

1 A bill to be entitled
 2 An act relating to physician assistants; amending ss.
 3 458.347 and 459.022, F.S.; revising requirements for
 4 physician assistants to prescribe or dispense
 5 medicinal drugs; authorizing, rather than requiring,
 6 the Department of Health to issue a prescriber number
 7 to physician assistants granting authority to
 8 prescribe medicinal drugs; providing that a physician
 9 assistant applying for prescribing authority must
 10 submit course transcripts and a copy of the course
 11 description in addition to other licensure application
 12 requirements; conforming provisions to changes made by
 13 the act; amending ss. 458.348 and 459.025, F.S.;
 14 conforming cross-references; providing an effective
 15 date.

16
 17 Be It Enacted by the Legislature of the State of Florida:

18
 19 Section 1. Paragraphs (e) and (f) of subsection (4) and
 20 paragraph (a) of subsection (7) of section 458.347, Florida
 21 Statutes, are amended to read:

22 458.347 Physician assistants.—

23 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

24 (e) A supervisory physician may delegate to a fully
 25 licensed physician assistant the authority to prescribe or
 26 dispense any medication used in the supervisory physician's
 27 practice unless such medication is listed on the formulary
 28 created pursuant to paragraph (f). A fully licensed physician

29 assistant may only prescribe or dispense such medication under
30 the following circumstances:

31 1. A physician assistant must clearly identify to the
32 patient that he or she is a physician assistant. Furthermore,
33 the physician assistant must inform the patient that the patient
34 has the right to see the physician prior to any prescription
35 being prescribed or dispensed by the physician assistant.

36 2. The supervisory physician must notify the department of
37 his or her intent to delegate, on a department-approved form,
38 before delegating such authority and notify the department of
39 any change in prescriptive privileges of the physician
40 assistant. Authority to dispense may be delegated only by a
41 supervising physician who is registered as a dispensing
42 practitioner in compliance with s. 465.0276.

43 ~~3. The physician assistant must file with the department,~~
44 ~~before commencing to prescribe or dispense, evidence that he or~~
45 ~~she has completed a continuing medical education course of at~~
46 ~~least 3 classroom hours in prescriptive practice, conducted by~~
47 ~~an accredited program approved by the boards, which course~~
48 ~~covers the limitations, responsibilities, and privileges~~
49 ~~involved in prescribing medicinal drugs, or evidence that he or~~
50 ~~she has received education comparable to the continuing~~
51 ~~education course as part of an accredited physician assistant~~
52 ~~training program.~~

53 3.4. The physician assistant must file with the department
54 a signed affidavit that he or she has completed a minimum of 10
55 continuing medical education hours in the specialty practice in
56 which the physician assistant has prescriptive privileges with

57 each licensure renewal application.

58 ~~4.5.~~ The department may ~~shall~~ issue ~~a license~~ and a
59 prescriber number to the physician assistant granting authority
60 for the prescribing of medicinal drugs authorized within this
61 paragraph upon completion of the foregoing requirements. The
62 physician assistant shall not be required to independently
63 register pursuant to s. 465.0276.

64 ~~5.6.~~ The prescription must be written in a form that
65 complies with chapter 499 and must contain, in addition to the
66 supervisory physician's name, address, and telephone number, the
67 physician assistant's prescriber number. Unless it is a drug or
68 drug sample dispensed by the physician assistant, the
69 prescription must be filled in a pharmacy permitted under
70 chapter 465 and must be dispensed in that pharmacy by a
71 pharmacist licensed under chapter 465. The appearance of the
72 prescriber number creates a presumption that the physician
73 assistant is authorized to prescribe the medicinal drug and the
74 prescription is valid.

75 ~~6.7.~~ The physician assistant must note the prescription or
76 dispensing of medication in the appropriate medical record.

77 ~~7.8.~~ This paragraph does not prohibit a supervisory
78 physician from delegating to a physician assistant the authority
79 to order medication for a hospitalized patient of the
80 supervisory physician.

81
82 This paragraph does not apply to facilities licensed pursuant to
83 chapter 395.

84 (f)1. The council shall establish a formulary of medicinal

85 | drugs that a fully licensed physician assistant having
 86 | prescribing authority, ~~licensed~~ under this section or s.
 87 | 459.022, may not prescribe. The formulary must include
 88 | controlled substances as defined in chapter 893, general
 89 | anesthetics, and radiographic contrast materials.

90 | 2. In establishing the formulary, the council shall
 91 | consult with a pharmacist licensed under chapter 465, but not
 92 | licensed under this chapter or chapter 459, who shall be
 93 | selected by the State Surgeon General.

94 | 3. Only the council shall add to, delete from, or modify
 95 | the formulary. Any person who requests an addition, deletion, or
 96 | modification of a medicinal drug listed on such formulary has
 97 | the burden of proof to show cause why such addition, deletion,
 98 | or modification should be made.

99 | 4. The boards shall adopt the formulary required by this
 100 | paragraph, and each addition, deletion, or modification to the
 101 | formulary, by rule. Notwithstanding any provision of chapter 120
 102 | to the contrary, the formulary rule shall be effective 60 days
 103 | after the date it is filed with the Secretary of State. Upon
 104 | adoption of the formulary, the department shall mail a copy of
 105 | such formulary to each fully licensed physician assistant having
 106 | prescribing authority, ~~licensed~~ under this section or s.
 107 | 459.022, and to each pharmacy licensed by the state. The boards
 108 | shall establish, by rule, a fee not to exceed \$200 to fund the
 109 | provisions of this paragraph and paragraph (e).

110 | (7) PHYSICIAN ASSISTANT LICENSURE.—

111 | (a) Any person desiring to be licensed as a physician
 112 | assistant must apply to the department. The department shall

113 | issue a license to any person certified by the council as having
114 | met the following requirements:

115 | 1. Is at least 18 years of age.

116 | 2. Has satisfactorily passed a proficiency examination by
117 | an acceptable score established by the National Commission on
118 | Certification of Physician Assistants. If an applicant does not
119 | hold a current certificate issued by the National Commission on
120 | Certification of Physician Assistants and has not actively
121 | practiced as a physician assistant within the immediately
122 | preceding 4 years, the applicant must retake and successfully
123 | complete the entry-level examination of the National Commission
124 | on Certification of Physician Assistants to be eligible for
125 | licensure.

126 | 3. Has completed the application form and remitted an
127 | application fee not to exceed \$300 as set by the boards. An
128 | application for licensure made by a physician assistant must
129 | include:

130 | a. A certificate of completion of a physician assistant
131 | training program specified in subsection (6).

132 | b. A sworn statement of any prior felony convictions.

133 | c. A sworn statement of any previous revocation or denial
134 | of licensure or certification in any state.

135 | d. Two letters of recommendation.

136 | e. A copy of course transcripts and a copy of the course
137 | description from a physician assistant training program
138 | describing course content in pharmacotherapy, if the applicant
139 | wishes to apply for prescribing authority. These documents must
140 | meet the evidence requirements for prescribing authority.

141 Section 2. Paragraph (e) of subsection (4) and paragraph
 142 (a) of subsection (7) of section 459.022, Florida Statutes, are
 143 amended to read:

144 459.022 Physician assistants.—

145 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

146 (e) A supervisory physician may delegate to a fully
 147 licensed physician assistant the authority to prescribe or
 148 dispense any medication used in the supervisory physician's
 149 practice unless such medication is listed on the formulary
 150 created pursuant to s. 458.347. A fully licensed physician
 151 assistant may only prescribe or dispense such medication under
 152 the following circumstances:

153 1. A physician assistant must clearly identify to the
 154 patient that she or he is a physician assistant. Furthermore,
 155 the physician assistant must inform the patient that the patient
 156 has the right to see the physician prior to any prescription
 157 being prescribed or dispensed by the physician assistant.

158 2. The supervisory physician must notify the department of
 159 her or his intent to delegate, on a department-approved form,
 160 before delegating such authority and notify the department of
 161 any change in prescriptive privileges of the physician
 162 assistant. Authority to dispense may be delegated only by a
 163 supervisory physician who is registered as a dispensing
 164 practitioner in compliance with s. 465.0276.

165 ~~3. The physician assistant must file with the department,~~
 166 ~~before commencing to prescribe or dispense, evidence that she or~~
 167 ~~he has completed a continuing medical education course of at~~
 168 ~~least 3 classroom hours in prescriptive practice, conducted by~~

169 ~~an accredited program approved by the boards, which course~~
170 ~~covers the limitations, responsibilities, and privileges~~
171 ~~involved in prescribing medicinal drugs, or evidence that she or~~
172 ~~he has received education comparable to the continuing education~~
173 ~~course as part of an accredited physician assistant training~~
174 ~~program.~~

175 3.4. The physician assistant must file with the department
176 a signed affidavit that she or he has completed a minimum of 10
177 continuing medical education hours in the specialty practice in
178 which the physician assistant has prescriptive privileges with
179 each licensure renewal application.

180 4.5. The department may ~~shall~~ issue a ~~license~~ and a
181 prescriber number to the physician assistant granting authority
182 for the prescribing of medicinal drugs authorized within this
183 paragraph upon completion of the foregoing requirements. The
184 physician assistant shall not be required to independently
185 register pursuant to s. 465.0276.

186 5.6. The prescription must be written in a form that
187 complies with chapter 499 and must contain, in addition to the
188 supervisory physician's name, address, and telephone number, the
189 physician assistant's prescriber number. Unless it is a drug or
190 drug sample dispensed by the physician assistant, the
191 prescription must be filled in a pharmacy permitted under
192 chapter 465, and must be dispensed in that pharmacy by a
193 pharmacist licensed under chapter 465. The appearance of the
194 prescriber number creates a presumption that the physician
195 assistant is authorized to prescribe the medicinal drug and the
196 prescription is valid.

197 ~~6.7.~~ The physician assistant must note the prescription or
 198 dispensing of medication in the appropriate medical record.

199 ~~7.8.~~ This paragraph does not prohibit a supervisory
 200 physician from delegating to a physician assistant the authority
 201 to order medication for a hospitalized patient of the
 202 supervisory physician.

203
 204 This paragraph does not apply to facilities licensed pursuant to
 205 chapter 395.

206 (7) PHYSICIAN ASSISTANT LICENSURE.—

207 (a) Any person desiring to be licensed as a physician
 208 assistant must apply to the department. The department shall
 209 issue a license to any person certified by the council as having
 210 met the following requirements:

211 1. Is at least 18 years of age.

212 2. Has satisfactorily passed a proficiency examination by
 213 an acceptable score established by the National Commission on
 214 Certification of Physician Assistants. If an applicant does not
 215 hold a current certificate issued by the National Commission on
 216 Certification of Physician Assistants and has not actively
 217 practiced as a physician assistant within the immediately
 218 preceding 4 years, the applicant must retake and successfully
 219 complete the entry-level examination of the National Commission
 220 on Certification of Physician Assistants to be eligible for
 221 licensure.

222 3. Has completed the application form and remitted an
 223 application fee not to exceed \$300 as set by the boards. An
 224 application for licensure made by a physician assistant must

225 include:

226 a. A certificate of completion of a physician assistant
227 training program specified in subsection (6).

228 b. A sworn statement of any prior felony convictions.

229 c. A sworn statement of any previous revocation or denial
230 of licensure or certification in any state.

231 d. Two letters of recommendation.

232 e. A copy of course transcripts and a copy of the course
233 description from a physician assistant training program
234 describing course content in pharmacotherapy, if the applicant
235 wishes to apply for prescribing authority. These documents must
236 meet the evidence requirements for prescribing authority.

237 (b) The licensure must be renewed biennially. Each renewal
238 must include:

239 1. A renewal fee not to exceed \$500 as set by the boards.

240 2. A sworn statement of no felony convictions in the
241 previous 2 years.

242 Section 3. Paragraph (c) of subsection (4) of section
243 458.348, Florida Statutes, is amended to read:

244 458.348 Formal supervisory relationships, standing orders,
245 and established protocols; notice; standards.—

246 (4) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—

247 A physician who supervises an advanced registered nurse
248 practitioner or physician assistant at a medical office other
249 than the physician's primary practice location, where the
250 advanced registered nurse practitioner or physician assistant is
251 not under the onsite supervision of a supervising physician,
252 must comply with the standards set forth in this subsection. For

253 the purpose of this subsection, a physician's "primary practice
254 location" means the address reflected on the physician's profile
255 published pursuant to s. 456.041.

256 (c) A physician who supervises an advanced registered
257 nurse practitioner or physician assistant at a medical office
258 other than the physician's primary practice location, where the
259 advanced registered nurse practitioner or physician assistant is
260 not under the onsite supervision of a supervising physician and
261 the services offered at the office are primarily dermatologic or
262 skin care services, which include aesthetic skin care services
263 other than plastic surgery, must comply with the standards
264 listed in subparagraphs 1.-4. Notwithstanding s. 458.347(4)(e)6.
265 ~~458.347(4)(e)7.~~, a physician supervising a physician assistant
266 pursuant to this paragraph may not be required to review and
267 cosign charts or medical records prepared by such physician
268 assistant.

269 1. The physician shall submit to the board the addresses
270 of all offices where he or she is supervising an advanced
271 registered nurse practitioner or a physician's assistant which
272 are not the physician's primary practice location.

273 2. The physician must be board certified or board eligible
274 in dermatology or plastic surgery as recognized by the board
275 pursuant to s. 458.3312.

276 3. All such offices that are not the physician's primary
277 place of practice must be within 25 miles of the physician's
278 primary place of practice or in a county that is contiguous to
279 the county of the physician's primary place of practice.

280 However, the distance between any of the offices may not exceed

281 75 miles.

282 4. The physician may supervise only one office other than
283 the physician's primary place of practice except that until July
284 1, 2011, the physician may supervise up to two medical offices
285 other than the physician's primary place of practice if the
286 addresses of the offices are submitted to the board before July
287 1, 2006. Effective July 1, 2011, the physician may supervise
288 only one office other than the physician's primary place of
289 practice, regardless of when the addresses of the offices were
290 submitted to the board.

291 Section 4. Paragraph (c) of subsection (3) of section
292 459.025, Florida Statutes, is amended to read:

293 459.025 Formal supervisory relationships, standing orders,
294 and established protocols; notice; standards.—

295 (3) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—

296 An osteopathic physician who supervises an advanced registered
297 nurse practitioner or physician assistant at a medical office
298 other than the osteopathic physician's primary practice
299 location, where the advanced registered nurse practitioner or
300 physician assistant is not under the onsite supervision of a
301 supervising osteopathic physician, must comply with the
302 standards set forth in this subsection. For the purpose of this
303 subsection, an osteopathic physician's "primary practice
304 location" means the address reflected on the physician's profile
305 published pursuant to s. 456.041.

306 (c) An osteopathic physician who supervises an advanced
307 registered nurse practitioner or physician assistant at a
308 medical office other than the osteopathic physician's primary

309 practice location, where the advanced registered nurse
310 practitioner or physician assistant is not under the onsite
311 supervision of a supervising osteopathic physician and the
312 services offered at the office are primarily dermatologic or
313 skin care services, which include aesthetic skin care services
314 other than plastic surgery, must comply with the standards
315 listed in subparagraphs 1.-4. Notwithstanding s. 459.022(4)(e)6.
316 ~~459.022(4)(e)7.~~, an osteopathic physician supervising a
317 physician assistant pursuant to this paragraph may not be
318 required to review and cosign charts or medical records prepared
319 by such physician assistant.

320 1. The osteopathic physician shall submit to the Board of
321 Osteopathic Medicine the addresses of all offices where he or
322 she is supervising or has a protocol with an advanced registered
323 nurse practitioner or a physician's assistant which are not the
324 osteopathic physician's primary practice location.

325 2. The osteopathic physician must be board certified or
326 board eligible in dermatology or plastic surgery as recognized
327 by the Board of Osteopathic Medicine pursuant to s. 459.0152.

328 3. All such offices that are not the osteopathic
329 physician's primary place of practice must be within 25 miles of
330 the osteopathic physician's primary place of practice or in a
331 county that is contiguous to the county of the osteopathic
332 physician's primary place of practice. However, the distance
333 between any of the offices may not exceed 75 miles.

334 4. The osteopathic physician may supervise only one office
335 other than the osteopathic physician's primary place of practice
336 except that until July 1, 2011, the osteopathic physician may

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337 | supervise up to two medical offices other than the osteopathic
338 | physician's primary place of practice if the addresses of the
339 | offices are submitted to the Board of Osteopathic Medicine
340 | before July 1, 2006. Effective July 1, 2011, the osteopathic
341 | physician may supervise only one office other than the
342 | osteopathic physician's primary place of practice, regardless of
343 | when the addresses of the offices were submitted to the Board of
344 | Osteopathic Medicine.

345 | Section 5. This act shall take effect July 1, 2012.