

CHAMBER ACTION

1 The Health Care Appropriations Committee recommends the
2 following:

3
4 **Council/Committee Substitute**

5 Remove the entire bill and insert:

6 A bill to be entitled

7 An act relating to physician supervision standards;
8 amending s. 458.348, F.S.; defining the term "physician
9 office practice setting"; providing requirements for
10 supervisory relationships with advanced registered nurse
11 practitioners or physician assistants practicing outside
12 the physician office practice setting; providing
13 rulemaking authority; providing grounds for discipline;
14 exempting certain advanced registered nurse practitioners
15 and physician assistants from certain supervisory
16 relationships and requirements; creating s. 459.025, F.S.;
17 requiring osteopathic physicians in a supervisory
18 relationship with certain professionals to provide notice;
19 providing for protocols requiring direct supervision;
20 defining the term "osteopathic physician office practice
21 setting"; providing requirements for supervisory
22 relationships with advanced registered nurse practitioners
23 or physician assistants practicing outside the osteopathic

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24 | physician office practice setting; providing rulemaking
25 | authority; providing grounds for discipline; exempting
26 | certain advanced registered nurse practitioners and
27 | physician assistants from certain supervisory
28 | relationships and requirements; providing an effective
29 | date.

30 |
31 | Be It Enacted by the Legislature of the State of Florida:

32 |
33 | Section 1. Section 458.348, Florida Statutes, is amended
34 | to read:

35 | 458.348 Formal supervisory relationships, standing orders,
36 | and established protocols; notice; standards; supervisory
37 | relationships with advanced registered nurse practitioners or
38 | physician assistants practicing outside the physician office
39 | practice setting; exemptions.--

40 | (1) NOTICE.--

41 | (a) When a physician enters into a formal supervisory
42 | relationship or standing orders with an emergency medical
43 | technician or paramedic licensed pursuant to s. 401.27, which
44 | relationship or orders contemplate the performance of medical
45 | acts, or when a physician enters into an established protocol
46 | with an advanced registered nurse practitioner, which protocol
47 | contemplates the performance of medical acts identified and
48 | approved by the joint committee pursuant to s. 464.003(3)(c) or
49 | acts set forth in s. 464.012(3) and (4), the physician shall
50 | submit notice to the board. The notice shall contain a statement
51 | in substantially the following form:

52
53 I, (name and professional license number of physician) ,
54 of (address of physician) have hereby entered into a formal
55 supervisory relationship, standing orders, or an established
56 protocol with (number of persons) emergency medical
57 technician(s), (number of persons) paramedic(s), or
58 (number of persons) advanced registered nurse practitioner(s).

59 (b) Notice shall be filed within 30 days after ~~of~~ entering
60 into the relationship, orders, or protocol. Notice also shall be
61 provided within 30 days after the physician has terminated any
62 such relationship, orders, or protocol.

63 (2) ESTABLISHMENT OF STANDARDS BY JOINT COMMITTEE.--The
64 joint committee created by s. 464.003(3)(c) shall determine
65 minimum standards for the content of established protocols
66 pursuant to which an advanced registered nurse practitioner may
67 perform medical acts identified and approved by the joint
68 committee pursuant to s. 464.003(3)(c) or acts set forth in s.
69 464.012(3) and (4) and shall determine minimum standards for
70 supervision of such acts by the physician, unless the joint
71 committee determines that any act set forth in s. 464.012(3) or
72 (4) is not a medical act. Such standards shall be based on risk
73 to the patient and acceptable standards of medical care and
74 shall take into account the special problems of medically
75 underserved areas. The standards developed by the joint
76 committee shall be adopted as rules by the Board of Nursing and
77 the Board of Medicine for purposes of carrying out their
78 responsibilities pursuant to part I of chapter 464 and this

79 | chapter, respectively, but neither board shall have disciplinary
80 | powers over the licensees of the other board.

81 | (3) PROTOCOLS REQUIRING DIRECT SUPERVISION.--All protocols
82 | relating to electrolysis or electrology using laser or light-
83 | based hair removal or reduction by persons other than physicians
84 | licensed under this chapter or chapter 459 shall require the
85 | person performing such service to be appropriately trained and
86 | work only under the direct supervision and responsibility of a
87 | physician licensed under this chapter or chapter 459.

88 | (4) SUPERVISORY RELATIONSHIPS WITH ADVANCED REGISTERED
89 | NURSE PRACTITIONERS OR PHYSICIAN ASSISTANTS PRACTICING OUTSIDE
90 | THE PHYSICIAN OFFICE PRACTICE SETTING.--

91 | (a) For purposes of this subsection, the term "physician
92 | office practice setting" means a business location where a
93 | physician delivers medical services regardless of whether the
94 | business is physician owned or nonphysician owned. A physician
95 | office practice setting includes a location where medical
96 | services are performed other than at a hospital, an ambulatory
97 | surgical center, an abortion clinic, or any other medical
98 | facility licensed by the Department of Health, the Agency for
99 | Health Care Administration, the Department of Corrections, a
100 | successor agency, or a certified rural health clinic. A business
101 | location is a physician office practice setting if a physician
102 | is physically present in the business location during the
103 | provision of care greater than 40 hours during every 21
104 | consecutive calendar days. A business location that does not
105 | meet this requirement shall be considered outside a physician

106 office practice setting, irrespective of the ownership or
 107 business name of the site.

108 (b) A physician who is in a supervisory relationship with
 109 an advanced registered nurse practitioner as described in s.
 110 464.012(4)(c) or a physician assistant as described in s.
 111 458.347(2)(f) who is practicing outside a physician office
 112 practice setting of the supervising physician shall:

113 1. Maintain a valid and unrestricted active Florida
 114 license pursuant to this chapter and a valid federal controlled
 115 substance registry number pursuant to chapter 893.

116 2. Provide indirect supervision as defined by the Board of
 117 Medicine to the advanced registered nurse practitioner or
 118 physician assistant.

119 3. Notwithstanding the number of supervisory relationships
 120 authorized in s. 458.347(3), maintain no more than four
 121 supervisory relationships with any combination of advanced
 122 registered nurse practitioners or physician assistants outside
 123 the physician office practice setting at any one time.

124 4. Delegate only tasks and procedures to the advanced
 125 registered nurse practitioner or physician assistant which are
 126 within the supervising physician's practice and medical
 127 specialty area.

128 5. Ensure that the advanced registered nurse practitioner
 129 or physician assistant has been actively practicing within the
 130 medical specialty area for a minimum of 4 years prior to
 131 providing care in a practice setting outside the physician
 132 office practice setting of the supervising physician.

133 6. Ensure that the advanced registered nurse practitioner
 134 or physician assistant under supervision wears identification
 135 that clearly identifies to the patient that he or she is an
 136 advanced registered nurse practitioner or a physician assistant.

137 7. Document consultation, occurring a minimum of every 21
 138 calendar days, with the advanced registered nurse practitioner
 139 or physician assistant, during which patient medical files and
 140 care plans managed by the advanced registered nurse practitioner
 141 or physician assistant during the preceding 21 calendar days are
 142 evaluated.

143 (5) RULES.--The Board of Medicine may adopt rules to
 144 administer this section. The Board of Medicine shall take into
 145 consideration existing rules and laws governing supervision, as
 146 well as assessment, diagnosis, treatment, and procedures that
 147 are safely performed by an advanced registered nurse
 148 practitioner or physician assistant under indirect supervision.

149 (6) FAILURE TO COMPLY.--Any licensee failing to comply
 150 with this section or any rule adopted pursuant to this section
 151 is in violation of s. 458.331(1)(w) or (dd), and such violation
 152 constitutes grounds for denial of license or disciplinary
 153 action, as specified in s. 456.072(2).

154 (7) EXEMPTIONS.--The requirements of this section shall
 155 not apply to advanced registered nurse practitioners or
 156 physician assistants providing services in a nursing home
 157 licensed under part II of chapter 400, an assisted living
 158 facility licensed under part III of chapter 400, a continuing
 159 care facility licensed under chapter 651, or a retirement
 160 community consisting of independent living units and either a

161 licensed nursing home or assisted living facility. The
 162 requirements of this section shall not apply to advanced
 163 registered nurse practitioners or physician assistants providing
 164 services to persons enrolled in a program designed to maintain
 165 elders and persons with disabilities in a home and community-
 166 based setting.

167 Section 2. Section 459.025, Florida Statutes, is created
 168 to read:

169 459.025 Formal supervisory relationships, standing orders,
 170 and established protocols; notice; standards; supervisory
 171 relationships with advanced registered nurse practitioners or
 172 physician assistants practicing outside the osteopathic
 173 physician office practice setting; exemptions.--

174 (1) NOTICE.--

175 (a) When an osteopathic physician enters into a formal
 176 supervisory relationship or standing orders with an emergency
 177 medical technician or paramedic licensed pursuant to s. 401.27,
 178 which relationship or orders contemplate the performance of
 179 medical acts, or when an osteopathic physician enters into an
 180 established protocol with an advanced registered nurse
 181 practitioner, which protocol contemplates the performance of
 182 medical acts identified and approved by the joint committee
 183 pursuant to s. 464.003(3)(c) or acts set forth in s. 464.012(3)
 184 and (4), the osteopathic physician shall submit notice to the
 185 board. The notice shall contain a statement in substantially the
 186 following form:

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188 I, (name and professional license number of osteopathic
 189 physician) , of (address of osteopathic physician) have
 190 hereby entered into a formal supervisory relationship, standing
 191 orders, or an established protocol with (number of persons)
 192 emergency medical technician(s), (number of persons)
 193 paramedic(s), or (number of persons) advanced registered
 194 nurse practitioner(s).

195 (b) Notice shall be filed within 30 days after entering
 196 into the relationship, orders, or protocol. Notice also shall be
 197 provided within 30 days after the osteopathic physician has
 198 terminated any such relationship, orders, or protocol.

199 (2) PROTOCOLS REQUIRING DIRECT SUPERVISION.--All protocols
 200 relating to electrolysis or electrology using laser or light-
 201 based hair removal or reduction by persons other than
 202 osteopathic physicians licensed under this chapter shall require
 203 the person performing such service to be appropriately trained
 204 and work only under the direct supervision and responsibility of
 205 an osteopathic physician licensed under this chapter.

206 (3) SUPERVISORY RELATIONSHIPS WITH ADVANCED REGISTERED
 207 NURSE PRACTITIONERS OR PHYSICIAN ASSISTANTS PRACTICING OUTSIDE
 208 THE PHYSICIAN OFFICE PRACTICE SETTING.--

209 (a) For purposes of this subsection, the term "osteopathic
 210 physician office practice setting" means a business location
 211 where an osteopathic physician delivers medical services
 212 regardless of whether the business is osteopathic physician
 213 owned or nonphysician owned. An osteopathic physician office
 214 practice setting includes a location where medical services are
 215 performed other than at a hospital, an ambulatory surgical

216 center, an abortion clinic, or any other medical facility
 217 licensed by the Department of Health, the Agency for Health Care
 218 Administration, the Department of Corrections, a successor
 219 agency, or a certified rural health clinic. A business location
 220 is an osteopathic physician office practice setting if an
 221 osteopathic physician is physically present in the business
 222 location during the provision of care greater than 40 hours
 223 during every 21 consecutive calendar days. A business location
 224 that does not meet this requirement shall be considered outside
 225 an osteopathic physician office practice setting, irrespective
 226 of the ownership or business name of the site.

227 (b) An osteopathic physician who is in a supervisory
 228 relationship with an advanced registered nurse practitioner as
 229 described in s. 464.012(4)(c) or a physician assistant as
 230 described in s. 459.022(2)(f) who is practicing outside an
 231 osteopathic physician office practice setting of the supervising
 232 osteopathic physician shall:

233 1. Maintain a valid and unrestricted active Florida
 234 license pursuant to this chapter and a valid federal controlled
 235 substance registry number pursuant to chapter 893.

236 2. Provide indirect supervision as defined by the Board of
 237 Osteopathic Medicine to the advanced registered nurse
 238 practitioner or physician assistant.

239 3. Notwithstanding the number of supervisory relationships
 240 authorized in s. 459.022(3), maintain no more than four
 241 supervisory relationships with any combination of advanced
 242 registered nurse practitioners or physician assistants outside

243 the osteopathic physician office practice setting at any one
 244 time.

245 4. Delegate only tasks and procedures to the advanced
 246 registered nurse practitioner or physician assistant which are
 247 within the supervising osteopathic physician's practice and
 248 medical specialty area.

249 5. Ensure that the advanced registered nurse practitioner
 250 or physician assistant has been actively practicing within the
 251 medical specialty area for a minimum of 4 years prior to
 252 providing care in a practice setting outside the osteopathic
 253 physician office practice setting of the supervising osteopathic
 254 physician.

255 6. Ensure that the advanced registered nurse practitioner
 256 or physician assistant under supervision wears identification
 257 that clearly identifies to the patient that he or she is an
 258 advanced registered nurse practitioner or a physician assistant.

259 7. Document consultation, occurring a minimum of every 21
 260 calendar days, with the advanced registered nurse practitioner
 261 or physician assistant, during which patient medical files and
 262 care plans managed by the advanced registered nurse practitioner
 263 or physician assistant during the preceding 21 calendar days are
 264 evaluated.

265 (4) RULES.--The Board of Osteopathic Medicine may adopt
 266 rules to administer this section. The Board of Osteopathic
 267 Medicine shall take into consideration existing rules and laws
 268 governing supervision, as well as assessment, diagnosis,
 269 treatment, and procedures that are safely performed by an

270 advanced registered nurse practitioner or physician assistant
 271 under indirect supervision.

272 (5) FAILURE TO COMPLY.--Any licensee failing to comply
 273 with this section or any rule adopted pursuant to this section
 274 is in violation of s. 459.015(1)(aa) or (hh), and such violation
 275 constitutes grounds for denial of license or disciplinary
 276 action, as specified in s. 456.072(2).

277 (6) EXEMPTIONS.--The requirements of this section shall
 278 not apply to advanced registered nurse practitioners or
 279 physician assistants providing services in a nursing home
 280 licensed under part II of chapter 400, an assisted living
 281 facility licensed under part III of chapter 400, a continuing
 282 care facility licensed under chapter 651, or a retirement
 283 community consisting of independent living units and either a
 284 licensed nursing home or assisted living facility. The
 285 requirements of this section shall not apply to advanced
 286 registered nurse practitioners or physician assistants providing
 287 services to persons enrolled in a program designed to maintain
 288 elders and persons with disabilities in a home and community-
 289 based setting.

290 Section 3. This act shall take effect upon becoming a law.