

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 573 Physician Assistants
SPONSOR(S): Health Care Regulation Policy Committee; Kreegel
TIED BILLS: **IDEN./SIM. BILLS:**

	REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1)	<u>Health Care Regulation Policy Committee</u>	<u>11 Y, 0 N, As CS</u>	<u>Guy</u>	<u>Calamas</u>
2)	<u>Health & Family Services Policy Council</u>	<u>13 Y, 0 N</u>	<u>Guy</u>	<u>Gormley</u>
3)	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
4)	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>
5)	<u>_____</u>	<u>_____</u>	<u>_____</u>	<u>_____</u>

SUMMARY ANALYSIS

Committee Substitute for House Bill 573 deletes the requirement that a physician assistant have at least three months of clinical experience in the specialty of the supervising physician. A licensed physician assistant will be allowed to practice and prescribe medication immediately upon the establishment of a supervisory relationship with a physician.

The bill authorizes the Florida Department of Health (DOH) to accept physician assistant licensure applications and supporting documentation electronically.

The bill appears to have no fiscal impact to state or local government.

CS/HB 573 provides an effective date of July 1, 2010.

HOUSE PRINCIPLES

Members are encouraged to evaluate proposed legislation in light of the following guiding principles of the House of Representatives

- Balance the state budget.
- Create a legal and regulatory environment that fosters economic growth and job creation.
- Lower the tax burden on families and businesses.
- Reverse or restrain the growth of government.
- Promote public safety.
- Promote educational accountability, excellence, and choice.
- Foster respect for the family and for innocent human life.
- Protect Florida's natural beauty.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Current Situation

Sections 458.347(7), and 459.022(7), F.S., govern the licensure of physician assistants (PAs) in Florida. Physician assistants are licensed by the Department of Health (DOH) and are regulated by the Florida Council on Physician Assistants (Council) and either the Florida Board of Medicine (Board of Medicine) for PAs licensed under Chapter 458, F.S., or the Florida Board of Osteopathic Medicine (Osteopathic Board) for PAs licensed under Chapter 459, F.S. Currently there are a total of 4,966 licensed PAs in Florida: 3,656 with prescribing authority and 1,310 without prescribing authority.¹

Physician assistants may only practice under the direct or indirect supervision of a medical doctor or doctor of osteopathic medicine with whom they have a clinical relationship. A supervising physician may only delegate tasks and procedures to the physician assistant that are within the supervising physician's scope of practice.² The supervising physician is responsible and liable for any and all acts of the PA and may only supervise up to four PAs at any time.³

PAs are regulated through the respective physician practice acts.⁴ Each of the medical practice acts has a corresponding board (i.e., the Board of Medicine and Osteopathic Board). The duty of the Boards and its members is to make disciplinary decisions concerning whether a doctor or PA was practicing medicine within the confines of their practice act.⁵

The Florida Council on Physician Assistants (Council) was created in 1995 to recommend the licensure requirements (including educational and training requirements) for PAs, establish a list of formulary drugs that a PA may not prescribe, and develop rules for the use of PAs by doctors to ensure that the continuity of supervision is maintained in each practice setting throughout the state.⁶ The Council is composed of five members: three physicians who are members of the Board of Medicine; one physician who is a member of the Board of Osteopathic Medicine; and one licensed PA.⁷ Two physician members of the Council must supervise physician assistants.⁸ The Council and the medical

¹ Teleconference with Department of Health staff, February 24, 2010 (notes on file with the Committee).

² Rule 64B8-30.012(1), F.A.C., and Rule 64B15-6.010(1), F.A.C.

³ s. 458.347(3), F.S., and s. 459.022(3), F.S.

⁴ Chs. 458 and 459, F.S.

⁵ s. 458.347(12), F.S., and s. 459.022(12), F.S.

⁶ s. 458.347(9), F.S., and s. 459.002(9), F.S.

⁷ *Id.*

⁸ *Id.*

boards both have regulatory functions related to PAs: The Council is responsible for licensing PAs; and the boards are responsible for disciplining PA licensees.

Licensure

To become licensed as a PA in Florida, an applicant must demonstrate to the Council:⁹

- Passage of the National Commission on Certification of Physician Assistant exam;
- Completion of the application, the format of which is approved by the Council and includes:
 - certificate of completion of a PA training program;
 - sworn, notarized statement of felony convictions; and
 - sworn statement of denial or revocation of licensure in any state.
- Two letters of recommendation from physicians;¹⁰
- Payment of a licensure fee; and
- Completion of a two hour course on the prevention of medical errors, error reduction and prevention, and patient safety.¹¹

The Council does not currently accept initial licensure and renewal applications electronically. However, DOH is implementing the infrastructure to do so and the Council is scheduled to have this capability by the end of 2010.¹²

Licensure renewal occurs biennially.¹³ At the time of renewal, a PA must submit a sworn statement that he or she has had no felony convictions in the previous two years.¹⁴ Furthermore, all PAs are required to complete 100 hours of continuing medical education (CME) biennially.¹⁵ Renewal is subject to specific CME subject matter requirements prescribed in Rules 64B8-30.005, and 64B15-6.0035, F.A.C.

Supervision

A supervising doctor may only delegate tasks and procedures to PA that are within the supervising doctor's scope of practice.¹⁶ The physician may provide direct or indirect supervision. All tasks and procedures performed by the PA must be documented in the appropriate medical record. It is the responsibility of the supervising doctor to ensure that the PA is knowledgeable and skilled in performing the tasks and procedures assigned. The supervising physician is responsible and liable for any and all acts of the PA.

Prescribing and Non-prescribing Physician Assistants

The Council licenses two types of PAs: non-prescribing and prescribing. Prescribing PAs have the authority to prescribe and dispense medications used in the supervising physician's practice, subject to exclusion by the PA formulary.¹⁷ A prescribing PA is not allowed to prescribe controlled substances.¹⁸ Prescribing PAs are required to demonstrate three months of clinical experience in the specialty area of their supervising physician prior to being authorized to prescribe or dispense medication.¹⁹ Prior to licensure, prescribing PAs must complete a Board-approved three hour prescriptive practice course²⁰

⁹ s. 458.347(7), F.S., and s. 459.022(7), F.S.

¹⁰ Rule 64B8-30.003(1), F.A.C., and Rule 64B15-6.003(1), F.A.C.

¹¹ Rule 64B8-30.003(3), F.A.C., and Rule 64B15-6.003(4), F.A.C.

¹² Teleconference with Department of Health staff, February 24, 2010 (notes on file with the Committee).

¹³ s. 458.347(7)(c), F.S. Rule 64B8-30.019, F.A.C., establishes the initial licensure and renewal fee schedule. s. 459.022(7)(b), F.S. Rule 64B15-6.013, F.A.C., establishes the initial licensure and renewal fee schedule.

¹⁴ s. 458.347(7)(c)2, F.S., and s. 459.022(7)(b)2, F.S.

¹⁵ s. 458.347(7)(d), F.S., and s. 459.022(7)(c), F.S.

¹⁶ Rule 64B8-30.012(1), F.A.C., and Rule 64B15-6.010(1), F.A.C.

¹⁷ s. 458.347(4)(e), F.S., and s. 459.022(4)(e), F.S.

¹⁸ s. 458.347(4)(f)1, F.S.

¹⁹ s. 458.347(4)(e)4, F.S., and s. 459.022(4)(e)4, F.S. Generally, Rule 64B8-30.003(5), F.A.C., and Rule 64B15-6.003(5), F.A.C., direct the licensure of prescribing physician assistants.

²⁰ Rule 64B8-30.003(5)(b), F.A.C., and Rule 64B15-6.033(5)(b), F.A.C.

and they must file for licensure jointly with their supervising physician.²¹ For licensure renewal, prescribing PAs must complete an additional 10 hours in the specialty area in which the PA practices.²²

Each supervising doctor and prescribing PA must keep a written agreement (or protocol) that outlines the intent to delegate prescribing authority and which non-controlled substances the PA is authorized to prescribe. The agreement must be signed and dated by all parties and maintained on file for at least five years; and a copy must be provided to the respective board or council upon request. The PA is restricted to prescribing drugs that are used in the supervising doctor's practice.²³

Effect of Proposed Changes

Committee Substitute for House Bill 573 deletes the requirement that a physician assistant have at least three months of clinical experience in the specialty of the supervising physician. The practical effect of this provision is to allow a prescribing PA to prescribe medication immediately upon the establishment of a supervisory relationship with a physician.

The bill gives DOH the authority to accept physician assistant licensure applications and supporting documentation electronically.

B. SECTION DIRECTORY:

Section 1: Amending s. 458.347, F.S., relating to physician assistants.

Section 2: Amending s. 458.348, F.S., relating to formal supervisory relationships, standing orders, and established protocols; notice; standards.

Section 3: Amending s. 459.022, F.S., relating to physician assistants.

Section 4: Amending s. 459.025, F.S., relating to formal supervisory relationships, standing orders, and established protocols; notice; standards.

Section 5: Providing an effective date of July 1, 2010.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

²¹ Rule 64B8-30.003(5)(a), F.A.C., and Rule 64B15-6.003(5)(a), F.A.C.

²² s. 458.347(4)(e)5, F.S., and s. 459.022, (4)(e)5, F.S.

²³ s. 458.347(4)(e), F.S., and s. 459.022(4)(e), F.S.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

The bill does not appear to require counties or municipalities to take an action requiring the expenditure of funds, reduce the authority that counties or municipalities have to raise revenue in the aggregate, nor reduce the percentage of state tax shared with counties or municipalities.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The Department of Health has sufficient rule-making authority to implement provisions of this bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COUNCIL OR COMMITTEE SUBSTITUTE CHANGES

On March 1, 2010, the Health Care Regulation Policy Committee adopted one strike-all amendment to House Bill 573.

The strike-all amendment removes the bill requirement that physician assistant applicants undergo state and federal criminal background checks prior to initial licensure by the Department of Health.

The bill was reported favorably as a Committee Substitute. This analysis reflects the committee substitute.