LEGISLATIVE ACTION		
Senate	•	House
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Senator Hays moved the following:

Senate Amendment (with title amendment)

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Between lines 2694 and 2695 insert:

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Section 48. Subsection (3), paragraph (e) of subsection (4), and paragraphs (a), (c), and (e) of subsection (7) 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

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assistant is to perform and 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 six 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. Notwithstanding this subsection, a physician may only supervise up to four physician assistants in medical offices other than the physician's primary practice location pursuant to s. 458.348(4)(c).

- (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.-
- (e) A supervisory physician may delegate to a fully licensed physician assistant the authority to prescribe or dispense any medication used in the supervisory physician's practice unless such medication is listed on the formulary created pursuant to paragraph (f). A fully licensed physician assistant may only prescribe or dispense such medication under the following circumstances:
- 1. A physician assistant must clearly identify to the patient that he or she is a physician assistant. Furthermore, the physician assistant must inform the patient that the patient has the right to see the physician prior to any prescription being prescribed or dispensed by the physician assistant.
- 2. The supervisory physician must notify the department of his or her intent to delegate, on a department-approved form, before delegating such authority and notify the department of any change in prescriptive privileges of the physician assistant. Authority to dispense may be delegated only by a

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

- 3. The physician assistant must certify to 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 the physician assistant granting authority for the prescribing of medicinal drugs authorized within this paragraph upon completion of the foregoing requirements. The physician assistant shall not be required to independently register pursuant to s. 465.0276.
- 5. The prescription may must be written or electronic, but must be in a form that complies with ss. 456.0392(1) and 456.42(1) chapter 499 and must contain, in addition to the 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 must note the prescription or dispensing of medication in the appropriate medical record.
 - (7) PHYSICIAN ASSISTANT LICENSURE.
- (a) Any person desiring to be licensed as a physician assistant must apply to the department. The department shall

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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.
 - e. For physician assistants seeking initial licensure on or

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after January 1, 2015, fingerprints pursuant to s. 456.0135.

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

Section 49. 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

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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, must comply with the standards listed in subparagraphs 1.-4. Notwithstanding s. 458.347(4)(e)6., a physician supervising a physician assistant pursuant to this paragraph 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'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

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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.

- 5. As used in this subparagraph, the term "nonablative aesthetic skin care services" includes, but is not limited to, services provided using intense pulsed light, lasers, radio frequency, ultrasound, injectables, and fillers.
- a. Subparagraph 2. does not apply to offices at which nonablative aesthetic skin care services are performed by a physician assistant under the supervision of a physician if the physician assistant has successfully completed at least:
- (I) Forty hours of postlicensure education and clinical training on physiology of the skin, skin conditions, skin disorders, skin diseases, preprocedure and postprocedure skin care, and infection control, or has worked under the supervision of a board-certified dermatologist within the preceding 12 months.
- (II) Forty hours of postlicensure education and clinical training on laser and light technologies and skin applications, or has 6 months of clinical experience working under the supervision of a board-certified dermatologist who is authorized to perform nonablative aesthetic skin care services.
- (III) Thirty-two hours of postlicensure education and clinical training on injectables and fillers, or has 6 months of



clinical experience working under the supervision of a boardcertified dermatologist who is authorized to perform nonablative aesthetic skin care services.

- b. The physician assistant shall submit to the board documentation evidencing successful completion of the education and training required under this subparagraph.
- c. For purposes of compliance with s. 458.347(3), a physician who has completed 24 hours of education and clinical training on nonablative aesthetic skin care services, the curriculum of which has been preapproved by the Board of Medicine, is qualified to supervise a physician assistant performing nonablative aesthetic skin care services pursuant to this subparagraph.

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======= T I T L E A M E N D M E N T ========= And the title is amended as follows:

Delete line 292

2.03 and insert:

204 home health agencies; amending s. 458.347, F.S.; 205 increasing the number of licensed physician assistants 206 that a physician may supervise at any one time; 207 providing an exception; revising circumstances under 208 which a physician assistant is authorized to prescribe or dispense medication; revising requirements for 209 210 medications prescribed or dispensed by physician 211 assistants; revising application requirements for 212 licensure as a physician assistant and license 213 renewal; amending s. 458.348, F.S.; defining the term

"nonablative aesthetic skin care services";

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authorizing a physician assistant who has completed specified education and clinical training requirements, or who has specified work or clinical experience, to perform nonablative aesthetic skin care services under the supervision of a physician; providing that a physician must complete a specified number of education and clinical training hours to be qualified to supervise physician assistants performing certain services; providing effective dates.