

Amendment No.

CHAMBER ACTION

Senate

House

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1 Representative Brodeur offered the following:

2
3 **Amendment (with title amendment)**

4 Between lines 1763 and 1764, insert:

5 Section 31. Subsection (3), paragraph (e) of subsection
6 (4), and paragraphs (a), (c), and (e) of subsection (7) of
7 section 458.347, Florida Statutes, are amended to read:

8 458.347 Physician assistants.—

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

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15 not supervise more than eight ~~four~~ currently licensed physician
16 assistants at any one time. A physician supervising a physician
17 assistant pursuant to this section may not be required to review
18 and cosign charts or medical records prepared by such physician
19 assistant. Notwithstanding this subsection, a physician may only
20 supervise up to four physician assistants in medical offices
21 other than the physician's primary practice location pursuant to
22 s. 458.348(4)(c).

23 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

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

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

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

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

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

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

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

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67 (7) PHYSICIAN ASSISTANT LICENSURE.—

68 (a) Any person desiring to be licensed as a physician
69 assistant must apply to the department. The department shall
70 issue a license to any person certified by the council as having
71 met the following requirements:

72 1. Is at least 18 years of age.

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

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

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

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

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

92 ~~d. Two letters of recommendation.~~

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

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

100 (c) The license must be renewed biennially. Each renewal
101 must include:

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

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

116 Section 32. Paragraph (c) of subsection (4) of section
117 458.348, Florida Statutes, is amended to read:

118 458.348 Formal supervisory relationships, standing orders,

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119 and established protocols; notice; standards.—

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

121 A physician who supervises an advanced registered nurse
122 practitioner or physician assistant at a medical office other
123 than the physician's primary practice location, where the
124 advanced registered nurse practitioner or physician assistant is
125 not under the onsite supervision of a supervising physician,
126 must comply with the standards set forth in this subsection. For
127 the purpose of this subsection, a physician's "primary practice
128 location" means the address reflected on the physician's profile
129 published pursuant to s. 456.041.

130 (c) A physician who supervises an advanced registered
131 nurse practitioner or physician assistant at a medical office
132 other than the physician's primary practice location, where the
133 advanced registered nurse practitioner or physician assistant is
134 not under the onsite supervision of a supervising physician and
135 the services offered at the office are primarily dermatologic or
136 skin care services, which include aesthetic skin care services
137 other than plastic surgery, must comply with the standards
138 listed in subparagraphs 1.-4. Notwithstanding s.
139 458.347(4)(e)6., a physician supervising a physician assistant
140 pursuant to this paragraph may not be required to review and
141 cosign charts or medical records prepared by such physician
142 assistant.

143 1. The physician shall submit to the board the addresses
144 of all offices where he or she is supervising an advanced

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145 registered nurse practitioner or a physician's assistant which
146 are not the physician's primary practice location.

147 2. The physician must be board certified or board eligible
148 in dermatology or plastic surgery as recognized by the board
149 pursuant to s. 458.3312.

150 3. All such offices that are not the physician's primary
151 place of practice must be within 25 miles of the physician's
152 primary place of practice or in a county that is contiguous to
153 the county of the physician's primary place of practice.
154 However, the distance between any of the offices may not exceed
155 75 miles.

156 4. The physician may supervise only one office other than
157 the physician's primary place of practice except that until July
158 1, 2011, the physician may supervise up to two medical offices
159 other than the physician's primary place of practice if the
160 addresses of the offices are submitted to the board before July
161 1, 2006. Effective July 1, 2011, the physician may supervise
162 only one office other than the physician's primary place of
163 practice, regardless of when the addresses of the offices were
164 submitted to the board.

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

169 a. Subparagraph 2. does not apply to offices at which
170 nonablative aesthetic skin care services are performed by a

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171 physician assistant under the supervision of a physician if the
172 physician assistant has successfully completed at least:

173 (I) Forty hours of postlicensure education and clinical
174 training on physiology of the skin, skin conditions, skin
175 disorders, skin diseases, preprocedure and postprocedure skin
176 care, and infection control, or has worked under the supervision
177 of a board-certified dermatologist within the preceding 12
178 months.

179 (II) Forty hours of postlicensure education and clinical
180 training on laser and light technologies and skin applications,
181 or has 6 months of clinical experience working under the
182 supervision of a board-certified dermatologist who is authorized
183 to perform nonablative aesthetic skin care services.

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

189 b. The physician assistant shall submit to the board
190 documentation evidencing successful completion of the education
191 and training required under this subparagraph.

192 c. For purposes of compliance with s. 458.347(3), a
193 physician who has completed 24 hours of education and clinical
194 training on nonablative aesthetic skin care services, the
195 curriculum of which has been preapproved by the Board of
196 Medicine, is qualified to supervise a physician assistant

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197 performing nonablative aesthetic skin care services pursuant to
198 this subparagraph.

199 Section 33. Subsection (3), paragraph (e) of subsection
200 (4), and paragraphs (a), (b), and (d) of subsection (7) of
201 section 459.022, Florida Statutes, are amended to read:

202 459.022 Physician assistants.—

203 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician
204 or group of physicians supervising a licensed physician
205 assistant must be qualified in the medical areas in which the
206 physician assistant is to perform and shall be individually or
207 collectively responsible and liable for the performance and the
208 acts and omissions of the physician assistant. A physician may
209 not supervise more than eight ~~four~~ currently licensed physician
210 assistants at any one time. A physician supervising a physician
211 assistant pursuant to this section may not be required to review
212 and cosign charts or medical records prepared by such physician
213 assistant. Notwithstanding this subsection, a physician may only
214 supervise up to four physician assistants in medical offices
215 other than the physician's primary practice location pursuant to
216 s. 459.025(3)(c).

217 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

218 (e) A supervisory physician may delegate to a fully
219 licensed physician assistant the authority to prescribe or
220 dispense any medication used in the supervisory physician's
221 practice unless such medication is listed on the formulary
222 created pursuant to s. 458.347. A fully licensed physician

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223 assistant may only prescribe or dispense such medication under
224 the following circumstances:

225 1. A physician assistant must clearly identify to the
226 patient that she or he is a physician assistant. Furthermore,
227 the physician assistant must inform the patient that the patient
228 has the right to see the physician prior to any prescription
229 being prescribed or dispensed by the physician assistant.

230 2. The supervisory physician must notify the department of
231 her or his intent to delegate, on a department-approved form,
232 before delegating such authority and notify the department of
233 any change in prescriptive privileges of the physician
234 assistant. Authority to dispense may be delegated only by a
235 supervisory physician who is registered as a dispensing
236 practitioner in compliance with s. 465.0276.

237 3. The physician assistant must certify to ~~file with~~ the
238 department ~~a signed affidavit~~ that she or he has completed a
239 minimum of 10 continuing medical education hours in the
240 specialty practice in which the physician assistant has
241 prescriptive privileges with each licensure renewal application.

242 4. The department may issue a prescriber number to the
243 physician assistant granting authority for the prescribing of
244 medicinal drugs authorized within this paragraph upon completion
245 of the foregoing requirements. The physician assistant shall not
246 be required to independently register pursuant to s. 465.0276.

247 5. The prescription may ~~must~~ be written or electronic, but
248 must be in a form that complies with ss. 456.0392(1) and

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249 456.42(1) ~~chapter 499~~ and must contain, in addition to the
250 supervisory physician's name, address, and telephone number, the
251 physician assistant's prescriber number. Unless it is a drug or
252 drug sample dispensed by the physician assistant, the
253 prescription must be filled in a pharmacy permitted under
254 chapter 465, and must be dispensed in that pharmacy by a
255 pharmacist licensed under chapter 465. The appearance of the
256 prescriber number creates a presumption that the physician
257 assistant is authorized to prescribe the medicinal drug and the
258 prescription is valid.

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

261 (7) PHYSICIAN ASSISTANT LICENSURE.—

262 (a) Any person desiring to be licensed as a physician
263 assistant must apply to the department. The department shall
264 issue a license to any person certified by the council as having
265 met the following requirements:

266 1. Is at least 18 years of age.

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

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275 on Certification of Physician Assistants to be eligible for
276 licensure.

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

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

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

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

286 ~~d. Two letters of recommendation.~~

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

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

294 (b) The licensure must be renewed biennially. Each renewal
295 must include:

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

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

299 (d) Upon employment as a physician assistant, a licensed
300 physician assistant must notify the department in writing within

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301 30 days after such employment and provide ~~or after any~~
302 ~~subsequent changes in the supervising physician. The~~
303 ~~notification must include~~ the full name, Florida medical license
304 number, specialty, and address of a designated ~~the~~ supervising
305 physician. Any subsequent change in the designated supervising
306 physician shall be reported to the department within 30 days
307 after the change. Assignment of a designated supervising
308 physician does not preclude a physician assistant from
309 practicing under multiple supervising physicians.

310 Section 34. Paragraph (c) of subsection (3) of section
311 459.025, Florida Statutes, is amended to read:

312 459.025 Formal supervisory relationships, standing orders,
313 and established protocols; notice; standards.-

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

325 (c) An osteopathic physician who supervises an advanced
326 registered nurse practitioner or physician assistant at a

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327 medical office other than the osteopathic physician's primary
328 practice location, where the advanced registered nurse
329 practitioner or physician assistant is not under the onsite
330 supervision of a supervising osteopathic physician and the
331 services offered at the office are primarily dermatologic or
332 skin care services, which include aesthetic skin care services
333 other than plastic surgery, must comply with the standards
334 listed in subparagraphs 1.-4. Notwithstanding s.
335 459.022(4)(e)6., an osteopathic physician supervising a
336 physician assistant pursuant to this paragraph may not be
337 required to review and cosign charts or medical records prepared
338 by such physician assistant.

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

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

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

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353 4. The osteopathic physician may supervise only one office
354 other than the osteopathic physician's primary place of practice
355 except that until July 1, 2011, the osteopathic physician may
356 supervise up to two medical offices other than the osteopathic
357 physician's primary place of practice if the addresses of the
358 offices are submitted to the Board of Osteopathic Medicine
359 before July 1, 2006. Effective July 1, 2011, the osteopathic
360 physician may supervise only one office other than the
361 osteopathic physician's primary place of practice, regardless of
362 when the addresses of the offices were submitted to the Board of
363 Osteopathic Medicine.

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

368 a. Subparagraph 2. does not apply to offices at which
369 nonablative aesthetic skin care services are performed by a
370 physician assistant under the supervision of a physician if the
371 physician assistant has successfully completed at least:

372 (I) Forty hours of postlicensure education and clinical
373 training on physiology of the skin, skin conditions, skin
374 disorders, skin diseases, preprocedure and postprocedure skin
375 care, and infection control, or has worked under the supervision
376 of a board-certified dermatologist within the preceding 12
377 months.

378 (II) Forty hours of postlicensure education and clinical

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

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

388 b. The physician assistant shall submit to the board
389 documentation evidencing successful completion of the education
390 and training required under this subparagraph.

391 c. For purposes of compliance with s. 459.022(3), a
392 physician who has completed 24 hours of education and clinical
393 training on nonablative aesthetic skin care services, the
394 curriculum of which has been preapproved by the Board of
395 Osteopathic Medicine, is qualified to supervise a physician
396 assistant performing nonablative aesthetic skin care services
397 pursuant to this subparagraph.

399 -----

400 **T I T L E A M E N D M E N T**

401 Remove line 163 and insert:
402 prescription drug monitoring program; amending ss.
403 458.347 and 459.022, F.S.; increasing the number of
404 licensed physician assistants that a physician may

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405 supervise at any one time; providing an exception;
406 revising circumstances under which a physician
407 assistant is authorized to prescribe or dispense
408 medication; revising requirements for medications
409 prescribed or dispensed by physician assistants;
410 revising application requirements for licensure as a
411 physician assistant and license renewal; amending ss.
412 458.348 and 459.025, F.S.; defining the term
413 "nonablative aesthetic skin care services";
414 authorizing a physician assistant who has completed
415 specified education and clinical training
416 requirements, or who has specified work or clinical
417 experience, to perform nonablative aesthetic skin care
418 services under the supervision of a physician;
419 providing that a physician must complete a specified
420 number of education and clinical training hours to be
421 qualified to supervise physician assistants performing
422 certain services; providing

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