023(7)(b), F.S., to incorporate the amendment
86	made to s. 458.347, F.S., in references thereto;
87	reenacting s. 464.012(3)(c), F.S., to incorporate the
88	amendment made to s. 464.003, F.S., in a reference
89	thereto; reenacting ss. 456.041(1)(a), 458.348(1) and
90	(2), and 459.025(1), F.S., to incorporate the
91	amendment made to s. 464.012, F.S., in references
92	thereto; reenacting s. 464.0205(7), F.S., to
93	incorporate the amendment made to s. 464.013, F.S., in
94	a reference thereto; reenacting ss. 320.0848(11),
95	464.008(2), 464.009(5), and 464.0205(1)(b), (3), and
96	(4)(b), F.S., to incorporate the amendment made to s.
97	464.018, F.S., in references thereto; reenacting s.
98	775.051, F.S., to incorporate the amendment made to s.
99	893.02, F.S., in a reference thereto; reenacting ss.
100	944.17(3)(a), 948.001(8), and 948.101(1)(e), F.S., to
101	incorporate the amendment made to s. 948.03, F.S., in
102	references thereto; providing effective dates.
103	
104	Be It Enacted by the Legislature of the State of Florida:
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105 106 Section 1. Subsection (7) of section 110.12315, Florida 107 Statutes, is amended to read: 108 110.12315 Prescription drug program.-The state employees' 109 prescription drug program is established. This program shall be 110 administered by the Department of Management Services, according 111 to the terms and conditions of the plan as established by the 112 relevant provisions of the annual General Appropriations Act and implementing legislation, subject to the following conditions: 113 114 The department shall establish the reimbursement (7) schedule for prescription pharmaceuticals dispensed under the 115 116 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 prescription that the brand name drug is medically necessary or 121 122 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 adopted by the department. 126 127 Section 2. Paragraph (c) of subsection (1) of section 128 310.071, Florida Statutes, is amended, and subsection (3) of 129 that section is republished, to read: 130 310.071 Deputy pilot certification.-

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

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

134 Be in good physical and mental health, as evidenced by (C) documentary proof of having satisfactorily passed a complete 135 136 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 certificated deputy pilot. Such standards shall include zero 141 142 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 and that controlled substance was prescribed by that physician, 145 146 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 The initial certificate issued to a deputy pilot shall (3)

be valid for a period of 12 months, and at the end of this period, the certificate shall automatically expire and shall not

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157 be renewed. During this period, the board shall thoroughly evaluate the deputy pilot's performance for suitability to 158 159 continue training and shall make appropriate recommendations to 160 the department. Upon receipt of a favorable recommendation by the board, the department shall issue a certificate to the 161 deputy pilot, which shall be valid for a period of 2 years. The 162 163 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). Section 3. Subsection (3) of section 310.073, Florida 167 168 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 license as a state pilot must: 171 172 (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 requirements for passing the physical examination, which rules 176 177 shall establish minimum standards for the physical or mental capabilities necessary to carry out the professional duties of a 178 179 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 advanced registered nurse practitioner, or a physician assistant 182

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183 and that controlled substance was prescribed by that physician, advanced registered nurse practitioner, or physician assistant. 184 185 To maintain eligibility as a licensed state pilot, each licensed 186 state pilot must annually provide documentary proof of having satisfactorily passed a complete physical examination 187 188 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.

Section 4. Paragraph (b) of subsection (3) of section310.081, Florida Statutes, is amended to read:

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

(3) Pilots shall hold their licenses or certificatespursuant 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 or mental capabilities necessary to carry out the professional 204 205 duties of a licensed state pilot or a certificated deputy pilot. 206 Such standards shall include zero tolerance for any controlled 207 substance regulated under chapter 893 unless that individual is 208 under the care of a physician, an advanced registered nurse

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209	practitioner, or a physician assistant and that controlled
210	substance was prescribed by that physician, advanced registered
211	nurse practitioner, or physician assistant. To maintain
212	eligibility as a certificated deputy pilot or licensed state
213	pilot, each certificated deputy pilot or licensed state pilot
214	must annually provide documentary proof of having satisfactorily
215	passed a complete physical examination administered by a
216	licensed physician. The physician must know the minimum
217	standards and certify that the certificateholder or licensee
218	satisfactorily meets the standards. The standards for
219	certificateholders and for licensees shall include a drug test.
220	
221	Upon resignation or in the case of disability permanently
222	affecting a pilot's ability to serve, the state license or
223	certificate issued under this chapter shall be revoked by the
224	department.
225	Section 5. Subsection (7) of section 456.072, Florida
226	Statutes, is amended to read:
227	456.072 Grounds for discipline; penalties; enforcement
228	(7) Notwithstanding subsection (2), upon a finding that a
229	physician has prescribed or dispensed a controlled substance, or
230	caused a controlled substance to be prescribed or dispensed, in
231	a manner that violates the standard of practice set forth in s.
232	458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o)
233	or (s), or s. 466.028(1)(p) or (x), <u>or that an advanced</u>
234	registered nurse practitioner has prescribed or dispensed a
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235	controlled substance, or caused a controlled substance to be
236	prescribed or dispensed, in a manner that violates the standard
237	of practice set forth in s. 464.018(1)(n) or (p)6., the
238	physician or advanced registered nurse practitioner shall be
239	suspended for a period of not less than 6 months and pay a fine
240	of not less than \$10,000 per count. Repeated violations shall
241	result in increased penalties.
242	Section 6. Section 456.44, Florida Statutes, is amended to
243	read:
244	456.44 Controlled substance prescribing
245	(1) DEFINITIONSAs used in this section, the term:
246	(a) "Addiction medicine specialist" means a board-
247	certified psychiatrist with a subspecialty certification in
248	addiction medicine or who is eligible for such subspecialty
249	certification in addiction medicine, an addiction medicine
250	physician certified or eligible for certification by the
251	American Society of Addiction Medicine, or an osteopathic
252	physician who holds a certificate of added qualification in
253	Addiction Medicine through the American Osteopathic Association.
254	(b) "Adverse incident" means any incident set forth in s.
255	458.351(4)(a)-(e) or s. 459.026(4)(a)-(e).
256	(c) "Board-certified pain management physician" means a
257	physician who possesses board certification in pain medicine by
258	the American Board of Pain Medicine, board certification by the
259	American Board of Interventional Pain Physicians, or board
260	certification or subcertification in pain management or pain
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261 medicine by a specialty board recognized by the American 262 Association of Physician Specialists or the American Board of 263 Medical Specialties or an osteopathic physician who holds a 264 certificate in Pain Management by the American Osteopathic 265 Association.

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

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

(f) "Mental health addiction facility" means a facility 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).

(2) REGISTRATION. Effective January 1, 2012, A physician
licensed under chapter 458, chapter 459, chapter 461, or chapter
466, a physician assistant licensed under chapter 458 or chapter
466, or an advanced registered nurse practitioner certified
under part I of chapter 464 who prescribes any controlled
substance, listed in Schedule II, Schedule III, or Schedule IV
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287 as defined in s. 893.03, for the treatment of chronic 288 nonmalignant pain, must:

(a) Designate himself or herself as a controlled substance
 prescribing practitioner on <u>his or her</u> the physician's
 practitioner profile.

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

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

298 A complete medical history and a physical examination (a) 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 review of previous medical records, previous diagnostic studies, 308 309 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 registrant must develop a written plan for assessing each 312

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

Each registrant must develop a written individualized 317 (b) treatment plan for each patient. The treatment plan shall state 318 319 objectives that will be used to determine treatment success, 320 such as pain relief and improved physical and psychosocial function, and shall indicate if any further diagnostic 321 322 evaluations or other treatments are planned. After treatment begins, the registrant physician shall adjust drug therapy to 323 324 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 its consequences, with the patient, persons designated by the 333 patient, or the patient's surrogate or guardian if the patient 334 335 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:

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Number and frequency of controlled substance
 prescriptions and refills.

341 2. Patient compliance and reasons for which drug therapy342 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 <u>registrant</u> physician unless otherwise authorized 346 by the treating <u>registrant</u> physician and documented in the 347 medical record.

348 The patient shall be seen by the registrant physician (d) at regular intervals, not to exceed 3 months, to assess the 349 350 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, controlled substance agreements, and indications of substance 360 361 abuse or diversion at a minimum of 3-month intervals.

(e) The <u>registrant</u> physician shall refer the patient as
 necessary for additional evaluation and treatment in order to
 achieve treatment objectives. Special attention shall be given

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365 to those patients who are at risk for misusing their medications 366 and those whose living arrangements pose a risk for medication 367 misuse or diversion. The management of pain in patients with a 368 history of substance abuse or with a comorbid psychiatric 369 disorder requires extra care, monitoring, and documentation and 370 requires consultation with or referral to an addiction medicine 371 specialist or a psychiatrist. 372 (f) A registrant physician registered under this section 373 must maintain accurate, current, and complete records that are 374 accessible and readily available for review and comply with the 375 requirements of this section, the applicable practice act, and 376 applicable board rules. The medical records must include, but 377 are not limited to: 378 The complete medical history and a physical 1. examination, including history of drug abuse or dependence. 379 380 2. Diagnostic, therapeutic, and laboratory results. Evaluations and consultations. 381 3. 382 4. Treatment objectives. Discussion of risks and benefits. 383 5. 6. 384 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 A photocopy of the patient's government-issued photo 11. Page 15 of 43

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391 identification.

392 12. If a written prescription for a controlled substance393 is given to the patient, a duplicate of the prescription.

394 13. The <u>registrant's physician's</u> full name presented in a
395 legible manner.

396 A registrant shall immediately refer patients with (q) 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 registrant is a physician who is board-certified or board-401 402 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 continuing, modifying, or discontinuing controlled substance 410 411 therapy. The resulting changes in treatment shall be specifically documented in the patient's medical record. 412 413 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 actions taken by the registrant physician shall be documented in 416 Page 16 of 43



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417	the patient's medical record.
418	
419	This subsection does not apply to a board-eligible or board-
420	certified anesthesiologist, physiatrist, rheumatologist, or
421	neurologist, or to a board-certified physician who has surgical
422	privileges at a hospital or ambulatory surgery center and
423	primarily provides surgical services. This subsection does not
424	apply to a board-eligible or board-certified medical specialist
425	who has also completed a fellowship in pain medicine approved by
426	the Accreditation Council for Graduate Medical Education or the
427	American Osteopathic Association, or who is board eligible or
428	board certified in pain medicine by the American Board of Pain
429	Medicine, the American Board of Interventional Pain Physicians,
430	the American Association of Physician Specialists, or a board
431	approved by the American Board of Medical Specialties or the
432	American Osteopathic Association and performs interventional
433	pain procedures of the type routinely billed using surgical
434	codes. This subsection does not apply to a <u>registrant</u> 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 RESPONSIBILITIESThese responsibilities
442	apply to any physician who provides professional services in a
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443	pain-management clinic that is required to be registered in
444	subsection (1).
445	(b) Only a person may not dispense any medication on the
446	premises of a registered pain-management clinic unless he or she
447	$rac{\mathrm{i}\mathrm{s}}{\mathrm{s}}$ 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	$rac{\mathbf{is}}{\mathbf{s}}$ a physician licensed under this chapter or chapter 458 may
461	dispense medication or prescribe a controlled substance
462	regulated under chapter 893 on the premises of a registered
463	pain-management clinic.
464	Section 9. Paragraph (e) of subsection (4) of section
465	458.347, Florida Statutes, is amended, and paragraph (c) of
466	subsection (9) of that section is republished, to read:
467	458.347 Physician assistants
468	(4) PERFORMANCE OF PHYSICIAN ASSISTANTS
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(e) A supervisory physician may delegate to a fully
licensed physician assistant the authority to prescribe or
dispense any medication used in the supervisory physician's
practice unless such medication is listed on the formulary
created pursuant to paragraph (f). A fully licensed physician
assistant may only prescribe or dispense such medication under
the following circumstances:

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.

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

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

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

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

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

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

518 (9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on 519 Physician Assistants is created within the department. 520 (c) The council shall:

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521 1. Recommend to the department the licensure of physician522 assistants.

Develop all rules regulating the use of physician 523 2. 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 council. A proposed rule submitted by the council may not be 531 532 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 quidelines and standards regarding the adoption of proposed 537 rules. If either board rejects the council's proposed rule, that 538 board must specify its objection to the council with 539 particularity and include any recommendations it may have for 540 the modification of the proposed rule.

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

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

546

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

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

549

550

(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.-

458.347 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 supply. The formulary must also restrict the prescribing of 558 559 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.

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

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

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to the contrary, the formulary rule shall be effective 60 days 573 574 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 "Advanced or specialized nursing practice" means, in (2)addition to the practice of professional nursing, the 585 586 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, + wo 598 of whom must be advanced registered nurse practitioners; three

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599 members appointed by the Board of Medicine, two of whom must 600 have had work experience with advanced registered nurse 601 practitioners; and the State Surgeon General or the State 602 Surgeon General's designee. Each committee member appointed by a 603 board shall be appointed to a term of 4 years unless a shorter 604 term is required to establish or maintain staggered terms. The 605 Board of Nursing shall adopt rules authorizing the performance 606 of any such acts approved by the joint committee. Unless 607 otherwise specified by the joint committee, such acts must be performed under the general supervision of a practitioner 608 609 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 practitioners; fees; controlled substance prescribing.-618 619 Any nurse desiring to be certified as an advanced (1)registered nurse practitioner shall apply to the department and 620 621 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: Satisfactory completion of a formal postbasic 624 (a) Page 24 of 43



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

628 Certification by an appropriate specialty board. Such (b) certification shall be required for initial state certification 629 630 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 examination. 635

636 Graduation from a program leading to a master's degree (C) 637 in a nursing clinical specialty area with preparation in 638 specialized practitioner skills. For applicants graduating on or after October 1, 1998, graduation from a master's degree program 639 640 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 registered nurse anesthetist under paragraph (4)(a). 644

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

649 (3) An advanced registered nurse practitioner shall650 perform those functions authorized in this section within the

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

663

(a) Monitor and alter drug therapies.

(b) Initiate appropriate therapies for certain conditions.

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

667 (d) Order diagnostic tests and physical and occupational668 therapy.

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

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

676

1.

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Determine the health status of the patient as it

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677 relates to the risk factors and to the anesthetic management of678 the patient through the performance of the general functions.

Based on history, physical assessment, and supplemental
laboratory results, determine, with the consent of the
responsible physician, the appropriate type of anesthesia within
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 the702 patient is under anesthetic care.

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703	9. Participate in management of the patient while in the
704	postanesthesia recovery area, including ordering the
705	administration of fluids and drugs.
706	10. Place special peripheral and central venous and
707	arterial lines for blood sampling and monitoring as appropriate.
708	(b) The certified nurse midwife may, to the extent
709	authorized by an established protocol which has been approved by
710	the medical staff of the health care facility in which the
711	midwifery services are performed, or approved by the nurse
712	midwife's physician backup when the delivery is performed in a
713	patient's home, perform any or all of the following:
714	1. Perform superficial minor surgical procedures.
715	2. Manage the patient during labor and delivery to include
716	amniotomy, episiotomy, and repair.
717	3. Order, initiate, and perform appropriate anesthetic
718	procedures.
719	4. Perform postpartum examination.
720	5. Order appropriate medications.
721	6. Provide family-planning services and well-woman care.
722	7. Manage the medical care of the normal obstetrical
723	patient and the initial care of a newborn patient.
724	(c) The nurse practitioner may perform any or all of the
725	following acts within the framework of established protocol:
726	1. Manage selected medical problems.
727	2. Order physical and occupational therapy.
728	3. Initiate, monitor, or alter therapies for certain
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729 uncomplicated acute illnesses.

730 4. Monitor and manage patients with stable chronic731 diseases.

5. Establish behavioral problems and diagnosis and maketreatment recommendations.

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

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

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755	to protect the health, safety, and welfare of the public. The
756	formulary must restrict the prescribing of psychiatric mental
757	health controlled substances for children younger than 18 years
758	of age to advanced registered nurse practitioners who also are
759	psychiatric nurses as defined in s. 394.455. The formulary must
760	also limit the prescribing of Schedule II controlled substances
761	as listed in s. 893.03 to a 7-day supply, except that such
762	restriction does not apply to controlled substances that are
763	psychiatric medications prescribed by psychiatric nurses as
764	defined in s. 394.455.
765	(b) The board shall adopt by rule the recommended
766	formulary and any revision to the formulary which it finds is
767	supported by evidence-based clinical findings presented by the
768	Board of Medicine, the Board of Osteopathic Medicine, or the
769	Board of Dentistry.
770	(c) The formulary required under this subsection does not
771	apply to a controlled substance that is dispensed for
772	administration pursuant to an order, including an order for
773	medication authorized by subparagraph (4)(a)3., subparagraph
774	(4)(a)4., or subparagraph (4)(a)9.
775	(d) The board shall adopt the committee's initial
776	recommendation no later than October 31, 2016.
777	(7) This section shall be known as "The Barbara Lumpkin
778	Prescribing Act."
779	Section 13. Effective January 1, 2017, subsection (3) of
780	section 464.012, Florida Statutes, as amended by this act, is
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781 amended to read:

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

784 An advanced registered nurse practitioner shall (3) 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:

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

- 805 806
 - 00

(b)

(C)

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Initiate appropriate therapies for certain conditions.

Perform additional functions as may be determined by



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

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

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

812

464.013 Renewal of license or certificate.-

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

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

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

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833	and may be offered in a distance learning format.
834	Section 15. Paragraph (p) is added to subsection (1) of
835	section 464.018, Florida Statutes, and subsection (2) of that
836	section is republished, to read:
837	464.018 Disciplinary actions
838	(1) The following acts constitute grounds for denial of a
839	license or disciplinary action, as specified in s. 456.072(2):
840	(p) For an advanced registered nurse practitioner:
841	1. Presigning blank prescription forms.
842	2. Prescribing for office use any medicinal drug appearing
843	on Schedule II in chapter 893.
844	3. Prescribing, ordering, dispensing, administering,
845	supplying, selling, or giving a drug that is an amphetamine, a
846	sympathomimetic amine drug, or a compound designated in s.
847	893.03(2) as a Schedule II controlled substance, to or for any
848	person except for:
849	a. The treatment of narcolepsy; hyperkinesis; behavioral
850	syndrome in children characterized by the developmentally
851	inappropriate symptoms of moderate to severe distractibility,
852	short attention span, hyperactivity, emotional lability, and
853	impulsivity; or drug-induced brain dysfunction.
854	b. The differential diagnostic psychiatric evaluation of
855	depression or the treatment of depression shown to be refractory
856	to other therapeutic modalities.
857	c. The clinical investigation of the effects of such drugs
858	or compounds when an investigative protocol is submitted to,
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859	reviewed by, and approved by the department before such
860	investigation is begun.
861	4. Prescribing, ordering, dispensing, administering,
862	supplying, selling, or giving growth hormones, testosterone or
863	its analogs, human chorionic gonadotropin (HCG), or other
864	hormones for the purpose of muscle building or to enhance
865	athletic performance. As used in this subparagraph, the term
866	"muscle building" does not include the treatment of injured
867	muscle. A prescription written for the drug products identified
868	in this subparagraph may be dispensed by a pharmacist with the
869	presumption that the prescription is for legitimate medical use.
870	5. Promoting or advertising on any prescription form a
871	community pharmacy unless the form also states: "This
872	prescription may be filled at any pharmacy of your choice."
873	6. Prescribing, dispensing, administering, mixing, or
874	otherwise preparing a legend drug, including a controlled
875	substance, other than in the course of his or her professional
876	practice. For the purposes of this subparagraph, it is legally
877	presumed that prescribing, dispensing, administering, mixing, or
878	otherwise preparing legend drugs, including all controlled
879	substances, inappropriately or in excessive or inappropriate
880	quantities is not in the best interest of the patient and is not
881	in the course of the advanced registered nurse practitioner's
882	professional practice, without regard to his or her intent.
883	7. Prescribing, dispensing, or administering a medicinal
884	drug appearing on any schedule set forth in chapter 893 to
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885	himself or herself, except a drug prescribed, dispensed, or
886	administered to the advanced registered nurse practitioner by
887	another practitioner authorized to prescribe, dispense, or
888	administer medicinal drugs.
889	8. Prescribing, ordering, dispensing, administering,
890	supplying, selling, or giving amygdalin (laetrile) to any
891	person.
892	9. Dispensing a substance designated in s. 893.03(2) or
893	(3) as a substance controlled in Schedule II or Schedule III,
894	respectively, in violation of s. 465.0276.
895	10. Promoting or advertising through any communication
896	medium the use, sale, or dispensing of a substance designated in
897	s. 893.03 as a controlled substance.
898	(2) The board may enter an order denying licensure or
899	imposing any of the penalties in s. 456.072(2) against any
900	applicant for licensure or licensee who is found guilty of
901	violating any provision of subsection (1) of this section or who
902	is found guilty of violating any provision of s. 456.072(1).
903	Section 16. Section 627.42392, Florida Statutes, is
904	created to read:
905	627.42392 Prior authorization
906	(1) As used in this section, the term "health insurer"
907	means an authorized insurer offering health insurance as defined
908	in s. 624.603, a managed care plan as defined in s. 409.962(9),
909	or a health maintenance organization as defined in s.
910	<u>641.19(12).</u>
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911	(2) Notwithstanding any other provision of law, in order
912	to establish uniformity in the submission of prior authorization
913	forms on or after January 1, 2017, a health insurer, or a
914	pharmacy benefits manager on behalf of the health insurer, which
915	does not use an electronic prior authorization form for its
916	contracted providers shall use only the prior authorization form
917	that has been approved by the Financial Services Commission in
918	consultation with the Agency for Health Care Administration to
919	obtain a prior authorization for a medical procedure, course of
920	treatment, or prescription drug benefit. Such form may not
921	exceed two pages in length, excluding any instructions or
922	guiding documentation.
923	(3) The Financial Services Commission in consultation with
924	the Agency for Health Care Administration shall adopt by rule
925	guidelines for all prior authorization forms which ensure the
926	general uniformity of such forms.
927	(4) Electronic prior-authorization approvals do not
928	preclude benefit verification or medical review by the insurer
929	under either the medical or pharmacy benefits.
930	Section 17. Paragraph (a) of subsection (3) of section
931	766.1115, Florida Statutes, is amended to read:
932	766.1115 Health care providers; creation of agency
933	relationship with governmental contractors
934	(3) DEFINITIONSAs used in this section, the term:
935	(a) "Contract" means an agreement executed in compliance
936	with this section between a health care provider and a
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937 governmental contractor for volunteer, uncompensated services 938 which allows the health care provider to deliver health care 939 services to low-income recipients as an agent of the 940 governmental contractor. The contract must be for volunteer, 941 uncompensated services, except as provided in paragraph (4)(g). 942 For services to qualify as volunteer, uncompensated services 943 under this section, the health care provider, or any employee or 944 agent of the health care provider, must receive no compensation 945 from the governmental contractor for any services provided under 946 the contract and must not bill or accept compensation from the 947 recipient, or a public or private third-party payor, for the 948 specific services provided to the low-income recipients covered 949 by the contract, except as provided in paragraph (4)(g). A free 950 clinic as described in subparagraph (d)14. may receive a 951 legislative appropriation, a grant through a legislative 952 appropriation, or a grant from a governmental entity or 953 nonprofit corporation to support the delivery of contracted 954 services by volunteer health care providers, including the 955 employment of health care providers to supplement, coordinate, 956 or support the delivery of such services. The appropriation or 957 grant for the free clinic does not constitute compensation under 958 this paragraph from the governmental contractor for services 959 provided under the contract, nor does receipt or use of the 960 appropriation or grant constitute the acceptance of compensation 961 under this paragraph for the specific services provided to the 962 low-income recipients covered by the contract.

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

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

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

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

981

948.03 Terms and conditions of probation.-

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

988

(n) Be prohibited from using intoxicants to excess or

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989 possessing any drugs or narcotics unless prescribed by a 990 physician, an advanced registered nurse practitioner, or a 991 physician assistant. The probationer or community controllee may 992 shall not knowingly visit places where intoxicants, drugs, or 993 other dangerous substances are unlawfully sold, dispensed, or 994 used. 995 Section 20. Paragraph (a) of subsection (1) and subsection 996 (2) of section 458.348, Florida Statutes, are amended to read: 997 458.348 Formal supervisory relationships, standing orders, 998 and established protocols; notice; standards.-999 (1)NOTICE.-1000 When a physician enters into a formal supervisory (a) 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 with an advanced registered nurse practitioner, which protocol 1005 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 in substantially the following form: 1010 1011 1012 I, ... (name and professional license number of physician)..., of ... (address of physician)... have hereby 1013 entered into a formal supervisory relationship, standing orders, 1014 Page 39 of 43

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

ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.-The 1020 (2)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 (4) is not a medical act. Such standards shall be based on risk 1029 1030 to the patient and acceptable standards of medical care and shall take into account the special problems of medically 1031 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. Section 21. Paragraph (a) of subsection (1) of section 1038

1039 1040

1019

459.025 Formal supervisory relationships, standing orders,

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459.025, Florida Statutes, is amended to read:



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1041 and established protocols; notice; standards.-

1042

1043

(1) NOTICE.-(a) When an osteopathic physician enters into a formal

supervisory relationship or standing orders with an emergency 1044 medical technician or paramedic licensed pursuant to s. 401.27, 1045 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 pursuant to s. 464.003(2) or acts set forth in s. 464.012(3) and 1051 1052 (4), the osteopathic physician shall submit notice to the board. 1053 The notice must contain a statement in substantially the 1054 following form:

1055

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

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

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1067	reenacted for the purpose of incorporating the amendment made by
1068	this act to s. 456.072, Florida Statutes, in references thereto.
1069	Section 23. Paragraph (mm) of subsection (1) of s. 456.072
1070	and s. 466.02751, Florida Statutes, are reenacted for the
1071	purpose of incorporating the amendment made by this act to s.
1072	456.44, Florida Statutes, in references thereto.
1073	Section 24. Section 458.303, paragraph (b) of subsection
1074	(7) of s. 458.3475, paragraph (e) of subsection (4) and
1075	paragraph (c) of subsection (9) of s. 459.022, and paragraph (b)
1076	of subsection (7) of s. 459.023, Florida Statutes, are reenacted
1077	for the purpose of incorporating the amendment made by this act
1078	to s. 458.347, Florida Statutes, in references thereto.
1079	Section 25. Paragraph (c) of subsection (3) of s. 464.012,
1080	Florida Statutes, is reenacted for the purpose of incorporating
1081	the amendment made by this act to s. 464.003, Florida Statutes,
1082	in a reference thereto.
1083	Section 26. Paragraph (a) of subsection (1) of s. 456.041,
1084	subsections (1) and (2) of s. 458.348, and subsection (1) of s.
1085	459.025, Florida Statutes, are reenacted for the purpose of
1086	incorporating the amendment made by this act to s. 464.012,
1087	Florida Statutes, in references thereto.
1088	Section 27. Subsection (7) of s. 464.0205, Florida
1089	Statutes, is reenacted for the purpose of incorporating the
1090	amendment made by this act to s. 464.013, Florida Statutes, in a
1091	reference thereto.
1092	Section 28. Subsection (11) of s. 320.0848, subsection (2)
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1093	of s. 464.008, subsection (5) of s. 464.009, and paragraph (b)
1094	of subsection (1), subsection (3), and paragraph (b) of
1095	subsection (4) of s. 464.0205, Florida Statutes, are reenacted
1096	for the purpose of incorporating the amendment made by this act
1097	to s. 464.018, Florida Statutes, in references thereto.
1098	Section 29. <u>Section 775.051, Florida Statutes, is</u>
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
1103	(1) of s. 948.101, Florida Statutes, are reenacted for the
1103 1104	(1) of s. 948.101, Florida Statutes, are reenacted for the purpose of incorporating the amendment made by this act to s.
1103 1104 1105	(1) of s. 948.101, Florida Statutes, are reenacted for the purpose of incorporating the amendment made by this act to s. 948.03, Florida Statutes, in references thereto.
1103 1104 1105 1106	(1) of s. 948.101, Florida Statutes, are reenacted for the purpose of incorporating the amendment made by this act to s. 948.03, Florida Statutes, in references thereto. Section 31. Except as otherwise expressly provided in this
1103 1104 1105 1106 1107	(1) of s. 948.101, Florida Statutes, are reenacted for the purpose of incorporating the amendment made by this act to s. 948.03, Florida Statutes, in references thereto. Section 31. Except as otherwise expressly provided in this

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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.



1

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2016 Legislature

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;
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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
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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 health facilities or who are being held under s. 394.463. It is 62 the further intent of the Legislature that the least restrictive 63 64 means of intervention be employed based on the individual needs 65 of each person, within the scope of available services. It is the policy of this state that the use of restraint and seclusion 66 on clients is justified only as an emergency safety measure to 67 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 and substance use disorders. Additionally, the Legislature finds 78 Page 3 of 21



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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 FACILITYA 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
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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
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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) DEFINITIONSAs used in this section, the term:
147	(g) "Registrant" means a physician who meets the
148	requirements of subsection (2).
149	(2) REGISTRATIONEffective 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 <u>his or her</u> the physician's
156	practitioner profile.

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

(3) STANDARDS OF PRACTICE.—The standards of practice in
this section do not supersede the level of care, skill, and
treatment recognized in general law related to health care
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 registrant clinician who is expected to perform a physical 167 168 examination proportionate to the diagnosis that justifies a treatment. The medical record must, at a minimum, document the 169 170 nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the 171 172 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 medical indications for the use of a controlled substance. Each 176 registrant must develop a written plan for assessing each 177 patient's risk of aberrant drug-related behavior, which may 178 179 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. Each registrant must develop a written individualized 182 (b)

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183 treatment plan for each patient. The treatment plan shall state 184 objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial 185 186 function, and shall indicate if any further diagnostic evaluations or other treatments are planned. After treatment 187 188 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 impairment. The interdisciplinary nature of the treatment plan 193 shall be documented. 194

195 The registrant physician shall discuss the risks and (C) 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:

Number and frequency of controlled substance
 prescriptions and refills.

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

3. An agreement that controlled substances for the

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

The patient shall be seen by the registrant physician 213 (d) 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 the etiology of the pain. Continuation or modification of 218 therapy shall depend on the registrant's physician's evaluation 219 220 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 abuse or diversion at a minimum of 3-month intervals. 226

227 The registrant physician shall refer the patient as (e) necessary for additional evaluation and treatment in order to 228 229 achieve treatment objectives. Special attention shall be given to those patients who are at risk for misusing their medications 230 231 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

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235	requires consultation with or referral to an addiction medicine
236	specialist or <u>a</u> psychiatrist.
237	(f) A <u>registrant</u> 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 <u>registrant's</u> physician's full name presented in a
260	legible manner.
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261	(g) <u>A registrant shall immediately refer</u> 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 <u>registrant</u> 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

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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 American Osteopathic Association, or who is board eligible or 292 293 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 American Osteopathic Association and performs interventional 297 298 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).

(b) <u>Only</u> a person may not dispense any medication on the premises of a registered pain-management clinic unless he or she is a physician licensed under this chapter or chapter 459 <u>may</u>

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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	$rac{\mathrm{i}\mathrm{s}}{\mathrm{s}}$ 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
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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 certification shall be required for initial state certification 343 344 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 and passing the national certification examination. 349

350 Graduation from a program leading to a master's degree (C) 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 shall364 perform those functions authorized in this section within the

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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 treatment. Within the established framework, an advanced 375 376 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 by380 rule in accordance with s. 464.003(2).

381 (d) Order diagnostic tests and physical and occupational382 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:

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

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

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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.

8. Recognize and treat a cardiac arrhythmia while thepatient is under anesthetic care.

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

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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
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443 uncomplicated acute illnesses.

444 4. Monitor and manage patients with stable chronic445 diseases.

5. Establish behavioral problems and diagnosis and maketreatment recommendations.

448 (5) <u>A psychiatric nurse, as defined in s. 394.455, within</u>
449 <u>the framework of an established protocol with a psychiatrist,</u>
450 <u>may prescribe psychotropic controlled substances for the</u>
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 a463 license or disciplinary action, as specified in s. 456.072(2):

(p) For a psychiatric nurse:

465 <u>1. Presigning blank prescription forms.</u>

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

468

3. Prescribing, ordering, dispensing, administering,

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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
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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
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521 s. 893.03 as a controlled substance. 522 The board may enter an order denying licensure or (2) imposing any of the penalties in s. 456.072(2) against any 523 524 applicant for licensure or licensee who is found quilty of 525 violating any provision of subsection (1) of this section or who 526 is found quilty 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: "Practitioner" means a physician licensed pursuant to 532 (21)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 chapter 461, provided such practitioner holds a valid federal 539 540 controlled substance registry number. 541 Section 10. This act shall take effect upon becoming a 542 law.

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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.



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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;
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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 limitations for licensees not residing in a party 34 35 state; providing the effect of the act on a current licensee; providing application requirements for a 36 37 multistate license; providing licensure requirements when a licensee moves between party states or to a 38 nonparty state; providing certain authority to state 39 licensing boards of party states; requiring 40 deactivation of a nurse's multistate licensure 41 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 information; providing for the development of the 46 47 system, reporting procedures, and the exchange of 48 certain information between party states; establishing the Interstate Commission of Nurse Licensure Compact 49 Administrators; providing for the jurisdiction and 50 51 venue for court proceedings; providing membership and 52 duties; authorizing the commission to adopt rules; Page 2 of 47



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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 states to participate in commission activities before 60 61 adoption of the compact; providing construction and severability; amending s. 464.012, F.S.; authorizing a 62 63 multistate licensee under the compact to be certified as an advanced registered nurse practitioner if 64 certain eligibility criteria are met; amending s. 65 464.015, F.S.; authorizing registered nurses and 66 licensed practical nurses holding a multistate license 67 68 under the compact to use certain titles and abbreviations; amending s. 464.018, F.S.; revising the 69 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 demand for nurses; authorizing the center to request, 78 Page 3 of 47



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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
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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 the subject's expense, forward to the subject a copy of the 109 110 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 agrees in writing to maintain the confidentiality of any 113 114 information received under this subsection until 10 days after probable cause is found and to maintain the confidentiality of 115 patient records pursuant to s. 456.057. The subject may file a 116 117 written response to the information contained in the 118 investigative file. Such response must be filed within 20 days of mailing by the department, unless an extension of time has 119 120 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.

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

456.076 Treatment programs for impaired practitioners.(9) An impaired practitioner consultant is the official
custodian of records relating to the referral of an impaired
licensee or applicant to that consultant and any other
interaction between the licensee or applicant and the
consultant. The consultant may disclose to the impaired licensee

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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 under this section. The department, and any other entity that 135 136 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 department's request, whether an applicant for a multistate 141 142 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. Section 3. Subsections (16) and (22) of section 464.003, 150 151 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. "Registered nurse" means any person licensed in this 156 (22)Page 6 of 47



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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	<u>s. 464.0095.</u>
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
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183	the licensure status.
184	(d) The department shall conspicuously distinguish a
185	multistate license from a single-state license.
186	(5) A person holding an active multistate license in
187	another state pursuant to s. 464.0095 is exempt from the
188	licensure requirements of this section.
189	Section 6. Subsection (7) is added to section 464.009,
190	Florida Statutes, to read:
191	464.009 Licensure by endorsement
192	(7) A person holding an active multistate license in
193	another state pursuant to s. 464.0095 is exempt from the
194	requirements for licensure by endorsement in this section.
195	Section 7. Section 464.0095, Florida Statutes, is created
196	to read:
197	464.0095 Nurse Licensure CompactThe Nurse Licensure
198	Compact is hereby enacted into law and entered into by this
199	state with all other jurisdictions legally joining therein in
200	the form substantially as follows:
201	ARTICLE I
202	FINDINGS AND DECLARATION OF PURPOSE
203	(1) The party states find that:
204	(a) The health and safety of the public are affected by
205	the degree of compliance with and the effectiveness of
206	enforcement activities related to state nurse licensure laws.
207	(b) Violations of nurse licensure and other laws
208	regulating the practice of nursing may result in injury or harm

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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
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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
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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
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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
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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
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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.

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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
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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
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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
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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
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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
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492	nurse's multistate license, the nurse's multistate licensure
492 493	privilege to practice in all other party states shall be



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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
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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.
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(8) The compact administrator of each party state shall
furnish a uniform data set to the compact administrator of each
other party state, which shall include, at a minimum:
(a) Identifying information.
(b) Licensure data.
(c) Information related to alternative program
participation.
(d) Other information that may facilitate the
administration of this compact, as determined by commission
<u>rules.</u>
(9) The compact administrator of a party state shall
provide all investigative documents and information requested by
another party state.
ARTICLE VII
ESTABLISHMENT OF THE INTERSTATE COMMISSION OF NURSE LICENSURE
COMPACT ADMINISTRATORS
(1) The party states hereby create and establish a joint
public entity known as the Interstate Commission of Nurse
Licensure Compact Administrators.
(a) The commission is an instrumentality of the party
states.
(b) Venue is proper, and judicial proceedings by or
against the commission shall be brought solely and exclusively,
in a court of competent jurisdiction where the commission's
principal office is located. The commission may waive venue and
jurisdictional defenses to the extent it adopts or consents to
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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:
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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
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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,
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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.
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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
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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	(1) 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
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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
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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
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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.
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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
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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.
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859	ARTICLE IX			
860	OVERSIGHT, DISPUTE RESOLUTION, AND ENFORCEMENT			
861	(1) Oversight of this compact shall be accomplished by:			
862	(a) Each party state, which shall enforce this compact and			
863	take all actions necessary and appropriate to effectuate this			
864	compact's purposes and intent.			
865	(b) The commission, which is entitled to receive service			
866	of process in any proceeding that may affect the powers,			
867	responsibilities, or actions of the commission and has standing			
868	to intervene in such a proceeding for all purposes. Failure to			
869	provide service of process in such proceeding to the commission			
870	renders a judgment or order void as to the commission, this			
871	compact, or adopted rules.			
872	(2) When the commission determines that a party state has			
873	defaulted in the performance of its obligations or			
874	responsibilities under this compact or the adopted rules, the			
875	commission shall:			
876	(a) Provide written notice to the defaulting state and			
877	other party states of the nature of the default, the proposed			
878	means of curing the default, or any other action to be taken by			
879	the commission.			
880	(b) Provide remedial training and specific technical			
881	assistance regarding the default.			
882	(3) If a state in default fails to cure the default, the			
883	defaulting state's membership in this compact may be terminated			
884	upon an affirmative vote of a majority of the administrators,			

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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			
898 899	incurred through the effective date of termination, including obligations that extend beyond the effective date of			
	<u></u>			
899	obligations that extend beyond the effective date of			
899 900	obligations that extend beyond the effective date of termination.			
899 900 901	obligations that extend beyond the effective date of termination. (6) The commission shall not bear any costs related to a			
899 900 901 902	obligations that extend beyond the effective date of termination. (6) The commission shall not bear any costs related to a state that is found to be in default or whose membership in this			
899 900 901 902 903	obligations that extend beyond the effective date of termination. (6) The commission shall not bear any costs related to a state that is found to be in default or whose membership in this compact is terminated unless agreed upon in writing between the			
899 900 901 902 903 904	<u>obligations that extend beyond the effective date of</u> <u>termination.</u> <u>(6) The commission shall not bear any costs related to a</u> <u>state that is found to be in default or whose membership in this</u> <u>compact is terminated unless agreed upon in writing between the</u> <u>commission and the defaulting state.</u>			
899 900 901 902 903 904 905	obligations that extend beyond the effective date of termination. (6) The commission shall not bear any costs related to a state that is found to be in default or whose membership in this compact is terminated unless agreed upon in writing between the commission and the defaulting state. (7) The defaulting state may appeal the action of the			
 899 900 901 902 903 904 905 906 	obligations that extend beyond the effective date of termination. (6) The commission shall not bear any costs related to a state that is found to be in default or whose membership in this compact is terminated unless agreed upon in writing between the commission and the defaulting state. (7) The defaulting state may appeal the action of the commission by petitioning the United States District Court for			
899 900 901 902 903 904 905 906 907	obligations that extend beyond the effective date of termination. (6) The commission shall not bear any costs related to a state that is found to be in default or whose membership in this compact is terminated unless agreed upon in writing between the commission and the defaulting state. (7) The defaulting state may appeal the action of the commission by petitioning the United States District Court for the District of Columbia or the federal district in which the			
 899 900 901 902 903 904 905 906 907 908 	obligations that extend beyond the effective date of termination. (6) The commission shall not bear any costs related to a state that is found to be in default or whose membership in this compact is terminated unless agreed upon in writing between the commission and the defaulting state. (7) The defaulting state may appeal the action of the commission by petitioning the United States District Court for the District of Columbia or the federal district in which the commission has its principal offices. The prevailing party shall			

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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			
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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			
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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,
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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 <u>or holds an active multistate license to</u>		
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		
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1015 preparing for and passing the national certification 1016 examination.

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

1026Section 9.Subsections (1), (2), and (9) of section1027464.015, Florida Statutes, are amended to read:

1028 464.015 Titles and abbreviations; restrictions; penalty.1029 (1) Only <u>a person persons</u> who <u>holds a license in this</u>
1030 <u>state or a multistate license pursuant to s. 464.0095 hold</u>
1031 licenses to practice professional nursing <u>in this state</u> or who
1032 <u>performs</u> are performing nursing services pursuant to the
1033 exception set forth in s. 464.022(8) <u>may shall have the right to</u>
1034 use the title "Registered Nurse" and the abbreviation "R.N."

(2) Only <u>a person</u> persons who <u>holds a license in this</u>
state or a multistate license pursuant to s. 464.0095 hold
licenses to practice as <u>a</u> licensed practical <u>nurse</u> nurses in
this state or who <u>performs</u> are performing practical nursing
services pursuant to the exception set forth in s. 464.022(8)
<u>may</u> shall have the right to use the title "Licensed Practical

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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, clinical nurse specialist, certified registered nurse 1044 anesthetist, certified nurse midwife, or advanced registered 1045 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. 464.022(8), unless that person is licensed, or certified, or 1051 authorized pursuant to s. 464.0095 to practice as such. 1052

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 <u>ss.</u> s. 1058 456.072(2) and 464.0095:

(a) Procuring, attempting to procure, or renewing a
license to practice nursing <u>or the authority to practice</u>
<u>practical or professional nursing pursuant to s. 464.0095</u> 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,

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1067	territory, or country.		
1068	(c) Being convicted or found guilty of, or entering a plea		
1069	of <u>guilty or</u> 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 <u>convicted or</u> found guilty <u>of</u> , <u>or entering a plea</u>		
1073	<u>of guilty or nolo contendere to,</u> 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		
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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.

(f) Making or filing a false report or record, which the <u>nurse</u> 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.

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(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.

1110 Being unable to practice nursing with reasonable skill (j) 1111 and safety to patients by reason of illness or use of alcohol, drugs, narcotics, or chemicals or any other type of material or 1112 as a result of any mental or physical condition. In enforcing 1113 1114 this paragraph, the department shall have, upon a finding of the 1115 State Surgeon General or the State Surgeon General's designee that probable cause exists to believe that the nurse licensee is 1116 unable to practice nursing because of the reasons stated in this 1117 paragraph, the authority to issue an order to compel a nurse 1118

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licensee to submit to a mental or physical examination by 1119 physicians designated by the department. If the nurse licensee 1120 refuses to comply with such order, the department's order 1121 directing such examination may be enforced by filing a petition 1122 for enforcement in the circuit court where the nurse licensee 1123 resides or does business. The nurse licensee against whom the 1124 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 to the summary procedure provided in s. 51.011. A nurse affected 1128 by the provisions of this paragraph shall at reasonable 1129 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.

(k) Failing to report to the department any person who the <u>nurse</u> licensee knows is in violation of this part or of the rules of the department or the board; however, if the <u>nurse</u> <u>licensee</u> verifies that such person is actively participating in a board-approved program for the treatment of a physical or mental condition, the <u>nurse</u> licensee is required to report such person only to an impaired professionals consultant.

(1) 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.

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1145 Failing to report to the department any licensee under (m) 1146 chapter 458 or under chapter 459 who the nurse knows has violated the grounds for disciplinary action set out in the law 1147 under which that person is licensed and who provides health care 1148 services in a facility licensed under chapter 395, or a health 1149 1150 maintenance organization certificated under part I of chapter 1151 641, in which the nurse also provides services. 1152 Failing to meet minimal standards of acceptable and (n) 1153 prevailing nursing practice, including engaging in acts for 1154 which the nurse licensee is not qualified by training or experience. 1155 1156 Violating any provision of this chapter or chapter (0)1157 456, or any rules adopted pursuant thereto. 1158 (2) (a) The board may enter an order denying licensure or imposing any of the penalties in s. 456.072(2) against any 1159 1160 applicant for licensure or nurse licensee who is found guilty of violating any provision of subsection (1) of this section or who 1161 1162 is found quilty of violating any provision of s. 456.072(1). 1163 The board may take adverse action against a nurse's (b) 1164 multistate licensure privilege and impose any of the penalties 1165 in s. 456.072(2) when the nurse is found guilty of violating subsection (1) or s. 456.072(1). 1166 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: 464.0195 Florida Center for Nursing; goals.-1170 Page 45 of 47



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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
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HB1061, 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.			

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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	Revocation
	other jurisdiction	

(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)(ll), 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, regardl	ess of adjudication, of a violation of Cha	apter 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
		be false, intentionally or negligently failing to file a
report or records required by state o	r federal law, willfully impeding or obstruct	ting such filing or inducing another person to do so;
	-	ined in Section 627.736, F.S., for a PIP claim or for
services that were not rendered. (Sec	ction 456.072(1)(1), (ee) or (ff) or 464.018(1)	
	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	ve 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
	efined by Rule 64B9-8.005, F.A.C. (Section	*
1. Subsections 64B9-8.005(1), (•	
	MINIMUM	MAXIMUM
FIRST OFFENSE	Reprimand, \$250 fine, and	\$500 fine and suspension with IPN
	continuing education	evaluation or probation
SECOND OFFENSE	\$500 fine, suspension and	Revocation
	IPN evaluation	
2. Subsections 64B9-8.005(6), (
	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	\$500 fine and probation
	continuing education	
SECOND OFFENSE	\$750 fine and probation	Revocation
4. Subsections 64B9-8.005(4) at		
FIDOT OFFENIOF	MINIMUM	
FIRST OFFENSE	Revocation	
5. Subsection 64B9-8.005(15), I		
FIRST OFFENSE	MINIMUM \$5,000 fine	MAXIMUM Revocation
		of controlled substances as set forth in Chapter 893,
	•••	skill and safety to patients by reason of illness or use
• • • •	· ·	a result of any mental or physical conditions testing

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	\$500 fine, suspension
	evaluation	
SECOND OFFENSE	\$500 fine, suspension and IPN	Revocation
	evaluation	

(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	\$250 fine and probation
	education	
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	\$500 fine and suspension until compliant
	rule or terms of prior order	with rule or terms of prior order
SECOND OFFENSE	\$500 fine and suspension until	Revocation
	compliant with rule or terms of	
	prior order	

(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 preva	ailing 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,	Revocation
	and continuing education	

(1) 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
Reprimand and \$100 fine	\$250 fine and probation
\$250 fine and probation	\$500 fine and suspension
onal course requirements. (Section 456.	072(1)(e) or (s), F.S. or Rule 64B9-5.002, F.A.C.)
MINIMUM	MAXIMUM
Reprimand and \$250 fine	\$500 fine and suspension until
	licensee complies
\$500 fine and suspension	\$750 fine, suspension until licensee
until licensee complies	complies followed by probation
l proceeding for knowingly filing a fal	se report or complaint with the department against
.S.)	
MINIMUM	MAXIMUM
	Reprimand and \$100 fine \$250 fine and probation onal course requirements. (Section 456. MINIMUM Reprimand and \$250 fine \$500 fine and suspension until licensee complies 1 proceeding for knowingly filing a fal S.)

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	\$500 fine and probation
	education	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.)

FIRST OFFENSE

MINIMUM	MAXIMUM
\$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 wit	h 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	a of a name tag, or orally t

(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 requirem	nents of Sections 381.026 and 381.0261	, F.S., to provide patients with information about

(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 prohi	bited in Section 456.063(1), F.S.
(Section 456.072(1)(v), F.S.)		
	MINIMUM	MAXIMUM
FIRST OFFENSE	\$250 fine, suspension and	\$500 fine, suspension and
	IPN evaluation	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.)

MINIMUMMAXIMUMFIRST OFFENSEReprimand and \$250 fine\$500 fine and suspension until compliantSECOND OFFENSE\$500 fine and probation\$750 fine and suspension until compliantFor 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

(x) Failing to report to the board, or the department 11 there is no board, in writing within 50 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	\$500 fine and probation
	and continuing education	
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	Reprimand, \$500 fine and
	education	continuing education
SECOND OFFENSE	\$500 fine and probation	\$750 and suspension
(a) Daing convicted of an entering	a place of quilty on pole contendant to	any middamaanan an falany nagandlaga at

(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.)
 MAND UP (LP)

	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. <u>456.072(2)</u>:

(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 210-11.25, Amended 3-19-87, Formerly 210-11.025, 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