

Amendment No. 6

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	<u> </u>	(Y/N)
ADOPTED AS AMENDED	<u> </u>	(Y/N)
ADOPTED W/O OBJECTION	<u> </u>	(Y/N)
FAILED TO ADOPT	<u> </u>	(Y/N)
WITHDRAWN	<u> </u>	(Y/N)
OTHER	<u> </u>	

1 Committee/Subcommittee hearing bill: Health & Human Services
 2 Committee

3 Representative Pigman offered the following:

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 5 **Amendment (with title amendment)**

6 Between lines 200 and 201, insert:

7 Section 3. Paragraph (c) of subsection (3) of section
 8 459.025, Florida Statutes, is amended to read:

9 459.025 Formal supervisory relationships, standing orders,
 10 and established protocols; notice; standards.—

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

12 An osteopathic physician who supervises an advanced registered
 13 nurse practitioner or physician assistant at a medical office
 14 other than the osteopathic physician's primary practice
 15 location, where the advanced registered nurse practitioner or
 16 physician assistant is not under the onsite supervision of a
 17 supervising osteopathic physician, must comply with the

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18 standards set forth in this subsection. For the purpose of this
19 subsection, an osteopathic physician's "primary practice
20 location" means the address reflected on the physician's profile
21 published pursuant to s. 456.041.

22 (c) An osteopathic physician who supervises an advanced
23 registered nurse practitioner or physician assistant at a
24 medical office other than the osteopathic physician's primary
25 practice location, where the advanced registered nurse
26 practitioner or physician assistant is not under the onsite
27 supervision of a supervising osteopathic physician and the
28 services offered at the office are primarily dermatologic or
29 skin care services, which include aesthetic skin care services
30 other than plastic surgery, must comply with the standards
31 listed in subparagraphs 1.-4. Notwithstanding s.
32 459.022(4)(e)6., an osteopathic physician supervising a
33 physician assistant pursuant to this paragraph may not be
34 required to review and cosign charts or medical records prepared
35 by such physician assistant.

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

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

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44 3. All such offices that are not the osteopathic
45 physician's primary place of practice must be within 25 miles of
46 the osteopathic physician's primary place of practice or in a
47 county that is contiguous to the county of the osteopathic
48 physician's primary place of practice. However, the distance
49 between any of the offices may not exceed 75 miles.

50 4. The osteopathic physician may supervise only one office
51 other than the osteopathic physician's primary place of practice
52 except that until July 1, 2011, the osteopathic physician may
53 supervise up to two medical offices other than the osteopathic
54 physician's primary place of practice if the addresses of the
55 offices are submitted to the Board of Osteopathic Medicine
56 before July 1, 2006. Effective July 1, 2011, the osteopathic
57 physician may supervise only one office other than the
58 osteopathic physician's primary place of practice, regardless of
59 when the addresses of the offices were submitted to the Board of
60 Osteopathic Medicine.

61 5. As used in this subparagraph, the term "nonablative
62 aesthetic skin care services" includes, but is not limited to,
63 services provided using intense pulsed light, lasers, radio
64 frequency, ultrasound, injectables, and fillers.

65 a. Subparagraph 2. does not apply to offices at which
66 nonablative aesthetic skin care services are performed by a
67 physician assistant under the supervision of a physician if the
68 physician assistant has successfully completed at least:

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69 (I) Forty hours of postlicensure education and clinical
70 training on physiology of the skin, skin conditions, skin
71 disorders, skin diseases, preprocedure and postprocedure skin
72 care, and infection control.

73 (II) Forty hours of postlicensure education and clinical
74 training on laser and light technologies and skin applications.

75 (III) Thirty-two hours of postlicensure education and
76 clinical training on injectables and fillers.

77 b. The physician assistant shall submit to the board
78 documentation evidencing successful completion of the education
79 and training required under this subparagraph.

80 c. For purposes of compliance with s. 459.022(3), a
81 physician who has completed 24 hours of education and clinical
82 training on nonablative aesthetic skin care services, the
83 curriculum of which has been preapproved by the Board of
84 Osteopathic Medicine, is qualified to supervise a physician
85 assistant performing nonablative aesthetic skin care services
86 pursuant to this subparagraph.

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T I T L E A M E N D M E N T

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Remove line 9 and insert:

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and license renewal; amending s. 459.025, F.S.; defining the

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term "nonablative aesthetic skin care services"; authorizing a

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physician assistant who has completed specified education and

COMMITTEE/SUBCOMMITTEE AMENDMENT

Bill No. CS/HB 1275 (2014)

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95 | clinical training requirements to perform nonablative aesthetic
96 | skin care services under the supervision of a physician;
97 | providing that a physician must complete a specified number of
98 | education and clinical training hours to be qualified to
99 | supervise physician assistants performing certain services;
100 | providing an effective date.
101 |