



Florida Laws and Rules



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Introduction

Health care-related laws and regulations are essential to the administration of ethically driven health care that is both safe and effective. Therefore, each state has developed specific laws to help guide nurses administering care to patients. Due to the importance of state laws and regulations, nurses should be very familiar with their state of licensure's health care-related laws and regulations to ensure they understand how to legally, ethically, safely and effectively administer health care to patients in need. This course reviews information regarding Florida's health care-related laws and regulations for nurses practicing in the state of Florida.

Section 1: Florida's Nurse Practice Act

Health care-related laws and regulations are paramount to health care. Some of the most vital health care-related laws and regulations, for nurses, may be found in a state's Nurse Practice Act. A Nurse Practice Act may refer to a legal set of guidelines which delineate and define the practice of nursing within a given state (Florida Board of Nursing, 2020). The major goals of a state's Nurse Practice Act are to guide nurses in the delivery of safe and effective health care and to protect individuals in the care of nurses. Typically, each state has its own Nurse Practice Act. It has been argued that practicing nurses should be familiar with their state of licensure's Nurse Practice Act to ensure they understand how to legally, ethically, safely and effectively administer health care to patients in need. With that in mind, this section of the course highlights Florida's Nurse Practice Act. The information found in this section was derived from materials provided by the state of Florida and related sources (Florida Board of Nursing, 2020).

The Purpose of Florida's Nurse Practice Act

- The legislative purpose of Florida's Nurse Practice Act is to ensure that every nurse practicing in the state of Florida meets the minimum requirements for safe practice; it is the legislative intent that nurses who fall below the minimum competency or who otherwise present a danger to the public shall be prohibited from practicing in the state of Florida.

Florida's State Board of Nursing

- The Board of Nursing is created within the department and shall consist of 13 members to be appointed by the Governor and confirmed by the Senate.

- Seven members of the board must be registered nurses who are residents of this state and who have been engaged in the practice of professional nursing for at least 4 years, including at least one advanced practice registered nurse, one nurse educator member of an approved program, and one nurse executive. These seven board members should be representative of the diverse areas of practice within the nursing profession. In addition, three members of the board must be licensed practical nurses who are residents of this state and who have been actively engaged in the practice of practical nursing for at least 4 years prior to their appointment. The remaining three members must be residents of the state who have never been licensed as nurses and who are in no way connected with the practice of nursing. 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 one member of the board must be 60 years of age or older.

Regulation of Professions/Scopes of Practice

- Registered nurse may refer to any person licensed in the state of Florida or holding an active multistate license to practice professional nursing.
- Practice of professional nursing may refer to the performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of psychological, biological, physical, and social sciences which shall include, but not be limited to:
 - The observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care; health teaching and counseling of the ill, injured, or infirm; and the promotion of wellness, maintenance of health, and prevention of illness of others.
 - The administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments.
 - The supervision and teaching of other personnel in the theory and performance of any of the acts described in this subsection.
- Nurses should note the following: a professional nurse is responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing.
- Licensed practical nurse may refer to any person licensed in the state of Florida or holding an active multistate license to practice practical nursing.

- Practice of practical nursing may refer to the performance of selected acts, including the administration of treatments and medications, in the care of the ill, injured, or infirm; the promotion of wellness, maintenance of health, and prevention of illness of others under the direction of a registered nurse, a licensed physician, a licensed osteopathic physician, a licensed podiatric physician, or a licensed dentist; and the teaching of general principles of health and wellness to the public and to students other than nursing students.
- Nurses should note the following: a practical nurse is responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing.
- Advanced practice registered nurse may refer to any person licensed in the state of Florida 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.
- Advanced or specialized nursing practice may refer to, in addition to the practice of professional nursing, the performance of advanced-level nursing acts approved by the board which, by virtue of postbasic specialized education, training, and experience, are appropriately performed by an advanced practice registered nurse.
- Nurses should note the following: 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.
- Nursing diagnosis may refer to the observation and evaluation of physical or mental conditions, behaviors, signs and symptoms of illness, and reactions to treatment and the determination as to whether such conditions, signs, symptoms, and reactions represent a deviation from normal.
- Nursing treatment may refer to the establishment and implementation of a nursing regimen for the care and comfort of individuals, the prevention of illness, and the education, restoration, and maintenance of health.

Nurse Licensure by Examination

- Persons seeking licensure as a registered nurse or practical nurse shall apply to the Department of Health to take the licensure exam.

- Persons seeking licensure as a registered nurse must complete the application process.
- Persons seeking licensure as a registered nurse must pay the application fee set by the board not to be more than \$150.
- Persons seeking licensure as a registered nurse must pay the examination fee set by the board, not to be more than \$75 plus the actual per applicant cost to the Department of Health for the purchase of the exam from the National Council of State Boards of Nursing or a similar entity.
- Persons seeking licensure as a registered nurse must provide sufficient information on or after October 1, 1989, submitted to the Department of Health for criminal records check statewide through the Department of Law Enforcement.
- Persons seeking licensure as a registered nurse should possess good physical and mental health.
- Persons seeking licensure as a registered nurse should meet the following criteria: have a high school diploma or equivalent; graduated from a program approved by the state or from a prelicensure nursing education program determined by the board to be of equal merit to an approved program; graduated on or after July 1, 2009, from a program fully accredited or graduated before July 1, 2009, from a prelicensure nursing educational program whose graduates were eligible for examination; professional nursing education program courses completed in equal measure to a practical nursing education program used to meet the educational requirement for a license as a licensed practical nurse.
- Persons seeking licensure as a registered nurse should have the ability to communicate in the English language, which may be determined by an examination given by the department.
- Each applicant who passes the examination and provides proof of meeting the educational requirements, unless deemed otherwise should be entitled to licensure as a registered professional nurse or a licensed practical nurse, whichever is applicable.
- A nurse who resides in Florida, meets the licensure requirements of this section, and meets the criteria for multistate licensure may request the issuance of a multistate license from the department.
- A nurse who holds a single-state license in the state of Florida and applies to the department for a multistate license must meet the eligibility criteria for a

multistate license and must pay an application and licensure fee to change the licensure status.

- The department shall conspicuously distinguish a multistate license from a single-state license.
- Any applicant who fails the examination three consecutive times, regardless of the jurisdiction in which the examination is taken, shall be required to complete a board-approved remedial course before the applicant will be approved for reexamination. After taking the remedial course, the applicant may be approved to retake the examination up to three additional times before the applicant is required to retake remediation. The applicant shall apply for reexamination within 6 months after completion of remediation. The board shall by rule establish guidelines for remedial courses.
- If an applicant who graduates from an approved program does not take the licensure examination within 6 months after graduation, he or she must enroll in and successfully complete a board-approved licensure examination preparatory course. The applicant is responsible for all costs associated with the course and may not use state or federal financial aid for such costs. The board shall by rule establish guidelines for licensure examination preparatory courses.
- A person holding an active multistate license in another state is exempt from the licensure requirements of this section.

Nurse Licensure Compact

- A nurse licensure compact may refer to an agreement that allows nurses to possess a multistate license to practice nursing in various states.
- A multistate license may refer to a license to practice as a registered nurse (RN) or a licensed practical/vocational nurse (LPN/VN) issued by a home state licensing board which authorizes the licensed nurse to practice in all party states under a multistate licensure privilege.
- Multistate licensure privilege may refer to a legal authorization associated with a multistate license permitting the practice of nursing as either an RN or an LPN/VN in a remote state.
- According to the state of Florida a multistate license to practice registered or licensed practical/vocational nursing issued by a home state to a resident in that state shall be recognized by each party state as authorizing a nurse to practice as an RN or as an LPN/VN under a multistate licensure privilege in each party state.

- Each party state must implement procedures for considering the criminal history records of applicants for initial multistate licensure or licensure by endorsement. Such procedures shall include the submission of fingerprints or other biometric-based information by applicants for the purpose of obtaining an applicant's criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.
- In order for an applicant to obtain or retain a multistate license in the home state, each party state shall require that the applicant fulfills the following criteria:
 - Meets the home state's qualifications for licensure or renewal of licensure, as well as all other applicable state laws.
 - Has graduated or is eligible to graduate from a licensing board-approved RN or LPN/VN prelicensure education program; or has graduated from a foreign RN or LPN/VN prelicensure education program that has been approved by the authorized accrediting body in the applicable country and has been verified by a licensing board-approved independent credentials review agency to be comparable to a licensing board-approved prelicensure education program.
 - If the applicant is a graduate of a foreign prelicensure education program not taught in English, or if English is not the applicant's native language, has successfully passed a licensing board-approved English proficiency examination that includes the components of reading, speaking, writing, and listening.
 - Has successfully passed an NCLEX-RN or NCLEX-PN Examination or recognized predecessor, as applicable.
 - Is eligible for or holds an active, unencumbered license.
 - Has submitted, in connection with an application for initial licensure or licensure by endorsement, fingerprints or other biometric data for the purpose of obtaining criminal history record information from the Federal Bureau of Investigation and the agency responsible for retaining that state's criminal records.
 - Has not been convicted or found guilty, or has entered into an agreed disposition other than a disposition that results in nolle prosequi, of a felony offense under applicable state or federal criminal law.
 - Has not been convicted or found guilty, or has entered into an agreed disposition other than a disposition that results in nolle prosequi, of a

misdemeanor offense related to the practice of nursing as determined on a case-by-case basis.

- Is not currently enrolled in an alternative program.
 - Is subject to self-disclosure requirements regarding current participation in an alternative program.
 - Has a valid United States social security number.
- All party states may, in accordance with existing state due process law, take adverse action against a nurse's multistate licensure privilege, such as revocation, suspension, probation, or any other action that affects the nurse's authorization to practice under a multistate licensure privilege, including cease and desist actions. If a party state takes such action, it shall promptly notify the administrator of the coordinated licensure information system. The administrator of the coordinated licensure information system shall promptly notify the home state of any such actions by remote states.
 - A nurse practicing in a party state must comply with the state practice laws of the state in which the patient is located at the time service is provided. The practice of nursing is not limited to patient care but shall include all nursing practice as defined by the state practice laws of the party state in which the patient is located. The practice of nursing in a party state under a multistate licensure privilege subjects a nurse to the jurisdiction of the licensing board, the courts, and the laws of the party state in which the patient is located at the time service is provided.
 - A person not residing in a party state shall continue to be able to apply for a party state's single-state license as provided under the laws of each party state. The single-state license granted to such a person does not grant the privilege to practice nursing in any other party state. This compact does not affect the requirements established by a party state for the issuance of a single-state license.
 - A nurse who fails to satisfy the multistate licensure requirements due to a disqualifying event occurring after the effective date is ineligible to retain or renew a multistate license, and the nurse's multistate license shall be revoked or deactivated in accordance with applicable rules adopted by the commission.
 - Upon application for a multistate license, the licensing board in the issuing party state shall ascertain, through the coordinated licensure information system, whether the applicant has ever held, or is the holder of, a license issued by any other state, whether there are any encumbrances on any license or multistate licensure privilege held by the applicant, whether any adverse action has been

taken against any license or multistate licensure privilege held by the applicant, and whether the applicant is currently participating in an alternative program.

- A nurse may hold a multistate license, issued by the home state, in only one party state at a time.
- If a nurse changes his or her primary state of residence by moving from one party state to another party state, the nurse must apply for licensure in the new home state, and the multistate license issued by the prior home state shall be deactivated in accordance with applicable rules adopted by the commission.
- The nurse may apply for licensure in advance of a change in his or her primary state of residence.
- A multistate license may not be issued by the new home state until the nurse provides satisfactory evidence of a change in his or her primary state of residence to the new home state and satisfies all applicable requirements to obtain a multistate license from the new home state.
- If a nurse changes his or her primary state of residence by moving from a party state to a nonparty state, the multistate license issued by the prior home state shall convert to a single-state license valid only in the former home state.
- This compact becomes effective and binding on the date of legislative enactment of this compact into law by no fewer than 26 states or on December 31, 2018, whichever occurs first. All party states to this compact which were also parties to the prior Nurse Licensure Compact (“prior compact”), superseded by this compact, are deemed to have withdrawn from the prior compact within 6 months after the effective date of this compact.
- Each party state to this compact shall continue to recognize a nurse’s multistate licensure privilege to practice in that party state issued under the prior compact until such party state is withdrawn from the prior compact.
- Any party state may withdraw from this compact by enacting a statute repealing the compact. A party state’s withdrawal does not take effect until 6 months after enactment of the repealing statute.
- A party state’s withdrawal or termination does not affect the continuing requirement of the withdrawing or terminated state’s licensing board to report adverse actions and significant investigations occurring before the effective date of such withdrawal or termination.

- This compact does not invalidate or prevent any nurse licensure agreement or other cooperative arrangement between a party state and a nonparty state that is made in accordance with the other provisions of this compact.
- This compact may be amended by the party states. An amendment to this compact does not become effective and binding upon the party states unless and until it is enacted into the laws of all party states.
- Representatives of nonparty states to this compact shall be invited to participate in the activities of the commission, on a nonvoting basis, before the adoption of this compact by all party states.

Licensure of Advanced Practice Registered Nurses; Fees; Controlled Substance Prescribing

- 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 and that he or she meets one or more of the following requirements as determined by the Florida board:
 - 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.
 - Graduation from a program leading to a master's degree in a nursing clinical specialty area with preparation in specialized practitioner skills.
- Nurses should note the following: 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.
- Nurses should note the following: for applicants graduating on or after October 1, 2001, graduation from a master's degree program is required for initial licensure as a certified registered nurse anesthetist.

- Nurses should note the following: 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 midwife.
- Nurses should note the following: for applicants graduating on or after July 1, 2007, graduation from a master's degree program is required for initial licensure as a clinical nurse specialist.
- The board shall provide by rule the appropriate requirements for advanced practice registered nurses for the advanced nursing practices of certified nurse midwives, certified nurse practitioners, certified registered nurse anesthetists, clinical nurse specialists, and psychiatric nurses.
- An advanced practice registered nurse shall perform those functions authorized in this section within the framework of an established protocol that must be maintained on site at the location or locations at which an advanced practice registered nurse practices. In the case of multiple supervising physicians in the same group, an advanced practice registered nurse must enter into a supervisory protocol with at least one physician within the physician group practice. A practitioner currently licensed shall maintain supervision for directing the specific course of medical treatment.
- Within the established framework, an advanced practice registered nurse may:
 - Prescribe, dispense, administer, or order any drug; however, an advanced practice registered nurse may prescribe or dispense a controlled substance only if the advanced practice registered nurse has graduated from a program leading to a master's or doctoral degree in a clinical nursing specialty area with training in specialized practitioner skills.
 - Initiate appropriate therapies for certain conditions.
 - Perform additional functions as may be determined by rule in accordance with specific laws.
 - Order diagnostic tests and physical and occupational therapy.
 - Order any medication for administration to a patient in a licensed facility.
- A certified nurse practitioner may perform any or all of the following acts within the framework of established protocol:
 - Manage selected medical problems.

- Order physical and occupational therapy.
 - Initiate, monitor, or alter therapies for certain uncomplicated acute illnesses.
 - Monitor and manage patients with stable chronic diseases.
 - Establish behavioral problems and diagnosis and make treatment recommendations.
- A certified registered nurse anesthetist may, to the extent authorized by established protocol approved by the medical staff of the facility in which the anesthetic service is performed, perform any or all of the following:
 - Determine the health status of the patient as it relates to the risk factors and to the anesthetic management of the patient through the performance of the general functions.
 - Based on history, physical assessment, and supplemental laboratory results, determine, with the consent of the responsible physician, the appropriate type of anesthesia within the framework of the protocol.
 - Order under the protocol preanesthetic medication.
 - Perform under the protocol procedures commonly used to render the patient insensible to pain during the performance of surgical, obstetrical, therapeutic, or diagnostic clinical procedures. These procedures include ordering and administering regional, spinal, and general anesthesia; inhalation agents and techniques; intravenous agents and techniques; and techniques of hypnosis.
 - Order or perform monitoring procedures indicated as pertinent to the anesthetic health care management of the patient.
 - Support life functions during anesthesia health care, including induction and intubation procedures, the use of appropriate mechanical supportive devices, and the management of fluid, electrolyte, and blood component balances.
 - Recognize and take appropriate corrective action for abnormal patient responses to anesthesia, adjunctive medication, or other forms of therapy.
 - Recognize and treat a cardiac arrhythmia while the patient is under anesthetic care.
 - Participate in management of the patient while in the postanesthesia recovery area, including ordering the administration of fluids and drugs.

- Place special peripheral and central venous and arterial lines for blood sampling and monitoring as appropriate.
- A certified nurse midwife may, to the extent authorized by an established protocol which has been approved by the medical staff of the health care facility in which the midwifery services are performed, or approved by the nurse midwife's physician backup when the delivery is performed in a patient's home, perform any or all of the following:
 - Perform superficial minor surgical procedures.
 - Manage the patient during labor and delivery to include amniotomy, episiotomy, and repair.
 - Order, initiate, and perform appropriate anesthetic procedures.
 - Perform postpartum examination.
 - Order appropriate medications.
 - Provide family-planning services and well-woman care.
 - Manage the medical care of the normal obstetrical patient and the initial care of a newborn patient.
- A clinical nurse specialist may perform any or all of the following acts within the framework of established protocol:
 - Assess the health status of individuals and families using methods appropriate to the population and area of practice.
 - Diagnose human responses to actual or potential health problems.
 - Plan for health promotion, disease prevention, and therapeutic intervention in collaboration with the patient or client.
 - Implement therapeutic interventions based on the nurse specialist's area of expertise and within the scope of advanced nursing practice, including, but not limited to, direct nursing care, counseling, teaching, and collaboration with other licensed health care providers.
 - Coordinate health care as necessary and appropriate and evaluate with the patient or client the effectiveness of care.

- A psychiatric nurse, within the framework of an established protocol with a psychiatrist, may prescribe psychotropic controlled substances for the treatment of mental disorders.
- The board shall approve for licensure, and the department shall issue a license to, any nurse meeting qualifications. The board shall establish an application fee not to exceed \$100 and a biennial renewal fee not to exceed \$50. The board is authorized to adopt such other rules as are necessary to implement provisions.
- The department and board shall establish a transition timeline and process for practitioners certified as of September 30, 2018, as advanced registered nurse practitioners or clinical nurse specialists, to convert a certificate in good standing to a license that becomes effective on October 1, 2018, to practice as an advanced practice registered nurse. An advanced registered nurse practitioner or a clinical nurse specialist holding a certificate to practice in good standing on September 30, 2018, may continue to practice with all rights, authorizations, and responsibilities under this section for licensure as an advanced practice registered nurse and may use the applicable title after the effective date of this act while the department and board complete the transition from certification to licensure, as established under this act. Nurses should also note that this subsection may not be construed to limit or restrict the department's or board's disciplinary authority or enforcement responsibilities for safe nursing practice. Nurses should also note that this subsection expires on October 1, 2020.

Renewal of License or Certificate

- The department shall renew a license upon receipt of the renewal application and fee.
- The department shall adopt rules establishing a procedure for the biennial renewal of licenses.
- The board shall by rule prescribe up to 30 hours of continuing education biennially as a condition for renewal of a license or certificate.
- Nurses should note the following: a nurse who is certified by a health care specialty program accredited by the National Commission for Certifying Agencies or the Accreditation Board for Specialty Nursing Certification is exempt from continuing education requirements; the criteria for programs must be approved by the board.
- Nurses should note the following: as part of the maximum 30 hours of continuing education hours required under this subsection, advanced practice registered nurses licensed must complete at least 3 hours of continuing education on the safe and

effective prescription of controlled substances; such continuing education courses must be offered by a statewide professional association of physicians in this state accredited to provide educational activities designated for the American Medical Association Physician's Recognition Award Category 1 credit, the American Nurses Credentialing Center, the American Association of Nurse Anesthetists, or the American Association of Nurse Practitioners and may be offered in a distance learning format.

- Nurses should note the following: as part of the maximum biennial continuing education hours required under this subsection, the board shall require each person licensed or certified under this chapter to complete a 2-hour continuing education course on human trafficking; the continuing education course must consist of data and information on the types of human trafficking, such as labor and sex, and the extent of human trafficking; factors that place a person at greater risk of being a victim of human trafficking; public and private social services available for rescue, food, clothing, and shelter referrals; hotlines for reporting human trafficking which are maintained by the National Human Trafficking Resource Center and the United States Department of Homeland Security; validated assessment tools for identifying a human trafficking victim and general indicators that a person may be a victim of human trafficking; procedures for sharing information related to human trafficking with a patient; and referral options for legal and social services; all licensees must complete this course for every biennial licensure renewal on or after January 1, 2019.

Titles and Abbreviations; Restrictions; Penalty

- Only a person who holds a license in the state of Florida or a multistate license pursuant to practice professional nursing or who performs nursing services may use the title "Registered Nurse" and the abbreviation "R.N."
- Only a person who holds a license in the state of Florida or a multistate license to practice as a licensed practical nurse or who performs practical nursing services may use the title "Licensed Practical Nurse" and the abbreviation "L.P.N."
- Only persons who are graduates of prelicensure nursing education programs may use the term "Graduate Nurse" and the abbreviation "G.N.," pending the results of the first licensure examination for which they are eligible.
- Only persons who are graduates of prelicensure nursing education programs may use the term "Graduate Practical Nurse" and the abbreviation "G.P.N.," pending the results of the first licensure examination for which they are eligible.

- Only persons who hold valid licenses to practice as clinical nurse specialists in the state of Florida may use the title “Clinical Nurse Specialist” and the abbreviation “C.N.S.”
- Only persons who hold valid certificates to practice as certified registered nurse anesthetists in the state of Florida may use the title “Certified Registered Nurse Anesthetist” and the abbreviations “C.R.N.A.” or “nurse anesthetist.”
- Only persons who hold valid certificates to practice as certified nurse midwives in the state of Florida may use the title “Certified Nurse Midwife” and the abbreviations “C.N.M.” or “nurse midwife.”
- Only persons who hold valid licenses to practice as advanced practice registered nurses in the state of Florida may use the title “Advanced Practice Registered Nurse” and the abbreviation “A.P.R.N.”
- A person may not practice or advertise as, or assume the title of, registered nurse, licensed practical nurse, clinical nurse specialist, certified registered nurse anesthetist, certified nurse midwife, certified nurse practitioner, or advanced practice registered nurse or use the abbreviation “R.N.,” “L.P.N.,” “C.N.S.,” “C.R.N.A.,” “C.N.M.,” “C.N.P.,” or “A.P.R.N.” or take any other action that would lead the public to believe that person was authorized by law to practice as such or is performing nursing services unless that person is licensed, certified, or authorized to practice as such.
- Nurses should note that a violation of the previously highlighted laws/regulations is a misdemeanor of the first degree.

Violations and Penalties

- Each of the following acts constitutes a felony of the third degree: practicing advanced or specialized, professional, or practical nursing unless holding an active license or certificate to do so; using or attempting to use a license or certificate which has been suspended or revoked; knowingly employing unlicensed persons in the practice of nursing; obtaining or attempting to obtain a license or certificate under this part by misleading statements or knowing misrepresentation.
- Each of the following acts constitutes a misdemeanor of the first degree: using the name or title “Nurse,” “Registered Nurse,” “Licensed Practical Nurse,” “Clinical Nurse Specialist,” “Certified Registered Nurse Anesthetist,” “Certified Nurse Practitioner,” “Certified Nurse Midwife,” “Advanced Practice Registered Nurse,” or any other name or title which implies that a person was licensed or certified as

same, unless such person is duly licensed or certified; knowingly concealing information relating to violations of this part.

Sexual Misconduct in the Practice of Nursing

- Sexual misconduct in the practice of nursing is prohibited. Sexual misconduct in the practice of nursing may refer to the violation of the nurse-patient relationship through which the nurse uses said relationship to induce or attempt to induce the patient to engage, or to engage or attempt to engage the patient, in sexual activity outside the scope of the practice or the scope of generally accepted examination or treatment of the patient.

Disciplinary Actions

- The following acts constitute grounds for denial of a license or disciplinary action.
- Procuring, attempting to procure, or renewing a license to practice nursing or the authority to practice practical or professional nursing by bribery, by knowing misrepresentations, or through an error of the department or the board.
- Having a license to practice nursing revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of another state, territory, or country.
- Being convicted or found guilty of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to the practice of nursing or to the ability to practice nursing.
- Being convicted or found guilty of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, any of the following offenses:
 - A forcible felony as defined in chapter 776.
 - A violation of chapter 812, relating to theft, robbery, and related crimes.
 - A violation of chapter 817, relating to fraudulent practices.
 - A violation of chapter 800, relating to lewdness and indecent exposure.
 - A violation of chapter 784, relating to assault, battery, and culpable negligence.
 - A violation of chapter 827, relating to child abuse.
 - A violation of chapter 415, relating to protection from abuse, neglect, and exploitation.

- A violation of chapter 39, relating to child abuse, abandonment, and neglect.
- For an applicant for a multistate license or for a multistate license holder a felony offense under Florida law or federal criminal law.
- Having committed an act which constitutes domestic violence.
- Making or filing a false report or record, which the nurse knows to be false, intentionally or negligently failing to file a report or record required by state or federal law, willfully impeding or obstructing such filing or inducing another person to do so (such reports or records shall include only those which are signed in the nurse's capacity as a licensed nurse).
- False, misleading, or deceptive advertising.
- Unprofessional conduct, as defined by board rule.
- Engaging or attempting to engage in the possession, sale, or distribution of controlled substances, for any other than legitimate purposes authorized by this part.
- Being unable to practice nursing with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, or chemicals or any other type of material or as a result of any mental or physical condition.
- Failing to report to the department any person who the nurse knows is in violation of this part or of the rules of the department or the board. Nurses should note the following: a person who the licensee knows is unable to practice nursing with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material, or as a result of a mental or physical condition, may be reported to a consultant operating an impaired practitioner program rather than to the department.
- Knowingly violating any provision of this part, a rule of the board or the department, or a lawful order of the board or department previously entered in a disciplinary proceeding or failing to comply with a lawfully issued subpoena of the department.
- Failing to report to the department any licensee under chapter 458 or under chapter 459 who the nurse knows has violated the grounds for disciplinary action set out in the law under which that person is licensed and who provides health care services in a facility licensed under chapter 395, or a health maintenance organization certificated under part I of chapter 641, in which the nurse also provides services.

- Failing to meet minimal standards of acceptable and prevailing nursing practice, including engaging in acts for which the nurse is not qualified by training or experience.

Section 1: Summary

A Nurse Practice Act may refer to a legal set of guidelines which delineate and define the practice of nursing within a given state. Typically, each state has its own Nurse Practice Act. Nurses practicing in the state of Florida should be familiar with Florida's Nurse Practice Act to ensure they understand how to legally, ethically, safely and effectively administer health care to patients in need.

Section 1: Key Concepts

- The major goals of a state's Nurse Practice Act are to guide nurses in the delivery of safe and effective health care and to protect individuals in the care of nurses.
- Typically, each state has its own Nurse Practice Act.
- Nurses practicing in the state of Florida should be familiar with Florida's Nurse Practice Act to ensure they understand how to legally, ethically, safely and effectively administer health care to patients in need.
- The legislative purpose of Florida's Nurse Practice Act is to ensure that every nurse practicing in the state of Florida meets the minimum requirements for safe practice.
- The Florida Nurse Practice Act is governed by the Florida Board of Nursing.

Section 1: Key Terms

Nurse Practice Act - a legal set of guidelines which delineate and define the practice of nursing within a given state

Registered nurse - any person licensed in the state of Florida or holding an active multistate license to practice professional nursing

Practice of professional nursing - the performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of psychological, biological, physical, and social sciences

Licensed practical nurse - any person licensed in the state of Florida or holding an active multistate license to practice practical nursing

Practice of practical nursing - the performance of selected acts, including the administration of treatments and medications, in the care of the ill, injured, or infirm; the promotion of wellness, maintenance of health, and prevention of illness of others under the direction of a registered nurse, a licensed physician, a licensed osteopathic physician, a licensed podiatric physician, or a licensed dentist; and the teaching of general principles of health and wellness to the public and to students other than nursing students

Advanced practice registered nurse - any person licensed in the state of Florida 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

Advanced or specialized nursing practice - the performance of advanced-level nursing acts (in addition to the practice of professional nursing) approved by the board which, by virtue of postbasic specialized education, training, and experience, are appropriately performed by an advanced practice registered nurse

Nursing diagnosis - the observation and evaluation of physical or mental conditions, behaviors, signs and symptoms of illness, and reactions to treatment and the determination as to whether such conditions, signs, symptoms, and reactions represent a deviation from normal

Nursing treatment - the establishment and implementation of a nursing regimen for the care and comfort of individuals, the prevention of illness, and the education, restoration, and maintenance of health

Nurse licensure compact - an agreement that allows nurses to possess a multistate license to practice nursing in various states

Multistate license - a license to practice as a registered nurse (RN) or a licensed practical/vocational nurse (LPN/VN) issued by a home state licensing board which authorizes the licensed nurse to practice in all party states under a multistate licensure privilege

Multistate licensure privilege - a legal authorization associated with a multistate license permitting the practice of nursing as either an RN or an LPN/VN in a remote state

Sexual misconduct in the practice of nursing (as it relates to Florida's Nurse Practice Act) - the violation of the nurse-patient relationship through which the nurse uses said relationship to induce or attempt to induce the patient to engage, or to

engage or attempt to engage the patient, in sexual activity outside the scope of the practice or the scope of generally accepted examination or treatment of the patient

Section 1: Personal Reflection Question

Why is a Nurse Practice Act relevant to the administration of health care?

Section 2: Recent Florida Legislation

In addition to the Nurse Practice Act, nurses practicing in the state of Florida should be familiar with recent legislation that affects Florida's health care professionals to ensure they understand how to legally, ethically, safely and effectively administer health care to patients in need. This section of the course will highlight specific recent legislation that affects Florida's health care professionals to build awareness among nurses licensed to practice in the state of Florida. The information found in this section of the course was derived from materials provided by the state of Florida and the Centers for Disease Control and Prevention (CDC) (Florida Department of Health; Centers for Disease Control and Prevention, 2020).

House Bill 21 Controlled Substances

Relevant background notes - A controlled substance may refer to a drug or chemical whose manufacture, possession, or use is regulated by a government body.

Effective date - July 1, 2018

Bill summary - Creates section 456.0301, Florida Statutes, requiring practitioners to complete a specified board-approved continuing education course to prescribe controlled substances. The bill defines “acute pain” and establishes prescribing guidelines and grounds for disciplinary action if not followed. It limits opioid prescriptions for the treatment of acute pain to a specified period under certain circumstances and requires health care professionals to check the prescription drug monitoring program (PDMP) database prior to prescribing or dispensing a controlled substance. Additionally, the bill requires pain management clinics with an exemption from registration under section 458.3265 or 459.0137, Florida Statutes, to register their exemption with the Department of Health with no fee, and specifies a new certificate is required if a change of address occurs.

House Bill 1337 Nursing

Relevant background notes - Advanced practice registered nurse may refer to any person licensed in the state of Florida 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. Advanced or specialized nursing practice may refer to, in addition to the practice of professional nursing, the performance of advanced-level nursing acts approved by the board which, by virtue of postbasic specialized education, training, and experience, are appropriately performed by an advanced 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.

Effective date - October 1, 2018

Bill summary - Amends the title of an Advanced Registered Nurse Practitioner (ARNP) to Advanced Practice Registered Nurse (APRN) and makes conforming changes throughout the Florida Statutes. APRNs would be licensed instead of certified. Changes the title of a Clinical Nurse Specialist (CNS) to an APRN.

House Bill 23 Telehealth

Relevant background notes - Telehealth may refer to the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration. A range of technologies may be used to support the delivery of telehealth including the following: text messaging, smartphone apps for mobile phones, websites and computers, standard and wireless telephones, live and asynchronous video, virtual reality, and/or artificial intelligence (AI). Nurses should note that there are different categories or types of telehealth. The different categories or types of telehealth include the following:

- **Live video** - live video, in the context of telehealth services, may refer to a live stream, two-way interaction between a patient and a health care professional(s) where both parties are communicating from different locations. Nurses should note that live video telehealth services, typically, occur in real time (real time may refer to the actual time during which a meeting, interaction, process, or event occurs; live).
- **Store-and-forward** - store-and-forward may refer to a type of telehealth which involves the transmission of recorded health information (e.g., an x-ray or prerecorded video) through electronic communication systems to a health

care professional who evaluates the information and provides a health care-related service to a patient(s). Nurses should note that store-and-forward telehealth services do not, typically, occur in real time.

- **Remote patient monitoring** - remote patient monitoring may refer to the use of telehealth-related technologies to collect individuals' health care-related data in one location and electronically transmit it to health care professionals in a different location for assessment and recommendations.
- **Mobile health** - mobile health may refer to the use of mobile communication devices (e.g., smart phones and tablets) to support health care, public health, and education. Nurses should note that mobile health applications can help individuals manage chronic conditions, track sleep patterns or fitness, schedule health care appointments, and/or send public health alerts via text message.

Effective date - July 1, 2019

Bill summary - Creates section 456.47, Florida Statutes, establishing standards of practice for telehealth providers, registration of out-of-state providers, venue requirements and exemptions. Additionally, effective July 1, 2020, the Department shall annually review the amount of any fees collected under section 456.47, Florida Statutes, to determine whether such fees are sufficient for the Department and Boards to implement the section.

House Bill 501 Alternative Treatment Options for Veterans

Relevant background notes - The term traumatic brain injury may refer to a disruption in the normal function of the brain that may have been caused by a bump, blow, or jolt to the head, or penetrating head injury. Post-traumatic stress disorder (PTSD) may refer to a disorder characterized by persistent mental and emotional stress related to a traumatic event(s). Symptoms of PTSD may include the following: agitation, irritability, hostility, hypervigilance, self-destructive behavior, social isolation, flashbacks, fear, severe anxiety, mistrust, loss of interest or pleasure in activities, guilt, loneliness, sleep disturbances, emotional detachment and/or unwanted thoughts.

Effective date - July 1, 2019

Bill summary - Creates section 295.156, Florida Statutes, that requires alternative treatment services for veterans who have been certified by the Department of Veteran Affairs as having Traumatic brain injury and post-traumatic stress disorder to be provided under the direction and supervision of a licensed physician, osteopathic

physician, chiropractic physician, nurse, psychologist, or a clinical social worker, marriage and family therapist or mental health counselor.

House Bill 19 Prescription Drug Importation Programs

Relevant background notes - Prescription drug importation programs work to safely import FDA-approved prescription drugs into the United States.

Effective date - July 1, 2019

Bill summary - The law establishes two programs to safely import FDA-approved prescription drugs into Florida: The Canadian Importation Program and the International Drug Importation Program. The Department is responsible for the creation and inspection of new permits for an international export pharmacy. Additionally, the law creates eligibility criteria for the types of prescription drugs to be imported, the importation process, safety standards, distribution requirements, and penalties for violations of the established program. Federal approval is required before the programs may begin.

House Bill 487 Carrying of Firearms by Tactical Medical

Professionals

Relevant background notes - The term tactical medical professional may refer to an individual trained to provide both emergent and non-emergent care to victims of illness or injury related to law enforcement or military operations. Nurses should be aware of individuals who are tactical medical professionals when applicable.

Effective date - July 1, 2019

Bill summary - The law creates section 790.25 (q), Florida Statutes, for tactical medical professionals to be appointed by law enforcement tactical teams to possess firearms and actively operate in direct support of a tactical operation by a law enforcement agency. The law establishes that a “tactical medical professional” must be a paramedic under section 401.23, a physician, under section 458.305, or an osteopathic physician, under section 459.003, who is appointed to provide direct support to a tactical law enforcement unit.

House Bill 451 Nonopioid Alternatives

Relevant background notes - A nonopioid alternative may refer to any medication that is not related to an opioid. Examples of nonopioid alternatives include the following medications: acetaminophen aspirin, ibuprofen, and naproxen.

Effective date - July 1, 2019

Bill summary - Creates section 456.44 (7), Florida Statutes, requiring the Department to develop and publish on its website an education pamphlet regarding the use of nonopioid alternatives for the treatment of pain.

House Bill 851 Human Trafficking

Relevant background notes - Human trafficking may refer to the act or practice of illegally transporting people from one country or area to another, typically, for the purposes of forced labor and/or exploitation.

Effective date - July 1, 2019

Bill summary - Creates section 456.0341, Florida Statutes, requiring persons licensed or certified under Chapter 457, 458, 459, 460, 461, 463, 465, 466, part II, III, V or part X of 468, 480, or 486 to complete a board or department approved 1-hour continuing education course on human trafficking. Licensees or certificate holders must post a sign with relevant portions of the reporting procedure by January 1, 2020. Requiring a massage establishment to designate an establishment manager to be responsible for operational rules compliance. Requiring the Department of Health (DOH) to deny an application for massage establishment license if an establishment owner or designated establishment manager has been convicted of a prostitution offense. Authorizing DOH to revoke or suspend a massage establishment's license if certain employees or owners have convictions or disciplinary action for prostitution. Prohibiting a massage establishment owner or designated establishment manager whose license is revoked from reapplying for a license or, for an owner, transferring the license.

Senate Bill 182 Medical Use of Marijuana

Relevant background notes - The term medical use of marijuana may refer to the use of marijuana and/or marijuana-related derivatives for medical purposes (e.g., the treatment of disorders, illnesses and/or specific conditions).

Effective date - March 18, 2019

Bill summary - The law allows a qualified physician to determine that smoking is an appropriate route of administration for medical marijuana; addresses information regarding certifying of patients under the age of 18, availability, supply limits, consent form requirements, required documentation, and more.

Senate Bill 1418 Mental Health

Relevant background notes - When treating mental health patients, health care professionals may hear those patients make threats to other individuals. Such threats

may put the lives of the patients and other individuals in danger. Health care professionals may consider noting threats made by mental health patients to other individuals.

Effective date - July 1, 2019

Bill summary - Requires a psychiatrist to disclose patient communications to the extent necessary to warn law enforcement of a threat of serious bodily injury or death made by a patient or client. Requires law enforcement to notify potential victims of the threat and provides that such disclosure of confidential communications may not be the basis of legal action or any civil or criminal liability against the psychiatrist or psychologist.

House Bill 831 Electronic Prescribing

Relevant background notes - Electronic prescribing may refer to the electronic generation, transmission, and filling of a medication prescription.

Effective date - January 1, 2020

Bill summary - The law relocates language regarding electronic prescribing from existing section 456.43, Florida Statutes, to section 456.42, Florida Statutes, and repeals section 456.43, Florida Statutes, on January 1, 2021. The law requires prescribers to generate and transmit all prescriptions electronically, except when electronic prescribing is unavailable due to a temporary electrical or technological failure. In such instances, written prescriptions may be used, which must meet the requirements under current section 456.43, Florida Statutes.

House Bill 607

Relevant background notes - Certified nursing assistant (CNA) may refer to an individual who meets the qualifications specified by the state of Florida and who is certified by the board as a certified nursing assistant. Practice of a certified nursing assistant may refer to the act of providing care and assisting persons with tasks relating to the activities of daily living. Such tasks are those associated with personal care, maintaining mobility, nutrition and hydration, toileting and elimination, assistive devices, safety and cleanliness, data gathering, reporting abnormal signs and symptoms, postmortem care, patient socialization and reality orientation, end-of-life care, cardiopulmonary resuscitation and emergency care, residents' or patients' rights, documentation of nursing-assistant services, and other tasks that a certified nurse assistant may perform after training beyond that required for initial certification and upon validation of competence in that skill by a registered nurse.

Effective date - March 11, 2020

Bill summary - An authorized RN may delegate tasks to CNAs or home health aides if the RN determines that the CNA or home health aide is competent to perform these tasks, that the tasks are delegable under applicable Federal law, and the tasks meet certain criteria designated in the law. The RN is not authorized to delegate the administration of Schedule II-IV controlled substances. The Board is directed to adopt rules implementing the new law in consultation with the Agency for Health Care Administration (AHCA).

Training coursework is required in order for a CNA to administer medication under an RN's delegation. CNAs will also be required to have 2 hours of in-service training in medication administration and medical error prevention on a yearly basis.

The Board, along with AHCA, will also create standards and procedures for CNAs to follow when administering medication in a home health setting.

Health Care-Related Emergency Laws and Regulations

In addition to the previously highlighted laws/regulations, nurses should be familiar with laws and regulations that may result from a health care-related emergency such as an infectious disease outbreak and/or an infectious disease pandemic. The term outbreak, when applied to infectious diseases, may refer to an occurrence of more cases of a disease than would normally be expected in a specific place or group of people over a given period of time. The term pandemic, when applied to infectious diseases, may refer to a global or worldwide outbreak of disease; outbreak of disease over a large area. Examples of infectious disease outbreaks are as follows: an influenza outbreak in a given year; an influenza outbreak in a given area, in a given year. An example of an infectious disease pandemic is coronavirus disease 2019 (COVID-19). Nurses should note that COVID-19 is a respiratory illness that can spread from person to person. Specific information regarding COVID-19 laws/regulation may be found below. Nurses should also note that laws and regulations regarding health care-related emergencies are subject to change, thus, nurses should remain up to date with such laws/regulations.

- COVID-19 positive patients and COVID-19 laboratory results are subject to mandatory reporting to the Florida Department of Health under Section 381.0031, Florida Statutes.
- Pursuant to Rule 64D-3, Florida Administrative Code and to ensure a rapid public health response and disease control interventions, health care professionals and facilities must immediately report all COVID-19 cases in the following persons to their County Health Departments:

- Persons who live or work in long-term care facilities, senior living centers, permanent supportive housing, or similar congregate settings (shelters, correctional facilities) who house persons at high risk of severe outcomes.
- All health care personnel (medical, nursing, and any other facility employee, EMS).
- Persons employed in public safety occupations (e.g., law enforcement, firefighter).
- Hospitalizations associated with COVID-19.
- Deaths associated with COVID-19.
- Suspected or confirmed outbreaks (≥ 2 cases in 96 hours) of COVID-19 in long-term care facilities or similar group settings should be reported immediately.
- All positive and negative COVID-19 laboratory results should be reported to the Department of Health via electronic laboratory reporting or by fax.
- Patients with confirmed or suspected COVID-19 or close contact with a case should be provided with the type of information found below to help prevent COVID-19 transmission.
 - Individuals with confirmed COVID-19 - individuals with confirmed COVID-19 should receive information regarding the following areas: isolation/quarantine, COVID-19 symptoms (e.g., fever, cough, shortness of breath, tiredness, aches and pain, nasal congestion, runny nose, sore throat, and diarrhea), and how to stop the transmission of COVID-19.
 - Individuals with suspected COVID-19 - individuals with suspected COVID-19 should receive information regarding the following areas: isolation/quarantine, how to notify individuals about COVID-19, and how to contact the Department of Health.
 - Individuals who have been in close contact with other individuals that have COVID-19
 - Individuals who have been in close contact with other individuals that have COVID-19 should receive information regarding the following areas: isolation/quarantine, COVID-19 symptoms (e.g., fever, cough, shortness of breath, tiredness, aches and pain, nasal congestion, runny nose, sore throat, and diarrhea), and what to do if "you get sick."

- Individuals in households affected by COVID-19 - individuals in households affected by COVID-19 should receive information regarding the following areas: isolation/quarantine, COVID-19 symptoms (e.g., fever, cough, shortness of breath, tiredness, aches and pain, nasal congestion, runny nose, sore throat, and diarrhea), hand hygiene, and surface/object disinfection.

Section 2: Summary

Nurses licensed to practice in the State of Florida should be familiar with recently enacted laws and regulations to ensure they understand how to legally, ethically, safely and effectively administer health care to patients in need. In addition, nurses should possess insight into laws and regulations that may result from a health care-related emergency such as an infectious disease outbreak and/or an infectious disease pandemic. Finally, nurses should note that laws and regulations regarding health care-related emergencies are subject to change, thus, nurses should remain up to date with such laws/regulations.

Section 2: Key Concepts

- Nurses licensed to practice in the State of Florida should be familiar with recent legislation as well as laws and regulations that may result from health care-related emergencies to ensure they understand how to legally, ethically, safely and effectively administer health care to patients in need.

Section 2: Key Terms

Controlled substance - a drug or chemical whose manufacture, possession, or use is regulated by a government body

Telehealth - the use of electronic information and telecommunication technologies to support and promote long-distance clinical health care, patient and professional health-related education, public health, and health administration

Live video (in the context of telehealth services) - may refer to a live stream, two-way interaction between a patient and a health care professional(s) where both parties are communicating from different locations

Real time - the actual time during which a meeting, interaction, process, or event occurs; live

Store-and-forward - a type of telehealth which involves the transmission of recorded health information (e.g., an x-ray or prerecorded video) through electronic communication systems to a health care professional who evaluates the information and provides a health care-related service to a patient(s)

Remote patient monitoring - the use of telehealth-related technologies to collect individuals' health care-related data in one location and electronically transmit it to health care professionals in a different location for assessment and recommendations

Mobile health - the use of mobile communication devices (e.g., smartphones and tablets) to support health care, public health, and education

Traumatic brain injury - a disruption in the normal function of the brain that may have been caused by a bump, blow, or jolt to the head, or penetrating head injury

Post-traumatic stress disorder (PTSD) - a disorder characterized by persistent mental and emotional stress related to a traumatic event(s)

Tactical medical professional - an individual trained to provide both emergent and non-emergent care to victims of illness or injury related to law enforcement or military operations

Nonopioid alternatives - any medication that is not related to an opioid

Human trafficking - the act or practice of illegally transporting people from one country or area to another, typically, for the purposes of forced labor and/or exploitation

Medical use of marijuana - the use of marijuana and/or marijuana-related derivatives for medical purposes (e.g., the treatment of disorders, illnesses and/or specific conditions)

Electronic prescribing - the electronic generation, transmission, and filling of a medication prescription

Certified nursing assistant (CNA) - an individual who meets the qualifications specified by the state of Florida and who is certified by the board as a certified nursing assistant.

Practice of a certified nursing assistant - the act of providing care and assisting persons with tasks relating to the activities of daily living; such tasks are those associated with personal care, maintaining mobility, nutrition and hydration, toileting and elimination, assistive devices, safety and cleanliness, data gathering, reporting abnormal signs and symptoms, postmortem care, patient socialization and reality orientation, end-of-life care, cardiopulmonary resuscitation and emergency care, residents' or patients' rights, documentation of nursing-assistant services, and other tasks that a certified nurse assistant may perform after training beyond that required

for initial certification and upon validation of competence in that skill by a registered nurse.

Outbreak (when applied to infectious diseases) - an occurrence of more cases of a disease than would normally be expected in a specific place or group of people over a given period of time

Pandemic (when applied to infectious diseases) - a global or worldwide outbreak of disease; outbreak of disease over a large area

Coronavirus disease 2019 (COVID-19) - a respiratory illness that can spread from person to person

Section 2: Personal Reflection Question

How may recent Florida legislation affect nurses practicing in the state of Florida?

Case Study: Florida State Law

A case study is presented below to review the concepts found in this course. A case study review will follow the case study. The case study review includes the types of questions nurses should ask themselves when considering Florida state law and how it relates to the administration of health care. Additionally, reflection questions will be posed, within the case study review, to encourage further internal debate and consideration regarding the presented case study and Florida state law. The information found within the case study and case study review was derived from materials provided by the state of Florida (Florida Board of Nursing, 2020).

Case Study

Nurse A is administering care to a 29-year-old female patient in a health care facility located in Florida. The female patient has been under the care of Nurse A for several days. During the aforementioned time period, Nurse A and the patient developed a significant rapport with one another. They both openly admit they enjoy each other's company and often spend time talking and discussing various topics. Most recently, the patient has begun flirting with Nurse A. Nurse A does not encourage the flirting, however Nurse A does not exactly discourage the flirting either. Several days pass and the patient's flirting intensifies. Nurse A is single and attracted to the patient. Furthermore, Nurse A is flattered by the patient's flirting. As the patient's flirting increases, Nurse A begins to develop romantic feelings for the patient. It is not long before Nurse A begins flirting back with the patient. Encouraged by Nurse A's flirting, the patient asks Nurse A on a date. Nurse A would like to date the patient and possibly engage in a personal relationship with her which involves sexual intercourse.

However, Nurse A is not sure how to proceed while the patient is under care. Nurse A has to make a decision regarding the patient. Should Nurse A accept the date offer from the patient and enter into a personal relationship, which may lead to or involve sexual intercourse with the patient, while the patient is receiving care?

Case Study Review

What details may be relevant to Nurse A's decision regarding the patient?

The following details may be relevant to Nurse A's decision regarding the patient: Nurse A is administering care to a 29-year-old female patient in a health care facility located in Florida; the patient flirts with Nurse A; Nurse A does not encourage the flirting, however Nurse A does not exactly discourage the flirting either; Nurse A is single and attracted to the patient; Nurse A is flattered by the patient's flirting; Nurse A begins to develop romantic feelings for the patient; Nurse A eventually begins to flirt with the patient; the patient asks Nurse A on a date; Nurse A would like to date the patient and possibly engage in a personal relationship with the patient, which involves sexual intercourse; and Nurse A is not sure how to proceed while the patient is under care.

Are there any other details that may be relevant to Nurse A's decision regarding the patient; if so, what are they?

How are each of the aforementioned details relevant to Nurse A's decision regarding the patient?

Each of the previously highlighted details may be potentially relevant to Nurse A's decision regarding the patient. The potential relevance of each detail may be found below.

Nurse A is administering care to a 29-year-old female patient in a health care facility located in Florida - the aforementioned detail is potentially relevant because it provides context for Nurse A's decision.

The patient flirts with Nurse A - the previous detail may be relevant because it shows that the patient begins the flirting between her and Nurse A, which may be pertinent to any actions that may occur between the patient and Nurse A. The previous detail is also relevant because it provides insight into the patient's mind set, emotional state, and possible intentions for developing a personal relationship with Nurse A.

Nurse A does not encourage the flirting, however Nurse A does not exactly discourage the flirting either - the previous detail may be relevant because it shows that Nurse A may be responsible for setting an interpersonal relationship president that,

eventually, leads to a potential problematic personal relationship between Nurse A and the patient. In other words, by not acting to firmly discourage the patient's flirting, Nurse A may have established an atmosphere for a possible inappropriate personal relationship involving the patient.

Nurse A is single and attracted to the patient - the previous detail is potentially relevant because it provides a social and emotional context for Nurse A's dilemma regarding the personal relationship with the patient.

Nurse A is flattered by the patient's flirting - the previous detail may be relevant because it provides insight into Nurse A's mind set, emotional state, and possible intentions for developing the personal relationship with the patient.

Nurse A begins to develop romantic feelings for the patient - the previous detail may be relevant because it provides further insight into Nurse A's mind set, emotional state, and possible intentions for developing the personal relationship with the patient. Also, it may provide additional context for Nurse A's dilemma.

Nurse A eventually begins to flirt with the patient - the aforementioned detail may be relevant because it may indicate the initiation of a possible inappropriate personal relationship involving Nurse A and the patient. The previous detail may also be relevant because it shows that Nurse A is welcoming or encouraging the patient to escalate their personal relationship to one that may involve a romantic element.

The patient asks Nurse A on a date - the previous detail may be relevant because it shows that the patient is attempting to escalate the personal relationship between her and Nurse A, to one that may involve a romantic element.

Nurse A would like to date the patient and possibly engage in a personal relationship with the patient, which involves sexual intercourse - the aforementioned detail is potentially relevant because it provides insight into the possible foundation for Nurse A's dilemma. Furthermore, it shows that Nurse A may be interested in engaging in an inappropriate personal relationship with the patient. Moreover, the previous detail may be relevant because it reveals Nurse A's possible intent or goals for escalating the personal relationship with the patient, which may raise concerns and/or issues with Florida's laws and regulations regarding sexual misconduct in the practice of nursing (i.e., the previous detail potentially indicates that Nurse A may want to induce or attempt to induce the patient to engage in sexual activity outside the scope of the practice or the scope of generally accepted examination or treatment of the patient).

Nurse A is not sure how to proceed while the patient is under care - the previous detail is relevant because it points to Nurse A's dilemma and, ultimately, what Nurse A has to decide. Additionally, and perhaps more importantly, the aforementioned detail

indicates that Nurse A may not be familiar with the following Florida state laws/ regulations regarding sexual misconduct in the practice of nursing: sexual misconduct in the practice of nursing is prohibited; sexual misconduct in the practice of nursing may refer to the violation of the nurse-patient relationship, through which the nurse uses said relationship to induce or attempt to induce the patient to engage, or to engage or attempt to engage the patient, in sexual activity outside the scope of the practice or the scope of generally accepted examination or treatment of the patient.

What other ways, if any, are the previous details relevant to Nurse A's decision regarding the patient?

How can Nurse A make an informed decision regarding the patient?

Nurse A can use a variety of different strategies to reach an informed decision regarding the patient. An example of one such strategy is a decision-making approach which includes the 7 steps found below:

- Step 1: Gather information
- Step 2: Identify the dilemma/issue
- Step 3: Identify and consider relevant ethical standards, principles and laws which apply to the dilemma's issue(s)
- Step 4: Develop potential courses of action to resolve the dilemma
- Step 5: Identify and consider the pros and cons of each potential course of action
- Step 6: Select a course of action to resolve the dilemma at hand
- Step 7: Reflection and redirection, if necessary

What other strategies or approaches can Nurse A use to make an informed decision regarding the patient?

How can Nurse A use the aforementioned 7 steps to make an informed decision regarding the patient?

Nurse A can use the aforementioned 7 steps to make an informed decision regarding the patient in a manner similar to the one found below:

Step 1: Gather information - when using this decision-making approach, the first step Nurse A should take is to gather information relevant to the decision at hand.

Examples of the type of information Nurse A may gather include the following: Nurse A

is administering care to a 29-year-old female patient in a health care facility located in Florida; the patient flirts with Nurse A; Nurse A does not encourage the flirting, however Nurse A does not exactly discourage the flirting either; Nurse A is single and attracted to the patient; Nurse A is flattered by the patient's flirting; Nurse A begins to develop romantic feelings for the patient; Nurse A eventually begins to flirt with the patient, the patient asks Nurse A on a date; Nurse A would like to date the patient and possibly engage in a personal relationship with the patient, which involves sexual intercourse; Nurse A is not sure how to proceed while the patient is under care.

Step 2: Identify the dilemma/issue - secondly, Nurse A should identify the principle dilemma/issue at hand that warrants a decision. In this case, Nurse A may identify that the principle dilemma centers around the relationship with the patient and whether or not a patient date request should be accepted.

Step 3: Identify and consider relevant ethical standards, principles and laws which apply to the dilemma's issue(s) - third, Nurse A should identify and consider relevant ethical standards, principles and laws which apply to the dilemma. In this case, Nurse A may review Florida's laws and regulations regarding sexual misconduct in the practice of nursing.

Step 4: Develop potential courses of action to resolve the dilemma - fourth, Nurse A should develop potential courses of action to resolve the dilemma. In this case, Nurse A may consider the following potential courses of action: accept the date offer from the patient, deny the date offer from the patient.

Step 5: Identify and consider the pros and cons of each potential course of action - fifth, Nurse A should identify and consider the pros and cons of each potential course of action. In this case, Nurse A may consider the pros and cons of each of the following potential courses of action by making a pros and cons list: accept the date offer from the patient, deny the date offer from the patient.

Step 6: Select a course of action to resolve the dilemma at hand - next, Nurse A should select one of the identified courses of action to resolve the dilemma at hand. In this case, Nurse A may chose to accept the date offer from the patient or deny the date offer from the patient.

Step 7: Reflection and redirection, if necessary - lastly, Nurse A should reflect on the decision that was made and redirect or change the selected decision if necessary (i.e., if the selected decision is not producing favorable or desired results, the decision should be altered to optimize results). In this case, Nurse A may chose to continue or discontinue the selected course of action based on personal reflection, observations, and desired results.

How may nurses use the aforementioned decision-making approach and related 7 steps to make decisions when administering health care to patients?

Should Nurse A accept the date offer from the patient and enter into a personal relationship, which may lead to or involve sexual intercourse, with the patient while the patient is receiving care?

The previous question was posed at the end of the case study. After a review of the case study and based on Florida's laws and regulations regarding sexual misconduct in the practice of nursing, it appears Nurse A should not accept the date offer from the patient and enter into a personal relationship, which may lead to or involve sexual intercourse, with the patient while the patient is receiving care.

How do Florida state laws and regulations regarding sexual misconduct in the practice of nursing impact the nurse-patient relationship?

Conclusion

Health care- related laws and regulations are essential to the administration of ethically driven health care that is both safe and effective. Therefore, nurses practicing in the state of Florida should be familiar with Florida state laws and regulations to ensure they understand how to legally, ethically, safely and effectively administer health care to patients in need.

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