

By Senator Bean

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1 A bill to be entitled
2 An act relating to physician assistants; amending ss.
3 458.347 and 459.022, F.S.; authorizing a physician
4 assistant to execute all practice-related activities
5 delegated by a supervisory physician unless expressly
6 prohibited; deleting provisions to conform to changes
7 made by the act; amending ss. 458.3475, 458.348,
8 459.023, and 459.025, F.S.; conforming cross-
9 references; providing an effective date.

10
11 Be It Enacted by the Legislature of the State of Florida:

12
13 Section 1. Subsection (4) of section 458.347, Florida
14 Statutes, is amended to read:

15 458.347 Physician assistants.—

16 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

17 (a) A physician assistant may execute all practice-related
18 activities delegated by the supervisory physician unless
19 expressly prohibited in chapter 458 or chapter 459 or rules
20 adopted thereunder.

21 (b) ~~(a)~~ The boards shall adopt, by rule, the general
22 principles that supervising physicians must use in developing
23 the scope of practice of a physician assistant under direct
24 supervision and under indirect supervision. These principles
25 shall recognize the diversity of both specialty and practice
26 settings in which physician assistants are used.

27 (c) ~~(b)~~ This chapter does not prevent third-party payors
28 from reimbursing employers of physician assistants for covered
29 services rendered by licensed physician assistants.

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30 (d)~~(e)~~ A licensed physician assistant ~~assistants~~ may not be
31 denied clinical hospital privileges, except for cause, so long
32 as the supervising physician is a staff member in good standing.

33 (e)~~(d)~~ A supervisory physician may delegate to a licensed
34 physician assistant, pursuant to a written protocol, the
35 authority to act according to s. 154.04(1)(c). Such delegated
36 authority is limited to the supervising physician's practice in
37 connection with a county health department as defined and
38 established pursuant to chapter 154. The boards shall adopt
39 rules governing the supervision of physician assistants by
40 physicians in county health departments.

41 (f)~~(e)~~ A supervisory physician may delegate to a fully
42 licensed physician assistant the authority to prescribe or
43 dispense any medication used in the supervisory physician's
44 practice unless such medication is listed on the formulary
45 created pursuant to paragraph (g)~~(f)~~. A fully licensed physician
46 assistant may only prescribe or dispense such medication under
47 the following circumstances:

48 1. A physician assistant must clearly identify to the
49 patient that he or she is a physician assistant. Furthermore,
50 the physician assistant must inform the patient that the patient
51 has the right to see the physician prior to any prescription
52 being prescribed or dispensed by the physician assistant.

53 2. The supervisory physician must notify the department of
54 his or her intent to delegate, on a department-approved form,
55 before delegating such authority and notify the department of
56 any change in prescriptive privileges of the physician
57 assistant. Authority to dispense may be delegated only by a
58 supervising physician who is registered as a dispensing

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59 practitioner in compliance with s. 465.0276.

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

65 4. The department may issue a prescriber number to the
66 physician assistant granting authority for the prescribing of
67 medicinal drugs authorized within this paragraph upon completion
68 of the foregoing requirements. The physician assistant may ~~shall~~
69 not be required to independently register pursuant to s.
70 465.0276.

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

82 6. The physician assistant must note the prescription or
83 dispensing of medication in the appropriate medical record.

84 ~~7. This paragraph does not prohibit a supervisory physician~~
85 ~~from delegating to a physician assistant the authority to order~~
86 ~~medication for a hospitalized patient of the supervisory~~
87 ~~physician.~~

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89 ~~This paragraph does not apply to facilities licensed pursuant to~~
90 ~~chapter 395.~~

91 (g)~~(f)~~1. The council shall establish a formulary of
92 medicinal drugs that a fully licensed physician assistant having
93 prescribing authority under this section or s. 459.022 may not
94 prescribe. The formulary must include controlled substances as
95 defined in chapter 893, general anesthetics, and radiographic
96 contrast materials.

97 2. In establishing the formulary, the council shall consult
98 with a pharmacist licensed under chapter 465, but not licensed
99 under this chapter or chapter 459, who shall be selected by the
100 State Surgeon General.

101 3. Only the council shall add to, delete from, or modify
102 the formulary. Any person who requests an addition, deletion, or
103 modification of a medicinal drug listed on such formulary has
104 the burden of proof to show cause why such addition, deletion,
105 or modification should be made.

106 4. The boards shall adopt the formulary required by this
107 paragraph, and each addition, deletion, or modification to the
108 formulary, by rule. Notwithstanding any provision of chapter 120
109 to the contrary, the formulary rule shall be effective 60 days
110 after the date it is filed with the Secretary of State. Upon
111 adoption of the formulary, the department shall mail a copy of
112 such formulary to each fully licensed physician assistant having
113 prescribing authority under this section or s. 459.022, and to
114 each pharmacy licensed by the state. The boards shall establish,
115 by rule, a fee not to exceed \$200 to fund the provisions of this
116 paragraph and paragraph (f)~~(e)~~.

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117 (h) A supervisory physician may delegate to a licensed
118 physician assistant the authority to order medications for the
119 supervisory physician's patient in a facility licensed under
120 chapter 395, notwithstanding any provisions in chapter 465 or
121 chapter 893 which may prohibit this delegation.

122 Section 2. Paragraph (b) of subsection (7) of section
123 458.3475, Florida Statutes, is amended to read:

124 458.3475 Anesthesiologist assistants.—

125 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
126 ADVISE THE BOARD.—

127 (b) In addition to its other duties and responsibilities as
128 prescribed by law, the board shall:

129 1. Recommend to the department the licensure of
130 anesthesiologist assistants.

131 2. Develop all rules regulating the use of anesthesiologist
132 assistants by qualified anesthesiologists under this chapter and
133 chapter 459, except for rules relating to the formulary
134 developed under s. 458.347 ~~s. 458.347(4)(f)~~. The board shall
135 also develop rules to ensure that the continuity of supervision
136 is maintained in each practice setting. The boards shall
137 consider adopting a proposed rule at the regularly scheduled
138 meeting immediately following the submission of the proposed
139 rule. A proposed rule may not be adopted by either board unless
140 both boards have accepted and approved the identical language
141 contained in the proposed rule. The language of all proposed
142 rules must be approved by both boards pursuant to each
143 respective board's guidelines and standards regarding the
144 adoption of proposed rules.

145 3. Address concerns and problems of practicing

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146 anesthesiologist assistants to improve safety in the clinical
147 practices of licensed anesthesiologist assistants.

148 Section 3. Paragraph (c) of subsection (4) of section
149 458.348, Florida Statutes, is amended to read:

150 458.348 Formal supervisory relationships, standing orders,
151 and established protocols; notice; standards.—

152 (4) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—A
153 physician who supervises an advanced registered nurse
154 practitioner or physician assistant at a medical office other
155 than the physician's primary practice location, where the
156 advanced registered nurse practitioner or physician assistant is
157 not under the onsite supervision of a supervising physician,
158 must comply with the standards set forth in this subsection. For
159 the purpose of this subsection, a physician's "primary practice
160 location" means the address reflected on the physician's profile
161 published pursuant to s. 456.041.

162 (c) A physician who supervises an advanced registered nurse
163 practitioner or physician assistant at a medical office other
164 than the physician's primary practice location, where the
165 advanced registered nurse practitioner or physician assistant is
166 not under the onsite supervision of a supervising physician and
167 the services offered at the office are primarily dermatologic or
168 skin care services, which include aesthetic skin care services
169 other than plastic surgery, must comply with the standards
170 listed in subparagraphs 1.-4. Notwithstanding s. 458.347 ~~s.~~
171 ~~458.347(4)(c)6.~~, a physician supervising a physician assistant
172 pursuant to this paragraph may not be required to review and
173 cosign charts or medical records prepared by such physician
174 assistant.

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175 1. The physician shall submit to the board the addresses of
176 all offices where he or she is supervising an advanced
177 registered nurse practitioner or a physician ~~physician's~~
178 assistant which are not the physician's primary practice
179 location.

180 2. The physician must be board certified or board eligible
181 in dermatology or plastic surgery as recognized by the board
182 pursuant to s. 458.3312.

183 3. All such offices that are not the physician's primary
184 place of practice must be within 25 miles of the physician's
185 primary place of practice or in a county that is contiguous to
186 the county of the physician's primary place of practice.
187 However, the distance between any of the offices may not exceed
188 75 miles.

189 4. The physician may supervise only one office other than
190 the physician's primary place of practice except that until July
191 1, 2011, the physician may supervise up to two medical offices
192 other than the physician's primary place of practice if the
193 addresses of the offices are submitted to the board before July
194 1, 2006. ~~Effective July 1, 2011,~~ The physician may supervise
195 only one office other than the physician's primary place of
196 practice, regardless of when the addresses of the offices were
197 submitted to the board.

198 Section 4. Subsection (4) of section 459.022, Florida
199 Statutes, is amended to read:

200 459.022 Physician assistants.—

201 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

202 (a) A physician assistant may execute all practice-related
203 activities delegated by the supervisory physician unless

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204 expressly prohibited in chapter 458 or chapter 459 or rules
205 adopted thereunder.

206 (b)~~(a)~~ The boards shall adopt, by rule, the general
207 principles that supervising physicians must use in developing
208 the scope of practice of a physician assistant under direct
209 supervision and under indirect supervision. These principles
210 shall recognize the diversity of both specialty and practice
211 settings in which physician assistants are used.

212 (c)~~(b)~~ This chapter does not prevent third-party payors
213 from reimbursing employers of physician assistants for covered
214 services rendered by licensed physician assistants.

215 (d)~~(e)~~ Licensed physician assistants may not be denied
216 clinical hospital privileges, except for cause, so long as the
217 supervising physician is a staff member in good standing.

218 (e)~~(d)~~ A supervisory physician may delegate to a licensed
219 physician assistant, pursuant to a written protocol, the
220 authority to act according to s. 154.04(1)(c). Such delegated
221 authority is limited to the supervising physician's practice in
222 connection with a county health department as defined and
223 established pursuant to chapter 154. The boards shall adopt
224 rules governing the supervision of physician assistants by
225 physicians in county health departments.

226 (f)~~(e)~~ A supervisory physician may delegate to a fully
227 licensed physician assistant the authority to prescribe or
228 dispense any medication used in the supervisory physician's
229 practice unless such medication is listed on the formulary
230 created pursuant to s. 458.347. A fully licensed physician
231 assistant may only prescribe or dispense such medication under
232 the following circumstances:

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233 1. A physician assistant must clearly identify to the
234 patient that she or he is a physician assistant. Furthermore,
235 the physician assistant must inform the patient that the patient
236 has the right to see the physician prior to any prescription
237 being prescribed or dispensed by the physician assistant.

238 2. The supervisory physician must notify the department of
239 her or his intent to delegate, on a department-approved form,
240 before delegating such authority and notify the department of
241 any change in prescriptive privileges of the physician
242 assistant. Authority to dispense may be delegated only by a
243 supervisory physician who is registered as a dispensing
244 practitioner in compliance with s. 465.0276.

245 3. The physician assistant must file with the department a
246 signed affidavit that she or he has completed a minimum of 10
247 continuing medical education hours in the specialty practice in
248 which the physician assistant has prescriptive privileges with
249 each licensure renewal application.

250 4. The department may issue a prescriber number to the
251 physician assistant granting authority for the prescribing of
252 medicinal drugs authorized within this paragraph upon completion
253 of the foregoing requirements. The physician assistant may ~~shall~~
254 not be required to independently register pursuant to s.
255 465.0276.

256 5. The prescription must be written in a form that complies
257 with chapter 499 and must contain, in addition to the
258 supervisory physician's name, address, and telephone number, the
259 physician assistant's prescriber number. Unless it is a drug or
260 drug sample dispensed by the physician assistant, the
261 prescription must be filled in a pharmacy permitted under

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262 chapter 465, and must be dispensed in that pharmacy by a
263 pharmacist licensed under chapter 465. The appearance of the
264 prescriber number creates a presumption that the physician
265 assistant is authorized to prescribe the medicinal drug and the
266 prescription is valid.

267 6. The physician assistant must note the prescription or
268 dispensing of medication in the appropriate medical record.

269 ~~7. This paragraph does not prohibit a supervisory physician~~
270 ~~from delegating to a physician assistant the authority to order~~
271 ~~medication for a hospitalized patient of the supervisory~~
272 ~~physician.~~

273
274 ~~This paragraph does not apply to facilities licensed pursuant to~~
275 ~~chapter 395.~~

276 (g) A supervisory physician may delegate to a licensed
277 physician assistant the authority to order medications for the
278 supervisory physician's patient in a facility licensed under
279 chapter 395, notwithstanding any provisions in chapter 465 or
280 chapter 893 which may prohibit this delegation.

281 Section 5. Paragraph (b) of subsection (7) of section
282 459.023, Florida Statutes, is amended to read:

283 459.023 Anesthesiologist assistants.—

284 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
285 ADVISE THE BOARD.—

286 (b) In addition to its other duties and responsibilities as
287 prescribed by law, the board shall:

288 1. Recommend to the department the licensure of
289 anesthesiologist assistants.

290 2. Develop all rules regulating the use of anesthesiologist

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291 assistants by qualified anesthesiologists under this chapter and
292 chapter 458, except for rules relating to the formulary
293 developed under s. 458.347 ~~s. 458.347(4)(f)~~. The board shall
294 also develop rules to ensure that the continuity of supervision
295 is maintained in each practice setting. The boards shall
296 consider adopting a proposed rule at the regularly scheduled
297 meeting immediately following the submission of the proposed
298 rule. A proposed rule may not be adopted by either board unless
299 both boards have accepted and approved the identical language
300 contained in the proposed rule. The language of all proposed
301 rules must be approved by both boards pursuant to each
302 respective board's guidelines and standards regarding the
303 adoption of proposed rules.

304 3. Address concerns and problems of practicing
305 anesthesiologist assistants to improve safety in the clinical
306 practices of licensed anesthesiologist assistants.

307 Section 6. Paragraph (c) of subsection (3) of section
308 459.025, Florida Statutes, is amended to read:

309 459.025 Formal supervisory relationships, standing orders,
310 and established protocols; notice; standards.—

311 (3) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—

312 An osteopathic physician who supervises an advanced registered
313 nurse practitioner or physician assistant at a medical office
314 other than the osteopathic physician's primary practice
315 location, where the advanced registered nurse practitioner or
316 physician assistant is not under the onsite supervision of a
317 supervising osteopathic physician, must comply with the
318 standards set forth in this subsection. For the purpose of this
319 subsection, an osteopathic physician's "primary practice

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320 location" means the address reflected on the physician's profile
321 published pursuant to s. 456.041.

322 (c) An osteopathic physician who supervises an advanced
323 registered nurse practitioner or physician assistant at a
324 medical office other than the osteopathic physician's primary
325 practice location, where the advanced registered nurse
326 practitioner or physician assistant is not under the onsite
327 supervision of a supervising osteopathic physician and the
328 services offered at the office are primarily dermatologic or
329 skin care services, which include aesthetic skin care services
330 other than plastic surgery, must comply with the standards
331 listed in subparagraphs 1.-4. Notwithstanding s. 459.022 ~~s.~~
332 ~~459.022(4)(e)6.~~, an osteopathic physician supervising a
333 physician assistant pursuant to this paragraph may not be
334 required to review and cosign charts or medical records prepared
335 by such physician assistant.

336 1. The osteopathic physician shall submit to the Board of
337 Osteopathic Medicine the addresses of all offices where he or
338 she is supervising or has a protocol with an advanced registered
339 nurse practitioner or a physician ~~physician's~~ assistant which
340 are not the osteopathic physician's primary practice location.

341 2. The osteopathic physician must be board certified or
342 board eligible in dermatology or plastic surgery as recognized
343 by the Board of Osteopathic Medicine pursuant to s. 459.0152.

344 3. All such offices that are not the osteopathic
345 physician's primary place of practice must be within 25 miles of
346 the osteopathic physician's primary place of practice or in a
347 county that is contiguous to the county of the osteopathic
348 physician's primary place of practice. However, the distance

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349 between any of the offices may not exceed 75 miles.

350 4. The osteopathic physician may supervise only one office
351 other than the osteopathic physician's primary place of practice
352 except that until July 1, 2011, the osteopathic physician may
353 supervise up to two medical offices other than the osteopathic
354 physician's primary place of practice if the addresses of the
355 offices are submitted to the Board of Osteopathic Medicine
356 before July 1, 2006. ~~Effective July 1, 2011,~~ The osteopathic
357 physician may supervise only one office other than the
358 osteopathic physician's primary place of practice, regardless of
359 when the addresses of the offices were submitted to the Board of
360 Osteopathic Medicine.

361 Section 7. This act shall take effect July 1, 2013.