

**HOUSE OF REPRESENTATIVES STAFF ANALYSIS**

**BILL #:** HB 859

Physician Assistants

**SPONSOR(S):** Baxley

**TIED BILLS:**

**IDEN./SIM. BILLS:** SB 1690

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<b>REFERENCE</b>	<b>ACTION</b>	<b>ANALYST</b>	<b>STAFF DIRECTOR</b>
1) Health Care Regulation Committee		Hamrick	Mitchell
2) Health & Families Council			
3) _____			
4) _____			
5) _____			

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**SUMMARY ANALYSIS**

HB 859 requires a licensed physician assistant designated by the Council on Physician Assistants to be a member of a probable cause panel considering disciplinary action against a licensed physician assistant.

The bill also removes a requirement that a physician cosign the medical charts and records that are prepared by a physician assistant, if the supervising licensed physician is located on the business premises.

Identical language is added to the practice acts for allopathic and osteopathic physicians.

The bill does not appear to have a significant fiscal impact on state or local governments.

The bill takes effect on July 1, 2006.

## FULL ANALYSIS

### I. SUBSTANTIVE ANALYSIS

#### A. HOUSE PRINCIPLES ANALYSIS:

**Promote personal responsibility**-The bill provides that a physician assistant who is under investigation by a probable cause panel will have a physician assistant sit on the probable cause panel. This provides physician assistants a voice in determining the disciplinary action of members of their profession.

#### B. EFFECT OF PROPOSED CHANGES:

The bill requires a probable cause panel considering disciplinary action against a licensed physician assistant to require that a licensed physician assistant designated by the Council on Physician Assistants be on the disciplinary panel, if one is available.

The bill removes the requirement that a physician cosign the medical charts and records prepared by a physician assistant, if the supervising licensed physician is located on the business premises.

Identical language is added to the practice acts for allopathic and osteopathic physicians.

### PRESENT SITUATION

Currently, there are about 3,000 licensed physician assistants and 33,000 licensed allopathic and osteopathic physicians in Florida. Physician assistants practice under the indirect supervision of allopathic and osteopathic physicians. Physician assistants are governed under identical provisions within the practice act for medicine and osteopathic medicine respectively, ss. 458.347 and 459.022, F.S.

#### **Council on Physician Assistants**

The Council on Physician Assistants is created within the Department of Health and consists of five members: (3) doctors from the Board of Medicine, one of whom must supervise a physician assistant, (1) doctor from the Board of Osteopathic Medicine, and (1) licensed physician assistant appointed by the Secretary of the department. The Council on Physician Assistants may not adopt rules unless they are accepted and approved by the Board of Medicine and the Board of Osteopathic Medicine.

The Board of Medicine or the Board of Osteopathic Medicine may impose any of the penalties on physician assistants that are authorized in ss. 456.072 and 458.331(2) or 459.015(2), F.S.

#### **Membership Requirements for Probable Cause Panels**

Section 456.073(4), F.S. provides that a probable cause panel must be composed of at least two members; one or more of the members may be a former board member; one member must be one of the board's former or present consumer members, if one is available. Any probable cause panel must include a former or present professional board member with an active license for the profession they are representing.

#### **Cosignature of Medical Records and Charts**

Currently in rule, all tasks and procedures performed by a physician assistant must be documented in the appropriate medical record and later reviewed, signed, and dated by the supervising physician. According to the Board of Medicine, the cosigning of medical records and charts is the primary tool used by the board to determine whether a physician assistant is having duties appropriately delegated to them by a supervising physician and if the physician assistant is operating within their scope of practice.

C. SECTION DIRECTORY:

**Section 1.** Amends s. 458.331, F.S., to require that when a probable cause panel is considering disciplinary action against a physician assistant, the probable cause panel of the Board of Medicine must include a physician assistant that is recommended by the Council on Physician Assistants, unless one is not available.

**Section 2.** Amends s. 458.347, F.S., to provide that medical charts and records do not require a cosignature by a licensed physician, if they are prepared by a physician assistant who is under the supervision of a licensed physician located on the business premises.

**Section 3.** Amends s. 459.015, F.S., to require that when a probable cause panel is considering disciplinary action against a physician assistant, the probable cause panel of the Board of Osteopathic Medicine must include a physician assistant that is recommended by the Council on Physician Assistants, unless one is not available.

**Section 4.** Amends s. 459.022, F.S., to provide that medical charts and records do not require a cosignature by a licensed physician, if they are prepared by a physician assistant who is under the supervision of a licensed physician located on the business premises.

**Section 5.** Provides that this bill will take effect on July 1, 2006.

**II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT**

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None. (See "D. FISCAL COMMENTS.")

D. FISCAL COMMENTS:

According to the Department of Health, there will be some costs involved in having an additional person attend a probable cause panel meeting. The cost will not be significant.

The bill allows more efficient handling of medical records and charts by removing the requirement for physician cosignature that is not required of comparable health care practitioners. Advanced registered nurse practitioner's (ANRP's) perform services similar to that of a physician assistant, but are not required to have medical records or charts reviewed and cosigned by a supervising physician.

### III. COMMENTS

#### A. CONSTITUTIONAL ISSUES:

##### 1. Applicability of Municipality/County Mandates Provision:

This bill does not require counties or municipalities to spend funds or take an action requiring the expenditure of funds. This bill does not reduce the percentage of a state tax shared with counties or municipalities. This bill does not reduce the authority that municipalities have to raise revenue.

##### 2. Other:

None.

#### B. RULE-MAKING AUTHORITY:

No additional rule-making authority is needed to implement the provisions of this bill.

#### C. DRAFTING ISSUES OR OTHER COMMENTS:

According to the Department of Health, the bill does not define "business premises." This could be interpreted to mean that any location where the supervising physician sees patients, no matter how infrequently would be a "business premises."

Section 458.307(4), F.S., provides that no member of the Board of Medicine will participate or be part of a probable cause panel unless he or she has completed a disciplinary training program. Since the physician assistant is not an appointed member of a board, they would not be required to attend disciplinary training program. The disciplinary training program provides probable cause members the knowledge needed to determine the grounds for disciplinary action, changes in relevant statutes and rules, and any relevant judicial and administrative decisions.

### IV. AMENDMENTS/COMMITTEE SUBSTITUTE & COMBINED BILL CHANGES