**By** Senator Hays

11-00269A-14 2014502__

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 may not supervise more than eight ~~four~~ currently licensed physician assistants at any one time. A physician supervising a physician assistant pursuant to this section may not be required to review

and cosign charts or medical records prepared by such physician assistant.

(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

(b) ~~(a)~~ The boards shall adopt, by rule, the general 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 must ~~shall~~ recognize the diversity of both specialty and practice settings in which physician assistants are used.

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

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

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

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

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

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

3. The physician assistant must certify ~~file~~ with the department ~~a signed affidavit~~ that he or she 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 a ~~the~~ physician assistant demonstrating compliance with this paragraph

which grants him or her ~~granting~~ authority for the prescribing of medicinal drugs authorized under ~~within~~ this paragraph ~~upon completion of the foregoing requirements~~. The physician assistant is ~~shall~~ not ~~be~~ required to independently register pursuant to s. 465.0276.

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

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

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

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

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

the formulary. Any person who requests an addition, deletion, or modification of a medicinal drug listed on such formulary has the burden of proof to show cause why such addition, deletion, or modification should be made.

4. The boards shall adopt the formulary required by this paragraph, and each addition, deletion, or modification to the formulary, by rule. Notwithstanding ~~any provision of~~ chapter 120 ~~to the contrary~~, the formulary rule is ~~shall be~~ effective 60 days after the date it is filed with the Secretary of State. Upon adoption of the formulary, the department shall mail a copy of such formulary to each fully licensed physician assistant who has ~~having~~ prescribing authority under this section or s. 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 provisions of this paragraph and paragraph (f) ~~(e)~~.

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

(7) PHYSICIAN ASSISTANT LICENSURE.—

(a) A ~~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

as having met the following requirements:

1. Is at least 18 years of age.

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

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

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

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

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

~~d. Two letters of recommendation.~~

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

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

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

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

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

(c) The council shall:

1. Recommend to the department the licensure of physician assistants.

2. Develop all rules regulating the use of physician assistants by physicians under this chapter and chapter 459, except for rules relating to the formulary developed under paragraph (4)(g) ~~(4)(f)~~. The council 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 developed by the council at the regularly scheduled meeting immediately following the submission of the proposed rule by the council. A proposed rule submitted by the council may not be adopted by either board unless both boards have accepted and approved the identical language contained in the proposed rule. The language of all proposed rules submitted by the council must be approved by both boards pursuant to their ~~each~~ respective ~~board's~~ guidelines and standards regarding the adoption of proposed rules. If either board rejects the council's proposed rule, that board shall ~~must~~ specify its objection to the council with particularity and include any recommendations it may have for the modification of the proposed rule.

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

4. Address concerns and problems of practicing physician

assistants in order to improve safety in the clinical practices of licensed physician assistants.

Section 2. Subsections (3) and (4), and paragraphs (a) and (b) of subsection (7) of section 459.022, Florida Statutes, are amended to read:

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

(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

(b) ~~(a)~~ The boards shall adopt, by rule, the general 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 must ~~shall~~ recognize the diversity of both specialty and

practice settings in which physician assistants are used.

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

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

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

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

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

2. The supervising ~~supervisory~~ physician must provide prior

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

3. The physician assistant must certify ~~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 a ~~the~~ physician assistant demonstrating compliance with this paragraph which grants him or her ~~granting~~ authority for the prescribing of medicinal drugs authorized under ~~within~~ this paragraph ~~upon completion of the foregoing requirements~~. The physician assistant is ~~shall~~ not ~~be~~ required to independently register pursuant to s. 465.0276.

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

assistant is authorized to prescribe the medicinal drug and the prescription is valid.

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

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

(7) PHYSICIAN ASSISTANT LICENSURE.—

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

1. Is at least 18 years of age.

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

licensure.

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

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

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

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

~~d. Two letters of recommendation.~~

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

(b) The license shall ~~licensure must~~ be renewed biennially. Each renewal must include:

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

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

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

458.3475 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 459, except for rules relating to the formulary developed under s. 458.347(4)(g) ~~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 identical language contained in the proposed rule. The language of all proposed rules must be approved by both boards pursuant to each respective board's guidelines and standards regarding 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.

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

458.348 Formal supervisory relationships, standing orders, 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

the purpose of this subsection, a physician's "primary practice location" means the address reflected on the physician's profile published pursuant to s. 456.041.

(c) 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 and the services offered at the office are primarily dermatologic or skin care services, which include aesthetic skin care services other than plastic surgery, shall ~~must~~ comply with the standards specified ~~listed~~ in subparagraphs 1.-4. Notwithstanding s. 458.347(4)(f)6. ~~s. 458.347(4)(e)6.~~, a physician supervising a physician assistant pursuant to this paragraph is ~~may~~ not ~~be~~ required to review and cosign charts or medical records prepared by such physician assistant.

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

2. The physician must be board certified or board eligible in dermatology or plastic surgery as recognized by the board 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

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 s. 458.347(4)(g) ~~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

identical language contained in the proposed rule. The language of all proposed rules must be approved by both boards pursuant to each respective board's guidelines and standards regarding 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.

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

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

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

(c) An osteopathic physician who supervises an advanced registered nurse practitioner or physician assistant at a medical office other than the osteopathic physician's primary practice location, where the advanced registered nurse practitioner or physician assistant is not under the onsite supervision of a supervising osteopathic physician and the services offered at the office are primarily dermatologic or

skin care services, which include aesthetic skin care services other than plastic surgery, shall ~~must~~ comply with the standards listed in subparagraphs 1.-4. Notwithstanding s. 459.022(4)(f)6. ~~s. 459.022(4)(e)6.~~, an osteopathic physician supervising a physician assistant pursuant to this paragraph is ~~may~~ not ~~be~~ required to review and cosign charts or medical records prepared by such physician assistant.

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

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

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

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

osteopathic physician's primary place of practice, regardless of when the addresses of the offices were submitted to the Board of Osteopathic Medicine.

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