Florida House of Representatives - 2001 CS/HB 331 By the Committee on Health Regulation and Representative Baxley

1	A bill to be entitled
2	An act relating to physician assistants;
3	amending ss. 458.347 and 459.022, F.S.;
4	allowing authorized physician assistants to
5	prescribe any medication not listed on a
6	formulary established by the Council on
7	Physician Assistants; allowing authorized
8	physician assistants to dispense drug samples
9	pursuant to proper prescription; eliminating
10	the formulary committee and revising provisions
11	relating to creation and amendment of the
12	formulary, to conform; providing an effective
13	date.
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15	Be It Enacted by the Legislature of the State of Florida:
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17	Section 1. Paragraphs (e) and (f) of subsection (4) of
18	section 458.347, Florida Statutes, are amended to read:
19	458.347 Physician assistants
20	(4) PERFORMANCE OF PHYSICIAN ASSISTANTS
21	(e) A supervisory physician may delegate to a fully
22	licensed physician assistant the authority to prescribe any
23	medication used in the supervisory physician's practice <u>unless</u>
24	$rac{d}{dt}$ such medication is listed on the formulary created pursuant
25	to paragraph (f). A fully licensed physician assistant may
26	only prescribe such medication under the following
27	circumstances:
28	1. A physician assistant must clearly identify to the
29	patient that he or she is a physician assistant. Furthermore,
30	the physician assistant must inform the patient that the
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patient has the right to see the physician prior to any
 prescription being prescribed by the physician assistant.
 2. The supervisory physician must notify the

4 department of his or her intent to delegate, on a
5 department-approved form, before delegating such authority and
6 notify the department of any change in prescriptive privileges
7 of the physician assistant.

8 3. The physician assistant must file with the 9 department, before commencing to prescribe, evidence that he or she has completed a continuing medical education course of 10 11 at least 3 classroom hours in prescriptive practice, conducted by an accredited program approved by the boards, which course 12 13 covers the limitations, responsibilities, and privileges 14 involved in prescribing medicinal drugs, or evidence that he or she has received education comparable to the continuing 15 16 education course as part of an accredited physician assistant 17 training program.

18 4. The physician assistant must file with the
19 department, before commencing to prescribe, evidence that the
20 physician assistant has a minimum of 3 months of clinical
21 experience in the specialty area of the supervising physician.

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

28 6. The department shall issue a license and a
29 prescriber number to the physician assistant granting
30 authority for the prescribing of medicinal drugs authorized
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within this paragraph upon completion of the foregoing
 requirements.

3 7. The prescription must be written in a form that 4 complies with chapter 499 and must contain, in addition to the 5 supervisory physician's name, address, and telephone number, б the physician assistant's prescriber number. Unless it is a 7 drug sample dispensed by the physician assistant, the 8 prescription must be filled in a pharmacy permitted under 9 chapter 465 and must be dispensed in that pharmacy by a pharmacist licensed under chapter 465. The appearance of the 10 11 prescriber number creates a presumption that the physician 12 assistant is authorized to prescribe the medicinal drug and 13 the prescription is valid.

14 8. The physician assistant must note the prescription 15 in the appropriate medical record, and the supervisory 16 physician must review and sign each notation. For dispensing 17 purposes only, the failure of the supervisory physician to 18 comply with these requirements does not affect the validity of 19 the prescription.

9. This paragraph does not prohibit a supervisory
 physician from delegating to a physician assistant the
 authority to order medication for a hospitalized patient of
 the supervisory physician.

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25 This paragraph does not apply to facilities licensed pursuant 26 to chapter 395.

(f)1. There is created a five-member committee

28 appointed by the Secretary of Health. The committee must be

29 composed of one fully licensed physician assistant licensed

30 pursuant to this section or s. 459.022, two physicians

31 licensed pursuant to this chapter, one of whom supervises a

fully licensed physician assistant, one osteopathic physician 1 2 licensed pursuant to chapter 459, and one pharmacist licensed 3 pursuant to chapter 465 who is not licensed pursuant to this chapter or chapter 459. The council committee shall establish 4 5 a formulary of medicinal drugs that for which a fully licensed physician assistant, licensed under this section or s. б 7 459.022, may not prescribe. The formulary must may not include 8 controlled substances as defined in chapter 893, 9 antineoplastics, antipsychotics, radiopharmaceuticals, general 10 anesthetics and or radiographic contrast materials, and all or 11 any parenteral preparations except insulin and epinephrine. 12 2. In establishing the formulary, the council shall 13 consult with a pharmacist licensed under chapter 465, but not 14 licensed under this chapter or chapter 459, who shall be selected by the Secretary of Health. 15 16 3.2. Only the council committee shall add to, delete 17 from, or modify the formulary. Any person who requests an addition, deletion, or modification of a medicinal drug listed 18 19 on such formulary has the burden of proof to show cause why 20 such addition, deletion, or modification should be made. 4.3. The boards shall adopt the formulary required by 21 this paragraph, and each addition, deletion, or modification 22 to the formulary, by rule. Notwithstanding any provision of 23 chapter 120 to the contrary, the formulary rule shall be 24 effective 60 days after the date it is filed with the 25 26 Secretary of State. Upon adoption of the formulary, the 27 department shall mail a copy of such formulary to each fully 28 licensed physician assistant, licensed under this section or 29 s. 459.022, and to each pharmacy licensed by the state. The boards shall establish, by rule, a fee not to exceed \$200 to 30 31 fund the provisions of this paragraph and paragraph (e).

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1 Section 2. Subsection (4) and paragraph (c) of 2 subsection (9) of section 459.022, Florida Statutes, are 3 amended to read: 4 459.022 Physician assistants.--5 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS. --(a) The boards shall adopt, by rule, the general 6 7 principles that supervising physicians must use in developing 8 the scope of practice of a physician assistant under direct 9 supervision and under indirect supervision. These principles shall recognize the diversity of both specialty and practice 10 11 settings in which physician assistants are used. 12 (b) This chapter does not prevent third-party payors 13 from reimbursing employers of physician assistants for covered 14 services rendered by licensed physician assistants. 15 (c) Licensed physician assistants may not be denied 16 clinical hospital privileges, except for cause, so long as the supervising physician is a staff member in good standing. 17 (d) A supervisory physician may delegate to a licensed 18 19 physician assistant, pursuant to a written protocol, the 20 authority to act according to s. 154.04(1)(c). Such delegated 21 authority is limited to the supervising physician's practice 22 in connection with a county health department as defined and established pursuant to chapter 154. The boards shall adopt 23 rules governing the supervision of physician assistants by 24 25 physicians in county health departments. 26 (e) A supervisory physician may delegate to a fully 27 licensed physician assistant the authority to prescribe any 28 medication used in the supervisory physician's practice unless 29 if such medication is listed on the formulary created pursuant to s. 458.347. A fully licensed physician assistant may only 30 prescribe such medication under the following circumstances: 31

CODING: Words stricken are deletions; words underlined are additions.

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A physician assistant must clearly identify to the 1 1. 2 patient that she or he is a physician assistant. Furthermore, 3 the physician assistant must inform the patient that the 4 patient has the right to see the physician prior to any 5 prescription being prescribed by the physician assistant. 6 The supervisory physician must notify the 2. 7 department of her or his intent to delegate, on a 8 department-approved form, before delegating such authority and notify the department of any change in prescriptive privileges 9 10 of the physician assistant. 11 3. The physician assistant must file with the 12 department, before commencing to prescribe, evidence that she 13 or he has completed a continuing medical education course of 14 at least 3 classroom hours in prescriptive practice, conducted by an accredited program approved by the boards, which course 15 16 covers the limitations, responsibilities, and privileges involved in prescribing medicinal drugs, or evidence that she 17 or he has received education comparable to the continuing 18 19 education course as part of an accredited physician assistant 20 training program.

The physician assistant must file with the 21 4. 22 department, before commencing to prescribe, evidence that the physician assistant has a minimum of 3 months of clinical 23 experience in the specialty area of the supervising physician. 24 25 The physician assistant must file with the 5. 26 department a signed affidavit that she or he has completed a 27 minimum of 10 continuing medical education hours in the 28 specialty practice in which the physician assistant has 29 prescriptive privileges with each licensure renewal application. 30 31

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1 The department shall issue a license and a 6. 2 prescriber number to the physician assistant granting 3 authority for the prescribing of medicinal drugs authorized within this paragraph upon completion of the foregoing 4 5 requirements. 6 7. The prescription must be written in a form that 7 complies with chapter 499 and must contain, in addition to the 8 supervisory physician's name, address, and telephone number, 9 the physician assistant's prescriber number. Unless it is a drug sample dispensed by the physician assistant, the 10 prescription must be filled in a pharmacy permitted under 11 12 chapter 465, and must be dispensed in that pharmacy by a 13 pharmacist licensed under chapter 465. The appearance of the 14 prescriber number creates a presumption that the physician assistant is authorized to prescribe the medicinal drug and 15 16 the prescription is valid. The physician assistant must note the prescription 17 8. in the appropriate medical record, and the supervisory 18 19 physician must review and sign each notation. For dispensing 20 purposes only, the failure of the supervisory physician to 21 comply with these requirements does not affect the validity of 22 the prescription. This paragraph does not prohibit a supervisory 23 9. physician from delegating to a physician assistant the 24 25 authority to order medication for a hospitalized patient of 26 the supervisory physician. 27 28 This paragraph does not apply to facilities licensed pursuant 29 to chapter 395. 30 (f)1. There is created a five-member committee 31 appointed by the Secretary of Health. The committee must be 7

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composed of one fully licensed physician assistant licensed 1 pursuant to this section or s. 458.347, two physicians 2 3 licensed pursuant to chapter 458, one of whom supervises a fully licensed physician assistant, one osteopathic physician 4 licensed pursuant to this chapter, and one pharmacist licensed 5 pursuant to chapter 465 who is not licensed pursuant to this 6 7 chapter or chapter 458. The committee shall establish a 8 formulary of medicinal drugs for which a fully licensed physician assistant may prescribe. The formulary may not 9 include controlled substances as defined in chapter 893, 10 11 antineoplastics, antipsychotics, radiopharmaceuticals, general 12 anesthetics or radiographic contrast materials, or any 13 parenteral preparations except insulin and epinephrine. 2. Only the committee shall add to, delete from, or 14 modify the formulary. Any person who requests an addition, 15 deletion, or modification of a medicinal drug listed on such 16 formulary has the burden of proof to show cause why such 17 addition, deletion, or modification should be made. 18 19 3. The boards shall adopt the formulary required by 20 this paragraph, and each addition, deletion, or modification to the formulary, by rule. Notwithstanding any provision of 21 chapter 120 to the contrary, the formulary rule shall be 22 effective 60 days after the date it is filed with the 23 Secretary of State. Upon adoption of the formulary, the 24 25 department shall mail a copy of such formulary to each fully 26 licensed physician assistant and to each pharmacy licensed by 27 the state. The boards shall establish, by rule, a fee not to 28 exceed \$200 to fund the provisions of this paragraph and 29 <del>paragraph (e).</del> (9) COUNCIL ON PHYSICIAN ASSISTANTS.--The Council on 30 31 Physician Assistants is created within the department. 8

(c) The council shall: 1 2 1. Recommend to the department the licensure of 3 physician assistants. 4 Develop all rules regulating the use of physician 2. 5 assistants by physicians under chapter 458 and this chapter, б except for rules relating to the formulary developed under s. 7  $458.347 \left(\frac{4}{f}\right)$ . The council shall also develop rules to ensure 8 that the continuity of supervision is maintained in each practice setting. The boards shall consider adopting a 9 proposed rule developed by the council at the regularly 10 11 scheduled meeting immediately following the submission of the 12 proposed rule by the council. A proposed rule submitted by 13 the council may not be adopted by either board unless both 14 boards have accepted and approved the identical language contained in the proposed rule. The language of all proposed 15 16 rules submitted by the council must be approved by both boards pursuant to each respective board's guidelines and standards 17 regarding the adoption of proposed rules. If either board 18 19 rejects the council's proposed rule, that board must specify its objection to the council with particularity and include 20 21 any recommendations it may have for the modification of the proposed rule. 22 23 3. Make recommendations to the boards regarding all 24 matters relating to physician assistants. 25 Address concerns and problems of practicing 4. 26 physician assistants in order to improve safety in the 27 clinical practices of licensed physician assistants. 28 Section 3. This act shall take effect October 1, 2001. 29 30 31

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