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LEGISLATIVE ACTION

Senate

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House

Senator Hays moved the following:

1 **Senate Amendment to Amendment (764744) (with title**
2 **amendment)**

3
4 Between lines 198 and 199
5 insert:

6 Section 50. Subsection (3), paragraph (e) of subsection
7 (4), and paragraphs (a), (b), and (d) of subsection (7) of
8 section 459.022, Florida Statutes, are amended to read:

9 459.022 Physician assistants.—

10 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician or
11 group of physicians supervising a licensed physician assistant



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12 must be qualified in the medical areas in which the physician
13 assistant is to perform and shall be individually or
14 collectively responsible and liable for the performance and the
15 acts and omissions of the physician assistant. A physician may
16 not supervise more than six ~~four~~ currently licensed physician
17 assistants at any one time. A physician supervising a physician
18 assistant pursuant to this section may not be required to review
19 and cosign charts or medical records prepared by such physician
20 assistant. Notwithstanding this subsection, a physician may only
21 supervise up to four physician assistants in medical offices
22 other than the physician's primary practice location pursuant to
23 s. 459.025(3)(c).

24 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

32 1. A physician assistant must clearly identify to the
33 patient that she or he is a physician assistant. Furthermore,
34 the physician assistant must inform the patient that the patient
35 has the right to see the physician prior to any prescription
36 being prescribed or dispensed by the physician assistant.

37 2. The supervisory physician must notify the department of
38 her or his intent to delegate, on a department-approved form,
39 before delegating such authority and notify the department of
40 any change in prescriptive privileges of the physician



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41 assistant. Authority to dispense may be delegated only by a
42 supervisory physician who is registered as a dispensing
43 practitioner in compliance with s. 465.0276.

44 3. The physician assistant must certify to ~~file with~~ the
45 department ~~a signed affidavit~~ that she or he has completed a
46 minimum of 10 continuing medical education hours in the
47 specialty practice in which the physician assistant has
48 prescriptive privileges with each licensure renewal application.

49 4. The department may issue a prescriber number to the
50 physician assistant granting authority for the prescribing of
51 medicinal drugs authorized within this paragraph upon completion
52 of the foregoing requirements. The physician assistant shall not
53 be required to independently register pursuant to s. 465.0276.

54 5. The prescription may ~~must~~ be written or electronic, but
55 must be in a form that complies with ss. 456.0392(1) and
56 456.42(1) ~~chapter 499~~ and must contain, in addition to the
57 supervisory physician's name, address, and telephone number, the
58 physician assistant's prescriber number. Unless it is a drug or
59 drug sample dispensed by the physician assistant, the
60 prescription must be filled in a pharmacy permitted under
61 chapter 465, and must be dispensed in that pharmacy by a
62 pharmacist licensed under chapter 465. The appearance of the
63 prescriber number creates a presumption that the physician
64 assistant is authorized to prescribe the medicinal drug and the
65 prescription is valid.

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

68 (7) PHYSICIAN ASSISTANT LICENSURE.—

69 (a) Any person desiring to be licensed as a physician



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70 assistant must apply to the department. The department shall
71 issue a license to any person certified by the council as having
72 met the following requirements:

73 1. Is at least 18 years of age.

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

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

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

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

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

93 ~~d. Two letters of recommendation.~~

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



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

101 (b) The licensure must be renewed biennially. Each renewal
102 must include:

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

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

106 (d) Upon employment as a physician assistant, a licensed
107 physician assistant must notify the department in writing within
108 30 days after such employment and provide ~~or after any~~
109 ~~subsequent changes in the supervising physician. The~~
110 ~~notification must include~~ the full name, Florida medical license
111 number, specialty, and address of a designated ~~the~~ supervising
112 physician. Any subsequent change in the designated supervising
113 physician shall be reported to the department within 30 days
114 after the change. Assignment of a designated supervising
115 physician does not preclude a physician assistant from
116 practicing under multiple supervising physicians.

117 Section 51. Paragraph (c) of subsection (3) of section
118 459.025, Florida Statutes, is amended to read:

119 459.025 Formal supervisory relationships, standing orders,
120 and established protocols; notice; standards.—

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

122 An osteopathic physician who supervises an advanced registered
123 nurse practitioner or physician assistant at a medical office
124 other than the osteopathic physician's primary practice
125 location, where the advanced registered nurse practitioner or
126 physician assistant is not under the onsite supervision of a
127 supervising osteopathic physician, must comply with the



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128 standards set forth in this subsection. For the purpose of this
129 subsection, an osteopathic physician's "primary practice
130 location" means the address reflected on the physician's profile
131 published pursuant to s. 456.041.

132 (c) An osteopathic physician who supervises an advanced
133 registered nurse practitioner or physician assistant at a
134 medical office other than the osteopathic physician's primary
135 practice location, where the advanced registered nurse
136 practitioner or physician assistant is not under the onsite
137 supervision of a supervising osteopathic physician and the
138 services offered at the office are primarily dermatologic or
139 skin care services, which include aesthetic skin care services
140 other than plastic surgery, must comply with the standards
141 listed in subparagraphs 1.-4. Notwithstanding s.
142 459.022(4)(e)6., an osteopathic physician supervising a
143 physician assistant pursuant to this paragraph may not be
144 required to review and cosign charts or medical records prepared
145 by such physician assistant.

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

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

154 3. All such offices that are not the osteopathic
155 physician's primary place of practice must be within 25 miles of
156 the osteopathic physician's primary place of practice or in a



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157 county that is contiguous to the county of the osteopathic
158 physician's primary place of practice. However, the distance
159 between any of the offices may not exceed 75 miles.

160 4. The osteopathic physician may supervise only one office
161 other than the osteopathic physician's primary place of practice
162 except that until July 1, 2011, the osteopathic physician may
163 supervise up to two medical offices other than the osteopathic
164 physician's primary place of practice if the addresses of the
165 offices are submitted to the Board of Osteopathic Medicine
166 before July 1, 2006. Effective July 1, 2011, the osteopathic
167 physician may supervise only one office other than the
168 osteopathic physician's primary place of practice, regardless of
169 when the addresses of the offices were submitted to the Board of
170 Osteopathic Medicine.

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

175 a. Subparagraph 2. does not apply to offices at which
176 nonablative aesthetic skin care services are performed by a
177 physician assistant under the supervision of a physician if the
178 physician assistant has successfully completed at least:

179 (I) Forty hours of postlicensure education and clinical
180 training on physiology of the skin, skin conditions, skin
181 disorders, skin diseases, preprocedure and postprocedure skin
182 care, and infection control, or has worked under the supervision
183 of a board-certified dermatologist within the preceding 12
184 months.

185 (II) Forty hours of postlicensure education and clinical



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

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

195 b. The physician assistant shall submit to the board
196 documentation evidencing successful completion of the education
197 and training required under this subparagraph.

198 c. For purposes of compliance with s. 459.022(3), a
199 physician who has completed 24 hours of education and clinical
200 training on nonablative aesthetic skin care services, the
201 curriculum of which has been preapproved by the Board of
202 Osteopathic Medicine, is qualified to supervise a physician
203 assistant performing nonablative aesthetic skin care services
204 pursuant to this subparagraph.

205
206 ===== T I T L E A M E N D M E N T =====

207 And the title is amended as follows:

208 Delete lines 204 - 213

209 and insert:

210 home health agencies; amending ss. 458.347 and
211 459.022, F.S.; increasing the number of licensed
212 physician assistants that a physician may supervise at
213 any one time; providing an exception; revising
214 circumstances under which a physician assistant is



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215 authorized to prescribe or dispense medication;
216 revising requirements for medications prescribed or
217 dispensed by physician assistants; revising
218 application requirements for licensure as a physician
219 assistant and license renewal; amending ss. 458.348
220 and 459.025, F.S.; defining the term