



869082

LEGISLATIVE ACTION

Senate	.	House
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	.	
Floor: 1/AE/2R	.	Floor: C
04/26/2021 01:29 PM	.	04/29/2021 05:09 PM
	.	

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



869082

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



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



869082

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.



869082

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



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



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

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

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

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



869082

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

194 (h) A licensed physician assistant may perform services
195 delegated by the supervising physician in the physician
196 assistant's practice in accordance with his or her education and
197 training unless expressly prohibited under this chapter, chapter
198 459, or rules adopted under this chapter or chapter 459.

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

207 1. Initiation of an involuntary examination pursuant to s.
208 394.463.

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

211 3. Death certificates.

212 4. School physical examinations.

213 5. Medical examinations for workers' compensation claims,
214 except medical examinations required for the evaluation and



215 assignment of the claimant's date of maximum medical improvement
216 as defined in s. 440.02 and for the impairment rating, if any,
217 under s. 440.15.

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

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

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

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

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

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



869082

244 ~~Health Programs or its successor organization. Any educational~~
245 ~~institution offering a physician assistant program approved by~~
246 ~~the boards pursuant to this paragraph may also offer the~~
247 ~~physician assistant program authorized in paragraph (c) for~~
248 ~~unlicensed physicians.~~

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

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



869082

273 ~~completed simultaneously, shall be required before graduation~~
274 ~~from the program. All other provisions of this section shall~~
275 ~~remain in effect.~~

276 (6)(7) PHYSICIAN ASSISTANT LICENSURE.-

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

281 1. Is at least 18 years of age.

282 2. Has graduated from an approved program.

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

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

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

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

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



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

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

319 a. A diploma from an approved ~~certificate of completion of~~
320 ~~a physician assistant training program specified in subsection~~
321 ~~(6).~~

322 b. Acknowledgment of any prior felony convictions.

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

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

330 ~~(d) Upon employment as a physician assistant, a licensed~~



869082

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

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



869082

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

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

372 Section 2. Subsections (1) through (6), paragraphs (a),
373 (d), and (e) of subsection (7), and subsection (13) of section
374 459.022, Florida Statutes, are amended to read:

375 459.022 Physician assistants.—

376 (1) LEGISLATIVE INTENT.—

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

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



869082

389 ~~and effectively in the specialty areas in which she or he has~~
390 ~~been trained or is experienced.~~

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

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

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

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

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

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

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

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



869082

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

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

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

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

446 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—



869082

447 (a) The boards shall adopt, by rule, the general principles
448 that supervising physicians must use in developing the scope of
449 practice of a physician assistant under direct supervision and
450 under indirect supervision. These principles shall recognize the
451 diversity of both specialty and practice settings in which
452 physician assistants are used.

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

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

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

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

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



476 ~~the patient that the patient has the right to see the physician~~
477 ~~before a prescription is prescribed or dispensed by the~~
478 ~~physician assistant.~~

479 2. The supervising physician must notify the department of
480 her or his intent to delegate, on a department-approved form,
481 before delegating such authority and of any change in
482 prescriptive privileges of the physician assistant. Authority to
483 dispense may be delegated only by a supervising physician who is
484 registered as a dispensing practitioner in compliance with s.
485 465.0276.

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

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

501 ~~4. The department may issue a prescriber number to the~~
502 ~~physician assistant granting authority for the prescribing of~~
503 ~~medicinal drugs authorized within this paragraph upon completion~~
504 ~~of the requirements of this paragraph. The physician assistant~~



869082

505 ~~is not required to independently register pursuant to s.~~
506 ~~465.0276.~~

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

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

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

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



534 458, or rules adopted under this chapter or chapter 458.
535 (h) Except for a physician certification under s. 381.986,
536 a physician assistant may authenticate any document with his or
537 her signature, certification, stamp, verification, affidavit, or
538 endorsement if such document may be so authenticated by the
539 signature, certification, stamp, verification, affidavit, or
540 endorsement of a physician, except those required for s.
541 381.986. Such documents include, but are not limited to, any of
542 the following:
543 1. Initiation of an involuntary examination pursuant to s.
544 394.463.
545 2. Do-not-resuscitate orders or physician orders for the
546 administration of life-sustaining treatment.
547 3. Death certificates.
548 4. School physical examinations.
549 5. Medical examinations for workers' compensation claims,
550 except medical examinations required for the evaluation and
551 assignment of the claimant's date of maximum medical improvement
552 as defined in s. 440.02 and for the impairment rating, if any,
553 under s. 440.15.
554 6. Orders for physical therapy, occupational therapy,
555 speech-language therapy, home health services, or durable
556 medical equipment.
557 (i) A physician assistant may supervise medical assistants
558 as defined in chapter 458.
559 (j) This chapter authorizes third-party payors to reimburse
560 employers of physician assistants for covered services rendered
561 by licensed physician assistants. Payment for services within
562 the physician assistant's scope of practice must be made when



869082

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

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

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

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

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

591 ~~(6)(7) PHYSICIAN ASSISTANT LICENSURE.-~~



869082

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

596 1. Is at least 18 years of age.

597 2. Has graduated from an approved program.

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

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

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

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

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

617 3. Has obtained a passing score as ~~satisfactorily passed a~~
618 ~~proficiency examination by an acceptable score~~ established by
619 the National Commission on Certification of Physician Assistants
620 or its equivalent or successor organization and has been



869082

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

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

634 a. A diploma from an approved certificate of completion of
635 a physician assistant training program specified in subsection
636 (6).

637 b. Acknowledgment of any prior felony convictions.

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

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

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



869082

650 ~~address of the supervising physician.~~

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



679 ~~(12)(13)~~ RULES.—The boards shall adopt rules to implement
680 this section, including rules detailing the contents of the
681 application for licensure and notification pursuant to
682 subsection (6) ~~(7)~~ and rules to ensure both the continued
683 competency of physician assistants and the proper utilization of
684 them by physicians or groups of physicians.

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

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

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



708 hospital administrator shall provide any medical or health
709 information to the funeral director within 72 hours after
710 expulsion or extraction.

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

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

- 728 1. An autopsy is pending.
729 2. Toxicology, laboratory, or other diagnostic reports have
730 not been completed.
731 3. The identity of the decedent is unknown and further
732 investigation or identification is required.

733 (b) If the decedent's primary or attending practitioner or
734 the district medical examiner of the county in which the death
735 occurred or the body was found indicates that he or she will
736 sign and complete the medical certification of cause of death



869082

737 but will not be available until after the 5-day registration
738 deadline, the local registrar may grant an extension of 5 days.
739 If a further extension is required, the funeral director must
740 provide written justification to the registrar.

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

751 Section 4. Paragraph (a) of subsection (2) of section
752 394.463, Florida Statutes, is amended to read:

753 394.463 Involuntary examination.—

754 (2) INVOLUNTARY EXAMINATION.—

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

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



869082

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

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

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



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

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

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

819 401.45 Denial of emergency treatment; civil liability.—

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



824 medical technician or paramedic. An order not to resuscitate, to
825 be valid, must be on the form adopted by rule of the department.
826 The form must be signed by the patient's physician or physician
827 assistant and by the patient or, if the patient is
828 incapacitated, the patient's health care surrogate or proxy as
829 provided in chapter 765, court-appointed guardian as provided in
830 chapter 744, or attorney in fact under a durable power of
831 attorney as provided in chapter 709. The court-appointed
832 guardian or attorney in fact must have been delegated authority
833 to make health care decisions on behalf of the patient.

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

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

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

846 And the title is amended as follows:

847 Delete everything before the enacting clause
848 and insert:

849 A bill to be entitled

850 An act relating to physician assistants; amending ss.
851 458.347 and 459.022, F.S.; revising legislative
852 intent; defining and redefining terms; revising a



869082

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