## CHAMBER ACTION

<u>Senate</u> <u>House</u>

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Representative Rommel offered the following:

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## Amendment (with title amendment)

Remove lines 110-482 and insert:

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acts and omissions of the physician assistant. A physician may not supervise more than  $\underline{10}$  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.

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(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.-

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(b) This chapter <u>authorizes</u> does not prevent third-party payors to reimburse <u>from reimbursing</u> employers of physician

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assistants for covered services rendered by licensed physician assistants. Payment for services within the physician assistant's scope of practice shall be made when ordered or performed by a physician assistant if the same service would have been covered if ordered or performed by a physician.

Physician assistants are authorized to bill for and receive direct payment for the services they deliver.

- (e) A supervising physician may delegate to a fully licensed physician assistant the authority to prescribe or dispense any medication used in the supervising 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 and inform the patient that the patient has the right to see the physician before a prescription is prescribed or dispensed by the physician assistant.
- 2. The supervising physician must notify the department of his or her intent to delegate, on a department-approved form, before delegating such authority and of any change in prescriptive privileges of the physician assistant. Authority to dispense may be delegated only by a supervising physician who is

registered as a dispensing practitioner in compliance with s. 465.0276.

- Medicinal drugs and medical devices unless such drug is listed on the formulary established pursuant to paragraph (f) must complete a minimum of 10 continuing medical education hours in the specialty practice in which the physician assistant has prescriptive privileges with each licensure renewal. Three of the 10 hours must consist of a continuing education course on the safe and effective prescribing of controlled substance medications which is offered by a statewide professional association of physicians in this state accredited to provide educational activities designated for the American Medical Association Physician's Recognition Award Category 1 credit or designated by the American Academy of Physician Assistants as a Category 1 credit.
- 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 requirements of this paragraph. The physician assistant is not required to independently register pursuant to s. 465.0276.
- $\underline{4.5.}$  The prescription may be in paper or electronic form but must comply with ss. 456.0392(1) and 456.42(1) and chapter 499 and must contain, in addition to the supervising 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 inclusion of the prescriber number creates a presumption that the physician assistant is authorized to prescribe the medicinal drug and the prescription is valid.

- 5.6. The physician assistant must note the prescription or dispensing of medication in the appropriate medical record.
- (f)1. The council shall establish a formulary of medicinal drugs that a fully licensed physician assistant having prescribing authority under this section or s. 459.022 may not prescribe. The formulary must include general anesthetics and radiographic contrast materials and must limit the prescription of Schedule II controlled substances as listed in s. 893.03 to a 7-day supply. The formulary must also restrict the prescribing of Schedule II psychiatric mental health controlled substances for children younger than 18 years of age to a 14-day supply, provided the physician assistant is under the supervision of a pediatrician, a family practice physician, an internal medicine physician, or a psychiatrist.
- 2. In establishing the formulary, the council shall consult with a pharmacist licensed under chapter 465, but not

licensed under this chapter or chapter 459, who shall be selected by the State Surgeon General.

- 3. Only the council shall add to, delete from, or modify the formulary. Any person who requests an addition, a deletion, or a modification of a medicinal drug listed on such formulary has the burden of proof to show cause why such addition, deletion, or modification should be made.
- 4. The boards shall adopt the formulary required by this paragraph, and each addition, deletion, or modification to the formulary, by rule. Notwithstanding any provision of chapter 120 to the contrary, the formulary rule shall be effective 60 days after the date it is filed with the Secretary of State. Upon adoption of the formulary, the department shall mail a copy of such formulary to each fully licensed physician assistant having prescribing authority under this section or s. 459.022, and to each pharmacy licensed by the state. The boards shall establish, by rule, a fee not to exceed \$200 to fund the provisions of this paragraph and paragraph (e).
- (i) A physician assistant may authenticate any document with his or her signature, certification, stamp, verification, affidavit, or endorsement if it may be so authenticated by the signature, certification, stamp, verification, affidavit, or endorsement of a physician, including, but not limited to, any of the following:

111		1.	Initiation	of	an	involuntary	examination	pursuant	to	s.
112	394.4	463.								

- 2. Do-not-resuscitate orders or physician orders for the administration of life-sustaining treatment.
  - 3. Death certificates.
  - 4. School physical examinations.
- 5. Medical evaluations for workers' compensation claims, including the date of maximum medical improvement as defined in s. 440.02.
- 6. Orders for physical therapy, occupational therapy, speech-language therapy, home health services, or durable medical equipment.
- (j) A physician assistant may supervise a medical assistant as defined in this chapter and chapter 459.
- (5) PERFORMANCE BY TRAINEES.—Notwithstanding any other law, a trainee may perform medical services when such services are rendered within the scope of an approved program.
  - (5) <del>(6)</del> PROGRAM APPROVAL.—
- (a) The boards shall approve programs, based on recommendations by the council, for the education and training of physician assistants which meet standards established by rule of the boards. The council may recommend only those physician assistant programs that hold full accreditation or provisional accreditation from the <u>Accreditation Review Commission on Education for the Physician Assistant, Inc., Commission on Education for the Physician Assistant, Inc., Commission on</u>

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Accreditation of Allied Health Programs or its successor organization, or, if before 2001, its predecessor organization.

Any educational institution offering a physician assistant program approved by the boards pursuant to this paragraph may also offer the physician assistant program authorized in paragraph (c) for unlicensed physicians.

- may perform medical services when such services are rendered within the scope of an approved program The boards shall adopt and publish standards to ensure that such programs operate in a manner that does not endanger the health or welfare of the patients who receive services within the scope of the programs. The boards shall review the quality of the curricula, faculties, and facilities of such programs and take whatever other action is necessary to determine that the purposes of this section are being met.
- (c) Any community college with the approval of the State
  Board of Education may conduct a physician assistant program
  which shall apply for national accreditation through the
  American Medical Association's Committee on Allied Health,
  Education, and Accreditation, or its successor organization, and
  which may admit unlicensed physicians, as authorized in
  subsection (7), who are graduates of foreign medical schools
  listed with the World Health Organization. The unlicensed
  physician must have been a resident of this state for a minimum

of 12 months immediately prior to admission to the program. An
evaluation of knowledge base by examination shall be required to
grant advanced academic credit and to fulfill the necessary
requirements to graduate. A minimum of one 16-week semester of
supervised clinical and didactic education, which may be
completed simultaneously, shall be required before graduation
from the program. All other provisions of this section shall
remain in effect.

- (6) <del>(7)</del> PHYSICIAN ASSISTANT LICENSURE.
- (a) Any person desiring to be licensed as a physician assistant must apply to the department. The department shall 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 graduated from an approved program.
- a. For an applicant who graduated after December 31, 2020, has received a master's degree in accordance with the Accreditation Review Commission on Education for the Physician Assistant, Inc., or its successor organization.
- b. For an applicant who graduated before December 31, 2020, has received a bachelor's or master's degree from an approved program.
- c. For an applicant who graduated before July 1, 1994, has graduated from an approved program of instruction in primary health care or surgery.

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

- The department may also issue a license to an applicant who does not meet the educational requirements specified in this subparagraph but who passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants before 1986.
- 3.2. Has obtained satisfactorily passed a passing proficiency examination by an acceptable score as established by the National Commission on Certification of Physician Assistants or its successor organization and has been nationally certified. If an applicant does not hold a current certificate issued by the National Commission on Certification of Physician Assistants or its successor organization and has not actively practiced as a physician assistant within the immediately preceding 4 years, the applicant must retake and successfully complete the entrylevel examination of the National Commission on Certification of Physician Assistants or its successor organization to be eliqible for licensure.
- $\underline{4.3.}$  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:

- 211 a. A <u>diploma from an approved</u> <del>certificate of completion of</del>
  212 <del>a physician assistant training</del> program specified in subsection
  213 (5) (6).
  - b. Acknowledgment of any prior felony convictions.
  - c. Acknowledgment of any previous revocation or denial of licensure or certification in any state.
  - d. 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.
  - (c) Each licensed physician assistant shall biennially complete 100 hours of continuing medical education or shall hold a current certificate issued by the National Commission on Certification of Physician Assistants or its successor organization. Three hours of the continuing medical education must consist of the safe and effective prescribing of controlled substances designated by the Florida Academy of Physician Assistants Category I credit.
  - (d) Upon employment as a physician assistant, a licensed physician assistant must notify the department in writing within 30 days after such employment or after any subsequent changes in the supervising physician. The notification must include the full name, Florida medical license number, specialty, and address of the supervising physician.

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Section 2. Subsections (8) through (17) of section 459.022, Florida Statutes, are renumbered as subsections (7) through (16), respectively, paragraphs (f) and (g) of subsection (4) are redesignated as paragraphs (g) and (h), respectively, paragraphs (e), (f), and (g) of present subsection (7) are redesignated as paragraphs (d), (e), and (f), respectively, subsections (1), (2), and (3), paragraphs (b), (e), and (f) of subsection (4), present subsections (5) and (6), and paragraphs (a), (c), and (d) of present subsection (7) are amended, and a new paragraph (f) and paragraphs (i) and (j) are added to subsection (4) of that section, to read:

459.022 Physician assistants.-

- (1) LEGISLATIVE INTENT.-
- (a) The purpose of this section is to <u>authorize physician</u> assistants, with their education, training, and experience in the field of medicine, to practice medicine in collaboration with physicians and other health care practitioners to provide increased efficiency and to ensure high-quality medical services are available at a reasonable cost encourage more effective utilization of the skills of osteopathic physicians or groups of osteopathic physicians by enabling them to delegate health care tasks to qualified assistants when such delegation is consistent with the patient's health and welfare.
- (b) In order that maximum skills may be obtained within a minimum time period of education, a physician assistant shall be

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261	specialized to the extent that she or he can operate efficiently
262	and effectively in the specialty areas in which she or he has
263	been trained or is experienced.

- (c) The purpose of this section is to encourage the utilization of physician assistants by osteopathic physicians and to allow for innovative development of programs for the education of physician assistants.
  - (2) DEFINITIONS.—As used in this section:
- in the United States, or any possession or territory thereof, accredited by the Accreditation Review Commission on Education for the Physician Assistant, Inc., or its successor organization, or, if before 2001, its predecessor organization formally approved by the boards, for the education of physician assistants.
- (b) "Boards" means the Board of Medicine and the Board of Osteopathic Medicine.
- (c) (h) "Continuing medical education" means courses recognized and approved by the boards, the American Academy of Physician Assistants, the American Medical Association, the American Osteopathic Association, or the Accreditation Council on Continuing Medical Education.
- $\underline{\text{(d)}}_{\text{(c)}}$  "Council" means the Council on Physician Assistants.

- (e) "Physician assistant" means a health care professional who meets the qualifications under this chapter or chapter 458 and is licensed to practice medicine as provided in this chapter or chapter 458 person who is a graduate of an approved program or its equivalent or meets standards approved by the boards and is licensed to perform medical services delegated by the supervising physician.
- (f) (g) "Physician assistant national certifying examination" means the Physician Assistant National Certifying Examination "Proficiency examination" means an entry-level examination approved by the boards, including, but not limited to, those examinations administered by the National Commission on Certification of Physician Assistants or its successor agency.
- (g)(f) "Supervision" means responsible supervision and control. Except in cases of emergency, supervision requires the easy availability or physical presence of the licensed physician for consultation and direction of the actions of the physician assistant. For the purposes of this definition, the term "easy availability" includes the ability to communicate by way of telecommunication. The boards shall establish rules as to what constitutes responsible supervision of the physician assistant.
- (h) (d) "Trainee" means a person who is currently enrolled in an approved program.

- or group of physicians supervising a licensed physician assistant must be qualified in the medical areas in which the physician 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 10 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.
  - (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.-
- (b) This chapter <u>authorizes</u> does not prevent third-party payors to reimburse from reimbursing employers of physician assistants for covered services rendered by licensed physician assistants. Payment for services within the physician assistant's scope of practice shall be made when ordered or performed by a physician assistant if the same service would have been covered if ordered or performed by a physician.

  Physician assistants are authorized to bill for and receive direct payment for the services they deliver.
- (e) A supervising physician may delegate to a fully licensed physician assistant the authority to prescribe or dispense any medication used in the supervising physician's practice unless such medication is listed on the formulary

created pursuant to s. 458.347. 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 she or he is a physician assistant and must inform the patient that the patient has the right to see the physician before a prescription is prescribed or dispensed by the physician assistant.
- 2. The supervising physician must notify the department of her or his intent to delegate, on a department-approved form, before delegating such authority and of any change in prescriptive privileges of the physician assistant. Authority to dispense may be delegated only by a supervising physician who is registered as a dispensing practitioner in compliance with s. 465.0276.
- 3. A fully licensed The physician assistant may procure medicinal drugs and medical devices unless such drug is listed on the formulary established pursuant to paragraph (f) must complete a minimum of 10 continuing medical education hours in the specialty practice in which the physician assistant has prescriptive privileges with each licensure renewal.
- 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 requirements of this paragraph. The physician assistant

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is not required to independently register pursuant to s. 465.0276.

- 4.5. The prescription may be in paper or electronic form but must comply with ss. 456.0392(1) and 456.42(1) and chapter 499 and must contain, in addition to the supervising 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 inclusion of the prescriber number creates a presumption that the physician assistant is authorized to prescribe the medicinal drug and the prescription is valid.
- $\underline{5.6.}$  The physician assistant must note the prescription or dispensing of medication in the appropriate medical record.
- drugs that a fully licensed physician assistant having prescribing authority under this section or s. 458.347 may not prescribe. The formulary must include general anesthetics and radiographic contrast materials and must limit the prescription of Schedule II controlled substances as listed in s. 893.03 to a 7-day supply. The formulary must also restrict the prescribing of Schedule II psychiatric mental health controlled substances for children younger than 18 years of age to a 14-day supply, provided the physician assistant is under the supervision of a

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pediatrician, a family practice physician, an internal medicine
physician, or a psychiatrist.

## TITLE AMENDMENT

Remove lines 17-25 and insert:
assistant licensure requirements; revising the number of
physician assistants a physician may supervise at one time;
restricting the prescribing of specified controlled substances
for children younger than 18 to a 14-day supply under certain
circumstances; removing provisions requiring physician
assistants to inform patients of certain rights before
prescribing or dispensing prescriptions, authorizing the
issuance of physician assistant prescriber numbers, requiring
the adoption of certain