



CS/CS/HB 1275, Engrossed 1

2014

1 A bill to be entitled

2 An act relating to physician assistants; amending ss.
3 458.347 and 459.022, F.S.; increasing the number of
4 licensed physician assistants that a physician may
5 supervise at any one time; providing an exception;
6 revising circumstances under which a physician
7 assistant is authorized to prescribe or dispense
8 medication; revising requirements for medications
9 prescribed or dispensed by physician assistants;
10 revising application requirements for licensure as a
11 physician assistant and license renewal; amending ss.
12 458.348 and 459.025, F.S.; defining the term
13 "nonablative aesthetic skin care services";
14 authorizing a physician assistant who has completed
15 specified education and clinical training
16 requirements, or who has specified work or clinical
17 experience, to perform nonablative aesthetic skin care
18 services under the supervision of a physician;
19 providing that a physician must complete a specified
20 number of education and clinical training hours to be
21 qualified to supervise physician assistants performing
22 certain services; providing an effective date.

23
24 Be It Enacted by the Legislature of the State of Florida:
25



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26 Section 1. Subsection (3), paragraph (e) of subsection
27 (4), and paragraphs (a), (c), and (e) of subsection (7) of
28 section 458.347, Florida Statutes, are amended to read:

29 458.347 Physician assistants.—

30 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician
31 or group of physicians supervising a licensed physician
32 assistant must be qualified in the medical areas in which the
33 physician assistant is to perform and shall be individually or
34 collectively responsible and liable for the performance and the
35 acts and omissions of the physician assistant. A physician may
36 not supervise more than eight ~~four~~ currently licensed physician
37 assistants at any one time. A physician supervising a physician
38 assistant pursuant to this section may not be required to review
39 and cosign charts or medical records prepared by such physician
40 assistant. Notwithstanding this subsection, a physician may only
41 supervise up to four physician assistants in medical offices
42 other than the physician's primary practice location pursuant to
43 s. 458.348(4)(c).

44 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

45 (e) A supervisory physician may delegate to a fully
46 licensed physician assistant the authority to prescribe or
47 dispense any medication used in the supervisory physician's
48 practice unless such medication is listed on the formulary
49 created pursuant to paragraph (f). A fully licensed physician
50 assistant may only prescribe or dispense such medication under



51 | the following circumstances:

52 | 1. A physician assistant must clearly identify to the
53 | patient that he or she is a physician assistant. Furthermore,
54 | the physician assistant must inform the patient that the patient
55 | has the right to see the physician prior to any prescription
56 | being prescribed or dispensed by the physician assistant.

57 | 2. The supervisory physician must notify the department of
58 | his or her intent to delegate, on a department-approved form,
59 | before delegating such authority and notify the department of
60 | any change in prescriptive privileges of the physician
61 | assistant. Authority to dispense may be delegated only by a
62 | supervising physician who is registered as a dispensing
63 | practitioner in compliance with s. 465.0276.

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

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

74 | 5. The prescription may ~~must~~ be written or electronic, but
75 | must be in a form that complies with ss. 456.0392(1) and



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76 | 456.42(1) ~~chapter 499~~ and must contain, in addition to the
77 | supervisory physician's name, address, and telephone number, the
78 | physician assistant's prescriber number. Unless it is a drug or
79 | drug sample dispensed by the physician assistant, the
80 | prescription must be filled in a pharmacy permitted under
81 | chapter 465 and must be dispensed in that pharmacy by a
82 | pharmacist licensed under chapter 465. The appearance of the
83 | prescriber number creates a presumption that the physician
84 | assistant is authorized to prescribe the medicinal drug and the
85 | prescription is valid.

86 | 6. The physician assistant must note the prescription or
87 | dispensing of medication in the appropriate medical record.

88 | (7) PHYSICIAN ASSISTANT LICENSURE.—

89 | (a) Any person desiring to be licensed as a physician
90 | assistant must apply to the department. The department shall
91 | issue a license to any person certified by the council as having
92 | met the following requirements:

93 | 1. Is at least 18 years of age.

94 | 2. Has satisfactorily passed a proficiency examination by
95 | an acceptable score established by the National Commission on
96 | Certification of Physician Assistants. If an applicant does not
97 | hold a current certificate issued by the National Commission on
98 | Certification of Physician Assistants and has not actively
99 | practiced as a physician assistant within the immediately
100 | preceding 4 years, the applicant must retake and successfully



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101 complete the entry-level examination of the National Commission
102 on Certification of Physician Assistants to be eligible for
103 licensure.

104 3. Has completed the application form and remitted an
105 application fee not to exceed \$300 as set by the boards. An
106 application for licensure made by a physician assistant must
107 include:

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

110 b. A ~~sworn~~ statement of any prior felony convictions.

111 c. A ~~sworn~~ statement of any previous revocation or denial
112 of licensure or certification in any state.

113 ~~d. Two letters of recommendation.~~

114 d.e. A copy of course transcripts and a copy of the course
115 description from a physician assistant training program
116 describing course content in pharmacotherapy, if the applicant
117 wishes to apply for prescribing authority. These documents must
118 meet the evidence requirements for prescribing authority.

119 e. For physician assistants seeking initial licensure on
120 or after January 1, 2015, fingerprints pursuant to s. 456.0135.

121 (c) The license must be renewed biennially. Each renewal
122 must include:

123 1. A renewal fee not to exceed \$500 as set by the boards.

124 2. A ~~sworn~~ statement of no felony convictions in the
125 previous 2 years.



126 (e) Upon employment as a physician assistant, a licensed
127 physician assistant must notify the department in writing within
128 30 days after such employment and provide ~~or after any~~
129 ~~subsequent changes in the supervising physician. The~~
130 ~~notification must include~~ the full name, Florida medical license
131 number, specialty, and address of a designated ~~the~~ supervising
132 physician. Any subsequent change in the designated supervising
133 physician shall be reported to the department within 30 days
134 after the change. Assignment of a designated supervising
135 physician does not preclude a physician assistant from
136 practicing under multiple supervising physicians.

137 Section 2. Paragraph (c) of subsection (4) of section
138 458.348, Florida Statutes, is amended to read:

139 458.348 Formal supervisory relationships, standing orders,
140 and established protocols; notice; standards.—

141 (4) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—
142 A physician who supervises an advanced registered nurse
143 practitioner or physician assistant at a medical office other
144 than the physician's primary practice location, where the
145 advanced registered nurse practitioner or physician assistant is
146 not under the onsite supervision of a supervising physician,
147 must comply with the standards set forth in this subsection. For
148 the purpose of this subsection, a physician's "primary practice
149 location" means the address reflected on the physician's profile
150 published pursuant to s. 456.041.



151 (c) A physician who supervises an advanced registered
152 nurse practitioner or physician assistant at a medical office
153 other than the physician's primary practice location, where the
154 advanced registered nurse practitioner or physician assistant is
155 not under the onsite supervision of a supervising physician and
156 the services offered at the office are primarily dermatologic or
157 skin care services, which include aesthetic skin care services
158 other than plastic surgery, must comply with the standards
159 listed in subparagraphs 1.-4. Notwithstanding s.

160 458.347(4)(e)6., a physician supervising a physician assistant
161 pursuant to this paragraph may not be required to review and
162 cosign charts or medical records prepared by such physician
163 assistant.

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

168 2. The physician must be board certified or board eligible
169 in dermatology or plastic surgery as recognized by the board
170 pursuant to s. 458.3312.

171 3. All such offices that are not the physician's primary
172 place of practice must be within 25 miles of the physician's
173 primary place of practice or in a county that is contiguous to
174 the county of the physician's primary place of practice.
175 However, the distance between any of the offices may not exceed



176 75 miles.

177 4. The physician may supervise only one office other than
178 the physician's primary place of practice except that until July
179 1, 2011, the physician may supervise up to two medical offices
180 other than the physician's primary place of practice if the
181 addresses of the offices are submitted to the board before July
182 1, 2006. Effective July 1, 2011, the physician may supervise
183 only one office other than the physician's primary place of
184 practice, regardless of when the addresses of the offices were
185 submitted to the board.

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

190 a. Subparagraph 2. does not apply to offices at which
191 nonablative aesthetic skin care services are performed by a
192 physician assistant under the supervision of a physician if the
193 physician assistant has successfully completed at least:

194 (I) Forty hours of postlicensure education and clinical
195 training on physiology of the skin, skin conditions, skin
196 disorders, skin diseases, preprocedure and postprocedure skin
197 care, and infection control, or has worked under the supervision
198 of a board-certified dermatologist within the preceding 12
199 months.

200 (II) Forty hours of postlicensure education and clinical



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201 training on laser and light technologies and skin applications,
202 or has 6 months of clinical experience working under the
203 supervision of a board-certified dermatologist who is authorized
204 to perform nonablative aesthetic skin care services.

205 (III) Thirty-two hours of postlicensure education and
206 clinical training on injectables and fillers, or has 6 months of
207 clinical experience working under the supervision of a board-
208 certified dermatologist who is authorized to perform nonablative
209 aesthetic skin care services.

210 b. The physician assistant shall submit to the board
211 documentation evidencing successful completion of the education
212 and training required under this subparagraph.

213 c. For purposes of compliance with s. 458.347(3), a
214 physician who has completed 24 hours of education and clinical
215 training on nonablative aesthetic skin care services, the
216 curriculum of which has been preapproved by the Board of
217 Medicine, is qualified to supervise a physician assistant
218 performing nonablative aesthetic skin care services pursuant to
219 this subparagraph.

220 Section 3. Subsection (3), paragraph (e) of subsection
221 (4), and paragraphs (a), (b), and (d) of subsection (7) of
222 section 459.022, Florida Statutes, are amended to read:

223 459.022 Physician assistants.—

224 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician
225 or group of physicians supervising a licensed physician



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226 assistant must be qualified in the medical areas in which the
227 physician assistant is to perform and shall be individually or
228 collectively responsible and liable for the performance and the
229 acts and omissions of the physician assistant. A physician may
230 not supervise more than eight ~~four~~ currently licensed physician
231 assistants at any one time. A physician supervising a physician
232 assistant pursuant to this section may not be required to review
233 and cosign charts or medical records prepared by such physician
234 assistant. Notwithstanding this subsection, a physician may only
235 supervise up to four physician assistants in medical offices
236 other than the physician's primary practice location pursuant to
237 s. 459.025(3)(c).

238 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

239 (e) A supervisory physician may delegate to a fully
240 licensed physician assistant the authority to prescribe or
241 dispense any medication used in the supervisory physician's
242 practice unless such medication is listed on the formulary
243 created pursuant to s. 458.347. A fully licensed physician
244 assistant may only prescribe or dispense such medication under
245 the following circumstances:

246 1. A physician assistant must clearly identify to the
247 patient that she or he is a physician assistant. Furthermore,
248 the physician assistant must inform the patient that the patient
249 has the right to see the physician prior to any prescription
250 being prescribed or dispensed by the physician assistant.



251 2. The supervisory physician must notify the department of
252 her or his intent to delegate, on a department-approved form,
253 before delegating such authority and notify the department of
254 any change in prescriptive privileges of the physician
255 assistant. Authority to dispense may be delegated only by a
256 supervisory physician who is registered as a dispensing
257 practitioner in compliance with s. 465.0276.

258 3. The physician assistant must certify to ~~file with~~ the
259 department ~~a signed affidavit~~ that she or he has completed a
260 minimum of 10 continuing medical education hours in the
261 specialty practice in which the physician assistant has
262 prescriptive privileges with each licensure renewal application.

263 4. The department may issue a prescriber number to the
264 physician assistant granting authority for the prescribing of
265 medicinal drugs authorized within this paragraph upon completion
266 of the foregoing requirements. The physician assistant shall not
267 be required to independently register pursuant to s. 465.0276.

268 5. The prescription may ~~must~~ be written or electronic, but
269 must be in a form that complies with ss. 456.0392(1) and
270 456.42(1) ~~chapter 499~~ and must contain, in addition to the
271 supervisory physician's name, address, and telephone number, the
272 physician assistant's prescriber number. Unless it is a drug or
273 drug sample dispensed by the physician assistant, the
274 prescription must be filled in a pharmacy permitted under
275 chapter 465, and must be dispensed in that pharmacy by a



276 pharmacist licensed under chapter 465. The appearance of the
277 prescriber number creates a presumption that the physician
278 assistant is authorized to prescribe the medicinal drug and the
279 prescription is valid.

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

282 (7) PHYSICIAN ASSISTANT LICENSURE.—

283 (a) Any person desiring to be licensed as a physician
284 assistant must apply to the department. The department shall
285 issue a license to any person certified by the council as having
286 met the following requirements:

287 1. Is at least 18 years of age.

288 2. Has satisfactorily passed a proficiency examination by
289 an acceptable score established by the National Commission on
290 Certification of Physician Assistants. If an applicant does not
291 hold a current certificate issued by the National Commission on
292 Certification of Physician Assistants and has not actively
293 practiced as a physician assistant within the immediately
294 preceding 4 years, the applicant must retake and successfully
295 complete the entry-level examination of the National Commission
296 on Certification of Physician Assistants to be eligible for
297 licensure.

298 3. Has completed the application form and remitted an
299 application fee not to exceed \$300 as set by the boards. An
300 application for licensure made by a physician assistant must



301 include:

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

304 b. A ~~sworn~~ statement of any prior felony convictions.

305 c. A ~~sworn~~ statement of any previous revocation or denial
306 of licensure or certification in any state.

307 ~~d. Two letters of recommendation.~~

308 d.e. A copy of course transcripts and a copy of the course
309 description from a physician assistant training program
310 describing course content in pharmacotherapy, if the applicant
311 wishes to apply for prescribing authority. These documents must
312 meet the evidence requirements for prescribing authority.

313 e. For physician assistants seeking initial licensure on
314 or after January 1, 2015, fingerprints pursuant to s. 456.0135.

315 (b) The licensure must be renewed biennially. Each renewal
316 must include:

317 1. A renewal fee not to exceed \$500 as set by the boards.

318 2. A ~~sworn~~ statement of no felony convictions in the
319 previous 2 years.

320 (d) Upon employment as a physician assistant, a licensed
321 physician assistant must notify the department in writing within
322 30 days after such employment and provide ~~or after any~~
323 ~~subsequent changes in the supervising physician. The~~
324 ~~notification must include~~ the full name, Florida medical license
325 number, specialty, and address of a designated ~~the~~ supervising



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326 | physician. Any subsequent change in the designated supervising
327 | physician shall be reported to the department within 30 days
328 | after the change. Assignment of a designated supervising
329 | physician does not preclude a physician assistant from
330 | practicing under multiple supervising physicians.

331 | Section 4. Paragraph (c) of subsection (3) of section
332 | 459.025, Florida Statutes, is amended to read:

333 | 459.025 Formal supervisory relationships, standing orders,
334 | and established protocols; notice; standards.—

335 | (3) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—

336 | An osteopathic physician who supervises an advanced registered
337 | nurse practitioner or physician assistant at a medical office
338 | other than the osteopathic physician's primary practice
339 | location, where the advanced registered nurse practitioner or
340 | physician assistant is not under the onsite supervision of a
341 | supervising osteopathic physician, must comply with the
342 | standards set forth in this subsection. For the purpose of this
343 | subsection, an osteopathic physician's "primary practice
344 | location" means the address reflected on the physician's profile
345 | published pursuant to s. 456.041.

346 | (c) An osteopathic physician who supervises an advanced
347 | registered nurse practitioner or physician assistant at a
348 | medical office other than the osteopathic physician's primary
349 | practice location, where the advanced registered nurse
350 | practitioner or physician assistant is not under the onsite



351 supervision of a supervising osteopathic physician and the
352 services offered at the office are primarily dermatologic or
353 skin care services, which include aesthetic skin care services
354 other than plastic surgery, must comply with the standards
355 listed in subparagraphs 1.-4. Notwithstanding s.
356 459.022(4)(e)6., an osteopathic physician supervising a
357 physician assistant pursuant to this paragraph may not be
358 required to review and cosign charts or medical records prepared
359 by such physician assistant.

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

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

368 3. All such offices that are not the osteopathic
369 physician's primary place of practice must be within 25 miles of
370 the osteopathic physician's primary place of practice or in a
371 county that is contiguous to the county of the osteopathic
372 physician's primary place of practice. However, the distance
373 between any of the offices may not exceed 75 miles.

374 4. The osteopathic physician may supervise only one office
375 other than the osteopathic physician's primary place of practice



376 | except that until July 1, 2011, the osteopathic physician may
377 | supervise up to two medical offices other than the osteopathic
378 | physician's primary place of practice if the addresses of the
379 | offices are submitted to the Board of Osteopathic Medicine
380 | before July 1, 2006. Effective July 1, 2011, the osteopathic
381 | physician may supervise only one office other than the
382 | osteopathic physician's primary place of practice, regardless of
383 | when the addresses of the offices were submitted to the Board of
384 | Osteopathic Medicine.

385 | 5. As used in this subparagraph, the term "nonablative
386 | aesthetic skin care services" includes, but is not limited to,
387 | services provided using intense pulsed light, lasers, radio
388 | frequency, ultrasound, injectables, and fillers.

389 | a. Subparagraph 2. does not apply to offices at which
390 | nonablative aesthetic skin care services are performed by a
391 | physician assistant under the supervision of a physician if the
392 | physician assistant has successfully completed at least:

393 | (I) Forty hours of postlicensure education and clinical
394 | training on physiology of the skin, skin conditions, skin
395 | disorders, skin diseases, preprocedure and postprocedure skin
396 | care, and infection control, or has worked under the supervision
397 | of a board-certified dermatologist within the preceding 12
398 | months.

399 | (II) Forty hours of postlicensure education and clinical
400 | training on laser and light technologies and skin applications,



401 or has 6 months of clinical experience working under the
402 supervision of a board-certified dermatologist who is authorized
403 to perform nonablative aesthetic skin care services.

404 (III) Thirty-two hours of postlicensure education and
405 clinical training on injectables and fillers, or has 6 months of
406 clinical experience working under the supervision of a board-
407 certified dermatologist who is authorized to perform nonablative
408 aesthetic skin care services.

409 b. The physician assistant shall submit to the board
410 documentation evidencing successful completion of the education
411 and training required under this subparagraph.

412 c. For purposes of compliance with s. 459.022(3), a
413 physician who has completed 24 hours of education and clinical
414 training on nonablative aesthetic skin care services, the
415 curriculum of which has been preapproved by the Board of
416 Osteopathic Medicine, is qualified to supervise a physician
417 assistant performing nonablative aesthetic skin care services
418 pursuant to this subparagraph.

419 Section 5. This act shall take effect July 1, 2014.