

SENATE STAFF ANALYSIS AND ECONOMIC IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

BILL: SB 666
 SPONSOR: Senator Sullivan
 SUBJECT: Physician Assistants
 DATE: March 16, 2001 REVISED: 03/21/01 _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Munroe</u>	<u>Wilson</u>	<u>HC</u>	<u>Fav/2 amendments</u>
2.	_____	_____	<u>AHS</u>	_____
3.	_____	_____	<u>AP</u>	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

I. Summary:

The bill authorizes physician assistants to dispense drug samples to patients within the regular course of the physician assistant’s practice. The bill revises requirements for physician assistants to prescribe only medications listed on a formulary developed by a statutorily created committee. In lieu of the requirements for physician assistants to prescribe from that formulary, the bill authorizes the Council on Physician Assistants to establish a “negative” formulary, i.e., a formulary of medicinal drugs that a fully licensed physician assistant may not prescribe.

The “negative” formulary created by the bill must include controlled substances as defined in ch. 893, F.S., general anesthetics and radiographic contrast materials, and all parenteral preparations except insulin and epinephrine. The bill requires the Council on Physician Assistants to consult with a Florida-licensed pharmacist who is not also licensed as a medical physician or osteopathic physician and who must be selected by the Secretary of the Department of Health. The Council on Physician Assistants is the only entity authorized to add to, delete from, or modify the “negative” formulary.

The Board of Medicine and the Board of Osteopathic Medicine must adopt, by administrative rule, the “negative” formulary of medicinal drugs that a fully licensed physician assistant may not prescribe. The “negative” formulary must be effective 60 days after the date it is filed with the Secretary of State. Upon adoption of the “negative” formulary, the Department of Health must mail a copy of the formulary to each fully licensed physician assistant and to each pharmacy licensed by the state.

This bill amends sections 458.347 and 459.022, Florida Statutes.

II. Present Situation:

Sections 458.347 and 459.022, F.S., provide requirements for the regulation of physician assistants by the Council on Physician Assistants, the Board of Medicine and the Board of Osteopathic Medicine under the Department of Health. A supervisory physician may delegate to a fully licensed physician assistant the authority to prescribe any medication used in the supervisory physician's practice that is listed on a formulary developed under s. 458.347(4)(f), F.S., or s. 459.022(4)(f), F.S.

A formulary is a list of drug products. A formulary may set conditions for the prescription or dispensing of drugs identified in the formulary or may exclude some drugs. A negative formulary identifies drugs that may not be prescribed or dispensed. The Department of Health must issue a license and a prescriber number to a physician assistant who meets the requirements specified in s. 458.347(4)(e) or s. 459.022(4)(e), F.S., granting authority for prescribing medicinal drugs.

A fully licensed physician assistant may only prescribe medications listed on the formulary if he or she meets the following requirements: the physician assistant must clearly identify to the patient that he or she is a physician assistant and that the patient has the right to see the physician before any medication is prescribed by the physician assistant; the physician assistant must file evidence with the Department of Health that he or she has completed a continuing medical education course of at least 3 classroom hours in prescriptive practice conducted by an accredited program approved by the boards, which covers the limitations, responsibilities, and privileges involved in prescribing medicine or a comparable continuing education course; the physician assistant must file evidence with the Department of Health that he or she completed a minimum of 3 months of clinical experience in the specialty area of the supervising physician; and the physician assistant must file a signed affidavit with the Department of Health 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.

Chapter 92-22, Laws of Florida, established a five-member committee appointed by the Secretary of the Department of Health to establish a formulary of medicinal drugs that a fully licensed physician assistant may prescribe. The formulary committee must include: one fully licensed physician assistant, two licensed medical physicians, one of whom supervises a fully licensed physician assistant; one osteopathic physician; and one licensed pharmacist who is not also licensed as a medical physician or osteopathic physician. The formulary may not include controlled substances as defined in ch. 893, F.S., antineoplastics, antipsychotics, radiopharmaceuticals, or general anesthetics or radiographic contrast materials or any parenteral preparations except insulin and epinephrine. Only the committee may add to, delete from or modify the formulary. Any person who requests an addition, deletion, or modification of a drug listed on the formulary has the burden of proof to show cause why the change should be made.

The Board of Medicine and the Board of Osteopathic Medicine must adopt, by administrative rule, the formulary of medicinal drugs that a fully licensed physician assistant may prescribe. The formulary must be effective 60 days after the date it is filed with the Secretary of State. Upon adoption of the formulary, the Department of Health must mail a copy of the formulary to each fully licensed physician assistant and to each pharmacy licensed by the state. The Board of

Medicine and the Board of Osteopathic Medicine have adopted administrative rules listing the formulary (64B8-30.008 and 64B15-6.0038, Florida Administrative Code).

When the physician assistant writes a prescription it must be written in a form that complies with ch. 499, F.S., and must contain, in addition to the supervisory physician's name, address, and telephone number, the physician assistant's prescriber number. The prescription must be filled in a pharmacy permitted under ch. 465, F.S., and must be dispensed in that pharmacy by a licensed pharmacist.

Chapter 465, F.S., authorizes the regulation of the practice of pharmacy. Section 465.0276, F.S., requires any person who is not a licensed pharmacist to register with her or his regulatory board and meet other specified requirements in order to dispense drugs to her or his patients in the regular course of her or his practice for a fee or remuneration. Under s. 465.0276(5), F.S., an exception to these requirements allows a practitioner to dispense drug samples to his or her patients. Under the exception the practitioner must confine her or his activities to the dispensing of complimentary packages of medicinal drugs to the practitioner's own patients in the regular course of her or his practice, without the payment of fee or remuneration of any kind.

III. Effect of Proposed Changes:

The bill authorizes physician assistants to dispense drug samples to patients within the regular course of the physician assistant's practice. The bill revises requirements for physician assistants to prescribe medications listed on a formulary and eliminates the five-member committee appointed by the Secretary of the Department of Health to establish a formulary of medicinal drugs that a fully licensed physician assistant may prescribe. In lieu of the requirements for physician assistants to prescribe from that formulary, the bill authorizes the Council on Physician Assistants to establish a "negative" formulary, i.e., a formulary of medicinal drugs that a fully licensed physician assistant may not prescribe.

The "negative" formulary created by the bill must include controlled substances as defined in ch. 893, F.S., general anesthetics and radiographic contrast materials, and all parenteral preparations except insulin and epinephrine. The bill requires the Council on Physician Assistants to consult with a Florida-licensed pharmacist who is not also licensed as a medical physician or osteopathic physician and who must be selected by the Secretary of the Department of Health. The Council on Physician Assistants is the only entity authorized to add to, delete from, or modify the "negative" formulary. Any person who requests an addition, deletion, or modification of a medicinal drug listed on the "negative" formulary has the burden of proof to show cause why the change should be made.

The Board of Medicine and the Board of Osteopathic Medicine must adopt, by administrative rule, the "negative" formulary of medicinal drugs that a fully licensed physician assistant may not prescribe. The "negative" formulary must be effective 60 days after the date it is filed with the Secretary of State. Upon adoption of the "negative" formulary, the Department of Health must mail a copy of the formulary to each fully licensed physician assistant and to each pharmacy licensed by the state.

The bill provides an effective date of July 1, 2001.

IV. Constitutional Issues:**A. Municipality/County Mandates Restrictions:**

The provisions of this bill have no impact on municipalities and the counties under the requirements of Art. VII, s. 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Art. I, s. 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Art. III, s. 19(f) of the Florida Constitution.

V. Economic Impact and Fiscal Note:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

To the extent that the bill authorizes physician assistants to dispense medicinal samples to patients, these patients should benefit. The bill creates a “negative” formulary that lists drugs that physician assistants may not prescribe. To the extent this mechanism allows physician assistants to prescribe more drugs, it may increase patient access to prescriptive services of physician assistants.

C. Government Sector Impact:

According to the Department of Health, the bill does not create a fiscal impact on the department.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Amendments:

#1 by Health, Aging and Long-Term Care:

Adds antipsychotics to the “negative formulary” i.e., a formulary of medicinal drugs that a fully licensed physician assistant may not prescribe.

#2 by Health, Aging and Long-Term Care:

Moves the effective date of the bill from July 1, 2001 to October 1, 2001.

This Senate staff analysis does not reflect the intent or official position of the bill's sponsor or the Florida Senate.
