

1 A bill to be entitled
2 An act relating to physician assistants; amending ss.
3 458.347 and 459.022, F.S.; revising legislative
4 intent; defining and redefining terms; revising a
5 limitation on the number of physician assistants a
6 physician may supervise at one time; deleting a
7 requirement that a physician assistant inform his or
8 her patients that they have the right to see a
9 physician before the physician assistant prescribes or
10 dispenses a prescription; authorizing physician
11 assistants to procure drugs and medical devices;
12 providing an exception; conforming provisions to
13 changes made by the act; revising requirements for a
14 certain formulary; authorizing physician assistants to
15 authenticate documents that may be authenticated by a
16 physician; providing exceptions; authorizing physician
17 assistants to supervise medical assistants;
18 authorizing third-party payors to reimburse employers
19 of physician assistants for services rendered;
20 providing requirements for such payment for services;
21 authorizing physician assistants to bill for and
22 receive direct payment for services they deliver;
23 revising provisions relating to approved programs for
24 physician assistants; revising provisions relating to
25 physician assistant licensure requirements; amending

26 ss. 382.008, 394.463, and 401.45, F.S.; conforming
27 provisions relating to certificates of death,
28 certificates for involuntary examinations, and orders
29 not to resuscitate, respectively, to changes made by
30 the act; providing an effective date.

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

33
34 Section 1. Subsections (1) through (6), paragraphs (a),
35 (d), and (e) of subsection (7), and subsection (13) of section
36 458.347, Florida Statutes, are amended to read:

37 458.347 Physician assistants.—

38 (1) LEGISLATIVE INTENT.—

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

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

51 | ~~been trained or is experienced.~~

52 | ~~(c) The purpose of this section is to encourage the~~
53 | ~~utilization of physician assistants by physicians and to allow~~
54 | ~~for innovative development of programs for the education of~~
55 | ~~physician assistants.~~

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

57 | (a) "Approved program" means a physician assistant program
58 | in the United States or in its territories or possessions which
59 | is accredited by the Accreditation Review Commission on
60 | Education for the Physician Assistant or, for programs before
61 | 2001, accredited by its equivalent or predecessor entities the
62 | Committee on Allied Health Education and Accreditation or the
63 | Commission on Accreditation of Allied Health Education Programs
64 | ~~program,~~ formally approved by the boards, for the education of
65 | physician assistants.

66 | (b) "Boards" means the Board of Medicine and the Board of
67 | Osteopathic Medicine.

68 | ~~(d)(e)~~ "Council" means the Council on Physician
69 | Assistants.

70 | ~~(h)(d)~~ "Trainee" means a person who is currently enrolled
71 | in an approved program.

72 | (e) "Physician assistant" means a person who is a graduate
73 | of an approved program or its equivalent or meets standards
74 | approved by the boards and is licensed to perform medical
75 | services delegated by the supervising physician.

76 (f) "Physician assistant national certifying examination"
 77 means the Physician Assistant National Certifying Examination
 78 administered by the National Commission on Certification of
 79 Physician Assistants or its successor agency.

80 (g) "Supervision" means responsible supervision and
 81 control. Except in cases of emergency, supervision requires the
 82 easy availability or physical presence of the licensed physician
 83 for consultation and direction of the actions of the physician
 84 assistant. For the purposes of this definition, the term "easy
 85 availability" includes the ability to communicate by way of
 86 telecommunication. The boards shall establish rules as to what
 87 constitutes responsible supervision of the physician assistant.

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

92 (c) ~~(h)~~ "Continuing medical education" means courses
 93 recognized and approved by the boards, the American Academy of
 94 Physician Assistants, the American Medical Association, the
 95 American Osteopathic Association, or the Accreditation Council
 96 on Continuing Medical Education.

97 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician
 98 or group of physicians supervising a licensed physician
 99 assistant must be qualified in the medical areas in which the
 100 physician assistant is to perform and shall be individually or

101 collectively responsible and liable for the performance and the
102 acts and omissions of the physician assistant. A physician may
103 not supervise more than 10 ~~four~~ currently licensed physician
104 assistants at any one time. A physician supervising a physician
105 assistant pursuant to this section may not be required to review
106 and cosign charts or medical records prepared by such physician
107 assistant.

108 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

109 (a) The boards shall adopt, by rule, the general
110 principles that supervising physicians must use in developing
111 the scope of practice of a physician assistant under direct
112 supervision and under indirect supervision. These principles
113 shall recognize the diversity of both specialty and practice
114 settings in which physician assistants are used.

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

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

121 (d) A supervisory physician may delegate to a licensed
122 physician assistant, pursuant to a written protocol, the
123 authority to act according to s. 154.04(1)(c). Such delegated
124 authority is limited to the supervising physician's practice in
125 connection with a county health department as defined and

126 established pursuant to chapter 154. The boards shall adopt
 127 rules governing the supervision of physician assistants by
 128 physicians in county health departments.

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

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

141 2. The supervising physician must notify the department of
 142 his or her intent to delegate, on a department-approved form,
 143 before delegating such authority and of any change in
 144 prescriptive privileges of the physician assistant. Authority to
 145 dispense may be delegated only by a supervising physician who is
 146 registered as a dispensing practitioner in compliance with s.
 147 465.0276.

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

151 4. The physician assistant must complete a minimum of 10
152 continuing medical education hours in the specialty practice in
153 which the physician assistant has prescriptive privileges with
154 each licensure renewal. Three of the 10 hours must consist of a
155 continuing education course on the safe and effective
156 prescribing of controlled substance medications which is offered
157 by a statewide professional association of physicians in this
158 state accredited to provide educational activities designated
159 for the American Medical Association Physician's Recognition
160 Award Category 1 credit, ~~or~~ designated by the American Academy
161 of Physician Assistants as a Category 1 credit, or designated by
162 the American Osteopathic Association as a Category 1-A credit.

163 ~~4. The department may issue a prescriber number to the~~
164 ~~physician assistant granting authority for the prescribing of~~
165 ~~medicinal drugs authorized within this paragraph upon completion~~
166 ~~of the requirements of this paragraph. The physician assistant~~
167 ~~is not required to independently register pursuant to s.~~
168 ~~465.0276.~~

169 5. The prescription may be in paper or electronic form but
170 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499
171 and must contain the physician assistant's, ~~in addition to the~~
172 ~~supervising physician's~~ name, address, and telephone number and
173 the name of each of his or her supervising physicians, ~~the~~
174 ~~physician assistant's prescriber number~~. Unless it is a drug or
175 drug sample dispensed by the physician assistant, the

176 prescription must be filled in a pharmacy permitted under
177 chapter 465 and must be dispensed in that pharmacy by a
178 pharmacist licensed under chapter 465. ~~The inclusion of the~~
179 ~~prescriber number creates a presumption that the physician~~
180 ~~assistant is authorized to prescribe the medicinal drug and the~~
181 ~~prescription is valid.~~

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

184 (f)1. The council shall establish a formulary of medicinal
185 drugs that a fully licensed physician assistant having
186 prescribing authority under this section or s. 459.022 may not
187 prescribe. The formulary must include general anesthetics and
188 radiographic contrast materials and must limit the prescription
189 of Schedule II controlled substances as listed in s. 893.03 to a
190 7-day supply. The formulary must also restrict the prescribing
191 of Schedule II psychiatric mental health controlled substances
192 for children younger than 18 years of age to a 14-day supply,
193 provided the physician assistant is under the supervision of a
194 pediatrician, a family practice physician, an internal medicine
195 physician, or a psychiatrist.

196 2. In establishing the formulary, the council shall
197 consult with a pharmacist licensed under chapter 465, but not
198 licensed under this chapter or chapter 459, who shall be
199 selected by the State Surgeon General.

200 3. Only the council shall add to, delete from, or modify

201 the formulary. Any person who requests an addition, a deletion,
202 or a modification of a medicinal drug listed on such formulary
203 has the burden of proof to show cause why such addition,
204 deletion, or modification should be made.

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

216 (g) A supervisory physician may delegate to a licensed
217 physician assistant the authority to, and the licensed physician
218 assistant acting under the direction of the supervisory
219 physician may, order any medication for administration to the
220 supervisory physician's patient in a facility licensed under
221 chapter 395 or part II of chapter 400, notwithstanding any
222 provisions in chapter 465 or chapter 893 which may prohibit this
223 delegation.

224 (h) A licensed physician assistant may perform services
225 delegated by the supervising physician in the physician

226 assistant's practice in accordance with his or her education and
227 training unless expressly prohibited under this chapter, chapter
228 459, or rules adopted under this chapter or chapter 459.

229 (i) Except for a physician certification under s. 381.986,
230 a physician assistant may authenticate any document with his or
231 her signature, certification, stamp, verification, affidavit, or
232 endorsement if such document may be so authenticated by the
233 signature, certification, stamp, verification, affidavit, or
234 endorsement of a physician, except those required for s.
235 381.986. Such documents include, but are not limited to, any of
236 the following:

237 1. Initiation of an involuntary examination pursuant to s.
238 394.463.

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

241 3. Death certificates.

242 4. School physical examinations.

243 5. Medical examinations for workers' compensation claims,
244 except medical examinations required for the evaluation and
245 assignment of the claimant's date of maximum medical improvement
246 as defined in s. 440.02 and for the impairment rating, if any,
247 under s. 440.15.

248 6. Orders for physical therapy, occupational therapy,
249 speech-language therapy, home health services, or durable
250 medical equipment.

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

253 (k) This chapter authorizes third-party payors to
254 reimburse employers of physician assistants for covered services
255 rendered by licensed physician assistants. Payment for services
256 within the physician assistant's scope of practice must be made
257 when ordered or performed by a physician assistant if the same
258 service would have been covered if ordered or performed by a
259 physician. Physician assistants are authorized to bill for and
260 receive direct payment for the services they deliver.

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

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

265 (a) The boards shall approve programs, based on
266 recommendations by the council, for the education and training
267 of physician assistants which meet standards established by rule
268 of the boards. The council may recommend only those physician
269 assistant programs that hold full accreditation or provisional
270 accreditation from the Accreditation Review Commission on
271 Education for the Physician Assistant or its successor entity
272 or, before 2001, from the Committee on Allied Health Education
273 and Accreditation or the Commission on Accreditation of Allied
274 Health Programs or its successor organization. Any educational
275 institution offering a physician assistant program approved by

276 | ~~the boards pursuant to this paragraph may also offer the~~
277 | ~~physician assistant program authorized in paragraph (c) for~~
278 | ~~unlicensed physicians.~~

279 | (b) Notwithstanding any other law, a trainee may perform
280 | medical services when such services are rendered within the
281 | scope of an approved program ~~The boards shall adopt and publish~~
282 | ~~standards to ensure that such programs operate in a manner that~~
283 | ~~does not endanger the health or welfare of the patients who~~
284 | ~~receive services within the scope of the programs. The boards~~
285 | ~~shall review the quality of the curricula, faculties, and~~
286 | ~~facilities of such programs and take whatever other action is~~
287 | ~~necessary to determine that the purposes of this section are~~
288 | ~~being met.~~

289 | (c) ~~Any community college with the approval of the State~~
290 | ~~Board of Education may conduct a physician assistant program~~
291 | ~~which shall apply for national accreditation through the~~
292 | ~~American Medical Association's Committee on Allied Health,~~
293 | ~~Education, and Accreditation, or its successor organization, and~~
294 | ~~which may admit unlicensed physicians, as authorized in~~
295 | ~~subsection (7), who are graduates of foreign medical schools~~
296 | ~~listed with the World Health Organization. The unlicensed~~
297 | ~~physician must have been a resident of this state for a minimum~~
298 | ~~of 12 months immediately prior to admission to the program. An~~
299 | ~~evaluation of knowledge base by examination shall be required to~~
300 | ~~grant advanced academic credit and to fulfill the necessary~~

301 ~~requirements to graduate. A minimum of one 16-week semester of~~
302 ~~supervised clinical and didactic education, which may be~~
303 ~~completed simultaneously, shall be required before graduation~~
304 ~~from the program. All other provisions of this section shall~~
305 ~~remain in effect.~~

306 (6) ~~(7)~~ PHYSICIAN ASSISTANT LICENSURE.—

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

311 1. Is at least 18 years of age.

312 2. Has graduated from an approved program.

313 a. For an applicant who graduated after December 31, 2020,
314 has received a master's degree in accordance with the
315 Accreditation Review Commission on Education for the Physician
316 Assistant or, before 2001, its equivalent or predecessor
317 organization.

318 b. For an applicant who graduated on or before December
319 31, 2020, has received a bachelor's or master's degree from an
320 approved program.

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

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

326 boards.

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

332 3. Has obtained a passing score as ~~satisfactorily passed a~~
333 ~~proficiency examination by an acceptable score~~ established by
334 the National Commission on Certification of Physician Assistants
335 or its equivalent or successor organization and has been
336 nationally certified. If an applicant does not hold a current
337 certificate issued by the National Commission on Certification
338 of Physician Assistants or its equivalent or successor
339 organization and has not actively practiced as a physician
340 assistant within the immediately preceding 4 years, the
341 applicant must retake and successfully complete the entry-level
342 examination of the National Commission on Certification of
343 Physician Assistants or its equivalent or successor organization
344 to be eligible for licensure.

345 ~~4.3.~~ Has completed the application form and remitted an
346 application fee not to exceed \$300 as set by the boards. An
347 application for licensure as ~~made by~~ a physician assistant must
348 include:

349 a. A diploma from an approved ~~certificate of completion of~~
350 ~~a physician assistant training program specified in subsection~~

351 ~~(6).~~

352 b. Acknowledgment of any prior felony convictions.

353 c. Acknowledgment of any previous revocation or denial of
354 licensure or certification in any state.

355 ~~d. A copy of course transcripts and a copy of the course~~
356 ~~description from a physician assistant training program~~
357 ~~describing course content in pharmacotherapy, if the applicant~~
358 ~~wishes to apply for prescribing authority. These documents must~~
359 ~~meet the evidence requirements for prescribing authority.~~

360 ~~(d) Upon employment as a physician assistant, a licensed~~
361 ~~physician assistant must notify the department in writing within~~
362 ~~30 days after such employment or after any subsequent changes in~~
363 ~~the supervising physician. The notification must include the~~
364 ~~full name, Florida medical license number, specialty, and~~
365 ~~address of the supervising physician.~~

366 (d) ~~(e)~~ Notwithstanding subparagraph (a)2., the department
367 may grant to a recent graduate of an approved program, as
368 specified in subsection (5) ~~(6)~~, who expects to take the first
369 examination administered by the National Commission on
370 Certification of Physician Assistants available for registration
371 after the applicant's graduation, a temporary license. The
372 temporary license shall expire 30 days after receipt of scores
373 of the proficiency examination administered by the National
374 Commission on Certification of Physician Assistants. Between
375 meetings of the council, the department may grant a temporary

376 license to practice based on the completion of all temporary
377 licensure requirements. All such administratively issued
378 licenses shall be reviewed and acted on at the next regular
379 meeting of the council. The recent graduate may be licensed
380 before employment ~~but must comply with paragraph (d)~~. An
381 applicant who has passed the proficiency examination may be
382 granted permanent licensure. An applicant failing the
383 proficiency examination is no longer temporarily licensed but
384 may reapply for a 1-year extension of temporary licensure. An
385 applicant may not be granted more than two temporary licenses
386 and may not be licensed as a physician assistant until he or she
387 passes the examination administered by the National Commission
388 on Certification of Physician Assistants. As prescribed by board
389 rule, the council may require an applicant who does not pass the
390 licensing examination after five or more attempts to complete
391 additional remedial education or training. The council shall
392 prescribe the additional requirements in a manner that permits
393 the applicant to complete the requirements and be reexamined
394 within 2 years after the date the applicant petitions the
395 council to retake the examination a sixth or subsequent time.

396 (12) ~~(13)~~ RULES.—The boards shall adopt rules to implement
397 this section, including rules detailing the contents of the
398 application for licensure and notification pursuant to
399 subsection (6) ~~(7)~~ and rules to ensure both the continued
400 competency of physician assistants and the proper utilization of

401 them by physicians or groups of physicians.

402 Section 2. Subsections (1) through (6), paragraphs (a),
403 (d), and (e) of subsection (7), and subsection (13) of section
404 459.022, Florida Statutes, are amended to read:

405 459.022 Physician assistants.—

406 (1) LEGISLATIVE INTENT.—

407 ~~(a)~~ The purpose of this section is to authorize physician
408 assistants, with their education, training, and experience in
409 the field of medicine, to provide increased efficiency of and
410 access to high-quality medical services at a reasonable cost to
411 consumers ~~encourage more effective utilization of the skills of~~
412 ~~osteopathic physicians or groups of osteopathic physicians by~~
413 ~~enabling them to delegate health care tasks to qualified~~
414 ~~assistants when such delegation is consistent with the patient's~~
415 ~~health and welfare.~~

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

421 ~~(c)~~ ~~The purpose of this section is to encourage the~~
422 ~~utilization of physician assistants by osteopathic physicians~~
423 ~~and to allow for innovative development of programs for the~~
424 ~~education of physician assistants.~~

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

426 (a) "Approved program" means a physician assistant program
 427 in the United States or in its territories or possessions which
 428 is accredited by the Accreditation Review Commission on
 429 Education for the Physician Assistant or, for programs before
 430 2001, accredited by its equivalent or predecessor entities the
 431 Committee on Allied Health Education and Accreditation or the
 432 Commission on Accreditation of Allied Health Education Programs
 433 ~~program,~~ formally approved by the boards~~,~~ for the education of
 434 physician assistants.

435 (b) "Boards" means the Board of Medicine and the Board of
 436 Osteopathic Medicine.

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

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

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

445 (f) "Physician assistant national certifying examination"
 446 means the Physician Assistant National Certifying Examination
 447 administered by the National Commission on Certification of
 448 Physician Assistants or its successor agency.

449 (g) "Supervision" means responsible supervision and
 450 control. Except in cases of emergency, supervision requires the

451 easy availability or physical presence of the licensed physician
452 for consultation and direction of the actions of the physician
453 assistant. For the purposes of this definition, the term "easy
454 availability" includes the ability to communicate by way of
455 telecommunication. The boards shall establish rules as to what
456 constitutes responsible supervision of the physician assistant.

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

461 (c) ~~(h)~~ "Continuing medical education" means courses
462 recognized and approved by the boards, the American Academy of
463 Physician Assistants, the American Medical Association, the
464 American Osteopathic Association, or the Accreditation Council
465 on Continuing Medical Education.

466 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician
467 or group of physicians supervising a licensed physician
468 assistant must be qualified in the medical areas in which the
469 physician assistant is to perform and shall be individually or
470 collectively responsible and liable for the performance and the
471 acts and omissions of the physician assistant. A physician may
472 not supervise more than 10 ~~four~~ currently licensed physician
473 assistants at any one time. A physician supervising a physician
474 assistant pursuant to this section may not be required to review
475 and cosign charts or medical records prepared by such physician

476 | assistant.

477 | (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

478 | (a) The boards shall adopt, by rule, the general
479 | principles that supervising physicians must use in developing
480 | the scope of practice of a physician assistant under direct
481 | supervision and under indirect supervision. These principles
482 | shall recognize the diversity of both specialty and practice
483 | settings in which physician assistants are used.

484 | (b) This chapter does not prevent third-party payors from
485 | reimbursing employers of physician assistants for covered
486 | services rendered by licensed physician assistants.

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

490 | (d) A supervisory physician may delegate to a licensed
491 | physician assistant, pursuant to a written protocol, the
492 | authority to act according to s. 154.04(1)(c). Such delegated
493 | authority is limited to the supervising physician's practice in
494 | connection with a county health department as defined and
495 | established pursuant to chapter 154. The boards shall adopt
496 | rules governing the supervision of physician assistants by
497 | physicians in county health departments.

498 | (e) A supervising physician may delegate to a fully
499 | licensed physician assistant the authority to prescribe or
500 | dispense any medication used in the supervising physician's

501 practice unless such medication is listed on the formulary
502 created pursuant to s. 458.347. A fully licensed physician
503 assistant may only prescribe or dispense such medication under
504 the following circumstances:

505 1. A physician assistant must clearly identify to the
506 patient that she or he is a physician assistant ~~and must inform~~
507 ~~the patient that the patient has the right to see the physician~~
508 ~~before a prescription is prescribed or dispensed by the~~
509 ~~physician assistant.~~

510 2. The supervising physician must notify the department of
511 her or his intent to delegate, on a department-approved form,
512 before delegating such authority and of any change in
513 prescriptive privileges of the physician assistant. Authority to
514 dispense may be delegated only by a supervising physician who is
515 registered as a dispensing practitioner in compliance with s.
516 465.0276.

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

520 4. The physician assistant must complete a minimum of 10
521 continuing medical education hours in the specialty practice in
522 which the physician assistant has prescriptive privileges with
523 each licensure renewal. Three of the 10 hours must consist of a
524 continuing education course on the safe and effective
525 prescribing of controlled substance medications which is offered

526 by a provider that has been approved by the American Academy of
527 Physician Assistants and which is designated for the American
528 Medical Association Physician's Recognition Award Category 1
529 credit, designated by the American Academy of Physician
530 Assistants as a Category 1 credit, or designated by the American
531 Osteopathic Association as a Category 1-A credit.

532 ~~4. The department may issue a prescriber number to the~~
533 ~~physician assistant granting authority for the prescribing of~~
534 ~~medicinal drugs authorized within this paragraph upon completion~~
535 ~~of the requirements of this paragraph. The physician assistant~~
536 ~~is not required to independently register pursuant to s.~~
537 ~~465.0276.~~

538 5. The prescription may be in paper or electronic form but
539 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499
540 and must contain the physician assistant's, ~~in addition to the~~
541 ~~supervising physician's~~ name, address, and telephone number and
542 the name of each of his or her supervising physicians, ~~the~~
543 ~~physician assistant's~~ prescriber number. Unless it is a drug or
544 drug sample dispensed by the physician assistant, the
545 prescription must be filled in a pharmacy permitted under
546 chapter 465, and must be dispensed in that pharmacy by a
547 pharmacist licensed under chapter 465. ~~The inclusion of the~~
548 ~~prescriber number creates a presumption that the physician~~
549 ~~assistant is authorized to prescribe the medicinal drug and the~~
550 ~~prescription is valid.~~

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

553 (f) A supervisory physician may delegate to a licensed
554 physician assistant the authority to, and the licensed physician
555 assistant acting under the direction of the supervisory
556 physician may, order any medication for administration to the
557 supervisory physician's patient in a facility licensed under
558 chapter 395 or part II of chapter 400, notwithstanding any
559 provisions in chapter 465 or chapter 893 which may prohibit this
560 delegation.

561 (g) A licensed physician assistant may perform services
562 delegated by the supervising physician in the physician
563 assistant's practice in accordance with his or her education and
564 training unless expressly prohibited under this chapter, chapter
565 458, or rules adopted under this chapter or chapter 458.

566 (h) Except for a physician certification under s. 381.986,
567 a physician assistant may authenticate any document with his or
568 her signature, certification, stamp, verification, affidavit, or
569 endorsement if such document may be so authenticated by the
570 signature, certification, stamp, verification, affidavit, or
571 endorsement of a physician, except those required for s.
572 381.986. Such documents include, but are not limited to, any of
573 the following:

574 1. Initiation of an involuntary examination pursuant to s.
575 394.463.

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

578 3. Death certificates.

579 4. School physical examinations.

580 5. Medical examinations for workers' compensation claims,
581 except medical examinations required for the evaluation and
582 assignment of the claimant's date of maximum medical improvement
583 as defined in s. 440.02 and for the impairment rating, if any,
584 under s. 440.15.

585 6. Orders for physical therapy, occupational therapy,
586 speech-language therapy, home health services, or durable
587 medical equipment.

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

590 (j) This chapter authorizes third-party payors to
591 reimburse employers of physician assistants for covered services
592 rendered by licensed physician assistants. Payment for services
593 within the physician assistant's scope of practice must be made
594 when ordered or performed by a physician assistant if the same
595 service would have been covered if ordered or performed by a
596 physician. Physician assistants are authorized to bill for and
597 receive direct payment for the services they deliver.

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

601 ~~(6)~~ PROGRAM APPROVAL.—

602 (a) The boards shall approve programs, based on
 603 recommendations by the council, for the education and training
 604 of physician assistants which meet standards established by rule
 605 of the boards. The council may recommend only those physician
 606 assistant programs that hold full accreditation or provisional
 607 accreditation from the Accreditation Review Commission on
 608 Education for the Physician Assistant or its successor entity
 609 or, before 2001, from the Committee on Allied Health Education
 610 and Accreditation or the Commission on Accreditation of Allied
 611 Health Programs or its successor organization.

612 (b) Notwithstanding any other law, a trainee may perform
 613 medical services when such services are rendered within the
 614 scope of an approved program ~~The boards shall adopt and publish~~
 615 ~~standards to ensure that such programs operate in a manner that~~
 616 ~~does not endanger the health or welfare of the patients who~~
 617 ~~receive services within the scope of the programs. The boards~~
 618 ~~shall review the quality of the curricula, faculties, and~~
 619 ~~facilities of such programs and take whatever other action is~~
 620 ~~necessary to determine that the purposes of this section are~~
 621 ~~being met.~~

622 (6) ~~(7)~~ PHYSICIAN ASSISTANT LICENSURE.—

623 (a) Any person desiring to be licensed as a physician
 624 assistant must apply to the department. The department shall
 625 issue a license to any person certified by the council as having

626 met all of the following requirements:

627 1. Is at least 18 years of age.

628 2. Has graduated from an approved program.

629 a. For an applicant who graduated after December 31, 2020,
630 has received a master's degree in accordance with the
631 Accreditation Review Commission on Education for the Physician
632 Assistant or, before 2001, its equivalent or predecessor
633 organization.

634 b. For an applicant who graduated on or before December
635 31, 2020, has received a bachelor's or master's degree from an
636 approved program.

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

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

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

648 3. Has obtained a passing score as ~~satisfactorily passed a~~
649 ~~proficiency examination by an acceptable score~~ established by
650 the National Commission on Certification of Physician Assistants

651 or its equivalent or successor organization and has been
652 nationally certified. If an applicant does not hold a current
653 certificate issued by the National Commission on Certification
654 of Physician Assistants or its equivalent or successor
655 organization and has not actively practiced as a physician
656 assistant within the immediately preceding 4 years, the
657 applicant must retake and successfully complete the entry-level
658 examination of the National Commission on Certification of
659 Physician Assistants or its equivalent or successor organization
660 to be eligible for licensure.

661 4.3. Has completed the application form and remitted an
662 application fee not to exceed \$300 as set by the boards. An
663 application for licensure as made by a physician assistant must
664 include:

665 a. A diploma from an approved ~~certificate of completion of~~
666 ~~a physician assistant training program specified in subsection~~
667 ~~(6)~~.

668 b. Acknowledgment of any prior felony convictions.

669 c. Acknowledgment of any previous revocation or denial of
670 licensure or certification in any state.

671 ~~d. A copy of course transcripts and a copy of the course~~
672 ~~description from a physician assistant training program~~
673 ~~describing course content in pharmacotherapy, if the applicant~~
674 ~~wishes to apply for prescribing authority. These documents must~~
675 ~~meet the evidence requirements for prescribing authority.~~

676 ~~(d) Upon employment as a physician assistant, a licensed~~
677 ~~physician assistant must notify the department in writing within~~
678 ~~30 days after such employment or after any subsequent changes in~~
679 ~~the supervising physician. The notification must include the~~
680 ~~full name, Florida medical license number, specialty, and~~
681 ~~address of the supervising physician.~~

682 (d)(e) Notwithstanding subparagraph (a)2., the department
683 may grant to a recent graduate of an approved program, as
684 specified in subsection (5) ~~(6)~~, a temporary license to expire
685 upon receipt of scores of the proficiency examination
686 administered by the National Commission on Certification of
687 Physician Assistants. Between meetings of the council, the
688 department may grant a temporary license to practice to
689 physician assistant applicants based on the completion of all
690 temporary licensure requirements. All such administratively
691 issued licenses shall be reviewed and acted on at the next
692 regular meeting of the council. The recent graduate may be
693 licensed before ~~prior to~~ employment, ~~but must comply with~~
694 ~~paragraph (d)~~. An applicant who has passed the proficiency
695 examination may be granted permanent licensure. An applicant
696 failing the proficiency examination is no longer temporarily
697 licensed, but may reapply for a 1-year extension of temporary
698 licensure. An applicant may not be granted more than two
699 temporary licenses and may not be licensed as a physician
700 assistant until she or he passes the examination administered by

701 the National Commission on Certification of Physician
 702 Assistants. As prescribed by board rule, the council may require
 703 an applicant who does not pass the licensing examination after
 704 five or more attempts to complete additional remedial education
 705 or training. The council shall prescribe the additional
 706 requirements in a manner that permits the applicant to complete
 707 the requirements and be reexamined within 2 years after the date
 708 the applicant petitions the council to retake the examination a
 709 sixth or subsequent time.

710 (12)~~(13)~~ RULES.—The boards shall adopt rules to implement
 711 this section, including rules detailing the contents of the
 712 application for licensure and notification pursuant to
 713 subsection (6) ~~(7)~~ and rules to ensure both the continued
 714 competency of physician assistants and the proper utilization of
 715 them by physicians or groups of physicians.

716 Section 3. Paragraph (a) of subsection (2) and subsections
 717 (3) and (5) of section 382.008, Florida Statutes, are amended to
 718 read:

719 382.008 Death, fetal death, and nonviable birth
 720 registration.—

721 (2) (a) The funeral director who first assumes custody of a
 722 dead body or fetus shall file the certificate of death or fetal
 723 death. In the absence of the funeral director, the physician,
 724 physician assistant, advanced practice registered nurse
 725 registered under s. 464.0123, or other person in attendance at

726 or after the death or the district medical examiner of the
727 county in which the death occurred or the body was found shall
728 file the certificate of death or fetal death. The person who
729 files the certificate shall obtain personal data from a legally
730 authorized person as described in s. 497.005 or the best
731 qualified person or source available. The medical certification
732 of cause of death shall be furnished to the funeral director,
733 either in person or via certified mail or electronic transfer,
734 by the physician, physician assistant, advanced practice
735 registered nurse registered under s. 464.0123, or medical
736 examiner responsible for furnishing such information. For fetal
737 deaths, the physician, physician assistant, advanced practice
738 registered nurse registered under s. 464.0123, midwife, or
739 hospital administrator shall provide any medical or health
740 information to the funeral director within 72 hours after
741 expulsion or extraction.

742 (3) Within 72 hours after receipt of a death or fetal
743 death certificate from the funeral director, the medical
744 certification of cause of death shall be completed and made
745 available to the funeral director by the decedent's primary or
746 attending practitioner or, if s. 382.011 applies, the district
747 medical examiner of the county in which the death occurred or
748 the body was found. The primary or attending practitioner or the
749 medical examiner shall certify over his or her signature the
750 cause of death to the best of his or her knowledge and belief.

751 As used in this section, the term "primary or attending
 752 practitioner" means a physician, physician assistant, or
 753 advanced practice registered nurse registered under s. 464.0123
 754 who treated the decedent through examination, medical advice, or
 755 medication during the 12 months preceding the date of death.

756 (a) The department may grant the funeral director an
 757 extension of time upon a good and sufficient showing of any of
 758 the following conditions:

- 759 1. An autopsy is pending.
- 760 2. Toxicology, laboratory, or other diagnostic reports
 761 have not been completed.
- 762 3. The identity of the decedent is unknown and further
 763 investigation or identification is required.

764 (b) If the decedent's primary or attending practitioner or
 765 the district medical examiner of the county in which the death
 766 occurred or the body was found indicates that he or she will
 767 sign and complete the medical certification of cause of death
 768 but will not be available until after the 5-day registration
 769 deadline, the local registrar may grant an extension of 5 days.
 770 If a further extension is required, the funeral director must
 771 provide written justification to the registrar.

772 (5) A permanent certificate of death or fetal death,
 773 containing the cause of death and any other information that was
 774 previously unavailable, shall be registered as a replacement for
 775 the temporary certificate. The permanent certificate may also

776 include corrected information if the items being corrected are
777 noted on the back of the certificate and dated and signed by the
778 funeral director, physician, physician assistant, advanced
779 practice registered nurse registered under s. 464.0123, or
780 district medical examiner of the county in which the death
781 occurred or the body was found, as appropriate.

782 Section 4. Paragraph (a) of subsection (2) of section
783 394.463, Florida Statutes, is amended to read:

784 394.463 Involuntary examination.—

785 (2) INVOLUNTARY EXAMINATION.—

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

788 1. A circuit or county court may enter an ex parte order
789 stating that a person appears to meet the criteria for
790 involuntary examination and specifying the findings on which
791 that conclusion is based. The ex parte order for involuntary
792 examination must be based on written or oral sworn testimony
793 that includes specific facts that support the findings. If other
794 less restrictive means are not available, such as voluntary
795 appearance for outpatient evaluation, a law enforcement officer,
796 or other designated agent of the court, shall take the person
797 into custody and deliver him or her to an appropriate, or the
798 nearest, facility within the designated receiving system
799 pursuant to s. 394.462 for involuntary examination. The order of
800 the court shall be made a part of the patient's clinical record.

801 A fee may not be charged for the filing of an order under this
802 subsection. A facility accepting the patient based on this order
803 must send a copy of the order to the department within 5 working
804 days. The order may be submitted electronically through existing
805 data systems, if available. The order shall be valid only until
806 the person is delivered to the facility or for the period
807 specified in the order itself, whichever comes first. If a time
808 limit is not specified in the order, the order is valid for 7
809 days after the date that the order was signed.

810 2. A law enforcement officer shall take a person who
811 appears to meet the criteria for involuntary examination into
812 custody and deliver the person or have him or her delivered to
813 an appropriate, or the nearest, facility within the designated
814 receiving system pursuant to s. 394.462 for examination. The
815 officer shall execute a written report detailing the
816 circumstances under which the person was taken into custody,
817 which must be made a part of the patient's clinical record. Any
818 facility accepting the patient based on this report must send a
819 copy of the report to the department within 5 working days.

820 3. A physician, a physician assistant, a clinical
821 psychologist, a psychiatric nurse, an advanced practice
822 registered nurse registered under s. 464.0123, a mental health
823 counselor, a marriage and family therapist, or a clinical social
824 worker may execute a certificate stating that he or she has
825 examined a person within the preceding 48 hours and finds that

826 | the person appears to meet the criteria for involuntary
827 | examination and stating the observations upon which that
828 | conclusion is based. If other less restrictive means, such as
829 | voluntary appearance for outpatient evaluation, are not
830 | available, a law enforcement officer shall take into custody the
831 | person named in the certificate and deliver him or her to the
832 | appropriate, or nearest, facility within the designated
833 | receiving system pursuant to s. 394.462 for involuntary
834 | examination. The law enforcement officer shall execute a written
835 | report detailing the circumstances under which the person was
836 | taken into custody. The report and certificate shall be made a
837 | part of the patient's clinical record. Any facility accepting
838 | the patient based on this certificate must send a copy of the
839 | certificate to the department within 5 working days. The
840 | document may be submitted electronically through existing data
841 | systems, if applicable.

842 |
843 | When sending the order, report, or certificate to the
844 | department, a facility shall, at a minimum, provide information
845 | about which action was taken regarding the patient under
846 | paragraph (g), which information shall also be made a part of
847 | the patient's clinical record.

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

850 | 401.45 Denial of emergency treatment; civil liability.—

851 (3) (a) Resuscitation may be withheld or withdrawn from a
852 patient by an emergency medical technician or paramedic if
853 evidence of an order not to resuscitate by the patient's
854 physician or physician assistant is presented to the emergency
855 medical technician or paramedic. An order not to resuscitate, to
856 be valid, must be on the form adopted by rule of the department.
857 The form must be signed by the patient's physician or physician
858 assistant and by the patient or, if the patient is
859 incapacitated, the patient's health care surrogate or proxy as
860 provided in chapter 765, court-appointed guardian as provided in
861 chapter 744, or attorney in fact under a durable power of
862 attorney as provided in chapter 709. The court-appointed
863 guardian or attorney in fact must have been delegated authority
864 to make health care decisions on behalf of the patient.

865 (c) The department, in consultation with the Department of
866 Elderly Affairs and the Agency for Health Care Administration,
867 shall develop a standardized do-not-resuscitate identification
868 system with devices that signify, when carried or worn, that the
869 possessor is a patient for whom a physician or physician
870 assistant has issued an order not to administer cardiopulmonary
871 resuscitation. The department may charge a reasonable fee to
872 cover the cost of producing and distributing such identification
873 devices. Use of such devices shall be voluntary.

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