

1 A bill to be entitled
2 An act relating to the practice of physician
3 assistants; amending ss. 458.347 and 459.022, F.S.;
4 F.S.; providing legislative intent; revising and
5 providing definitions; providing physician assistant
6 reimbursement and direct billing requirements;
7 authorizing fully licensed physician assistants to
8 procure medicinal drugs and medical devices under
9 certain circumstances; providing an exception;
10 authorizing physician assistants to authenticate
11 certain documents for specified reasons; revising a
12 requirement for physician assistant programs to hold
13 specified accreditation from the Accreditation Review
14 Commission on Education for the Physician Assistant,
15 Inc., or its successor organization, or, if before
16 2001, its predecessor organization; revising physician
17 assistant licensure requirements; removing provisions
18 prohibiting a physician from supervising more than
19 four physician assistants at one time, requiring
20 physician assistants to inform patients of certain
21 rights before prescribing or dispensing prescriptions,
22 authorizing the issuance of physician assistant
23 prescriber numbers, prohibiting physician assistants
24 from prescribing controlled substances to children
25 younger than 18, requiring the adoption of certain

26 | physician assistant program standards, and authorizing
 27 | community colleges to conduct physician assistant
 28 | programs; amending ss. 744.3675 and 893.05, F.S.;
 29 | conforming cross-references; providing an effective
 30 | date.

31 |
 32 | Be It Enacted by the Legislature of the State of Florida:

33 |
 34 | Section 1. Subsections (8) through (17) of section
 35 | 458.347, Florida Statutes, are renumbered as subsections (7)
 36 | through (16), respectively, paragraphs (e), (f), and (g) of
 37 | present subsection (7) are redesignated as paragraphs (d), (e),
 38 | and (f), respectively, subsections (1), (2), and (3), paragraphs
 39 | (b), (e), and (f) of subsection (4), present subsections (5) and
 40 | (6), and paragraphs (a), (c), and (d) of present subsection (7)
 41 | are amended, and paragraphs (i) and (j) are added to subsection
 42 | (4) of that section, to read:

43 | 458.347 Physician assistants.—

44 | (1) LEGISLATIVE INTENT.—

45 | ~~(a)~~ The purpose of this section is to authorize physician
 46 | assistants, with their education, training, and experience in
 47 | the field of medicine, to practice medicine in collaboration
 48 | with physicians and other health care practitioners to provide
 49 | increased efficiency and to ensure high-quality medical services
 50 | are available at a reasonable cost ~~encourage more effective~~

51 ~~utilization of the skills of physicians or groups of physicians~~
 52 ~~by enabling them to delegate health care tasks to qualified~~
 53 ~~assistants when such delegation is consistent with the patient's~~
 54 ~~health and welfare.~~

55 ~~(b) In order that maximum skills may be obtained within a~~
 56 ~~minimum time period of education, a physician assistant shall be~~
 57 ~~specialized to the extent that he or she can operate efficiently~~
 58 ~~and effectively in the specialty areas in which he or she has~~
 59 ~~been trained or is experienced.~~

60 ~~(c) The purpose of this section is to encourage the~~
 61 ~~utilization of physician assistants by physicians and to allow~~
 62 ~~for innovative development of programs for the education of~~
 63 ~~physician assistants.~~

64 (2) DEFINITIONS.—As used in this section:

65 (a) "Approved program" means a physician assistant program
 66 in the United States, or any possession or territory thereof,
 67 accredited by the Accreditation Review Commission on Education
 68 for the Physician Assistant, Inc., or its successor
 69 organization, or, if before 2001, its predecessor organization
 70 ~~formally approved by the boards, for the education of physician~~
 71 ~~assistants.~~

72 (b) "Boards" means the Board of Medicine and the Board of
 73 Osteopathic Medicine.

74 ~~(c) (h)~~ "Continuing medical education" means courses
 75 recognized and approved by the boards, the American Academy of

76 Physician Assistants, the American Medical Association, the
 77 American Osteopathic Association, or the Accreditation Council
 78 on Continuing Medical Education.

79 ~~(d)(e)~~ "Council" means the Council on Physician
 80 Assistants.

81 (e) "Physician assistant" means a health care professional
 82 who meets the qualifications under this chapter or chapter 459
 83 and is licensed to practice medicine as provided in this chapter
 84 or chapter 459 ~~person who is a graduate of an approved program~~
 85 ~~or its equivalent or meets standards approved by the boards and~~
 86 ~~is licensed to perform medical services delegated by the~~
 87 ~~supervising physician.~~

88 ~~(f)(g)~~ "Physician assistant national certifying
 89 examination" means the Physician Assistant National Certifying
 90 Examination ~~"Proficiency examination" means an entry-level~~
 91 ~~examination approved by the boards, including, but not limited~~
 92 ~~to, those examinations administered by the National Commission~~
 93 ~~on Certification of Physician Assistants~~ or its successor
 94 agency.

95 ~~(g)(f)~~ "Supervision" means responsible supervision and
 96 control. Except in cases of emergency, supervision requires the
 97 easy availability or physical presence of the licensed physician
 98 for consultation and direction of the actions of the physician
 99 assistant. For the purposes of this definition, the term "easy
 100 availability" includes the ability to communicate by way of

101 telecommunication. The boards shall establish rules as to what
102 constitutes responsible supervision of the physician assistant.

103 (h)~~(d)~~ "Trainee" means a person who is currently enrolled
104 in an approved program.

105 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician
106 or group of physicians supervising a licensed physician
107 assistant must be qualified in the medical areas in which the
108 physician assistant is to perform and shall be individually or
109 collectively responsible and liable for the performance and the
110 acts and omissions of the physician assistant. ~~A physician may
111 not supervise more than four currently licensed physician
112 assistants at any one time.~~ A physician supervising a physician
113 assistant pursuant to this section may not be required to review
114 and cosign charts or medical records prepared by such physician
115 assistant.

116 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

117 (b) This chapter authorizes ~~does not prevent~~ third-party
118 payors to reimburse ~~from reimbursing~~ employers of physician
119 assistants for covered services rendered by licensed physician
120 assistants. Payment for services within the physician
121 assistant's scope of practice shall be made when ordered or
122 performed by a physician assistant if the same service would
123 have been covered if ordered or performed by a physician.
124 Physician assistants are authorized to bill for and receive
125 direct payment for the services they deliver.

126 (e) A supervising physician may delegate to a fully
127 licensed physician assistant the authority to prescribe or
128 dispense any medication used in the supervising physician's
129 practice unless such medication is listed on the formulary
130 created pursuant to paragraph (f). A fully licensed physician
131 assistant may only prescribe or dispense such medication under
132 the following circumstances:

133 1. A physician assistant must clearly identify to the
134 patient that he or she is a physician assistant ~~and inform the~~
135 ~~patient that the patient has the right to see the physician~~
136 ~~before a prescription is prescribed or dispensed by the~~
137 ~~physician assistant.~~

138 2. The supervising physician must notify the department of
139 his or her intent to delegate, on a department-approved form,
140 before delegating such authority and of any change in
141 prescriptive privileges of the physician assistant. Authority to
142 dispense may be delegated only by a supervising physician who is
143 registered as a dispensing practitioner in compliance with s.
144 465.0276.

145 3. A fully licensed ~~The~~ physician assistant may procure
146 medicinal drugs and medical devices unless such drug is listed
147 on the formulary established pursuant to paragraph (f) ~~must~~
148 ~~complete a minimum of 10 continuing medical education hours in~~
149 ~~the specialty practice in which the physician assistant has~~
150 ~~prescriptive privileges with each licensure renewal. Three of~~

151 ~~the 10 hours must consist of a continuing education course on~~
152 ~~the safe and effective prescribing of controlled substance~~
153 ~~medications which is offered by a statewide professional~~
154 ~~association of physicians in this state accredited to provide~~
155 ~~educational activities designated for the American Medical~~
156 ~~Association Physician's Recognition Award Category 1 credit or~~
157 ~~designated by the American Academy of Physician Assistants as a~~
158 ~~Category 1 credit.~~

159 ~~4. The department may issue a prescriber number to the~~
160 ~~physician assistant granting authority for the prescribing of~~
161 ~~medicinal drugs authorized within this paragraph upon completion~~
162 ~~of the requirements of this paragraph. The physician assistant~~
163 ~~is not required to independently register pursuant to s.~~
164 ~~465.0276.~~

165 ~~4.5.~~ The prescription may be in paper or electronic form
166 but must comply with ss. 456.0392(1) and 456.42(1) and chapter
167 499 and must contain, in addition to the supervising physician's
168 name, address, and telephone number, the physician assistant's
169 prescriber number. Unless it is a drug or drug sample dispensed
170 by the physician assistant, the prescription must be filled in a
171 pharmacy permitted under chapter 465 and must be dispensed in
172 that pharmacy by a pharmacist licensed under chapter 465. ~~The~~
173 ~~inclusion of the prescriber number creates a presumption that~~
174 ~~the physician assistant is authorized to prescribe the medicinal~~
175 ~~drug and the prescription is valid.~~

176 ~~5.6.~~ The physician assistant must note the prescription or
177 dispensing of medication in the appropriate medical record.

178 (f)1. The council shall establish a formulary of medicinal
179 drugs that a fully licensed physician assistant having
180 prescribing authority under this section or s. 459.022 may not
181 prescribe. The formulary must include general anesthetics and
182 radiographic contrast materials and must limit the prescription
183 of Schedule II controlled substances as listed in s. 893.03 to a
184 7-day supply. ~~The formulary must also restrict the prescribing
185 of psychiatric mental health controlled substances for children
186 younger than 18 years of age.~~

187 2. In establishing the formulary, the council shall
188 consult with a pharmacist licensed under chapter 465, but not
189 licensed under this chapter or chapter 459, who shall be
190 selected by the State Surgeon General.

191 3. Only the council shall add to, delete from, or modify
192 the formulary. Any person who requests an addition, a deletion,
193 or a modification of a medicinal drug listed on such formulary
194 has the burden of proof to show cause why such addition,
195 deletion, or modification should be made.

196 4. The boards shall adopt the formulary required by this
197 paragraph, and each addition, deletion, or modification to the
198 formulary, by rule. Notwithstanding any provision of chapter 120
199 to the contrary, the formulary rule shall be effective 60 days
200 after the date it is filed with the Secretary of State. Upon

201 adoption of the formulary, the department shall mail a copy of
202 such formulary to each fully licensed physician assistant having
203 prescribing authority under this section or s. 459.022, and to
204 each pharmacy licensed by the state. The boards shall establish,
205 by rule, a fee not to exceed \$200 to fund the provisions of this
206 paragraph and paragraph (e).

207 (i) A physician assistant may authenticate any document
208 with his or her signature, certification, stamp, verification,
209 affidavit, or endorsement if it may be so authenticated by the
210 signature, certification, stamp, verification, affidavit, or
211 endorsement of a physician, including, but not limited to, any
212 of the following:

213 1. Initiation of an involuntary examination pursuant to s.
214 394.463.

215 2. Do-not-resuscitate orders or physician orders for the
216 administration of life-sustaining treatment.

217 3. Death certificates.

218 4. School physical examinations.

219 5. Medical evaluations for workers' compensation claims,
220 including the date of maximum medical improvement as defined in
221 s. 440.02.

222 6. Orders for physical therapy, occupational therapy,
223 speech-language therapy, home health services, or durable
224 medical equipment.

225 (j) A physician assistant may supervise a medical

226 assistant as defined in this chapter and chapter 459.

227 ~~(5) PERFORMANCE BY TRAINEES. Notwithstanding any other~~
228 ~~law, a trainee may perform medical services when such services~~
229 ~~are rendered within the scope of an approved program.~~

230 (5)(6) PROGRAM APPROVAL.—

231 (a) The boards shall approve programs, based on
232 recommendations by the council, for the education and training
233 of physician assistants which meet standards established by rule
234 of the boards. The council may recommend only those physician
235 assistant programs that hold full accreditation or provisional
236 accreditation from the Accreditation Review Commission on
237 Education for the Physician Assistant, Inc., Commission on
238 Accreditation of Allied Health Programs or its successor
239 organization, or, if before 2001, its predecessor organization.
240 ~~Any educational institution offering a physician assistant~~
241 ~~program approved by the boards pursuant to this paragraph may~~
242 ~~also offer the physician assistant program authorized in~~
243 ~~paragraph (c) for unlicensed physicians.~~

244 (b) Notwithstanding any other provision of law, a trainee
245 may perform medical services when such services are rendered
246 within the scope of an approved program ~~The boards shall adopt~~
247 ~~and publish standards to ensure that such programs operate in a~~
248 ~~manner that does not endanger the health or welfare of the~~
249 ~~patients who receive services within the scope of the programs.~~
250 ~~The boards shall review the quality of the curricula, faculties,~~

251 ~~and facilities of such programs and take whatever other action~~
252 ~~is necessary to determine that the purposes of this section are~~
253 ~~being met.~~

254 ~~(c) Any community college with the approval of the State~~
255 ~~Board of Education may conduct a physician assistant program~~
256 ~~which shall apply for national accreditation through the~~
257 ~~American Medical Association's Committee on Allied Health,~~
258 ~~Education, and Accreditation, or its successor organization, and~~
259 ~~which may admit unlicensed physicians, as authorized in~~
260 ~~subsection (7), who are graduates of foreign medical schools~~
261 ~~listed with the World Health Organization. The unlicensed~~
262 ~~physician must have been a resident of this state for a minimum~~
263 ~~of 12 months immediately prior to admission to the program. An~~
264 ~~evaluation of knowledge base by examination shall be required to~~
265 ~~grant advanced academic credit and to fulfill the necessary~~
266 ~~requirements to graduate. A minimum of one 16-week semester of~~
267 ~~supervised clinical and didactic education, which may be~~
268 ~~completed simultaneously, shall be required before graduation~~
269 ~~from the program. All other provisions of this section shall~~
270 ~~remain in effect.~~

271 (6) ~~(7)~~ PHYSICIAN ASSISTANT LICENSURE.—

272 (a) Any person desiring to be licensed as a physician
273 assistant must apply to the department. The department shall
274 issue a license to any person certified by the council as having
275 met the following requirements:

276 1. Is at least 18 years of age.

277 2. Has graduated from an approved program.

278 a. For an applicant who graduated after December 31, 2020,
279 has received a master's degree in accordance with the
280 Accreditation Review Commission on Education for the Physician
281 Assistant, Inc., or its successor organization.

282 b. For an applicant who graduated before December 31,
283 2020, has received a bachelor's or master's degree from an
284 approved program.

285 c. For an applicant who graduated before July 1, 1994, has
286 graduated from an approved program of instruction in primary
287 health care or surgery.

288 d. For an applicant who graduated before July 1, 1983, has
289 received a certification from the boards as a physician
290 assistant.

291
292 The department may also issue a license to an applicant who does
293 not meet the educational requirements specified in this
294 subparagraph but who passed the Physician Assistant National
295 Certifying Examination administered by the National Commission
296 on Certification of Physician Assistants before 1986.

297 3.2. Has ~~obtained~~ satisfactorily passed a passing
298 ~~proficiency examination by an acceptable score~~ as established by
299 the National Commission on Certification of Physician Assistants
300 or its successor organization and has been nationally certified.

301 If an applicant does not hold a current certificate issued by
302 the National Commission on Certification of Physician Assistants
303 or its successor organization and has not actively practiced as
304 a physician assistant within the immediately preceding 4 years,
305 the applicant must retake and successfully complete the entry-
306 level examination of the National Commission on Certification of
307 Physician Assistants or its successor organization to be
308 eligible for licensure.

309 ~~4.3.~~ Has completed the application form and remitted an
310 application fee not to exceed \$300 as set by the boards. An
311 application for licensure made by a physician assistant must
312 include:

313 a. A diploma from an approved ~~certificate of completion of~~
314 ~~a physician assistant training~~ program specified in subsection
315 (5) ~~(6)~~.

316 b. Acknowledgment of any prior felony convictions.

317 c. Acknowledgment of any previous revocation or denial of
318 licensure or certification in any state.

319 ~~d. A copy of course transcripts and a copy of the course~~
320 ~~description from a physician assistant training program~~
321 ~~describing course content in pharmacotherapy, if the applicant~~
322 ~~wishes to apply for prescribing authority. These documents must~~
323 ~~meet the evidence requirements for prescribing authority.~~

324 (c) Each licensed physician assistant shall biennially
325 complete 100 hours of continuing medical education or shall hold

326 a current certificate issued by the National Commission on
327 Certification of Physician Assistants or its successor
328 organization. Three hours of the continuing medical education
329 must consist of the safe and effective prescribing of controlled
330 substances designated by the Florida Academy of Physician
331 Assistants Category I credit.

332 ~~(d) Upon employment as a physician assistant, a licensed~~
333 ~~physician assistant must notify the department in writing within~~
334 ~~30 days after such employment or after any subsequent changes in~~
335 ~~the supervising physician. The notification must include the~~
336 ~~full name, Florida medical license number, specialty, and~~
337 ~~address of the supervising physician.~~

338 Section 2. Subsections (8) through (17) of section
339 459.022, Florida Statutes, are renumbered as subsections (7)
340 through (16), respectively, paragraphs (f) and (g) of subsection
341 (4) are redesignated as paragraphs (g) and (h), respectively,
342 paragraphs (e), (f), and (g) of present subsection (7) are
343 redesignated as paragraphs (d), (e), and (f), respectively,
344 subsections (1), (2), and (3), paragraphs (b), (e), and (f) of
345 subsection (4), present subsections (5) and (6), and paragraphs
346 (a), (c), and (d) of present subsection (7) are amended, and a
347 new paragraph (f) and paragraphs (i) and (j) are added to
348 subsection (4) of that section, to read:

349 459.022 Physician assistants.—

350 (1) LEGISLATIVE INTENT.—

351 ~~(a)~~ The purpose of this section is to authorize physician
352 assistants, with their education, training, and experience in
353 the field of medicine, to practice medicine in collaboration
354 with physicians and other health care practitioners to provide
355 increased efficiency and to ensure high-quality medical services
356 are available at a reasonable cost ~~encourage more effective~~
357 ~~utilization of the skills of osteopathic physicians or groups of~~
358 ~~osteopathic physicians by enabling them to delegate health care~~
359 ~~tasks to qualified assistants when such delegation is consistent~~
360 ~~with the patient's health and welfare.~~

361 ~~(b)~~ ~~In order that maximum skills may be obtained within a~~
362 ~~minimum time period of education, a physician assistant shall be~~
363 ~~specialized to the extent that she or he can operate efficiently~~
364 ~~and effectively in the specialty areas in which she or he has~~
365 ~~been trained or is experienced.~~

366 ~~(c)~~ ~~The purpose of this section is to encourage the~~
367 ~~utilization of physician assistants by osteopathic physicians~~
368 ~~and to allow for innovative development of programs for the~~
369 ~~education of physician assistants.~~

370 (2) DEFINITIONS.—As used in this section:

371 (a) "Approved program" means a physician assistant program
372 in the United States, or any possession or territory thereof,
373 accredited by the Accreditation Review Commission on Education
374 for the Physician Assistant, Inc., or its successor
375 organization, or, if before 2001, its predecessor organization

376 ~~formally approved by the boards, for the education of physician~~
377 ~~assistants.~~

378 (b) "Boards" means the Board of Medicine and the Board of
379 Osteopathic Medicine.

380 (c)~~(h)~~ "Continuing medical education" means courses
381 recognized and approved by the boards, the American Academy of
382 Physician Assistants, the American Medical Association, the
383 American Osteopathic Association, or the Accreditation Council
384 on Continuing Medical Education.

385 (d)~~(e)~~ "Council" means the Council on Physician
386 Assistants.

387 (e) "Physician assistant" means a health care professional
388 who meets the qualifications under this chapter or chapter 458
389 and is licensed to practice medicine as provided in this chapter
390 or chapter 458 ~~person who is a graduate of an approved program~~
391 ~~or its equivalent or meets standards approved by the boards and~~
392 ~~is licensed to perform medical services delegated by the~~
393 ~~supervising physician.~~

394 (f)~~(g)~~ "Physician assistant national certifying
395 examination" means the Physician Assistant National Certifying
396 Examination ~~"Proficiency examination" means an entry-level~~
397 ~~examination approved by the boards, including, but not limited~~
398 ~~to, those examinations administered by the National Commission~~
399 ~~on Certification of Physician Assistants~~ or its successor
400 agency.

401 (g) ~~(f)~~ "Supervision" means responsible supervision and
402 control. Except in cases of emergency, supervision requires the
403 easy availability or physical presence of the licensed physician
404 for consultation and direction of the actions of the physician
405 assistant. For the purposes of this definition, the term "easy
406 availability" includes the ability to communicate by way of
407 telecommunication. The boards shall establish rules as to what
408 constitutes responsible supervision of the physician assistant.

409 (h) ~~(d)~~ "Trainee" means a person who is currently enrolled
410 in an approved program.

411 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician
412 or group of physicians supervising a licensed physician
413 assistant must be qualified in the medical areas in which the
414 physician assistant is to perform and shall be individually or
415 collectively responsible and liable for the performance and the
416 acts and omissions of the physician assistant. ~~A physician may
417 not supervise more than four currently licensed physician
418 assistants at any one time.~~ A physician supervising a physician
419 assistant pursuant to this section may not be required to review
420 and cosign charts or medical records prepared by such physician
421 assistant.

422 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

423 (b) This chapter authorizes ~~does not prevent~~ third-party
424 payors to reimburse ~~from reimbursing~~ employers of physician
425 assistants for covered services rendered by licensed physician

426 assistants. Payment for services within the physician
427 assistant's scope of practice shall be made when ordered or
428 performed by a physician assistant if the same service would
429 have been covered if ordered or performed by a physician.
430 Physician assistants are authorized to bill for and receive
431 direct payment for the services they deliver.

432 (e) A supervising physician may delegate to a fully
433 licensed physician assistant the authority to prescribe or
434 dispense any medication used in the supervising physician's
435 practice unless such medication is listed on the formulary
436 created pursuant to s. 458.347. A fully licensed physician
437 assistant may only prescribe or dispense such medication under
438 the following circumstances:

439 1. A physician assistant must clearly identify to the
440 patient that she or he is a physician assistant ~~and must inform~~
441 ~~the patient that the patient has the right to see the physician~~
442 ~~before a prescription is prescribed or dispensed by the~~
443 ~~physician assistant.~~

444 2. The supervising physician must notify the department of
445 her or his intent to delegate, on a department-approved form,
446 before delegating such authority and of any change in
447 prescriptive privileges of the physician assistant. Authority to
448 dispense may be delegated only by a supervising physician who is
449 registered as a dispensing practitioner in compliance with s.
450 465.0276.

451 3. A fully licensed ~~The physician assistant~~ may procure
452 medicinal drugs and medical devices unless such drug is listed
453 on the formulary established pursuant to paragraph (f) ~~must~~
454 ~~complete a minimum of 10 continuing medical education hours in~~
455 ~~the specialty practice in which the physician assistant has~~
456 ~~prescriptive privileges with each licensure renewal.~~

457 4. ~~The department may issue a prescriber number to the~~
458 ~~physician assistant granting authority for the prescribing of~~
459 ~~medicinal drugs authorized within this paragraph upon completion~~
460 ~~of the requirements of this paragraph. The physician assistant~~
461 ~~is not required to independently register pursuant to s.~~
462 ~~465.0276.~~

463 ~~4.5.~~ The prescription may be in paper or electronic form
464 but must comply with ss. 456.0392(1) and 456.42(1) and chapter
465 499 and must contain, ~~in addition to~~ the supervising physician's
466 name, address, and telephone number, ~~the physician assistant's~~
467 ~~prescriber number~~. Unless it is a drug or drug sample dispensed
468 by the physician assistant, the prescription must be filled in a
469 pharmacy permitted under chapter 465, and must be dispensed in
470 that pharmacy by a pharmacist licensed under chapter 465. ~~The~~
471 ~~inclusion of the prescriber number creates a presumption that~~
472 ~~the physician assistant is authorized to prescribe the medicinal~~
473 ~~drug and the prescription is valid.~~

474 ~~5.6.~~ The physician assistant must note the prescription or
475 dispensing of medication in the appropriate medical record.

476 (f)1. The council shall establish a formulary of medicinal
477 drugs that a fully licensed physician assistant having
478 prescribing authority under this section or s. 458.347 may not
479 prescribe. The formulary must include general anesthetics and
480 radiographic contrast materials and must limit the prescription
481 of Schedule II controlled substances as listed in s. 893.03 to a
482 7-day supply.

483 2. In establishing the formulary, the council shall
484 consult with a pharmacist licensed under chapter 465, but not
485 licensed under this chapter or chapter 458, who shall be
486 selected by the State Surgeon General.

487 3. Only the council shall add to, delete from, or modify
488 the formulary. Any person who requests an addition, a deletion,
489 or a modification of a medicinal drug listed on such formulary
490 has the burden of proof to show cause why such addition,
491 deletion, or modification should be made.

492 4. The boards shall adopt the formulary required by this
493 paragraph, and each addition, deletion, or modification to the
494 formulary, by rule. Notwithstanding any provision of chapter 120
495 to the contrary, the formulary rule shall be effective 60 days
496 after the date it is filed with the Secretary of State. Upon
497 adoption of the formulary, the department shall mail a copy of
498 such formulary to each fully licensed physician assistant having
499 prescribing authority under this section or s. 458.347, and to
500 each pharmacy licensed by the state. The boards shall establish,

501 by rule, a fee not to exceed \$200 to fund the provisions of this
 502 paragraph and paragraph (e).

503 (i) A physician assistant may authenticate any document
 504 with his or her signature, certification, stamp, verification,
 505 affidavit or endorsement if it may be so authenticated by the
 506 signature, certification, stamp, verification, affidavit or
 507 endorsement of a physician, including but not limited to, any of
 508 the following:

509 1. Initiation of an involuntary examination pursuant to s.
 510 394.463.

511 2. Do-not-resuscitate orders or physician orders for the
 512 administration of life-sustaining treatment.

513 3. Death certificates.

514 4. School physical examinations.

515 5. Medical evaluations for workers' compensation claims,
 516 including the date of maximum medical improvement as defined in
 517 s. 440.02.

518 6. Orders for physical therapy, occupational therapy,
 519 speech-language therapy, home health services, or durable
 520 medical equipment.

521 (j) A physician assistant may supervise a medical
 522 assistant as defined in this chapter and chapter 458.

523 ~~(5) PERFORMANCE BY TRAINEES. Notwithstanding any other~~
 524 ~~law, a trainee may perform medical services when such services~~
 525 ~~are rendered within the scope of an approved program.~~

526 (5)~~(6)~~ PROGRAM APPROVAL.—

527 (a) The boards shall approve programs, based on
528 recommendations by the council, for the education and training
529 of physician assistants which meet standards established by rule
530 of the boards. The council may recommend only those physician
531 assistant programs that hold full accreditation or provisional
532 accreditation from the Accreditation Review Commission on
533 Education for the Physician Assistant, Inc., Commission on
534 Accreditation of Allied Health Programs or its successor
535 organization, or, if before 2001, its predecessor organization.

536 (b) Notwithstanding any other provision of law, a trainee
537 may perform medical services when such services are rendered
538 within the scope of an approved program ~~The boards shall adopt~~
539 ~~and publish standards to ensure that such programs operate in a~~
540 ~~manner that does not endanger the health or welfare of the~~
541 ~~patients who receive services within the scope of the programs.~~
542 ~~The boards shall review the quality of the curricula, faculties,~~
543 ~~and facilities of such programs and take whatever other action~~
544 ~~is necessary to determine that the purposes of this section are~~
545 ~~being met.~~

546 (6)~~(7)~~ PHYSICIAN ASSISTANT LICENSURE.—

547 (a) Any person desiring to be licensed as a physician
548 assistant must apply to the department. The department shall
549 issue a license to any person certified by the council as having
550 met the following requirements:

551 1. Is at least 18 years of age.

552 2. Has graduated from an approved program.

553 a. For an applicant who graduated after December 31, 2020,
554 has received a master's degree in accordance with the
555 Accreditation Review Commission on Education for the Physician
556 Assistant, Inc., or its successor organization.

557 b. For an applicant who graduated before December 31,
558 2020, has received a bachelor's or master's degree from an
559 approved program.

560 c. For an applicant who graduated before July 1, 1994, has
561 graduated from an approved program of instruction in primary
562 health care or surgery.

563 d. For an applicant who graduated before July 1, 1983, has
564 received a certification from the boards as a physician
565 assistant.

566
567 The department may also issue a license to an applicant who does
568 not meet the educational requirements specified in this
569 subparagraph but who passed the Physician Assistant National
570 Certifying Examination administered by the National Commission
571 on Certification of Physician Assistants before 1986.

572 3.2. Has ~~obtained a passing~~ satisfactorily passed a
573 ~~proficiency examination by an acceptable score~~ as established by
574 the National Commission on Certification of Physician Assistants
575 or its successor organization and has been nationally certified.

576 If an applicant does not hold a current certificate issued by
577 the National Commission on Certification of Physician Assistants
578 or its successor organization and has not actively practiced as
579 a physician assistant within the immediately preceding 4 years,
580 the applicant must retake and successfully complete the entry-
581 level examination of the National Commission on Certification of
582 Physician Assistants or its successor organization to be
583 eligible for licensure.

584 4.3. Has completed the application form and remitted an
585 application fee not to exceed \$300 as set by the boards. An
586 application for licensure made by a physician assistant must
587 include:

588 a. A diploma from an approved ~~certificate of completion of~~
589 ~~a physician assistant training~~ program specified in subsection
590 (5) ~~(6)~~.

591 b. Acknowledgment of any prior felony convictions.

592 c. Acknowledgment of any previous revocation or denial of
593 licensure or certification in any state.

594 ~~d. A copy of course transcripts and a copy of the course~~
595 ~~description from a physician assistant training program~~
596 ~~describing course content in pharmacotherapy, if the applicant~~
597 ~~wishes to apply for prescribing authority. These documents must~~
598 ~~meet the evidence requirements for prescribing authority.~~

599 (c) Each licensed physician assistant shall biennially
600 complete 100 hours of continuing medical education or shall hold

601 a current certificate issued by the National Commission on
602 Certification of Physician Assistants or its successor
603 organization. Three hours of the continuing medical education
604 must consist of the safe and effective prescribing of controlled
605 substances designated by the Florida Academy of Physician
606 Assistants Category I credit.

607 ~~(d) Upon employment as a physician assistant, a licensed~~
608 ~~physician assistant must notify the department in writing within~~
609 ~~30 days after such employment or after any subsequent changes in~~
610 ~~the supervising physician. The notification must include the~~
611 ~~full name, Florida medical license number, specialty, and~~
612 ~~address of the supervising physician.~~

613 Section 3. Paragraph (b) of subsection (1) of section
614 744.3675, Florida Statutes, is amended to read:

615 744.3675 Annual guardianship plan.—Each guardian of the
616 person must file with the court an annual guardianship plan
617 which updates information about the condition of the ward. The
618 annual plan must specify the current needs of the ward and how
619 those needs are proposed to be met in the coming year.

620 (1) Each plan for an adult ward must, if applicable,
621 include:

622 (b) Information concerning the medical and mental health
623 conditions and treatment and rehabilitation needs of the ward,
624 including:

625 1. A resume of any professional medical treatment given to

626 | the ward during the preceding year.

627 | 2. The report of a physician or an advanced practice
 628 | registered nurse registered under s. 464.0123 who examined the
 629 | ward no more than 90 days before the beginning of the applicable
 630 | reporting period. If the guardian has requested a physician to
 631 | complete the examination and prepare the report and the
 632 | physician has delegated that responsibility, the examination may
 633 | be performed and the report may be prepared and signed by a
 634 | physician assistant acting pursuant to s. 458.347(4) (h) or s.
 635 | 459.022(4) (h) ~~s. 459.022(4) (g)~~, or by an advanced practice
 636 | registered nurse acting pursuant to s. 464.012(3). The report
 637 | must contain an evaluation of the ward's condition and a
 638 | statement of the current level of capacity of the ward.

639 | 3. The plan for providing medical, mental health, and
 640 | rehabilitative services in the coming year.

641 | Section 4. Paragraph (b) of subsection (1) of section
 642 | 893.05, Florida Statutes, is amended to read:

643 | 893.05 Practitioners and persons administering controlled
 644 | substances in their absence.—

645 | (1)

646 | (b) Pursuant to s. 458.347(4) (g), s. 459.022(4) (g) ~~s.~~
 647 | ~~459.022(4) (f)~~, or s. 464.012(3), as applicable, a practitioner
 648 | who supervises a licensed physician assistant or advanced
 649 | practice registered nurse may authorize the licensed physician
 650 | assistant or advanced practice registered nurse to order

651 | controlled substances for administration to a patient in a
652 | facility licensed under chapter 395 or part II of chapter 400.
653 | Section 5. This act shall take effect July 1, 2021.