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.)

Prepared By: Health and Human Services Appropriations Committee

BILL:	CS/SB 1216
INTRODUCER:	Health Care Committee and Senator Peaden
SUBJECT:	Health Care Practitioners
DATE:	March 31, 2006
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Munroe	Wilson	HE	**Fav/CS**
2.	Fabricant	Peters	HA	**Favorable**
3.				
4.				
5.				
6.				

I. Summary:

The bill revises continuing education requirements on domestic violence and HIV/AIDS for specified health care practitioners. The requirement for each board to submit a report to the Legislature regarding implementation and compliance with the HIV/AIDS or domestic violence continuing education requirements is eliminated. The bill requires health care practitioners to complete a continuing education course on domestic violence as part of every third biennial relicensure or recertification instead of every 2 years.

The bill limits the requirements for each person licensed or certified to practice acupuncture, medicine, osteopathic medicine, podiatric medicine, optometry, nursing, pharmacy, dentistry, nursing home administration, occupational therapy, respiratory therapy, dietetic and nutrition, or physical therapy to take a board-approved HIV/AIDS continuing education course as a part of the initial biennial relicensure or recertification rather than every relicensure or recertification. Chiropractic physicians will remain the only profession that requires instruction on HIV/AIDS for initial licensure and each biennial renewal.

The bill creates supervision requirements for Florida-licensed medical physicians and osteopathic physicians who supervise advanced registered nurse practitioners or physician assistants when the advanced registered nurse practitioner or physician assistant is not under the onsite supervision of the supervising physician. The bill specifies practice settings that are exempt from the supervision requirements. The bill states that these provisions relating to physician supervision are self-executing and do not require or provide authority for additional rulemaking.

The bill imposes requirements on osteopathic physicians similar to those that are currently required for medical physicians to provide notice to their board when entering a formal supervisory relationship with specified health care practitioners.

The bill requires advanced registered nurse practitioners operating under a protocol with a supervising medical physician or osteopathic physician to provide notice of the protocol within 30 days of the initiation of the relationship or changes to the protocol.

This bill amends sections 456.031, 456.033, 456.041, 458.319, 458.348, and s. 464.012, Florida Statutes.

The bill creates s. 459.025, F.S.

The bill repeals s. 459.008(5), F.S.

II. Present Situation:

Definition of Health Care Practitioner

Chapter 456, F.S., provides the general regulatory provisions for health care professions within the Division of Medical Quality Assurance in the Department of Health. Section 456.001, F.S., defines "health care practitioner" to mean any person licensed under: ch. 457, F.S., (acupuncture); ch. 458, F.S., (medicine); ch. 459, F.S., (osteopathic medicine); ch. 460, F.S., (chiropractic medicine); ch. 461, F.S., (podiatric medicine); ch. 462, F.S., (naturopathic medicine); ch. 463, F.S., (optometry); ch. 464, F.S., (nursing); ch. 465, F.S., (pharmacy); ch. 466, F.S., (dentistry and dental hygiene); ch. 467, F.S., (midwifery); parts I, II, III, V, X, XIII, and XIV of ch. 468, F.S., (speech-language pathology and audiology, nursing home administration, occupational therapy, respiratory therapy, dietetics and nutrition practice, athletic trainers, and orthotics, prosthetics, and pedorthics); ch. 478, F.S., (electrology or electrolysis); ch. 480, F.S., (massage therapy); parts III and IV of ch. 483, F.S., (clinical laboratory personnel or medical physics); ch. 484, F.S., (opticianry and hearing aid specialists); ch. 486, F.S., (physical therapy); ch. 490, F.S., (psychology); and ch. 491, F.S. (psychotherapy).

Medicine

Chapter 458, F.S., governs the practice of medicine in Florida. Section 458.305(3), F.S., defines the "practice of medicine" to mean the diagnosis, treatment, operation, or prescription for any human disease, pain, injury, deformity, or other physical or mental condition. Under s. 458.309, F.S., the Board of Medicine is authorized to adopt rules to implement provisions of the medical practice act conferring duties upon it. Section 458.331, F.S., specifies grounds for which a medical physician may be subject to disciplinary action by the Board of Medicine. Paragraph 458.331(1)(dd), F.S., subjects a medical physician to discipline for failing to supervise adequately the activities of those physician assistants, paramedics, emergency medical technicians, advanced registered nurse practitioners, or anesthesiologist assistants acting under the supervision of the physician. Paragraph 458.331(1)(w), F.S., provides that a medical physician may be subject to discipline for delegating professional responsibilities to a person

when the licensee delegating such responsibilities knows or has reason to know that such person is not qualified by training, experience, or licensure to perform them.

Paragraph 458.331(1)(v), F.S., specifies that a physician may be disciplined for practicing or offering to practice beyond the scope permitted by law or accepting and performing professional responsibilities which the licensed physician knows or has reason to know that he or she is not competent to perform. Paragraph 458.331(1)(v), F.S., also authorizes the Board of Medicine to establish by rule standards of practice and standards of care for particular practice settings, including, but not limited to, education and training, equipment and supplies, medications including anesthetics, *assistance of and delegation to other personnel*, transfer agreements, sterilization, records, performance of complex or multiple procedures, informed consent, and policy and procedure manuals.

Subsection 458.303(2), F.S., provides that nothing in various enumerated provisions within the medical practice act shall be construed to prohibit any service rendered by a registered nurse or a licensed practical nurse, if such service is rendered under the direct supervision and control of a licensed medical physician who provides specific direction for any service to be performed and gives final approval to all services performed.

In *Ortiz v. Board of Medicine*, the Fourth District Court of Appeal held that subsection 458.303(2), F.S., provides a limitation on the Board of Medicine's rulemaking authority.[1] The court ruled that the medical practice act did not allow the board, by rule, to place restrictions on what professional services a medical physician could delegate to a registered nurse or licensed practical nurse to perform under the physician's supervision. In *Ortiz*, a certified registered nurse anesthetist sought judicial review of the Division of Administrative Hearings' rejection of a challenge to an administrative rule adopted by the Board of Medicine, which required a surgeon in an outpatient facility to have a licensed anesthesiologist present to supervise the administration of anesthesia for Level III surgery.[2] The Board of Medicine adopted a rule to establish standards of care for physicians performing surgery in an office setting pursuant to specific statutory authority in paragraph 458.331(1)(v), F.S.[3]

Under the office surgery rule, the board had established various levels of surgery and determined that in a Level III surgery, an anesthesiologist who must be a licensed medical physician or osteopathic physician, other than the surgeon, must provide direct supervision of the administration and maintenance of the anesthesia. The court noted that the parties to the action agreed that patient safety was not the issue in the proceeding and the court cited the findings of an administrative law judge in another proceeding who found that there was no evidence to indicate that there was any significant difference in patient outcomes whether anesthesia was administered by a certified registered nurse anesthetist or an anesthesiologist.

Section 120.52, F.S., provides that an administrative rule is invalid when the agency exceeds its grant of rulemaking authority, which must be cited specifically by the agency, or if the rule enlarges, modifies, or contravenes the specific provision of law implemented. In *Ortiz*, the court

[1] See *Ortiz v. Department of Health, Board of Medicine*, 882 So.2d 402 (4th DCA 2004).
[2] Id.
[3] See Rule 64B8-9.009, Florida Administrative Code.

reasoned that where rulemaking authority is granted in one law, it may not be read to negate any restriction on rulemaking authority that is specified in another law. The court reasoned that by reading paragraph 458.331(1)(v), F.S., together with s. 458.303, F.S., which relates to a limitation on the board's rulemaking authority, "the Legislature has circumscribed the Board's rulemaking authority."[4]

The Fourth District Court of Appeal held that the Board of Medicine had invalidly exercised its delegated authority. The court found that although the Board of Medicine had rulemaking authority to develop standards of practice for particular practice settings under ss. 458.303 and 458.331(1)(v), F.S., subsection 458.303(2), F.S., prevented the use of the board's rulemaking authority to prohibit provision of services by a registered nurse when supervised by a licensed physician, and the rule would indirectly prohibit nurses from providing services when supervised by licensed physicians, by subjecting surgeons to discipline for violating the standard of practice covered by the administrative rule.

Osteopathic Medicine

Chapter 459, F.S., also known as the osteopathic medicine practice act, governs the practice of osteopathic medicine. Section 459.003, F.S., defines the "practice of osteopathic medicine" to mean the diagnosis, treatment, operation, or prescription for any human disease, pain, injury, deformity, or other physical or mental condition, which practice is based in part upon educational standards and requirements which emphasize the importance of the musculoskeletal structure and manipulative therapy in the maintenance and restoration of health. Chapter 459, F.S., contains provisions relating to the Board of Osteopathic Medicine's rulemaking authority, exceptions to the licensure requirements, and discipline of osteopathic physicians.

Nursing

Part I, ch. 464, F.S., governs the practice of nursing and sets forth requirements for licensure of registered nurses and licensed practical nurses. The part provides grounds for which a nurse may be subject to discipline if he or she violates any of the grounds. Section 464.018(1)(n), F.S., provides a ground for which a nurse may be disciplined if he or she engages in acts for which the nurse is not qualified by training or experience.

Advanced registered nurse practitioners may perform all duties of a registered nurse and advanced level nursing in accordance with established protocols, including managing selected medical problems, monitoring and altering drug therapies, initiating appropriate therapies for certain conditions, performing physical examinations, ordering and evaluating diagnostic tests, ordering physical and occupational therapy, and initiating and monitoring therapies for certain uncomplicated acute illnesses. Certified registered nurse anesthetists are licensed as advanced registered nurse practitioners under pt. I, ch. 464, F.S.

Part I, ch. 464, F.S., requires the Board of Nursing to adopt rules authorizing advanced registered nurse practitioners to perform acts of medical diagnosis and treatment, prescription, and operation, which are identified and approved by a joint committee. The joint committee is

[4] See *Ortiz*, at 406.

composed of three members appointed by the Board of Nursing, two of whom must be advanced registered nurse practitioners; three members appointed by the Board of Medicine, two of whom must have had work experience with advanced registered nurse practitioners; and the Secretary of Health or the secretary's designee. The Board of Nursing must adopt rules authorizing the performance of any such acts approved by the joint committee.

Advanced registered nurse practitioners may perform medical acts under the general supervision of a medical physician, osteopathic physician, or dentist within the framework of standing protocols, which identify the medical acts to be performed, and the conditions for their performance. The Board of Nursing and the Board of Medicine have filed identical administrative rules setting forth standards for the protocols[5], which establish obligations on medical physicians, osteopathic physicians, and dentists who enter into protocol relationships with advanced registered nurse practitioners. The Board of Osteopathic Medicine and the Board of Dentistry, which have regulatory jurisdiction over osteopathic physicians and dentists, respectively, are not required to adopt administrative rules regarding the standards for advanced registered nurse practitioner protocols. Although advanced registered nurse practitioners may prescribe medications in accordance with a protocol, they cannot prescribe controlled substances.

Physician Assistants

Physician assistants licensed under ch. 458 and ch. 459, F.S.,[6] are authorized to provide health care services under the supervision of a medical physician or osteopathic physician. Sections 458.347 and 459.022, F.S., authorize a supervising physician to delegate to a physician assistant that he or she supervises the authority to perform medical acts of diagnosis, treatment, and prescription. Each physician or group of physicians supervising a licensed physician assistant must be qualified in the medical areas in which the physician assistant is to perform and must be individually or collectively responsible and liable for the performance and the acts and omissions of the physician assistant. A physician may not supervise more than four currently licensed physician assistants at any one time.

For purposes of the regulation of physician assistants, "supervision" is defined in ss. 458.347 and 459.022, F.S., to mean responsible supervision and control. Except for cases of emergency, supervision requires the easy availability or physical presence of the licensed physician for consultation and direction of the actions of the physician assistant. "Easy availability" is defined to include the ability to communicate by way of telecommunication. The Board of Medicine and the Board of Osteopathic Medicine must establish rules as to what constitutes responsible supervision of the physician assistant. The Board of Medicine and the Board of Osteopathic Medicine have adopted identical administrative rules that define "direct supervision" to mean the presence of the supervising physician on the premises so that the supervising physician is immediately available to the physician assistant when needed.[7] "Indirect supervision" is defined under the rules to mean the easy availability of the supervising physician to the physician assistant which includes the ability to communicate by telecommunications and the supervising physician must be within reasonable physical proximity.[8]

[5] See Rules 64B-4.010 and 64B-35.002, Florida Administrative Code.
[6] See sections 458.347 and 459.022, F.S.
[7] See Rules 64B8-30.001(3) and 64B15-6.001(4), Florida Administrative Code.
[8] See Rules 64B8-30.001(5) and 64B15-6.001(5), F.A.C.

Other Health Care Practitioners Under the Supervision of a Physician

Emergency medical technicians and paramedics may perform medical acts under standing orders or as a part of a formal supervisory relationship with a medical director who is a Florida-licensed medical physician or osteopathic physician.[9] Generally, emergency medical technicians and paramedics perform their health care duties under both indirect and direct supervision of the medical director. An emergency medical service provider employs or contracts with a medical director to provide medical oversight of and quality assurance for the program.

Anesthesiologist assistants may perform medical services that are delegated and directly supervised by a supervising anesthesiologist. "Direct supervision" is defined to mean the onsite, personal supervision by an anesthesiologist who is present in the office when the procedure is being performed in that office, or is present in the surgical or obstetrical suite when the procedure is being performed in that surgical or obstetrical suite and who is in all instances immediately available to provide assistance and direction to the anesthesiologist assistant while anesthesia services are performed.

Medical assistants acting under s. 458.3485, F.S., may perform specified clinical procedures under the direct supervision and responsibility of a Florida-licensed medical physician. Persons performing electrolysis or electrology using laser or light-based hair removal or reduction other than Florida-licensed medical physicians or osteopathic physicians must be appropriately trained and work only under the direct supervision and responsibility of a Florida licensed medical physician or osteopathic physician.[10]

Medical physicians and osteopathic physicians commonly delegate medical acts of diagnosis, treatment, and prescription to various licensed health care practitioners for adjunctive therapies or treatment. In hospitals, nursing homes, and other licensed health care facilities, medical physicians or osteopathic physicians typically write orders directing other licensed health care practitioners to perform treatments and therapies. Statutory proscriptions prevent complete independent practice of various health care professions in Florida, for instance, if physical therapy treatment for a patient is required beyond 21 days for a condition not previously assessed by a practitioner of record, a physical therapist must obtain a practitioner of record who will review and sign the plan. A health care practitioner licensed as a medical physician, osteopathic physician, chiropractic physician, podiatric physician, or dentist and who is engaged in active practice is eligible to serve as a practitioner of record. A patient may be referred to a qualified person, which may be another Florida-licensed health care practitioner for hypnosis for therapeutic purposes under the supervision, direction, or prescription of a Florida-licensed medical or osteopathic physician.[11]

Various health care practitioners do not require the supervision of a physician and practice as independent health care providers. Despite independent practice models, a number of such practitioners perform therapy or fill prescriptions that have been ordered by medical or osteopathic physicians. For instance, "opticianry" means the preparation and dispensing of

[9] See sections 401.27 and 458.348, F.S.
[10] See section 458.348(3), F.S.
[11] See section 485.003, F.S.

lenses, spectacles, eyeglasses, contact lenses, and other optical devices to the intended user or agent thereof, upon the written prescription of a licensed medical or osteopathic physician or optometrist who is duly licensed to practice or upon presentation of a duplicate prescription.[12] Pharmacists dispense prescriptions for medicinal supplies or drugs that are ordered by a duly licensed practitioner authorized by the laws of Florida to prescribe such supplies or drugs.

Continuing Education

Section 456.031, F.S., requires the boards of specified health care practitioners to require practitioners under their jurisdiction to complete a 1-hour continuing education course on domestic violence as a condition of initial licensure and licensure renewal every two years. Sections 456.033 and 456.034, F.S., require the boards of specified health care practitioners to require practitioners under their jurisdiction to complete a continuing education course on HIV/AIDS as a condition of initial licensure and licensure renewal.

III. Effect of Proposed Changes:

Section 1. Amends s. 458.031, F.S., relating to requirements for domestic violence instruction, to require health care practitioners to complete a continuing education course on domestic violence as part of every third biennial relicensure or recertification instead of every 2 years. To conform, licensees or certificateholders must submit confirmation of having completed the domestic violence continuing education on a form provided by the board when submitting fees for every third biennial renewal. Initial applicants for a license or certificate will no longer be required to take a domestic violence course concurrent with initial licensure. The option available to licensed health care practitioners to complete continuing education courses in end-of-life care in lieu of domestic violence courses is eliminated. The requirement for each board to submit a report to the Legislature regarding compliance with the domestic violence continuing education requirements is eliminated.

Section 2. Amends s. 456.033, F.S., relating to HIV/AIDS continuing education requirements, to limit the requirements for each person licensed or certified to practice acupuncture, medicine, osteopathic medicine, podiatric medicine, optometry, nursing, pharmacy, dentistry, nursing home administration, occupational therapy, respiratory therapy, dietetic and nutrition, or physical therapy to take a board-approved HIV/AIDS continuing education course as a part of the initial biennial relicensure or recertification rather than every relicensure or recertification.

Chiropractic physicians will continue to be subject to the HIV/AIDS continuing education requirements as a part of initial licensure and every biennial relicensure. Initial applicants for chiropractic physician licensure who have not taken an HIV/AIDS course will continue to have the option of providing an affidavit showing good cause and be allowed 6 months to complete the course.

The requirement for each board to submit a report to the Legislature regarding implementation and compliance with the HIV/AIDS continuing education requirements is eliminated. The option available to licensed health care practitioners to complete continuing education courses in end-

[12] See section 484.002, F.S.

of-life care, or other board-approved continuing education in the case of dental practitioners, in lieu of HIV/AIDS courses is eliminated.

Section 3. Amends s. 456.041, F.S., relating to practitioner profiles for advanced registered nurse practitioners, to require the practitioner profile of each advanced registered nurse practitioner to include the protocol for medical acts performed by the nurse under the supervision of a physician which is required under s. 464.012(3), F.S.

Section 4. Amends s. 458.319, F.S., relating to licensure renewal under the medical practice act, to eliminate the option available to licensed physicians to complete continuing education courses in end-of-life care in lieu of courses in AIDS/HIV.

Section 5. Amends s. 458.348, F.S., relating to formal supervisory relationships, standing orders, and established protocols, notice, and standards, to impose requirements on a physician who supervises an advanced registered nurse practitioner or physician assistant at a medical office other than the physician's primary practice location, where the advanced registered nurse practitioner or physician assistant is not under the onsite supervision of a supervising physician. "Primary practice location" is defined to mean the address reflected on the published physician's profile maintained by DOH.

A medical physician who is engaged in providing primary health care services may not supervise more than four offices in addition to the physician's primary practice location. "Primary health care" is defined to mean health care services that are commonly provided to patients without referral from another practitioner, including obstetrical and gynecological services, and excludes practices providing primarily dermatologic and skin care services, which include aesthetic skin care services.

A medical physician who is engaged in providing specialty health care services may not supervise more than two offices in addition to the physician's primary practice location. "Specialty health care" is defined to mean health care services that are commonly provided to patients with a referral from another practitioner and excludes practices providing primarily dermatologic and skin care services, which include aesthetic skin care services.

A medical physician who supervises an advanced registered nurse practitioner or physician assistant at a medical office other than the physician's primary practice location, where the advanced registered nurse practitioner or physician assistant is not under the onsite supervision of a supervising physician and the services offered at the office are primarily dermatologic or skin care services, which include aesthetic skin care services other than plastic surgery, must comply with the following standards:

- The medical physician must submit to the Board of Medicine the addresses of all offices where he or she is supervising an advanced registered nurse practitioner or a physician assistant which are not the physician's primary practice location.
- The medical physician must be board-certified or board-eligible in dermatology or plastic surgery as recognized by the Board of Medicine pursuant to s. 458.3312, F.S.
- All offices that are not the physician's primary place of practice must be within 25 miles of the physician's primary place of practice or in a county that is contiguous to the county

of the physician's primary place of practice. However the distance between any of the offices may not exceed 75 miles.

- The medical physician may supervise only one office other than the physician's primary place of practice except that until July 1, 2011, the medical physician may supervise up to two medical offices other than the medical physician's primary place of practice if the addresses of the offices are submitted to the Board of Medicine before July 1, 2006. Effective July 1, 2011, the medical physician may supervise only one office other than the physician's primary place of practice, regardless of when the addresses were submitted to the Board of Medicine.
- Notwithstanding s. 458.347(4)(e)8, F.S., a medical physician supervising a physician assistant may not be required to review and cosign charts or medical records prepared by the physician assistant.

A medical physician who supervises an office in addition to the medical physician's primary location must conspicuously post in each of the physician's offices a current schedule of the regular hours when the physician is present in that office and the hours when the office is open while the physician is not present.

This newly created subsection 458.348(4), F.S., does not apply to health care services provided in licensed hospitals, ambulatory surgical centers, or mobile surgical facilities or in conjunction with a college of medicine, a college of nursing, an accredited graduate medical program, or a nursing education program; offices where the only service being performed is hair removal by an advanced registered nurse practitioner or physician assistant; not-for-profit, family-planning clinics that are not licensed pursuant to chapter 390, F.S.; rural and federally qualified health centers; health care services provided in a licensed nursing home, assisted living facility, or continuing care facility; health care services provided in a retirement community consisting of independent living units and a licensed nursing home or assisted living facility; anesthesia services provided in accordance with law; health care services provided in a designated rural health clinic; health care services provided to persons enrolled in a program designed to maintain elderly persons and persons with disabilities in a home or community-based setting; ; university primary care student health centers; school health clinics; or health care services provided in federal, state, or local government facilities.

The bill requires a medical physician to ensure that a referred patient is informed of the type of license held by the physician to whom the patient has been referred and any other practitioner who will be providing services to the patient. When scheduling the initial examination or consultation following the referral, the patient may decide to see the physician or any other licensed practitioner supervised by the physician, and must sign a form indicating the patient's choice of practitioner. The supervising medical physician must review the medical record of the initial examination or consultation and ensure that a written report of the initial examination or consultation is furnished to the referring practitioner within 10 business days following the completion of the initial examination or consultation.

The bill provides that this section is self-executing and does not require or provide authority for additional rulemaking.

Section 6. Repeals s. 459.008(5), F.S., which provides an option for osteopathic physicians to complete continuing education courses in end-of-life care in lieu of continuing education courses in AIDS/HIV.

Section 7. Creates s. 459.025, F.S., to establish requirements for osteopathic physicians relating to formal supervisory relationships, standing orders, established protocols, notice, and standards.

S*ubsection (1)* requires an osteopathic physician who enters into a formal supervisory relationship or standing orders with an emergency medical technician or paramedic or when an osteopathic physician enters into an established protocol with an advanced registered nurse practitioner, both of which contemplate the performance of medical acts, to submit notice to the Board of Osteopathic Medicine. Subsection (1) requires the notice to contain specified information. The notice must be filed within 30 days after entering the relationship, orders, or protocol and the notice must be provided within 30 days after the osteopathic physician has terminated the relationship, orders, or protocol.

Subsection (2) requires all protocols relating to electrolysis or electrology using laser or light-based hair removal or reduction by persons other than Florida-licensed osteopathic physicians or medical physicians to require the person performing the service to be appropriately trained and to work only under the direct supervision and responsibility of a Florida-licensed osteopathic physician or medical physician.

Subsection (3) imposes requirements on an osteopathic physician who supervises an advanced registered nurse practitioner or physician assistant at a medical office other than the physician's primary practice location, where the advanced registered nurse practitioner or physician assistant is not under the onsite supervision of a supervising physician. "Primary practice location" is defined to mean the address reflected on the published physician's profile maintained by DOH.

An osteopathic physician who is engaged in providing primary health care services may not supervise more than four offices in addition to the physician's primary practice location. "Primary health care" is defined to mean health care services that are commonly provided to patients without referral from another practitioner, including obstetrical and gynecological services, and excludes practices providing primarily dermatologic and skin care services, which include aesthetic skin care services.

An osteopathic physician who is engaged in providing specialty health care services may not supervise more than two offices in addition to the physician's primary practice location. "Specialty health care" is defined to mean health care services that are commonly provided to patients with a referral from another practitioner and excludes practices providing primarily dermatologic and skin care services, which include aesthetic skin care services.

An osteopathic physician who supervises an advanced registered nurse practitioner or physician assistant at a medical office other than the physician's primary practice location, where the advanced registered nurse practitioner or physician assistant is not under the onsite supervision of a supervising physician and the services offered at the office are primarily dermatologic or skin care services, which include aesthetic skin care services other than plastic surgery, must comply with the following standards:

- The osteopathic physician must submit to the Board of Osteopathic Medicine the addresses of all offices where he or she is supervising an advanced registered nurse practitioner or a physician assistant which are not the physician's primary practice location.
- The osteopathic physician must be board-certified or board-eligible in dermatology or plastic surgery as recognized by the Board of Osteopathic Medicine pursuant to s. 459.0152, F.S.
- All offices that are not the physician's primary place of practice must be within 25 miles of the physician's primary place of practice or in a county that is contiguous to the county of the physician's primary place of practice. However the distance between any of the offices may not exceed 75 miles.
- The osteopathic physician may supervise only one office other than the physician's primary place of practice except that until July 1, 2011, the osteopathic physician may supervise up to two medical offices other than the osteopathic physician's primary place of practice if the addresses of the offices are submitted to the Board of Osteopathic Medicine before July 1, 2006. Effective July 1, 2011, the osteopathic physician may supervise only one office other than the physician's primary place of practice, regardless of when the addresses were submitted to the Board of Medicine.
- Notwithstanding s. 459.022(4)(e)8, F.S., an osteopathic physician supervising a physician assistant may not be required to review and cosign charts or medical records prepared by the physician assistant.

An osteopathic physician who supervises an office in addition to the osteopathic physician's primary location must conspicuously post in each of the physician's offices a current schedule of the regular hours when the physician is present in that office and the hours when the office is open while the physician is not present.

The newly created subsection 458.348(3), F.S., does not apply to health care services provided in licensed hospitals, ambulatory surgical centers, or mobile surgical facilities or in conjunction with a college of medicine, a college of nursing, an accredited graduate medical program, or a nursing education program; offices where the only service being performed is hair removal by an advanced registered nurse practitioner or physician assistant; not-for-profit, family-planning clinics that are not licensed pursuant to chapter 390, F.S.; rural and federally qualified health centers; health care services provided in a licensed nursing home, assisted living facility, or continuing care facility; health care services provided in a retirement community consisting of independent living units and a licensed nursing home or assisted living facility; anesthesia services provided in accordance with law; health care services provided in a designated rural health clinic; health care services provided to persons enrolled in a program designed to maintain elderly persons and persons with disabilities in a home or community-based setting; university primary care student health centers; school health clinics; or health care services provided in federal, state, or local government facilities.

The bill requires an osteopathic physician to ensure that a referred patient is informed of the type of license held by the physician to whom the patient has been referred and any other practitioner who will be providing services to the patient. When scheduling the initial examination or consultation following the referral, the patient may decide to see the osteopathic physician or any

other licensed practitioner supervised by the physician, and must sign a form indicating the patient's choice of practitioner. The supervising osteopathic physician must review the medical record of the initial examination or consultation and ensure that a written report of the initial examination or consultation is furnished to the referring practitioner within 10 business days following the completion of the initial examination or consultation.

The bill provides that this section is self-executing and does not require or provide authority for additional rulemaking.

Section 8. Amends s. 464.012, F.S., relating to certification requirements for advanced registered nurse practitioners, to require an advanced registered nurse practitioner to file a protocol with the Board of Nursing upon biennial license renewal and within 30 days after entering into a supervisory relationship with a physician or changes to the protocol. The Board of Nursing must review the protocol to ensure compliance with applicable regulatory standards for protocols. The Board of Nursing must refer any licensees to the Department of Health that are not compliant with the regulatory standards for protocols.

Section 9. Provides an effective date of July 1, 2006.

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, Subsection 19(f) of the Florida Constitution.

V. Economic Impact and Fiscal Note:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The role of advanced registered nurse practitioners and physician assistants who do not practice within a physician's office or practice setting may be restricted.

C. Government Sector Impact:

The Department of Health will incur some costs relating to rulemaking under the bill. The department reports that such costs will be insignificant.

VI. Technical Deficiencies:

None.

VII. Related Issues:

The bill requires the Board of Nursing to review advanced registered nurse practitioner protocols to ensure compliance with *applicable regulatory standards for protocols*. The Board of Nursing must refer any licensees to the Department of Health that are not compliant with the *regulatory standards for protocols*. It is unclear what the bill means by its use of "*regulatory standards for protocols."* It may be referring to applicable statutes and rules of the Board of Nursing.

VIII. Summary of Amendments:

None.