

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 471 Council on Physician Assistants

SPONSOR(S): Plasencia

TIED BILLS: **IDEN./SIM. BILLS:** SB 584

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Quality Subcommittee	12 Y, 1 N	Siples	McElroy
2) Health Care Appropriations Subcommittee			
3) Health & Human Services Committee			

SUMMARY ANALYSIS

A physician assistant (PA) is licensed to perform health care services delegated by a supervising physician, in the specialty areas in which he or she has been trained. In Florida, PAs are regulated by the Council on Physician Assistants (Council), in conjunction with either the Board of Medicine for PAs licensed under ch. 458, F.S., or the Board of Osteopathic Medicine for PAs licensed under ch. 459, F.S.

The Council consists of five members including three physicians who are members of the Board of Medicine, one physician who is a member of the Board of Osteopathic Medicine, and one licensed PA appointed by the Surgeon General. The Council advises the Board of Medicine and the Boards of Medicine on issues related to PA licensure and regulation.

HB 471 revises the composition of the Council on Physician Assistants. The bill retains the number of Council members as five, but reduces the total number of physician members from four to two and increases the number of PA members from one to three. Therefore, PAs will now hold a majority of the Council membership.

The bill has no fiscal impact on state or local governments.

The bill provides an effective date of July 1, 2020.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Present Situation

Physician Assistants

A physician assistant (PA) is a health care practitioner who practices under the direct or indirect supervision of an allopathic or osteopathic physician. PAs may provide a number of medical services including:¹

- Physical examinations;
- Diagnosis and treatment of illness;
- Counsel on preventative health care;
- Assistance in surgery; and
- Prescribing of medication.

In Florida, PAs are regulated by the Council on Physician Assistants (Council), in conjunction with either the Board of Medicine for PAs licensed under ch. 458, F.S., or the Board of Osteopathic Medicine for PAs licensed under ch. 459, F.S. PAs are governed by the respective physician practice acts since PAs may only practice under the supervision of an allopathic or osteopathic physician.

Council on Physician Assistants

The Council consists of five members including three physicians who are members of the Board of Medicine, one physician who is a member of the Board of Osteopathic Medicine, and one licensed PA appointed by the Surgeon General.² Two of the physician members must supervise PAs in their practices.³ Each member serves a 4-year term.⁴ The Council is responsible for:⁵

- Making recommendations to the Department of Health regarding the licensure of PAs;
- Developing rules for the regulation of PAs for consideration for adoption by the boards;⁶
- Making recommendations to the boards regarding all matters relating to PAs;
- Addressing concerns and problems of practicing PAs to ensure patient safety;
- Denying, restricting, or placing conditions on the license of PA who fails to meet the licensing requirements;⁷ and
- Establish a formulary of medicinal drugs that a PA may not prescribe.⁸

The Board of Medicine and the Board of Osteopathic Medicine is responsible for imposing disciplinary action against the license of a PA.⁹ The Council does not discipline PAs.

PA Scope of Practice

PAs may only practice under the direct or indirect supervision of an allopathic or osteopathic physician with whom they have a clinical relationship.¹⁰ A supervising physician may only delegate tasks and

¹ Florida Academy of Physician Assistance, *What is a PA*, available at <https://www.fapaonline.org/page/whatisapa> (last visited January 14, 2020).

² Sections 458.347(9)(a) and 459.022(9)(a), F.S.

³ Sections 458.347(9)(b) and 459.022(9)(b), F.S.

⁴ Id.

⁵ Sections 458.347(9)(c) and 459.022(9)(c), F.S. The boards may delegate powers and duties to the Council as they deem necessary.

⁶ Both the Boards of Medicine and Osteopathic Medicine must accept and approve identical language prior to rule adoption.

⁷ Sections 458.347(9)(d) and 459.022(9)(d), F.S.

⁸ Sections 458.347(4)(f) and 459.022(4)(e), F.S.

⁹ Sections 458.347(7)(f) and 459.022(7)(f), F.S.

procedures to the PA that are within the supervising physician's scope of practice.¹¹ The supervising physician is responsible and liable for any acts or omissions of the PA and may not supervise more than four PAs at any time.¹²

The Boards have established by rule that "responsible supervision" of a PA means the ability of the supervising physician to exercise control and provide direction over the services or tasks performed by the PA. Whether the supervision of a PA is adequate, is dependent upon the:

- Complexity of the task;
- Risk to the patient;
- Background, training and skill of the PA;
- Adequacy of the direction in terms of its form;
- Setting in which the tasks are performed;
- Availability of the supervising physician;
- Necessity for immediate attention; and
- Number of other persons that the supervising physician must supervise.¹³

A supervising physician decides whether to permit a PA to perform a task or procedure under direct or indirect supervision based on reasonable medical judgment regarding the probability of morbidity and mortality to the patient.¹⁴

Effect of Proposed Changes

HB 471 revises the composition of the Council. The total membership of the Council will remain five. However, the bill requires the appointment of one physician who is a member of the Board of Medicine, rather than three. The bill requires the appointment of three licensed PAs, rather than one. The number of osteopathic physicians on the Council does not change and remains one. Each of the physician members of the Council must supervise PAs in his or her respective practice.

The bill does not alter the duties or responsibilities of the Council.

The bill provides an effective date of July 1, 2020.

B. SECTION DIRECTORY:

Section 1: Amends s. 458.347, F.S., relating to physician assistants.

Section 2: Amends s. 459.022, F.S., relating to physician assistants.

Section 3: Provides and effective date of July 1, 2020.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

¹⁰ Sections 458.347(2)(f), F.S., and 459.022(2)(f), F.S., define supervision as responsible supervision and control which requires the easy availability or physical presence of the licensed physician for consultation and direction of the PA.

¹¹ Rules 64B8-30.012, F.A.C., and 64B15-6.010, F.A.C.

¹² Sections 458.347(15), F.S., and 459.022(15), F.S.

¹³ Rules 64B8-30.001, F.A.C., and 64B15-6.001, F.A.C.

¹⁴ "Direct supervision" refers to the physical presence of the supervising physician so that the physician is immediately available to the PA when needed. "Indirect supervision" refers to the reasonable physical proximity of the supervising physician to the PA or availability by telecommunication. *Supra* note 13.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. The bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

Not applicable.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES