By Senator Hays

	11-00269A-14 2014502
1	A bill to be entitled
2	An act relating to physician assistants; amending ss.
3	458.347 and 459.022, F.S.; revising the number of
4	physician assistants that a physician may supervise at
5	any one time; authorizing a physician assistant to
6	execute practice-related activities in accordance with
7	his or her education, training, and expertise as
8	delegated by the supervising physician unless
9	expressly prohibited; revising the requirements for
10	obtaining licensure as a physician assistant; amending
11	ss. 458.3475, 458.348, 459.023, and 459.025, F.S.;
12	conforming cross-references; providing an effective
13	date.
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15	Be It Enacted by the Legislature of the State of Florida:
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17	Section 1. Subsections (3) and (4), paragraphs (a) and (c)
18	of subsection (7), and paragraph (c) of subsection (9) of
19	section 458.347, Florida Statutes, are amended to read:
20	458.347 Physician assistants
21	(3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician or
22	group of physicians supervising a licensed physician assistant
23	must be qualified in the medical areas in which the physician
24	assistant is to perform and <u>is</u> shall be individually or
25	collectively responsible and liable for the performance and the
26	acts and omissions of the physician assistant. A physician may
27	not supervise more than <u>eight</u> four currently licensed physician
28	assistants at any one time. A physician supervising a physician
29	assistant pursuant to this section may not be required to review

Page 1 of 18

11-00269A-142014502_30and cosign charts or medical records prepared by such physician31assistant.32(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.-

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

39 <u>(b) (a)</u> 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 <u>must shall</u> recognize the diversity of both specialty and 44 practice settings in which physician assistants are used.

45 <u>(c) (b)</u> 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 <u>(d) (c)</u> Licensed physician assistants may not be denied 49 clinical hospital privileges, except for cause, <u>if so long as</u> 50 the supervising physician is a staff member in good standing.

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

Page 2 of 18

ı	11-00269A-14 2014502
59	<u>(f)</u> A <u>supervising</u> supervisory physician may delegate to
60	a fully licensed physician assistant the authority to prescribe
61	or dispense any medication used in the <u>supervising</u> supervisory
62	physician's practice unless such medication is listed on the
63	formulary created pursuant to paragraph <u>(g)</u> (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 $\overline{\cdot}$
68	Furthermore, the physician assistant must inform the patient <u>of</u>
69	his or her that the patient has the right to see the physician
70	<u>before</u> prior to any prescription <u>is</u> being prescribed or
71	dispensed by the physician assistant.
72	2. The supervising supervisory physician must provide prior
73	notification to notify the department, on a department-approved
74	form, of his or her intent to delegate, on a department-approved
75	form, before delegating such authority and <u>must</u> notify the
76	department of any change in the physician assistant's
77	prescriptive privileges of the physician assistant . Authority to
78	dispense may be delegated only by a supervising physician who is
79	registered as a dispensing practitioner in compliance with s.
80	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 <u>a</u> the

87 physician assistant demonstrating compliance with this paragraph

Page 3 of 18

11-00269A-14 2014502 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 pursuant to s. 465.0276. 92 93 5. The prescription must be written on $\frac{1}{100}$ 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 prescription 105 or dispensing of medication in the appropriate medical record.

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

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

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3. Only the council shall add to, delete from, or modify

Page 4 of 18

11-00269A-14 2014502 117 the formulary. Any person who requests an addition, deletion, or 118 modification of a medicinal drug listed on such formulary has 119 the burden of proof to show cause why such addition, deletion, 120 or modification should be made. 121 4. The boards shall adopt the formulary required by this paragraph, and each addition, deletion, or modification to the 122 123 formulary, by rule. Notwithstanding any provision of chapter 120 124 to the contrary, the formulary rule is shall be effective 60 days after the date it is filed with the Secretary of State. 125 126 Upon adoption of the formulary, the department shall mail a copy 127 of such formulary to each fully licensed physician assistant who 128 has having prescribing authority under this section or s. 129 459.022, and to each pharmacy licensed by the state. The boards shall establish, by rule, a fee not to exceed \$200 to fund the 130 131 provisions of this paragraph and paragraph (f) (e). 132 (h) (g) A supervising supervisory physician may delegate to 133 a licensed physician assistant the authority to order 134 medications for the supervising supervisory physician's patient 135 during his or her care in a facility licensed under chapter 395, 136 notwithstanding any provisions in chapter 465 or chapter 893 137 which may prohibit this delegation. For the purpose of this 138 paragraph, an order is not considered a prescription. A licensed 139 physician assistant working in a facility that is licensed under 140 chapter 395 may order any medication under the direction of the

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(7) PHYSICIAN ASSISTANT LICENSURE.-

supervising supervisory physician.

(a) <u>A</u> Any person who desires desiring to be licensed as a
physician assistant must apply to the department. The department
shall issue a license to a any person certified by the council

Page 5 of 18

11-00269A-14 2014502 146 as having met the following requirements: 147 1. Is at least 18 years of age. 2. Has satisfactorily passed a proficiency examination by 148 an acceptable score established by the National Commission on 149 150 Certification of Physician Assistants. If an applicant does not hold a current certificate issued by the National Commission on 151 152 Certification of Physician Assistants and has not actively 153 practiced as a physician assistant within the immediately preceding 4 years, the applicant must retake and successfully 154 155 complete the entry-level examination of the National Commission on Certification of Physician Assistants to be eligible for 156 157 licensure. 158 3. Has completed the application form and remitted an 159 application fee not to exceed \$300 as set by the boards. An 160 application for licensure made by a physician assistant must 161 include: 162 a. A certificate of completion of a physician assistant 163 training program specified in subsection (6). 164 b. A sworn statement of any prior felony convictions. 165 c. A sworn statement of any previous revocation or denial 166 of licensure or certification in any state. 167 d. Two letters of recommendation. 168 d.e. A copy of course transcripts and a copy of the course 169 description from a physician assistant training program 170 describing course content in pharmacotherapy, if the applicant

171 wishes to apply for prescribing authority. These documents must 172 meet the evidence requirements for prescribing authority.

173 (c) The license <u>shall must</u> be renewed biennially. Each 174 renewal must include:

Page 6 of 18

11-00269A-14 2014502 175 1. A renewal fee not to exceed \$500 as set by the boards. 176 2. A sworn statement of no felony convictions in the 177 previous 2 years. 178 (9) COUNCIL ON PHYSICIAN ASSISTANTS.-The Council on 179 Physician Assistants is created within the department. 180 (c) The council shall: 181 1. Recommend to the department the licensure of physician 182 assistants. 183 2. Develop all rules regulating the use of physician 184 assistants by physicians under this chapter and chapter 459, 185 except for rules relating to the formulary developed under paragraph (4)(g) (4)(f). The council shall also develop rules to 186 187 ensure that the continuity of supervision is maintained in each 188 practice setting. The boards shall consider adopting a proposed 189 rule developed by the council at the regularly scheduled meeting 190 immediately following the submission of the proposed rule by the 191 council. A proposed rule submitted by the council may not be 192 adopted by either board unless both boards have accepted and 193 approved the identical language contained in the proposed rule. 194 The language of all proposed rules submitted by the council must 195 be approved by both boards pursuant to their each respective 196 board's guidelines and standards regarding the adoption of 197 proposed rules. If either board rejects the council's proposed 198 rule, that board shall must specify its objection to the council with particularity and include any recommendations it may have 199 200 for the modification of the proposed rule. 201 3. Make recommendations to the boards regarding all matters 202 relating to physician assistants.

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4. Address concerns and problems of practicing physician

Page 7 of 18

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11-00269A-14
                                                               2014502
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     assistants in order to improve safety in the clinical practices
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     of licensed physician assistants.
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          Section 2. Subsections (3) and (4), and paragraphs (a) and
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     (b) of subsection (7) of section 459.022, Florida Statutes, are
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     amended to read:
209
          459.022 Physician assistants.-
210
          (3) PERFORMANCE OF SUPERVISING PHYSICIAN.-Each physician or
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     group of physicians supervising a licensed physician assistant
     must be qualified in the medical areas in which the physician
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     assistant is to perform and is shall be individually or
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     collectively responsible and liable for the performance and the
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     acts and omissions of the physician assistant. A physician may
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     not supervise more than eight four currently licensed physician
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     assistants at any one time. A physician supervising a physician
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     assistant pursuant to this section may not be required to review
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     and cosign charts or medical records prepared by such physician
220
     assistant.
221
          (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.-
222
          (a) In accordance with the team-based model of health care
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     delivery, a physician assistant may execute practice-related
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     activities in accordance with his or her education, training,
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     and expertise as delegated by the supervising physician unless
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     expressly prohibited by this chapter, chapter 458, or rules
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     adopted to implement this chapter.
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          (b) (a) The boards shall adopt, by rule, the general
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principles that supervising physicians must use in developing the scope of practice of a physician assistant under direct supervision and under indirect supervision. These principles <u>must shall</u> recognize the diversity of both specialty and

Page 8 of 18

CODING: Words stricken are deletions; words underlined are additions.

SB 502

11-00269A-14 2014502 233 practice settings in which physician assistants are used. 234 (c) (b) This chapter does not prevent third-party payors 235 from reimbursing employers of physician assistants for covered 236 services rendered by licensed physician assistants. 237 (d) (c) Licensed physician assistants may not be denied 238 clinical hospital privileges, except for cause, if so long as 239 the supervising physician is a staff member in good standing. 240 (e) (d) A supervising supervisory physician may delegate to a licensed physician assistant, pursuant to a written protocol, 241 the authority to act according to s. 154.04(1)(c). Such 242 243 delegated authority is limited to the supervising physician's 244 practice in connection with a county health department as 245 defined and established pursuant to chapter 154. The boards 246 shall adopt rules governing the supervision of physician assistants by physicians in county health departments. 247 248 (f) (e) A supervising supervisory physician may delegate to 249 a fully licensed physician assistant the authority to prescribe 250 or dispense any medication used in the supervising supervisory 251 physician's practice unless such medication is listed on the 252 formulary created pursuant to s. 458.347. A fully licensed 253 physician assistant may only prescribe or dispense such 254 medication only under the following circumstances: 255 1. A physician assistant must clearly identify to the 256 patient that she or he is a physician assistant and. 257 Furthermore, the physician assistant must inform the patient of 258 his or her that the patient has the right to see the physician 259 before prior to any prescription is being prescribed or 260 dispensed by the physician assistant. 261 2. The supervising supervisory physician must provide prior

Page 9 of 18

11-00269A-14 2014502 262 notification to notify the department, on a department-approved 263 form, of his or her or his intent to delegate, on a department-264 approved form, before delegating such authority and must notify 265 the department of any change in the physician assistant's 266 prescriptive privileges of the physician assistant. Authority to 267 dispense may be delegated only by a supervising supervisory 268 physician who is registered as a dispensing practitioner in compliance with s. 465.0276. 269

3. The physician assistant must <u>certify</u> file with the department a signed affidavit that she or he has completed a minimum of 10 continuing medical education hours in the specialty practice in which the physician assistant has prescriptive privileges with each licensure renewal application.

4. The department may issue a prescriber number to <u>a</u> the physician assistant <u>demonstrating compliance with this paragraph</u> <u>which grants him or her</u> granting authority for the prescribing of medicinal drugs authorized <u>under</u> within this paragraph upon completion of the foregoing requirements. The physician assistant <u>is</u> shall not be required to independently register pursuant to s. 465.0276.

282 5. The prescription must be written on in a form that 283 complies with chapter 499 and must contain, in addition to the 284 supervising supervisory physician's name, address, and telephone 285 number, the physician assistant's prescriber number. Unless it 286 is a drug or drug sample dispensed by the physician assistant, 287 the prescription must be filled in a pharmacy permitted under 288 chapter 465, and must be dispensed in that pharmacy by a 289 pharmacist licensed under chapter 465. The appearance of the prescriber number creates a presumption that the physician 290

Page 10 of 18

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11-00269A-14 2014502 291 assistant is authorized to prescribe the medicinal drug and the 292 prescription is valid. 293 6. The physician assistant shall must note the prescription 294 or dispensing of medication in the appropriate medical record. 295 (g) (f) A supervising supervisory physician may delegate to 296 a licensed physician assistant the authority to order 297 medications for the supervising supervisory physician's patient during his or her care in a facility licensed under chapter 395, 298 299 notwithstanding any provisions in chapter 465 or chapter 893 which may prohibit this delegation. For the purpose of this 300 301 paragraph, an order is not considered a prescription. A licensed 302 physician assistant working in a facility that is licensed under 303 chapter 395 may order any medication under the direction of the 304 supervising supervisory physician. 305 (7) PHYSICIAN ASSISTANT LICENSURE.-306 (a) A Any person who desires desiring to be licensed as a 307 physician assistant must apply to the department. The department 308 shall issue a license to any person certified by the council as 309 having met the following requirements: 310 1. Is at least 18 years of age. 311 2. Has satisfactorily passed a proficiency examination by 312 an acceptable score established by the National Commission on 313 Certification of Physician Assistants. If an applicant does not 314 hold a current certificate issued by the National Commission on

316 practiced as a physician assistant within the immediately 317 preceding 4 years, the applicant must retake and successfully 318 complete the entry-level examination of the National Commission 319 on Certification of Physician Assistants to be eligible for

Certification of Physician Assistants and has not actively

Page 11 of 18

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SB 502

	11-00269A-14 2014502
320	licensure.
321	3. Has completed the application form and remitted an
322	application fee not to exceed \$300 as set by the boards. An
323	application for licensure made by a physician assistant must
324	include:
325	a. A certificate of completion of a physician assistant
326	training program specified in subsection (6).
327	b. A sworn statement of any prior felony convictions.
328	c. A sworn statement of any previous revocation or denial
329	of licensure or certification in any state.
330	d. Two letters of recommendation.
331	<u>d.</u> e. A copy of course transcripts and a copy of the course
332	description from a physician assistant training program
333	describing course content in pharmacotherapy, if the applicant
334	wishes to apply for prescribing authority. These documents must
335	meet the evidence requirements for prescribing authority.
336	(b) The <u>license shall</u> licensure must be renewed biennially.
337	Each renewal must include:
338	1. A renewal fee not to exceed \$500 as set by the boards.
339	2. A sworn statement of no felony convictions in the
340	previous 2 years.
341	Section 3. Paragraph (b) of subsection (7) of section
342	458.3475, Florida Statutes, is amended to read:
343	458.3475 Anesthesiologist assistants
344	(7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
345	ADVISE THE BOARD
346	(b) In addition to its other duties and responsibilities as
347	prescribed by law, the board shall:
348	1. Recommend to the department the licensure of
	Page 12 of 18

11-00269A-14

2014502

349 anesthesiologist assistants.

350 2. Develop all rules regulating the use of anesthesiologist 351 assistants by qualified anesthesiologists under this chapter and 352 chapter 459, except for rules relating to the formulary 353 developed under s. 458.347(4)(g) s. 458.347(4)(f). The board 354 shall also develop rules to ensure that the continuity of 355 supervision is maintained in each practice setting. The boards 356 shall consider adopting a proposed rule at the regularly 357 scheduled meeting immediately following the submission of the 358 proposed rule. A proposed rule may not be adopted by either 359 board unless both boards have accepted and approved the 360 identical language contained in the proposed rule. The language 361 of all proposed rules must be approved by both boards pursuant 362 to each respective board's guidelines and standards regarding 363 the adoption of proposed rules.

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

367 Section 4. Paragraph (c) of subsection (4) of section368 458.348, Florida Statutes, is amended to read:

369 458.348 Formal supervisory relationships, standing orders,
370 and established protocols; notice; standards.-

(4) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—A
physician who supervises an advanced registered nurse
practitioner or physician assistant at a medical office other
than the physician's primary practice location, where the
advanced registered nurse practitioner or physician assistant is
not under the onsite supervision of a supervising physician,
must comply with the standards set forth in this subsection. For

Page 13 of 18

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11-00269A-14
                                                               2014502
378
     the purpose of this subsection, a physician's "primary practice
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     location" means the address reflected on the physician's profile
     published pursuant to s. 456.041.
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           (c) A physician who supervises an advanced registered nurse
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     practitioner or physician assistant at a medical office other
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     than the physician's primary practice location, where the
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     advanced registered nurse practitioner or physician assistant is
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     not under the onsite supervision of a supervising physician and
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     the services offered at the office are primarily dermatologic or
     skin care services, which include aesthetic skin care services
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     other than plastic surgery, shall must comply with the standards
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     specified <del>listed</del> in subparagraphs 1.-4. Notwithstanding s.
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     458.347(4)(f)6. s. 458.347(4)(e)6., a physician supervising a
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     physician assistant pursuant to this paragraph is may not be
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     required to review and cosign charts or medical records prepared
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     by such physician assistant.
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394 1. The physician shall submit to the board the addresses of 395 all offices where he or she is supervising an advanced 396 registered nurse practitioner or a <u>physician</u> physician's 397 assistant which are not the physician's primary practice 398 location.

399 2. The physician must be board certified or board eligible 400 in dermatology or plastic surgery as recognized by the board 401 pursuant to s. 458.3312.

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

Page 14 of 18

11-00269A-14 2014502
75 miles.
4. The physician may supervise only one office other than
the physician's primary place of practice except that until July
1, 2011, the physician may supervise up to two medical offices
other than the physician's primary place of practice if the
addresses of the offices are submitted to the board before July
1, 2006. Effective July 1, 2011, the physician may supervise
only one office other than the physician's primary place of
practice, regardless of when the addresses of the offices were
submitted to the board.
Section 5. Paragraph (b) of subsection (7) of section
459.023, Florida Statutes, is amended to read:
459.023 Anesthesiologist assistants.—
(7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
ADVISE THE BOARD
(b) In addition to its other duties and responsibilities as
prescribed by law, the board shall:
1. Recommend to the department the licensure of
anesthesiologist assistants.
2. Develop all rules regulating the use of anesthesiologist
assistants by qualified anesthesiologists under this chapter and
chapter 458, except for rules relating to the formulary
developed under <u>s. 458.347(4)(g)</u> s. 458.347(4)(f) . The board
shall also develop rules to ensure that the continuity of
supervision is maintained in each practice setting. The boards
shall consider adopting a proposed rule at the regularly
scheduled meeting immediately following the submission of the
proposed rule. A proposed rule may not be adopted by either
board unless both boards have accepted and approved the

Page 15 of 18

11-00269A-14 2014502 436 identical language contained in the proposed rule. The language 437 of all proposed rules must be approved by both boards pursuant to each respective board's guidelines and standards regarding 438 439 the adoption of proposed rules. 440 3. Address concerns and problems of practicing anesthesiologist assistants to improve safety in the clinical 441 442 practices of licensed anesthesiologist assistants. 443 Section 6. Paragraph (c) of subsection (3) of section 459.025, Florida Statutes, is amended to read: 444 445 459.025 Formal supervisory relationships, standing orders, 446 and established protocols; notice; standards.-447 (3) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.-448 An osteopathic physician who supervises an advanced registered 449 nurse practitioner or physician assistant at a medical office 450 other than the osteopathic physician's primary practice 451 location, where the advanced registered nurse practitioner or 452 physician assistant is not under the onsite supervision of a 453 supervising osteopathic physician, must comply with the 454 standards set forth in this subsection. For the purpose of this 455 subsection, an osteopathic physician's "primary practice 456 location" means the address reflected on the physician's profile 457 published pursuant to s. 456.041. 458 (c) An osteopathic physician who supervises an advanced 459 registered nurse practitioner or physician assistant at a 460 medical office other than the osteopathic physician's primary 461 practice location, where the advanced registered nurse 462 practitioner or physician assistant is not under the onsite 463 supervision of a supervising osteopathic physician and the 464 services offered at the office are primarily dermatologic or

Page 16 of 18

11-00269A-14 2014502 465 skin care services, which include aesthetic skin care services 466 other than plastic surgery, shall must comply with the standards 467 listed in subparagraphs 1.-4. Notwithstanding s. 459.022(4)(f)6. 468 s. 459.022(4)(e)6., an osteopathic physician supervising a 469 physician assistant pursuant to this paragraph is may not be 470 required to review and cosign charts or medical records prepared 471 by such physician assistant. 472 1. The osteopathic physician shall submit to the Board of 473 Osteopathic Medicine the addresses of all offices where he or 474 she is supervising or has a protocol with an advanced registered 475 nurse practitioner or a physician physician's assistant which 476 are not the osteopathic physician's primary practice location. 477 2. The osteopathic physician must be board certified or 478 board eligible in dermatology or plastic surgery as recognized 479 by the Board of Osteopathic Medicine pursuant to s. 459.0152. 480 3. All such offices that are not the osteopathic 481 physician's primary place of practice must be within 25 miles of 482 the osteopathic physician's primary place of practice or in a 483 county that is contiguous to the county of the osteopathic 484 physician's primary place of practice. However, the distance 485 between any of the offices may not exceed 75 miles. 486 4. The osteopathic physician may supervise only one office 487 other than the osteopathic physician's primary place of practice except that until July 1, 2011, the osteopathic physician may 488 supervise up to two medical offices other than the osteopathic 489 490 physician's primary place of practice if the addresses of the 491 offices are submitted to the Board of Osteopathic Medicine 492 before July 1, 2006. Effective July 1, 2011, the osteopathic physician may supervise only one office other than the 493

Page 17 of 18

	11-00269A-14 2014502
494	osteopathic physician's primary place of practice, regardless of
495	when the addresses of the offices were submitted to the Board of
496	Osteopathic Medicine.
497	Section 7. This act shall take effect July 1, 2014.