

**BOARD OF PHARMACY  
JOINT RULES COMMITTEE  
June 25, 2020  
9:00 A.M. ET  
Call In Number: (888) 585-9008  
Conference Code: 599-196-982(#)**

Participants in this public meeting should be aware that these proceedings are being recorded  
and that an audio file of the meeting will be posted to the board's website.

**I. CALL TO ORDER/ROLL CALL**

**MEMBERS PRESENT**

Jeffrey Mesaros, PharmD, JD, Chair  
Jeenu Philip, BPharm,  
Jonathan Hickman, PharmD  
Mark Mikhael, PharmD  
David Wright, BPharm

**BOARD OF MEDICINE MEMBERS:**

Hector Vila, MD  
Sarvam TerKonda, MD

**BOARD OF OSTEOPATHIC MEDICINE MEMBERS:**

Joel B. Rose, DO  
Michelle R. Mendez, DO

**STAFF PRESENT**

Jessica Sapp, Executive Director  
Traci Zeh, Program Administrator

**BOARD COUNSEL**

David Flynn, Esq.  
Senior Assistant Attorney General  
Christopher Dierlam, Esq.  
Assistant Attorney General

**II. RULES DISCUSSION**

- a. HB 389 Practice of Pharmacy
  - i. Chapter 64B16-31, F.A.C., Collaborative Practice and Test and Treat Certifications

**III. ADJOURNMENT**

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CS/HB 389, Engrossed 1

2020 Legislature

1  
2 An act relating to the practice of pharmacy; amending  
3 s. 381.0031, F.S.; requiring specified licensed  
4 pharmacists to report certain information relating to  
5 public health to the Department of Health; amending s.  
6 465.003, F.S.; revising the definition of the term  
7 "practice of the profession of pharmacy"; creating s.  
8 465.1865, F.S.; providing definitions; providing  
9 requirements for pharmacists to provide services under  
10 a collaborative pharmacy practice agreement; requiring  
11 the terms and conditions of such agreement to be  
12 appropriate to the training of the pharmacist and the  
13 scope of practice of the physician; requiring  
14 notification to the board upon practicing under a  
15 collaborative pharmacy practice agreement; requiring  
16 pharmacists to submit a copy of the signed  
17 collaborative pharmacy practice agreement to the Board  
18 of Pharmacy; providing for the maintenance of patient  
19 records for a certain period of time; providing for  
20 renewal of such agreement; requiring a pharmacist and  
21 the collaborating physician to maintain on file and  
22 make available the collaborative pharmacy practice  
23 agreement; prohibiting certain actions relating to  
24 such agreement; requiring specified continuing  
25 education for a pharmacist who practices under a

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26 | collaborative pharmacy practice agreement; requiring  
27 | the Board of Pharmacy to adopt rules in consultation  
28 | with the Board of Medicine and the Board of  
29 | Osteopathic Medicine; creating s. 465.1895, F.S.;  
30 | requiring the Board of Pharmacy to identify minor,  
31 | nonchronic health conditions that a pharmacist may  
32 | test or screen for and treat; providing requirements  
33 | for a pharmacist to test or screen for and treat  
34 | minor, nonchronic health conditions; requiring the  
35 | board to develop a formulary of medicinal drugs that a  
36 | pharmacist may prescribe; providing requirements for  
37 | the written protocol between a pharmacist and a  
38 | supervising physician; prohibiting a pharmacist from  
39 | providing certain services under certain  
40 | circumstances; requiring a pharmacist to complete a  
41 | specified amount of continuing education; providing  
42 | additional requirements for pharmacists and pharmacies  
43 | providing testing and screening services; providing  
44 | for applicability; providing an effective date.

45 |  
46 | Be It Enacted by the Legislature of the State of Florida:

47 |  
48 | Section 1. Subsection (2) of section 381.0031, Florida  
49 | Statutes, is amended to read:

50 | 381.0031 Epidemiological research; report of diseases of

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51 public health significance to department.—

52 (2) Any practitioner licensed in this state to practice  
53 medicine, osteopathic medicine, chiropractic medicine,  
54 naturopathy, or veterinary medicine; any licensed pharmacist  
55 authorized under a protocol with a supervising physician under  
56 s. 465.1895, or a collaborative pharmacy practice agreement, as  
57 defined in s. 465.1865, to perform or order and evaluate  
58 laboratory and clinical tests; any hospital licensed under part  
59 I of chapter 395; or any laboratory appropriately certified by  
60 the Centers for Medicare and Medicaid Services under the federal  
61 Clinical Laboratory Improvement Amendments and the federal rules  
62 adopted thereunder which diagnoses or suspects the existence of  
63 a disease of public health significance shall immediately report  
64 the fact to the Department of Health.

65 Section 2. Subsection (13) of section 465.003, Florida  
66 Statutes, is amended to read:

67 465.003 Definitions.—As used in this chapter, the term:

68 (13) "Practice of the profession of pharmacy" includes  
69 compounding, dispensing, and consulting concerning contents,  
70 therapeutic values, and uses of any medicinal drug; consulting  
71 concerning therapeutic values and interactions of patent or  
72 proprietary preparations, whether pursuant to prescriptions or  
73 in the absence and entirely independent of such prescriptions or  
74 orders; and conducting other pharmaceutical services. For  
75 purposes of this subsection, "other pharmaceutical services"

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76 | means the monitoring of the patient's drug therapy and assisting  
 77 | the patient in the management of his or her drug therapy, and  
 78 | includes review of the patient's drug therapy and communication  
 79 | with the patient's prescribing health care provider as licensed  
 80 | under chapter 458, chapter 459, chapter 461, or chapter 466, or  
 81 | similar statutory provision in another jurisdiction, or such  
 82 | provider's agent or such other persons as specifically  
 83 | authorized by the patient, regarding the drug therapy; and  
 84 | initiating, modifying, or discontinuing drug therapy for a  
 85 | chronic health condition under a collaborative pharmacy practice  
 86 | agreement. ~~However,~~ Nothing in this subsection may be  
 87 | interpreted to permit an alteration of a prescriber's  
 88 | directions, the diagnosis or treatment of any disease, the  
 89 | initiation of any drug therapy, the practice of medicine, or the  
 90 | practice of osteopathic medicine, unless otherwise permitted by  
 91 | law or specifically authorized by s. 465.1865 or s. 465.1895.  
 92 | "Practice of the profession of pharmacy" also includes any other  
 93 | act, service, operation, research, or transaction incidental to,  
 94 | or forming a part of, any of the foregoing acts, requiring,  
 95 | involving, or employing the science or art of any branch of the  
 96 | pharmaceutical profession, study, or training, and shall  
 97 | expressly permit a pharmacist to transmit information from  
 98 | persons authorized to prescribe medicinal drugs to their  
 99 | patients. The practice of the profession of pharmacy also  
 100 | includes the administration of vaccines to adults pursuant to s.

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101 465.189, the testing or screening for and treatment of minor,  
 102 nonchronic health conditions pursuant to s. 465.1895, and the  
 103 preparation of prepackaged drug products in facilities holding  
 104 Class III institutional pharmacy permits.

105 Section 3. Section 465.1865, Florida Statutes, is created  
 106 to read:

107 465.1865 Collaborative pharmacy practice for chronic  
 108 health conditions.-

109 (1) For purposes of this section, the term:

110 (a) "Collaborative pharmacy practice agreement" means a  
 111 written agreement between a pharmacist who meets the  
 112 qualifications of this section and a physician licensed under  
 113 chapter 458 or chapter 459 in which a collaborating physician  
 114 authorizes a pharmacist to provide specified patient care  
 115 services to the collaborating physician's patients.

116 (b) "Chronic health condition" means:

117 1. Arthritis;

118 2. Asthma;

119 3. Chronic obstructive pulmonary diseases;

120 4. Type 2 diabetes;

121 5. Human immunodeficiency virus or acquired immune  
 122 deficiency syndrome;

123 6. Obesity; or

124 7. Any other chronic condition adopted in rule by the  
 125 board, in consultation with the Board of Medicine and Board of

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126 Osteopathic Medicine.

127 (2) To provide services under a collaborative pharmacy  
 128 practice agreement, a pharmacist must be certified by the board,  
 129 according to the rules adopted by the board in consultation with  
 130 the Board of Medicine and the Board of Osteopathic Medicine. To  
 131 be certified, a pharmacist must, at a minimum:

132 (a) Hold an active and unencumbered license to practice  
 133 pharmacy in this state.

134 (b) Have earned a degree of doctor of pharmacy or have  
 135 completed 5 years of experience as a licensed pharmacist.

136 (c) Have completed an initial 20-hour course approved by  
 137 the board, in consultation with the Board of Medicine and Board  
 138 of Osteopathic Medicine, that includes, at a minimum,  
 139 instruction on the following:

140 1. Performance of patient assessments.

141 2. Ordering, performing, and interpreting clinical and  
 142 laboratory tests related to collaborative pharmacy practice.

143 3. Evaluating and managing diseases and health conditions  
 144 in collaboration with other health care practitioners.

145 4. Any other area required by board.

146 (d) Maintain at least \$250,000 of professional liability  
 147 insurance coverage. However, a pharmacist who maintains  
 148 professional liability insurance coverage pursuant to s.  
 149 465.1895 satisfies this requirement.

150 (e) Have established a system to maintain records of all

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151 patients receiving services under a collaborative pharmacy  
152 practice agreement for a period of 5 years from each patient's  
153 most recent provision of service.

154 (3) The terms and conditions of the collaborative pharmacy  
155 practice agreement must be appropriate to the pharmacist's  
156 training and the services delegated to the pharmacist must be  
157 within the collaborating physician's scope of practice. A copy  
158 of the certification issued under subsection (2) must be  
159 included as an attachment to the collaborative pharmacy practice  
160 agreement.

161 (a) A collaborative pharmacy practice agreement must  
162 include the following:

163 1. Name of the collaborating physician's patient or  
164 patients for whom a pharmacist may provide services.

165 2. Each chronic health condition to be collaboratively  
166 managed.

167 3. Specific medicinal drug or drugs to be managed by the  
168 pharmacist for each patient.

169 4. Circumstances under which the pharmacist may order or  
170 perform and evaluate laboratory or clinical tests.

171 5. Conditions and events upon which the pharmacist must  
172 notify the collaborating physician and the manner and timeframe  
173 in which such notification must occur.

174 6. Beginning and ending dates for the collaborative  
175 pharmacy practice agreement and termination procedures,

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176 | including procedures for patient notification and medical  
177 | records transfers.

178 | 7. A statement that the collaborative pharmacy practice  
179 | agreement may be terminated, in writing, by either party at any  
180 | time.

181 | (b) A collaborative pharmacy practice agreement shall  
182 | automatically terminate 2 years after execution if not renewed.

183 | (c) The pharmacist, along with the collaborating  
184 | physician, must maintain on file the collaborative pharmacy  
185 | practice agreement at his or her practice location, and must  
186 | make such agreements available to the department or board upon  
187 | request or inspection.

188 | (d) A pharmacist who enters into a collaborative pharmacy  
189 | practice agreement must submit a copy of the signed agreement to  
190 | the board before the agreement may be implemented.

191 | (4) A pharmacist may not:

192 | (a) Modify or discontinue medicinal drugs prescribed by a  
193 | health care practitioner with whom he or she does not have a  
194 | collaborative pharmacy practice agreement.

195 | (b) Enter into a collaborative pharmacy practice agreement  
196 | while acting as an employee without the written approval of the  
197 | owner of the pharmacy.

198 | (5) A physician may not delegate the authority to initiate  
199 | or prescribe a controlled substance as described in s. 893.03 or  
200 | 21 U.S.C. s. 812 to a pharmacist.

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201           (6) A pharmacist who practices under a collaborative  
 202 pharmacy practice agreement must complete an 8-hour continuing  
 203 education course approved by the board that addresses issues  
 204 related to collaborative pharmacy practice each biennial  
 205 licensure renewal in addition to the continuing education  
 206 requirements under s. 465.009. A pharmacist must submit  
 207 confirmation of having completed such course when applying for  
 208 licensure renewal. A pharmacist who fails to comply with this  
 209 subsection shall be prohibited from practicing under a  
 210 collaborative pharmacy practice agreement under this section.

211           (7) The board, in consultation with the Board of Medicine  
 212 and the Board of Osteopathic Medicine, shall adopt rules  
 213 pursuant to ss. 120.536(1) and 120.54 to implement this section.

214           Section 4. Section 465.1895, Florida Statutes, is created  
 215 to read:

216           465.1895 Testing or screening for and treatment of minor,  
 217 nonchronic health conditions.—

218           (1) A pharmacist may test or screen for and treat minor,  
 219 nonchronic health conditions within the framework of an  
 220 established written protocol with a supervising physician  
 221 licensed under chapter 458 or chapter 459. For purposes of this  
 222 section, a minor, nonchronic health condition is typically a  
 223 short-term condition that is generally managed with minimal  
 224 treatment or self-care, and includes:

225           (a) Influenza.

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226        (b) Streptococcus.  
 227        (c) Lice.  
 228        (d) Skin conditions, such as ringworm and athlete's foot.  
 229        (e) Minor, uncomplicated infections.  
 230        (2) A pharmacist who tests or screens for and treats  
 231 minor, nonchronic health conditions under this section must:  
 232        (a) Hold an active and unencumbered license to practice  
 233 pharmacy in the state.  
 234        (b) Hold a certification issued by the board to test and  
 235 screen for and treat minor, nonchronic health conditions, in  
 236 accordance with requirements established by the board in rule in  
 237 consultation with the Board of Medicine and Board of Osteopathic  
 238 Medicine. The certification must require a pharmacist to  
 239 complete, on a one-time basis, a 20-hour education course  
 240 approved by the board in consultation with the Board of Medicine  
 241 and the Board of Osteopathic Medicine. The course, at a minimum,  
 242 must address patient assessments; point-of-care testing  
 243 procedures; safe and effective treatment of minor, nonchronic  
 244 health conditions; and identification of contraindications.  
 245        (c) Maintain at least \$250,000 of liability coverage. A  
 246 pharmacist who maintains liability coverage pursuant to s.  
 247 465.1865 satisfies this requirement.  
 248        (d) Report a diagnosis or suspected existence of a disease  
 249 of public health significance to the department pursuant to s.  
 250 381.0031.

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251 (e) Upon request of a patient, furnish patient records to  
 252 a health care practitioner designated by the patient.

253 (f) Maintain records of all patients receiving services  
 254 under this section for a period of 5 years from each patient's  
 255 most recent provision of service.

256 (3) The board shall adopt, by rule, a formulary of  
 257 medicinal drugs that a pharmacist may prescribe for the minor,  
 258 nonchronic health conditions approved under subsection (1). The  
 259 formulary must include medicinal drugs approved by the United  
 260 States Food and Drug Administration which are indicated for  
 261 treatment of the minor, nonchronic health condition. The  
 262 formulary may not include any controlled substance as described  
 263 in s. 893.03 or 21 U.S.C. s. 812.

264 (4) A pharmacist who tests or screens for and treats  
 265 minor, nonchronic health conditions under this section may use  
 266 any tests that may guide diagnosis or clinical decisionmaking  
 267 which the Centers for Medicare and Medicaid Services has  
 268 determined qualifies for a waiver under the federal Clinical  
 269 Laboratory Improvement Amendments of 1988, or the federal rules  
 270 adopted thereunder, or any established screening procedures that  
 271 can safely be performed by a pharmacist.

272 (5) The written protocol between a pharmacist and  
 273 supervising physician under this subsection must include  
 274 particular terms and conditions imposed by the supervising  
 275 physician relating to the testing and screening for and

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276 treatment of minor, nonchronic health conditions under this  
277 section. The terms and conditions must be appropriate to the  
278 pharmacist's training. A pharmacist who enters into such a  
279 protocol with a supervising physician must submit the protocol  
280 to the board.

281 (a) At a minimum, the protocol shall include:

282 1. Specific categories of patients who the pharmacist is  
283 authorized to test or screen for and treat minor, nonchronic  
284 health conditions.

285 2. The physician's instructions for obtaining relevant  
286 patient medical history for the purpose of identifying  
287 disqualifying health conditions, adverse reactions, and  
288 contraindications to the approved course of treatment.

289 3. The physician's instructions for the treatment of  
290 minor, nonchronic health conditions based on the patient's age,  
291 symptoms, and test results, including negative results.

292 4. A process and schedule for the physician to review the  
293 pharmacist's actions under the protocol.

294 5. A process and schedule for the pharmacist to notify the  
295 physician of the patient's condition, tests administered, test  
296 results, and course of treatment.

297 6. Any other requirements as established by the board in  
298 consultation with the Board of Medicine and the Board of  
299 Osteopathic Medicine.

300 (b) A pharmacist authorized to test and screen for and

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301 treat minor, nonchronic conditions under a protocol shall  
302 provide evidence of current certification by the board to the  
303 supervising physician. A supervising physician shall review the  
304 pharmacist's actions in accordance with the protocol.

305 (6) A pharmacist providing services under this section may  
306 not perform such services while acting as an employee without  
307 the written approval of the owner of the pharmacy.

308 (7) A pharmacist providing services under this section  
309 must complete a 3-hour continuing education course approved by  
310 the board addressing issues related to minor, nonchronic health  
311 conditions each biennial licensure renewal in addition to the  
312 continuing education requirements under s. 465.009. Each  
313 pharmacist must submit confirmation of having completed the  
314 course when applying for licensure renewal. A pharmacist who  
315 fails to comply with this subsection may not provide testing,  
316 screening, or treatment services.

317 (8) A pharmacist providing services under this section  
318 must provide a patient with written information to advise the  
319 patient to seek followup care from his or her primary care  
320 physician. The board, by rule, shall adopt guidelines for the  
321 circumstances under which the information required under this  
322 subsection shall be provided.

323 (9) The pharmacy in which a pharmacist tests and screens  
324 for and treats minor, nonchronic health conditions must  
325 prominently display signage indicating that any patient

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326 | receiving testing, screening, or treatment services under this  
 327 | section is advised to seek followup care from his or her primary  
 328 | care physician.

329 | (10) A pharmacist providing services under this section  
 330 | must comply with applicable state and federal laws and  
 331 | regulations.

332 | (11) The requirements of the section do not apply with  
 333 | respect to minor, nonchronic health conditions when treated with  
 334 | over-the-counter products.

335 | Section 5. This act shall take effect July 1, 2020.  
 336 |

Board of Pharmacy  
Implementation Working Draft for Ch. 2020-7, Laws of Fla.<sup>1</sup> (CS HB  
No. 389<sup>2</sup>) (Eff. July 1, 2020).

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**CHAPTER 64B16-31**  
**COLLABORATIVE PRACTICE AND TEST AND TREAT CERTIFICATIONS**

|              |  |
|--------------|--|
| 64B16-31.001 | Collaborative Practice Certification (CPC)   |
| 64B16-31.003 | Collaborative Practice Certification: Initial Certification Course                         |
| 64B16-31.005 | Collaborative Practice Certification: Collaborative Pharmacy Practice Agreement Submission |
| 64B16-31.007 | Collaborative Practice Certification: Chronic Health Condition                             |
| 64B16-31.009 | Collaborative Practice Certification: Mandatory Continuing Education                       |
| 64B16-31.033 | Test and Treat Certification (TTC)   |
| 64B16-31.035 | Test and Treat Certification: Initial Certification Course                                 |
| 64B16-31.037 | Test and Treat Certification: Written Protocol and Written Protocol Submission             |
| 64B16-31.039 | Test and Treat Certification: Formulary of Medicinal Drugs                                 |
| 64B16-31.041 | Test and Treat Certification: Patient Records  |
| 64B16-31.043 | Test and Treat Certification: Follow-Up Care   |
| 64B16-31.045 | Test and Treat Certification: Mandatory Continuing Education                               |
| 64B16-31.050 | Mandatory Review of Rule Chapter 64B16-31, F.A.C.  |

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<sup>1</sup> Please See Appendix A for a Copy of [Chapter 2020-7, Laws of Florida.](#)

<sup>2</sup> Please See Appendix B for a Copy of [Committee Substitute for House Bill No. 389.](#)

### **64B16-31.001 Collaborative Practice Certification (CPC).**

Applicants for CPC shall submit an application using Form DH-MQA XXXX (eff. 0X/20), “Application for Pharmacist Collaborative Practice Certification<sup>3</sup>” that is hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX> or <http://floridapharmacy.gov>. Applicants for certification must meet and comply with all requirements in Section 465.1865, F.S.

*Rulemaking Authority 465.1865, FS. Law Implemented 465.1865, FS. History – New XX-XX-20.*

### **64B16-31.003 Collaborative Practice Certification: Initial Certification Course.**

(1) Applicants for Initial Certification Course approval shall submit an application using Form DH-MQA XXX (eff. XX/20) “Application for Initial Collaborative Practice Certification Course<sup>4</sup>” that is hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX> or <http://floridapharmacy.gov>.

(2) Initial collaborative practice certification courses shall be a minimum of 20 hours in duration, and shall meet all the following mandatory requirements:

(a) The course may only be offered by a program provider who is accredited by the Accreditation Council for Pharmacy Education (ACPE) or a program provider who is accredited to provide educational activities designated for the American Medical Association Physician’s Recognition Award Category 1 credit or the American Osteopathic Association Category 1-A continuing medical education credit.

(b) The course content shall include all those areas enumerated in section 465.1865 (2)(c), F.S., and shall also cover the following areas:

1. Laws and rules applicable to the collaborative practice for the treatment of chronic health care conditions;

2. Writing and entering into a collaborative practice agreement;

3. Place holder for discussion with Board to determine appropriate content list in consultation with BOM and BOOM.

<sup>3</sup> Please See Appendix C for a Copy of the [Application](#).

<sup>4</sup> Please See Appendix D for a Copy of the [Application](#).

(c) No less than 12 hours of the course shall be offered through a live seminar or a live video teleconference.

**Place holder for discussion with Board to determine appropriate format of specific hour requirements with BOM and BOOM.**

(3) A pharmacist who successfully completes a board approved collaborative practice certification course shall be awarded 20 hours of general continuing education credits.

*Rulemaking Authority 465.1865, FS. Law Implemented 465.1865, FS. History – New XX-XX-20.*

### **64B16-31.005 Collaborative Practice Certification: Collaborative Pharmacy Practice Agreement Submission.**

(1) Prior to providing or implementing patient care services under a Collaborative Pharmacy Practice Agreement or immediately after the renewal of such an Agreement, the Pharmacist shall submit the executed Agreement to the Board Office through the pharmacist’s online licensure account at <http://www.flhealthsource.gov> or via U.S. Mail to 4052 Bald Cypress Way, Bin C-04, Tallahassee, FL 32399.

(2) In the event of an addendum to the material terms of an existing collaborative pharmacy practice agreement, the pharmacist shall maintain a copy of the addendum and the initial agreement pursuant to Section 465.1865(3)(c), F.S. Material terms shall be defined as those terms enumerated in Section 465.1865(3)(a), F.S.

*Rulemaking Authority 465.1865, FS. Law Implemented 465.1865, FS. History – New XX-XX-20.*

### **64B16-31.007 Collaborative Practice Certification: Chronic Health Conditions.**

Pursuant to Section 465.1865, F.S., the Board hereby adopts the following list of chronic health conditions for which a pharmacist certified pursuant to section 465.1865, F.S., can provide specified patient care services to patients of a collaborating physician pursuant to a pending Collaborative Pharmacy Practice Agreement:

- 1) Hyperlipidemia;
- 2) Hypertension;
- 3) Anti-coagulation management;
- 4) Smoking cessation;
- 5) Osteoporosis and osteo-arthritis;
- 6) Opioid use disorder;
- 7) Those chronic health conditions enumerated in section 465.1865(1)(b), F.S.; and

8) Any disease state that is expected to last greater than one (1) year or more and will require ongoing medical treatment and drug therapy services.

**Place holder for discussion with Board to determine appropriate list of chronic health conditions in consultation with BOM and BOOM.**

*Rulemaking Authority 465.1865, FS. Law Implemented 465.1865, FS. History – New XX-XX-20.*

### **64B16-31.009 Collaborative Practice Certification: Mandatory Continuing Education.**

A licensee shall not be required to complete the 8-hour continuing education related to collaborative pharmacy practice if the initial certificate was issued less than 12 months prior to the expiration date of the license.

*Rulemaking Authority 465.1865, FS. Law Implemented 465.1865, FS. History – New XX-XX-20.*

### **64B16-31.033 Test and Treat Certification (TTC)**

Applicants for TTC shall submit an application using Form DH-MQA XXXX (eff. 0X/20), “Application for Pharmacist Test and Treat Certification<sup>5</sup>” that is hereby incorporated by reference and available at <http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX> or <http://floridapharmacy.gov>. Applicants for certification must meet and comply with all requirements in Section 465.1895, F.S.

*Rulemaking Authority 465.1895, FS. Law Implemented 465.1895, FS. History – New XX-XX-20.*

### **64B16-31.035 Test and Treat Certification: Initial Certification Course**

(1) Applicants for Initial Certification Course approval shall submit an application using Form DH-MQA XXX (eff. XX/20) “Application for Initial Test and Treat Certification Course<sup>6</sup>” that is hereby incorporated by reference and available at

<sup>5</sup> Please See Appendix E for a Copy of the [Application](#).

<sup>6</sup> Please See Appendix F for a Copy of the [Application](#).

<http://www.flrules.org/Gateway/reference.asp?No=Ref-XXXX>\_\_\_\_\_ or  
<http://floridapharmacy.gov>.

(2) Initial test and treat certification courses shall be a minimum of 20 hours in duration, and shall meet all the following mandatory requirements:

(a) The course may only be offered by a program provider who is accredited by the Accreditation Council for Pharmacy Education (ACPE) or a program provider who is accredited to provide educational activities designated for the American Medical Association Physician's Recognition Award Category 1 credit or the American Osteopathic Association Category 1-A continuing medical education credit.

(b) The course content shall include all those areas enumerated in section 465.1895 (2)(b), F.S., and shall also cover the following areas:

1. Laws and rules applicable to test and treat certifications;

2. Writing and entering into a written protocol;

3. Place holder for discussion with Board to determine appropriate content list in consultation with BOM and BOOM.

(c) No less than 12 hours of the course shall be offered through a live seminar or a live video teleconference.

(3) A pharmacist who successfully completes a board approved test and treat certification course shall be awarded 20 hours of general continuing education credits.

*Rulemaking Authority 465.1895, FS. Law Implemented 465.1895, FS. History – New XX-XX-20.*

### **64B16-31.037 Test and Treat Certification: Written Protocol and Written Protocol Submission**

(1) Within 5 business days of entering into a written protocol with a supervising physician pursuant to section 465.1895, F.S., the pharmacist shall submit a copy of the written agreement to the Board Office through the pharmacist's online licensure account at <http://www.flhealthsource.gov> or via U.S. Mail to 4052 Bald Cypress Way, Bin C-04, Tallahassee, FL 32399.

(2) In the event of an addendum to the material terms of an existing written protocol, the pharmacist shall maintain a copy of the addendum and the initial agreement.

Material terms shall be defined as those terms enumerated in Section 465.1895(5)(a), F.S.

Place holder for discussion with Board to determine if it wants to provide additional requirements for the written protocol in consultation with BOOM and BOM pursuant to Section 465.1895(5)(a)6.

*Rulemaking Authority 465.1895, FS. Law Implemented 465.1895, FS. History – New XX-XX-20.*

### **64B16-31.039 Test and Treat Certification: Formulary of Medical Drugs**

(1) Pursuant to section 465.1895, F.S., the Board hereby incorporates the following as the formulary of medicinal drugs that a pharmacist may prescribe pursuant to a written test and treat protocol:

(a) All medicinal drugs approved by the United States Food and Drug Administration (“FDA”);

(b) All compounded medicinal drugs that utilize only active pharmaceutical ingredients approved by the FDA.

(2) A pharmacist may not prescribe controlled substances as described in s. 893.03 or 21 U.S.C. s. 812.

Placeholder for discussion with Boards regarding additional drugs that should be excluded.

*Rulemaking Authority 465.1895, FS. Law Implemented 465.1895, FS. History – New XX-XX-20.*

### **64B16-31.041 Test and Treat Certification: Patient Records**

Upon receipt of a patient request, a pharmacist shall furnish patient records to a health care practitioner designated by the patient within a reasonable time frame, not to exceed 5 business days.

Place holder for discussion with Board regarding reasonable time frame for production of records.

*Rulemaking Authority 465.1895, FS. Law Implemented 465.1895, FS. History – New XX-XX-20.*

**64B16-31.043 Test and Treat Certification: Follow-up Care**

A pharmacist must provide written information to the patient advising the patient when to seek follow-up care from his or her primary care physician. A pharmacist shall provide follow-up care written information:

- (1) Immediately prior to performing testing, screening, or treatment services on a patient for the first time;
- (2) As outlined in the written protocol; and
- (3) When the pharmacist determines in his or her judgment that the patient should follow-up with his or her primary care provider.

*Rulemaking Authority 465.1895, FS. Law Implemented 465.1895, FS. History – New XX-XX-20.*

**64B16-31.045 Test and Treat Certification: Mandatory Continuing Education.**

A licensee shall not be required to complete the 3-hour continuing education related to minor, nonchronic health conditions if the initial certificate was issued less than 12 months prior to the expiration date of the license.

*Rulemaking Authority 465.1895, FS. Law Implemented 465.1895, FS. History – New XX-XX-20.*

**64B16-31.050 Mandatory Review of Rule Chapter 64B16-31, F.A.C.**

- (1) No later than 90 days prior to December 31, 2025, the Board shall review each rule in this Chapter and amend, modify or repeal any rule that creates barriers to entry for private business competition, is duplicative, outdated, obsolete, overly burdensome, or imposes excessive costs.
- (2) In the event the Board fails to complete this review, the board, for any rule that has not been reviewed in accordance with subsection (1), shall begin the rule repeal process in accordance with the Administrative Procedures Act.

*Rulemaking Authority 465.1895, FS. Law Implemented 465.1895, FS. History – New XX-XX-20.*



Application  
*for*  
Pharmacist Collaborative Practice Certification

**Board of Pharmacy**  
P.O. Box 6330  
Tallahassee, FL 32314-6330  
Website: <https://floridaspharmacy.gov/>  
Email: [info@floridaspharmacy.gov](mailto:info@floridaspharmacy.gov)  
Phone: (850) 245-4474  
Fax: (850) 921-5389



# Application for Pharmacist Collaborative Practice Certification

Board of Pharmacy  
P.O. Box 6330  
Tallahassee, FL 32314-6330  
Fax: (850) 921-5389  
Email: info@floridaspharmacy.gov

All applicants must hold a current Florida Pharmacist license that is active and in good standing.

## Pharmacist Collaborative Practice Certification

Prior to providing services under a collaborative pharmacy practice agreement, a pharmacist must be certified by the board. Additionally, a pharmacist must enter into a written agreement with a physician licensed under Chapter 458 or Chapter 459, Florida Statutes, in which a collaborating physician authorizes a pharmacist to provide specified patient care services for chronic health conditions. Please refer to section 465.1865, Florida Statutes, prior to submitting your application.

### 1. PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last/Surname First Middle MM/DD/YYYY

Mailing Address: (This address is where mail and your certification will be sent)

Street/P.O. Box Apt. No. City

State ZIP Country Home/Cell Telephone (Input without dashes)

Physical Location: (Required if mailing address is a P.O. Box – this address will be posted on the Department of Health’s website)

Street Apt. No. City

State ZIP Country Business Telephone (Input without dashes)

Email Notification: To be notified of the status of your application by email, check the “Yes” box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes  No Email Address: \_\_\_\_\_

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

Name: \_\_\_\_\_

## 2. LICENSURE HISTORY

A. What is your Florida Pharmacist (PS) license number? \_\_\_\_\_

## 3. CERTIFICATION TRAINING

To qualify for certification, an applicant must have completed an initial 20-hour certification course that meets the statutory and rule requirements of section 465.1865, Florida Statutes, and Rule 64B16-31.003, F.A.C.

B. Have you successfully completed an initial 20-hour course approved by the Florida Board of Pharmacy?  Yes  No

If **yes**, provide a copy of the certificate of completion and the following information.

| Provider Name | Provider Number | Date of Completion | Certificate Number |
|---------------|-----------------|--------------------|--------------------|
|               |                 |                    |                    |

## 4. APPLICANT BACKGROUND

To qualify for certification, an applicant must have earned a degree of doctor of pharmacy or have completed 5 years of experience as a licensed pharmacist.

A. Have you earned a degree of doctor of pharmacy?  Yes  No

If **yes**, please list the name of university, college, or school of pharmacy you attended.

| School Name | City/State or Country | Graduation Date | Degree Awarded |
|-------------|-----------------------|-----------------|----------------|
|             |                       |                 |                |
|             |                       |                 |                |
|             |                       |                 |                |
|             |                       |                 |                |

B. Have you completed 5 years of experience as a licensed pharmacist?  Yes  No

If **yes**, please list your experience below.

| Employer | Location Address | Dates<br>(From-To) MM/DD/YYYY |
|----------|------------------|-------------------------------|
|          |                  |                               |
|          |                  |                               |
|          |                  |                               |

Name: \_\_\_\_\_

## 5. PROFESSIONAL LIABILITY INSURANCE

To provide services under a collaborative pharmacy practice agreement, a pharmacist must maintain at least \$250,000 of professional liability insurance coverage. A pharmacist who maintains professional liability insurance coverage as a requirement of the Test and Treat Certification, pursuant to section 465.1895, Florida Statutes, satisfies this requirement.

A. Do you maintain at least \$250,000 of professional liability insurance?  Yes  No

If "Yes," provide the following information:

| Insurance Provider Name | Policy Number | Policy Expiration Date |
|-------------------------|---------------|------------------------|
|                         |               |                        |

## 6. SYSTEM TO MAINTAIN RECORDS

To provide services under a collaborative pharmacy practice agreement, a pharmacist must have established a system to maintain records of all patients receiving services under a collaborative pharmacy practice agreement for a period of 5 years from each patient's most recent provision of services, pursuant to section 465.1865, Florida Statutes.

A. Have you established a system to maintain records of all patients receiving services under a collaborative pharmacy practice agreement?  Yes  No

## 7. COLLABORATING PHYSICIAN

If available, provide the following information for the physician licensed under chapter 458 or 459, Florida Statutes, with whom you have entered into an agreement.

Physician Name: \_\_\_\_\_

Physician License #: \_\_\_\_\_

## COLLABORATIVE PHARMACY PRACTICE AGREEMENT INFORMATION

Section 465.1865(3), Florida Statutes, requires each collaborative pharmacy practice agreement include terms and conditions that are appropriate to the pharmacist's training and the services delegated to the pharmacist must be within the collaborating physician's scope of practice.

The collaborative practice agreement must include the following information:

1. Name of the collaborating physician's patient or patients for whom a pharmacist may provide services.
2. Each chronic health condition to be collaboratively managed.
3. Specific medicinal drug or drugs to be managed by the pharmacist for each patient.
4. Circumstances under which the pharmacist may order or perform and evaluate laboratory or clinical tests.
5. Conditions and events upon which the pharmacist must notify the collaborating physician and the manner and timeframe in which such notification must occur.
6. Beginning and ending dates for the collaborative pharmacy practice agreement and termination procedures, including procedures for patient notification and medical records transfers.
7. A statement that the collaborative pharmacy practice agreement may be terminated, in writing, by either party at any time.

The collaborative pharmacy practice agreement shall automatically terminate 2 years after execution if not renewed. The pharmacist, along with the collaborating physician, must maintain on file the collaborative pharmacy practice agreement at his or her practice location, and must make such agreements available to the department or board upon request or inspection.

A pharmacist who enters into a collaborative pharmacy practice agreement must submit a copy of the signed agreement to the board before the agreement may be implemented.

**8. SOCIAL SECURITY DISCLOSURE**

**This information is exempt from public records disclosure.**

Pursuant to Title 42 United States Code § 666(a)(13), the department is required and authorized to collect Social Security numbers relating to applications for professional licensure. Additionally, section (s.) 456.013(1)(a), Florida Statutes (F.S.), authorizes the collection of Social Security numbers as part of the general licensing provisions.

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

(Input without dashes)

**Social Security Information-** \* Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code § 653 and 654; and s. 456.013(1), 409.2577, and 409.2598, F.S. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub. L. Section 317). Clarification of the SSA process may be reviewed at [www.ssa.gov](http://www.ssa.gov) or by calling 1-800-772-1213.

Name: \_\_\_\_\_

**9. APPLICANT SIGNATURE**

I, the undersigned, state that I am the person referred to in this application for certification in the state of Florida.

I recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to s. 456.067 and 775.083, Florida Statutes.

Florida law requires me to immediately inform the board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the license and to supplement the information on this application as needed.

Section 456.013(1)(a), Florida Statutes, provides that an incomplete application shall expire one year after the initial filing with the department.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
*You may print out this application and sign it or sign it digitally.* MM/DD/YYYY

Documentation must be sent to the board office at [info@floridaspharmacy.gov](mailto:info@floridaspharmacy.gov), or mailed to:

**Board of Pharmacy**  
4052 Bald Cypress Way Bin C-04  
Tallahassee, FL 32399-3258



Application  
*for*  
Pharmacist Test and Treat Certification

**Board of Pharmacy**  
P.O. Box 6330  
Tallahassee, FL 32314-6330  
Website: <https://floridaspharmacy.gov/>  
Email: [info@floridaspharmacy.gov](mailto:info@floridaspharmacy.gov)  
Phone: (850) 245-4474  
Fax: (850) 921-5389



# Pharmacist Test and Treat Certification Application

Board of Pharmacy  
P.O. Box 6330  
Tallahassee, FL 32314-6330  
Fax: (850) 921-5389  
Email: info@floridaspharmacy.gov

All applicants must hold a current Florida Pharmacist license that is active and in good standing.

## Pharmacist Test and Treat Certification

Prior to testing or screening for and treating minor, nonchronic health conditions under a written protocol, a pharmacist must be certified by the board. Additionally, a pharmacist must practice within the framework of a written protocol with a supervising physician licensed under Chapter 458, Florida Statutes, or Chapter 459, Florida Statutes. Please refer to Section 465.1895, Florida Statutes, prior to submitting your application.

### 1. PERSONAL INFORMATION

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Last/Surname First Middle MM/DD/YYYY

Mailing Address: (This address is where mail and your certification should be sent)

\_\_\_\_\_  
Street/P.O. Box Apt. No. City  
\_\_\_\_\_  
State ZIP Country Home/Cell Telephone (Input without dashes)

Physical Location: (Required if mailing address is a P.O. Box – this address will be posted on the Department of Health’s website)

\_\_\_\_\_  
Street Apt. No. City  
\_\_\_\_\_  
State ZIP Country Business Telephone (Input without dashes)

Email Notification: To be notified of the status of your application by email, check the “Yes” box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes  No Email Address: \_\_\_\_\_

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

Name: \_\_\_\_\_

## 2. LICENSURE HISTORY

- A. What is your Florida Pharmacist (PS) license number? \_\_\_\_\_

## 3. CERTIFICATION TRAINING

To qualify for certification, an applicant must have completed an initial 20-hour certification course that meets the statutory and rule requirements of section 465.1895, Florida Statutes, and Rule 64B31.035, F.A.C.

- A. Have you successfully completed an initial 20-hour course approved by the Florida Board of Pharmacy?  Yes  No

If “Yes,” provide a copy of the certificate of completion and the following information.

| Provider Name | Provider Number | Date of Completion | Certificate Number |
|---------------|-----------------|--------------------|--------------------|
|               |                 |                    |                    |

## 4. PROFESSIONAL LIABILITY INSURANCE

To test or screen for and treat minor, nonchronic health conditions within the framework of a written protocol, a pharmacist must maintain at least \$250,000 of professional liability insurance coverage. A pharmacist who maintains professional liability coverage as a requirement of their Collaborative Practice Certification satisfies this requirement.

- A. Do you maintain at least \$250,000 of professional liability insurance?  Yes  No

If “Yes,” provide the following information:

| Insurance Provider Name | Policy Number | Policy Expiration Date |
|-------------------------|---------------|------------------------|
|                         |               |                        |

## 5. REPORTING REQUIREMENTS

To test or screen for and treat minor, nonchronic health conditions within the framework of a written protocol, a pharmacist must report a diagnosis or suspected existence of a disease of public health significance to the Department of Health pursuant to section 381.0031, Florida Statutes.

- A. Have you reviewed the Disease Reporting and Management Information at <http://www.floridahealth.gov/diseases-and-conditions/index.html>?  Yes  No

## 6. SYSTEM TO MAINTAIN RECORDS

To test or screen for and treat minor, nonchronic health conditions within the framework of a written protocol, a pharmacist must furnish patient records to a health care practitioner designated by the patient upon request. Additionally, a pharmacist must maintain records of all patients receiving services for a period of five (5) years from each patient’s most recent provision of service.

- A. Have you established a system to maintain records of all patients receiving services within the framework of a written protocol?  Yes  No

Name: \_\_\_\_\_

## 7. SUPERVISING PHYSICIAN

If available, provide the following information for the physician licensed under chapter 458 or 459, Florida Statutes (F.S.), with whom you have entered into a protocol.

Physician Name: \_\_\_\_\_

Physician License #: \_\_\_\_\_

## 8. WRITTEN PROTOCOL INFORMATION

Each written protocol must include particular terms and conditions imposed by the supervising physician relating to the testing and screening for and treatment of minor, nonchronic health conditions. The terms and conditions must be appropriate to the pharmacist's training.

The written protocol must include, at a minimum, the following information:

1. Specific categories of patients who the pharmacist is authorized to test or screen for and treat minor, nonchronic health conditions.
2. The physician's instructions for obtaining relevant patient medical history for the purpose of identifying disqualifying health conditions, adverse reactions, and contraindications to the approved course of treatment.
3. The physician's instructions for the treatment of minor, nonchronic health conditions based on the patient's age, symptoms, and test results, including negative results.
4. A process and schedule for the physician to review the pharmacist's actions under the protocol.
5. A process and schedule for the pharmacist to notify the physician of the patient's condition, tests administered, test results, and course of treatment.

A pharmacist who enters into a written protocol must submit a copy of the protocol to the board.

## 9. SOCIAL SECURITY DISCLOSURE

**This information is exempt from public records disclosure.**

Pursuant to Title 42 United States Code § 666(a)(13), the department is required and authorized to collect Social Security numbers relating to applications for professional licensure. Additionally, section (s.) 456.013(1)(a), Florida Statutes (F.S.), authorizes the collection of Social Security numbers as part of the general licensing provisions.

**Last Name:** \_\_\_\_\_

**First Name:** \_\_\_\_\_

**Middle Name:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_  
(Input without dashes)

**Social Security Information-** \* Under the Federal Privacy Act, disclosure of Social Security numbers is voluntary unless specifically required by federal statute. In this instance, Social Security numbers are mandatory pursuant to Title 42 United States Code § 653 and 654; and s. 456.013(1), 409.2577, and 409.2598, F.S. Social Security numbers are used to allow efficient screening of applicants and licensees by a Title IV-D child support agency to ensure compliance with child support obligations. Social Security numbers must also be recorded on all professional and occupational license applications and will be used for license identification pursuant to Personal Responsibility and Work Opportunity Reconciliation Act of 1996 (Welfare Reform Act. 104 Pub. L. Section 317). Clarification of the SSA process may be reviewed at [www.ssa.gov](http://www.ssa.gov) or by calling 1-800-772-1213.

Name: \_\_\_\_\_

## 10. APPLICANT SIGNATURE

I, the undersigned, state that I am the person referred to in this application for certification in the state of Florida.

I recognize that providing false information may result in disciplinary action against my license or criminal penalties pursuant to s. 456.067 and 775.083, F.S.

I am aware that my certification may be suspended or revoked if I violate any pharmacy law, rule or regulation, or the Florida Board of Pharmacy Code of Conduct.

Florida law requires me to immediately inform the board of any material change in any circumstances or condition stated in the application which takes place between the initial filing and the final granting or denial of the license and to supplement the information on this application as needed.

Section 456.013(1)(a), F.S., provides that an incomplete application shall expire one year after the initial filing with the department.

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_  
*You may print out this application and sign it or sign it digitally.* MM/DD/YYYY

Documentation must be sent to the board office at [info@floridaspharmacy.gov](mailto:info@floridaspharmacy.gov), or mailed to:

**Board of Pharmacy**  
4052 Bald Cypress Way Bin C-04  
Tallahassee, FL 32399-3258



Application  
*for*  
Initial Collaborative Practice Certification  
Course

**Board of Pharmacy**  
P.O. Box 6330  
Tallahassee, FL 32314-6330  
Website: <https://floridaspharmacy.gov/>  
Email: [info@floridaspharmacy.gov](mailto:info@floridaspharmacy.gov)  
Phone: (850) 245-4474  
Fax: (850) 921-5389



# Pharmacist Collaborative Practice Certification

## Provider Application

Board of Pharmacy  
4052 Bald Cypress Way Bin C-04  
Tallahassee, FL 32314-6330  
Fax: (850) 921-5389  
Email: info@floridaspharmacy.gov

The offering approval submitted must adhere to the Rules for Collaborative Pharmacy Practice Certification, Section 64B16-31.003, F.A.C., to be eligible for Provider Approval by the Board of Pharmacy.

Please read the following before completing this application:

1. All information must be legibly printed or typed.
2. Complete all sections.
3. Identify all attachments with your organization's name.

### 1. CONTACT INFORMATION

Contact Person Name: \_\_\_\_\_  
Last/Surname First Middle

Title: \_\_\_\_\_

Name of Organization, Institution or Agency (Do not use initials of abbreviations):  
\_\_\_\_\_

Mailing Address:

\_\_\_\_\_  
Street/P.O. Box Apt. No. City

\_\_\_\_\_  
Business Telephone (Input without dashes)

**Email Notification:** To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes No Email Address: \_\_\_\_\_

Under Florida law, email addresses are public records. If you do not want your email address released in response to a public records request, do not provide an email address or send electronic mail to our office. Instead contact the office by phone or in writing.

**1. ADMINISTRATION AND ORGANIZATION**

A. Administrative Authority:

Provide the name and title of the person in charge of the program of study. (If responsibilities are shared by more than one individual, please indicate responsibilities of each person using supplementary sheets.)

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

B. Please provide your Accreditation Council for Pharmacy Education (ACPE), American Medical Association (AMA), or Florida Osteopathic Medical Association (FOMA) provider number.

\_\_\_\_\_

C. Describe the nature of the applicant's role relative to the program of study and coursework.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. ADMINISTRATIVE REQUIREMENTS**

A. Please describe the nature of the system used for the maintenance and availability of records of participation in this program.

\_\_\_\_\_  
\_\_\_\_\_

B. Attach a sample certificate, letter or other document that is generally used as evidence to participants of satisfactory completion of the program of study for initial certification. Indicate the manner in which this document is distributed.

C. Indicate the number of course hours and type of study requested:

\_\_\_\_\_ Live \_\_\_\_\_ Home Study

**3. EDUCATIONAL CONTENT DEVELOPMENT**

A. Briefly describe the process for identifying educational needs and the manner in which topics for programs are usually determined.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Describe the goals and objectives of your overall educational effort.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- C. Briefly describe the usual planning process for an individual program. Indicate the time frame that may typically be involved.

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#### 4. METHODS OF DELIVERY

- A. What factors are taken into consideration in choosing the method of delivery for a particular program?

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- B. What is the review process that a home study program (audio-visual components, programmed learning, correspondence course, etc.) might undergo before it is offered to a new audience if utilized?

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#### 5. FACILITIES

- A. Name the facilities utilized for the past two programs presented.

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- B. What factors are considered in choosing facilities for programs?

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- C. If the preparation of educational offerings during the past year involved the production of audio-visual or other mediated materials such as programmed learning or correspondence course, etc., describe the facilities and equipment available and utilized for such preparations.

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#### 6. EVALUATION

- A. What opportunities are given for the participant to assess his/her evaluation of course objectives?

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B. Describe the methods employed to evaluate the effectiveness of the provider's programming and its presentation.

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C. Please attach a sample attendee evaluation instrument.

**Please submit completed application to CEBroker at [www.CEBroker.com](http://www.CEBroker.com)**



Application  
*for*  
Initial Test and Treat Certification  
Course

**Board of Pharmacy**  
4052 Bald Cypress Way Bin C-04  
Tallahassee, FL 32314-6330  
Website: <https://floridaspharmacy.gov/>  
Email: [info@floridaspharmacy.gov](mailto:info@floridaspharmacy.gov)  
Phone: (850) 245-4474  
Fax: (850) 921-5389



# Initial Test and Treat Certification Course Application

Board of Pharmacy  
4052 Bald Cypress Way Bin C-04  
Tallahassee, FL 32314-6330  
Fax: (850) 921-5389  
Email: info@floridaspharmacy.gov

The offering approval submitted must adhere to the Rules for Test and Treat Certification, Section 64B16-31.035, F.A.C., to be eligible for Provider Approval by the Board of Pharmacy.

Please read the following before completing this application:

1. All information must be legibly printed or typed.
2. Complete all sections.
3. Identify all attachments with your organization's name.

## 1. CONTACT INFORMATION

**Contact Person Name:** \_\_\_\_\_  
Last/Surname First Middle

**Title:** \_\_\_\_\_

**Name of Organization, Institution or Agency (Do not use initials of abbreviations):**  
\_\_\_\_\_

**Mailing Address:**

\_\_\_\_\_  
Street/P.O. Box Apt. No. City

\_\_\_\_\_  
Business Telephone (Input without dashes)

**Email Notification:** To be notified of the status of your application by email, check the "Yes" box and fill in your email address on the line provided. If you choose to be notified via email you will be responsible for checking your email regularly and updating your email address with the board office.

Yes No Email Address: \_\_\_\_\_

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**1. ADMINISTRATION AND ORGANIZATION**

A. Administrative Authority:

Provide the name and title of the person in charge of the program of study. (If responsibilities are shared by more than one individual, please indicate responsibilities of each person using supplementary sheets.)

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

B. Please provide your Accreditation Council for Pharmacy Education (ACPE), American Medical Association (AMA), or Florida Osteopathic Medical Association (FOMA) provider number.

\_\_\_\_\_

C. Describe the nature of the applicant's role relative to the program of study and coursework.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. ADMINISTRATIVE REQUIREMENTS**

A. Please describe the nature of the system used for the maintenance and availability of records of participation in this program.

\_\_\_\_\_  
\_\_\_\_\_

B. Attach a sample certificate, letter or other document that is generally used as evidence to participants of satisfactory completion of the program of study for initial certification. Indicate the manner in which this document is distributed.

C. Indicate the number of course hours and type of study requested:

\_\_\_\_\_ Live \_\_\_\_\_ Home Study

**3. EDUCATIONAL CONTENT DEVELOPMENT**

A. Briefly describe the process for identifying educational needs and the manner in which topics for programs are usually determined.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

B. Describe the goals and objectives of your overall educational effort.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- C. Briefly describe the usual planning process for an individual program. Indicate the time frame that may typically be involved.

---

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**4. METHODS OF DELIVERY**

- A. What factors are taken into consideration in choosing the method of delivery for a particular program?

---

---

---

- B. What is the review process that a home study program (audio-visual components, programmed learning, correspondence course, etc.) might undergo before it is offered to a new audience if utilized?

---

---

---

**5. FACILITIES**

- A. Name the facilities utilized for the past two programs presented.

---

---

- B. What factors are considered in choosing facilities for programs?

---

---

---

- C. If the preparation of educational offerings during the past year involved the production of audio-visual or other mediated materials such as programmed learning or correspondence course, etc., describe the facilities and equipment available and utilized for such preparations.

---

---

**6. EVALUATION**

- A. What opportunities are given for the participant to assess his/her evaluation of course objectives?

---

---

B. Describe the methods employed to evaluate the effectiveness of the provider's programming and its presentation.

---

---

C. Please attach a sample attendee evaluation instrument.

**Please submit completed application to CEBroker at [www.CEBroker.com](http://www.CEBroker.com).**

General comments: I listened to the BOOM conference call on 6-9-29 and agree with the comments and discussion. My two general suggestions are:

1. The BOP should adopt rules that mirror and are limited to the legislation wording and examples only at this time. Expansion to diseases not listed as examples can occur later via a process that allows for proposals from pharmacists followed by input from the BOM/BOOM. Formulary should be limited to FDA approved first line treatment for these diseases and specified in the CPA.
2. The BOP should provide a sample blank CPA that contains each of the elements required by the legislation. I also suggest this process become fully electronic online and updated in real time with reporting that can be used to fulfill the legislative requirements.

Comments to sections identified by BOP for consultation with BOM

1. CPC Initial Certification Course -20 hrs
  - a. Performance of patient assessments – I recommend in-person with human simulator no less than 3 hours of content for this portion
  - b. Testing, evaluation and management portions should include content specific to the diseases requested to be covered in the Collaborative practice agreement.
2. Collaborative practice agreement

I suggest providing a sample blank agreement. I also suggest this process become fully electronic online and updated in real time with reporting that can be used to fulfill the legislative requirements
3. Chronic health condition
  - a. I would limit the conditions initially to those examples listed in the legislation.
  - b. I would limit formulary to medications considered to be first line or initial treatments most commonly used in treatment of the listed chronic conditions consistent with the FDA labeling of the medications
  - c. Very important that the formulary be limited to medications that are considered initial treatments of the illnesses and not secondary or tertiary treatments without a consultation with the collaborating physician.
4. Test and treat certification
  - a. I would limit the conditions initially to those examples listed in the legislation.
  - b. I would limit formulary to medications considered to be first line or initial treatments most commonly used in treatment of the listed minor illnesses consistent with the FDA labeling of the medications
  - c. Very important that the formulary be limited to medications that are considered initial treatments of the illnesses and not secondary or tertiary treatments without a consultation with primary care physician.

5. Test and treat an initial certification course must cover the specific disease and treatments specified by the rule with examples of diseases that are similar clinically and often misdiagnosed and mistreated.

June 9, 2020

RE; CS/HB 389

Dear Ed and Claudia,

Below are some thoughts offered for further elaboration, clarification, discussion and consideration.

Respectfully Submitted.

Robert London MD

1. Standards of Care: Clarify that participating pharmacists, their practice, employees and agents held to the same standards as physicians with regards to:
  - a. Existing Florida Statutes and Administrative Rules (Ex. See Appendix A for medical record documentation)
  - b. HIPAA compliance
  - c. Medicare/Medicaid compliance
  - d. Requirements for electronic medical record keeping
  
2. Practice Model: The intent of the law is to expand the current pharmacy-based scope of practice. Are the following models of practice permissible?
  - a. Pharmacist independently practices in an office setting indistinguishable to that of a physician or ARNP.
  - b. Pharmacist owns the medical practice, and employs physicians, who enter into a collaborative agreement with the pharmacist.
  - c. The pharmacist restricts their professional activity solely/exclusively to the expanded scope of practice established by the law.
  - d. Pharmacist is hired by a participating physician as a physician-extender to work in their office.
  
3. Collaborative Agreements:
  - a. Standardization/simplification: Creation of individualized agreements for each patient, potentially by multiple providers and pharmacists, invites the risk of error, where a pharmacist inadvertently treats a patient outside of their particular agreement, or duplication or contrary managements are put in place.
  - b. Creating a small number of standardized agreements based on the specific disease, severity of disease, or existence of patient co-morbidities may mitigate risk. An example of a risk stratification method based on disease states and comorbidity is the American Society of Anesthesiologists (ASA) Risk Classes (ASA I, II, III, IV, V) (See Appendix B)

- c. Implementation of a process whereby overlapping CPAs (more than one Collaborative Practice Agreement for a single patient) can be identified and reviewed or eliminated if needed.
  - d. Patient centric/control:
    - i. Consider documentation of patient's informed consent to allow the pharmacist's provision of care and physician/pharmacist sharing of protected health information.
    - ii. Consider patient acknowledgement, and approval of expanded role of pharmacist in their personal care
    - iii. Consider the patient's signature on the collaborative agreement
  - e. Clarification of physician/pharmacist liability in such arrangements
    - i. If pharmacist treats the patient outside of the terms of the collaborative agreement,
    - ii. If changes to the patient's care/treatment are not reported back to the physician in a timely fashion,
    - iii. Delays in diagnosis due to a patient not feeling the need to follow-up with a physician.
    - iv. If patient follows pharmacist care against the medical advice of the physician?
  - f. If patient leaves physician's practice?
  - g. Clarification of the number of times or the duration of time a pharmacist can manage a patient for a particular condition without improvement or resolution before having to refer the patient to a physician.
  - h. Clarification of the number of supervising physicians and pharmacists who can be involved with CPAs with regard to a specific patient. Example, any prohibition on an internist, family physician, and pulmonologist each having a CPA with their preferred pharmacist (multiple) regarding the same patient.
4. Continuing Medical Education:
- a. The 20-hour CME is one time. Are continuing medical education requirements to be included to assist the pharmacist in maintaining competency over time?
  - b. Objective assessment of competency? Testing? Evaluations? Auditing? Other?
5. Are BOM and BOOM able to create standards for rules applying to physicians for entering into a collaborative practice agreement with a pharmacist?
- a. Establishment of clear communication protocols
  - b. Avoid the confusion of multiple physicians and pharmacists managing the same patient for the same condition
  - c. Standards of care
  - d. Liability
  - e.

## Appendix A: Documentation requirements for medical record keeping

### Example FS 458.331(1)(m):

(m) Failing to keep legible, as defined by department rule in consultation with the board, medical records that identify the licensed physician or the physician extender and supervising physician by name and professional title who is or are responsible for rendering, ordering, supervising, or billing for each diagnostic or treatment procedure and that justify the course of treatment of the patient, including, but not limited to, patient histories; examination results; test results; records of drugs prescribed, dispensed, or administered; and reports of consultations and hospitalizations.

## Appendix B: ASA Risk Classes

### Current Definitions and ASA-Approved Examples

| ASA PS Classification | Definition  | Adult Examples, Including, but not Limited to:   |
|-----------------------|---|--|
| <b>ASA I</b>          | A normal healthy patient  | Healthy, non-smoking, no or minimal alcohol use  |
| <b>ASA II</b>         | A patient with mild systemic disease  | Mild diseases only without substantive functional limitations. Examples include (but not limited to): current smoker, social alcohol drinker, pregnancy, obesity (30 < BMI < 40), well-controlled DM/HTN, mild lung disease  |
| <b>ASA III</b>        | A patient with severe systemic disease  | Substantive functional limitations; One or more moderate to severe diseases. Examples include (but not limited to): poorly controlled DM or HTN, COPD, morbid obesity (BMI ≥40), active hepatitis, alcohol dependence or abuse, implanted pacemaker, moderate reduction of ejection fraction, ESRD undergoing regularly scheduled dialysis, premature infant PCA < 60 weeks, history (>3 months) of MI, CVA, TIA, or CAD/stents. |
| <b>ASA IV</b>         | A patient with severe systemic disease that is a constant threat to life        | Examples include (but not limited to): recent (< 3 months) MI, CVA, TIA, or CAD/stents, ongoing cardiac ischemia or severe valve dysfunction, severe reduction of ejection fraction, sepsis, DIC, ARD or ESRD not undergoing regularly scheduled dialysis  |
| <b>ASA V</b>          | A moribund patient who is not expected to survive without the operation         | Examples include (but not limited to): ruptured abdominal/thoracic aneurysm, massive trauma, intracranial bleed with mass effect, ischemic bowel in the face of significant cardiac pathology or multiple organ/system dysfunction   |
| <b>ASA VI</b>         | A declared brain-dead patient whose organs are being removed for donor purposes |  |

\*The addition of "E" denotes Emergency surgery: (An emergency is defined as existing when delay in treatment of the patient would lead to a significant increase in the threat to life or body part)

### References

For more information on the ASA Physical Status Classification system and the use of examples, the following publications are helpful. Additionally, in the reference section of each of the articles, one can find additional publications on this topic.

1. Abouleish AE, Leib ML, Cohen NH. ASA provides examples to each ASA physical status class. *ASA Monitor* 2015; 79:38-9 <http://monitor.pubs.asahq.org/article.aspx?articleid=2434536>
2. Hurwitz EE, Simon M, Vinta SR, et al. Adding examples to the ASA-Physical Status classification improves correct assignments to patients. *Anesthesiology* 2017; 126:614-22
3. Mayhew D, Mendonca V, Murthy BVS. A review of ASA physical status – historical perspectives and modern developments. *Anaesthesia* 2019; 74:373-9





**Florida Board of Medicine  
Rules/Legislative Committee Meeting**

**Meet-Me-Number: 888-585-9008  
Conference Room Number: 432-162-565  
(Please login and mute your phone)**

**Wednesday, June 3, 2020**

**MINUTES**

Roll call 1:00 pm

**Members Present:**

Shailesh Gupta, MD, Vice Chair  
Kevin Cairns, MD  
Hector Vila, MD  
Zachariah P. Zachariah, MD  
Eleonor Pimentel, MD

**Members Absent:**

Sarvam TerKonda, MD, Chair  
Nicholas Romanello, Consumer Member

**Staff Present:**

Claudia Kemp, JD, Executive Director  
Edward Tellechea, Board Counsel  
Donna McNulty, Board Counsel  
Nancy Murphy, Certified Paralegal  
Crystal Sanford, Program Operations Administrator (850) 222-5491  
Shaila Washington, Regulatory Supervisor  
Rebecca Hewett, Regulatory Specialist III

**Others Present:**

For the Record Court Reporting  
Lindsey Sampson  
1500 Mahan Drive, Suite 140  
Tallahassee, FL 32308

**Legislative Discussion**

**Legislative Summary ..... 1**

Ms. Kemp addressed the Committee and provided a brief summary of the bills. She said the Governor signed HB 389 (Practice of Pharmacy) and HB 607 (Direct Care Workers). She added that HB 743 (Nonopioid Alternatives) has been presented to the Governor but is pending his signature. She said the rest of the bills have not yet been presented to the Governor.

**No action necessary**

**May 2020 Rules Report ..... 3**

The Rules Report, prepared by Ms. Murphy, provided updates on rules currently in development.

**No action necessary.**

**House Bill 389 ..... 2 and Addendum V3**

Ms. Kemp presented the bill and the draft work completed by the Board of Pharmacy on the rule language. She explained she sent updated information to the members that morning from the Board of Pharmacy (attached). She said they plan to meet on the rule again on June 25, 2020.

Dr. Vila expressed concerns over the process because there were issues to talk about like the timing, the items for consultation in the rule, and how the Board of Medicine can provide consultation to the Board of Pharmacy.

Ms. Kemp suggested a couple of ways to proceed, such as having a medical doctor on the call with the Board of Osteopathic Medicine when they consider the rule at their June 9, 2020 conference call. She also suggested presenting this to the entire Board at Friday's meeting.

Dr. Vila felt full Board participation was necessary.

Mr. Tellechea said he has spoken with counsel to the Board of Pharmacy, David Flynn. He said the language being presented today was preliminary language and they would be solidifying the language at their June 25<sup>th</sup> meeting. He said the Pharmacy Board wanted to hear the Board's input and concerns including meeting with a member and are waiting to hear from us and the Osteopathic Board before their June 25<sup>th</sup> meeting.

Ms. Kemp confirmed Mr. Tellechea's statement and said she has been in direct contact with the Executive Director of the Board of Pharmacy, Jessica Sapp, and in other conversations about the rule and the Board's input.

Dr. Zachariah said he was happy to hear the Pharmacy Board wanted to their input. He suggested conducting a joint committee meeting.

Mr. Tellechea suggested the members write down their comments and concerns and send those to Ms. Kemp. Ms. Kemp could then provide that information to Ms. Sapp to include in the agenda materials for the June 25<sup>th</sup> meeting. He explained the Pharmacy Board is being asked to have this rule in place by August 1, 2020 so Florida is ready for the Fall when COVID-19 is expected to flare again.

Dr. Vila said this was a big change and going slow and deliberate equals success. He suggested starting with a few conditions, see how that goes, then expand to other conditions. He said he was willing to meet at any time and would send his comments to Mr. Tellechea.

Ms. Kemp suggested taking this discussion to the full Board during Friday's meeting.

Dr. Gupta said the Board should offer to meet and work with the Pharmacy Board.

Mr. Tellechea reminded the members about the Sunshine Law. He suggested the members send their comments. He said there is no action yet and today was a good discussion.

Dr. Zachariah advised for members to send their comments to Ms. Kemp and Mr. Tellechea.

**Action taken:** members to submit comments to Ms. Kemp and Mr. Tellechea; discuss at Friday's Board Meeting



Florida Board of Medicine  
Board Meeting

**Meet-Me Number:**  
Toll Free Number: 1-888-585-9008  
Conference Room Number: 432 162 565

June 5, 2020

**Meeting Minutes**

8:00 a.m. Roll call

**Members Present:**

Zachariah P. Zachariah, MD, Chair  
Hector Vila, MD, Vice Chair  
Eleonor Pimentel, MD  
Scot Ackerman, MD  
Sarvam TerKonda, MD  
Kevin Cairns, MD  
Jorge Lopez, MD  
Robert London, MD  
Nicholas Romanello, Consumer Member  
(was present for initial roll call, but not present for the second roll call)  
Andre Perez, Consumer Member  
David Diamond, MD  
Shailesh Gupta, MD  
Luz Pages, MD

**Members Absent:**

Barbara Fonte, Consumer Member

**Staff Present:**

Claudia Kemp, JD, Executive Director  
Edward Tellechea, Board Counsel  
Donna McNulty, Board Counsel  
Nancy Murphy, Certified Paralegal  
Crystal Sanford, CPM, Program Operations Administrator (850) 222-5491  
Wendy All, Program Operations Administrator  
Shaila Washington, Regulatory Supervisor  
Rebecca Hewett, Regulatory Specialist III

**Others Present:**

For the Record Court Reporting  
Lindsey Sampson  
1500 Mahan Drive, Suite 140  
Tallahassee, Florida 32308

**Department Prosecutors Present:**

Allison Dudley, Esquire  
Jamal Burk, Esquire  
Geoffrey Christian, Esquire  
Sarah Corrigan, Esquire  
Cynthia Nash-Early, Esquire  
Corynn Alberto, Esquire  
Michael Williams, Esquire  
Andrew Perrin, Esquire  
Major Thompson, Esquire

**Rules/Legislative Committee ..... No tab**

Dr. Gupta provided the report for the meeting held June 3, 2020. He explained the Committee discussed HB 389 and the best way to consult with the Board of Pharmacy on their rule. He

encouraged all members to send their comments to Mr. Tellechea and Ms. Kemp who would share the comments with the Board of Pharmacy members.

Ms. Kemp reminded the members the rule language is still being drafted. She said the Board of Pharmacy's Rules Committee will be conducting another meeting on June 25, 2020 and encouraged members to listen in to the call.

Dr. Pages asked if the law differentiates between adults and pediatric patients.

Mr. Tellechea said the law did not differentiate between them.

Dr. Zachariah said the process should be methodical, thoughtful and should not be rushed. He suggested asking for members of the Boards of Medicine, Osteopathic Medicine and Pharmacy hold a joint meeting to work on the rule language.

Dr. Pimentel asked if there was a similar law in other states.

Mr. Tellechea said he was not aware of other states.

Ms. Kemp said she could find out and let the members know.

Dr. Gupta asked how the Board asks for a joint meeting.

Ms. Kemp said she and Mr. Tellechea could talk to their Executive Director and Board Counsel.

Dr. TerKonda said there are a lot of questions and the members need a better understanding. He said he would be on the call on June 25<sup>th</sup>.

Dr. London said this is a significant increase in scope of practice.

Dr. Vila said he had concerns but glad to have the opportunity to work with the Board of Pharmacy so patients have more access to care.

Dr. Gupta brought up the next topic from the meeting which concerned Telehealth by Electrologists doing Laser Hair Removal.

Dr. Zachariah called speakers to address the Board.

Jolynn Greenhalgh, DNP, ARNP, Electrology Council Chair, addressed the Board in support of their rule.

Judy Adams, Legislative Liaison with the Electrolysis Society of Florida, addressed the Board in support of the rule language.

Tali Arviv was called but was not on the call.

Christopher Nuland, Esquire, representing the Florida Society of Dermatology and Dermatologic Surgeons and the Florida Society of Plastic Surgeons, addressed the Board in opposition to the rule language. He said Chapters 456 and 458, F.S. define direct supervision requiring the onsite presence of the physicians. He said the Legislature specifically put supervision in the law.

Lawrence Gonzalez, Counsel to the Electrolysis Society of Florida and the Electrolysis Association of Florida, addressed the Board in support of the language. He said the language

would allow supervision under telehealth and direct supervision and responsibility was within the Board's scope to define. He reminded the Board the profession has a superior safety record.

A motion was made and seconded to accept the report.

Mr. Tellechea read the language into the record.

Dr. Vila asked if the rule would now go into rule making.

Mr. Tellechea confirmed.

The motion passed unanimously.

**Action taken:** report accepted; send comments to Ms. Kemp and Mr. Tellechea regarding the Pharmacy rule, members encouraged to attend June 25<sup>th</sup> Pharmacy meeting, Mr. Tellechea and Ms. Kemp to discuss a joint meeting with Pharmacy's Executive Director and Board Council, Electrology telehealth rule language approved

# FLORIDA | Board of Osteopathic Medicine

June 9, 2020



**DRAFT MEETING MINUTES**  
**Board of Osteopathic Medicine**  
**Teleconference Business Meeting**  
**June 9, 2020**  
**1:00 p.m.**

The meeting was called to order by Dr. Joel Rose, Chair, at approximately 1:00 p.m.

Those present for all or part of the meeting included the following:

**MEMBERS PRESENT:**

Joel B. Rose, DO, Chair  
Sandra Schwemmer, DO, Vice-Chair  
Anna Hayden, DO  
Michelle R. Mendez, DO  
Bridget Bellinger, DO.

**MEMBERS ABSENT**

Valerie Jackson, Consumer Member

**COURT REPORTER:**

For the Record Reporting  
(850) 222-5491  
Julie Pulver

**OTHERS PRESENT:**

Jessica Sapp, Board of Pharmacy Executive Director  
Claudia Kemp, Board of Medicine Executive Director  
Ed Tellachea, Board of Medicine Board Counsel  
David Fynn, Board of Pharmacy Board Counsel  
Dr. Terkonda, Board of Medicine  
Dr. Gupta, Board of Medicine  
Dr. London, Board of Medicine  
Dr. Mesaros, Board of Pharmacy

**BOARD STAFF PRESENT:**

Kama Monroe, Executive Director  
Carol Taylor, Program Administrator

**BOARD COUNSEL**

Donna McNulty, Board Counsel  
Nancy Murphy, Paralegal

*Please note that the meeting minutes reflect the actual order that agenda items were discussed during the meeting and may differ from the agenda outline*

## **TAB 1: Discussion of Board of Pharmacy's Draft Rules Related to HB389 Informational Materials for Review for Discussion**

Board Chair, Dr. Joel Rose, called the meeting to order and welcomed all attendees.

Program Administrator, Carol Taylor, noted that the purpose of the meeting was to discuss House Bill 389 (HB 389). Dr. Rose provided a brief overview of HB 389 and the items the board would discuss.

Dr. Rose asked for volunteers from the Osteopathic board who would be interested in serving as the board's second member of the joint committee with the Board of Pharmacy and the Board of Medicine. He also stated that he would serve as the first member. The first Joint Committee meeting is scheduled for June 25, 2020.

Dr. Bellinger nominated Dr. Mendez to serve as the second member of the Joint Committee. Dr. Hayden seconded the nomination. The nomination passed.

Direction was given to the board to provide any comments or questions they might have, following the meeting, to the Board of Osteopathic Medicine board office.

Discussion ensued with input from the board and meeting attendees. Discussion included the desire from an attendee, that there be a single standard of care that is no less than the standard currently in place. There was a further desire that the term "interactive computer based" when discussing a course, be better defined. Several questions and comments arose during discussion of Rule 64B16-0035. A desire to see in rule something that specifies what modification entails was conveyed. Discussion regarding the Collaborative Agreement resulted in much input from all present, including concerns with HIPAA compliance. Board of Pharmacy board counsel noted HIPAA concerns would be further discussed at the June 25<sup>th</sup> joint meeting. In discussion of test and treat, there was concern that movement forward should be in a safe and responsible manner. Much discussion entailed regarding concerns with sharing of information, records, and a failure to specify which board when referencing the board. This discussion generated much input and many concerns.

Direction was again provided for osteopathic physicians to provide comments or questions to Board of Osteopathic Medicine board office and for medical physicians to provide comments or questions to Board of Medicine board staff.

A Joint Committee Meeting with representation from the Board of Osteopathic Medicine, Board of Pharmacy and Board of Medicine is scheduled for June 25, 2020.

### **ADJOURN**

Motion: by Dr. Hayden, to adjourn the meeting.  
Meeting adjourned at 2:00 pm.

### **ADJOURN**

**Next Meeting: June 22, 2020  
Teleconference**

**64B16-27.XXXX Collaborative Pharmacy Practice for Chronic Health Conditions.**

In addition to the chronic health conditions listed in section 465.1865, F.S., “chronic health condition” means any chronic condition to be collaboratively managed by a pharmacist and a collaborating physician under a collaborative pharmacy practice agreement that meets the requirements of 465.1865(3), F.S.

**64B16-26.XXXX Collaborative Pharmacy Practice Certification.**

(1) An application for certification to provide services under a collaborative pharmacy practice agreement shall be made on Board approved form DH-MQA XXXX, "Board of Pharmacy Collaborative Pharmacy Practice Certification Application," dated XX/20, which is hereby incorporated by reference. To obtain an application go to XXXXXX, or contact the Board of Pharmacy at 4052 Bald Cypress Way, Bin #C04, Tallahassee, FL 32399-3254 or (850)488-0595, or download the application from the web at <http://www.doh.state.fl.us/mqa/pharmacy>.

(2) The Board shall approve a 20-hour education course offered by an Accreditation Council of Pharmacy Education (ACPE) accredited provider for initial certification to provide services under a collaborative pharmacy practice agreement. The course shall cover all of the following:

- (a) Performance of patient assessments;
- (b) Ordering, performing, and interpreting clinical and laboratory tests related to collaborative pharmacy practice;
- (c) Evaluating and managing diseases and health conditions in collaboration with other health care practitioners; and
- (d) Review of applicable state and federal laws and rules.

(3) The 20-hours of education for initial certification may be applied to the 30 hours of continuing education required under section 465.009, F.S.

(4) The Board shall approve an 8-hour continuing education course offered by an ACPE accredited provider to be completed by a pharmacist who practices under a collaborative pharmacy practice each biennial license renewal period. The course shall provide a review of the material covered in the initial certification course and any applicable updated information.

**64B16-26.XXXX Certification for Testing or Screening for and Treating Minor, Nonchronic Health Conditions.**

(1) An application for certification to test or screen for and treat minor, nonchronic health conditions shall be made on Board approved form DH-MQA XXXX, "Board of Pharmacy Test and Treat Certification Application," dated XX/20, which is hereby incorporated by reference. To obtain an application go to XXXXXX, or contact the Board of Pharmacy at 4052 Bald Cypress Way, Bin #C04, Tallahassee, FL 32399-3254 or (850)488-0595, or download the application from the web at <http://www.doh.state.fl.us/mqa/pharmacy>.

(2) The Board shall approve a 20-hour education course offered by an Accreditation Council of Pharmacy Education (ACPE) accredited provider for initial certification to test or screen for and treat minor, nonchronic health conditions. The course, at a minimum, shall cover all of the following:

- (a) Patient assessments;
- (b) Point-of-care testing procedures;
- (c) Safe and effective treatment of minor, nonchronic health conditions;
- (d) Identification of contraindications;
- (e) Applicable state and federal laws and rules.

(3) The 20-hours of education for initial certification may be applied to the 30 hours of continuing education required under section 465.009, F.S.

(4) The Board shall approve a 3-hour continuing education course offered by an ACPE accredited provider to be completed by a pharmacist providing services under section 465.1895, F.S., each biennial license renewal period. The course shall provide a review of the material covered in the initial certification course and any applicable updated information.

**64B16-27.XXXX Guidelines for Providing Patients with Written Information Advising Patients to Seek Followup Care**

A pharmacist who tests or screens for and treats minor, nonchronic health conditions in accordance with section 465.1895, F.S., must provide a patient with written information advising the patient to followup with his or her primary care provider when:

- (1) The written protocol between the pharmacist and the supervising physician requires the pharmacist to advise the patient to followup with his or her primary care provider.
- (2) The pharmacist determines in his or her professional judgment that the patient should followup with his or her primary care provider.

**64B16-27.XXXX Formulary of Drugs for Treating Minor, Nonchronic Health Conditions**

A pharmacist certified to treat minor, nonchronic health conditions in accordance with section 465.1895, F.S., may prescribe any medicinal drug for the treatment of a minor, nonchronic health condition that is:

- (1) Not a controlled substance as described in section 893.03, F.S., or 21 U.S.C. section 812;
- (2) Approved by the United States Food and Drug Administration; and
- (3) Indicated for treatment of the minor, nonchronic health condition.

# FLORIDA BOARD OF PHARMACY

June 8, 2020



Dear Dr. Zachariah,

On March 11, 2020, CS/HB 389 Practice of Pharmacy was approved by the Governor and is effective July 1, 2020. This bill authorizes a pharmacist, who meets certain qualifications, to enter into a collaborative pharmacy practice agreement with a physician to manage chronic health conditions. It also authorizes a pharmacist, who meets certain qualifications, to test or screen for and treat minor, non-chronic health conditions within the framework of a written protocol with a supervising physician.

The Board of Pharmacy must consult with the Boards of Medicine and Osteopathic Medicine to develop rules to implement certain provisions of the bill. The first draft of the proposed rules has been provided to your Board identifying the sections in which consultation is required. The Board of Pharmacy will hold a Rules Committee meeting on June 25, 2020 at 1:00 p.m. ET wherein we invite two representatives from the Board of Medicine to participate in rulemaking discussion. Multi-board collaboration will ensure quality rules are produced. Please inform the Board of Pharmacy, through your Executive Director, of your chosen representatives so that we may provide them with the meeting materials.

The Board of Pharmacy looks forward to working with the Board of Medicine to implement this bill. Together, we will continue to protect, promote, and improve the health of all people in Florida.

Sincerely,

Jessica Sapp, Executive Director  
*on behalf of*

Jeffrey Mesaros, PharmD, J.D., Rules Committee Chair

**Richard Montgomery, BPharm, MBA,**  
Chair  
Orlando, FL

**Jonathan Hickman, PharmD,**  
Vice-Chair  
Tallahassee, FL

**Mark Mikhael, PharmD**  
Orlando, FL

**Blanca R. Rivera, PharmD, MBA**  
Miami, FL

**Jeffrey J. Mesaros, PharmD, JD**  
Orlando, FL

**Jeenu Philip, BPharm**  
Jacksonville, FL

**David Wright, BPharm**  
Fort Pierce, FL

**Gavin Meshad**  
Consumer Member  
Jacksonville, FL

# FLORIDA BOARD OF PHARMACY



June 8, 2020

Dear Dr. Rose,

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The Board of Pharmacy must consult with the Boards of Medicine and Osteopathic Medicine to develop rules to implement certain provisions of the bill. The first draft of the proposed rules has been provided to your Board identifying the sections in which consultation is required. The Board of Pharmacy will hold a Rules Committee meeting on June 25, 2020 at 1:00 p.m. ET wherein we invite two representatives from the Board of Osteopathic Medicine to participate in rulemaking discussion. Multi-board collaboration will ensure quality rules are produced. Please inform the Board of Pharmacy, through your Executive Director, of your chosen representatives so that we may provide them with the meeting materials.

The Board of Pharmacy looks forward to working with the Board of Osteopathic Medicine to implement this bill. Together, we will continue to protect, promote, and improve the health of all people in Florida.

Sincerely,

Jessica Sapp, Executive Director  
*on behalf of*

Jeffrey Mesaros, PharmD, J.D., Rules Committee Chair

**Richard Montgomery, BPharm, MBA,**  
Chair  
Orlando, FL

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Vice-Chair  
Tallahassee, FL

**Mark Mikhael, PharmD**  
Orlando, FL

**Blanca R. Rivera, PharmD, MBA**  
Miami, FL

**Jeffrey J. Mesaros, PharmD, JD**  
Orlando, FL

**Jeenu Philip, BPharm**  
Jacksonville, FL

**David Wright, BPharm**  
Fort Pierce, FL

**Gavin Meshad**  
Consumer Member  
Jacksonville, FL

**From:** [Sapp, Jessica](#)  
**To:** [Monroe, Kama](#); [Taylor, Carol](#)  
**Cc:** [Kemp, Claudia J](#)  
**Subject:** BOOM Representatives  
**Date:** Tuesday, June 9, 2020 2:26:20 PM

---

Hi Kama and Carol,

From your call today, I understand that Dr. Mendez and Dr. Schwemmer were selected as your Board's representatives. Please let them know, as well as the rest of your Board, that our June 25 meeting begins at 9:00 a.m., not 1:00 p.m. We discussed two different times and I did not amend the letter when 9:00 a.m. was finalized so I apologize for the typo.

Claudia- Will you also let your Board know as you all are still deciding on your representatives?

Thank you!

**Jessica Sapp**

**Executive Director**

Department of Health | Division of Medical Quality Assurance

Bureau of Health Care Practitioner Regulation

4052 Bald Cypress Way Bin C-04

Tallahassee, FL 32399-1708

Phone 850/245-4463

[www.FloridasDentistry.gov](http://www.FloridasDentistry.gov)

[www.FloridasPharmacy.gov](http://www.FloridasPharmacy.gov)



**Mission:** To protect, promote and improve the health of all people in Florida through integrated state, county and community efforts.

**Note:** Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your email communication may therefore be subject to public disclosure.



March 30, 2020

Richard Montgomery, BPharm, MBA  
Chair  
Florida Board of Pharmacy  
4052 Bald Cypress Way Bin C-04  
Tallahassee FL, 32399-3258

***Re: HB 389 - Boards of Pharmacy, Medicine and Osteopathic Medicine Joint Committee***

Dear Mr. Montgomery,

On March 11, 2020, Governor Ron DeSantis signed into law House Bill 389 which greatly expands the role pharmacists play in Florida's healthcare system. HB 389 is best characterized as having two major pieces of legislation wrapped up in one. First, it creates a collaborative pharmacy practice agreement between a physician and pharmacist for the management of chronic conditions and second, establishes a protocol for pharmacists that may test and treat for minor, nonchronic conditions.

HB 389 calls for the promulgation of several rules by the Board of Pharmacy in consultation with the Boards of Medicine and Osteopathic Medicine. It is the role of all three boards to protect the public and to assure competency and safety to practice in their respective service for the people of Florida. In order for that mission to be accomplished in regard to HB 389, it is imperative that all three boards have a seat at the table so that the proper expertise can be shared. Rules that must be developed in consultation include the following:

Chronic conditions under a collaborative pharmacy practice agreement –

- **Chronic conditions** – HB 389 defines “chronic health conditions” as arthritis, asthma, COPD, type 2 diabetes, HIV/AIDS, obesity, or any other chronic condition adopted in rule by the Board of Pharmacy (BOP), in consultation with the Board of Medicine (BOM) and Board of Osteopathic Medicine (BOOM).
- **Certification Criteria** – In order to provide services under a collaborative pharmacy practice agreement, the BOP must certify the pharmacist according to rules adopted in consultation with the BOM and BOOM.
- **Educational Requirements** – In order to be certified to provide services under a collaborative pharmacy practice agreement, the pharmacist must complete an initial 20-hour course approved by the BOP in consultation with the BOM and BOOM.
- **Implementation** – all other rules required to implement this section shall be done in consultation with the BOM and BOOM.

Minor, non-chronic conditions under a protocol –



- **Certification Criteria** – In order to provide services under a protocol agreement to test and treat for minor, non-chronic conditions, the BOP must certify the pharmacist in accordance to requirements established by rule in consultation with the BOM and BOOM.
- **Educational Requirements** – In order to be certified to test and treat for minor, nonchronic health conditions, the pharmacist must complete an initial 20-hour course approved by the BOP in consultation with the BOM and BOOM.
- **Protocol Requirements** – HB 389 sets the minimum requirements for what a protocol must contain and allows for other requirements as established by rule in consultation with the BOM and BOOM.

While HB 389 does not mandate the Board of Pharmacy adopt rules in consultation in other areas of the legislation, such as establishing the drug formulary and guidelines for providing medical record information to patients for physician follow-up, it would be best practice for the three boards to continue to collaborate. The FMA believes that the BOP would benefit from the presence of BOM and BOOM members throughout the rulemaking process.

The Florida Medical Association hereby respectfully requests that the Board of Pharmacy create a Joint Committee with the Boards of Medicine and Osteopathic Medicine in order to collaborate and streamline the rulemaking process.

Thank you for your consideration in this matter. If you have any questions, please do not hesitate to contact me via email at [MThomas@flmedical.org](mailto:MThomas@flmedical.org) or by telephone at 850-224-6496.

Sincerely,

Mary Thomas, Esq.  
Assistant General Counsel  
Florida Medical Association

Cc: Zachariah Zachariah, M.D., Chair, Board of Medicine  
Joel Rose, D.O., Chair, Board of Osteopathic Medicine

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April 7, 2020

Richard Montgomery, BPharm, MBA  
Chair Florida Board of Pharmacy  
4052 Bald Cypress Way, Bin C-04  
Tallahassee, FL 32399-3258

Re: HB 389 – Board of Pharmacy, Medicine and Osteopathic Medicine Joint Committee

Dear Mr. Montgomery,

As General Counsel to the Florida Osteopathic Medical Association (FOMA), please accept this letter on behalf of the FOMA requesting the Board of Pharmacy create a Joint Committee with the Boards of Medicine and Osteopathic Medicine for rulemaking regarding HB389.

As you are aware, HB389 passed during the 2020 Legislative Session, and Governor DeSantis signed the bill into law on March 11, 2020, expanding the role of pharmacists in Florida. There are two major components to this new law: creating a collaborative pharmacy practice agreement between a physician and pharmacist for the management of chronic conditions; and, establishing a protocol for pharmacists that may test and treat for minor, non-chronic conditions.

## **CHRONIC HEALTH CONDITIONS**

HB389 defines **chronic health conditions** as: Arthritis, Asthma, Chronic obstructive pulmonary diseases, type 2 diabetes, human immunodeficiency virus or acquired immune deficiency syndrome, obesity, or any other chronic condition adopted in rule by the board, in consultation with the Boards of Medicine and Board of Osteopathic Medicine. (465.1865(1)(b), (FS)).

Also, HB389 requires the Board of Pharmacy to collaborate with the Boards of Medicine and Osteopathic Medicine to: 1. certify pharmacists under a collaborative agreement; 2. Provide an approved 20-hour course; and, 3. Any other rules required to implement HB389.

## **NON-CHRONIC & MINOR CONDITIONS**

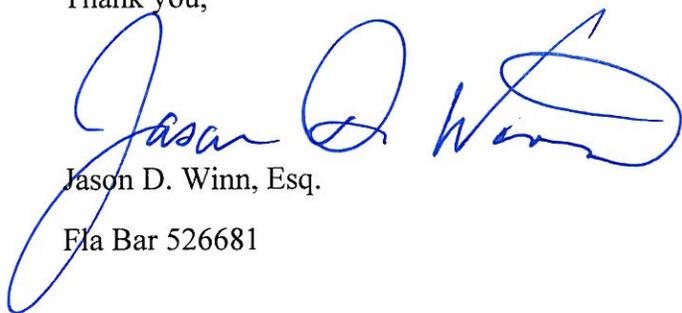
HB389 defines non-chronic & minor conditions as: Influenza, Streptococcus, lice, skin conditions such as ringworm and athlete's foot, and minor uncomplicated infections. Again, this new law requires consultation by this Board with the Boards of Medicine and Osteopathic Medicine to: 1. Set requirements for certification of pharmacists to test and treat for non-chronic and minor conditions; 2. Provide an approved 20-hour course; 3.

Set the minimum requirements for what a protocol must contain; and, 4. Any other requirements established by rule.

The FOMA supports the FMA's letter dated March 30, 2020 in requesting the Board of Pharmacy create a Joint Committee with the Boards of Medicine and Osteopathic Medicine in order to collaborate during the rulemaking process. The FOMA supports the position that the Board of Pharmacy would benefit from the inclusion of members from the Board of Medicine and Board of Osteopathic Medicine.

Thank you for your time in this matter, and please contact me via email at [jwinn@jwinnlaw.com](mailto:jwinn@jwinnlaw.com) or by phone at 850/519-5876.

Thank you,

A handwritten signature in blue ink, reading "Jason D. Winn, Esq.", with a large, stylized flourish on the left side.

Jason D. Winn, Esq.

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CC: Zachariah Zachariah, MD, Chair of Board of Medicine

Joel Rose, DO, Chair of Board of Osteopathic Medicine