

1                                   A bill to be entitled  
 2           An act relating to physician assistants; amending ss.  
 3           458.347 and 459.022, F.S.; deleting requirements that  
 4           physician assistants file evidence of certain clinical  
 5           experience before prescribing or dispensing medication;  
 6           requiring applicants for licensure as physician assistants  
 7           to remit applications in a specified format, submit  
 8           fingerprints, and undergo statewide and national criminal  
 9           history checks; requiring the Department of Health to  
 10          allow the electronic submission of fingerprints;  
 11          authorizing the department to contract for electronic  
 12          fingerprint collection and imaging; requiring that  
 13          applicants pay the cost of the criminal history checks;  
 14          requiring the department to refer physician assistant  
 15          license applicants with criminal histories to the Board of  
 16          Medicine or the Board of Osteopathic Medicine for  
 17          licensure determination; authorizing the electronic  
 18          submission of applications and other required  
 19          documentation; amending ss. 458.348 and 459.025, F.S.;  
 20          conforming cross-references; providing an effective date.

21  
 22   Be It Enacted by the Legislature of the State of Florida:

23  
 24           Section 1. Paragraph (e) of subsection (4) and paragraphs  
 25           (a) and (b) of subsection (7) of section 458.347, Florida  
 26           Statutes, are amended, and paragraph (h) is added to subsection  
 27           (7) of that section, to read:  
 28           458.347   Physician assistants.—

HB 573

2010

29 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

30 (e) A supervisory physician may delegate to a fully  
31 licensed physician assistant the authority to prescribe or  
32 dispense any medication used in the supervisory physician's  
33 practice unless such medication is listed on the formulary  
34 created pursuant to paragraph (f). A fully licensed physician  
35 assistant may only prescribe or dispense such medication under  
36 the following circumstances:

37 1. A physician assistant must clearly identify to the  
38 patient that he or she is a physician assistant. Furthermore,  
39 the physician assistant must inform the patient that the patient  
40 has the right to see the physician prior to any prescription  
41 being prescribed or dispensed by the physician assistant.

42 2. The supervisory physician must notify the department of  
43 his or her intent to delegate, on a department-approved form,  
44 before delegating such authority and notify the department of  
45 any change in prescriptive privileges of the physician  
46 assistant. Authority to dispense may be delegated only by a  
47 supervising physician who is registered as a dispensing  
48 practitioner in compliance with s. 465.0276.

49 3. The physician assistant must file with the department,  
50 before commencing to prescribe or dispense, evidence that he or  
51 she has completed a continuing medical education course of at  
52 least 3 classroom hours in prescriptive practice, conducted by  
53 an accredited program approved by the boards, which course  
54 covers the limitations, responsibilities, and privileges  
55 involved in prescribing medicinal drugs, or evidence that he or  
56 she has received education comparable to the continuing

HB 573

2010

57 education course as part of an accredited physician assistant  
58 training program.

59 ~~4. The physician assistant must file with the department,~~  
60 ~~before commencing to prescribe or dispense, evidence that the~~  
61 ~~physician assistant has a minimum of 3 months of clinical~~  
62 ~~experience in the specialty area of the supervising physician.~~

63 4.5. The physician assistant must file with the department  
64 a signed affidavit that he or she has completed a minimum of 10  
65 continuing medical education hours in the specialty practice in  
66 which the physician assistant has prescriptive privileges with  
67 each licensure renewal application.

68 5.6. The department shall issue a license and a prescriber  
69 number to the physician assistant granting authority for the  
70 prescribing of medicinal drugs authorized within this paragraph  
71 upon completion of the foregoing requirements. The physician  
72 assistant shall not be required to independently register  
73 pursuant to s. 465.0276.

74 6.7. The prescription must be written in a form that  
75 complies with chapter 499 and must contain, in addition to the  
76 supervisory physician's name, address, and telephone number, the  
77 physician assistant's prescriber number. Unless it is a drug or  
78 drug sample dispensed by the physician assistant, the  
79 prescription must be filled in a pharmacy permitted under  
80 chapter 465 and must be dispensed in that pharmacy by a  
81 pharmacist licensed under chapter 465. The appearance of the  
82 prescriber number creates a presumption that the physician  
83 assistant is authorized to prescribe the medicinal drug and the  
84 prescription is valid.

85           ~~7.8.~~ The physician assistant must note the prescription or  
 86 dispensing of medication in the appropriate medical record.

87           ~~8.9.~~ This paragraph does not prohibit a supervisory  
 88 physician from delegating to a physician assistant the authority  
 89 to order medication for a hospitalized patient of the  
 90 supervisory physician.

91  
 92 This paragraph does not apply to facilities licensed pursuant to  
 93 chapter 395.

94           (7) PHYSICIAN ASSISTANT LICENSURE.—

95           (a) Any person desiring to be licensed as a physician  
 96 assistant must apply to the department. The department shall  
 97 issue a license to any person certified by the council as having  
 98 met the following requirements:

99           1. Is at least 18 years of age.

100           2. Has satisfactorily passed a proficiency examination by  
 101 an acceptable score established by the National Commission on  
 102 Certification of Physician Assistants. If an applicant does not  
 103 hold a current certificate issued by the National Commission on  
 104 Certification of Physician Assistants and has not actively  
 105 practiced as a physician assistant within the immediately  
 106 preceding 4 years, the applicant must retake and successfully  
 107 complete the entry-level examination of the National Commission  
 108 on Certification of Physician Assistants to be eligible for  
 109 licensure.

110           3. Has completed an ~~the~~ application in the format  
 111 prescribed by the department ~~form~~ and remitted an application  
 112 fee not to exceed \$300 as set by the boards. An application for

HB 573

2010

113 licensure made by a physician assistant must include:

114 a. A certificate of completion of a physician assistant  
115 training program specified in subsection (6).

116 b. A sworn statement of any prior felony convictions.

117 c. A sworn statement of any previous revocation or denial  
118 of licensure or certification in any state.

119 d. Two letters of recommendation.

120 4. Has submitted to the department a complete set of  
121 fingerprints in the format and under the procedures prescribed  
122 by the department. The department shall allow an applicant to  
123 submit his or her fingerprints electronically and may contract  
124 with private vendors or enter into interagency agreements for  
125 the collection and imaging of electronically submitted  
126 fingerprints. The department shall submit an applicant's  
127 fingerprints to the Department of Law Enforcement for a  
128 statewide criminal history check, and the Department of Law  
129 Enforcement shall forward the fingerprints to the Federal Bureau  
130 of Investigation for a national criminal history check. The cost  
131 of the criminal history checks shall be borne by the applicant.  
132 The department shall review the results of the criminal history  
133 checks, shall issue a license to an applicant who meets all  
134 requirements for licensure and does not have a criminal history,  
135 and shall refer an applicant with a criminal history to the  
136 board for a determination of whether and under what conditions a  
137 license should be issued.

138 (b)1. Notwithstanding subparagraph (a)2. and sub-  
139 subparagraph (a)3.a., the department shall examine each  
140 applicant who the Board of Medicine certifies:

HB 573

2010

141 a. Has completed an ~~the~~ application in the format  
142 prescribed by the department ~~form~~ and remitted a nonrefundable  
143 application fee not to exceed \$500 and an examination fee not to  
144 exceed \$300, plus the actual cost to the department to provide  
145 the examination. The examination fee is refundable if the  
146 applicant is found to be ineligible to take the examination. The  
147 department shall not require the applicant to pass a separate  
148 practical component of the examination. For examinations given  
149 after July 1, 1998, competencies measured through practical  
150 examinations shall be incorporated into the written examination  
151 through a multiple-choice format. The department shall translate  
152 the examination into the native language of any applicant who  
153 requests and agrees to pay all costs of such translation,  
154 provided that the translation request is filed with the board  
155 office no later than 9 months before the scheduled examination  
156 and the applicant remits translation fees as specified by the  
157 department no later than 6 months before the scheduled  
158 examination, and provided that the applicant demonstrates to the  
159 department the ability to communicate orally in basic English.  
160 If the applicant is unable to pay translation costs, the  
161 applicant may take the next available examination in English if  
162 the applicant submits a request in writing by the application  
163 deadline and if the applicant is otherwise eligible under this  
164 section. To demonstrate the ability to communicate orally in  
165 basic English, a passing score or grade is required, as  
166 determined by the department or organization that developed it,  
167 on the test for spoken English (TSE) by the Educational Testing  
168 Service (ETS), the test of English as a foreign language (TOEFL)

HB 573

2010

169 by ETS, a high school or college level English course, or the  
170 English examination for citizenship, Bureau of Citizenship and  
171 Immigration Services. A notarized copy of an Educational  
172 Commission for Foreign Medical Graduates (ECFMG) certificate may  
173 also be used to demonstrate the ability to communicate in basic  
174 English; and

175       b.(I) Is an unlicensed physician who graduated from a  
176 foreign medical school listed with the World Health Organization  
177 who has not previously taken and failed the examination of the  
178 National Commission on Certification of Physician Assistants and  
179 who has been certified by the Board of Medicine as having met  
180 the requirements for licensure as a medical doctor by  
181 examination as set forth in s. 458.311(1), (3), (4), and (5),  
182 with the exception that the applicant is not required to have  
183 completed an approved residency of at least 1 year and the  
184 applicant is not required to have passed the licensing  
185 examination specified under s. 458.311 or hold a valid, active  
186 certificate issued by the Educational Commission for Foreign  
187 Medical Graduates; was eligible and made initial application for  
188 certification as a physician assistant in this state between  
189 July 1, 1990, and June 30, 1991; and was a resident of this  
190 state on July 1, 1990, or was licensed or certified in any state  
191 in the United States as a physician assistant on July 1, 1990;  
192 or

193       (II) Completed all coursework requirements of the Master  
194 of Medical Science Physician Assistant Program offered through  
195 the Florida College of Physician's Assistants prior to its  
196 closure in August of 1996. Prior to taking the examination, such

HB 573

2010

197 applicant must successfully complete any clinical rotations that  
198 were not completed under such program prior to its termination  
199 and any additional clinical rotations with an appropriate  
200 physician assistant preceptor, not to exceed 6 months, that are  
201 determined necessary by the council. The boards shall determine,  
202 based on recommendations from the council, the facilities under  
203 which such incomplete or additional clinical rotations may be  
204 completed and shall also determine what constitutes successful  
205 completion thereof, provided such requirements are comparable to  
206 those established by accredited physician assistant programs.  
207 This sub-sub-subparagraph is repealed July 1, 2001.

208 2. The department may grant temporary licensure to an  
209 applicant who meets the requirements of subparagraph 1. Between  
210 meetings of the council, the department may grant temporary  
211 licensure to practice based on the completion of all temporary  
212 licensure requirements. All such administratively issued  
213 licenses shall be reviewed and acted on at the next regular  
214 meeting of the council. A temporary license expires 30 days  
215 after receipt and notice of scores to the licenseholder from the  
216 first available examination specified in subparagraph 1.  
217 following licensure by the department. An applicant who fails  
218 the proficiency examination is no longer temporarily licensed,  
219 but may apply for a one-time extension of temporary licensure  
220 after reapplying for the next available examination. Extended  
221 licensure shall expire upon failure of the licenseholder to sit  
222 for the next available examination or upon receipt and notice of  
223 scores to the licenseholder from such examination.

224 3. Notwithstanding any other provision of law, the



HB 573

2010

225 examination specified pursuant to subparagraph 1. shall be  
226 administered by the department only five times. Applicants  
227 certified by the board for examination shall receive at least 6  
228 months' notice of eligibility prior to the administration of the  
229 initial examination. Subsequent examinations shall be  
230 administered at 1-year intervals following the reporting of the  
231 scores of the first and subsequent examinations. For the  
232 purposes of this paragraph, the department may develop, contract  
233 for the development of, purchase, or approve an examination that  
234 adequately measures an applicant's ability to practice with  
235 reasonable skill and safety. The minimum passing score on the  
236 examination shall be established by the department, with the  
237 advice of the board. Those applicants failing to pass that  
238 examination or any subsequent examination shall receive notice  
239 of the administration of the next examination with the notice of  
240 scores following such examination. Any applicant who passes the  
241 examination and meets the requirements of this section shall be  
242 licensed as a physician assistant with all rights defined  
243 thereby.

244 (h) An application or other documentation required to be  
245 submitted to the department under this subsection may be  
246 submitted electronically.

247 Section 2. Paragraph (c) of subsection (4) of section  
248 458.348, Florida Statutes, is amended to read:

249 458.348 Formal supervisory relationships, standing orders,  
250 and established protocols; notice; standards.—

251 (4) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—  
252 A physician who supervises an advanced registered nurse

HB 573

2010

253 practitioner or physician assistant at a medical office other  
254 than the physician's primary practice location, where the  
255 advanced registered nurse practitioner or physician assistant is  
256 not under the onsite supervision of a supervising physician,  
257 must comply with the standards set forth in this subsection. For  
258 the purpose of this subsection, a physician's "primary practice  
259 location" means the address reflected on the physician's profile  
260 published pursuant to s. 456.041.

261 (c) A physician who supervises an advanced registered  
262 nurse practitioner or physician assistant at a medical office  
263 other than the physician's primary practice location, where the  
264 advanced registered nurse practitioner or physician assistant is  
265 not under the onsite supervision of a supervising physician and  
266 the services offered at the office are primarily dermatologic or  
267 skin care services, which include aesthetic skin care services  
268 other than plastic surgery, must comply with the standards  
269 listed in subparagraphs 1.-4. Notwithstanding s.  
270 458.347(4)(e) 7.8, a physician supervising a physician assistant  
271 pursuant to this paragraph may not be required to review and  
272 cosign charts or medical records prepared by such physician  
273 assistant.

274 1. The physician shall submit to the board the addresses  
275 of all offices where he or she is supervising an advanced  
276 registered nurse practitioner or a physician's assistant which  
277 are not the physician's primary practice location.

278 2. The physician must be board certified or board eligible  
279 in dermatology or plastic surgery as recognized by the board  
280 pursuant to s. 458.3312.

HB 573

2010

281           3. All such offices that are not the physician's primary  
282 place of practice must be within 25 miles of the physician's  
283 primary place of practice or in a county that is contiguous to  
284 the county of the physician's primary place of practice.  
285 However, the distance between any of the offices may not exceed  
286 75 miles.

287           4. The physician may supervise only one office other than  
288 the physician's primary place of practice except that until July  
289 1, 2011, the physician may supervise up to two medical offices  
290 other than the physician's primary place of practice if the  
291 addresses of the offices are submitted to the board before July  
292 1, 2006. Effective July 1, 2011, the physician may supervise  
293 only one office other than the physician's primary place of  
294 practice, regardless of when the addresses of the offices were  
295 submitted to the board.

296           Section 3. Paragraph (e) of subsection (4) and paragraph  
297 (a) of subsection (7) of section 459.022, Florida Statutes, are  
298 amended, and paragraph (g) is added to subsection (7) of that  
299 section, to read:

300           459.022 Physician assistants.—

301           (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

302           (e) A supervisory physician may delegate to a fully  
303 licensed physician assistant the authority to prescribe or  
304 dispense any medication used in the supervisory physician's  
305 practice unless such medication is listed on the formulary  
306 created pursuant to s. 458.347. A fully licensed physician  
307 assistant may only prescribe or dispense such medication under  
308 the following circumstances:

309 1. A physician assistant must clearly identify to the  
 310 patient that she or he is a physician assistant. Furthermore,  
 311 the physician assistant must inform the patient that the patient  
 312 has the right to see the physician prior to any prescription  
 313 being prescribed or dispensed by the physician assistant.

314 2. The supervisory physician must notify the department of  
 315 her or his intent to delegate, on a department-approved form,  
 316 before delegating such authority and notify the department of  
 317 any change in prescriptive privileges of the physician  
 318 assistant. Authority to dispense may be delegated only by a  
 319 supervisory physician who is registered as a dispensing  
 320 practitioner in compliance with s. 465.0276.

321 3. The physician assistant must file with the department,  
 322 before commencing to prescribe or dispense, evidence that she or  
 323 he has completed a continuing medical education course of at  
 324 least 3 classroom hours in prescriptive practice, conducted by  
 325 an accredited program approved by the boards, which course  
 326 covers the limitations, responsibilities, and privileges  
 327 involved in prescribing medicinal drugs, or evidence that she or  
 328 he has received education comparable to the continuing education  
 329 course as part of an accredited physician assistant training  
 330 program.

331 ~~4. The physician assistant must file with the department,~~  
 332 ~~before commencing to prescribe or dispense, evidence that the~~  
 333 ~~physician assistant has a minimum of 3 months of clinical~~  
 334 ~~experience in the specialty area of the supervising physician.~~

335 4.5. The physician assistant must file with the department  
 336 a signed affidavit that she or he has completed a minimum of 10

HB 573

2010

337 continuing medical education hours in the specialty practice in  
338 which the physician assistant has prescriptive privileges with  
339 each licensure renewal application.

340 ~~5.6.~~ The department shall issue a license and a prescriber  
341 number to the physician assistant granting authority for the  
342 prescribing of medicinal drugs authorized within this paragraph  
343 upon completion of the foregoing requirements. The physician  
344 assistant shall not be required to independently register  
345 pursuant to s. 465.0276.

346 ~~6.7.~~ The prescription must be written in a form that  
347 complies with chapter 499 and must contain, in addition to the  
348 supervisory physician's name, address, and telephone number, the  
349 physician assistant's prescriber number. Unless it is a drug or  
350 drug sample dispensed by the physician assistant, the  
351 prescription must be filled in a pharmacy permitted under  
352 chapter 465, and must be dispensed in that pharmacy by a  
353 pharmacist licensed under chapter 465. The appearance of the  
354 prescriber number creates a presumption that the physician  
355 assistant is authorized to prescribe the medicinal drug and the  
356 prescription is valid.

357 ~~7.8.~~ The physician assistant must note the prescription or  
358 dispensing of medication in the appropriate medical record.

359 ~~8.9.~~ This paragraph does not prohibit a supervisory  
360 physician from delegating to a physician assistant the authority  
361 to order medication for a hospitalized patient of the  
362 supervisory physician.

363

364 This paragraph does not apply to facilities licensed pursuant to

HB 573

2010

365 chapter 395.

366 (7) PHYSICIAN ASSISTANT LICENSURE.—

367 (a) Any person desiring to be licensed as a physician  
 368 assistant must apply to the department. The department shall  
 369 issue a license to any person certified by the council as having  
 370 met the following requirements:

371 1. Is at least 18 years of age.

372 2. Has satisfactorily passed a proficiency examination by  
 373 an acceptable score established by the National Commission on  
 374 Certification of Physician Assistants. If an applicant does not  
 375 hold a current certificate issued by the National Commission on  
 376 Certification of Physician Assistants and has not actively  
 377 practiced as a physician assistant within the immediately  
 378 preceding 4 years, the applicant must retake and successfully  
 379 complete the entry-level examination of the National Commission  
 380 on Certification of Physician Assistants to be eligible for  
 381 licensure.

382 3. Has completed an ~~the~~ application in the format  
 383 prescribed by the department ~~form~~ and remitted an application  
 384 fee not to exceed \$300 as set by the boards. An application for  
 385 licensure made by a physician assistant must include:

386 a. A certificate of completion of a physician assistant  
 387 training program specified in subsection (6).

388 b. A sworn statement of any prior felony convictions.

389 c. A sworn statement of any previous revocation or denial  
 390 of licensure or certification in any state.

391 d. Two letters of recommendation.

392 4. Has submitted to the department a complete set of

HB 573

2010

393 fingerprints in the format and under the procedures prescribed  
394 by the department. The department shall allow an applicant to  
395 submit his or her fingerprints electronically and may contract  
396 with private vendors or enter into interagency agreements for  
397 the collection and imaging of electronically submitted  
398 fingerprints. The department shall submit an applicant's  
399 fingerprints to the Department of Law Enforcement for a  
400 statewide criminal history check, and the Department of Law  
401 Enforcement shall forward the fingerprints to the Federal Bureau  
402 of Investigation for a national criminal history check. The cost  
403 of the criminal history checks shall be borne by the applicant.  
404 The department shall review the results of the criminal history  
405 checks, shall issue a license to an applicant who meets all  
406 requirements for licensure and does not have a criminal history,  
407 and shall refer an applicant with a criminal history to the  
408 board for a determination of whether and under what conditions a  
409 license should be issued.

410 (g) An application or other documentation required to be  
411 submitted to the department under this subsection may be  
412 submitted electronically.

413 Section 4. Paragraph (c) of subsection (3) of section  
414 459.025, Florida Statutes, is amended to read:

415 459.025 Formal supervisory relationships, standing orders,  
416 and established protocols; notice; standards.—

417 (3) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—  
418 An osteopathic physician who supervises an advanced registered  
419 nurse practitioner or physician assistant at a medical office  
420 other than the osteopathic physician's primary practice

HB 573

2010

421 location, where the advanced registered nurse practitioner or  
422 physician assistant is not under the onsite supervision of a  
423 supervising osteopathic physician, must comply with the  
424 standards set forth in this subsection. For the purpose of this  
425 subsection, an osteopathic physician's "primary practice  
426 location" means the address reflected on the physician's profile  
427 published pursuant to s. 456.041.

428 (c) An osteopathic physician who supervises an advanced  
429 registered nurse practitioner or physician assistant at a  
430 medical office other than the osteopathic physician's primary  
431 practice location, where the advanced registered nurse  
432 practitioner or physician assistant is not under the onsite  
433 supervision of a supervising osteopathic physician and the  
434 services offered at the office are primarily dermatologic or  
435 skin care services, which include aesthetic skin care services  
436 other than plastic surgery, must comply with the standards  
437 listed in subparagraphs 1.-4. Notwithstanding s.  
438 459.022 (4) (e) 7.8, an osteopathic physician supervising a  
439 physician assistant pursuant to this paragraph may not be  
440 required to review and cosign charts or medical records prepared  
441 by such physician assistant.

442 1. The osteopathic physician shall submit to the Board of  
443 Osteopathic Medicine the addresses of all offices where he or  
444 she is supervising or has a protocol with an advanced registered  
445 nurse practitioner or a physician's assistant which are not the  
446 osteopathic physician's primary practice location.

447 2. The osteopathic physician must be board certified or  
448 board eligible in dermatology or plastic surgery as recognized



HB 573

2010

449 | by the Board of Osteopathic Medicine pursuant to s. 459.0152.

450 |       3. All such offices that are not the osteopathic  
451 | physician's primary place of practice must be within 25 miles of  
452 | the osteopathic physician's primary place of practice or in a  
453 | county that is contiguous to the county of the osteopathic  
454 | physician's primary place of practice. However, the distance  
455 | between any of the offices may not exceed 75 miles.

456 |       4. The osteopathic physician may supervise only one office  
457 | other than the osteopathic physician's primary place of practice  
458 | except that until July 1, 2011, the osteopathic physician may  
459 | supervise up to two medical offices other than the osteopathic  
460 | physician's primary place of practice if the addresses of the  
461 | offices are submitted to the Board of Osteopathic Medicine  
462 | before July 1, 2006. Effective July 1, 2011, the osteopathic  
463 | physician may supervise only one office other than the  
464 | osteopathic physician's primary place of practice, regardless of  
465 | when the addresses of the offices were submitted to the Board of  
466 | Osteopathic Medicine.

467 |       Section 5. This act shall take effect July 1, 2010.