

A bill to be entitled

An act relating to physician assistants; amending ss. 458.347 and 459.022, F.S.; revising the number of physician assistants that a physician may supervise at any one time; authorizing a physician assistant to execute practice-related activities in accordance with his or her education, training, and expertise as delegated by the supervising physician unless expressly prohibited; revising the requirements for obtaining licensure as a physician assistant; amending ss. 458.3475, 458.348, 459.023, and 459.025, F.S.; conforming cross-references; providing an effective date.

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

Section 1. Subsections (3) and (4), paragraphs (a) and (c) of subsection (7), and paragraph (c) of subsection (9) of section 458.347, Florida Statutes, are amended to read:

458.347 Physician assistants.—

(3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician or group of physicians supervising a licensed physician assistant must be qualified in the medical areas in which the physician assistant is to perform and is ~~shall be~~ individually or collectively responsible and liable for the performance and the acts and omissions of the physician assistant. A physician

27 may not supervise more than eight ~~four~~ currently licensed  
28 physician assistants at any one time. A physician supervising a  
29 physician assistant pursuant to this section may not be required  
30 to review and cosign charts or medical records prepared by such  
31 physician assistant.

32 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

33 (a) In accordance with the team-based model of health care  
34 delivery, a physician assistant may execute practice-related  
35 activities in accordance with his or her education, training,  
36 and expertise as delegated by the supervising physician unless  
37 expressly prohibited by this chapter, chapter 459, or rules  
38 adopted to implement this chapter.

39 (b) ~~(a)~~ The boards shall adopt, by rule, the general  
40 principles that supervising physicians must use in developing  
41 the scope of practice of a physician assistant under direct  
42 supervision and under indirect supervision. These principles  
43 must ~~shall~~ recognize the diversity of both specialty and  
44 practice settings in which physician assistants are used.

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

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

51 (e) ~~(d)~~ A supervising ~~supervisory~~ physician may delegate to  
52 a licensed physician assistant, pursuant to a written protocol,

53 the authority to act according to s. 154.04(1)(c). Such  
 54 delegated authority is limited to the supervising physician's  
 55 practice in connection with a county health department as  
 56 defined and established pursuant to chapter 154. The boards  
 57 shall adopt rules governing the supervision of physician  
 58 assistants by physicians in county health departments.

59 (f) ~~(e)~~ A supervising ~~supervisory~~ physician may delegate to  
 60 a fully licensed physician assistant the authority to prescribe  
 61 or dispense any medication used in the supervising ~~supervisory~~  
 62 physician's practice unless such medication is listed on the  
 63 formulary created pursuant to paragraph (g) ~~(f)~~. A fully  
 64 licensed physician assistant may ~~only~~ prescribe or dispense such  
 65 medication only under the following circumstances:

66 1. A physician assistant must clearly identify to the  
 67 patient that he or she is a physician assistant and.  
 68 ~~Furthermore, the physician assistant~~ must inform the patient of  
 69 his or her ~~that the patient has the~~ right to see the physician  
 70 before ~~prior to~~ any prescription is ~~being~~ prescribed or  
 71 dispensed by the physician assistant.

72 2. The supervising ~~supervisory~~ physician must provide  
 73 prior notification to ~~notify~~ the department, on a department-  
 74 approved form, of his or her intent to delegate, ~~on a~~  
 75 ~~department-approved form, before delegating~~ such authority and  
 76 must notify the department of any change in the physician  
 77 assistant's prescriptive privileges ~~of the physician assistant~~.  
 78 Authority to dispense may be delegated only by a supervising

79 physician who is registered as a dispensing practitioner in  
 80 compliance with s. 465.0276.

81 3. The physician assistant must certify ~~file~~ with the  
 82 department ~~a signed affidavit~~ that he or she has completed a  
 83 minimum of 10 continuing medical education hours in the  
 84 specialty practice in which the physician assistant has  
 85 prescriptive privileges with each licensure renewal application.

86 4. The department may issue a prescriber number to a the  
 87 physician assistant demonstrating compliance with this paragraph  
 88 which grants him or her ~~granting~~ authority for the prescribing  
 89 of medicinal drugs authorized under ~~within~~ this paragraph ~~upon~~  
 90 ~~completion of the foregoing requirements~~. The physician  
 91 assistant is ~~shall~~ not be required to independently register  
 92 pursuant to s. 465.0276.

93 5. The prescription must be written on ~~in~~ a form that  
 94 complies with chapter 499 and must contain, in addition to the  
 95 supervising ~~supervisory~~ physician's name, address, and telephone  
 96 number, the physician assistant's prescriber number. Unless it  
 97 is a drug or drug sample dispensed by the physician assistant,  
 98 the prescription must be filled in a pharmacy permitted under  
 99 chapter 465 and must be dispensed in that pharmacy by a  
 100 pharmacist licensed under chapter 465. The appearance of the  
 101 prescriber number creates a presumption that the physician  
 102 assistant is authorized to prescribe the medicinal drug and the  
 103 prescription is valid.

104 6. The physician assistant shall ~~must~~ note the

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105 prescription or dispensing of medication in the appropriate  
106 medical record.

107 (g) ~~(f)~~1. The council shall establish a formulary of  
108 medicinal drugs that a fully licensed physician assistant who  
109 has ~~having~~ prescribing authority under this section or s.  
110 459.022 may not prescribe. The formulary must include controlled  
111 substances as defined in chapter 893, general anesthetics, and  
112 radiographic contrast materials.

113 2. In establishing the formulary, the council shall  
114 consult with a pharmacist who is licensed under chapter 465, but  
115 not licensed under this chapter or chapter 459, and who is ~~shall~~  
116 ~~be~~ selected by the State Surgeon General.

117 3. Only the council shall add to, delete from, or modify  
118 the formulary. Any person who requests an addition, deletion, or  
119 modification of a medicinal drug listed on such formulary has  
120 the burden of proof to show cause why such addition, deletion,  
121 or modification should be made.

122 4. The boards shall adopt the formulary required by this  
123 paragraph, and each addition, deletion, or modification to the  
124 formulary, by rule. Notwithstanding ~~any provision of~~ chapter 120  
125 ~~to the contrary,~~ the formulary rule is ~~shall be~~ effective 60  
126 days after the date it is filed with the Secretary of State.  
127 Upon adoption of the formulary, the department shall mail a copy  
128 of such formulary to each fully licensed physician assistant who  
129 has ~~having~~ prescribing authority under this section or s.  
130 459.022, and to each pharmacy licensed by the state. The boards

131 shall establish, by rule, a fee not to exceed \$200 to fund the  
 132 provisions of this paragraph and paragraph (f) ~~(e)~~.

133 (h) ~~(g)~~ A supervising ~~supervisory~~ physician may delegate to  
 134 a licensed physician assistant the authority to order  
 135 medications for the supervising ~~supervisory~~ physician's patient  
 136 during his or her care in a facility licensed under chapter 395,  
 137 notwithstanding any provisions in chapter 465 or chapter 893  
 138 which may prohibit this delegation. For the purpose of this  
 139 paragraph, an order is not considered a prescription. A licensed  
 140 physician assistant working in a facility that is licensed under  
 141 chapter 395 may order any medication under the direction of the  
 142 supervising ~~supervisory~~ physician.

143 (7) PHYSICIAN ASSISTANT LICENSURE.—

144 (a) A ~~Any~~ person who desires ~~desiring~~ to be licensed as a  
 145 physician assistant must apply to the department. The department  
 146 shall issue a license to a ~~any~~ person certified by the council  
 147 as having met the following requirements:

- 148 1. Is at least 18 years of age.
- 149 2. Has satisfactorily passed a proficiency examination by  
 150 an acceptable score established by the National Commission on  
 151 Certification of Physician Assistants. If an applicant does not  
 152 hold a current certificate issued by the National Commission on  
 153 Certification of Physician Assistants and has not actively  
 154 practiced as a physician assistant within the immediately  
 155 preceding 4 years, the applicant must retake and successfully  
 156 complete the entry-level examination of the National Commission

157 on Certification of Physician Assistants to be eligible for  
 158 licensure.

159 3. Has completed the application form and remitted an  
 160 application fee not to exceed \$300 as set by the boards. An  
 161 application for licensure made by a physician assistant must  
 162 include:

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

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

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

168 ~~d. Two letters of recommendation.~~

169 ~~d.e.~~ A copy of course transcripts and a copy of the course  
 170 description from a physician assistant training program  
 171 describing course content in pharmacotherapy, if the applicant  
 172 wishes to apply for prescribing authority. These documents must  
 173 meet the evidence requirements for prescribing authority.

174 (c) The license shall ~~must~~ be renewed biennially. Each  
 175 renewal must include:

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

177 2. A ~~sworn~~ statement of no felony convictions in the  
 178 previous 2 years.

179 (9) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on  
 180 Physician Assistants is created within the department.

181 (c) The council shall:

182 1. Recommend to the department the licensure of physician

183 assistants.

184         2. Develop all rules regulating the use of physician  
185 assistants by physicians under this chapter and chapter 459,  
186 except for rules relating to the formulary developed under  
187 paragraph (4) (g) ~~(4) (f)~~. The council shall also develop rules to  
188 ensure that the continuity of supervision is maintained in each  
189 practice setting. The boards shall consider adopting a proposed  
190 rule developed by the council at the regularly scheduled meeting  
191 immediately following the submission of the proposed rule by the  
192 council. A proposed rule submitted by the council may not be  
193 adopted by either board unless both boards have accepted and  
194 approved the identical language contained in the proposed rule.  
195 The language of all proposed rules submitted by the council must  
196 be approved by both boards pursuant to their ~~each~~ respective  
197 ~~board's~~ guidelines and standards regarding the adoption of  
198 proposed rules. If either board rejects the council's proposed  
199 rule, that board shall ~~must~~ specify its objection to the council  
200 with particularity and include any recommendations it may have  
201 for the modification of the proposed rule.

202         3. Make recommendations to the boards regarding all  
203 matters relating to physician assistants.

204         4. Address concerns and problems of practicing physician  
205 assistants in order to improve safety in the clinical practices  
206 of licensed physician assistants.

207         Section 2. Subsections (3) and (4), and paragraphs (a) and  
208 (b) of subsection (7) of section 459.022, Florida Statutes, are



209 amended to read:

210 459.022 Physician assistants.—

211 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician  
 212 or group of physicians supervising a licensed physician  
 213 assistant must be qualified in the medical areas in which the  
 214 physician assistant is to perform and is ~~shall be~~ individually  
 215 or collectively responsible and liable for the performance and  
 216 the acts and omissions of the physician assistant. A physician  
 217 may not supervise more than eight ~~four~~ currently licensed  
 218 physician assistants at any one time. A physician supervising a  
 219 physician assistant pursuant to this section may not be required  
 220 to review and cosign charts or medical records prepared by such  
 221 physician assistant.

222 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

223 (a) In accordance with the team-based model of health care  
 224 delivery, a physician assistant may execute practice-related  
 225 activities in accordance with his or her education, training,  
 226 and expertise as delegated by the supervising physician unless  
 227 expressly prohibited by this chapter, chapter 458, or rules  
 228 adopted to implement this chapter.

229 (b) ~~(a)~~ The boards shall adopt, by rule, the general  
 230 principles that supervising physicians must use in developing  
 231 the scope of practice of a physician assistant under direct  
 232 supervision and under indirect supervision. These principles  
 233 must ~~shall~~ recognize the diversity of both specialty and  
 234 practice settings in which physician assistants are used.

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

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

241 ~~(e)~~ ~~(d)~~ A supervising ~~supervisory~~ physician may delegate to  
242 a licensed physician assistant, pursuant to a written protocol,  
243 the authority to act according to s. 154.04(1)(c). Such  
244 delegated authority is limited to the supervising physician's  
245 practice in connection with a county health department as  
246 defined and established pursuant to chapter 154. The boards  
247 shall adopt rules governing the supervision of physician  
248 assistants by physicians in county health departments.

249 ~~(f)~~ ~~(e)~~ A supervising ~~supervisory~~ physician may delegate to  
250 a fully licensed physician assistant the authority to prescribe  
251 or dispense any medication used in the supervising ~~supervisory~~  
252 physician's practice unless such medication is listed on the  
253 formulary created pursuant to s. 458.347. A fully licensed  
254 physician assistant may ~~only~~ prescribe or dispense such  
255 medication only under the following circumstances:

256 1. A physician assistant must clearly identify to the  
257 patient that she or he is a physician assistant and  
258 ~~Furthermore, the physician assistant~~ must inform the patient of  
259 his or her ~~that the patient has the right to see the physician~~  
260 before ~~prior to~~ any prescription is ~~being~~ prescribed or

261 dispensed by the physician assistant.

262         2. The supervising ~~supervisory~~ physician must provide  
 263 prior notification to ~~notify~~ the department, on a department-  
 264 approved form, of his or her ~~or his~~ intent to delegate, ~~on a~~  
 265 ~~department-approved form, before delegating~~ such authority and  
 266 must notify the department of any change in the physician  
 267 assistant's prescriptive privileges ~~of the physician assistant.~~  
 268 Authority to dispense may be delegated only by a supervising  
 269 ~~supervisory~~ physician who is registered as a dispensing  
 270 practitioner in compliance with s. 465.0276.

271         3. The physician assistant must certify ~~file~~ with the  
 272 department ~~a signed affidavit~~ that she or he has completed a  
 273 minimum of 10 continuing medical education hours in the  
 274 specialty practice in which the physician assistant has  
 275 prescriptive privileges with each licensure renewal application.

276         4. The department may issue a prescriber number to a ~~the~~  
 277 physician assistant demonstrating compliance with this paragraph  
 278 which grants him or her ~~granting~~ authority for the prescribing  
 279 of medicinal drugs authorized under ~~within~~ this paragraph ~~upon~~  
 280 ~~completion of the foregoing requirements.~~ The physician  
 281 assistant is ~~shall~~ not be required to independently register  
 282 pursuant to s. 465.0276.

283         5. The prescription must be written on ~~in~~ a form that  
 284 complies with chapter 499 and must contain, in addition to the  
 285 supervising ~~supervisory~~ physician's name, address, and telephone  
 286 number, the physician assistant's prescriber number. Unless it

287 is a drug or drug sample dispensed by the physician assistant,  
288 the prescription must be filled in a pharmacy permitted under  
289 chapter 465, and must be dispensed in that pharmacy by a  
290 pharmacist licensed under chapter 465. The appearance of the  
291 prescriber number creates a presumption that the physician  
292 assistant is authorized to prescribe the medicinal drug and the  
293 prescription is valid.

294 6. The physician assistant shall ~~must~~ note the  
295 prescription or dispensing of medication in the appropriate  
296 medical record.

297 (g) ~~(f)~~ A supervising ~~supervisory~~ physician may delegate to  
298 a licensed physician assistant the authority to order  
299 medications for the supervising ~~supervisory~~ physician's patient  
300 during his or her care in a facility licensed under chapter 395,  
301 notwithstanding any provisions in chapter 465 or chapter 893  
302 which may prohibit this delegation. For the purpose of this  
303 paragraph, an order is not considered a prescription. A licensed  
304 physician assistant working in a facility that is licensed under  
305 chapter 395 may order any medication under the direction of the  
306 supervising ~~supervisory~~ physician.

307 (7) PHYSICIAN ASSISTANT LICENSURE.—

308 (a) A ~~Any~~ person who desires ~~desiring~~ to be licensed as a  
309 physician assistant must apply to the department. The department  
310 shall issue a license to any person certified by the council as  
311 having met the following requirements:

312 1. Is at least 18 years of age.

313           2. Has satisfactorily passed a proficiency examination by  
314 an acceptable score established by the National Commission on  
315 Certification of Physician Assistants. If an applicant does not  
316 hold a current certificate issued by the National Commission on  
317 Certification of Physician Assistants and has not actively  
318 practiced as a physician assistant within the immediately  
319 preceding 4 years, the applicant must retake and successfully  
320 complete the entry-level examination of the National Commission  
321 on Certification of Physician Assistants to be eligible for  
322 licensure.

323           3. Has completed the application form and remitted an  
324 application fee not to exceed \$300 as set by the boards. An  
325 application for licensure made by a physician assistant must  
326 include:

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

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

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

332           ~~d. Two letters of recommendation.~~

333           d.e. A copy of course transcripts and a copy of the course  
334 description from a physician assistant training program  
335 describing course content in pharmacotherapy, if the applicant  
336 wishes to apply for prescribing authority. These documents must  
337 meet the evidence requirements for prescribing authority.

338           (b) The license shall ~~licensure must~~ be renewed

339 biennially. Each renewal must include:

- 340 1. A renewal fee not to exceed \$500 as set by the boards.
- 341 2. A ~~sworn~~ statement of no felony convictions in the
- 342 previous 2 years.

343 Section 3. Paragraph (b) of subsection (7) of section  
 344 458.3475, Florida Statutes, is amended to read:

345 458.3475 Anesthesiologist assistants.—

346 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO  
 347 ADVISE THE BOARD.—

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

- 350 1. Recommend to the department the licensure of
- 351 anesthesiologist assistants.

- 352 2. Develop all rules regulating the use of
- 353 anesthesiologist assistants by qualified anesthesiologists under
- 354 this chapter and chapter 459, except for rules relating to the
- 355 formulary developed under s. 458.347(4)(g) ~~s. 458.347(4)(f)~~. The
- 356 board shall also develop rules to ensure that the continuity of
- 357 supervision is maintained in each practice setting. The boards
- 358 shall consider adopting a proposed rule at the regularly
- 359 scheduled meeting immediately following the submission of the
- 360 proposed rule. A proposed rule may not be adopted by either
- 361 board unless both boards have accepted and approved the
- 362 identical language contained in the proposed rule. The language
- 363 of all proposed rules must be approved by both boards pursuant
- 364 to each respective board's guidelines and standards regarding

365 the adoption of proposed rules.

366 3. Address concerns and problems of practicing  
367 anesthesiologist assistants to improve safety in the clinical  
368 practices of licensed anesthesiologist assistants.

369 Section 4. Paragraph (c) of subsection (4) of section  
370 458.348, Florida Statutes, is amended to read:

371 458.348 Formal supervisory relationships, standing orders,  
372 and established protocols; notice; standards.—

373 (4) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—

374 A physician who supervises an advanced registered nurse  
375 practitioner or physician assistant at a medical office other  
376 than the physician's primary practice location, where the  
377 advanced registered nurse practitioner or physician assistant is  
378 not under the onsite supervision of a supervising physician,  
379 must comply with the standards set forth in this subsection. For  
380 the purpose of this subsection, a physician's "primary practice  
381 location" means the address reflected on the physician's profile  
382 published pursuant to s. 456.041.

383 (c) A physician who supervises an advanced registered  
384 nurse practitioner or physician assistant at a medical office  
385 other than the physician's primary practice location, where the  
386 advanced registered nurse practitioner or physician assistant is  
387 not under the onsite supervision of a supervising physician and  
388 the services offered at the office are primarily dermatologic or  
389 skin care services, which include aesthetic skin care services  
390 other than plastic surgery, shall ~~must~~ comply with the standards

391 specified ~~listed~~ in subparagraphs 1.-4. Notwithstanding s.  
392 458.347(4)(f)6. ~~s. 458.347(4)(e)6.~~, a physician supervising a  
393 physician assistant pursuant to this paragraph is ~~may not be~~  
394 required to review and cosign charts or medical records prepared  
395 by such physician assistant.

396 1. The physician shall submit to the board the addresses  
397 of all offices where he or she is supervising an advanced  
398 registered nurse practitioner or a physician ~~physician's~~  
399 assistant which are not the physician's primary practice  
400 location.

401 2. The physician must be board certified or board eligible  
402 in dermatology or plastic surgery as recognized by the board  
403 pursuant to s. 458.3312.

404 3. All such offices that are not the physician's primary  
405 place of practice must be within 25 miles of the physician's  
406 primary place of practice or in a county that is contiguous to  
407 the county of the physician's primary place of practice.  
408 However, the distance between any of the offices may not exceed  
409 75 miles.

410 4. The physician may supervise only one office other than  
411 the physician's primary place of practice except that until July  
412 1, 2011, the physician may supervise up to two medical offices  
413 other than the physician's primary place of practice if the  
414 addresses of the offices are submitted to the board before July  
415 1, 2006. Effective July 1, 2011, the physician may supervise  
416 only one office other than the physician's primary place of



417 practice, regardless of when the addresses of the offices were  
 418 submitted to the board.

419 Section 5. Paragraph (b) of subsection (7) of section  
 420 459.023, Florida Statutes, is amended to read:

421 459.023 Anesthesiologist assistants.—

422 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO  
 423 ADVISE THE BOARD.—

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

426 1. Recommend to the department the licensure of  
 427 anesthesiologist assistants.

428 2. Develop all rules regulating the use of  
 429 anesthesiologist assistants by qualified anesthesiologists under  
 430 this chapter and chapter 458, except for rules relating to the  
 431 formulary developed under s. 458.347(4)(g) ~~s. 458.347(4)(f)~~. The  
 432 board shall also develop rules to ensure that the continuity of  
 433 supervision is maintained in each practice setting. The boards  
 434 shall consider adopting a proposed rule at the regularly  
 435 scheduled meeting immediately following the submission of the  
 436 proposed rule. A proposed rule may not be adopted by either  
 437 board unless both boards have accepted and approved the  
 438 identical language contained in the proposed rule. The language  
 439 of all proposed rules must be approved by both boards pursuant  
 440 to each respective board's guidelines and standards regarding  
 441 the adoption of proposed rules.

442 3. Address concerns and problems of practicing

443 anesthesiologist assistants to improve safety in the clinical  
 444 practices of licensed anesthesiologist assistants.

445 Section 6. Paragraph (c) of subsection (3) of section  
 446 459.025, Florida Statutes, is amended to read:

447 459.025 Formal supervisory relationships, standing orders,  
 448 and established protocols; notice; standards.—

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

450 An osteopathic physician who supervises an advanced registered  
 451 nurse practitioner or physician assistant at a medical office  
 452 other than the osteopathic physician's primary practice  
 453 location, where the advanced registered nurse practitioner or  
 454 physician assistant is not under the onsite supervision of a  
 455 supervising osteopathic physician, must comply with the  
 456 standards set forth in this subsection. For the purpose of this  
 457 subsection, an osteopathic physician's "primary practice  
 458 location" means the address reflected on the physician's profile  
 459 published pursuant to s. 456.041.

460 (c) An osteopathic physician who supervises an advanced  
 461 registered nurse practitioner or physician assistant at a  
 462 medical office other than the osteopathic physician's primary  
 463 practice location, where the advanced registered nurse  
 464 practitioner or physician assistant is not under the onsite  
 465 supervision of a supervising osteopathic physician and the  
 466 services offered at the office are primarily dermatologic or  
 467 skin care services, which include aesthetic skin care services  
 468 other than plastic surgery, shall ~~must~~ comply with the standards

469 listed in subparagraphs 1.-4. Notwithstanding s. 459.022(4)(f)6.  
 470 ~~s. 459.022(4)(e)6.~~, an osteopathic physician supervising a  
 471 physician assistant pursuant to this paragraph is ~~may not be~~  
 472 required to review and cosign charts or medical records prepared  
 473 by such physician assistant.

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

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

482 3. All such offices that are not the osteopathic  
 483 physician's primary place of practice must be within 25 miles of  
 484 the osteopathic physician's primary place of practice or in a  
 485 county that is contiguous to the county of the osteopathic  
 486 physician's primary place of practice. However, the distance  
 487 between any of the offices may not exceed 75 miles.

488 4. The osteopathic physician may supervise only one office  
 489 other than the osteopathic physician's primary place of practice  
 490 except that until July 1, 2011, the osteopathic physician may  
 491 supervise up to two medical offices other than the osteopathic  
 492 physician's primary place of practice if the addresses of the  
 493 offices are submitted to the Board of Osteopathic Medicine  
 494 before July 1, 2006. Effective July 1, 2011, the osteopathic

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495 | physician may supervise only one office other than the  
496 | osteopathic physician's primary place of practice, regardless of  
497 | when the addresses of the offices were submitted to the Board of  
498 | Osteopathic Medicine.

499 |       Section 7. This act shall take effect July 1, 2014.