Senator Grimsley moved the following:

**Senate Amendment (with title amendment)**

Delete everything after the enacting clause and insert:

Section 1. Subsection (7) of section 110.12315, Florida Statutes, is amended to read:

110.12315 Prescription drug program.—The state employees’ prescription drug program is established. This program shall be administered by the Department of Management Services, according to the terms and conditions of the plan as established by the relevant provisions of the annual General Appropriations Act and
implementing legislation, subject to the following conditions:

(7) The department shall establish the reimbursement schedule for prescription pharmaceuticals dispensed under the program. Reimbursement rates for a prescription pharmaceutical must be based on the cost of the generic equivalent drug if a generic equivalent exists, unless the physician, advanced registered nurse practitioner, or physician assistant prescribing the pharmaceutical clearly states on the prescription that the brand name drug is medically necessary or that the drug product is included on the formulary of drug products that may not be interchanged as provided in chapter 465, in which case reimbursement must be based on the cost of the brand name drug as specified in the reimbursement schedule adopted by the department.

Section 2. Paragraph (c) of subsection (1) of section 310.071, Florida Statutes, is amended, and subsection (3) of that section is republished, to read:

310.071 Deputy pilot certification.—

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

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

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

(3) The initial certificate issued to a deputy pilot shall be valid for a period of 12 months, and at the end of this period, the certificate shall automatically expire and shall not be renewed. During this period, the board shall thoroughly evaluate the deputy pilot’s performance for suitability to continue training and shall make appropriate recommendations to the department. Upon receipt of a favorable recommendation by the board, the department shall issue a certificate to the deputy pilot, which shall be valid for a period of 2 years. The certificate may be renewed only two times, except in the case of a fully licensed pilot who is cross-licensed as a deputy pilot in another port, and provided the deputy pilot meets the requirements specified for pilots in paragraph (1)(c).

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

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

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

To maintain eligibility as a licensed state pilot, each licensed state pilot must annually provide documentary proof of having satisfactorily passed a complete physical examination administered by a licensed physician. The physician must know the minimum standards and certify that the licensee satisfactorily meets the standards. The standards for licensees shall include a drug test.

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

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

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

(b) Are in good physical and mental health as evidenced by documentary proof of having satisfactorily passed a physical
examination administered by a licensed physician or physician assistant within each calendar year. The board shall adopt rules to establish requirements for passing the physical examination, which rules shall establish minimum standards for the physical or mental capabilities necessary to carry out the professional duties of a licensed state pilot or a certificated deputy pilot. Such standards shall include zero tolerance for any controlled substance regulated under chapter 893 unless that individual is under the care of a physician, an advanced registered nurse practitioner, or a physician assistant and that controlled substance was prescribed by that physician, advanced registered nurse practitioner, or physician assistant. To maintain eligibility as a certificated deputy pilot or licensed state pilot, each certificated deputy pilot or licensed state pilot must annually provide documentary proof of having satisfactorily passed a complete physical examination administered by a licensed physician. The physician must know the minimum standards and certify that the certificateholder or licensee satisfactorily meets the standards. The standards for certificateholders and for licensees shall include a drug test. Upon resignation or in the case of disability permanently affecting a pilot’s ability to serve, the state license or certificate issued under this chapter shall be revoked by the department.

Section 5. Present subsections (1) through (10) of section 395.0191, Florida Statutes, are redesignated as subsections (2) through (11), respectively, a new subsection (1) and subsection (12) are added to that section, and present subsection (6) of
that section is amended, to read:

395.0191 Staff membership and clinical privileges.—

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

(a) “Certified surgical assistant” means a surgical assistant who maintains a valid and active certification under one of the following designations: certified surgical first assistant, from the National Board of Surgical Technology and Surgical Assisting; certified surgical assistant, from the National Surgical Assistant Association; or surgical assistant-certified, from the American Board of Surgical Assistants.

(b) “Certified surgical technologist” means a surgical technologist who maintains a valid and active certification as a certified surgical technologist from the National Board of Surgical Technology and Surgical Assisting.

(c) “Surgeon” means a health care practitioner as defined in s. 456.001 whose scope of practice includes performing surgery and who is listed as the primary surgeon in the operative record.

(d) “Surgical assistant” means a person who provides aid in exposure, hemostasis, closures, and other intraoperative technical functions and who assists the surgeon in performing a safe operation with optimal results for the patient.

(e) “Surgical technologist” means a person whose duties include, but are not limited to, maintaining sterility during a surgical procedure, handling and ensuring the availability of necessary equipment and supplies, and maintaining visibility of the operative site to ensure that the operating room environment is safe, that proper equipment is available, and that the operative procedure is conducted efficiently.
(7)(6) Upon the written request of the applicant, any licensed facility that has denied staff membership or clinical privileges to any applicant specified in subsection (2) or subsection (3) subsection (1) or subsection (2) shall, within 30 days of such request, provide the applicant with the reasons for such denial in writing. A denial of staff membership or clinical privileges to any applicant shall be submitted, in writing, to the applicant’s respective licensing board.

(12) At least 50 percent of the surgical assistants and 50 percent of the surgical technologists that a licensed facility employs or with whom it contracts must be certified surgical assistants and certified surgical technologists, respectively. The requirements of this subsection do not apply to the following:

(a) A person who has completed an appropriate training program for surgical technology in any branch of the Armed Forces or reserve component of the Armed Forces.

(b) A person who was employed or contracted to perform the duties of a surgical technologist or surgical assistant at any time before July 1, 2016.

(c) A health care practitioner as defined in s. 456.001 or a student if the duties performed by the practitioner or the student are within the scope of the practitioner’s or the student’s training and practice.

(d) A person enrolled in a surgical technology or surgical assisting training program accredited by the Commission on Accreditation of Allied Health Education Programs, the Accrediting Bureau of Health Education Schools, or another accrediting body recognized by the United States Department of
Education on July 1, 2016. A person may practice as a surgical technologist or a surgical assistant for 2 years after completion of such a training program before he or she is required to obtain a certification under this subsection.

Section 6. Subsection (7) of section 456.072, Florida Statutes, is amended to read:

456.072 Grounds for discipline; penalties; enforcement.—
(7) Notwithstanding subsection (2), upon a finding that a physician has prescribed or dispensed a controlled substance, or caused a controlled substance to be prescribed or dispensed, in a manner that violates the standard of practice set forth in s. 458.331(1)(q) or (t), s. 459.015(1)(t) or (x), s. 461.013(1)(o) or (s), or s. 466.028(1)(p) or (x), or that an advanced registered nurse practitioner has prescribed or dispensed a controlled substance, or caused a controlled substance to be prescribed or dispensed, in a manner that violates the standard of practice set forth in s. 464.018(1)(n) or (p)6., the physician or advanced registered nurse practitioner shall be suspended for a period of not less than 6 months and pay a fine of not less than $10,000 per count. Repeated violations shall result in increased penalties.

Section 7. Section 456.44, Florida Statutes, is amended to read:

456.44 Controlled substance prescribing.—
(1) DEFINITIONS.—As used in this section, the term:
(a) “Addiction medicine specialist” means a board-certified psychiatrist with a subspecialty certification in addiction medicine or who is eligible for such subspecialty certification in addiction medicine, an addiction medicine physician certified
or eligible for certification by the American Society of Addiction Medicine, or an osteopathic physician who holds a certificate of added qualification in Addiction Medicine through the American Osteopathic Association.

(b) “Adverse incident” means any incident set forth in s. 458.351(4)(a)-(e) or s. 459.026(4)(a)-(e).

(c) “Board-certified pain management physician” means a physician who possesses board certification in pain medicine by the American Board of Pain Medicine, board certification by the American Board of Interventional Pain Physicians, or board certification or subcertification in pain management or pain medicine by a specialty board recognized by the American Association of Physician Specialists or the American Board of Medical Specialties or an osteopathic physician who holds a certificate in Pain Management by the American Osteopathic 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.

(g) “Registrant” means a physician, a physician assistant,
or an advanced registered nurse practitioner who meets the 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 459, 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 as defined in s. 893.03, for the treatment of chronic nonmalignant pain, must:

   (a) Designate himself or herself as a controlled substance prescribing practitioner on his or her the physician’s practitioner profile.

   (b) Comply with the requirements of this section and applicable 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.

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

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

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

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

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

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

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

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

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

1. The complete medical history and a physical examination, including history of drug abuse or dependence.
2. Diagnostic, therapeutic, and laboratory results.
3. Evaluations and consultations.
4. Treatment objectives.
5. Discussion of risks and benefits.
6. Treatments.
7. Medications, including date, type, dosage, and quantity prescribed.
8. Instructions and agreements.
9. Periodic reviews.
10. Results of any drug testing.
12. If a written prescription for a controlled substance is given to the patient, a duplicate of the prescription.
13. The registrant’s physician’s full name presented in a
(g) A registrant shall immediately refer patients with signs or symptoms of substance abuse to a board-certified pain management physician, an addiction medicine specialist, or a mental health addiction facility as it pertains to drug abuse or addiction unless the registrant is a physician who is board-certified or board-eligible in pain management. Throughout the period of time before receiving the consultant’s report, a prescribing registrant physician shall clearly and completely document medical justification for continued treatment with controlled substances and those steps taken to ensure medically appropriate use of controlled substances by the patient. Upon receipt of the consultant’s written report, the prescribing registrant physician shall incorporate the consultant’s recommendations for continuing, modifying, or discontinuing controlled substance therapy. The resulting changes in treatment shall be specifically documented in the patient’s medical record. Evidence or behavioral indications of diversion shall be followed by discontinuation of controlled substance therapy, and the patient shall be discharged, and all results of testing and actions taken by the registrant physician shall be documented in the patient’s medical record.

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

Section 8. Paragraph (b) of subsection (2) of section 458.3265, Florida Statutes, is amended to read:

458.3265 Pain-management clinics.—
(2) PHYSICIAN RESPONSIBILITIES.—These responsibilities apply to any physician who provides professional services in a pain-management clinic that is required to be registered in subsection (1).

(b) Only 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 may dispense medication or prescribe a controlled substance regulated under chapter 893 on the premises of a registered pain-management clinic.

Section 9. Paragraph (b) of subsection (2) of section 459.0137, Florida Statutes, is amended to read:
459.0137 Pain-management clinics.—

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

(b) Only 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 458 may dispense medication or prescribe a controlled substance regulated under chapter 893 on the premises of a registered pain-management clinic.

Section 10. Paragraph (e) of subsection (4) of section 458.347, Florida Statutes, is amended, and paragraph (c) of subsection (9) of that section is republished, to read:

458.347 Physician assistants.—

(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

(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:

1. A physician assistant must clearly identify to the patient that he or she is a physician assistant. Furthermore, the physician assistant must inform the patient that the patient has the right to see the physician prior to any prescription 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. Three of the 10 hours must consist of a continuing education course on the safe and effective prescribing of controlled substance medications which is offered by a statewide professional association of physicians in this state accredited to provide educational activities designated for the American Medical Association Physician’s Recognition Award Category 1 credit or designated by the American Academy of Physician Assistants as a Category 1 credit.

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.

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

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

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

(c) The council shall:

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

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

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

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

Section 11. Effective January 1, 2017, paragraph (f) of subsection (4) of section 458.347, Florida Statutes, is amended to read:

458.347 Physician assistants.—

(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

2. In establishing the formulary, the council shall consult with a pharmacist licensed under chapter 465, but not licensed under this chapter or chapter 459, who shall be 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, a deletion, or a 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.

4. The boards shall adopt the formulary required by this paragraph, and each addition, deletion, or modification to the formulary, by rule. Notwithstanding any provision of chapter 120 to the contrary, the formulary rule shall be effective 60 days after the date it is filed with the Secretary of State. Upon adoption of the formulary, the department shall mail a copy of such formulary to each fully licensed physician assistant having prescribing authority under this section or s. 459.022, and to each pharmacy licensed by the state. The boards shall establish, by rule, a fee not to exceed $200 to fund the provisions of this paragraph and paragraph (e).

Section 12. Subsection (2) of section 464.003, Florida Statutes, is amended to read:

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

(2) “Advanced or specialized nursing practice” means, in addition to the practice of professional nursing, the performance of advanced-level nursing acts approved by the board which, by virtue of postbasic specialized education, training, and experience, are appropriately performed by an advanced registered nurse practitioner. Within the context of advanced or specialized nursing practice, the advanced registered nurse practitioner may perform acts of nursing diagnosis and nursing treatment of alterations of the health status. The advanced registered nurse practitioner may also perform acts of medical diagnosis and treatment, prescription, and operation as authorized within the framework of an established supervisory protocol which are identified and approved by a joint committee composed of three members appointed by the Board of Nursing, two
of whom must be advanced registered nurse practitioners; three
members appointed by the Board of Medicine, two of whom must
have had work experience with advanced registered nurse
practitioners; and the State Surgeon General or the State
Surgeon General’s designee. Each committee member appointed by a
board shall be appointed to a term of 4 years unless a shorter
term is required to establish or maintain staggered terms. The
Board of Nursing shall adopt rules authorizing the performance
of any such acts approved by the joint committee. Unless
otherwise specified by the joint committee, such acts must be
performed under the general supervision of a practitioner
licensed under chapter 458, chapter 459, or chapter 466 within
the framework of standing protocols which identify the medical
acts to be performed and the conditions for their performance.
The department may, by rule, require that a copy of the protocol
be filed with the department along with the notice required by
s. 458.348.

Section 13. Section 464.012, Florida Statutes, is amended
to read:
464.012 Certification of advanced registered nurse
practitioners; fees; controlled substance prescribing.—
(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:
(a) Satisfactory completion of a formal postbasic
educational program of at least one academic year, the primary
purpose of which is to prepare nurses for advanced or
specialized practice.

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

(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).

(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.

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

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

(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:

1. Determine the health status of the patient as it relates to the risk factors and to the anesthetic management of the patient through the performance of the general functions.

2. 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.

3. Order under the protocol preanesthetic medication.

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

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

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

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

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

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

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

(b) The certified nurse midwife may, to the extent
authorized by an established protocol which has been approved by
the medical staff of the health care facility in which the
midwifery services are performed, or approved by the nurse
midwife’s physician backup when the delivery is performed in a
patient’s home, perform any or all of the following:
1. Perform superficial minor surgical procedures.
2. Manage the patient during labor and delivery to include amniotomy, episiotomy, and repair.
3. Order, initiate, and perform appropriate anesthetic procedures.
4. Perform postpartum examination.
5. Order appropriate medications.
6. Provide family-planning services and well-woman care.
7. Manage the medical care of the normal obstetrical patient and the initial care of a newborn patient.

(c) The nurse practitioner may perform any or all of the following acts within the framework of established protocol:
1. Manage selected medical problems.
2. Order physical and occupational therapy.
3. Initiate, monitor, or alter therapies for certain uncomplicated acute illnesses.
4. Monitor and manage patients with stable chronic diseases.
5. Establish behavioral problems and diagnosis and make treatment 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.

(6)(a) The board shall establish a committee to recommend a formulary of controlled substances that an advanced registered nurse practitioner may not prescribe or may prescribe only for
specific uses or in limited quantities. The committee must consist of three advanced registered nurse practitioners licensed under this section, recommended by the board; three physicians licensed under chapter 458 or chapter 459 who have work experience with advanced registered nurse practitioners, recommended by the Board of Medicine; and a pharmacist licensed under chapter 465 who is a doctor of pharmacy, recommended by the Board of Pharmacy. The committee may recommend an evidence-based formulary applicable to all advanced registered nurse practitioners which is limited by specialty certification, is limited to approved uses of controlled substances, or is subject to other similar restrictions the committee finds are necessary to protect the health, safety, and welfare of the public. The formulary must restrict the prescribing of psychiatric mental health controlled substances for children younger than 18 years of age to advanced registered nurse practitioners who also are psychiatric nurses as defined in s. 394.455. The formulary must also limit the prescribing of Schedule II controlled substances as listed in s. 893.03 to a 7-day supply, except that such restriction does not apply to controlled substances that are psychiatric medications prescribed by psychiatric nurses as defined in s. 394.455.

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

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

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

(7) This section shall be known as “The Barbara Lumpkin
Prescribing Act.”

Section 14. Effective January 1, 2017, subsection (3) of
section 464.012, Florida Statutes, as amended by this act, is
amended to read:

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

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

(a) Prescribe, dispense, administer, or order any drug;
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
skills. Monitor and alter drug therapies.
    (b) Initiate appropriate therapies for certain conditions.
    (c) Perform additional functions as may be determined by
rule in accordance with s. 464.003(2).
    (d) Order diagnostic tests and physical and occupational
therapy.

Section 15. Subsection (3) of section 464.013, Florida
Statutes, is amended to read:

    464.013 Renewal of license or certificate.—
    (3) The board shall by rule prescribe up to 30 hours of
continuing education biennially as a condition for renewal of a
license or certificate.
        (a) A nurse who is certified by a health care specialty
program accredited by the National Commission for Certifying
Agencies or the Accreditation Board for Specialty Nursing
Certification is exempt from continuing education requirements.
The criteria for programs must be approved by the board.
        (b) Notwithstanding the exemption in paragraph (a), as part
of the maximum 30 hours of continuing education hours required
under this subsection, advanced registered nurse practitioners
certified under s. 464.012 must complete at least 3 hours of
continuing education on the safe and effective prescription of
controlled substances. Such continuing education courses must be
offered by a statewide professional association of physicians in
this state accredited to provide educational activities
designated for the American Medical Association Physician’s
Recognition Award Category 1 credit, the American Nurses Credentialing Center, the American Association of Nurse Anesthetists, or the American Association of Nurse Practitioners and may be offered in a distance learning format.

Section 16. Paragraph (p) is added to subsection (1) of section 464.018, Florida Statutes, and subsection (2) of that section is republished, to read:

464.018 Disciplinary actions.—

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

(p) For an advanced registered nurse practitioner:

1. Presigning blank prescription forms.

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

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

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

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

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

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

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

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

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

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

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

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

(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).

Section 17. Section 627.42392, Florida Statutes, is created to read:

627.42392 Prior authorization.—

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

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

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

Section 18. Subsection (11) of section 627.6131, Florida
Statutes, is amended to read:

627.6131 Payment of claims.—
(11) A health insurer may not retroactively deny a claim
because of insured ineligibility:
(a) At any time, if the health insurer verified the
eligibility of an insured who is not a recipient of advance
payments of the federal premium tax credit and the insurer
issued an authorization for payment to a provider;
(b) For services authorized by the insurer and rendered
during the first 30 days of a federally required grace period
when an insured is a recipient of advance payments of the
federal premium tax credit; or
(c) More than 1 year after the date of payment of the
claim.

Section 19. Subsection (10) of section 641.3155, Florida
Statutes, is amended to read:

641.3155 Prompt payment of claims.—
(10) A health maintenance organization may not
retroactively deny a claim because of subscriber ineligibility:

(a) At any time, if the health maintenance organization verified the eligibility of a subscriber who is not a recipient of advance payments of the federal premium tax credit and the health maintenance organization issued an authorization for payment to a provider;

(b) For services authorized by the health maintenance organization and rendered during the first 30 days of a federally required grace period when a subscriber is a recipient of advance payments of the federal premium tax credit; or

(c) More than 1 year after the date of payment of the claim.

Section 20. Subsection (21) of section 893.02, Florida Statutes, is amended to read:

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

(21) “Practitioner” means a physician licensed under pursuant to chapter 458, a dentist licensed under pursuant to chapter 466, a veterinarian licensed under pursuant to chapter 474, an osteopathic physician licensed under pursuant to chapter 459, an advanced registered nurse practitioner certified under chapter 464, a naturopath licensed under pursuant to chapter 462, a certified optometrist licensed under pursuant to chapter 463, or a podiatric physician licensed under pursuant to chapter 461, or a physician assistant licensed under chapter 458 or chapter 459, provided such practitioner holds a valid federal controlled substance registry number.

Section 21. Paragraph (n) of subsection (1) of section...
948.03, Florida Statutes, is amended to read:

948.03 Terms and conditions of probation.—

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

(n) Be prohibited from using intoxicants to excess or possessing any drugs or narcotics unless prescribed by a physician, an advanced registered nurse practitioner, or a physician assistant. The probationer or community controllee may not knowingly visit places where intoxicants, drugs, or other dangerous substances are unlawfully sold, dispensed, or used.

Section 22. Paragraph (a) of subsection (1) and subsection (2) of section 458.348, Florida Statutes, are amended to read:

458.348 Formal supervisory relationships, standing orders, and established protocols; notice; standards.—

(1) NOTICE.—

(a) When a physician enters into a formal supervisory relationship or standing orders with an emergency medical technician or paramedic licensed pursuant to s. 401.27, which relationship or orders contemplate the performance of medical acts, or when a physician enters into an established protocol with an advanced registered nurse practitioner, which protocol contemplates the performance of 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 (4), the physician shall
submit notice to the board. The notice shall contain a statement in substantially the following form:

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

(2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.—The joint committee created under s. 464.003(2) shall determine minimum standards for the content of established protocols pursuant to which an advanced registered nurse practitioner may perform 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 (4) and shall determine minimum standards for supervision of such acts by the physician, unless the joint 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 to the patient and acceptable standards of medical care and shall take into account the special problems of medically underserved areas. The standards developed by the joint committee shall be adopted as rules by the Board of Nursing and the Board of Medicine for purposes of carrying out their responsibilities pursuant to part I of chapter 464 and this chapter, respectively, but neither board shall have disciplinary powers over the licensees of the other board.
Section 23. Paragraph (a) of subsection (1) of section 459.025, Florida Statutes, is amended to read:

459.025 Formal supervisory relationships, standing orders, and established protocols; notice; standards.—

(1) NOTICE.—

(a) When an osteopathic physician enters into a formal supervisory relationship or standing orders with an emergency medical technician or paramedic licensed pursuant to s. 401.27, which relationship or orders contemplate the performance of medical acts, or when an osteopathic physician enters into an established protocol with an advanced registered nurse practitioner, which protocol contemplates the performance of 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 (4), the osteopathic physician shall submit notice to the board. The notice must contain a statement in substantially the following form:

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

Section 24. Subsection (10) of s. 458.331, paragraph (g) of subsection (7) of s. 458.347, subsection (10) of s. 459.015, paragraph (f) of subsection (7) of s. 459.022, and paragraph (b) of subsection (5) of s. 465.0158, Florida Statutes, are
reenacted for the purpose of incorporating the amendment made by this act to s. 456.072, Florida Statutes, in references thereto.

Section 25. Paragraph (mm) of subsection (1) of s. 456.072 and s. 466.02751, Florida Statutes, are reenacted for the purpose of incorporating the amendment made by this act to s. 456.44, Florida Statutes, in references thereto.

Section 26. Section 458.303, paragraph (b) of subsection (7) of s. 458.3475, paragraph (e) of subsection (4) and paragraph (c) of subsection (9) of s. 459.022, and paragraph (b) of subsection (7) of s. 459.023, Florida Statutes, are reenacted for the purpose of incorporating the amendment made by this act to s. 458.347, Florida Statutes, in references thereto.

Section 27. Paragraph (c) of subsection (3) of s. 464.012, Florida Statutes, is reenacted for the purpose of incorporating the amendment made by this act to s. 464.003, Florida Statutes, in a reference thereto.

Section 28. Paragraph (a) of subsection (1) of s. 456.041, subsections (1) and (2) of s. 458.348, and subsection (1) of s. 459.025, Florida Statutes, are reenacted for the purpose of incorporating the amendment made by this act to s. 464.012, Florida Statutes, in references thereto.

Section 29. Subsection (7) of s. 464.0205, Florida Statutes, is reenacted for the purpose of incorporating the amendment made by this act to s. 464.013, Florida Statutes, in a reference thereto.

Section 30. Subsection (11) of s. 320.0848, subsection (2) of s. 464.008, subsection (5) of s. 464.009, and paragraph (b) of subsection (1), subsection (3), and paragraph (b) of subsection (4) of s. 464.0205, Florida Statutes, are reenacted
for the purpose of incorporating the amendment made by this act to s. 464.018, Florida Statutes, in references thereto.

Section 31. Section 775.051, Florida Statutes, is reenacted for the purpose of incorporating the amendment made by this act to s. 893.02, Florida Statutes, in a reference thereto.

Section 32. Paragraph (a) of subsection (3) of s. 944.17, subsection (8) of s. 948.001, and paragraph (e) of subsection (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 33. Except as otherwise expressly provided in this act, this act shall take effect upon becoming a law.

And the title is amended as follows:
Delete everything before the enacting clause and insert:

A bill to be entitled An act relating to access to health care services; amending s. 110.12315, F.S.; expanding the categories of persons who may prescribe brand name drugs under the prescription drug program when medically necessary; amending ss. 310.071, 310.073, and 310.081, F.S.; exempting controlled substances prescribed by an advanced registered nurse practitioner or a physician assistant from the disqualifications for certification or licensure, and for continued certification or licensure, as a deputy pilot or state pilot; amending s. 395.0191, F.S.; defining terms; requiring a certain
percentage of surgical assistants and surgical
technologists employed or contracting with a hospital
to be certified; providing exceptions to the
certification requirement; conforming cross-
references; amending s. 456.072, F.S.; applying
existing penalties for violations relating to the
prescribing or dispensing of controlled substances by
an advanced registered nurse practitioner; amending s.
456.44, F.S.; defining the term “registrant”; deleting
an obsolete date; requiring advanced registered nurse
practitioners and physician assistants who prescribe
controlled substances for the treatment of certain
pain to make a certain designation, comply with
registration requirements, and follow specified
standards of practice; providing applicability;
amending ss. 458.3265 and 459.0137, F.S.; limiting the
authority to prescribe a controlled substance in a
pain-management clinic only to a physician licensed
under ch. 458 or ch. 459, F.S.; amending s. 458.347,
F.S.; revising the required continuing education
requirements for a physician assistant; requiring that
a specified formulary limit the prescription of
certain controlled substances by physician assistants
as of a specified date; amending s. 464.003, F.S.;
revising the term “advanced or specialized nursing
practice”; deleting the joint committee established in
the definition; amending s. 464.012, F.S.; requiring
the Board of Nursing to establish a committee to
recommend a formulary of controlled substances that
may not be prescribed, or may be prescribed only on a limited basis, by an advanced registered nurse practitioner; specifying the membership of the committee; providing parameters for the formulary; requiring that the formulary be adopted by board rule; specifying the process for amending the formulary and imposing a burden of proof; limiting the formulary’s application in certain instances; requiring the board to adopt the committee’s initial recommendations by a specified date; providing a short title; authorizing an advanced registered nurse practitioner to prescribe, dispense, administer, or order drugs, including certain controlled substances under certain circumstances, as of a specified date; amending s. 464.013, F.S.; revising continuing education requirements for renewal of a license or certificate; amending s. 464.018, F.S.; specifying acts that constitute grounds for denial of a license or for disciplinary action against an advanced registered nurse practitioner; creating s. 627.42392, F.S.; defining the term “health insurer”; requiring that certain health insurers that do not already use a certain form use only a prior authorization form approved by the Financial Services Commission in consultation with the Agency for Health Care Administration; requiring the commission in consultation with the agency to adopt by rule guidelines for such forms; amending s. 627.6131, F.S.; prohibiting a health insurer from retroactively
denying a claim under specified circumstances;
amending s. 641.3155, F.S.; prohibiting a health
maintenance organization from retroactively denying a
claim under specified circumstances; amending s.
893.02, F.S.; revising the term “practitioner” to
include advanced registered nurse practitioners and
physician assistants under the Florida Comprehensive
Drug Abuse Prevention and Control Act if a certain
requirement is met; amending s. 948.03, F.S.;
providing that possession of drugs or narcotics
prescribed by an advanced registered nurse
practitioner or a physician assistant does not violate
a prohibition relating to the possession of drugs or
narcotics during probation; amending ss. 458.348 and
459.025, F.S.; conforming provisions to changes made
by the act; reenacting ss. 458.331(10), 458.347(7)(g),
459.015(10), 459.022(7)(f), and 465.0158(5)(b), F.S.,
to incorporate the amendment made to s. 456.072, F.S.,
in references thereto; reenacting ss. 456.072(1)(mm)
and 466.02751, F.S., to incorporate the amendment made
to s. 456.44, F.S., in references thereto; reenacting
ss. 458.303, 458.3475(7)(b), 459.022(4)(e) and (9)(c),
and 459.023(7)(b), F.S., to incorporate the amendment
made to s. 458.347, F.S., in references thereto;
reenacting s. 464.012(3)(c), F.S., to incorporate the
amendment made to s. 464.003, F.S., in a reference
thereto; reenacting ss. 456.041(1)(a), 458.348(1) and
(2), and 459.025(1), F.S., to incorporate the
amendment made to s. 464.012, F.S., in references
thereof; reenacting s. 464.0205(7), F.S., to
incorporate the amendment made to s. 464.013, F.S., in
a reference thereto; reenacting ss. 320.0848(11),
464.008(2), 464.009(5), and 464.0205(1)(b), (3), and
(4)(b), F.S., to incorporate the amendment made to s.
464.018, F.S., in references thereto; reenacting s.
775.051, F.S., to incorporate the amendment made to s.
893.02, F.S., in a reference thereto; reenacting ss.
944.17(3)(a), 948.001(8), and 948.101(1)(e), F.S., to
incorporate the amendment made to s. 948.03, F.S., in
references thereto; providing effective dates.