

1                   A bill to be entitled  
2           An act relating to the practice of physician  
3           assistants; amending ss. 458.347 and 459.022, F.S.;  
4           F.S.; providing legislative intent; revising and  
5           providing definitions; authorizing a licensed  
6           physician assistant to provide a signature,  
7           certification, stamp, verification, affidavit, or  
8           endorsement for specified reasons; providing an  
9           exception; providing applicability; deleting a  
10          provision relating to the performance of medical  
11          services by a trainee; revising an accreditation  
12          requirement to come from the Accreditation Review  
13          Commission on Education for the Physician Assistant,  
14          Inc., or, before 2001, its equivalent or predecessor  
15          organization; authorizing a trainee to perform medical  
16          services within the scope of an approved program;  
17          revising physician assistant licensure requirements  
18          for each applicant recommended by the Council on  
19          Physician Assistants; revising and providing  
20          requirements for temporary licensure and licensure  
21          renewal; providing registration, financial  
22          responsibility, and direct billing and reimbursement  
23          requirements for a physician assistant to engage in  
24          autonomous practice; conforming provisions to changes  
25          made by the act; amending ss. 744.3675 and 893.05,

26 F.S.; conforming cross-references; providing an  
 27 effective date.

28

29 Be It Enacted by the Legislature of the State of Florida:

30

31 Section 1. Subsections (6) and (7) of section 458.347,  
 32 Florida Statutes, are renumbered as subsections (5) and (6),  
 33 respectively, subsections (8) through (17) are renumbered as  
 34 subsections (10) through (19), respectively, subsections (1),  
 35 (2), and (3), paragraph (e) of subsection (4), and present  
 36 subsections (5), (6), (7), and (13) are amended, paragraphs (i)  
 37 and (j) are added to subsection (4), and new subsections (8) and  
 38 (9) are added to that section, to read:

39 458.347 Physician assistants.—

40 (1) LEGISLATIVE INTENT.—

41 ~~(a)~~ The purpose of this section is to authorize physician  
 42 assistants, with their education, training, and experience in  
 43 the field of medicine, to practice medicine in collaboration  
 44 with physicians and other health care practitioners to provide  
 45 increased efficiency and to ensure high-quality medical services  
 46 are available at a reasonable cost ~~encourage more effective~~  
 47 ~~utilization of the skills of physicians or groups of physicians~~  
 48 ~~by enabling them to delegate health care tasks to qualified~~  
 49 ~~assistants when such delegation is consistent with the patient's~~  
 50 ~~health and welfare.~~

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

56 ~~(c) The purpose of this section is to encourage the~~  
57 ~~utilization of physician assistants by physicians and to allow~~  
58 ~~for innovative development of programs for the education of~~  
59 ~~physician assistants.~~

60 (2) DEFINITIONS.—As used in this section:

61 (a) "Approved program" means a physician assistant program  
62 in the United States, or any possession or territory thereof,  
63 accredited by the Accreditation Review Commission on Education  
64 for the Physician Assistant, Inc., or, before 2001, its  
65 equivalent or predecessor organization; the Committee on Allied  
66 Health Education and Accreditation; or the Commission on  
67 Accreditation of Allied Health Education Programs formally  
68 approved by the boards, for the education of physician  
69 assistants.

70 (b) "Autonomous physician assistant" means a physician  
71 assistant practicing in primary care who collaborates with,  
72 consults with, or refers to a physician or other appropriate  
73 healthcare provider as determined by the patient's condition;  
74 the education, training, and experience of the physician  
75 assistant; and the standard of care.

76        ~~(c)-(b)~~ "Boards" means the Board of Medicine and the Board  
77 of Osteopathic Medicine.

78        ~~(d)-(h)~~ "Continuing medical education" means courses  
79 recognized and approved by the boards, the American Academy of  
80 Physician Assistants, the American Medical Association, the  
81 American Osteopathic Association, or the Accreditation Council  
82 on Continuing Medical Education.

83        ~~(e)-(e)~~ "Council" means the Council on Physician  
84 Assistants.

85        (f) "National certification" means a graduation  
86 examination approved by the boards, including, but not limited  
87 to, those examinations administered by the National Commission  
88 on Certification of Physician Assistants or its equivalent or  
89 successor organization.

90        ~~(g)-(e)~~ "Physician assistant" means a person who is  
91 licensed under this chapter or chapter 459. A physician  
92 assistant is a medical professional qualified by academic and  
93 clinical training to provide medical services under physician  
94 supervision including, but not limited to, the diagnoses of  
95 illnesses, development and management of treatment plans,  
96 performance of medical procedures, and prescribing and  
97 dispensing of medications in collaboration with physicians and  
98 other health care practitioners ~~a graduate of an approved~~  
99 ~~program or its equivalent or meets standards approved by the~~  
100 ~~boards and is licensed to perform medical services delegated by~~

101 ~~the supervising physician.~~

102 (h)~~(f)~~ "Supervision" means responsible supervision and  
103 control. Except in cases of emergency, supervision requires the  
104 easy availability or physical presence of the licensed physician  
105 for consultation and direction of the actions of the physician  
106 assistant. For the purposes of this definition, the term "easy  
107 availability" includes the ability to communicate by way of  
108 telecommunication. The boards shall establish rules as to what  
109 constitutes responsible supervision of the physician assistant.

110 ~~(g) "Proficiency examination" means an entry level  
111 examination approved by the boards, including, but not limited  
112 to, those examinations administered by the National Commission  
113 on Certification of Physician Assistants.~~

114 (i)~~(d)~~ "Trainee" means a person who is currently enrolled  
115 in an approved program.

116 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician  
117 or group of physicians supervising a licensed physician  
118 assistant must be qualified in the medical areas in which the  
119 physician assistant is to perform and shall be individually or  
120 collectively responsible and liable for the performance and the  
121 acts and omissions of the physician assistant. ~~A physician may  
122 not supervise more than four currently licensed physician  
123 assistants at any one time. A physician supervising a physician  
124 assistant pursuant to this section may not be required to review  
125 and cosign charts or medical records prepared by such physician~~

126 ~~assistant.~~

127 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

128 (e) A supervising physician may delegate to a fully  
 129 licensed physician assistant the authority to prescribe or  
 130 dispense any medication used in the supervising physician's  
 131 practice unless such medication is listed on the formulary  
 132 created pursuant to paragraph (f). A fully licensed physician  
 133 assistant may only prescribe or dispense such medication under  
 134 the following circumstances:

135 1. A physician assistant must clearly identify to the  
 136 patient that he or she is a physician assistant and inform the  
 137 patient that the patient has the right to see the physician  
 138 before a prescription is prescribed or dispensed by the  
 139 physician assistant.

140 2. The supervising physician must notify the department of  
 141 his or her intent to delegate, on a department-approved form,  
 142 before delegating such authority and of any change in  
 143 prescriptive privileges of the physician assistant. Authority to  
 144 dispense may be delegated only by a supervising physician who is  
 145 registered as a dispensing practitioner in compliance with s.  
 146 465.0276.

147 3. The physician assistant must complete a minimum of 10  
 148 continuing medical education hours in the specialty practice in  
 149 which the physician assistant has prescriptive privileges with  
 150 each licensure renewal. Three of the 10 hours must consist of a

151 continuing education course on the safe and effective  
152 prescribing of controlled substance medications ~~which is offered~~  
153 ~~by a statewide professional association of physicians in this~~  
154 ~~state accredited to provide educational activities designated~~  
155 ~~for the American Medical Association Physician's Recognition~~  
156 ~~Award Category 1 credit or designated by the American Academy of~~  
157 ~~Physician Assistants as a Category 1 credit.~~

158 4. The department may issue a prescriber number to the  
159 physician assistant granting authority for the prescribing of  
160 medicinal drugs authorized within this paragraph upon completion  
161 of the requirements of this paragraph. The physician assistant  
162 is not required to independently register pursuant to s.  
163 465.0276.

164 5. The prescription may be in paper or electronic form but  
165 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499  
166 and must contain, in addition to the supervising physician's  
167 name, address, and telephone number, the physician assistant's  
168 prescriber number. Unless it is a drug or drug sample dispensed  
169 by the physician assistant, the prescription must be filled in a  
170 pharmacy permitted under chapter 465 and must be dispensed in  
171 that pharmacy by a pharmacist licensed under chapter 465. The  
172 inclusion of the prescriber number creates a presumption that  
173 the physician assistant is authorized to prescribe the medicinal  
174 drug and the prescription is valid.

175 6. The physician assistant must note the prescription or

176 dispensing of medication in the appropriate medical record.

177 (i) Except for a physician certification under s. 381.986,  
 178 a licensed physician assistant may provide a signature,  
 179 certification, stamp, verification, affidavit, or endorsement  
 180 that is otherwise required by law to be provided by a physician  
 181 for the following:

182 1. Baker Act commitments.

183 2. Do-not-resuscitate orders or physician orders for the  
 184 administration of life-sustaining procedures.

185 3. Death certificates in accordance with chapter 382.

186 4. School physicals.

187 5. Date of maximum medical improvement as defined in s.  
 188 440.02.

189 6. Physical, occupational, and speech therapy orders and  
 190 home health and durable medical equipment orders.

191 7. Pronouncement of death.

192 (j) This chapter does not prevent a licensed physician  
 193 assistant from supervising a medical assistant as defined in  
 194 this chapter and chapter 459.

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

198 ~~(5)(6) PROGRAM APPROVAL.—~~

199 (a) The boards shall approve programs, based on  
 200 recommendations by the council, for the education and training

201 of physician assistants which meet standards established by rule  
202 of the boards. The council may recommend only those physician  
203 assistant programs that hold full accreditation or provisional  
204 accreditation from the Accreditation Review Commission on  
205 Education for the Physician Assistant, Inc., Commission on  
206 ~~Accreditation of Allied Health Programs~~ or, before 2001, its  
207 equivalent or predecessor ~~successor~~ organization. Any  
208 ~~educational institution offering a physician assistant program~~  
209 ~~approved by the boards pursuant to this paragraph may also offer~~  
210 ~~the physician assistant program authorized in paragraph (c) for~~  
211 ~~unlicensed physicians.~~

212 (b) Notwithstanding any other provision of law, a trainee  
213 may perform medical services when such services are rendered  
214 within the scope of an approved program ~~The boards shall adopt~~  
215 ~~and publish standards to ensure that such programs operate in a~~  
216 ~~manner that does not endanger the health or welfare of the~~  
217 ~~patients who receive services within the scope of the programs.~~  
218 ~~The boards shall review the quality of the curricula, faculties,~~  
219 ~~and facilities of such programs and take whatever other action~~  
220 ~~is necessary to determine that the purposes of this section are~~  
221 ~~being met.~~

222 (c) ~~Any community college with the approval of the State~~  
223 ~~Board of Education may conduct a physician assistant program~~  
224 ~~which shall apply for national accreditation through the~~  
225 ~~American Medical Association's Committee on Allied Health,~~

226 ~~Education, and Accreditation, or its successor organization, and~~  
227 ~~which may admit unlicensed physicians, as authorized in~~  
228 ~~subsection (7), who are graduates of foreign medical schools~~  
229 ~~listed with the World Health Organization. The unlicensed~~  
230 ~~physician must have been a resident of this state for a minimum~~  
231 ~~of 12 months immediately prior to admission to the program. An~~  
232 ~~evaluation of knowledge base by examination shall be required to~~  
233 ~~grant advanced academic credit and to fulfill the necessary~~  
234 ~~requirements to graduate. A minimum of one 16-week semester of~~  
235 ~~supervised clinical and didactic education, which may be~~  
236 ~~completed simultaneously, shall be required before graduation~~  
237 ~~from the program. All other provisions of this section shall~~  
238 ~~remain in effect.~~

239 ~~(6)-(7)~~ PHYSICIAN ASSISTANT LICENSURE.—

240 (a) Any person desiring to be licensed as a physician  
241 assistant must apply to the department. The department shall  
242 ~~issue a license~~ each applicant recommended ~~to any person~~  
243 ~~certified~~ by the council as having met all of the following  
244 requirements:

- 245 1. Is at least 18 years of age.
- 246 2. Has graduated from an approved program.
  - 247 a. For an applicant who graduated after December 31, 2020,  
248 has received a master's degree in accordance with the  
249 Accreditation Review Commission on Education for the Physician  
250 Assistant, Inc., or, before 2001, its equivalent or predecessor

251 organization.

252 b. For an applicant who graduated before December 31,  
253 2020, has received a baccalaureate or master's degree from an  
254 approved program.

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

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

261 3.2. Has obtained ~~satisfactorily passed~~ a passing  
262 ~~proficiency examination by an acceptable score,~~ as established  
263 by the National Commission on Certification of Physician  
264 Assistants or its equivalent or successor organization, and has  
265 been nationally certified. If an applicant does not hold a  
266 current certificate issued by the National Commission on  
267 Certification of Physician Assistants or its equivalent or  
268 successor organization and has not actively practiced as a  
269 physician assistant within the immediately preceding 4 years,  
270 the applicant must retake and successfully complete the entry-  
271 level examination of the National Commission on Certification of  
272 Physician Assistants or its equivalent or successor organization  
273 to be eligible for licensure.

274 4.3. Has completed the application form and remitted an  
275 application fee not to exceed \$300 as set by the boards. An

276 application for licensure ~~made by a physician assistant~~ must  
277 include:

278 a. A diploma from an approved ~~certificate of completion of~~  
279 ~~a physician assistant training program specified in subsection~~  
280 ~~(6).~~

281 b. Acknowledgment of any prior felony convictions.

282 c. Acknowledgment of any previous revocation or denial of  
283 licensure or certification in any state.

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

291 ~~(b)1. The license must be renewed biennially. Each renewal~~  
292 ~~must include:~~

293 a. ~~A renewal fee not to exceed \$500 as set by the boards.~~

294 b. ~~Acknowledgment of no felony convictions in the previous~~  
295 ~~2 years.~~

296 e. ~~A completed physician assistant workforce survey, which~~  
297 ~~shall be administered in the same manner as the physician survey~~  
298 ~~established in s. 458.3191 and must contain the same information~~  
299 ~~required in s. 458.3191(1) and (2).~~

300 ~~2. Beginning July 1, 2018, and every 2 years thereafter,~~

HB 431

2021

301 ~~the department shall report the data collected from the~~  
302 ~~physician assistant workforce surveys to the boards.~~

303 ~~3. The department shall adopt rules to implement this~~  
304 ~~paragraph.~~

305 ~~(c) Each licensed physician assistant shall biennially~~  
306 ~~complete 100 hours of continuing medical education or shall hold~~  
307 ~~a current certificate issued by the National Commission on~~  
308 ~~Certification of Physician Assistants.~~

309 ~~(b)(d)~~ Upon employment as a physician assistant, a  
310 licensed physician assistant must notify the department in  
311 writing within 30 days after such employment or after any  
312 subsequent changes in the supervising physician. The  
313 notification must include the full name, Florida medical license  
314 number, specialty, and address of the supervising physician.

315 (7) TEMPORARY LICENSURE.—

316 ~~(a)(e)~~ Notwithstanding subparagraph (6)(a)3. ~~subparagraph~~  
317 ~~(a)2.~~, the department may grant to a recent graduate of an  
318 approved program, as specified in subsection (6), who expects to  
319 take the first examination administered by the National  
320 Commission on Certification of Physician Assistants available  
321 for registration after the applicant's graduation, a temporary  
322 license to practice to an applicant who has completed all  
323 licensure requirements and is awaiting the next scheduled  
324 meeting of the council. The applicant must meet all of the  
325 following criteria:

326 1. Be a recent graduate of an approved program as  
 327 specified in subparagraph (6)(a)2.

328 2. Register for the first available national certification  
 329 examination administered by the National Commission on  
 330 Certification of Physician Assistants or its equivalent or  
 331 successor organization after the applicant's graduation.

332  
 333 If the applicant becomes employed with a temporary license, he  
 334 or she must comply with paragraph (b).

335 (b) The temporary license shall expire 30 days after  
 336 receipt of scores of the national certification proficiency  
 337 examination administered by the National Commission on  
 338 Certification of Physician Assistants or its equivalent or  
 339 successor organization. ~~Between meetings of the council, the~~  
 340 department may grant a temporary license to practice based on  
 341 the completion of all temporary licensure requirements. All such  
 342 administratively issued licenses shall be reviewed and acted on  
 343 at the next regular meeting of the council. The recent graduate  
 344 may be licensed before employment but must comply with paragraph  
 345 (d).

346 (c) An applicant who has passed the national certification  
 347 proficiency examination may be granted permanent licensure.

348 (d) An applicant who has failed failing the national  
 349 certification proficiency examination is no longer holds a  
 350 temporary license temporarily licensed but may reapply for a 1-

351 year extension of temporary licensure. The department may not  
352 grant an applicant more than one extension of temporary  
353 licensure.

354 (e) An applicant may not be granted more than two  
355 temporary licenses and may not be licensed as a physician  
356 assistant until he or she passes the national certification  
357 examination administered by the National Commission on  
358 Certification of Physician Assistants or its equivalent or  
359 successor organization.

360 (f) As prescribed by board rule, the council may require  
361 an applicant who does not pass the national certification  
362 ~~licensing~~ examination after five or more attempts to complete  
363 additional remedial education or training. The council shall  
364 prescribe the additional requirements in a manner that permits  
365 the applicant to complete the requirements and be reexamined  
366 within 2 years after the date the applicant petitions the  
367 council to retake the national certification examination a sixth  
368 or subsequent time.

369 (8) LICENSURE RENEWAL.—

370 (a) The license must be renewed biennially.

371 (b) Each license renewal must include:

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

373 2. Acknowledgment of no felony convictions in the previous

374 2 years.

375 3.a. A completed physician assistant workforce survey,

376 which shall be administered in the same manner as the physician  
377 survey established in s. 458.3191 and must contain the same  
378 information required in s. 458.3191(1) and (2).

379 b. Effective July 1, 2018, and every 2 years thereafter,  
380 the department shall report the data collected from the  
381 physician assistant workforce surveys to the boards.

382 4.a. Proof of completion of 10 continuing medical  
383 education hours or a current certificate issued by the National  
384 Commission on Certification of Physician Assistants or its  
385 equivalent or successor organization.

386 b. For licensed physician assistants with prescribing  
387 privileges, proof of completion of 10 continuing medical  
388 education hours in the specialty practice of the supervising  
389 physician. Three of the 10 hours must consist of a continuing  
390 medical education course on the safe and effective prescribing  
391 of controlled substance medications which is designated by the  
392 American Academy of Physician Assistants as a Category 1 credit.

393 5. Proof of recertification of his or her national  
394 certification in accordance with the National Commission on  
395 Certification of Physician Assistants or its equivalent or  
396 successor organization.

397 (9) AUTONOMOUS PRACTICE BY A PHYSICIAN ASSISTANT.—

398 (a) The boards shall register a physician assistant as an  
399 autonomous physician assistant if the applicant demonstrates  
400 that he or she:

401 1. Holds an active, unencumbered certificate under this  
402 section or s. 459.022.

403 2. Has not been subject to any disciplinary action as  
404 specified in this chapter or chapter 459, or any similar  
405 disciplinary action in any other jurisdiction, within the 5  
406 years immediately preceding the registration application.

407 3. Has completed, in any state, jurisdiction, or territory  
408 of the United States, at least 3,000 clinical instruction hours,  
409 which may include clinical instruction hours provided by the  
410 applicant, within the 5 years immediately preceding the  
411 registration application while practicing as a physician  
412 assistant under the supervision of an allopathic or osteopathic  
413 physician who held an active, unencumbered license issued by any  
414 state, jurisdiction, or territory of the United States during  
415 the period of such supervision. For purposes of this  
416 subparagraph, the term "clinical instruction" means education  
417 provided by faculty in a clinical setting in a graduate program  
418 leading to a master's or doctorate degree in physician assistant  
419 practice.

420 4. Has completed a graduate-level course in pharmacology  
421 and differential diagnosis.

422 (b) An autonomous physician assistant who is registered  
423 under this section must notify the department within 30 days  
424 after leaving a supervisory agreement.

425 (c) An autonomous physician assistant who is registered

426 under this section may:

427 1. Engage in autonomous practice in primary care practice,  
428 including internal medicine, pediatrics, family medicine,  
429 general internal medicine, geriatrics, general obstetrics, and  
430 gynecology practices.

431 2. Order, prescribe, and dispense medications including  
432 those medications listed on the formulary established in  
433 paragraph (4) (f).

434 3. Provide a signature, certification, stamp,  
435 verification, affidavit, or other endorsement that is otherwise  
436 required by law to be provided by a physician.

437 4. For a patient who requires the services of a health  
438 care facility, as defined in s. 408.032:

439 a. Admit the patient to the facility.

440 b. Manage the care received by the patient in the  
441 facility.

442 c. Discharge the patient from the facility, unless  
443 prohibited by federal law or rule.

444 (d) The department shall conspicuously distinguish the  
445 license of an autonomous physician assistant who is registered  
446 under this section and include the registration in the physician  
447 assistant's practitioner profile created under s. 456.041.

448 (e) When engaging in autonomous practice, an autonomous  
449 physician assistant registered under this section must provide  
450 information in writing to a new patient about his or her

451 qualifications and the nature of autonomous practice before or  
452 during the initial patient encounter.

453 (f)1. An autonomous physician assistant registered under  
454 this section must, by one of the following methods, demonstrate  
455 to the satisfaction of the boards and the department financial  
456 responsibility to pay claims and costs ancillary thereto arising  
457 out of the rendering of, or the failure to render, nursing care,  
458 treatment, or services:

459 a. Obtaining and maintaining professional liability  
460 coverage in an amount not less than \$100,000 per claim, with a  
461 minimum annual aggregate of not less than \$300,000, from an  
462 authorized insurer as defined in s. 624.09, from a surplus lines  
463 insurer as defined in s. 626.914(2), from a risk retention group  
464 as defined in s. 627.942, from the Joint Underwriting  
465 Association established under s. 627.351(4), or through a plan  
466 of self-insurance as provided in s. 627.357; or

467 b. Obtaining and maintaining an unexpired, irrevocable  
468 letter of credit, established pursuant to chapter 675, in an  
469 amount of not less than \$100,000 per claim, with a minimum  
470 aggregate availability of credit of not less than \$300,000. The  
471 letter of credit must be payable to the autonomous physician  
472 assistant as beneficiary upon presentment of a final judgment  
473 indicating liability and awarding damages to be paid by the  
474 autonomous physician assistant or upon presentment of a  
475 settlement agreement signed by all parties to such agreement

476 when such final judgment or settlement is a result of a claim  
477 arising out of the rendering of, or the failure to render,  
478 services.

479 2. The requirements of subparagraph 1. do not apply to:

480 a. An autonomous physician assistant registered under this  
481 section who practices exclusively as an officer, employee, or  
482 agent of the Federal Government or of the state or its agencies  
483 or its subdivisions.

484 b. A physician assistant whose registration under this  
485 section has become inactive and who is not practicing as an  
486 autonomous physician assistant registered under this section in  
487 this state.

488 c. An autonomous physician assistant registered under this  
489 section who practices only in conjunction with his or her  
490 teaching duties at an accredited school or its main teaching  
491 hospitals. Such practice is limited to that which is incidental  
492 to and a necessary part of duties in connection with the  
493 teaching position.

494 d. An autonomous physician assistant who holds an active  
495 registration under this section but who is not engaged in  
496 autonomous practice as authorized under this section in this  
497 state. If such person initiates or resumes any practice as an  
498 autonomous physician assistant, he or she must notify the  
499 department of such activity and fulfill the professional  
500 liability coverage requirements of subparagraph 1.

501           (g) An autonomous physician assistant registered under  
 502 this section may directly bill and receive payment from public  
 503 and private insurance companies.

504           (h)~~(f)~~ The Board of Medicine may impose any of the  
 505 penalties authorized under ss. 456.072 and 458.331(2) upon a  
 506 physician assistant if the physician assistant or the  
 507 supervising physician has been found guilty of or is being  
 508 investigated for any act that constitutes a violation of this  
 509 chapter or chapter 456.

510           (i)~~(g)~~ An application or other documentation required for  
 511 submission to be submitted to the department under subsection  
 512 (7), subsection (8), or this subsection may be submitted  
 513 electronically.

514           (15)~~(13)~~ RULES.—The boards shall adopt rules to implement  
 515 this section, including rules detailing the contents of the  
 516 application for licensure and notification pursuant to  
 517 subsection (6) ~~(7)~~ and rules to ensure both the continued  
 518 competency of physician assistants and the proper utilization of  
 519 them by physicians or groups of physicians.

520           Section 2. Paragraphs (f) and (g) of subsection (4) of  
 521 section 459.022, Florida Statutes, are redesignated as  
 522 paragraphs (g) and (h), respectively, subsections (6) and (7)  
 523 are renumbered as subsections (5) and (6), respectively,  
 524 subsections (8) through (17) are renumbered as subsections (10)  
 525 through (19), respectively, subsections (1), (2), and (3),

526 paragraph (e) of subsection (4), and present subsections (5),  
527 (6), (7), and (13) are amended, new paragraph (f) and paragraphs  
528 (i) and (j) are added to subsection (4), and new subsections (8)  
529 and (9) are added to that section, to read:

530 459.022 Physician assistants.—

531 (1) LEGISLATIVE INTENT.—

532 ~~(a)~~ The purpose of this section is to authorize physician  
533 assistants, with their education, training, and experience in  
534 the field of medicine, to practice medicine in collaboration  
535 with physicians and other health care providers to provide  
536 increased efficiency and to ensure high-quality medical services  
537 are available at a reasonable cost ~~encourage more effective~~  
538 ~~utilization of the skills of osteopathic physicians or groups of~~  
539 ~~osteopathic physicians by enabling them to delegate health care~~  
540 ~~tasks to qualified assistants when such delegation is consistent~~  
541 ~~with the patient's health and welfare.~~

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

547 ~~(c)~~ ~~The purpose of this section is to encourage the~~  
548 ~~utilization of physician assistants by osteopathic physicians~~  
549 ~~and to allow for innovative development of programs for the~~  
550 ~~education of physician assistants.~~

551 (2) DEFINITIONS.—As used in this section:

552 (a) "Approved program" means a physician assistant program  
553 in the United States, or any possession or territory thereof,  
554 accredited by the Accreditation Review Commission on Education  
555 for the Physician Assistant, Inc., or, before 2001, its  
556 equivalent or predecessor organization; the Committee on Allied  
557 Health Education and Accreditation; or the Commission on  
558 Accreditation of Allied Health Education Programs ~~formally~~  
559 ~~approved by the boards, for the education of physician~~  
560 ~~assistants.~~

561 (b) "Autonomous physician assistant" means a physician  
562 assistant practicing in primary care who collaborates with,  
563 consults with, or refers to a physician or other appropriate  
564 healthcare practitioner as determined by the patient's  
565 condition; the education, training, and experience of the  
566 physician assistant; and the standard of care.

567 (c) ~~(b)~~ "Boards" means the Board of Medicine and the Board  
568 of Osteopathic Medicine.

569 (d) ~~(a)~~ "Continuing medical education" means courses  
570 recognized and approved by the boards, the American Academy of  
571 Physician Assistants, the American Medical Association, the  
572 American Osteopathic Association, or the Accreditation Council  
573 on Continuing Medical Education.

574 (e) ~~(c)~~ "Council" means the Council on Physician  
575 Assistants.

576        (f) "National certification" defined as a graduation  
577 examination approved by the boards, including, but not limited  
578 to, those examinations administered by the National Commission  
579 on Certification of Physician Assistants or its equivalent or  
580 successor organization.

581        (g) ~~(e)~~ "Physician assistant" means a person who is  
582 licensed under this chapter or chapter 458. A physician  
583 assistant is a medical professional qualified by academic and  
584 clinical training to provide patient services including, but not  
585 limited to, the diagnoses of illnesses, development and  
586 management of treatment plans, performance of medical  
587 procedures, and prescribing and dispensing of medications in  
588 collaboration with physicians and other health care  
589 practitioners ~~a graduate of an approved program or its~~  
590 ~~equivalent or meets standards approved by the boards and is~~  
591 ~~licensed to perform medical services delegated by the~~  
592 ~~supervising physician.~~

593        (h) ~~(f)~~ "Supervision" means responsible supervision and  
594 control. Except in cases of emergency, supervision requires the  
595 easy availability or physical presence of the licensed physician  
596 for consultation and direction of the actions of the physician  
597 assistant. For the purposes of this definition, the term "easy  
598 availability" includes the ability to communicate by way of  
599 telecommunication. The boards shall establish rules as to what  
600 constitutes responsible supervision of the physician assistant.

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

605 (i)~~(d)~~ "Trainee" means a person who is currently enrolled  
606 in an approved program.

607 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician  
608 or group of physicians supervising a licensed physician  
609 assistant must be qualified in the medical areas in which the  
610 physician assistant is to perform and shall be individually or  
611 collectively responsible and liable for the performance and the  
612 acts and omissions of the physician assistant. ~~A physician may~~  
613 ~~not supervise more than four currently licensed physician~~  
614 ~~assistants at any one time. A physician supervising a physician~~  
615 ~~assistant pursuant to this section may not be required to review~~  
616 ~~and cosign charts or medical records prepared by such physician~~  
617 ~~assistant.~~

618 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

619 (e) A supervising physician may delegate to a fully  
620 licensed physician assistant the authority to prescribe or  
621 dispense any medication used in the supervising physician's  
622 practice unless such medication is listed on the formulary  
623 created pursuant to s. 458.347. A fully licensed physician  
624 assistant may only prescribe or dispense such medication under  
625 the following circumstances:

626 1. A physician assistant must clearly identify to the  
627 patient that she or he is a physician assistant and must inform  
628 the patient that the patient has the right to see the physician  
629 before a prescription is prescribed or dispensed by the  
630 physician assistant.

631 2. The supervising physician must notify the department of  
632 her or his intent to delegate, on a department-approved form,  
633 before delegating such authority and of any change in  
634 prescriptive privileges of the physician assistant. Authority to  
635 dispense may be delegated only by a supervising physician who is  
636 registered as a dispensing practitioner in compliance with s.  
637 465.0276.

638 3. The physician assistant must complete a minimum of 10  
639 continuing medical education hours in the specialty practice in  
640 which the physician assistant has prescriptive privileges with  
641 each licensure renewal. Three of the 10 hours must consist of a  
642 continuing education course on the safe and effective  
643 prescribing of controlled substance medications.

644 4. The department may issue a prescriber number to the  
645 physician assistant granting authority for the prescribing of  
646 medicinal drugs authorized within this paragraph upon completion  
647 of the requirements of this paragraph. The physician assistant  
648 is not required to independently register pursuant to s.  
649 465.0276.

650 5. The prescription may be in paper or electronic form but

651 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499  
652 and must contain, in addition to the supervising physician's  
653 name, address, and telephone number, the physician assistant's  
654 prescriber number. Unless it is a drug or drug sample dispensed  
655 by the physician assistant, the prescription must be filled in a  
656 pharmacy permitted under chapter 465, and must be dispensed in  
657 that pharmacy by a pharmacist licensed under chapter 465. The  
658 inclusion of the prescriber number creates a presumption that  
659 the physician assistant is authorized to prescribe the medicinal  
660 drug and the prescription is valid.

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

663 (f)1. The council shall establish a formulary of medicinal  
664 drugs that a fully licensed physician assistant having  
665 prescribing authority under this section or s. 458.347 may not  
666 prescribe. The formulary must include general anesthetics and  
667 radiographic contrast materials and must limit the prescription  
668 of Schedule II controlled substances in s. 893.03 or 21 U.S.C.  
669 s. 812 to a 7-day supply. The formulary must also restrict the  
670 prescribing of psychiatric mental health controlled substances  
671 for children younger than 18 years of age.

672 2. In establishing the formulary, the council shall  
673 consult with a pharmacist licensed under chapter 465, but not  
674 licensed under this chapter or chapter 458, who shall be  
675 selected by the State Surgeon General.

676 3. Only the council shall add to, delete from, or modify  
677 the formulary. Any person who requests an addition, a deletion,  
678 or a modification of a medicinal drug listed on such formulary  
679 has the burden of proof to show cause why such addition,  
680 deletion, or modification should be made.

681 4. The boards shall adopt the formulary required by this  
682 paragraph, and each addition, deletion, or modification to the  
683 formulary, by rule. Notwithstanding any provision of chapter 120  
684 to the contrary, the formulary rule shall be effective 60 days  
685 after the date it is filed with the Secretary of State. Upon  
686 adoption of the formulary, the department shall mail a copy of  
687 such formulary to each fully licensed physician assistant having  
688 prescribing authority under this section or s. 458.347, and to  
689 each pharmacy licensed by the state. The boards shall establish,  
690 by rule, a fee not to exceed \$200 to fund this paragraph and  
691 paragraph (e).

692 (i) Except for a physician certification under s. 381.986,  
693 a physician assistant may provide a signature, certification,  
694 stamp, verification, affidavit, or endorsement that is otherwise  
695 required by law to be provided by a physician for the following:

- 696 1. Baker Act commitments.
- 697 2. Do-not-resuscitate orders or physician orders for the  
698 administration of life-sustaining procedures.
- 699 3. Death certificates in accordance with chapter 382.
- 700 4. School physicals.

701           5. Date of maximum medical improvement as defined in s.  
 702 440.02.

703           6. Physical, occupational, and speech therapy orders as  
 704 well as home health and durable medical equipment orders.

705           7. Pronouncement of death.

706           (j) This chapter does not prohibit a licensed physician  
 707 assistant from supervising a medical assistant as defined in  
 708 chapter 458 and this chapter.

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

712           (5)(6) PROGRAM APPROVAL.—

713           (a) The boards shall approve programs, based on  
 714 recommendations by the council, for the education and training  
 715 of physician assistants which meet standards established by rule  
 716 of the boards. The council may recommend only those physician  
 717 assistant programs that hold full accreditation or provisional  
 718 accreditation from the Accreditation Review Commission on  
 719 Education for the Physician Assistant, Inc., Commission on  
 720 Accreditation of Allied Health Programs or, before 2001, its  
 721 equivalent or predecessor ~~successor~~ organization.

722           (b) Notwithstanding any other provision of law, a  
 723 physician assistant trainee may perform medical services when  
 724 such services are rendered within the scope of an approved  
 725 physician assistant program ~~The boards shall adopt and publish~~

726 ~~standards to ensure that such programs operate in a manner that~~  
727 ~~does not endanger the health or welfare of the patients who~~  
728 ~~receive services within the scope of the programs. The boards~~  
729 ~~shall review the quality of the curricula, faculties, and~~  
730 ~~facilities of such programs and take whatever other action is~~  
731 ~~necessary to determine that the purposes of this section are~~  
732 ~~being met.~~

733 (6)(7) PHYSICIAN ASSISTANT LICENSURE.—

734 (a) Any person desiring to be licensed as a physician  
735 assistant must apply to the department. The department shall  
736 ~~issue a license~~ each applicant recommended to any person  
737 ~~certified~~ by the council as having met all of the following  
738 requirements:

739 1. Is at least 18 years of age.

740 2. Has graduated from an approved program.

741 a. For an applicant who graduated after December 31, 2020,  
742 has received a master's degree in accordance with the  
743 Accreditation Review Commission on Education for the Physician  
744 Assistant, Inc., or, before 2001, its equivalent or predecessor  
745 organization.

746 b. For an applicant who graduated before December 31,  
747 2020, has received a baccalaureate or master's degree from an  
748 approved program.

749 c. For an applicant who graduated before July 1, 1994, has  
750 graduated from an approved program of instruction in primary

751 health care or surgery.

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

755 ~~3.2.~~ Has obtained a passing ~~satisfactorily passed a~~  
756 ~~proficiency examination by an acceptable score,~~ as established  
757 by the National Commission on Certification of Physician  
758 Assistants or its equivalent or successor organization, and has  
759 been nationally certified. If an applicant does not hold a  
760 current certificate issued by the National Commission on  
761 Certification of Physician Assistants or its equivalent or  
762 successor organization and has not actively practiced as a  
763 physician assistant within the immediately preceding 4 years,  
764 the applicant must retake and successfully complete the entry-  
765 level examination of the National Commission on Certification of  
766 Physician Assistants or its equivalent or successor organization  
767 to be eligible for licensure.

768 ~~4.3.~~ Has completed the application form and remitted an  
769 application fee not to exceed \$300 as set by the boards. An  
770 application for licensure ~~made by a physician assistant~~ must  
771 include:

772 a. A diploma from an approved ~~certificate of completion of~~  
773 ~~a physician assistant training program specified in subsection~~  
774 ~~(6).~~

775 b. Acknowledgment of any prior felony convictions.

776 c. Acknowledgment of any previous revocation or denial of  
777 licensure or certification in any state.

778 d. A copy of course transcripts and a copy of the course  
779 descriptions ~~description~~ from an approved ~~a physician assistant~~  
780 ~~training~~ program. A copy of a describing course content in  
781 pharmacotherapy course description is required for an, ~~if the~~  
782 applicant ~~wishes~~ to apply for prescribing authority. These  
783 documents must meet the evidence requirements for prescribing  
784 authority.

785 ~~(b)1. The licensure must be renewed biennially. Each~~  
786 ~~renewal must include:~~

787 a. ~~A renewal fee not to exceed \$500 as set by the boards.~~

788 b. ~~Acknowledgment of no felony convictions in the previous~~  
789 ~~2 years.~~

790 e. ~~A completed physician assistant workforce survey, which~~  
791 ~~shall be administered in the same manner as the physician survey~~  
792 ~~established in s. 459.0081 and must contain the same information~~  
793 ~~required under s. 459.0081(1) and (2).~~

794 2. ~~Beginning July 1, 2018, and every 2 years thereafter,~~  
795 ~~the department shall report the data collected from the~~  
796 ~~physician assistant workforce surveys to the boards.~~

797 3. ~~The department shall adopt rules to implement this~~  
798 ~~paragraph.~~

799 ~~(c) Each licensed physician assistant shall biennially~~  
800 ~~complete 100 hours of continuing medical education or shall hold~~

801 ~~a current certificate issued by the National Commission on~~  
802 ~~Certification of Physician Assistants.~~

803 ~~(b)(d)~~ Upon employment as a physician assistant, a  
804 licensed physician assistant must notify the department in  
805 writing within 30 days after such employment or after any  
806 subsequent changes in the supervising physician. The  
807 notification must include the full name, Florida medical license  
808 number, specialty, and address of the supervising physician.

809 (7) TEMPORARY LICENSURE.—

810 ~~(a)(e)~~ Notwithstanding subparagraph (6) (a) 3. ~~subparagraph~~  
811 ~~(a) 2.~~, the department may grant ~~to a recent graduate of an~~  
812 ~~approved program, as specified in subsection (6),~~ a temporary  
813 license to ~~expire upon receipt of scores of the proficiency~~  
814 ~~examination administered by the National Commission on~~  
815 ~~Certification of Physician Assistants. Between meetings of the~~  
816 ~~council, the department may grant a temporary license to~~  
817 practice to an applicant who has completed all licensure  
818 requirements and is awaiting the next scheduled meeting of the  
819 council. The applicant must meet all of the following criteria:

820 1. Be a recent graduate of an approved program as  
821 specified in subparagraph (6) (a) 2.

822 2. Register for the first available national certification  
823 examination administered by the National Commission on  
824 Certification of Physician Assistants or its equivalent or  
825 successor organization after the applicant's graduation.

826  
827 If the applicant becomes employed with a temporary license, he  
828 or she must comply with paragraph (b) to physician assistant  
829 applicants based on the completion of all temporary licensure  
830 requirements. All such administratively issued licenses shall be  
831 reviewed and acted on at the next regular meeting of the  
832 council. The recent graduate may be licensed prior to  
833 employment, but must comply with paragraph (d).

834 (b) The temporary license shall expire 30 days after  
835 receipt of scores of the national certification examination  
836 administered by the National Commission on Certification of  
837 Physician Assistants or its equivalent or successor  
838 organization.

839 (c) An applicant who has passed the national certification  
840 proficiency examination may be granted permanent licensure.

841 (d) An applicant who has failed failing the national  
842 certification proficiency examination is no longer holds a  
843 temporary license temporarily licensed, but may reapply for a 1-  
844 year extension of temporary licensure. The department may not  
845 grant an applicant more than one extension of temporary  
846 licensure.

847 (e) An applicant may not be granted more than two  
848 temporary licenses and may not be licensed as a physician  
849 assistant until she or he passes the national certification  
850 examination administered by the National Commission on

851 Certification of Physician Assistants or its equivalent or  
852 successor organization.

853 (f) As prescribed by board rule, the council may require  
854 an applicant who does not pass the national certification  
855 ~~licensing~~ examination after five or more attempts to complete  
856 additional remedial education or training. The council shall  
857 prescribe the additional requirements in a manner that permits  
858 the applicant to complete the requirements and be reexamined  
859 within 2 years after the date the applicant petitions the  
860 council to retake the national certification examination a sixth  
861 or subsequent time.

862 (8) LICENSURE RENEWAL.—

863 (a) The license must be renewed biennially.

864 (b) Each license renewal must include:

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

866 2. Acknowledgment of no felony convictions in the previous  
867 2 years.

868 3.a. A completed physician assistant workforce survey,  
869 which shall be administered in the same manner as the physician  
870 survey established in s. 458.3191 and must contain the same  
871 information required in s. 458.3191(1) and (2).

872 b. Effective July 1, 2018, and every 2 years thereafter,  
873 the department shall report the data collected from the  
874 physician assistant workforce surveys to the boards.

875 4.a. Proof of completion of 100 continuing medical

876 education hours or a current certificate issued by the National  
 877 Commission on Certification of Physician Assistants or its  
 878 equivalent or successor organization.

879 b. For licensed physician assistants with prescribing  
 880 privileges, proof of completion of 10 continuing medical  
 881 education hours in the specialty practice of the supervising  
 882 physician. Three of the 10 hours must consist of a continuing  
 883 medical education course on the safe and effective prescribing  
 884 of controlled substance medications which is designated by the  
 885 American Academy of Physician Assistants as a Category 1 credit.

886 5. Proof of recertification of his or her national  
 887 certification in accordance with the National Commission on  
 888 Certification of Physician Assistants or its equivalent or  
 889 successor organization.

890 (9) AUTONOMOUS PRACTICE BY A PHYSICIAN ASSISTANT.—

891 (a) The boards shall register a physician assistant as an  
 892 autonomous physician assistant if the applicant demonstrates  
 893 that he or she:

894 1. Holds an active, unencumbered certificate under this  
 895 section or s. 458.347.

896 2. Has not been subject to any disciplinary action as  
 897 specified in this chapter or chapter 458, or any similar  
 898 disciplinary action in any other jurisdiction, within the 5  
 899 years immediately preceding the registration application.

900 3. Has completed, in any state, jurisdiction, or territory

901 of the United States, at least 3,000 clinical instruction hours,  
902 which may include clinical instruction hours provided by the  
903 applicant, within the 5 years immediately preceding the  
904 registration application while practicing as a physician  
905 assistant under the supervision of an allopathic or osteopathic  
906 physician who held an active, unencumbered license issued by any  
907 state, jurisdiction, or territory of the United States during  
908 the period of such supervision. For purposes of this  
909 subparagraph, the term "clinical instruction" means education  
910 provided by faculty in a clinical setting in a graduate program  
911 leading to a master's or doctorate degree in physician assistant  
912 practice.

913 4. Has completed a graduate-level course in pharmacology  
914 and differential diagnosis.

915 (b) An autonomous physician assistant who is registered  
916 under this section must notify the department within 30 days  
917 after leaving a supervisory agreement.

918 (c) An autonomous physician assistant who is registered  
919 under this section may:

920 1. Engage in autonomous practice in primary care practice,  
921 including internal medicine, pediatrics, family medicine,  
922 general internal medicine, geriatrics, general obstetrics, and  
923 gynecology practices.

924 2. Order, prescribe, and dispense medications including  
925 those medications listed on the formulary established in

926 paragraph (4) (f).

927 3. Provide a signature, certification, stamp,  
928 verification, affidavit, or other endorsement that is otherwise  
929 required by law to be provided by a physician.

930 4. For a patient who requires the services of a health  
931 care facility, as defined in s. 408.032:

932 a. Admit the patient to the facility

933 b. Manage the care received by the patient in the  
934 facility.

935 c. Discharge the patient from the facility, unless  
936 prohibited by federal law or rule.

937 (d) The department shall conspicuously distinguish the  
938 license of an autonomous physician assistant who is registered  
939 under this section and include the registration in the physician  
940 assistant's practitioner profile created under s. 456.041.

941 (e) When engaging in autonomous practice, an autonomous  
942 physician assistant registered under this section must provide  
943 information in writing to a new patient about his or her  
944 qualifications and the nature of autonomous practice before or  
945 during the initial patient encounter.

946 (f)1. An autonomous physician assistant registered under  
947 this section must, by one of the following methods, demonstrate  
948 to the satisfaction of the board and the department financial  
949 responsibility to pay claims and costs ancillary thereto arising  
950 out of the rendering of, or the failure to render, nursing care,

951 treatment, or services:

952 a. Obtaining and maintaining professional liability  
953 coverage in an amount not less than \$100,000 per claim, with a  
954 minimum annual aggregate of not less than \$300,000, from an  
955 authorized insurer as defined in s. 624.09, from a surplus lines  
956 insurer as defined in s. 626.914(2), from a risk retention group  
957 as defined in s. 627.942, from the Joint Underwriting  
958 Association established under s. 627.351(4), or through a plan  
959 of self-insurance as provided in s. 627.357; or

960 b. Obtaining and maintaining an unexpired, irrevocable  
961 letter of credit, established pursuant to chapter 675, in an  
962 amount of not less than \$100,000 per claim, with a minimum  
963 aggregate availability of credit of not less than \$300,000. The  
964 letter of credit must be payable to the autonomous physician  
965 assistant as beneficiary upon presentment of a final judgment  
966 indicating liability and awarding damages to be paid by the  
967 autonomous physician assistant or upon presentment of a  
968 settlement agreement signed by all parties to such agreement  
969 when such final judgment or settlement is a result of a claim  
970 arising out of the rendering of, or the failure to render,  
971 services.

972 2. The requirements of subparagraph 1. do not apply to:

973 a. An autonomous physician assistant registered under this  
974 section who practices exclusively as an officer, employee, or  
975 agent of the Federal Government or of the state or its agencies

976 | or its subdivisions.

977 |       b. A physician assistant whose registration under this  
978 | section has become inactive and who is not practicing as an  
979 | autonomous physician assistant registered under this section in  
980 | this state.

981 |       c. An autonomous physician assistant registered under this  
982 | section who practices only in conjunction with his or her  
983 | teaching duties at an accredited school or its main teaching  
984 | hospitals. Such practice is limited to that which is incidental  
985 | to and a necessary part of duties in connection with the  
986 | teaching position.

987 |       d. An autonomous physician assistant who holds an active  
988 | registration under this section but who is not engaged in  
989 | autonomous practice as authorized under this section in this  
990 | state. If such person initiates or resumes any practice as an  
991 | autonomous physician assistant, he or she must notify the  
992 | department of such activity and fulfill the professional  
993 | liability coverage requirements of subparagraph 1.

994 |       (g) An autonomous physician assistant registered under  
995 | this section may directly bill and receive payment from public  
996 | and private insurance companies.

997 |       (h) ~~(f)~~ The Board of Osteopathic Medicine may impose any of  
998 | the penalties authorized under ss. 456.072 and 459.015(2) upon a  
999 | physician assistant if the physician assistant or the  
1000 | supervising physician has been found guilty of or is being

1001 investigated for any act that constitutes a violation of this  
 1002 chapter or chapter 456.

1003 (i)~~(g)~~ An application or other documentation required for  
 1004 submission to be submitted to the department under subsection  
 1005 (7), subsection (8), or this subsection may be submitted  
 1006 electronically.

1007 (15)~~(13)~~ RULES.—The boards shall adopt rules to implement  
 1008 this section, including rules detailing the contents of the  
 1009 application for licensure and notification pursuant to  
 1010 subsection (6) ~~(7)~~ and rules to ensure both the continued  
 1011 competency of physician assistants and the proper utilization of  
 1012 them by physicians or groups of physicians.

1013 Section 3. Paragraph (b) of subsection (1) of section  
 1014 744.3675, Florida Statutes, is amended to read:

1015 744.3675 Annual guardianship plan.—Each guardian of the  
 1016 person must file with the court an annual guardianship plan  
 1017 which updates information about the condition of the ward. The  
 1018 annual plan must specify the current needs of the ward and how  
 1019 those needs are proposed to be met in the coming year.

1020 (1) Each plan for an adult ward must, if applicable,  
 1021 include:

1022 (b) Information concerning the medical and mental health  
 1023 conditions and treatment and rehabilitation needs of the ward,  
 1024 including:

1025 1. A resume of any professional medical treatment given to

1026 | the ward during the preceding year.

1027 |         2. The report of a physician or an advanced practice  
 1028 | registered nurse registered under s. 464.0123 who examined the  
 1029 | ward no more than 90 days before the beginning of the applicable  
 1030 | reporting period. If the guardian has requested a physician to  
 1031 | complete the examination and prepare the report and the  
 1032 | physician has delegated that responsibility, the examination may  
 1033 | be performed and the report may be prepared and signed by a  
 1034 | physician assistant acting pursuant to s. 458.347(4)(h) or s.  
 1035 | 459.022(4)(h) ~~s. 459.022(4)(g)~~, or by an advanced practice  
 1036 | registered nurse acting pursuant to s. 464.012(3). The report  
 1037 | must contain an evaluation of the ward's condition and a  
 1038 | statement of the current level of capacity of the ward.

1039 |         3. The plan for providing medical, mental health, and  
 1040 | rehabilitative services in the coming year.

1041 |         Section 4. Paragraph (b) of subsection (1) of section  
 1042 | 893.05, Florida Statutes, is amended to read:

1043 |         893.05 Practitioners and persons administering controlled  
 1044 | substances in their absence.—

1045 |         (1)

1046 |         (b) Pursuant to s. 458.347(4)(g), s. 459.022(4)(g) ~~s.~~  
 1047 | ~~459.022(4)(f)~~, or s. 464.012(3), as applicable, a practitioner  
 1048 | who supervises a licensed physician assistant or advanced  
 1049 | practice registered nurse may authorize the licensed physician  
 1050 | assistant or advanced practice registered nurse to order

HB 431

2021

1051 | controlled substances for administration to a patient in a  
1052 | facility licensed under chapter 395 or part II of chapter 400.  
1053 |       Section 5. This act shall take effect July 1, 2021.