

Laws and Rules for Florida Healthcare Practitioners

This CME/CE activity meets the Florida Board of Nursing Laws & Rules requirement for APRN/RN and will be counted as general *AMA Category 1 Credit*™ for MD, DO, PA and AA practitioners.

Faculty

Author:

Celina Makowski, DHA, MBA, CHCP, AHIP | Manager, CPPD/CME

Content Reviewer:

Patricia Moore, PhD, RN | Healthcare Consultant

CME Professional Practice Gap & Purpose

- ▶ The purpose of this continuing education activity is to provide an overview of laws and rules governing Florida allopathic and osteopathic physicians, advanced practice registered nurses, and physician and anesthesiology assistants in order to facilitate compliance and improve patient care. Information contained in this activity is intended for use as a learning tool to promote understanding of laws and rules applied to the practice of healthcare practitioners licensed in Florida.

Disclaimer

- The information in this educational activity is provided for general medical education purposes only. In no event will Flagler Hospital, Inc. be liable for any decision made or action taken in reliance upon the information provided through this CME activity.
- It is the responsibility of the healthcare provider to understand and abide by the full text of specific Florida Statutes and Administrative Codes regulating their professional practice. Links to the complete content of Florida Statutes and Florida Administrative Codes are provided within the slides.

Objectives

Upon completion of this activity, participants should be able to:

1. Explain the licensing and regulation processes for healthcare practitioners in Florida.
2. Describe the three bureaus of the Division of Medical Quality Assurance under the Florida Department of Health.
3. Define the meaning of the term 'legally sufficient' complaint against healthcare practitioners.
4. Discuss Florida regulations relative to practice standards for providing telehealth services.
5. Explain the circumstances under which patient information may be disclosed by healthcare practitioners.
6. Discuss the Florida Laws and Rules specific to the Nurse Practice Act governing the practice of Advanced Practice Registered Nurses.

Promoting a Culture of Safety

Healthcare practitioners promote a culture of safety in an organization by consistently providing reliable high quality healthcare in compliance with existing laws and rules. Therefore, the most important person in promoting a culture of safety is the healthcare practitioner and the most important factor in promoting a culture of safety is the healthcare practitioner educating themselves.

Promoting a Culture of Safety: Through Florida Laws Governing Practitioners

Laws ¹

The constitution establishes the powers and duties of The Florida Senate. The Legislative Branch, as defined in the Constitution, has exclusive lawmaking power. In a simplified version, legislators propose bills which, if passed favorably by both houses and approved by the Governor, become law.

Florida Statutes

- ▶ A permanent collection of state laws organized by subject area into a code made up of titles, chapters, parts, and sections. The Florida Statutes are updated annually by laws that create, amend, transfer, or repeal statutory material.

Florida Constitution

- ▶ An organized system of fundamental principles for the government of the state. It is of a permanent and general nature and originates from the people rather than from the Legislature.

Laws of Florida

- ▶ A compilation of all the laws, resolutions, and memorials passed during a legislative session. They are divided into two broad categories--General Laws and Special Laws. Bills vetoed by the Governor are not included. The Laws of Florida are hosted by the external website, <http://laws.flrules.org/>.

Independent Reading: “How an Idea Becomes a Law”

<https://www.flsenate.gov/About/HowAnIdeaBecomesALaw>

Promoting a Culture of Safety: By Operationalizing Florida Laws

Florida Statute Title X: Public Officers, Employees, and Records Chapter 120: Administrative Procedure Act

- ▶ **120.536 Rulemaking authority; repeal; challenge.**—(1) *A grant of rulemaking authority is necessary but not sufficient to allow an agency to adopt a rule; a specific law to be implemented is also required. An agency may adopt only rules that implement or interpret the specific powers and duties granted by the enabling statute.* No agency shall have authority to adopt a rule only because it is reasonably related to the purpose of the enabling legislation and is not arbitrary and capricious or is within the agency's class of powers and duties, nor shall an agency have the authority to implement statutory provisions setting forth general legislative intent or policy. Statutory language granting rulemaking authority or generally describing the powers and functions of an agency shall be construed to extend no further than implementing or interpreting the specific powers and duties conferred by the enabling statute.

Promoting a Culture of Safety: Florida Department of Health

- ▶ The Florida Department of Health manages, and has representation on various boards, councils and committees as required by state or federal law. The Department supports the Governor in meeting his obligation to appoint qualified, representative and appropriate members to the important leadership roles within the Department's boards, councils and committees.
- ▶ ...Some boards, councils, or committees have very specific licensing requirements and other conditions of membership. Appointments vary by board, council or committee and may be made by the Governor, Speaker of the House, President of the Senate, State Surgeon General and other state agencies and organizations as specified by state or federal law.

Promoting a Culture of Safety: Florida Department of Health

Licensing and Regulation

- ▶ The **Florida Department of Health** is responsible through the Division of Medical Quality Assurance (MQA) for the regulation of health practitioners for the preservation of the health, safety, and welfare of the public.¹
 - ▶ The **Department of Health's Division of Medical Quality Assurance (MQA)** plans, develops, and coordinates programs and services for healthcare professions and facilities under its purview. The mission of MQA is to protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.²

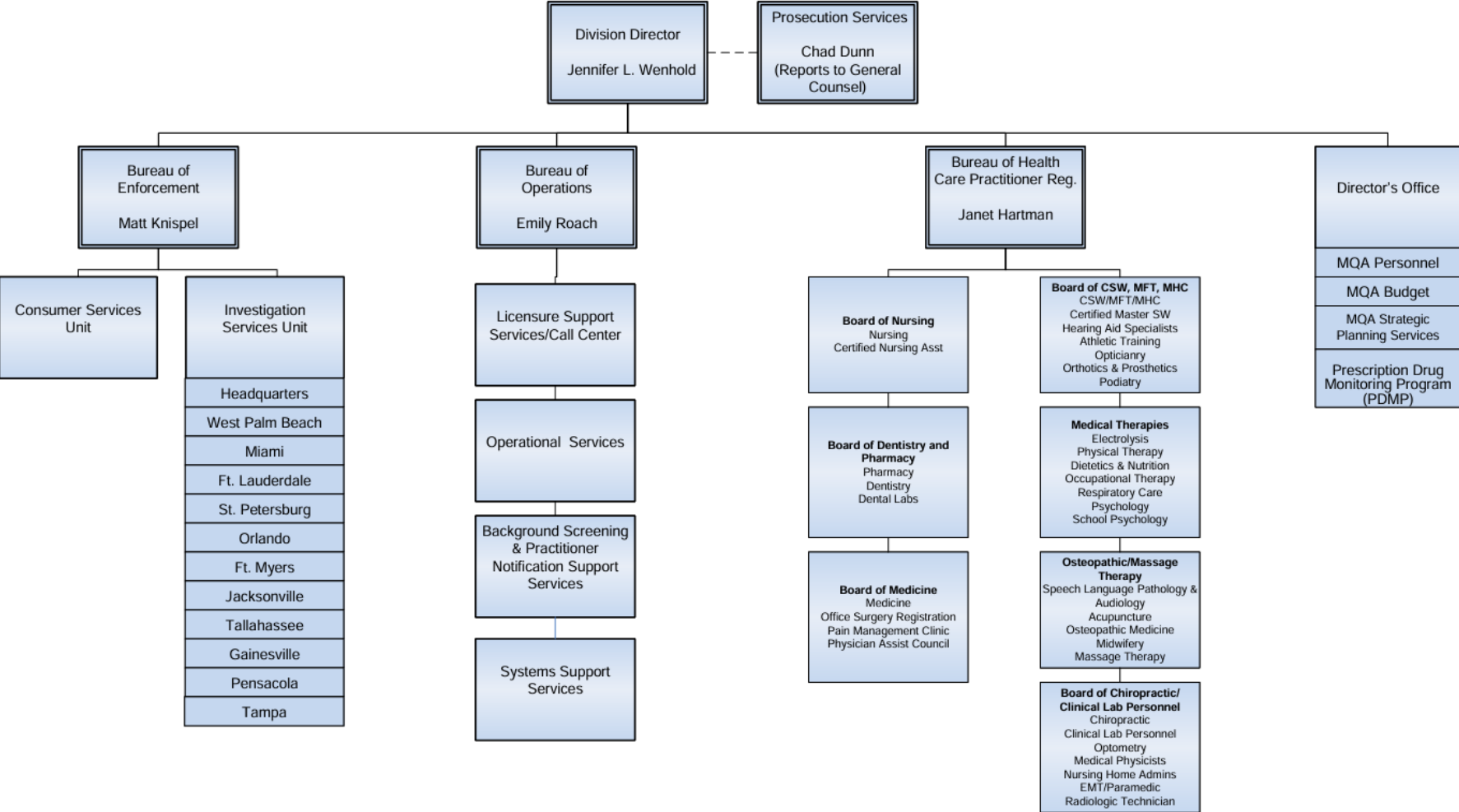
1. Licensing and Regulation. (n.d.). Florida Health. Retrieved from <http://www.floridahealth.gov/licensing-and-regulation/index.html>

2. Division of Medical Quality Assurance. (n.d.). Florida Health. Retrieved from <https://www.floridahealth.gov/about/mission-and-vision.html>

Department of Health

Division of Medical Quality Assurance (MQA)

Organization Chart



Promoting a Culture of Safety:

Division of Medical Quality Assurance (MQA)

MQA is divided into three bureaus:

- “The **Bureau of Enforcement** is tasked with performing inspections, analyzing complaints, conducting complex investigations, issuing emergency restriction/suspension orders and monitoring compliance, and educating the public. The bureau has long-standing partnerships with law enforcement, state attorney's offices, and other state agencies to enforce health care practitioner regulations and to prosecute individuals practicing without a license.
- The **Bureau of Health Care Practitioner Regulation** is responsible for the rulemaking and programmatic activities related to licensure of health care practitioners and regulated facilities. The bureau includes a bureau chief and seven board offices under the supervision of executive directors. The board offices credential and license designated health care practitioners. The bureau regulates seven types of facilities and over 200 license types in over 40 health care professions through coordination with 22 boards and four councils. The executive directors serve in an administrative liaison capacity to the designated boards and councils, whose responsibilities include approving or denying applicants for licensure and reviewing cases related to pending disciplinary action against health care practitioners and permittees. Board members share authority with the Department for developing rules for licensure, establishing exams, setting fees, establishing guidelines for discipline, and reducing the unlicensed practice of health care professions. The board offices evaluate applications for licensure and examination, conduct board meetings, administer policies, draft communications to licensees and other interested parties, and other administrative duties.
- The **Bureau of Operations** provides operation and infrastructure support to MQA and the health care regulatory boards and councils. The bureau provides background screening and practitioner notification services, licensure support services, operational support services, and system support services.
- The PDMP, known as E-FORCSE® (Electronic-Florida Online Reporting of Controlled Substance Evaluation Program), was created by the 2009 Florida Legislature in an initiative to encourage safer prescribing of controlled substances and administers the Prescription Drug Monitoring System (PDMS). This web-based system facilitates the collection, storage, maintenance, and analysis of controlled substance dispensing data reported by pharmacies and dispensing health care practitioners. Information stored in the PDMS is made available for consultation by prescribers and dispensers. Law enforcement and investigative agencies may request and receive information from the PDMS to use in cases involving the prescribing or dispensing of controlled substances. ”¹

Promoting a Culture of Safety: Bureau of Health Care Practitioner Regulation – Florida Boards

- ▶ The Bureau of Health Care Practitioner Regulation oversees the following individual Florida Boards that in turn regulate healthcare practitioners
 - ▶ Florida Board of Medicine
 - ▶ Council of Physician Assistants
 - ▶ Anesthesiologist Assistants
 - ▶ Florida Board of Nursing
 - ▶ Advanced Practice Registered Nurses (APRN) including Certified Registered Nurse Anesthetist (CRNA), Certified Nurse Midwife (CNM)
 - ▶ Florida Board of Osteopathic Medicine

Promoting a Culture of Safety: Florida Boards Governing Healthcare Practitioners

Florida Board of Medicine



- ▶ According to the Florida Board of Medicine website, “The Florida Board of Medicine was established “to ensure that every [allopathic] physician practicing in this state meets minimum requirements for safe practice.”¹ The practice of medicine is a privilege granted by the state. The Florida Board of Medicine, through efficient and dedicated organization, will license, monitor, discipline, educate, and when appropriate, rehabilitate physicians and other practitioners to assure their fitness and competence in the service of the people of Florida.¹
- ▶ The Florida Board of Medicine governs, among others, the following practitioners:
 - ▶ Medical Doctor (MD)
 - ▶ Physician Assistant (PA)
 - ▶ Anesthesiologist Assistant (AA)

1. Florida Board of Medicine. (n.d.). Retrieved from <https://flboardofmedicine.gov/>

Promoting a Culture of Safety: Florida Boards Governing Healthcare Practitioners

Florida Board of Medicine - composed of 15 members chosen by the Governor and approved by the Senate:

- ▶ 12 of the 15 members must be Florida licensed physicians in good standing, reside in Florida, and have been engaged in active practice or teaching of medicine for at least 4 years immediately preceding their appointment
 - ▶ 1 physician must be on the full-time faculty of a Florida medical school
 - ▶ 1 physician must be in private practice and on full-time staff of a statutory teaching hospital in Florida as defined in s. 408.07
 - ▶ At least 1 physician must be a graduate from a foreign medical school
- ▶ 3 of the 15 members must be Florida residents who are not, and have never been, licensed as health care practitioners
 - ▶ 1 member must be licensed as health care risk manager
- ▶ At least 1 member must be 60 years of age or older

Independent Reading: *The Florida Statutes: 458.307 Board of Medicine.*

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0458/Sections/0458.307.html

Promoting a Culture of Safety: Council on Physician Assistants

- ▶ The Council on Physician Assistants under the Florida Board of Medicine ...develops rules regulating the use of physician assistants by physicians and makes recommendations to the Board of Medicine and Board of Osteopathic Medicine regarding all matters relating to physician assistants. The Council on Physician Assistants also addresses concerns and problems of practicing physician assistants in order to improve safety in the clinical practice of a licensed physician assistant.¹

Independent Reading: *Physician Assistant (PA)*. Florida Board of Medicine.
<https://flboardofmedicine.gov/licensing/physician-assistant-licensure/>

Promoting a Culture of Safety: Florida Board of Medicine Oversees Anesthesiologist Assistants

Anesthesiologist Assistant

- ▶ Graduate of an approved program, licensed to perform anesthesiology medical services delegated and directly supervised by a supervising anesthesiologist
- ▶ The chairperson of the Florida Board of Medicine may appoint an anesthesiologist and an anesthesiologist assistant to advise the board regarding adoption of rules for licensure of anesthesiologist assistants. The board may use a committee structure in order to receive recommendations regarding rules and all other matters relevant to anesthesiologist assistants, including, but not limited to, recommendations to improve safety in the clinical practices of licensed anesthesiologist assistants.

Independent Reading: *Anesthesiologist assistants. Chapter 458.3475.*

http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=458.3475,+FS&URL=0400-0499/0458/Sections/0458.3475.html

Promoting a Culture of Safety: Florida Boards Governing Healthcare Practitioners



Florida Board of Osteopathic Medicine

According to Florida Board of Osteopathic Medicine website, “Legislatively established to ensure every Osteopathic physician practicing in Florida meets minimum requirements for safe practice. The Florida Board of Osteopathic Medicine is responsible for licensing, monitoring, disciplining, and educating osteopathic physicians to assure competency and safety to practice in Florida.”¹

1. Florida Board of Osteopathic Medicine. (n.d.) Retrieved from <https://floridasosteopathicmedicine.gov/>

Promoting a Culture of Safety: Florida Boards Governing Healthcare Practitioners

Florida Board of Osteopathic Medicine composed of 7 members appointed by the Governor and confirmed by the Senate:

- ▶ 5 of the 7 members must be Florida licensed osteopathic physicians in good standing, who reside in Florida, and who have been engaged in the practice of osteopathic medicine for at least 4 years immediately prior to their appointment.
- ▶ 2 of the 7 members must be citizens of Florida who are not, and have never been, licensed health care practitioners.
- ▶ At least 1 of the 7 board members must be 60 years of age or older.

Independent Reading: *The Florida Statutes: 459.004 Board of Osteopathic Medicine.*

http://www.leg.state.fl.us/statutes/index.cfm?mode=View%20Statutes&SubMenu=1&App_mode=Display_Statute&Search_String=459.004&URL=0400-0499/0459/Sections/0459.004.html

Promoting a Culture of Safety: Florida Boards Governing Healthcare Practitioners

Florida Board of Nursing



- ▶ The **Florida Board of Nursing** licenses, monitors, disciplines, educates and, when appropriate, rehabilitates its licensees to assure their fitness and competence in providing health care services for the people of Florida. The sole legislative purpose in enacting the Nurse Practice Act (Florida Statute: Chapter 464) is to ensure that every nurse practicing in Florida meets minimum requirements for safe practice. ...Nurses who fall below minimum competency or who otherwise present a danger to the public shall be prohibited from practicing in the **State of Florida**.¹

1. Florida Board of Nursing. (n.d.). Retrieved from <https://floridasnursing.gov/>

2. The Florida Statutes. (n.d.). Chapter 464: Nurse Practice Act. Retrieved from http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0464/0464.html

Promoting a Culture of Safety: Florida Boards Governing Healthcare Practitioners

The Florida Board of Nursing composed of 13 members appointed by the Governor and confirmed by the Senate:

- ▶ 7 of the 13 members shall reflect various diverse practice areas within the nursing profession and must be registered nurses (RNs), residing in Florida, who have been *engaged* in the practice of professional nursing for a minimum of 4 years, including at least 1 advanced practice registered nurse (APRN), 1 nurse educator from an approved program, and 1 nurse executive
- ▶ 3 of the 13 members must be licensed practical nurses, residing in Florida, who have practiced practical nursing for a minimum of 4 years prior to board appointment
- ▶ 3 of the 13 members must be Florida residents who have never been licensed as nurses and who are in no way connected with the practice of nursing (lay members). No person may be appointed as a lay member who is in any way connected with, or has any financial interest in, any health care facility, agency, or insurer
- ▶ At least 1 member of the board must be 60 years of age or older

Independent Reading: *The Florida Statutes: 464.004 Board of Nursing; membership; appointment; terms*

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0464/Sections/0464.004.html

Promoting a Culture of Safety: Licensure Requirements for Healthcare Practitioners

Healthcare practitioners are responsible for maintaining their licensure according to Florida Statutes governing their respective professional boards as follows:

- ▶ Florida Board of Medicine (Florida Statute Chapter 458)
 - ▶ Council of Physician Assistants
 - ▶ Anesthesiologist Assistants
- ▶ Florida Board of Osteopathic Medicine (Florida Statute Chapter 459)
- ▶ Florida Board of Nursing (Florida Statute Chapter 464)
 - ▶ Advanced Practice Registered Nurses (APRN) including Certified Registered Nurse Anesthetist (CRNA), Certified Nurse Midwife (CNM)

Promoting a Culture of Safety: Timely Updating of Healthcare Practitioner Profiles

According to Florida Statute 456.042, the following healthcare practitioners are responsible for updating their individual Practitioner Profiles within “15 days after the final act that renders such information as fact”.¹

- ▶ Medical Doctors (MD)
- ▶ Doctor of Osteopathy (DO)
- ▶ Advanced Practice Registered Nurses (APRN) including Certified Registered Nurse Anesthetists (CRNA) and Certified Nurse Midwife (CNM)

1. The Florida Statutes. (n.d.) Chapter 456.042:Practitioner profiles; update. Retrieved http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0456/Sections/0456.042.html

2. Practitioner’s guide to completing and updating the profile. (n.d.) Retrieved from <http://www.floridahealth.gov/licensing-and-regulation/practitioner-profile/resources/index.html>

Promoting a Culture of Safety: Disciplinary Complaints Against Healthcare Practitioners

Sources of complaints against healthcare practitioners made to the Department of Health (DOH):

- ▶ Disgruntled patients or family members
- ▶ Coworkers or competitors
- ▶ Florida state agencies
- ▶ Other States where providers hold licenses
- ▶ Complaint initiation/investigation by the DOH

Promoting a Culture of Safety: Criteria for Disciplinary Complaints Against Healthcare Practitioners

Legally Sufficient Complaint

According to Florida Statute 456.073, “A complaint is *legally sufficient* if it contains ultimate facts that show that a violation of this chapter or of any rule adopted by the department or the board has occurred.”¹

Examples of complaints that are grounds for investigation and/or disciplinary action (*Florida Statutes: Chapter 456; Chapter 458; Chapter 459; Chapter 464*)

- Practicing below minimum standards of care/negligence (i.e. Wrong Surgery-Site/Person/Procedure)
- Failure to notify patients of adverse incidents (sentinel events) resulting in serious harm to patients
- Practicing beyond scope of licensure
- Practitioner impairment/medical condition(s)
- False, deceptive, or misleading advertising
- Sexual misconduct with a patient(s)
- Incorrect prescribing, dispensing, or administration of medicinal drugs
- Inadequate management of patients’ medical records
- Convicted criminal activity
- Healthcare practitioner failing to report to DOH a licensee known to who have committed professional practice act violations

1. The Florida Statutes. (n.d.) Chapter 456. Health Professions and Occupations. http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0456/0456ContentsIndex.html

2. The Florida Statutes. (n.d.). Chapter 458: Medical Practice. http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0458/0458ContentsIndex.html&StatuteYear=2023&Title=%2D%3E2023%2D%3EChapter%20458

3. The Florida Statute. (n.d.) Chapter 459: Osteopathic Medicine. http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0459/0459ContentsIndex.html&StatuteYear=2023&Title=%2D%3E2023%2D%3EChapter%20459

4. The Florida Statutes. (n.d.) Chapter 464: Regulation of Professions and Occupations: Nurse Practice Act. http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0464/0464PartIContentsIndex.html&StatuteYear=2023&Title=%2D%3E2023%2D%3EChapter%20464%2D%3EPart%20I

Promoting a Culture of Safety: Disciplinary Complaints and Due Process

- ▶ Actions resulting from disciplinary complaints against healthcare practitioners are considered administrative, (i.e. reprimand, fine, restriction of practice, remedial education, administrative cost, probation, license suspension or license revocation)¹, for which practitioners should be afforded “due process”. “Professional licenses are statutorily protected property interests and thus require due process before they can be revoked. Due process is defined as notice and an opportunity to be heard.”²
- ▶ The U.S. Supreme Court ruled a licensed healthcare practitioner should be granted “due process” under the Fourteenth Amendment of the U.S. Constitution. “Procedural due process refers to the constitutional requirement that when the federal government acts in such a way that denies a citizen of a life, liberty, or property interest, the person must be given “notice”, the opportunity to be heard, and a decision by a neutral decisionmaker.”³ An administrative complaint satisfies the “notice” requirement of due process by putting the healthcare practitioner on notice, that the board believes there is probable cause of violation of professional codes.

1. Enforcement. (n.d). Florida Health. Retrieved from <http://www.floridahealth.gov/licensing-and-regulation/enforcement/index.html>

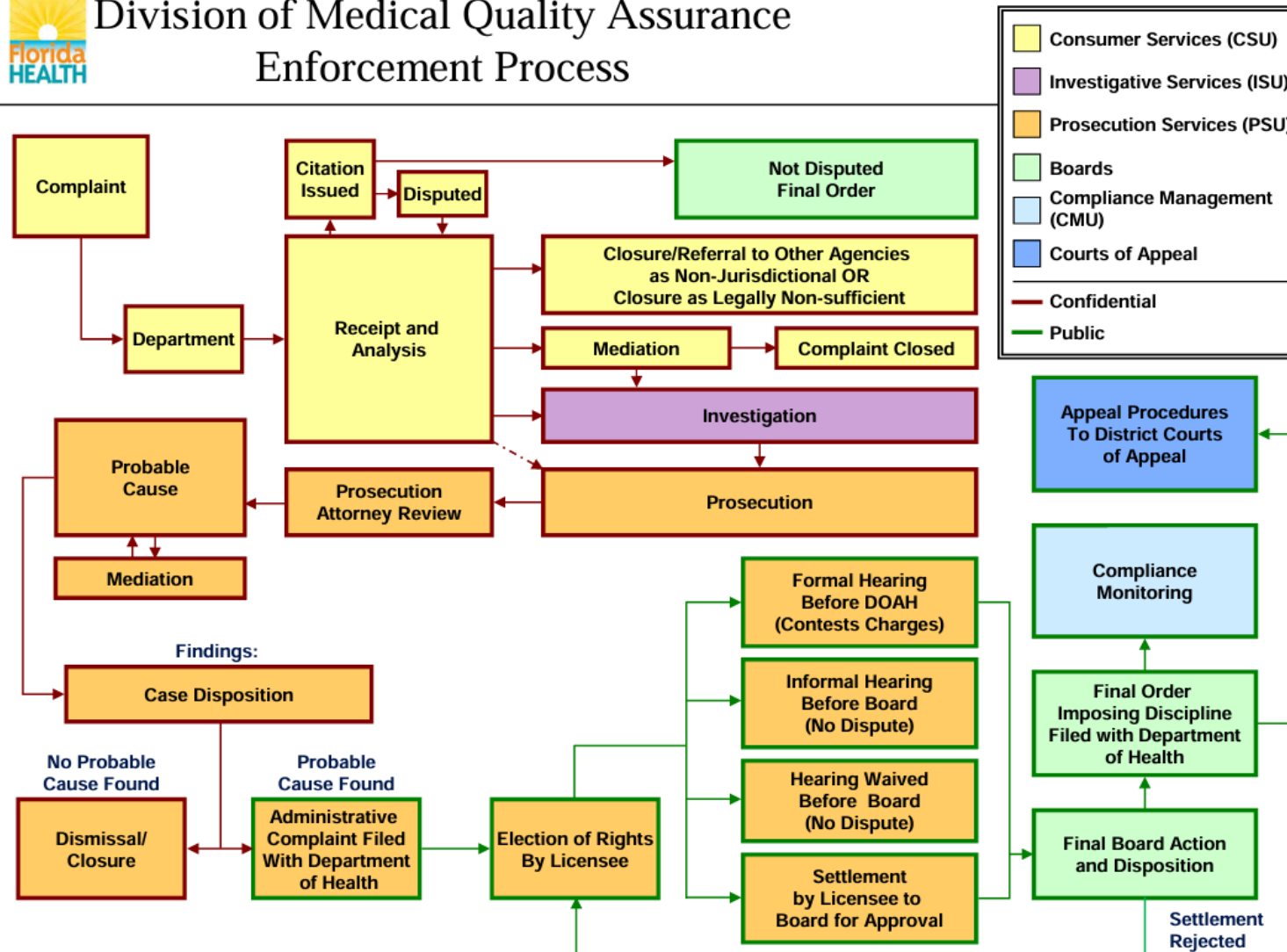
2. Administrative complaints and hearings. (n.d.) *Chapman Law Group*. Retrieved from https://www.chapmanlawgroup.com/practice_areas/administrativecomplaints/

3. Procedural due process. (n.d.). *Legal Information Institute*. Retrieved from https://www.law.cornell.edu/wex/procedural_due_process#:~:text=Overview,decision%20by%20a%20neutral%20decisionmaker.

Promoting a Culture of Safety: Algorithm for MQA Enforcement Process for Disciplinary Complaints



Division of Medical Quality Assurance Enforcement Process



Promoting a Culture of Safety: Licensure Status Categories for Healthcare Practitioners

Knowing Licensure Status

Florida Statute 456.036: Licenses; active and inactive status; delinquency-

- ▶ (1) A licensee may practice a profession only if the licensee has an active status license. A licensee who practices a profession with an inactive status license, a retired status license, or a delinquent license is in violation of this section and s. 456.072, and the board, or the department if there is no board, may impose discipline on the licensee.
- ▶ (2) Each board, or the department if there is no board, shall permit a licensee to choose, at the time of licensure renewal, an active, inactive, or retired status.

Independent Reading: *The Florida Statutes: 456.036: Licenses; active and inactive status; delinquency.*
http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0456/Sections/0456.036.html

Promoting a Culture of Safety: Licensure Status Categories for Healthcare Practitioners

Knowing Licensure Status continued

Florida Statute 456.015: Limited licenses

- ▶ (1) It is the intent of the Legislature that, absent a threat to the health, safety, and welfare of the public, the use of retired professionals in good standing to serve the indigent, underserved, or critical need populations of this state [Florida] should be encouraged. To that end, the board, or the department when there is no board, may adopt rules to permit practice by retired professionals as limited licensees under this section.
- ▶ (4) The recipient of a limited license may practice only in the employ of public agencies or institutions or nonprofit agencies or institutions which meet the requirements of s. 501(c)(3) of the Internal Revenue Code, and which provide professional liability coverage for acts or omissions of the limited licensee. A limited licensee may provide services only to the indigent, underserved, or critical need populations within the state. The standard for determining indigency shall be that recognized by the Federal Poverty Income Guidelines produced by the United States Department of Health and Human Services. The board, or the department when there is no board, may adopt rules to define underserved and critical need areas and to ensure implementation of this section.

Independent Reading: *The Florida Statutes: 456.015: Limited licenses.*

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0456/Sections/0456.015.html

Promoting a Culture of Safety: Licensure Status Categories for Healthcare Practitioners

Knowing Licensure Status: Military and Military Spouses

Florida Statute 456.024: Members of Armed Forces in good standing with administrative boards or the department; spouses; licensure.

- ▶ (1) A member of the United States Armed Forces on active duty who, at the time of becoming such a member, was in good standing with a health care practitioner board, or the department when there is no board, and was entitled to practice a health care profession in this state [Florida] shall be kept in good standing without registering, paying fees, or performing any other act, as long as he or she is a member is on active duty and for 6 months after discharge and is not practicing his or her licensed profession in the private sector for profit.
- ▶ (4)(a) A person is eligible for licensure as a health care practitioner in this state [Florida] if he or she:
 - ▶ 1. Serves or has served as a health care practitioner in the United States Armed Forces, the United States Reserve Forces, or the National Guard;
 - ▶ 2. Serves or has served on active duty with the United States Armed Forces as a health care practitioner in the United States Public Health Service; or
 - ▶ 3. Is a health care practitioner in another state, the District of Columbia, or a possession or territory of the United States and is the spouse of a person serving on active duty with the United States Armed Forces.

Independent Reading: *The Florida Statutes: 456.024: Members of Armed Forces and veterans; spouses; licensure.*

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0456/Sections/0456.024.html

Promoting a Culture of Safety: Licensure Status Categories for Healthcare Practitioners

Knowing Licensure Status continued

Florida Statute: Chapter 464.012: Licensure of advanced practice registered nurse; fees; controlled substance prescribing

- ▶ (1) Any nurse desiring to be licensed as an advanced practice registered nurse must apply to the department and submit proof that he or she holds a current license to practice professional nursing or holds an active multistate license to practice professional nursing pursuant to s. 464.0095 and that he or she meets one or more of the following requirements as determined by the board:
 - ▶ (a) Certification by an appropriate specialty board. Such certification is required for initial state licensure and any licensure renewal as a certified nurse midwife, certified nurse practitioner, certified registered nurse anesthetist, clinical nurse specialist, or psychiatric nurse. The board may by rule provide for provisional state licensure of certified registered nurse anesthetists, clinical nurse specialists, certified nurse practitioners, psychiatric nurses, and certified nurse midwives for a period of time determined to be appropriate for preparing for and passing the national certification examination.
 - ▶ (b) 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 is required for initial licensure as a certified nurse practitioner under paragraph (4)(a).

Independent Reading: *The Florida Statutes: 464:012: Licensure of advanced practice registered nurse; fees; controlled substance prescribing.* http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0464/Sections/0464.012.html

Promoting a Culture of Safety: Licensure Status Categories for Healthcare Practitioners

Knowing Licensure Status continued

Florida Statute: Chapter 464.014: Inactive Status

- ▶ (1) The board shall adopt rules relating to application procedures for inactive status, to the biennial renewal of inactive licenses, and to the reactivation of licenses. The board shall prescribe by rule an application fee for inactive status, a renewal fee for inactive status, a delinquency fee, and a fee for the reactivation of a license. None of these fees may exceed the biennial renewal fee established by the board for biennial renewal of an active license.
- ▶ (2) The department may not reactivate a license unless the inactive or delinquent licensee has paid any applicable biennial renewal or delinquency fee, or both, and a reactivation fee.

Promoting a Culture of Safety: Consent Requirement for Healthcare Practitioners

Pelvic Examinations

Florida Statute 456.51: Consent for pelvic examinations

- ▶ (1) As used in this section, the term “pelvic examination” means a manual examination of the organs of the female reproductive system using the health care provider’s gloved hand or instrumentation. The term does not include a visual assessment, imaging, or a nondiagnostic medical or surgical procedure.
- ▶ (2) A health care practitioner, a medical student, or any other student receiving training as a health care practitioner may not perform a pelvic examination on an anesthetized or unconscious patient without the written consent of the patient or the patient’s legal representative executed specific to, and expressly identifying, the pelvic examination. If the patient is conscious, informed verbal consent must be obtained for the pelvic examination in addition to any written consent obtained. Consent is not required if:
 - ▶ (a) A court orders performance of the pelvic examination for the collection of evidence; or
 - ▶ (b) The pelvic examination is necessary for the provision of emergency services and care as defined in s. 395.002
 - ▶ (c) The patient has an emergency medical condition as defined in s. [395.002](#);
 - ▶ (d) The pelvic examination is administered pursuant to a child protective investigation under chapter 39; or
 - ▶ (e) The pelvic examination is administered pursuant to a criminal investigation of an alleged violation related to child abuse or neglect under s. [787.06](#)(3)(a)1., (c)1., (f)1., or (g); chapter 794; chapter 796; chapter 800; chapter 827; or chapter 847.

Promoting a Culture of Safety: Consent Requirement for Healthcare Practitioners

Pelvic Examinations continued

Florida Statute 456.51: Consent for pelvic examinations

- ▶ (3) A health care practitioner, a medical student, or any other student receiving training as a health care practitioner who is providing care to a pregnant woman having contractions in a facility licensed under chapter 395 need only obtain written consent from the patient to perform the initial pelvic examination. The written consent form must inform the patient that multiple pelvic examinations may be conducted during the course of her care and treatment at the facility.

Promoting a Culture of Safety: Consent Requirement for Healthcare Practitioners

Chapter 1014 Parents' Bill of Rights

- ▶ **1014.06 Parental consent for health care services.**—(1) Except as otherwise provided by law, a health care practitioner, as defined in s. 456.001, or an individual employed by such health care practitioner may not provide or solicit or arrange to provide health care services or prescribe medicinal drugs to a minor child without first obtaining *written* parental consent.
- ▶ (2) Except as otherwise provided by law or a court order, a provider, as defined in s. 408.803, may not allow a medical procedure to be performed on a minor child in its facility without first obtaining written parental consent.
- ▶ (3) This section does not apply to an abortion, which is governed by chapter 390.
- ▶ (4) This section does not apply to services provided by a clinical laboratory, unless the services are delivered through a direct encounter with the minor at the clinical laboratory facility. For purposes of this subsection, the term “clinical laboratory” has the same meaning as provided in s. 483.803.
- ▶ (5) A health care practitioner or other person who violates this section is subject to disciplinary action pursuant to s. 408.813 or s. 456.072, as applicable, and commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.
- ▶ **History.**—s. 7, ch. 2021-199.

Promoting a Culture of Safety: Controlled Substance Prescribing

Required Patient Education About Nonopioid Alternatives

Florida Statute Chapter 456.44: Controlled Substance Prescribing

- ▶ (7) NONOPIOID ALTERNATIVES.
 - ▶ (c) Except when a patient is receiving care in a hospital critical care unit or emergency department or a patient is receiving hospice services under s. 400.6095, before providing care requiring the administration of anesthesia involving the use of an opioid drug listed as a Schedule II controlled substance in s. 893.03 or 21 U.S.C. s. 812, or prescribing or ordering an opioid drug listed as a Schedule II controlled substance in s. 893.03 or 21 U.S.C. s. 812 for the treatment of pain, a health care practitioner who prescribes or orders an opioid drug must:
 - ▶ 1. Inform the patient or the patient's representative of available nonopioid alternatives for the treatment of pain, which may include nonopioid medicinal drugs or drug products, interventional procedures or treatments, acupuncture, chiropractic treatments, massage therapy, physical therapy, occupational therapy, or any other appropriate therapy as determined by the health care practitioner.
 - ▶ 2. Discuss with the patient or the patient's representative the advantages and disadvantages of the use of nonopioid alternatives, including whether the patient is at a high risk of, or has a history of, controlled substance abuse or misuse and the patient's personal preferences.
 - ▶ 3. Provide the patient or the patient's representative with a printed copy of the educational pamphlet, found at <http://www.floridahealth.gov/programs-and-services/non-opioid-pain-management/index.html>
 - ▶ 4. Document the nonopioid alternatives considered in the patient's record.

Promoting a Culture of Safety: Controlled Substance Prescribing

Prescription Drug Monitoring System- EFORCSE

Florida Statute Chapter 893.055: Prescription drug monitoring program

- ▶ (8) A prescriber or dispenser or a designee of a prescriber or dispenser must consult the system [EFORCSE] to review a patient's controlled substance dispensing history before prescribing or dispensing a controlled substance for a patient age 16 or older. This requirement does not apply when prescribing or dispensing a nonopioid controlled substance listed in Schedule V of s. 893.03 or 21 U.S.C. 812 or prescribing or dispensing a controlled substance to a patient who has been admitted to hospice pursuant to s. 400.6095. For purposes of this subsection, a "nonopioid controlled substance" is a controlled substance that does not contain any amount of a substance listed as an opioid in s. 893.03 or 21 U.S.C. 812.
- ▶ (a) The duty to consult the system does not apply when the system:
 - ▶ 1. Is determined by the department to be nonoperational; or
 - ▶ 2. Cannot be accessed by the prescriber or dispenser or a designee of the prescriber or dispenser because of a temporary technological or electrical failure.
- ▶ (b) A prescriber or dispenser or designee of a prescriber or dispenser who does not consult the system under this subsection shall document the reason he or she did not consult the system in the patient's medical record or prescription record and shall not prescribe or dispense greater than a 3-day supply of a controlled substance to the patient.

Promoting a Culture of Safety: Controlled Substance Prescribing

Controlled Substance E-Prescribing Requirement

Florida Statute Chapter 456.42: Written prescriptions for medicinal drugs

- ▶ (3) A health care practitioner licensed by law to prescribe a medicinal drug who maintains a system of electronic health records as defined in s. 408.051(2)(a), or who prescribes medicinal drugs as an owner, an employee, or a contractor of a licensed health care facility or practice that maintains such a system and who is prescribing in his or her capacity as such an owner, an employee, or a contractor, may only electronically transmit prescriptions for such drugs. This requirement applies to such a health care practitioner upon renewal of the health care practitioner's license or by July 1, 2021, whichever is earlier, but does not apply if:
 - ▶ (a) The practitioner and the dispenser are the same entity;
 - ▶ (b) The prescription cannot be transmitted electronically under the most recently implemented version of the National Council for Prescription Drug Programs SCRIPT Standard;
 - ▶ (c) The practitioner has been issued a waiver by the department, not to exceed 1 year in duration, from the requirement to use electronic prescribing due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the practitioner, or another exceptional circumstance demonstrated by the practitioner;
 - ▶ (d) The practitioner reasonably determines that it would be impractical for the patient in question to obtain a medicinal drug prescribed by electronic prescription in a timely manner and such delay would adversely impact the patient's medical condition;
 - ▶ (e) The practitioner is prescribing a drug under a research protocol;
 - ▶ (f) The prescription is for a drug for which the federal Food and Drug Administration requires the prescription to contain elements that may not be included in electronic prescribing;
 - ▶ (g) The prescription is issued to an individual receiving hospice care or who is a resident of a nursing home facility; or
 - ▶ (h) The practitioner determines that it is in the best interest of the patient, or the patient determines that it is in his or her own best interest, to compare prescription drug prices among area pharmacies. The practitioner must document such determination in the patient's medical record.

Promoting a Culture of Safety: Controlled Substance Prescribing

Medical Marijuana

Florida Statute Chapter 381.986: Medical use of marijuana

- ▶ Florida Statute Chapter 381.986 is focused on all “qualified” Florida allopathic physicians (MD) and osteopathic physicians (DO) regarding their prescribing of marijuana as outlined as follows:

(5) Medical Marijuana Use Registry. —(n)“Qualified physician” means a person who holds an active, unrestricted license as an allopathic physician under chapter 458 or as an osteopathic physician under chapter 459 and is in compliance with the physician education requirements of subsection (3).

(3) Qualified Physicians and Medical Directors.—(a) Before being approved as a qualified physician and before each license renewal, a physician must successfully complete a 2-hour course and subsequent examination offered by the Florida Medical Association or the Florida Osteopathic Medical Association which encompass the requirements of this section and any rules adopted hereunder...

- ▶ All physicians seeking to “qualify” for prescribing marijuana for medical use are required to comply with all criteria outlined in Florida Statute Chapter 381.986.

Independent Reading: *The Florida Statutes: Chapter 381.986: Medical use of marijuana.* Retrieved from http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0300-0399/0381/Sections/0381.986.html

Promoting a Culture of Safety: Florida Mental Health Act (Baker Act)

Definition: The Florida Mental Health Act, also known as Baker Act, allows for voluntary and involuntary examinations of individuals suspected of having a mental illness and presents a threat of harm to themselves or others, and establishes procedures for courts, law enforcement, and certain health care practitioners to initiate such examinations and then act in response to the findings.

Florida Statute Chapter 394: Mental Health

- ▶ F.S. Chapter 394.4615: Clinical records; confidentiality
 - ▶ Information from the clinical record may be released in the following circumstances:
 - ▶ (a) When a patient has communicated to a service provider a specific threat to cause serious bodily injury or death to an identified or a readily available person, if the service provider reasonably believes, or should reasonably believe according to the standards of his or her profession, that the patient has the apparent intent and ability to imminently or immediately carry out such threat. When such communication has been made, the administrator may authorize the release of sufficient information to provide adequate warning to the person threatened with harm by the patient. ¹

Florida Statute Chapter 456: Health Professions and Occupations: General Provisions

- ▶ F.S. Chapter 456.059: Communications confidential: exceptions
 - ▶ “the **psychiatrist** may disclose patient communications to the extent necessary to warn any potential victim and must disclose patient communications to the extent necessary to communicate the threat to a law enforcement agency. A law enforcement agency that receives notification of a specific threat under this section must take appropriate action to prevent the risk of harm, including, but not limited to, notifying the intended victim of such threat or initiating a risk protection order. A **psychiatrist’s** disclosure of confidential communications when communicating a threat pursuant to this section may not be the basis of any legal action or criminal or civil liability against the **psychiatrist**.”²

1. The Florida Statutes. Chapter 394.4615: Clinical records; confidentiality. Retrieved from http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0300-0399/0394/Sections/0394.4615.html

2. The Florida Statutes. Chapter 456.059: Communications confidential; exceptions. Retrieved from http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0456/Sections/0456.059.html

Promoting a Culture of Safety: Human Trafficking Education Requirement

Florida Statute Chapter 456.0341: Requirement for instruction on human trafficking

- ▶ The requirements of this section apply to each person licensed or certified under chapter 457; chapter 458; chapter 459; chapter 460; chapter 461; chapter 463; chapter 465; chapter 466; part II, part III, part V, or part X of chapter 468; chapter 480; or chapter 486.
- ▶ (3) "...the licensees or certificate holders shall post in their place of work in a conspicuous place accessible to employees a sign at least 11 inches by 15 inches in size, printed in a clearly legible font and in at least a 32-point type, which substantially states in English and Spanish: "If you or someone you know is being forced to engage in an activity and cannot leave, whether it is prostitution, housework, farm work, factory work, retail work, restaurant work, or any other activity, call the National Human Trafficking Resource Center at 888-373-7888 or text INFO or HELP to 233-733 to access help and services. Victims of slavery and human trafficking are protected under United States and Florida law."

NOTE: Required poster can be found at <http://www.flhealthsource.gov/humantrafficking/>

Promoting a Culture of Safety: DEA Registered Practitioners Medication Access and Training Expansion (MATE) Act Education Requirement

Drug Enforcement Administration Requirement

- ▶ Per Department of Justice, as part of the Consolidated Appropriations Act of 2023, effective June 27, 2023, all DEA registered practitioners, with the exception of sole practicing veterinarians, are required to complete a one-time 8-hours accredited course on the Medication Access and Training Expansion (MATE) curriculum* as a first time registrant or prior to the date of the practitioner's scheduled DEA renewal.

*NOTE: The DEA required 8-hours DEA MATE Curriculum CME activity is freely available for UF Health Flagler Hospital credentialed providers accessible through the UF Health Flagler Hospital CME website.

Independent Reading: *U.S. Department of Justice DEA Letter notification of required DEA MATE Curriculum training.*

https://www.dea diversion.usdoj.gov/pubs/docs/MATE_Training_Letter_Final.pdf

Promoting a Culture of Safety: Regulations for Office Surgeries

Florida Statute Chapter 458.328: Office Surgeries

- ▶ (3) RULEMAKING.—
 - ▶ (a) The board shall adopt by rule standards of practice for physicians who perform procedures or office surgeries pursuant to this section.
 - ▶ (b) The board may adopt rules to administer the registration, inspection, and safety of offices in which a physician performs procedures or office surgeries pursuant to this section.

Independent Reading: *The Florida Statutes: Chapter 458.328*. Retrieved from http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0458/Sections/0458.328.html

Promoting a Culture of Safety: Regulations for Telehealth Services

Florida Statute Chapter 456.47: Use of telehealth to provide services

- ▶ (1) DEFINITIONS.—As used in this section, the term:
 - ▶ (a) “Telehealth” means the use of synchronous or asynchronous telecommunications technology by a telehealth provider to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include audio-only telephone calls, e-mail messages, or facsimile transmissions.
 - ▶ (b) “Telehealth provider” means any individual who provides health care and related services using telehealth and who is licensed or certified under s. 393.17; part III of chapter 401; chapter 457; chapter 458; chapter 459; chapter 460; chapter 461; chapter 463; chapter 464; chapter 465; chapter 466; chapter 467; part I, part III, part IV, part V, part X, part XIII, or part XIV of chapter 468; chapter 478; chapter 480; part I or part II of chapter 483; chapter 484; chapter 486; chapter 490; or chapter 491; who is licensed under a multistate health care licensure compact of which Florida is a member state; or who is registered under and complies with subsection (4).
- ▶ (2) PRACTICE STANDARDS.—(a) A telehealth provider has the duty to practice in a manner consistent with his or her scope of practice and the prevailing professional standard of practice for a health care professional who provides in-person health care services to patients in this state.

Independent Reading: *The Florida Statutes: Chapter 456.47* Retrieved from http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0456/Sections/0456.47.html

Promoting a Culture of Safety: Mandatory Patient Care Planning Notification Requirement

Florida Statute Chapter 395.1052: Patient access to primary care and specialty providers; notification:

A hospital shall:

- ▶ (1) Notify each patient's primary care provider, if any, within 24 hours after the patient's admission to the hospital.
- ▶ (2) Inform the patient immediately upon admission that he or she may request to have the hospital's treating physician consult with the patient's primary care provider or specialist provider, if any, when developing the patient's plan of care. Upon the patient's request, ***the hospital's treating physician shall make reasonable efforts to consult with the patient's primary care provider or specialist provider when developing the patient's plan of care.***
- ▶ (3) Notify the patient's primary care provider, if any, of the patient's discharge from the hospital within 24 hours after the discharge.
- ▶ (4) Provide the discharge summary and any related information or records to the patient's primary care provider, if any, within 14 days after the patient's discharge summary has been completed.

Promoting a Culture of Safety: Discharge from Ambulatory Surgery Centers

Florida Statute Chapter 395.002: Definitions

- ▶ (3) “Ambulatory surgical center” means a facility, the primary purpose of which is to provide elective surgical care, ***in which the patient is admitted to and discharged from such facility within 24 hours, and which is not part of a hospital.*** However, a facility existing for the primary purpose of performing terminations of pregnancy, an office maintained by a physician for the practice of medicine, or an office maintained for the practice of dentistry may not be construed to be an ambulatory surgical center, provided that any facility or office which is certified or seeks certification as a Medicare ambulatory surgical center shall be licensed as an ambulatory surgical center pursuant to s. 395.003.

Promoting a Culture of Safety: Epidemiological Reporting to Department of Health

Florida Statutes Chapter 381.0031: Epidemiological research; report of disease of public health significance to department

- ▶ (2) Any practitioner licensed in this state [Florida] to practice medicine, osteopathic medicine, chiropractic medicine, naturopathy, or veterinary medicine; any licensed pharmacist authorized under a protocol with a supervising physician under s. 465.1895, or a collaborative pharmacy practice agreement, as defined in s. 465.1865, to perform or order and evaluate laboratory and clinical tests; any hospital licensed under part I of chapter 395; or any laboratory appropriately certified by the Centers for Medicare and Medicaid Services under the federal Clinical Laboratory Improvement Amendments and the federal rules adopted thereunder which diagnoses or suspects the existence of a disease of public health significance shall immediately report the fact to the Department of Health.
- ▶ (4) The department [Department of Health] shall periodically issue a list of infectious or noninfectious diseases determined by it to be a threat to public health and therefore of significance to public health and shall furnish a copy of the list to the practitioners listed in subsection (2). The list shall be based on the diseases recommended to be nationally notifiable by the Council of State and Territorial Epidemiologists and the Centers for Disease Control and Prevention. The department may expand upon the list if a disease emerges for which regular, frequent, and timely information regarding individual cases is considered necessary for the prevention and control of a disease specific to Florida.

Promoting a Culture of Safety: Epidemiological Reporting to Department of Health

Florida Administrative Code Chapter 64D-3: Control of Communicable Diseases and Conditions Which May Significantly Affect Public Health

- ▶ Practitioners are required to notify the Department of certain diseases of urgent public health importance upon initial clinical suspicion of the disease prior to confirmatory diagnosis. Diseases warranting notification upon suspicion (termed Suspect Immediately) should be reported 24 hours a day, seven days a week so the necessary public health response can be initiated in a timely and effective manner. Practitioners are also responsible for providing laboratories with all necessary information for the laboratories to fulfill laboratory notification requirements.

Independent Reading: *Florida Health Disease Reporting Information for Health Care Providers and Laboratories*. Retrieved from <http://www.floridahealth.gov/diseases-and-conditions/disease-reporting-and-management/index.html>

Promoting a Culture of Safety: Relocating or Terminating A Practice

Florida Statutes Chapter 456.058: Disposition of records of deceased practitioners or practitioners relocating or terminating practice ¹

- ▶ Each board created under the provisions of chapter 457, chapter 458, chapter 459, chapter 460, chapter 461, chapter 463, part I of chapter 464, chapter 465, chapter 466, part I of chapter 484, chapter 486, chapter 490, or chapter 491, and the department under the provisions of chapter 462, shall provide by rule for the disposition, under that chapter, of the medical records or records of a psychological nature of practitioners which are in existence at the time the practitioner dies, terminates practice, or relocates and is no longer available to patients and which records pertain to the practitioner's patients. The rules shall provide that the records be retained for at least 2 years after the practitioner's death, termination of practice, or relocation. In the case of the death of the practitioner, the rules shall provide for the disposition of such records by the estate of the practitioner.

Florida Statute Chapter 456.057: Ownership and control of patient records; report or copies of records to be furnished; disclosure of information ²

- ▶ (13) Notwithstanding the provisions of s. 456.058, records owners shall notify the appropriate board office when they are terminating practice, retiring, or relocating, and no longer available to patients, specifying who the new records owner is and where medical records can be found.
- ▶ (14) Whenever a records owner has turned records over to a new records owner, the new records owner shall be responsible for providing a copy of the complete medical record, upon written request, to the patient or the patient's legal representative.

1. The Florida Statutes. Chapter 456.058:Disposition of records of deceased practitioners or practitioners relocating or terminating practice. Retrieved from http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0456/Sections/0456.058.html

2. The Florida Statutes. Chapter 456.057. Ownership and control of patient records; report or copies of records to be furnished; disclosure of information. Retrieved from http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0456/Sections/0456.057.html

Promoting a Culture of Safety: Guidelines for Relocating or Terminating An Allopathic Practice

Department of Health Florida Administrative Code & Florida Administrative Register: Chapter 64

▶ **Medical Doctor: 64B8-10.002:**

- ▶ (4) When a licensed physician terminates practice or relocates and is no longer available to patients, patients should be notified of such termination, sale, or relocation and unavailability by the physician's causing to be published once during each week for four (4) consecutive weeks, in the newspaper of greatest general circulation in each county in which the physician practices or practiced and in a local newspaper that serves the immediate practice area, a notice which shall contain the date of termination, sale, or relocation and an address at which the records may be obtained from the physician terminating or selling the practice or relocating or from another licensed physician or osteopathic physician. A copy of this notice shall also be submitted to the Board of Medicine within one (1) month from the date of termination, sale, or relocation of the practice. The licensed physician may, but is not required to, place a sign in a conspicuous location on the facade of the physician's office or notify patients by letter of the termination, sale, or relocation of the practice. The sign or notice shall advise the licensed physician's patients of their opportunity to transfer or receive their records.

- ▶ **NOTE:** Physician Assistants are subject to Medical Doctor requirements through the Florida Board of Medicine.

Promoting a Culture of Safety: Relocating or Terminating An Osteopathic Practice

Florida Statute: 459.0122 Patient records; termination of osteopathic physician's practice

- ▶ The board shall provide by rule for the handling of the medical records of an osteopathic physician licensed under this chapter which pertain to the osteopathic physician's patients and which are in existence at the time an osteopathic physician sells or otherwise terminates a practice. The rules shall provide for notification of the patient and for an opportunity for the patient to request the transfer to the patient or another physician of the patient's records upon payment of actual costs for such transfer. History.—ss. 14, 29, ch. 86-290; s. 4, ch. 91-429.

Promoting a Culture of Safety: Guidelines for Relocating or Terminating An Osteopathic Practice

Department of Health Florida Administrative Code & Florida Administrative Register: Chapter 64

► Osteopathic Physician: 64B15-15.002

(1) When an osteopathic physician sells or otherwise voluntarily terminates practice, the physician shall notify patients of such termination by causing to be published, in the newspaper of greatest general circulation in the county of practice, a notice which shall contain the date of termination and an address at which the records may be obtained.

(2) When a physician's practice is involuntarily terminated by suspension, emergency or otherwise, the physician shall immediately notify patients of such termination by causing to be published, in the newspaper of greatest general circulation in the county of practice, a notice which shall contain the date of termination and an address at which the records may be obtained. A copy of the notice shall be mailed to the board office within ten days of publication.

(3) In addition to the requirements of subsections (1) and (2), above, the physician shall place in a conspicuous location in or on the facade of the office a sign, announcing the termination of the practice. The sign shall be placed 30 days prior to the termination, when such termination is voluntary, and shall remain until the termination date. When the termination of practice is involuntary, the physician shall immediately cause the sign to be placed and shall remain in place for 30 days.

(4) For purposes of this rule, voluntary termination shall include retirement or relocation of the physician's practice. Involuntary termination shall include suspension, revocation, relinquishment, or expiration of the physician's license to practice osteopathic medicine.

(5) Both the notice and sign shall advise the physician's patients of their opportunity to transfer or receive their records.

(6) For purposes of this rule, an osteopathic physician may ask the Board to be exempt from this rule when relocation occurs in the general area of the practice.

(7) The osteopathic physician shall provide for the retention of medical records in existence concerning any patient of the osteopathic physician for at least a period of two (2) years from the date his practice is sold or otherwise terminated. In the event that the osteopathic physician does not personally retain the medical records, then he shall publish a notice in the newspaper of greatest general circulation in the county in which he practiced immediately preceding termination of his practice, which shall provide the address at which the records shall be retained for the two (2) year period.

(8) Physicians whose patient records are maintained by an institution or health care entity formed under Chapter 641, F.S., shall be exempt from this rule.

(9) Nothing herein precludes a licensee of this Board from receiving records and delivering the records to the patient upon receipt of authorization to release the records.

Promoting a Culture of Safety: Relocating or Terminating A Nursing Practice

Department of Health Florida Administrative Code & Florida Administrative Register: Chapter 64

▶ Nursing: 64B9-11.00

- ▶ (1) The Board of Nursing and the Legislature recognize the need for maintenance and retention of medical records in order to protect and serve clients/patients. For that reason, the Legislature has directed the Board of Nursing to promulgate rules setting standards that will provide a minimum requirement for retention and disposition of client/patient records of nurses relocating and terminating practice. However, the Board of Nursing is concerned that the promulgation of these rules may mislead the licensed nurses. Subsection (2) of this rule sets forth standards which, if not met, will constitute a violation of sections 456.058 and 464.018, F.S., and will subject the nurse to disciplinary proceedings. Nurses should retain medical records as long as needed not only to serve and protect clients/patients, but also to protect themselves against adverse actions. The times specified in subsection (2), below, may well be less than the length of time necessary for protecting the nurses. Furthermore, the times stated may fall below the community standards for retention in specific communities and practice settings and for specific client/patient needs. For these purposes, nurses may wish to seek advice from private legal counsel or their insurance carrier.
- ▶ (2) Each Registered Nurse or Advanced Practice Registered Nurse engaged in private practice, who maintains possession of client/patient medical records, shall, when terminating or relocating practice in such a manner as to no longer be reasonably available to clients/patients, notify each client/patient of such termination or relocation and unavailability. Such notification shall consist of at least causing to be published, in the newspaper of greatest general circulation in each county in which the nurse practices or practiced, a notice which shall contain the date of termination or relocation and an address at which medical records may be obtained. Such notice shall be published no less than 4 times over a period of at least 4 weeks. In addition, the nurse shall place in a conspicuous location in or on the facade of the nurse's office, a sign, announcing the termination or relocation of the practice. The sign shall be placed at least thirty (30) days prior to the termination or relocation and shall remain until the date of termination or relocation. Both the notice and the sign shall advise the clients/patients of their opportunity to transfer or receive their medical records. Furthermore, each such licensee shall see that client/patient records are maintained and may be obtained by the client/patient for a minimum of 2 years after the termination or relocation of practice.

Promoting a Culture of Safety: Ownership and Control of Patient Records

Florida Statute Chapter 456.057: Ownership and control of patient records; report or copies of records to be furnished; disclosure of information

- ▶ (7)(a) Except as otherwise provided in this section and in s. 440.13(4)(c), such records may not be furnished to, and the *medical condition of a patient may not be discussed with, any person other than the patient, the patient's legal representative, or other health care practitioners and providers involved in the patient's care or treatment, except upon written authorization from the patient.*
- ▶ (7)(c) Information disclosed to a health care practitioner by a patient in the course of the care and treatment of such patient is confidential and *may be disclosed only to other health care practitioners and providers involved in the care or treatment of the patient*, if allowed by written authorization from the patient, or if compelled by subpoena at a deposition, evidentiary hearing, or trial for which proper notice has been given.

Independent Reading: *The Florida Statutes: Chapter 456.057 Ownership and control of patient records; report or copies of records to be furnished; disclosure of information* Retrieved from http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0456/Sections/0456.057.html

Promoting a Culture of Safety: Ownership and Control of Patient Records

Department of Health Florida Administrative Code & Florida Administrative Register: Chapter 64

64B8-10.002 Medical Records of Physicians Relocating or Terminating Practice; Retention, Disposition, Time Limitations ¹

- ▶ (1) ...Physicians should retain records as long as needed not only to serve and protect patients, but also to protect themselves against adverse actions. The times specified in Rule 64B8-10.002, F.A.C., may well be less than the length of time necessary for protecting the physician. Further, the times stated may fall below the community standards for retention in their communities and practice settings and for specific patient needs. *For the latter purposes, the physician may wish to seek advice from private counsel or their malpractice insurance carrier.*
- ▶ (2) A licensed physician shall maintain the full and total responsibility for and control of all files and records relating to his patients and his medical practice. All such records shall remain confidential except as otherwise provided by law and shall be maintained in the licensed physician's office or in the possession of the licensed physician.
- ▶ (3) A licensed physician shall keep adequate written medical records, as required by Section 458.331(1)(m), F.S., *for a period of at least five years from the last patient contact.*

NOTE: Per Florida Board of Medicine, *"According to Rule 64B8-10.002(3), FAC : A licensed physician shall keep adequate written medical records, as required by Section 458.331(1)(m), Florida Statutes, for a period of at least five years from the last patient contact; however, medical malpractice law requires records to be kept for at least seven years."*²

1. Medical Records of Physicians Relocating or Terminating Practice; Retention, Disposition, Time Limitation (2018). *Florida Administrative Code & Florida Administrative Register*. Retrieved from <https://www.flrules.org/gateway/result.asp>
2. Florida Board of Medicine. (2021). *Help Center: How long must a healthcare practitioner maintain a patient's records?*. Retrieved from <https://flboardofmedicine.gov/help-center/how-long-must-a-healthcare-practitioner-maintain-a-patient%C2%80%C2%99s-records/>

Promoting a Culture of Safety: Duty to Notify Patients

Florida Statute Chapter 456.0575: Duty to notify patients

- ▶ (1) Every licensed health care practitioner shall inform each patient, or an individual identified pursuant to s. 765.401(1), in person about adverse incidents that result in serious harm to the patient. Notification of outcomes of care that result in harm to the patient under this section does not constitute an acknowledgment of admission of liability, nor can such notifications be introduced as evidence.
- ▶ (2) Upon request by a patient, before providing nonemergency medical services in a facility licensed under chapter 395, a health care practitioner shall provide, in writing or by electronic means, a good faith estimate of reasonably anticipated charges to treat the patient's condition at the facility. The health care practitioner shall provide the estimate to the patient within 7 business days after receiving the request and is not required to adjust the estimate for any potential insurance coverage. The health care practitioner shall inform the patient that the patient may contact his or her health insurer or health maintenance organization for additional information concerning cost-sharing responsibilities. The health care practitioner shall provide information to uninsured patients and insured patients for whom the practitioner is not a network provider or preferred provider which discloses the practitioner's financial assistance policy, including the application process, payment plans, discounts, or other available assistance, and the practitioner's charity care policy and collection procedures. Such estimate does not preclude the actual charges from exceeding the estimate. Failure to provide the estimate in accordance with this subsection, without good cause, shall result in disciplinary action against the health care practitioner and a daily fine of \$500 until the estimate is provided to the patient. The total fine may not exceed \$5,000.

Promoting a Culture of Safety: APRN duty to report adverse incidents involving patients

Florida Statute: Chapter 464.0155- Reports of adverse incidents by advanced practice registered nurses

- ▶ (1) An advanced practice registered nurse registered under s. 464.0123 must report an adverse incident to the department in accordance with this section.
- ▶ (2) The report must be in writing, sent to the department by certified mail, and postmarked within 15 days after the occurrence of the adverse incident if the adverse incident occurs when the patient is in the direct care of the advanced practice registered nurse registered under s. 464.0123. If the adverse incident occurs when the patient is not in the direct care of the advanced practice registered nurse registered under s. 464.0123, the report must be postmarked within 15 days after the advanced practice registered nurse discovers, or reasonably should have discovered, the occurrence of the adverse incident.
- ▶ (3) For purposes of this section, the term “adverse incident” means an event over which the advanced practice registered nurse registered under s. 464.0123 could exercise control and which is associated in whole or in part with a nursing intervention, rather than the condition for which such intervention occurred, and which results in any of the following patient injuries:
 - ▶ (a) Any condition that required the transfer of a patient from the practice location of the advanced practice registered nurse registered under s. 464.0123 to a hospital licensed under chapter 395.
 - ▶ (b) A permanent physical injury to the patient.
 - ▶ (c) The death of the patient.
- ▶ (4) The department shall review each report of an adverse incident and determine whether the adverse incident was attributable to conduct by the advanced practice registered nurse. Upon making such a determination, the board may take disciplinary action pursuant to s. 456.073.

Promoting a Culture of Safety: Rules for Supervising Physician

Florida Statutes Chapter 458.347: Physician Assistants

- ▶ (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician or group of physicians supervising a licensed physician assistant must be qualified in the medical areas in which the physician assistant is to perform and shall be individually or collectively responsible and liable for the performance and the acts and omissions of the physician assistant. *A physician may not supervise more than ten currently licensed physician assistants at any one time.* A physician supervising a physician assistant pursuant to this section may not be required to review and cosign charts or medical records prepared by such physician assistant.
- ▶ (4)(d) A supervisory physician may delegate to a licensed physician assistant, pursuant to a written protocol, the authority to act according to s. [154.04\(1\)\(c\)](#). Such delegated authority is limited to the supervising physician's practice in connection with a county health department as defined and established pursuant to chapter 154. The boards shall adopt rules governing the supervision of physician assistants by physicians in county health departments.
- ▶ (4)(e) A supervising physician may delegate to a fully licensed physician assistant the authority to prescribe or dispense any medication used in the supervising physician's practice unless such medication is listed on the formulary created pursuant to paragraph (f).

Promoting a Culture of Safety: Rules for Supervising Physician

Florida Statutes Chapter 458.347: Physician Assistants continued

- ▶ (4)(e)(2) The supervising physician must notify the department of his or her intent to delegate, on a department-approved form, before delegating such authority and 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.
- ▶ (4)(g) A supervisory physician may delegate to a licensed physician assistant the authority to, and the licensed physician assistant acting under the direction of the supervisory physician may, order any medication for administration to the supervisory physician's patient in a facility licensed under chapter 395 or part II of chapter 400, notwithstanding any provisions in chapter 465 or chapter 893 which may prohibit this delegation.

Independent Reading: *The Florida Statutes: Chapter 458.347. Physician assistants* Retrieved from http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0458/Sections/0458.347.html

Promoting a Culture of Safety: Rules for Supervising Physician

Advanced Practice Registered Nurse

Florida Statutes Chapter 464.003: Definitions

- ▶ (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 post-basic specialized education, training, and experience, are appropriately performed by an advanced practice registered nurse. Within the context of advanced or specialized nursing practice, the advanced practice registered nurse may perform acts of nursing diagnosis and nursing treatment of alterations of the health status. The advanced practice registered nurse may also perform acts of medical diagnosis and treatment, prescription, and operation as authorized within the framework of an established supervisory protocol. 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.
- ▶ (3) “Advanced practice registered nurse” means any person licensed in this state to practice professional nursing and who is licensed in an advanced nursing practice, including certified nurse midwives, certified nurse practitioners, certified registered nurse anesthetists, clinical nurse specialists, and psychiatric nurses.

Independent Reading: *The Florida Statutes: Chapter 464.012 Licensure of advanced practice registered nurses; fees; controlled substance prescribing.* Retrieved from http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0464/Sections/0464.012.html

Promoting a Culture of Safety: Rules for Supervising Physician

Florida Statutes Chapter 458.348 Formal supervisory relationships, standing orders, and established protocols; notice; standards –

- ▶ (1)(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 practice registered nurse, which protocol contemplates the performance of medical acts set forth in s. 464.012(3) and (4), the physician shall submit notice to the board.
- ▶ (b) Notice shall be filed within 30 days of entering into the relationship, orders, or protocol. Notice also shall be provided within 30 days after the physician has terminated any such relationship, orders, or protocol.
- ▶ (3) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—A physician who supervises an advanced practice registered nurse or physician assistant at a medical office other than the physician’s primary practice location, where the advanced practice registered nurse or physician assistant is not under the onsite supervision of a supervising physician, must comply with the standards set forth in this subsection. For the purpose of this subsection, a physician’s “primary practice location” means the address reflected on the physician’s profile published pursuant to s. 456.041.
- ▶ (a) *A physician who is engaged in providing primary health care services may not supervise more than four offices in addition to the physician’s primary practice location.* For the purpose of this subsection, “primary health care” means health care services that are commonly provided to patients without referral from another practitioner, including obstetrical and gynecological services, and excludes practices providing primarily dermatologic and skin care services, which include aesthetic skin care services.

Independent Reading: *The Florida Statutes: 458.348: Formal supervisory relationships, standing orders, and established protocols; notice; standards.* Retrieved from

http://www.leg.state.fl.us/Statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0458/Sections/0458.348.html

Promoting a Culture of Safety: Rules for Supervising Physician

Florida Statutes Chapter 458.3475 Anesthesiologist assistants ¹ and Florida Statutes Chapter 459.023 Anesthesiologist assistants ²

- ▶ (2) PERFORMANCE OF SUPERVISING ANESTHESIOLOGIST.—(a) An anesthesiologist who directly supervises an anesthesiologist assistant must be qualified in the medical areas in which the anesthesiologist assistant performs and is liable for the performance of the anesthesiologist assistant. An anesthesiologist may only supervise two anesthesiologist assistants at the same time. The board may, by rule, allow an anesthesiologist to supervise up to four anesthesiologist assistants.
- ▶ (b) An anesthesiologist or group of anesthesiologists must, upon establishing a supervisory relationship with an anesthesiologist assistant, file with the board a written protocol that includes, at a minimum:
 - ▶ 1. The name, address, and license number of the anesthesiologist assistant.
 - ▶ 2. The name, address, license number, and federal Drug Enforcement Administration number of each physician who will be supervising the anesthesiologist assistant.
 - ▶ 3. The address of the anesthesiologist assistant's primary practice location and the address of any other locations where the anesthesiologist assistant may practice.
 - ▶ 4. The date the protocol was developed and the dates of all revisions.
 - ▶ 5. The signatures of the anesthesiologist assistant and all supervising physicians.
 - ▶ 6. The duties and functions of the anesthesiologist assistant.
 - ▶ 7. The conditions or procedures that require the personal provision of care by an anesthesiologist.
 - ▶ 8. The procedures to be followed in the event of an anesthetic emergency.
- ▶ The protocol must be on file with the board before the anesthesiologist assistant may practice with the anesthesiologist or group. An anesthesiologist assistant may not practice unless a written protocol has been filed for that anesthesiologist assistant in accordance with this paragraph, and the anesthesiologist assistant may only practice under the direct supervision of an anesthesiologist who has signed the protocol. The protocol must be updated biennially.

1. The Florida Statutes. (n.d.) 458.3475 Anesthesiologist assistants. Retrieved from http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&URL=0400-0499/0458/Sections/0458.3475.html

2. The Florida Statutes. (n.d.) 459.023 Anesthesiologist assistant. Retrieved from http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0459/Sections/0459.023.html

Promoting a Culture of Safety: Rules for Supervising Physician

Supervisory Protocol Forms

▶ Physician Assistants

- ▶ Completing the Supervision Form: <https://flboardofmedicine.gov/latest-news/information-for-physician-assistants-completing-the-supervision-data-form/>
- ▶ Physician Assistant Supervision Data Form: https://flboardofmedicine.gov/forms/frm_supervisiondata.pdf
- ▶ Physician Assistant Prescribing Notification Form: <https://flboardofmedicine.gov/forms/pa-prescribing-notification.pdf>

▶ Anesthesiologist Assistants:

- ▶ Florida Board of Medicine Resources: <https://flboardofmedicine.gov/resources/>
- ▶ Anesthesiologist Assistant Protocol Form: <https://flboardofmedicine.gov/forms/AA-Protocol-Form.pdf>

▶ Advance Practice Registered Nurse (APRN, NP, CRNA, CNM, CNS)

- ▶ Florida Board of Nursing APRN Protocol Sample:
 - ▶ Florida Board of Nursing Form Resources: <https://floridasnursing.gov/resources/>
 - ▶ APRN Protocol Sample Form: <https://floridasnursing.gov/forms/aprn-protocol-format.pdf>
- ▶ Florida Board of Medicine APRN/EMT/Paramedic Protocol
 - ▶ Florida Board of Medicine Resource: <https://flboardofmedicine.gov/resources/>
 - ▶ APRN/EMT/Paramedic Protocol Form: <https://ww10.doh.state.fl.us/pub/medicine/PDF%20Forms%20on%20Web/APRN%20EMT%20Paramedic%20Protocol%20Form.pdf>

Promoting a Culture of Safety: Physician & Pharmacist Collaborative Practice

Florida Statute Chapter 465.1865 Collaborative pharmacy practice for chronic health conditions

- ▶ (1)(a) “Collaborative pharmacy practice agreement” means a written agreement between a pharmacist who meets the qualifications of this section and a physician licensed under chapter 458 or chapter 459 in which a collaborating physician authorizes a pharmacist to provide specified patient care services to the collaborating physician’s patients.

Independent Readings:

1. The Florida Statute Chapter 465.1865: Collaborative pharmacy practice for chronic health conditions. Retrieved from. http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0465/Sections/0465.1865.html
2. Florida Administrative Code & Florida Administrative Register. Collaborative Practice and Treat Certifications. Retrieved from <https://www.flrules.org/gateway/ruleNo.asp?id=64B16-31.005>

Promoting a Culture of Safety: Nursing Standards of Practice

All nurses must follow licensure requirements and administration regulations outlined in:

- ▶ Florida Statute: Chapter 464: Nurse Practice ACT ¹ (ss.464.001-464.027)
 - ▶ **464.002 Purpose.**—The sole legislative purpose in enacting this part is to ensure that every nurse practicing in this state meets minimum requirements for safe practice. It is the legislative intent that nurses who fall below minimum competency or who otherwise present a danger to the public shall be prohibited from practicing in this state.
- ▶ Florida Administrative Code & Florida Administrative Register: 64B9-3 Department of Health Board of Nursing Requirements for Licensure ²

Advanced Practice Registered Nurses must also follow:

- ▶ Florida Statute: Chapter 464.012 - Licensure of advance practice registered nurses; fees; controlled substance prescribing ³
- ▶ Florida Administrative Code & Florida Administrative Register: Chapter 64B9-4 – Administrative policies pertaining to certification of advanced practice registered nurses ⁴

1. The Florida Statute. Chapter 464 Part 1 Nurse Practice Act. (n.d.). Retrieved from http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0464/0464PART1ContentsIndex.html

2. 64B9-3 Department of Health Board of Nursing Requirements for Licensure. (n.d.). Retrieved from <https://www.flrules.org/gateway/ChapterHome.asp?Chapter=64B9-3>

3. Florida Statute: Chapter 464.012 - Licensure of advance practice registered nurses; fees; controlled substance prescribing. (n.d.). Retrieved from http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0464/Sections/0464.012.html

4. Florida Administrative Code & Florida Administrative Register: Chapter 64B9-4 - Administrative policies pertaining to certification of advanced practice registered nurses (n.d.) Retrieved from <https://www.flrules.org/gateway/ChapterHome.asp?Chapter=64B9-4>

Promoting a Culture of Safety: APRN Standards of Practice

64B9-4.002 Requirement for Licensure

▶ Financial Responsibility Form

- ▶ All Advanced Practice Registered Nurses (APRN) are required to obtain and maintain malpractice insurance or demonstrate proof of financial responsibility prior to licensure.
- ▶ Proof of Financial Responsibility Coverage must be submitted to Florida Board of Nursing
- ▶ Financial Responsibility Coverage form is found on the Resource section of the Florida Board of Nursing website <https://floridasnursing.gov/resources/>

Forms & Requests

CNA Forms

[Certified Nursing Assistant License Verification Form](#)

Nursing Forms

[Declaration of Primary Residence Form](#)

[APRN Protocol Sample](#)

[Nursing License Verification Request Form](#)

[Financial Responsibility Form for Advanced Practice Registered Nurse](#)

This form is required for all applicants.

Board of Nursing Financial Responsibility



Name: _____

Florida License Number (if applicable): _____

The Financial Responsibility options are divided into two categories: coverage and exemptions.

Choose only ONE option that best describes your situation, unless you choose option 3 in the "Financial Responsibility Coverage" section. Not making a choice or choosing more than one option will make this form invalid. Staff is unable to advise you on which option to choose. If you have questions regarding an option, consult your legal counsel, insurance company or financial institution.

FINANCIAL RESPONSIBILITY COVERAGE

- 1. I have obtained and maintain professional liability coverage in an amount not less than \$100,000 per claim, with a minimum annual aggregate of not less than \$300,000 from an authorized insurer as defined under s. 624.09, F.S., from a surplus lines insurer as defined under s. 626.914(2), F.S., from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F.S., or through a plan of self-insurance as provided in s. 627.357, F.S., or a risk retention group under s. 627.942, F.S.
- 2. I have obtained and will maintain an unexpired irrevocable letter of credit as defined by ch. 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 APRN as beneficiary.
- 3. I am exempt from financial responsibility coverage (If you choose this option you must choose one option from the exemption category below)

EXEMPTION CATEGORIES OF FINANCIAL RESPONSIBILITY COVERAGE

- 1. I practice exclusively as an officer, employee, or agent of the federal government, or of the state or its agencies or subdivisions.
- 2. My Florida registration is inactive, and I do not practice in the state of Florida.
- 3. I practice only in conjunction with my teaching duties at an accredited school or its main teaching hospitals.
- 4. My Florida registration is active, but I do not practice in the state of Florida.
- 5. I have just completed my Advanced Practice Registered Nurse Program and/or I am not yet practicing in Florida.

Section 456.067, F.S., Penalty for giving false information. - In addition to, or in lieu of, any other discipline imposed pursuant to s. 456.072, F.S., the act of knowingly giving false information in the course of applying for or obtaining a license for the department, or any board thereunder, with intent to mislead a public servant in the performance of his or her duties, or the act of attempting to obtain or obtaining a license from the department, or any board thereunder, to practice a profession by knowingly misleading statements or knowing misrepresentations constitutes a felony of the third degree, punishable in s. 775.082, s.775.083, or s. 775.08, F.S.

Promoting a Culture of Safety: APRN Standards of Practice

64B9-4.011 Dispensing Practitioner

- ▶ (1) Those APRNs whose protocols permit them to dispense medications for a fee as contemplated by Section 465.0276, F.S., must register with the Board of Nursing by submitting a completed Dispensing Application for Advanced Practice Registered Nurse (APRN), form number DH-MQA 1185, 06/2020, and hereby incorporated by reference, and may be obtained from <http://www.flrules.org/Gateway/reference.asp?No=Ref-12291>, or from the Board office or the Board's website: <http://www.FloridasNursing.gov>.
- ▶ (2) The APRN dispensing practitioner must comply with all state and federal laws and regulations applicable to all dispensing practitioners under Section 465.0276, F.S.

Promoting a Culture of Safety: APRN Autonomous Practice Law

Florida Statutes 464.0123 Autonomous practice by an advanced practice registered nurse

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

- (a) Holds an active, unencumbered license to practice advanced nursing under s. 464.012.
- (b) Has not been subject to any disciplinary action as specified in s. 456.072 or s. 464.018 or any similar disciplinary action in another state or other territory or jurisdiction within the 5 years immediately preceding the registration request.
- (c) Has completed, in any state, jurisdiction, or territory of the United States, at least 3,000 clinical practice hours, which may include clinical instructional hours provided by the applicant, within the 5 years immediately preceding the registration request while practicing as an advanced practice registered nurse under the supervision of an allopathic or osteopathic physician who held an active, unencumbered license issued by any state, jurisdiction, or territory of the United States during the period of such supervision. For purposes of this paragraph, “clinical instruction” means education provided by faculty in a clinical setting in a graduate program leading to a master’s or doctoral degree in a clinical nursing specialty area.
- (d) Has completed within the past 5 years 3 graduate-level semester hours, or the equivalent, in differential diagnosis and 3 graduate-level semester hours, or the equivalent, in pharmacology.

Promoting a Culture of Safety: APRN Autonomous Practice Law continued

- ▶ (3)(a) An advanced practice registered nurse who is registered under this section may:
 - ▶ 1. Engage in autonomous practice only in primary care practice, including family medicine, general pediatrics, and general internal medicine, as defined by board rule.
 - ▶ 2. For certified nurse midwives, engage in autonomous practice in the performance of the acts listed in s. [464.012\(4\)\(c\)](#).
 - ▶ 3. Perform the general functions of an advanced practice registered nurse under s. [464.012\(3\)](#) related to primary care.
- ▶ (7) DISCLOSURES.—When engaging in autonomous practice, an advanced practice registered nurse registered under this section must provide information in writing to a new patient about his or her qualifications and the nature of autonomous practice before or during the initial patient encounter.

Independent Reading: *The Florida Statutes: 464.0123: Autonomous practice by an advanced practice registered nurse.* Retrieved from http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Statute&Search_String=&URL=0400-0499/0464/Sections/0464.0123.html

Promoting a Culture of Safety: Florida Patient's Bill of Rights and Responsibilities

Florida Statute Chapter 381.026 (3) Purpose

(3) PURPOSE.—It is the purpose of this section to promote the interests and well-being of the patients of health care providers and health care facilities and to promote better communication between the patient and the health care provider. It is the intent of the Legislature that health care providers understand their responsibility to give their patients a general understanding of the procedures to be performed on them and to provide information pertaining to their health care so that they may make decisions in an informed manner after considering the information relating to their condition, the available treatment alternatives, and substantial risks and hazards inherent in the treatments. It is the intent of the Legislature that patients have a general understanding of their responsibilities toward health care providers and health care facilities. It is the intent of the Legislature that the provision of such information to a patient eliminate potential misunderstandings between patients and health care providers. It is a public policy of the state that the interests of patients be recognized in a patient's bill of rights and responsibilities and that a health care facility or health care provider may not require a patient to waive his or her rights as a condition of treatment. This section shall not be used for any purpose in any civil or administrative action and neither expands nor limits any rights or remedies provided under any other law.

Promoting a Culture of Safety: Physician Assistants and Patients' Rights

Florida Statute: Chapter 458.347(4)(e)(1)

- ▶ 1. A physician assistant *must* clearly identify to the patient that he or she is a physician assistant.

Promoting a Culture of Safety: Anti-Kickback Statute

42 U.S. Code § 1320a 7b(b) – Illegal remunerations

- ▶ “Prohibits the knowing and willful payment of "remuneration" to induce or reward patient referrals or the generation of business involving any item or service payable by the Federal health care programs (e.g., drugs, supplies, or health care services for Medicare or Medicaid patients). Remuneration includes anything of value and can take many forms besides cash, such as free rent, expensive hotel stays and meals, and excessive compensation for medical directorships or consultancies. ”¹

Independent Reading: *42 U.S.C. 1320a-7b – Criminal penalties for acts involving Federal health care programs.*

<https://www.govinfo.gov/content/pkg/USCODE-2021-title42/pdf/USCODE-2021-title42-chap7-subchapXI-partA-sec1320a-7b.pdf>

1. Office of Inspector General (n.d.). Fraud & Abuse Laws. Anti-Kickback Statute. Retrieved from <https://oig.hhs.gov/compliance/physician-education/fraud-abuse-laws/#:~:text=The%20Physician%20Self%2DReferral%20Law%2C%20commonly%20referred%20to%20as%20the,relationship%2C%20unless%20an%20exception%20applies.>

Promoting a Culture of Safety: Physician Self-Referral (Stark) Law

42 U.S. Code § 1395nn - Limitation on certain physician referrals

- ▶ Section 1877 of the Social Security Act prohibits physicians from referring Medicare patients for certain designated health services (DHS) to an entity with which the physician or a member of the physician's immediate family has a financial relationship unless an exception applies.¹

42 U.S. Code § 1396b – Physician referral prohibition to Medicaid

- ▶ Section 1903(s) of the Social Security Act extends prohibition of physician self-referral for Medicaid patients

Independent Reading: *42 U.S.C. 1395nn-Limitation on certain physician referrals.*

<https://www.govinfo.gov/app/details/USCODE-2021-title42/USCODE-2021-title42-chap7-subchapXVIII-partE-sec1395nn>

1. Current Law and Regulations. Centers for Medicare & Medicaid Services. Retrieved from <https://www.cms.gov/medicare/regulations-guidance/physician-self-referral/current-law-and-regulations#:~:text=Section%201877%20of%20the%20Social,relationship%20unless%20an%20exception%20applies.>

2. Cornell University. (n.d.) 42. US Code § 1395nn - Limitation on certain physician referrals. Retrieved from <https://www.law.cornell.edu/uscode/text/42/1395nn>

Promoting a Culture of Safety: Physician Self-Referral (Stark) Law Update

Exceptions to 42 U.S. Code § 1395nn - Limitation on certain physician referrals

- ▶ “This final rule addresses any undue regulatory impact and burden of the physician self-referral law. This final rule is being issued in conjunction with the Centers for Medicare & Medicaid Services' (CMS) Patients over Paperwork initiative and the Department of Health and Human Services' (the Department or HHS) Regulatory Sprint to Coordinated Care. This final rule establishes exceptions to the physician self-referral law for certain value-based compensation arrangements between or among physicians, providers, and suppliers. It also establishes a new exception for certain arrangements under which a physician receives limited remuneration for items or services actually provided by the physician; establishes a new exception for donations of cybersecurity technology and related services; and amends the existing exception for electronic health records (EHR) items and services. This final rule also provides critically necessary guidance for physicians and health care providers and suppliers whose financial relationships are governed by the physician self-referral statute and regulations.”

Independent Reading: *Medicare Program; Modernizing and Clarifying the Physician Self-Referral Regulations*. Retrieved from <https://www.federalregister.gov/documents/2020/12/02/2020-26140/medicare-program-modernizing-and-clarifying-the-physician-self-referral-regulations>

Promoting a Culture of Safety: Information Blocking

45 CFR Parts 170 and 171: 21st Century: Interoperability, Information Blocking, and the ONC Health IT Certification Program

- ▶ Requires healthcare providers give patients access without charge to all the health information in their electronic medical records “without delay.”
- ▶ The eight (8) types of clinical notes that must be shared are outlined in the United States Core Data for Interoperability (USCDI), and include:

Consultation notes	Discharge summary notes
History & physical	Imaging report narratives
Laboratory report narratives	Pathology report narratives
Procedure notes	Progress notes

Promoting a Culture of Safety: Information Blocking continued

CFR 42 Part 1003 – Civil Money Penalties, Assessments and Exclusions

Subpart N – CMPs for Information Blocking

▶ § 1003.1410 Amount of penalties

- ▶ The OIG may impose a penalty of not more than \$1,000,000 per violation.
 - ▶ (a) For this subpart, *violation* means a practice, as defined in [45 CFR 171.102](#), that constitutes information blocking, as set forth in [45 CFR part 171](#).

▶ § 1003.1420 Determinations regarding the amount of penalties.

- ▶ In considering the factors listed in [§ 1003.140](#), the OIG shall take into account:
 - ▶ (a) The nature and extent of the information blocking including where applicable:
 - ▶ (1) The number of patients affected;
 - ▶ (2) The number of providers affected; and
 - ▶ (3) The number of days the information blocking persisted; and
 - ▶ (b) The harm resulting from such information blocking including where applicable:
 - ▶ (1) The number of patients affected;
 - ▶ (2) The number of providers affected; and
 - ▶ (3) The number of days the information blocking persisted.

Promoting a Culture of Safety: Applying Professional Oath

- ▶ **Hippocratic Oath- A Modern Version**
- ▶ **Osteopathic Oath**
- ▶ **Physician Assistant Professional Oath**
- ▶ **International Council of Nursing Pledge**

Promoting a Culture of Safety: Hippocratic Oath- A Modern Version

I swear to fulfill, to the best of my ability and judgment, this covenant:

- ❖ *I will respect the hard-won scientific gains of those physicians in whose steps I walk, and gladly share such knowledge as is mine with those who are to follow.*
- ❖ *I will apply, for the benefit of the sick, all measures [that] are required, avoiding those twin traps of overtreatment and therapeutic nihilism.*
- ❖ *I will remember that there is art to medicine as well as science, and that warmth, sympathy, and understanding may outweigh the surgeon's knife or the chemist's drug.*
- ❖ *I will not be ashamed to say "I know not," nor will I fail to call in my colleagues when the skills of another are needed for a patient's recovery.*
- ❖ *I will respect the privacy of my patients, for their problems are not disclosed to me that the world may know. Most especially must I tread with care in matters of life and death. If it is given me to save a life, all thanks. But it may also be within my power to take a life; this awesome responsibility must be faced with great humbleness and awareness of my own frailty. Above all, I must not play at God.*
- ❖ *I will remember that I do not treat a fever chart, a cancerous growth, but a sick human being, whose illness may affect the person's family and economic stability. My responsibility includes these related problems, if I am to care adequately for the sick.*
- ❖ *I will prevent disease whenever I can, for prevention is preferable to cure.*
- ❖ *I will remember that I remain a member of society, with special obligations to all my fellow human beings, those sound of mind and body as well as the infirm.*
- ❖ *If I do not violate this oath, may I enjoy life and art, respected while I live and remembered with affection thereafter. May I always act so as to preserve the finest traditions of my calling and may I long experience the joy of healing those who seek my help.*

Promoting a Culture of Safety: Osteopathic Oath

- ❖ ***I do hereby affirm my loyalty to the profession I am about to enter. I will be mindful always of my great responsibility to preserve the health and the life of my patients, to retain their confidence and respect both as a physician and a friend who will guard their secrets with scrupulous honor and fidelity, to perform faithfully my professional duties, to employ only those recognized methods of treatment consistent with good judgment and with my skill and ability, keeping in mind always nature's laws and the body's inherent capacity for recovery.***
- ❖ ***I will be ever vigilant in aiding in the general welfare of the community, sustaining its laws and institutions, not engaging in those practices which will in any way bring shame or discredit upon myself or my profession. I will give no drugs for deadly purposes to any person, though it be asked of me.***
- ❖ ***I will endeavor to work in accord with my colleagues in a spirit of progressive cooperation and never by word or by act cast imputations upon them or their rightful practices.***
- ❖ ***I will look with respect and esteem upon all those who have taught me my art. To my college I will be loyal and strive always for its best interests and for the interests of the students who will come after me. I will be ever alert to further the application of basic biologic truths to the healing arts and to develop the principles of osteopathy which were first enunciated by Andrew Taylor Still.***

Promoting a Culture of Safety: Physician Assistant Professional Oath

I pledge to perform the following duties with honesty and dedication:

- ❖ *I will hold as my primary responsibility the health, safety, welfare, and dignity of all human beings.*
- ❖ *I will uphold the tenets of patient autonomy, beneficence, nonmaleficence, and justice.*
- ❖ *I will recognize and promote the value of diversity.*
- ❖ *I will treat equally all persons who seek my care.*

Promoting a Culture of Safety: International Council of Nursing Pledge

- ❖ *In the full knowledge of the obligations I am undertaking, I promise to care for the sick with all of the skill and understanding I possess, without regard to race, creed, color, politics, or social status.*
- ❖ *I will respect at all times the dignity and religious beliefs of the patients under my care, holding in confidence all personal information entrusted to me and refraining from any action that might endanger life or health.*
- ❖ *I will endeavor to keep my professional knowledge and skill at the highest level and to give loyal support and cooperation to all members of the health team.*
- ❖ *I will do my utmost to honor the international code of ethics applied to nursing and to uphold the integrity of the nurse.*

Promoting a Culture of Safety

In summary, it is essential that in applying their individual professional oaths, healthcare practitioners continue to participate in life-long learning. This will enable them to most effectively promote a culture of safety through the consistent provision of reliable high quality healthcare in compliance with existing laws and rules.