



## 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 that when a probable cause panel is considering disciplinary action against a physician assistant, the probable cause panel of the Board of Medicine or Osteopathic Medicine must include a physician assistant that is designated by the Council on Physician Assistants. The designated physician assistant must hold an active Florida license and may only participate in cases considering disciplinary action against a physician assistant. If the designated physician assistant is not available, the probable cause panel may consider and vote on the case in their absence. The bill exempts the designated physician assistant from having to attend a disciplinary training program (s. 458.307(4), F.S.) and clarifies that rule making authority is not required to implement the provisions of the bill (s. 456.073(4), F.S.).

### 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.

#### **Disciplinary Training Program**

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. 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. The bill provides a specific exemption for the physician assistant from having to attend this training.

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 who is recommended by the Council on Physician Assistants and exempts certain rule making and training provisions.

**Section 2.** 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 who is recommended by the Council on Physician Assistants and exempts certain rule making provisions.

**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.

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.

**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:**

None.

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

On March 15, 2006, the Health Care Regulation Committee adopted a strike-all amendment offered by the bill's sponsor. The Committee Substitute differs from the original bill as filed in that it removed the provision deleting the requirement that a physician must cosign medical charts and records that are prepared by a physician assistant and added language that exempts the physician assistant from having to attend the disciplinary training program.

The bill, as amended, was reported favorably as a committee substitute.

This analysis is drafted to the committee substitute.