



LEGISLATIVE ACTION

Senate	.	House
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Floor: 1/RE/2R	.	
04/26/2021 01:29 PM	.	
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Senator Diaz moved the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Subsections (1) through (6), paragraphs (a),
(d), and (e) of subsection (7), and subsection (13) of section
458.347, Florida Statutes, are amended to read:

458.347 Physician assistants.—

(1) LEGISLATIVE INTENT.—

~~(a)~~ The purpose of this section is to authorize physician
assistants, with their education, training, and experience in



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12 the field of medicine, to provide increased efficiency of and
13 access to high-quality medical services at a reasonable cost to
14 consumers encourage more effective utilization of the skills of
15 physicians or groups of physicians by enabling them to delegate
16 health care tasks to qualified assistants when such delegation
17 is consistent with the patient's health and welfare.

18 ~~(b) In order that maximum skills may be obtained within a~~
19 ~~minimum time period of education, a physician assistant shall be~~
20 ~~specialized to the extent that he or she can operate efficiently~~
21 ~~and effectively in the specialty areas in which he or she has~~
22 ~~been trained or is experienced.~~

23 ~~(c) The purpose of this section is to encourage the~~
24 ~~utilization of physician assistants by physicians and to allow~~
25 ~~for innovative development of programs for the education of~~
26 ~~physician assistants.~~

27 (2) DEFINITIONS.—As used in this section, the term:

28 (a) "Approved program" means a physician assistant program
29 in the United States or in its territories or possessions which
30 is accredited by the Accreditation Review Commission on
31 Education for the Physician Assistant or, for programs before
32 2001, accredited by its equivalent or predecessor entities the
33 Committee on Allied Health Education and Accreditation or the
34 Commission on Accreditation of Allied Health Education Programs
35 ~~program,~~ formally approved by the boards, for the education of
36 physician assistants.

37 (b) "Boards" means the Board of Medicine and the Board of
38 Osteopathic Medicine.

39 ~~(d)(e)~~ "Council" means the Council on Physician Assistants.

40 ~~(h)(d)~~ "Trainee" means a person who is currently enrolled



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41 in an approved program.

42 (e) "Physician assistant" means a person who is a graduate
43 of an approved program or its equivalent or meets standards
44 approved by the boards and is licensed to perform medical
45 services delegated by the supervising physician.

46 (f) "Physician assistant national certifying examination"
47 means the Physician Assistant National Certifying Examination
48 administered by the National Commission on Certification of
49 Physician Assistants or its successor agency.

50 (g) "Supervision" means responsible supervision and
51 control. Except in cases of emergency, supervision requires the
52 easy availability or physical presence of the licensed physician
53 for consultation and direction of the actions of the physician
54 assistant. For the purposes of this definition, the term "easy
55 availability" includes the ability to communicate by way of
56 telecommunication. The boards shall establish rules as to what
57 constitutes responsible supervision of the physician assistant.

58 ~~(g) "Proficiency examination" means an entry-level~~
59 ~~examination approved by the boards, including, but not limited~~
60 ~~to, those examinations administered by the National Commission~~
61 ~~on Certification of Physician Assistants.~~

62 (c)(h) "Continuing medical education" means courses
63 recognized and approved by the boards, the American Academy of
64 Physician Assistants, the American Medical Association, the
65 American Osteopathic Association, or the Accreditation Council
66 on Continuing Medical Education.

67 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician or
68 group of physicians supervising a licensed physician assistant
69 must be qualified in the medical areas in which the physician



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70 assistant is to perform and shall be individually or
71 collectively responsible and liable for the performance and the
72 acts and omissions of the physician assistant. A physician may
73 not supervise more than 10 ~~four~~ currently licensed physician
74 assistants at any one time. A physician supervising a physician
75 assistant pursuant to this section may not be required to review
76 and cosign charts or medical records prepared by such physician
77 assistant.

78 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

79 (a) The boards shall adopt, by rule, the general principles
80 that supervising physicians must use in developing the scope of
81 practice of a physician assistant under direct supervision and
82 under indirect supervision. These principles shall recognize the
83 diversity of both specialty and practice settings in which
84 physician assistants are used.

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

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

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



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

106 1. A physician assistant must clearly identify to the
107 patient that he or she is a physician assistant ~~and inform the~~
108 ~~patient that the patient has the right to see the physician~~
109 ~~before a prescription is prescribed or dispensed by the~~
110 ~~physician assistant.~~

111 2. The supervising physician must notify the department of
112 his or her intent to delegate, on a department-approved form,
113 before delegating such authority and of any change in
114 prescriptive privileges of the physician assistant. Authority to
115 dispense may be delegated only by a supervising physician who is
116 registered as a dispensing practitioner in compliance with s.
117 465.0276.

118 3. A fully licensed physician assistant may procure medical
119 devices and drugs unless the medication is listed on the
120 formulary created pursuant to paragraph (f).

121 4. The physician assistant must complete a minimum of 10
122 continuing medical education hours in the specialty practice in
123 which the physician assistant has prescriptive privileges with
124 each licensure renewal. Three of the 10 hours must consist of a
125 continuing education course on the safe and effective
126 prescribing of controlled substance medications which is offered
127 by a statewide professional association of physicians in this



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128 state accredited to provide educational activities designated
129 for the American Medical Association Physician's Recognition
130 Award Category 1 credit, ~~or~~ designated by the American Academy
131 of Physician Assistants as a Category 1 credit, or designated by
132 the American Osteopathic Association as a Category 1-A credit.

133 ~~4. The department may issue a prescriber number to the~~
134 ~~physician assistant granting authority for the prescribing of~~
135 ~~medicinal drugs authorized within this paragraph upon completion~~
136 ~~of the requirements of this paragraph. The physician assistant~~
137 ~~is not required to independently register pursuant to s.~~
138 ~~465.0276.~~

139 5. The prescription may be in paper or electronic form but
140 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499
141 and must contain the physician assistant's, ~~in addition to the~~
142 ~~supervising physician's~~ name, address, and telephone number and
143 the name of each of his or her supervising physicians, ~~the~~
144 ~~physician assistant's prescriber number~~. Unless it is a drug or
145 drug sample dispensed by the physician assistant, the
146 prescription must be filled in a pharmacy permitted under
147 chapter 465 and must be dispensed in that pharmacy by a
148 pharmacist licensed under chapter 465. ~~The inclusion of the~~
149 ~~prescriber number creates a presumption that the physician~~
150 ~~assistant is authorized to prescribe the medicinal drug and the~~
151 ~~prescription is valid.~~

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

154 (f)1. The council shall establish a formulary of medicinal
155 drugs that a fully licensed physician assistant having
156 prescribing authority under this section or s. 459.022 may not



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157 prescribe. The formulary must include general anesthetics and
158 radiographic contrast materials and must limit the prescription
159 of Schedule II controlled substances as listed in s. 893.03 to a
160 7-day supply. The formulary must also restrict the prescribing
161 of Schedule II psychiatric mental health controlled substances
162 for children younger than 18 years of age to a 14-day supply,
163 provided the physician assistant is under the supervision of a
164 pediatrician, family practice physician, or psychiatrist.

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

169 3. Only the council shall add to, delete from, or modify
170 the formulary. Any person who requests an addition, a deletion,
171 or a modification of a medicinal drug listed on such formulary
172 has the burden of proof to show cause why such addition,
173 deletion, or modification should be made.

174 4. The boards shall adopt the formulary required by this
175 paragraph, and each addition, deletion, or modification to the
176 formulary, by rule. Notwithstanding any provision of chapter 120
177 to the contrary, the formulary rule shall be effective 60 days
178 after the date it is filed with the Secretary of State. Upon
179 adoption of the formulary, the department shall mail a copy of
180 such formulary to each fully licensed physician assistant having
181 prescribing authority under this section or s. 459.022, and to
182 each pharmacy licensed by the state. The boards shall establish,
183 by rule, a fee not to exceed \$200 to fund the provisions of this
184 paragraph and paragraph (e).

185 (g) A supervisory physician may delegate to a licensed



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186 physician assistant the authority to, and the licensed physician
187 assistant acting under the direction of the supervisory
188 physician may, order any medication for administration to the
189 supervisory physician's patient in a facility licensed under
190 chapter 395 or part II of chapter 400, notwithstanding any
191 provisions in chapter 465 or chapter 893 which may prohibit this
192 delegation.

193 (h) A licensed physician assistant may perform services
194 delegated by the supervising physician in the physician
195 assistant's practice in accordance with his or her education and
196 training unless expressly prohibited under this chapter, chapter
197 459, or rules adopted under this chapter or chapter 459.

198 (i) Except for a physician certification under s. 381.986,
199 a physician assistant may authenticate any document with his or
200 her signature, certification, stamp, verification, affidavit, or
201 endorsement if such document may be so authenticated by the
202 signature, certification, stamp, verification, affidavit, or
203 endorsement of a physician, except those required for s.
204 381.986. Such documents include, but are not limited to, any of
205 the following:

206 1. Initiation of an involuntary examination pursuant to s.
207 394.463.

208 2. Do-not-resuscitate orders or physician orders for the
209 administration of life-sustaining treatment.

210 3. Death certificates.

211 4. School physical examinations.

212 5. Medical examinations for workers' compensation claims,
213 except medical examinations required for the evaluation and
214 assignment of the claimant's date of maximum medical improvement



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215 as defined in s. 440.02 and for the impairment rating, if any,
216 under s. 440.15.

217 6. Orders for physical therapy, occupational therapy,
218 speech-language therapy, home health services, or durable
219 medical equipment.

220 (j) A physician assistant may supervise medical assistants
221 as defined in this chapter.

222 (k) This chapter authorizes third-party payors to reimburse
223 employers of physician assistants for covered services rendered
224 by licensed physician assistants. Payment for services within
225 the physician assistant's scope of practice must be made when
226 ordered or performed by a physician assistant if the same
227 service would have been covered if ordered or performed by a
228 physician. Physician assistants are authorized to bill for and
229 receive direct payment for the services they deliver.

230 ~~(5) PERFORMANCE BY TRAINEES. Notwithstanding any other law,~~
231 ~~a trainee may perform medical services when such services are~~
232 ~~rendered within the scope of an approved program.~~

233 ~~(6) PROGRAM APPROVAL.-~~

234 (a) The boards shall approve programs, based on
235 recommendations by the council, for the education and training
236 of physician assistants which meet standards established by rule
237 of the boards. The council may recommend only those physician
238 assistant programs that hold full accreditation or provisional
239 accreditation from the Accreditation Review Commission on
240 Education for the Physician Assistant or its successor entity
241 or, before 2001, from the Committee on Allied Health Education
242 and Accreditation or the Commission on Accreditation of Allied
243 Health Programs or its successor organization. Any educational



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244 ~~institution offering a physician assistant program approved by~~
245 ~~the boards pursuant to this paragraph may also offer the~~
246 ~~physician assistant program authorized in paragraph (c) for~~
247 ~~unlicensed physicians.~~

248 (b) Notwithstanding any other law, a trainee may perform
249 medical services when such services are rendered within the
250 scope of an approved program ~~The boards shall adopt and publish~~
251 ~~standards to ensure that such programs operate in a manner that~~
252 ~~does not endanger the health or welfare of the patients who~~
253 ~~receive services within the scope of the programs. The boards~~
254 ~~shall review the quality of the curricula, faculties, and~~
255 ~~facilities of such programs and take whatever other action is~~
256 ~~necessary to determine that the purposes of this section are~~
257 ~~being met.~~

258 ~~(c) Any community college with the approval of the State~~
259 ~~Board of Education may conduct a physician assistant program~~
260 ~~which shall apply for national accreditation through the~~
261 ~~American Medical Association's Committee on Allied Health,~~
262 ~~Education, and Accreditation, or its successor organization, and~~
263 ~~which may admit unlicensed physicians, as authorized in~~
264 ~~subsection (7), who are graduates of foreign medical schools~~
265 ~~listed with the World Health Organization. The unlicensed~~
266 ~~physician must have been a resident of this state for a minimum~~
267 ~~of 12 months immediately prior to admission to the program. An~~
268 ~~evaluation of knowledge base by examination shall be required to~~
269 ~~grant advanced academic credit and to fulfill the necessary~~
270 ~~requirements to graduate. A minimum of one 16-week semester of~~
271 ~~supervised clinical and didactic education, which may be~~
272 ~~completed simultaneously, shall be required before graduation~~



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273 ~~from the program. All other provisions of this section shall~~
274 ~~remain in effect.~~

275 (6) (7) PHYSICIAN ASSISTANT LICENSURE.-

276 (a) Any person desiring to be licensed as a physician
277 assistant must apply to the department. The department shall
278 issue a license to any person certified by the council as having
279 met all of the following requirements:

280 1. Is at least 18 years of age.

281 2. Has graduated from an approved program.

282 a. For an applicant who graduated after December 31, 2020,
283 has received a master's degree in accordance with the
284 Accreditation Review Commission on Education for the Physician
285 Assistant or, before 2001, its equivalent or predecessor
286 organization.

287 b. For an applicant who graduated on or before December 31,
288 2020, has received a bachelor's or master's degree from an
289 approved program.

290 c. For an applicant who graduated before July 1, 1994, has
291 graduated from an approved program of instruction in primary
292 health care or surgery.

293 d. For an applicant who graduated before July 1, 1983, has
294 received a certification as a physician assistant from the
295 boards.

296 e. The board may also grant a license to an applicant who
297 does not meet the educational requirement specified in this
298 subparagraph but who has passed the Physician Assistant National
299 Certifying Examination administered by the National Commission
300 on Certification of Physician Assistants before 1986.

301 3. Has obtained a passing score as satisfactorily passed a



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302 ~~proficiency examination by an acceptable score~~ established by
303 the National Commission on Certification of Physician Assistants
304 or its equivalent or successor organization and has been
305 nationally certified. If an applicant does not hold a current
306 certificate issued by the National Commission on Certification
307 of Physician Assistants or its equivalent or successor
308 organization and has not actively practiced as a physician
309 assistant within the immediately preceding 4 years, the
310 applicant must retake and successfully complete the entry-level
311 examination of the National Commission on Certification of
312 Physician Assistants or its equivalent or successor organization
313 to be eligible for licensure.

314 ~~4.3.~~ Has completed the application form and remitted an
315 application fee not to exceed \$300 as set by the boards. An
316 application for licensure as ~~made by~~ a physician assistant must
317 include:

318 a. A diploma from an approved ~~certificate of completion of~~
319 ~~a physician assistant training program specified in subsection~~
320 ~~(6)~~.

321 b. Acknowledgment of any prior felony convictions.

322 c. Acknowledgment of any previous revocation or denial of
323 licensure or certification in any state.

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

329 ~~(d) Upon employment as a physician assistant, a licensed~~
330 ~~physician assistant must notify the department in writing within~~



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331 ~~30 days after such employment or after any subsequent changes in~~
332 ~~the supervising physician. The notification must include the~~
333 ~~full name, Florida medical license number, specialty, and~~
334 ~~address of the supervising physician.~~

335 (d)~~(e)~~ Notwithstanding subparagraph (a)2., the department
336 may grant to a recent graduate of an approved program, as
337 specified in subsection (5) ~~(6)~~, who expects to take the first
338 examination administered by the National Commission on
339 Certification of Physician Assistants available for registration
340 after the applicant's graduation, a temporary license. The
341 temporary license shall expire 30 days after receipt of scores
342 of the proficiency examination administered by the National
343 Commission on Certification of Physician Assistants. Between
344 meetings of the council, the department may grant a temporary
345 license to practice based on the completion of all temporary
346 licensure requirements. All such administratively issued
347 licenses shall be reviewed and acted on at the next regular
348 meeting of the council. The recent graduate may be licensed
349 before employment ~~but must comply with paragraph (d)~~. An
350 applicant who has passed the proficiency examination may be
351 granted permanent licensure. An applicant failing the
352 proficiency examination is no longer temporarily licensed but
353 may reapply for a 1-year extension of temporary licensure. An
354 applicant may not be granted more than two temporary licenses
355 and may not be licensed as a physician assistant until he or she
356 passes the examination administered by the National Commission
357 on Certification of Physician Assistants. As prescribed by board
358 rule, the council may require an applicant who does not pass the
359 licensing examination after five or more attempts to complete



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360 additional remedial education or training. The council shall
361 prescribe the additional requirements in a manner that permits
362 the applicant to complete the requirements and be reexamined
363 within 2 years after the date the applicant petitions the
364 council to retake the examination a sixth or subsequent time.

365 (12) ~~(13)~~ RULES.—The boards shall adopt rules to implement
366 this section, including rules detailing the contents of the
367 application for licensure and notification pursuant to
368 subsection (6) ~~(7)~~ and rules to ensure both the continued
369 competency of physician assistants and the proper utilization of
370 them by physicians or groups of physicians.

371 Section 2. Subsections (1) through (6), paragraphs (a),
372 (d), and (e) of subsection (7), and subsection (13) of section
373 459.022, Florida Statutes, are amended to read:

374 459.022 Physician assistants.—

375 (1) LEGISLATIVE INTENT.—

376 ~~(a) The purpose of this section is to authorize physician
377 assistants, with their education, training, and experience in
378 the field of medicine, to provide increased efficiency of and
379 access to high-quality medical services at a reasonable cost to
380 consumers encourage more effective utilization of the skills of
381 osteopathic physicians or groups of osteopathic physicians by
382 enabling them to delegate health care tasks to qualified
383 assistants when such delegation is consistent with the patient's
384 health and welfare.~~

385 ~~(b) In order that maximum skills may be obtained within a
386 minimum time period of education, a physician assistant shall be
387 specialized to the extent that she or he can operate efficiently
388 and effectively in the specialty areas in which she or he has~~



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389 ~~been trained or is experienced.~~

390 ~~(c) The purpose of this section is to encourage the~~
391 ~~utilization of physician assistants by osteopathic physicians~~
392 ~~and to allow for innovative development of programs for the~~
393 ~~education of physician assistants.~~

394 (2) DEFINITIONS.—As used in this section, the term:

395 (a) "Approved program" means a physician assistant program
396 in the United States or in its territories or possessions which
397 is accredited by the Accreditation Review Commission on
398 Education for the Physician Assistant or, for programs before
399 2001, accredited by its equivalent or predecessor entities the
400 Committee on Allied Health Education and Accreditation or the
401 Commission on Accreditation of Allied Health Education Programs
402 ~~program,~~ formally approved by the boards, for the education of
403 physician assistants.

404 (b) "Boards" means the Board of Medicine and the Board of
405 Osteopathic Medicine.

406 ~~(d)(e)~~ "Council" means the Council on Physician Assistants.

407 ~~(h)(d)~~ "Trainee" means a person who is currently enrolled
408 in an approved program.

409 (e) "Physician assistant" means a person who is a graduate
410 of an approved program or its equivalent or meets standards
411 approved by the boards and is licensed to perform medical
412 services delegated by the supervising physician.

413 (f) "Physician assistant national certifying examination"
414 means the Physician Assistant National Certifying Examination
415 administered by the National Commission on Certification of
416 Physician Assistants or its successor agency.

417 (g) "Supervision" means responsible supervision and



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418 control. Except in cases of emergency, supervision requires the
419 easy availability or physical presence of the licensed physician
420 for consultation and direction of the actions of the physician
421 assistant. For the purposes of this definition, the term "easy
422 availability" includes the ability to communicate by way of
423 telecommunication. The boards shall establish rules as to what
424 constitutes responsible supervision of the physician assistant.

425 ~~(g) "Proficiency examination" means an entry-level~~
426 ~~examination approved by the boards, including, but not limited~~
427 ~~to, those examinations administered by the National Commission~~
428 ~~on Certification of Physician Assistants.~~

429 ~~(c)(h)~~ "Continuing medical education" means courses
430 recognized and approved by the boards, the American Academy of
431 Physician Assistants, the American Medical Association, the
432 American Osteopathic Association, or the Accreditation Council
433 on Continuing Medical Education.

434 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician or
435 group of physicians supervising a licensed physician assistant
436 must be qualified in the medical areas in which the physician
437 assistant is to perform and shall be individually or
438 collectively responsible and liable for the performance and the
439 acts and omissions of the physician assistant. A physician may
440 not supervise more than 10 ~~four~~ currently licensed physician
441 assistants at any one time. A physician supervising a physician
442 assistant pursuant to this section may not be required to review
443 and cosign charts or medical records prepared by such physician
444 assistant.

445 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

446 (a) The boards shall adopt, by rule, the general principles



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447 that supervising physicians must use in developing the scope of
448 practice of a physician assistant under direct supervision and
449 under indirect supervision. These principles shall recognize the
450 diversity of both specialty and practice settings in which
451 physician assistants are used.

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

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

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

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

473 1. A physician assistant must clearly identify to the
474 patient that she or he is a physician assistant ~~and must inform~~
475 ~~the patient that the patient has the right to see the physician~~



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476 ~~before a prescription is prescribed or dispensed by the~~
477 ~~physician assistant.~~

478 2. The supervising physician must notify the department of
479 her or his intent to delegate, on a department-approved form,
480 before delegating such authority and of any change in
481 prescriptive privileges of the physician assistant. Authority to
482 dispense may be delegated only by a supervising physician who is
483 registered as a dispensing practitioner in compliance with s.
484 465.0276.

485 3. A fully licensed physician assistant may procure medical
486 devices and drugs unless the medication is listed on the
487 formulary created pursuant to s. 458.347(4) (f).

488 4. The physician assistant must complete a minimum of 10
489 continuing medical education hours in the specialty practice in
490 which the physician assistant has prescriptive privileges with
491 each licensure renewal. Three of the 10 hours must consist of a
492 continuing education course on the safe and effective
493 prescribing of controlled substance medications which is offered
494 by a provider that has been approved by the American Academy of
495 Physician Assistants and which is designated for the American
496 Medical Association Physician's Recognition Award Category 1
497 credit, designated by the American Academy of Physician
498 Assistants as a Category 1 credit, or designated by the American
499 Osteopathic Association as a Category 1-A credit.

500 ~~4. The department may issue a prescriber number to the~~
501 ~~physician assistant granting authority for the prescribing of~~
502 ~~medicinal drugs authorized within this paragraph upon completion~~
503 ~~of the requirements of this paragraph. The physician assistant~~
504 ~~is not required to independently register pursuant to s.~~



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505 ~~465.0276.~~

506 5. The prescription may be in paper or electronic form but
507 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499
508 and must contain the physician assistant's, ~~in addition to the~~
509 ~~supervising physician's~~ name, address, and telephone number and
510 the name of each of his or her supervising physicians, ~~the~~
511 ~~physician assistant's prescriber number~~. Unless it is a drug or
512 drug sample dispensed by the physician assistant, the
513 prescription must be filled in a pharmacy permitted under
514 chapter 465, and must be dispensed in that pharmacy by a
515 pharmacist licensed under chapter 465. ~~The inclusion of the~~
516 ~~prescriber number creates a presumption that the physician~~
517 ~~assistant is authorized to prescribe the medicinal drug and the~~
518 ~~prescription is valid.~~

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

521 (f) A supervisory physician may delegate to a licensed
522 physician assistant the authority to, and the licensed physician
523 assistant acting under the direction of the supervisory
524 physician may, order any medication for administration to the
525 supervisory physician's patient in a facility licensed under
526 chapter 395 or part II of chapter 400, notwithstanding any
527 provisions in chapter 465 or chapter 893 which may prohibit this
528 delegation.

529 (g) A licensed physician assistant may perform services
530 delegated by the supervising physician in the physician
531 assistant's practice in accordance with his or her education and
532 training unless expressly prohibited under this chapter, chapter
533 458, or rules adopted under this chapter or chapter 458.



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534 (h) Except for a physician certification under s. 381.986,
535 a physician assistant may authenticate any document with his or
536 her signature, certification, stamp, verification, affidavit, or
537 endorsement if such document may be so authenticated by the
538 signature, certification, stamp, verification, affidavit, or
539 endorsement of a physician, except those required for s.
540 381.986. Such documents include, but are not limited to, any of
541 the following:

542 1. Initiation of an involuntary examination pursuant to s.
543 394.463.

544 2. Do-not-resuscitate orders or physician orders for the
545 administration of life-sustaining treatment.

546 3. Death certificates.

547 4. School physical examinations.

548 5. Medical examinations for workers' compensation claims,
549 except medical examinations required for the evaluation and
550 assignment of the claimant's date of maximum medical improvement
551 as defined in s. 440.02 and for the impairment rating, if any,
552 under s. 440.15.

553 6. Orders for physical therapy, occupational therapy,
554 speech-language therapy, home health services, or durable
555 medical equipment.

556 (i) A physician assistant may supervise medical assistants
557 as defined in chapter 458.

558 (j) This chapter authorizes third-party payors to reimburse
559 employers of physician assistants for covered services rendered
560 by licensed physician assistants. Payment for services within
561 the physician assistant's scope of practice must be made when
562 ordered or performed by a physician assistant if the same



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563 service would have been covered if ordered or performed by a
564 physician. Physician assistants are authorized to bill for and
565 receive direct payment for the services they deliver.

566 ~~(5) PERFORMANCE BY TRAINEES. Notwithstanding any other law,~~
567 ~~a trainee may perform medical services when such services are~~
568 ~~rendered within the scope of an approved program.~~

569 ~~(6) PROGRAM APPROVAL.-~~

570 (a) The boards shall approve programs, based on
571 recommendations by the council, for the education and training
572 of physician assistants which meet standards established by rule
573 of the boards. The council may recommend only those physician
574 assistant programs that hold full accreditation or provisional
575 accreditation from the Accreditation Review Commission on
576 Education for the Physician Assistant or its successor entity
577 or, before 2001, from the Committee on Allied Health Education
578 and Accreditation or the Commission on Accreditation of Allied
579 Health Programs or its successor organization.

580 (b) Notwithstanding any other law, a trainee may perform
581 medical services when such services are rendered within the
582 scope of an approved program ~~The boards shall adopt and publish~~
583 ~~standards to ensure that such programs operate in a manner that~~
584 ~~does not endanger the health or welfare of the patients who~~
585 ~~receive services within the scope of the programs. The boards~~
586 ~~shall review the quality of the curricula, faculties, and~~
587 ~~facilities of such programs and take whatever other action is~~
588 ~~necessary to determine that the purposes of this section are~~
589 ~~being met.~~

590 ~~(6)(7) PHYSICIAN ASSISTANT LICENSURE.-~~

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



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592 assistant must apply to the department. The department shall
593 issue a license to any person certified by the council as having
594 met all of the following requirements:

595 1. Is at least 18 years of age.

596 2. Has graduated from an approved program.

597 a. For an applicant who graduated after December 31, 2020,
598 has received a master's degree in accordance with the
599 Accreditation Review Commission on Education for the Physician
600 Assistant or, before 2001, its equivalent or predecessor
601 organization.

602 b. For an applicant who graduated on or before December 31,
603 2020, has received a bachelor's or master's degree from an
604 approved program.

605 c. For an applicant who graduated before July 1, 1994, has
606 graduated from an approved program of instruction in primary
607 health care or surgery.

608 d. For an applicant who graduated before July 1, 1983, has
609 received a certification as a physician assistant from the
610 boards.

611 e. The board may also grant a license to an applicant who
612 does not meet the educational requirement specified in this
613 subparagraph but who has passed the Physician Assistant National
614 Certifying Examination administered by the National Commission
615 on Certification of Physician Assistants before 1986.

616 3. Has obtained a passing score as ~~satisfactorily passed a~~
617 ~~proficiency examination by an acceptable score~~ established by
618 the National Commission on Certification of Physician Assistants
619 or its equivalent or successor organization and has been
620 nationally certified. If an applicant does not hold a current



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621 certificate issued by the National Commission on Certification
622 of Physician Assistants or its equivalent or successor
623 organization and has not actively practiced as a physician
624 assistant within the immediately preceding 4 years, the
625 applicant must retake and successfully complete the entry-level
626 examination of the National Commission on Certification of
627 Physician Assistants or its equivalent or successor organization
628 to be eligible for licensure.

629 ~~4.3.~~ Has completed the application form and remitted an
630 application fee not to exceed \$300 as set by the boards. An
631 application for licensure as made by a physician assistant must
632 include:

633 a. A diploma from an approved ~~certificate of completion of~~
634 ~~a physician assistant training program specified in subsection~~
635 ~~(6).~~

636 b. Acknowledgment of any prior felony convictions.

637 c. Acknowledgment of any previous revocation or denial of
638 licensure or certification in any state.

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

644 ~~(d) Upon employment as a physician assistant, a licensed~~
645 ~~physician assistant must notify the department in writing within~~
646 ~~30 days after such employment or after any subsequent changes in~~
647 ~~the supervising physician. The notification must include the~~
648 ~~full name, Florida medical license number, specialty, and~~
649 ~~address of the supervising physician.~~



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650 (d)~~(e)~~ Notwithstanding subparagraph (a)2., the department
651 may grant to a recent graduate of an approved program, as
652 specified in subsection (5) ~~(6)~~, a temporary license to expire
653 upon receipt of scores of the proficiency examination
654 administered by the National Commission on Certification of
655 Physician Assistants. Between meetings of the council, the
656 department may grant a temporary license to practice to
657 physician assistant applicants based on the completion of all
658 temporary licensure requirements. All such administratively
659 issued licenses shall be reviewed and acted on at the next
660 regular meeting of the council. The recent graduate may be
661 licensed before ~~prior to~~ employment, ~~but must comply with~~
662 ~~paragraph (d)~~. An applicant who has passed the proficiency
663 examination may be granted permanent licensure. An applicant
664 failing the proficiency examination is no longer temporarily
665 licensed, but may reapply for a 1-year extension of temporary
666 licensure. An applicant may not be granted more than two
667 temporary licenses and may not be licensed as a physician
668 assistant until she or he passes the examination administered by
669 the National Commission on Certification of Physician
670 Assistants. As prescribed by board rule, the council may require
671 an applicant who does not pass the licensing examination after
672 five or more attempts to complete additional remedial education
673 or training. The council shall prescribe the additional
674 requirements in a manner that permits the applicant to complete
675 the requirements and be reexamined within 2 years after the date
676 the applicant petitions the council to retake the examination a
677 sixth or subsequent time.

678 (12)~~(13)~~ RULES.—The boards shall adopt rules to implement



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679 this section, including rules detailing the contents of the
680 application for licensure and notification pursuant to
681 subsection (6) ~~(7)~~ and rules to ensure both the continued
682 competency of physician assistants and the proper utilization of
683 them by physicians or groups of physicians.

684 Section 3. Paragraph (a) of subsection (2) and subsections
685 (3) and (5) of section 382.008, Florida Statutes, are amended to
686 read:

687 382.008 Death, fetal death, and nonviable birth
688 registration.—

689 (2) (a) The funeral director who first assumes custody of a
690 dead body or fetus shall file the certificate of death or fetal
691 death. In the absence of the funeral director, the physician,
692 physician assistant, advanced practice registered nurse
693 registered under s. 464.0123, or other person in attendance at
694 or after the death or the district medical examiner of the
695 county in which the death occurred or the body was found shall
696 file the certificate of death or fetal death. The person who
697 files the certificate shall obtain personal data from a legally
698 authorized person as described in s. 497.005 or the best
699 qualified person or source available. The medical certification
700 of cause of death shall be furnished to the funeral director,
701 either in person or via certified mail or electronic transfer,
702 by the physician, physician assistant, advanced practice
703 registered nurse registered under s. 464.0123, or medical
704 examiner responsible for furnishing such information. For fetal
705 deaths, the physician, physician assistant, advanced practice
706 registered nurse registered under s. 464.0123, midwife, or
707 hospital administrator shall provide any medical or health



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708 information to the funeral director within 72 hours after
709 expulsion or extraction.

710 (3) Within 72 hours after receipt of a death or fetal death
711 certificate from the funeral director, the medical certification
712 of cause of death shall be completed and made available to the
713 funeral director by the decedent's primary or attending
714 practitioner or, if s. 382.011 applies, the district medical
715 examiner of the county in which the death occurred or the body
716 was found. The primary or attending practitioner or the medical
717 examiner shall certify over his or her signature the cause of
718 death to the best of his or her knowledge and belief. As used in
719 this section, the term "primary or attending practitioner" means
720 a physician, physician assistant, or advanced practice
721 registered nurse registered under s. 464.0123 who treated the
722 decedent through examination, medical advice, or medication
723 during the 12 months preceding the date of death.

724 (a) The department may grant the funeral director an
725 extension of time upon a good and sufficient showing of any of
726 the following conditions:

727 1. An autopsy is pending.

728 2. Toxicology, laboratory, or other diagnostic reports have
729 not been completed.

730 3. The identity of the decedent is unknown and further
731 investigation or identification is required.

732 (b) If the decedent's primary or attending practitioner or
733 the district medical examiner of the county in which the death
734 occurred or the body was found indicates that he or she will
735 sign and complete the medical certification of cause of death
736 but will not be available until after the 5-day registration



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737 deadline, the local registrar may grant an extension of 5 days.
738 If a further extension is required, the funeral director must
739 provide written justification to the registrar.

740 (5) A permanent certificate of death or fetal death,
741 containing the cause of death and any other information that was
742 previously unavailable, shall be registered as a replacement for
743 the temporary certificate. The permanent certificate may also
744 include corrected information if the items being corrected are
745 noted on the back of the certificate and dated and signed by the
746 funeral director, physician, physician assistant, advanced
747 practice registered nurse registered under s. 464.0123, or
748 district medical examiner of the county in which the death
749 occurred or the body was found, as appropriate.

750 Section 4. Paragraph (a) of subsection (2) of section
751 394.463, Florida Statutes, is amended to read:

752 394.463 Involuntary examination.—

753 (2) INVOLUNTARY EXAMINATION.—

754 (a) An involuntary examination may be initiated by any one
755 of the following means:

756 1. A circuit or county court may enter an ex parte order
757 stating that a person appears to meet the criteria for
758 involuntary examination and specifying the findings on which
759 that conclusion is based. The ex parte order for involuntary
760 examination must be based on written or oral sworn testimony
761 that includes specific facts that support the findings. If other
762 less restrictive means are not available, such as voluntary
763 appearance for outpatient evaluation, a law enforcement officer,
764 or other designated agent of the court, shall take the person
765 into custody and deliver him or her to an appropriate, or the



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766 nearest, facility within the designated receiving system
767 pursuant to s. 394.462 for involuntary examination. The order of
768 the court shall be made a part of the patient's clinical record.
769 A fee may not be charged for the filing of an order under this
770 subsection. A facility accepting the patient based on this order
771 must send a copy of the order to the department within 5 working
772 days. The order may be submitted electronically through existing
773 data systems, if available. The order shall be valid only until
774 the person is delivered to the facility or for the period
775 specified in the order itself, whichever comes first. If a time
776 limit is not specified in the order, the order is valid for 7
777 days after the date that the order was signed.

778 2. A law enforcement officer shall take a person who
779 appears to meet the criteria for involuntary examination into
780 custody and deliver the person or have him or her delivered to
781 an appropriate, or the nearest, facility within the designated
782 receiving system pursuant to s. 394.462 for examination. The
783 officer shall execute a written report detailing the
784 circumstances under which the person was taken into custody,
785 which must be made a part of the patient's clinical record. Any
786 facility accepting the patient based on this report must send a
787 copy of the report to the department within 5 working days.

788 3. A physician, a physician assistant, a clinical
789 psychologist, a psychiatric nurse, an advanced practice
790 registered nurse registered under s. 464.0123, a mental health
791 counselor, a marriage and family therapist, or a clinical social
792 worker may execute a certificate stating that he or she has
793 examined a person within the preceding 48 hours and finds that
794 the person appears to meet the criteria for involuntary



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795 examination and stating the observations upon which that
796 conclusion is based. If other less restrictive means, such as
797 voluntary appearance for outpatient evaluation, are not
798 available, a law enforcement officer shall take into custody the
799 person named in the certificate and deliver him or her to the
800 appropriate, or nearest, facility within the designated
801 receiving system pursuant to s. 394.462 for involuntary
802 examination. The law enforcement officer shall execute a written
803 report detailing the circumstances under which the person was
804 taken into custody. The report and certificate shall be made a
805 part of the patient's clinical record. Any facility accepting
806 the patient based on this certificate must send a copy of the
807 certificate to the department within 5 working days. The
808 document may be submitted electronically through existing data
809 systems, if applicable.

810
811 When sending the order, report, or certificate to the
812 department, a facility shall, at a minimum, provide information
813 about which action was taken regarding the patient under
814 paragraph (g), which information shall also be made a part of
815 the patient's clinical record.

816 Section 5. Paragraphs (a) and (c) of subsection (3) of
817 section 401.45, Florida Statutes, are amended to read:

818 401.45 Denial of emergency treatment; civil liability.—

819 (3) (a) Resuscitation may be withheld or withdrawn from a
820 patient by an emergency medical technician or paramedic if
821 evidence of an order not to resuscitate by the patient's
822 physician or physician assistant is presented to the emergency
823 medical technician or paramedic. An order not to resuscitate, to



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824 be valid, must be on the form adopted by rule of the department.
825 The form must be signed by the patient's physician or physician
826 assistant and by the patient or, if the patient is
827 incapacitated, the patient's health care surrogate or proxy as
828 provided in chapter 765, court-appointed guardian as provided in
829 chapter 744, or attorney in fact under a durable power of
830 attorney as provided in chapter 709. The court-appointed
831 guardian or attorney in fact must have been delegated authority
832 to make health care decisions on behalf of the patient.

833 (c) The department, in consultation with the Department of
834 Elderly Affairs and the Agency for Health Care Administration,
835 shall develop a standardized do-not-resuscitate identification
836 system with devices that signify, when carried or worn, that the
837 possessor is a patient for whom a physician or physician
838 assistant has issued an order not to administer cardiopulmonary
839 resuscitation. The department may charge a reasonable fee to
840 cover the cost of producing and distributing such identification
841 devices. Use of such devices shall be voluntary.

842 Section 6. This act shall take effect July 1, 2021.

843
844 ===== T I T L E A M E N D M E N T =====

845 And the title is amended as follows:

846 Delete everything before the enacting clause
847 and insert:

848 A bill to be entitled
849 An act relating to physician assistants; amending ss.
850 458.347 and 459.022, F.S.; revising legislative
851 intent; defining and redefining terms; revising a
852 limitation on the number of physician assistants a



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853 physician may supervise at one time; deleting a
854 requirement that a physician assistant inform his or
855 her patients that they have the right to see a
856 physician before the physician assistant prescribes or
857 dispenses a prescription; authorizing physician
858 assistants to procure drugs and medical devices;
859 providing an exception; conforming provisions to
860 changes made by the act; revising requirements for a
861 certain formulary; authorizing physician assistants to
862 authenticate documents that may be authenticated by a
863 physician; providing exceptions; authorizing physician
864 assistants to supervise medical assistants;
865 authorizing third-party payors to reimburse employers
866 of physician assistants for services rendered;
867 providing requirements for such payment for services;
868 authorizing physician assistants to bill for and
869 receive direct payment for services they deliver;
870 revising provisions relating to approved programs for
871 physician assistants; revising provisions relating to
872 physician assistant licensure requirements; amending
873 ss. 382.008, 394.463, and 401.45, F.S.; conforming
874 provisions relating to certificates of death,
875 certificates for involuntary examinations, and orders
876 not to resuscitate, respectively, to changes made by
877 the act; providing an effective date.