

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; providing physician assistant  
6           reimbursement and direct billing requirements;  
7           authorizing fully licensed physician assistants to  
8           procure medicinal drugs and medical devices under  
9           certain circumstances; providing an exception;  
10          authorizing physician assistants to authenticate  
11          certain documents for specified reasons; revising a  
12          requirement for physician assistant programs to hold  
13          specified accreditation from the Accreditation Review  
14          Commission on Education for the Physician Assistant,  
15          Inc., or its successor organization, or, if before  
16          2001, its predecessor organization; revising physician  
17          assistant licensure requirements; revising the number  
18          of physician assistants a physician may supervise at  
19          one time; restricting the prescribing of specified  
20          controlled substances for children younger than 18 to  
21          a 14-day supply under certain circumstances; removing  
22          provisions requiring physician assistants to inform  
23          patients of certain rights before prescribing or  
24          dispensing prescriptions, authorizing the issuance of  
25          physician assistant prescriber numbers, requiring the

26 adoption of certain physician assistant program  
 27 standards, and authorizing community colleges to  
 28 conduct physician assistant programs; amending ss.  
 29 744.3675 and 893.05, F.S.; conforming cross-  
 30 references; providing an effective date.

31  
 32 Be It Enacted by the Legislature of the State of Florida:

33  
 34 Section 1. Subsections (8) through (17) of section  
 35 458.347, Florida Statutes, are renumbered as subsections (7)  
 36 through (16), respectively, paragraphs (e), (f), and (g) of  
 37 present subsection (7) are redesignated as paragraphs (d), (e),  
 38 and (f), respectively, subsections (1), (2), and (3), paragraphs  
 39 (b), (e), and (f) of subsection (4), present subsections (5) and  
 40 (6), and paragraphs (a), (c), and (d) of present subsection (7)  
 41 are amended, and paragraphs (i) and (j) are added to subsection  
 42 (4) of that section, to read:

43 458.347 Physician assistants.—

44 (1) LEGISLATIVE INTENT.—

45 ~~(a)~~ The purpose of this section is to authorize physician  
 46 assistants, with their education, training, and experience in  
 47 the field of medicine, to practice medicine in collaboration  
 48 with physicians and other health care practitioners to provide  
 49 increased efficiency and to ensure high-quality medical services  
 50 are available at a reasonable cost ~~encourage more effective~~

51 ~~utilization of the skills of physicians or groups of physicians~~  
52 ~~by enabling them to delegate health care tasks to qualified~~  
53 ~~assistants when such delegation is consistent with the patient's~~  
54 ~~health and welfare.~~

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

60 ~~(c) The purpose of this section is to encourage the~~  
61 ~~utilization of physician assistants by physicians and to allow~~  
62 ~~for innovative development of programs for the education of~~  
63 ~~physician assistants.~~

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

65 (a) "Approved program" means a physician assistant program  
66 in the United States, or any possession or territory thereof,  
67 accredited by the Accreditation Review Commission on Education  
68 for the Physician Assistant, Inc., or its successor  
69 organization, or, if before 2001, its predecessor organization  
70 ~~formally approved by the boards, for the education of physician~~  
71 ~~assistants.~~

72 (b) "Boards" means the Board of Medicine and the Board of  
73 Osteopathic Medicine.

74 ~~(c) (h)~~ "Continuing medical education" means courses  
75 recognized and approved by the boards, the American Academy of

76 Physician Assistants, the American Medical Association, the  
 77 American Osteopathic Association, or the Accreditation Council  
 78 on Continuing Medical Education.

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

81 (e) "Physician assistant" means a health care professional  
 82 who meets the qualifications under this chapter or chapter 459  
 83 and is licensed to practice medicine as provided in this chapter  
 84 or chapter 459 ~~person who is a graduate of an approved program~~  
 85 ~~or its equivalent or meets standards approved by the boards and~~  
 86 ~~is licensed to perform medical services delegated by the~~  
 87 ~~supervising physician.~~

88 ~~(f)(g)~~ "Physician assistant national certifying  
 89 examination" means the Physician Assistant National Certifying  
 90 Examination ~~"Proficiency examination" means an entry-level~~  
 91 ~~examination approved by the boards, including, but not limited~~  
 92 ~~to, those examinations administered by the National Commission~~  
 93 ~~on Certification of Physician Assistants~~ or its successor  
 94 agency.

95 ~~(g)(f)~~ "Supervision" means responsible supervision and  
 96 control. Except in cases of emergency, supervision requires the  
 97 easy availability or physical presence of the licensed physician  
 98 for consultation and direction of the actions of the physician  
 99 assistant. For the purposes of this definition, the term "easy  
 100 availability" includes the ability to communicate by way of

101 telecommunication. The boards shall establish rules as to what  
102 constitutes responsible supervision of the physician assistant.

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

105 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician  
106 or group of physicians supervising a licensed physician  
107 assistant must be qualified in the medical areas in which the  
108 physician assistant is to perform and shall be individually or  
109 collectively responsible and liable for the performance and the  
110 acts and omissions of the physician assistant. A physician may  
111 not supervise more than 10 ~~four~~ currently licensed physician  
112 assistants at any one time. A physician supervising a physician  
113 assistant pursuant to this section may not be required to review  
114 and cosign charts or medical records prepared by such physician  
115 assistant.

116 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

117 (b) This chapter authorizes ~~does not prevent~~ third-party  
118 payors to reimburse ~~from reimbursing~~ employers of physician  
119 assistants for covered services rendered by licensed physician  
120 assistants. Payment for services within the physician  
121 assistant's scope of practice shall be made when ordered or  
122 performed by a physician assistant if the same service would  
123 have been covered if ordered or performed by a physician.  
124 Physician assistants are authorized to bill for and receive  
125 direct payment for the services they deliver.

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

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

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

145 3. A fully licensed ~~The~~ physician assistant may procure  
146 medicinal drugs and medical devices unless such drug is listed  
147 on the formulary established pursuant to paragraph (f) ~~must~~  
148 ~~complete a minimum of 10 continuing medical education hours in~~  
149 ~~the specialty practice in which the physician assistant has~~  
150 ~~prescriptive privileges with each licensure renewal. Three of~~

151 ~~the 10 hours must consist of a continuing education course on~~  
152 ~~the safe and effective prescribing of controlled substance~~  
153 ~~medications which is offered by a statewide professional~~  
154 ~~association of physicians in this state accredited to provide~~  
155 ~~educational activities designated for the American Medical~~  
156 ~~Association Physician's Recognition Award Category 1 credit or~~  
157 ~~designated by the American Academy of Physician Assistants as a~~  
158 ~~Category 1 credit.~~

159 ~~4. The department may issue a prescriber number to the~~  
160 ~~physician assistant granting authority for the prescribing of~~  
161 ~~medicinal drugs authorized within this paragraph upon completion~~  
162 ~~of the requirements of this paragraph. The physician assistant~~  
163 ~~is not required to independently register pursuant to s.~~  
164 ~~465.0276.~~

165 ~~4.5.~~ 4.5. The prescription may be in paper or electronic form  
166 but must comply with ss. 456.0392(1) and 456.42(1) and chapter  
167 499 and must contain, ~~in addition to~~ the supervising physician's  
168 name, address, and telephone number, ~~the physician assistant's~~  
169 ~~prescriber number~~. Unless it is a drug or drug sample dispensed  
170 by the physician assistant, the prescription must be filled in a  
171 pharmacy permitted under chapter 465 and must be dispensed in  
172 that pharmacy by a pharmacist licensed under chapter 465. ~~The~~  
173 ~~inclusion of the prescriber number creates a presumption that~~  
174 ~~the physician assistant is authorized to prescribe the medicinal~~  
175 ~~drug and the prescription is valid.~~

176        ~~5.6.~~ The physician assistant must note the prescription or  
177 dispensing of medication in the appropriate medical record.

178        (f)1. The council shall establish a formulary of medicinal  
179 drugs that a fully licensed physician assistant having  
180 prescribing authority under this section or s. 459.022 may not  
181 prescribe. The formulary must include general anesthetics and  
182 radiographic contrast materials and must limit the prescription  
183 of Schedule II controlled substances as listed in s. 893.03 to a  
184 7-day supply. The formulary must also restrict the prescribing  
185 of Schedule II psychiatric mental health controlled substances  
186 for children younger than 18 years of age to a 14-day supply,  
187 provided the physician assistant is under the supervision of a  
188 pediatrician, a family practice physician, an internal medicine  
189 physician, or a psychiatrist.

190        2. In establishing the formulary, the council shall  
191 consult with a pharmacist licensed under chapter 465, but not  
192 licensed under this chapter or chapter 459, who shall be  
193 selected by the State Surgeon General.

194        3. Only the council shall add to, delete from, or modify  
195 the formulary. Any person who requests an addition, a deletion,  
196 or a modification of a medicinal drug listed on such formulary  
197 has the burden of proof to show cause why such addition,  
198 deletion, or modification should be made.

199        4. The boards shall adopt the formulary required by this  
200 paragraph, and each addition, deletion, or modification to the



201 formulary, by rule. Notwithstanding any provision of chapter 120  
202 to the contrary, the formulary rule shall be effective 60 days  
203 after the date it is filed with the Secretary of State. Upon  
204 adoption of the formulary, the department shall mail a copy of  
205 such formulary to each fully licensed physician assistant having  
206 prescribing authority under this section or s. 459.022, and to  
207 each pharmacy licensed by the state. The boards shall establish,  
208 by rule, a fee not to exceed \$200 to fund the provisions of this  
209 paragraph and paragraph (e).

210 (i) A physician assistant may authenticate any document  
211 with his or her signature, certification, stamp, verification,  
212 affidavit, or endorsement if it may be so authenticated by the  
213 signature, certification, stamp, verification, affidavit, or  
214 endorsement of a physician, including, but not limited to, any  
215 of the following:

216 1. Initiation of an involuntary examination pursuant to s.  
217 394.463.

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

220 3. Death certificates.

221 4. School physical examinations.

222 5. Medical evaluations for workers' compensation claims,  
223 including the date of maximum medical improvement as defined in  
224 s. 440.02.

225 6. Orders for physical therapy, occupational therapy,

226 speech-language therapy, home health services, or durable  
 227 medical equipment.

228 (j) A physician assistant may supervise a medical  
 229 assistant as defined in this chapter and chapter 459.

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

233 (5)(6) PROGRAM APPROVAL.—

234 (a) The boards shall approve programs, based on  
 235 recommendations by the council, for the education and training  
 236 of physician assistants which meet standards established by rule  
 237 of the boards. The council may recommend only those physician  
 238 assistant programs that hold full accreditation or provisional  
 239 accreditation from the Accreditation Review Commission on  
 240 Education for the Physician Assistant, Inc., Commission on  
 241 ~~Accreditation of Allied Health Programs~~ or its successor  
 242 organization, or, if before 2001, its predecessor organization.  
 243 ~~Any educational institution offering a physician assistant~~  
 244 ~~program approved by the boards pursuant to this paragraph may~~  
 245 ~~also offer the physician assistant program authorized in~~  
 246 ~~paragraph (c) for unlicensed physicians.~~

247 (b) Notwithstanding any other provision of law, a trainee  
 248 may perform medical services when such services are rendered  
 249 within the scope of an approved program ~~The boards shall adopt~~  
 250 ~~and publish standards to ensure that such programs operate in a~~

251 ~~manner that does not endanger the health or welfare of the~~  
252 ~~patients who receive services within the scope of the programs.~~  
253 ~~The boards shall review the quality of the curricula, faculties,~~  
254 ~~and facilities of such programs and take whatever other action~~  
255 ~~is necessary to determine that the purposes of this section are~~  
256 ~~being met.~~

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

274 (6) ~~(7)~~ PHYSICIAN ASSISTANT LICENSURE.—

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

276 assistant must apply to the department. The department shall  
277 issue a license to any person certified by the council as having  
278 met the following requirements:

279 1. Is at least 18 years of age.

280 2. Has graduated from an approved program.

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

285 b. For an applicant who graduated before December 31,  
286 2020, has received a bachelor's or master's degree from an  
287 approved program.

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

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

294  
295 The department may also issue a license to an applicant who does  
296 not meet the educational requirements specified in this  
297 subparagraph but who passed the Physician Assistant National  
298 Certifying Examination administered by the National Commission  
299 on Certification of Physician Assistants before 1986.

300 3.2. Has ~~obtained~~ satisfactorily passed a passing

301 ~~proficiency examination by an acceptable~~ score as established by  
302 the National Commission on Certification of Physician Assistants  
303 or its successor organization and has been nationally certified.

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

312 ~~4.3.~~ Has completed the application form and remitted an  
313 application fee not to exceed \$300 as set by the boards. An  
314 application for licensure made by a physician assistant must  
315 include:

316 a. A diploma from an approved ~~certificate of completion of~~  
317 ~~a physician assistant training~~ program specified in subsection  
318 (5) ~~(6)~~.

319 b. Acknowledgment of any prior felony convictions.

320 c. Acknowledgment of any previous revocation or denial of  
321 licensure or certification in any state.

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

326 ~~meet the evidence requirements for prescribing authority.~~

327 (c) Each licensed physician assistant shall biennially  
328 complete 100 hours of continuing medical education or shall hold  
329 a current certificate issued by the National Commission on  
330 Certification of Physician Assistants or its successor  
331 organization. Three hours of the continuing medical education  
332 must consist of the safe and effective prescribing of controlled  
333 substances designated by the Florida Academy of Physician  
334 Assistants Category I credit.

335 ~~(d) Upon employment as a physician assistant, a licensed~~  
336 ~~physician assistant must notify the department in writing within~~  
337 ~~30 days after such employment or after any subsequent changes in~~  
338 ~~the supervising physician. The notification must include the~~  
339 ~~full name, Florida medical license number, specialty, and~~  
340 ~~address of the supervising physician.~~

341 Section 2. Subsections (8) through (17) of section  
342 459.022, Florida Statutes, are renumbered as subsections (7)  
343 through (16), respectively, paragraphs (f) and (g) of subsection  
344 (4) are redesignated as paragraphs (g) and (h), respectively,  
345 paragraphs (e), (f), and (g) of present subsection (7) are  
346 redesignated as paragraphs (d), (e), and (f), respectively,  
347 subsections (1), (2), and (3), paragraphs (b), (e), and (f) of  
348 subsection (4), present subsections (5) and (6), and paragraphs  
349 (a), (c), and (d) of present subsection (7) are amended, and a  
350 new paragraph (f) and paragraphs (i) and (j) are added to

351 subsection (4) of that section, to read:

352 459.022 Physician assistants.—

353 (1) LEGISLATIVE INTENT.—

354 ~~(a)~~ The purpose of this section is to authorize physician  
355 assistants, with their education, training, and experience in  
356 the field of medicine, to practice medicine in collaboration  
357 with physicians and other health care practitioners to provide  
358 increased efficiency and to ensure high-quality medical services  
359 are available at a reasonable cost ~~encourage more effective~~  
360 ~~utilization of the skills of osteopathic physicians or groups of~~  
361 ~~osteopathic physicians by enabling them to delegate health care~~  
362 ~~tasks to qualified assistants when such delegation is consistent~~  
363 ~~with the patient's health and welfare.~~

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

369 ~~(c)~~ ~~The purpose of this section is to encourage the~~  
370 ~~utilization of physician assistants by osteopathic physicians~~  
371 ~~and to allow for innovative development of programs for the~~  
372 ~~education of physician assistants.~~

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

374 (a) "Approved program" means a physician assistant program  
375 in the United States, or any possession or territory thereof,

376 accredited by the Accreditation Review Commission on Education  
 377 for the Physician Assistant, Inc., or its successor  
 378 organization, or, if before 2001, its predecessor organization  
 379 ~~formally approved by the boards, for the education of physician~~  
 380 ~~assistants.~~

381 (b) "Boards" means the Board of Medicine and the Board of  
 382 Osteopathic Medicine.

383 (c)~~(h)~~ "Continuing medical education" means courses  
 384 recognized and approved by the boards, the American Academy of  
 385 Physician Assistants, the American Medical Association, the  
 386 American Osteopathic Association, or the Accreditation Council  
 387 on Continuing Medical Education.

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

390 (e) "Physician assistant" means a health care professional  
 391 who meets the qualifications under this chapter or chapter 458  
 392 and is licensed to practice medicine as provided in this chapter  
 393 or chapter 458 ~~person who is a graduate of an approved program~~  
 394 ~~or its equivalent or meets standards approved by the boards and~~  
 395 ~~is licensed to perform medical services delegated by the~~  
 396 ~~supervising physician.~~

397 (f)~~(g)~~ "Physician assistant national certifying  
 398 examination" means the Physician Assistant National Certifying  
 399 Examination ~~"Proficiency examination" means an entry-level~~  
 400 ~~examination approved by the boards, including, but not limited~~



401 ~~to, those examinations~~ administered by the National Commission  
402 on Certification of Physician Assistants or its successor  
403 agency.

404 (g) ~~(f)~~ "Supervision" means responsible supervision and  
405 control. Except in cases of emergency, supervision requires the  
406 easy availability or physical presence of the licensed physician  
407 for consultation and direction of the actions of the physician  
408 assistant. For the purposes of this definition, the term "easy  
409 availability" includes the ability to communicate by way of  
410 telecommunication. The boards shall establish rules as to what  
411 constitutes responsible supervision of the physician assistant.

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

414 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician  
415 or group of physicians supervising a licensed physician  
416 assistant must be qualified in the medical areas in which the  
417 physician assistant is to perform and shall be individually or  
418 collectively responsible and liable for the performance and the  
419 acts and omissions of the physician assistant. A physician may  
420 not supervise more than 10 ~~four~~ currently licensed physician  
421 assistants at any one time. A physician supervising a physician  
422 assistant pursuant to this section may not be required to review  
423 and cosign charts or medical records prepared by such physician  
424 assistant.

425 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

426 (b) This chapter authorizes ~~does not prevent~~ third-party  
427 payors to reimburse ~~from reimbursing~~ employers of physician  
428 assistants for covered services rendered by licensed physician  
429 assistants. Payment for services within the physician  
430 assistant's scope of practice shall be made when ordered or  
431 performed by a physician assistant if the same service would  
432 have been covered if ordered or performed by a physician.  
433 Physician assistants are authorized to bill for and receive  
434 direct payment for the services they deliver.

435 (e) A supervising physician may delegate to a fully  
436 licensed physician assistant the authority to prescribe or  
437 dispense any medication used in the supervising physician's  
438 practice unless such medication is listed on the formulary  
439 created pursuant to s. 458.347. A fully licensed physician  
440 assistant may only prescribe or dispense such medication under  
441 the following circumstances:

442 1. A physician assistant must clearly identify to the  
443 patient that she or he is a physician assistant ~~and must inform~~  
444 ~~the patient that the patient has the right to see the physician~~  
445 ~~before a prescription is prescribed or dispensed by the~~  
446 ~~physician assistant.~~

447 2. The supervising physician must notify the department of  
448 her or his intent to delegate, on a department-approved form,  
449 before delegating such authority and of any change in  
450 prescriptive privileges of the physician assistant. Authority to

451 dispense may be delegated only by a supervising physician who is  
452 registered as a dispensing practitioner in compliance with s.  
453 465.0276.

454       3. A fully licensed ~~The physician assistant~~ may procure  
455 medicinal drugs and medical devices unless such drug is listed  
456 on the formulary established pursuant to paragraph (f) ~~must~~  
457 ~~complete a minimum of 10 continuing medical education hours in~~  
458 ~~the specialty practice in which the physician assistant has~~  
459 ~~prescriptive privileges with each licensure renewal.~~

460       4. ~~The department may issue a prescriber number to the~~  
461 ~~physician assistant granting authority for the prescribing of~~  
462 ~~medicinal drugs authorized within this paragraph upon completion~~  
463 ~~of the requirements of this paragraph. The physician assistant~~  
464 ~~is not required to independently register pursuant to s.~~  
465 ~~465.0276.~~

466       4.5. ~~The prescription may be in paper or electronic form~~  
467 ~~but must comply with ss. 456.0392(1) and 456.42(1) and chapter~~  
468 ~~499 and must contain, in addition to the supervising physician's~~  
469 ~~name, address, and telephone number, the physician assistant's~~  
470 ~~prescriber number. Unless it is a drug or drug sample dispensed~~  
471 ~~by the physician assistant, the prescription must be filled in a~~  
472 ~~pharmacy permitted under chapter 465, and must be dispensed in~~  
473 ~~that pharmacy by a pharmacist licensed under chapter 465. The~~  
474 ~~inclusion of the prescriber number creates a presumption that~~  
475 ~~the physician assistant is authorized to prescribe the medicinal~~

476 ~~drug and the prescription is valid.~~

477 ~~5.6-~~ The physician assistant must note the prescription or  
478 dispensing of medication in the appropriate medical record.

479 (f)1. The council shall establish a formulary of medicinal  
480 drugs that a fully licensed physician assistant having  
481 prescribing authority under this section or s. 458.347 may not  
482 prescribe. The formulary must include general anesthetics and  
483 radiographic contrast materials and must limit the prescription  
484 of Schedule II controlled substances as listed in s. 893.03 to a  
485 7-day supply. The formulary must also restrict the prescribing  
486 of Schedule II psychiatric mental health controlled substances  
487 for children younger than 18 years of age to a 14-day supply,  
488 provided the physician assistant is under the supervision of a  
489 pediatrician, a family practice physician, an internal medicine  
490 physician, or a psychiatrist.

491 2. In establishing the formulary, the council shall  
492 consult with a pharmacist licensed under chapter 465, but not  
493 licensed under this chapter or chapter 458, who shall be  
494 selected by the State Surgeon General.

495 3. Only the council shall add to, delete from, or modify  
496 the formulary. Any person who requests an addition, a deletion,  
497 or a modification of a medicinal drug listed on such formulary  
498 has the burden of proof to show cause why such addition,  
499 deletion, or modification should be made.

500 4. The boards shall adopt the formulary required by this

501 paragraph, and each addition, deletion, or modification to the  
502 formulary, by rule. Notwithstanding any provision of chapter 120  
503 to the contrary, the formulary rule shall be effective 60 days  
504 after the date it is filed with the Secretary of State. Upon  
505 adoption of the formulary, the department shall mail a copy of  
506 such formulary to each fully licensed physician assistant having  
507 prescribing authority under this section or s. 458.347, and to  
508 each pharmacy licensed by the state. The boards shall establish,  
509 by rule, a fee not to exceed \$200 to fund the provisions of this  
510 paragraph and paragraph (e).

511 (i) A physician assistant may authenticate any document  
512 with his or her signature, certification, stamp, verification,  
513 affidavit or endorsement if it may be so authenticated by the  
514 signature, certification, stamp, verification, affidavit or  
515 endorsement of a physician, including but not limited to, any of  
516 the following:

517 1. Initiation of an involuntary examination pursuant to s.  
518 394.463.

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

521 3. Death certificates.

522 4. School physical examinations.

523 5. Medical evaluations for workers' compensation claims,  
524 including the date of maximum medical improvement as defined in  
525 s. 440.02.

526 6. Orders for physical therapy, occupational therapy,  
 527 speech-language therapy, home health services, or durable  
 528 medical equipment.

529 (j) A physician assistant may supervise a medical  
 530 assistant as defined in this chapter and chapter 458.

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

534 ~~(5)-(6) PROGRAM APPROVAL.-~~

535 (a) The boards shall approve programs, based on  
 536 recommendations by the council, for the education and training  
 537 of physician assistants which meet standards established by rule  
 538 of the boards. The council may recommend only those physician  
 539 assistant programs that hold full accreditation or provisional  
 540 accreditation from the Accreditation Review Commission on  
 541 Education for the Physician Assistant, Inc., Commission on  
 542 Accreditation of Allied Health Programs or its successor  
 543 organization, or, if before 2001, its predecessor organization.

544 (b) Notwithstanding any other provision of law, a trainee  
 545 may perform medical services when such services are rendered  
 546 within the scope of an approved program ~~The boards shall adopt~~  
 547 ~~and publish standards to ensure that such programs operate in a~~  
 548 ~~manner that does not endanger the health or welfare of the~~  
 549 ~~patients who receive services within the scope of the programs.~~  
 550 ~~The boards shall review the quality of the curricula, faculties,~~

551 ~~and facilities of such programs and take whatever other action~~  
552 ~~is necessary to determine that the purposes of this section are~~  
553 ~~being met.~~

554 ~~(6)-(7)~~ PHYSICIAN ASSISTANT LICENSURE.—

555 (a) Any person desiring to be licensed as a physician  
556 assistant must apply to the department. The department shall  
557 issue a license to any person certified by the council as having  
558 met the following requirements:

559 1. Is at least 18 years of age.

560 2. Has graduated from an approved program.

561 a. For an applicant who graduated after December 31, 2020,  
562 has received a master's degree in accordance with the  
563 Accreditation Review Commission on Education for the Physician  
564 Assistant, Inc., or its successor organization.

565 b. For an applicant who graduated before December 31,  
566 2020, has received a bachelor's or master's degree from an  
567 approved program.

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

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

574

575 The department may also issue a license to an applicant who does

576 not meet the educational requirements specified in this  
577 subparagraph but who passed the Physician Assistant National  
578 Certifying Examination administered by the National Commission  
579 on Certification of Physician Assistants before 1986.

580 ~~3.2.~~ Has obtained a passing ~~satisfactorily passed a~~  
581 ~~proficiency examination by an acceptable~~ score as established by  
582 the National Commission on Certification of Physician Assistants  
583 or its successor organization and has been nationally certified.

584 If an applicant does not hold a current certificate issued by  
585 the National Commission on Certification of Physician Assistants  
586 or its successor organization and has not actively practiced as  
587 a physician assistant within the immediately preceding 4 years,  
588 the applicant must retake and successfully complete the entry-  
589 level examination of the National Commission on Certification of  
590 Physician Assistants or its successor organization to be  
591 eligible for licensure.

592 ~~4.3.~~ Has completed the application form and remitted an  
593 application fee not to exceed \$300 as set by the boards. An  
594 application for licensure made by a physician assistant must  
595 include:

596 a. A diploma from an approved ~~certificate of completion of~~  
597 ~~a physician assistant training~~ program specified in subsection  
598 (5) ~~(6)~~.

599 b. Acknowledgment of any prior felony convictions.

600 c. Acknowledgment of any previous revocation or denial of



601 licensure or certification in any state.

602 ~~d. A copy of course transcripts and a copy of the course~~  
603 ~~description from a physician assistant training program~~  
604 ~~describing course content in pharmacotherapy, if the applicant~~  
605 ~~wishes to apply for prescribing authority. These documents must~~  
606 ~~meet the evidence requirements for prescribing authority.~~

607 (c) Each licensed physician assistant shall biennially  
608 complete 100 hours of continuing medical education or shall hold  
609 a current certificate issued by the National Commission on  
610 Certification of Physician Assistants or its successor  
611 organization. Three hours of the continuing medical education  
612 must consist of the safe and effective prescribing of controlled  
613 substances designated by the Florida Academy of Physician  
614 Assistants Category I credit.

615 ~~(d) Upon employment as a physician assistant, a licensed~~  
616 ~~physician assistant must notify the department in writing within~~  
617 ~~30 days after such employment or after any subsequent changes in~~  
618 ~~the supervising physician. The notification must include the~~  
619 ~~full name, Florida medical license number, specialty, and~~  
620 ~~address of the supervising physician.~~

621 Section 3. Paragraph (b) of subsection (1) of section  
622 744.3675, Florida Statutes, is amended to read:

623 744.3675 Annual guardianship plan.—Each guardian of the  
624 person must file with the court an annual guardianship plan  
625 which updates information about the condition of the ward. The

626 | annual plan must specify the current needs of the ward and how  
 627 | those needs are proposed to be met in the coming year.

628 |         (1) Each plan for an adult ward must, if applicable,  
 629 | include:

630 |             (b) Information concerning the medical and mental health  
 631 | conditions and treatment and rehabilitation needs of the ward,  
 632 | including:

633 |                 1. A resume of any professional medical treatment given to  
 634 | the ward during the preceding year.

635 |                 2. The report of a physician or an advanced practice  
 636 | registered nurse registered under s. 464.0123 who examined the  
 637 | ward no more than 90 days before the beginning of the applicable  
 638 | reporting period. If the guardian has requested a physician to  
 639 | complete the examination and prepare the report and the  
 640 | physician has delegated that responsibility, the examination may  
 641 | be performed and the report may be prepared and signed by a  
 642 | physician assistant acting pursuant to s. 458.347(4)(h) or s.  
 643 | 459.022(4)(h) ~~s. 459.022(4)(g)~~, or by an advanced practice  
 644 | registered nurse acting pursuant to s. 464.012(3). The report  
 645 | must contain an evaluation of the ward's condition and a  
 646 | statement of the current level of capacity of the ward.

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

649 |         Section 4. Paragraph (b) of subsection (1) of section  
 650 | 893.05, Florida Statutes, is amended to read:

651           893.05 Practitioners and persons administering controlled  
652 substances in their absence.—

653           (1)

654           (b) Pursuant to s. 458.347(4)(g), s. 459.022(4)(g) ~~s.~~  
655 ~~459.022(4)(f)~~, or s. 464.012(3), as applicable, a practitioner  
656 who supervises a licensed physician assistant or advanced  
657 practice registered nurse may authorize the licensed physician  
658 assistant or advanced practice registered nurse to order  
659 controlled substances for administration to a patient in a  
660 facility licensed under chapter 395 or part II of chapter 400.

661           Section 5. This act shall take effect July 1, 2021.