

Amendment No.

CHAMBER ACTION

Senate

House

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1 Representative Ahern offered the following:

2
3 **Amendment (with title amendment)**

4 Remove lines 193-391 and insert:

5 (I) Forty hours of postlicensure education and clinical
6 training on physiology of the skin, skin conditions, skin
7 disorders, skin diseases, preprocedure and postprocedure skin
8 care, and infection control, or has worked under the supervision
9 of a board-certified dermatologist within the preceding 12
10 months.

11 (II) Forty hours of postlicensure education and clinical
12 training on laser and light technologies and skin applications,
13 or has 6 months of clinical experience working under the

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14 supervision of a board-certified dermatologist who is authorized
15 to perform nonablative aesthetic skin care services.

16 (III) Thirty-two hours of postlicensure education and
17 clinical training on injectables and fillers, or has 6 months of
18 clinical experience working under the supervision of a board-
19 certified dermatologist who is authorized to perform nonablative
20 aesthetic skin care services.

21 b. The physician assistant shall submit to the board
22 documentation evidencing successful completion of the education
23 and training required under this subparagraph.

24 c. For purposes of compliance with s. 458.347(3), a
25 physician who has completed 24 hours of education and clinical
26 training on nonablative aesthetic skin care services, the
27 curriculum of which has been preapproved by the Board of
28 Medicine, is qualified to supervise a physician assistant
29 performing nonablative aesthetic skin care services pursuant to
30 this subparagraph.

31 Section 3. Subsection (3), paragraph (e) of subsection
32 (4), and paragraphs (a), (b), and (d) of subsection (7) of
33 section 459.022, Florida Statutes, are amended to read:

34 459.022 Physician assistants.—

35 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician
36 or group of physicians supervising a licensed physician
37 assistant must be qualified in the medical areas in which the
38 physician assistant is to perform and shall be individually or
39 collectively responsible and liable for the performance and the

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40 acts and omissions of the physician assistant. A physician may
41 not supervise more than eight ~~four~~ currently licensed physician
42 assistants at any one time. A physician supervising a physician
43 assistant pursuant to this section may not be required to review
44 and cosign charts or medical records prepared by such physician
45 assistant. Notwithstanding this subsection, a physician may only
46 supervise up to four physician assistants in medical offices
47 other than the physician's primary practice location pursuant to
48 s. 459.025(3)(c).

49 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

50 (e) A supervisory physician may delegate to a fully
51 licensed physician assistant the authority to prescribe or
52 dispense any medication used in the supervisory physician's
53 practice unless such medication is listed on the formulary
54 created pursuant to s. 458.347. A fully licensed physician
55 assistant may only prescribe or dispense such medication under
56 the following circumstances:

57 1. A physician assistant must clearly identify to the
58 patient that she or he is a physician assistant. Furthermore,
59 the physician assistant must inform the patient that the patient
60 has the right to see the physician prior to any prescription
61 being prescribed or dispensed by the physician assistant.

62 2. The supervisory physician must notify the department of
63 her or his intent to delegate, on a department-approved form,
64 before delegating such authority and notify the department of
65 any change in prescriptive privileges of the physician

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66 assistant. Authority to dispense may be delegated only by a
67 supervisory physician who is registered as a dispensing
68 practitioner in compliance with s. 465.0276.

69 3. The physician assistant must certify to ~~file with~~ the
70 department ~~a signed affidavit~~ that she or he has completed a
71 minimum of 10 continuing medical education hours in the
72 specialty practice in which the physician assistant has
73 prescriptive privileges with each licensure renewal application.

74 4. The department may issue a prescriber number to the
75 physician assistant granting authority for the prescribing of
76 medicinal drugs authorized within this paragraph upon completion
77 of the foregoing requirements. The physician assistant shall not
78 be required to independently register pursuant to s. 465.0276.

79 5. The prescription may ~~must~~ be written or electronic, but
80 must be in a form that complies with ss. 456.0392(1) and
81 456.42(1) ~~chapter 499~~ and must contain, in addition to the
82 supervisory physician's name, address, and telephone number, the
83 physician assistant's prescriber number. Unless it is a drug or
84 drug sample dispensed by the physician assistant, the
85 prescription must be filled in a pharmacy permitted under
86 chapter 465, and must be dispensed in that pharmacy by a
87 pharmacist licensed under chapter 465. The appearance of the
88 prescriber number creates a presumption that the physician
89 assistant is authorized to prescribe the medicinal drug and the
90 prescription is valid.

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91 6. The physician assistant must note the prescription or
92 dispensing of medication in the appropriate medical record.

93 (7) PHYSICIAN ASSISTANT LICENSURE.—

94 (a) Any person desiring to be licensed as a physician
95 assistant must apply to the department. The department shall
96 issue a license to any person certified by the council as having
97 met the following requirements:

98 1. Is at least 18 years of age.

99 2. Has satisfactorily passed a proficiency examination by
100 an acceptable score established by the National Commission on
101 Certification of Physician Assistants. If an applicant does not
102 hold a current certificate issued by the National Commission on
103 Certification of Physician Assistants and has not actively
104 practiced as a physician assistant within the immediately
105 preceding 4 years, the applicant must retake and successfully
106 complete the entry-level examination of the National Commission
107 on Certification of Physician Assistants to be eligible for
108 licensure.

109 3. Has completed the application form and remitted an
110 application fee not to exceed \$300 as set by the boards. An
111 application for licensure made by a physician assistant must
112 include:

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

115 b. A ~~sworn~~ statement of any prior felony convictions.

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116 c. A ~~sworn~~ statement of any previous revocation or denial
117 of licensure or certification in any state.

118 ~~d. Two letters of recommendation.~~

119 ~~d.e.~~ A copy of course transcripts and a copy of the course
120 description from a physician assistant training program
121 describing course content in pharmacotherapy, if the applicant
122 wishes to apply for prescribing authority. These documents must
123 meet the evidence requirements for prescribing authority.

124 e. For physician assistants seeking initial licensure on
125 or after January 1, 2015, fingerprints pursuant to s. 456.0135.

126 (b) The licensure must be renewed biennially. Each renewal
127 must include:

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

129 2. A ~~sworn~~ statement of no felony convictions in the
130 previous 2 years.

131 (d) Upon employment as a physician assistant, a licensed
132 physician assistant must notify the department in writing within
133 30 days after such employment and provide ~~or after any~~
134 ~~subsequent changes in the supervising physician. The~~
135 ~~notification must include~~ the full name, Florida medical license
136 number, specialty, and address of a designated ~~the~~ supervising
137 physician. Any subsequent change in the designated supervising
138 physician shall be reported to the department within 30 days
139 after the change. Assignment of a designated supervising
140 physician does not preclude a physician assistant from
141 practicing under multiple supervising physicians.

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142 Section 4. Paragraph (c) of subsection (3) of section
143 459.025, Florida Statutes, is amended to read:

144 459.025 Formal supervisory relationships, standing orders,
145 and established protocols; notice; standards.—

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

147 An osteopathic physician who supervises an advanced registered
148 nurse practitioner or physician assistant at a medical office
149 other than the osteopathic physician's primary practice
150 location, where the advanced registered nurse practitioner or
151 physician assistant is not under the onsite supervision of a
152 supervising osteopathic physician, must comply with the
153 standards set forth in this subsection. For the purpose of this
154 subsection, an osteopathic physician's "primary practice
155 location" means the address reflected on the physician's profile
156 published pursuant to s. 456.041.

157 (c) An osteopathic physician who supervises an advanced
158 registered nurse practitioner or physician assistant at a
159 medical office other than the osteopathic physician's primary
160 practice location, where the advanced registered nurse
161 practitioner or physician assistant is not under the onsite
162 supervision of a supervising osteopathic physician and the
163 services offered at the office are primarily dermatologic or
164 skin care services, which include aesthetic skin care services
165 other than plastic surgery, must comply with the standards
166 listed in subparagraphs 1.-4. Notwithstanding s.
167 459.022(4)(e)6., an osteopathic physician supervising a

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168 physician assistant pursuant to this paragraph may not be
169 required to review and cosign charts or medical records prepared
170 by such physician assistant.

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

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

179 3. All such offices that are not the osteopathic
180 physician's primary place of practice must be within 25 miles of
181 the osteopathic physician's primary place of practice or in a
182 county that is contiguous to the county of the osteopathic
183 physician's primary place of practice. However, the distance
184 between any of the offices may not exceed 75 miles.

185 4. The osteopathic physician may supervise only one office
186 other than the osteopathic physician's primary place of practice
187 except that until July 1, 2011, the osteopathic physician may
188 supervise up to two medical offices other than the osteopathic
189 physician's primary place of practice if the addresses of the
190 offices are submitted to the Board of Osteopathic Medicine
191 before July 1, 2006. Effective July 1, 2011, the osteopathic
192 physician may supervise only one office other than the
193 osteopathic physician's primary place of practice, regardless of

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194 when the addresses of the offices were submitted to the Board of
195 Osteopathic Medicine.

196 5. As used in this subparagraph, the term "nonablative
197 aesthetic skin care services" includes, but is not limited to,
198 services provided using intense pulsed light, lasers, radio
199 frequency, ultrasound, injectables, and fillers.

200 a. Subparagraph 2. does not apply to offices at which
201 nonablative aesthetic skin care services are performed by a
202 physician assistant under the supervision of a physician if the
203 physician assistant has successfully completed at least:

204 (I) Forty hours of postlicensure education and clinical
205 training on physiology of the skin, skin conditions, skin
206 disorders, skin diseases, preprocedure and postprocedure skin
207 care, and infection control, or has worked under the supervision
208 of a board-certified dermatologist within the preceding 12
209 months.

210 (II) Forty hours of postlicensure education and clinical
211 training on laser and light technologies and skin applications,
212 or has 6 months of clinical experience working under the
213 supervision of a board-certified dermatologist who is authorized
214 to perform nonablative aesthetic skin care services.

215 (III) Thirty-two hours of postlicensure education and
216 clinical training on injectables and fillers, or has 6 months of
217 clinical experience working under the supervision of a board-
218 certified dermatologist who is authorized to perform nonablative
219 aesthetic skin care services.

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T I T L E A M E N D M E N T

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Between lines 15 and 16, insert:

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, or who has specified work or clinical experience,

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