



188076

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/17/2021	.	
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The Committee on Health Policy (Diaz) recommended the following:

**Senate Amendment (with title amendment)**

Delete lines 48 - 1238

and insert:

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

458.347 Physician assistants.—

(1) LEGISLATIVE INTENT.—

~~(a)~~ The purpose of this section is to authorize physician assistants, with their education, training, and experience in



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12 the field of medicine, to provide increased efficiency of and  
13 access to high-quality medical services at a reasonable cost to  
14 consumers ~~encourage more effective utilization of the skills of~~  
15 ~~physicians or groups of physicians by enabling them to delegate~~  
16 ~~health care tasks to qualified assistants when such delegation~~  
17 ~~is consistent with the patient's health and welfare.~~

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

23 ~~(c) The purpose of this section is to encourage the~~  
24 ~~utilization of physician assistants by physicians and to allow~~  
25 ~~for innovative development of programs for the education of~~  
26 ~~physician assistants.~~

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

28 (a) "Approved program" means a physician assistant program  
29 in the United States or in its territories or possessions which  
30 is accredited by the Accreditation Review Commission on  
31 Education for the Physician Assistant or, for programs before  
32 2001, accredited by its equivalent or predecessor entities the  
33 Committee on Allied Health Education and Accreditation or the  
34 Commission on Accreditation of Allied Health Education Programs  
35 ~~program,~~ formally approved by the boards, for the education of  
36 physician assistants.

37 (b) "Boards" means the Board of Medicine and the Board of  
38 Osteopathic Medicine.

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

40 ~~(h)(d)~~ "Trainee" means a person who is currently enrolled



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41 in an approved program.

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

46 (f) "Physician assistant national certifying examination"  
47 means the Physician Assistant National Certifying Examination  
48 administered by the National Commission on Certification of  
49 Physician Assistants or its successor agency.

50 (g) "Supervision" means responsible supervision and  
51 control. Except in cases of emergency, supervision requires the  
52 easy availability or physical presence of the licensed physician  
53 for consultation and direction of the actions of the physician  
54 assistant. For the purposes of this definition, the term "easy  
55 availability" includes the ability to communicate by way of  
56 telecommunication. The boards shall establish rules as to what  
57 constitutes responsible supervision of the physician assistant.

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

62 (c)(h) "Continuing medical education" means courses  
63 recognized and approved by the boards, the American Academy of  
64 Physician Assistants, the American Medical Association, the  
65 American Osteopathic Association, or the Accreditation Council  
66 on Continuing Medical Education.

67 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician or  
68 group of physicians supervising a licensed physician assistant  
69 must be qualified in the medical areas in which the physician



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70 assistant is to perform and shall be individually or  
71 collectively responsible and liable for the performance and the  
72 acts and omissions of the physician assistant. ~~A physician may~~  
73 ~~not supervise more than four currently licensed physician~~  
74 ~~assistants at any one time. A physician supervising a physician~~  
75 ~~assistant pursuant to this section may not be required to review~~  
76 ~~and cosign charts or medical records prepared by such physician~~  
77 ~~assistant.~~

78 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

79 (a) The boards shall adopt, by rule, the general principles  
80 that supervising physicians must use in developing the scope of  
81 practice of a physician assistant under direct supervision and  
82 under indirect supervision. These principles shall recognize the  
83 diversity of both specialty and practice settings in which  
84 physician assistants are used.

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

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

91 (d) A supervisory physician may delegate to a licensed  
92 physician assistant, pursuant to a written protocol, the  
93 authority to act according to s. 154.04(1)(c). Such delegated  
94 authority is limited to the supervising physician's practice in  
95 connection with a county health department as defined and  
96 established pursuant to chapter 154. The boards shall adopt  
97 rules governing the supervision of physician assistants by  
98 physicians in county health departments.



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99 (e) A supervising physician may delegate to a fully  
100 licensed physician assistant the authority to prescribe or  
101 dispense any medication used in the supervising physician's  
102 practice unless such medication is listed on the formulary  
103 created pursuant to paragraph (f). A fully licensed physician  
104 assistant may only prescribe or dispense such medication under  
105 the following circumstances:

106 1. A physician assistant must clearly identify to the  
107 patient that he or she is a physician assistant ~~and inform the~~  
108 ~~patient that the patient has the right to see the physician~~  
109 ~~before a prescription is prescribed or dispensed by the~~  
110 ~~physician assistant.~~

111 2. The supervising physician must notify the department of  
112 his or her intent to delegate, on a department-approved form,  
113 before delegating such authority and of any change in  
114 prescriptive privileges of the physician assistant. Authority to  
115 dispense may be delegated only by a supervising physician who is  
116 registered as a dispensing practitioner in compliance with s.  
117 465.0276.

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

121 4. The physician assistant must complete a minimum of 10  
122 continuing medical education hours in the specialty practice in  
123 which the physician assistant has prescriptive privileges with  
124 each licensure renewal. Three of the 10 hours must consist of a  
125 continuing education course on the safe and effective  
126 prescribing of controlled substance medications which is offered  
127 by a statewide professional association of physicians in this



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128 state accredited to provide educational activities designated  
129 for the American Medical Association Physician's Recognition  
130 Award Category 1 credit or designated by the American Academy of  
131 Physician Assistants as a Category 1 credit.

132 ~~4. The department may issue a prescriber number to the~~  
133 ~~physician assistant granting authority for the prescribing of~~  
134 ~~medicinal drugs authorized within this paragraph upon completion~~  
135 ~~of the requirements of this paragraph. The physician assistant~~  
136 ~~is not required to independently register pursuant to s.~~  
137 ~~465.0276.~~

138 5. The prescription may be in paper or electronic form but  
139 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499  
140 and must contain the physician assistant's, ~~in addition to the~~  
141 ~~supervising physician's~~ name, address, and telephone number, ~~the~~  
142 ~~physician assistant's~~ prescriber number. Unless it is a drug or  
143 drug sample dispensed by the physician assistant, the  
144 prescription must be filled in a pharmacy permitted under  
145 chapter 465 and must be dispensed in that pharmacy by a  
146 pharmacist licensed under chapter 465. ~~The inclusion of the~~  
147 ~~prescriber number creates a presumption that the physician~~  
148 ~~assistant is authorized to prescribe the medicinal drug and the~~  
149 ~~prescription is valid.~~

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

152 (f)1. The council shall establish a formulary of medicinal  
153 drugs that a fully licensed physician assistant having  
154 prescribing authority under this section or s. 459.022 may not  
155 prescribe. The formulary must include general anesthetics and  
156 radiographic contrast materials and must limit the prescription



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157 of Schedule II controlled substances as listed in s. 893.03 to a  
158 7-day supply. ~~The formulary must also restrict the prescribing~~  
159 ~~of psychiatric mental health controlled substances for children~~  
160 ~~younger than 18 years of age.~~

161 2. In establishing the formulary, the council shall consult  
162 with a pharmacist licensed under chapter 465, but not licensed  
163 under this chapter or chapter 459, who shall be selected by the  
164 State Surgeon General.

165 3. Only the council shall add to, delete from, or modify  
166 the formulary. Any person who requests an addition, a deletion,  
167 or a modification of a medicinal drug listed on such formulary  
168 has the burden of proof to show cause why such addition,  
169 deletion, or modification should be made.

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

181 (g) A supervisory physician may delegate to a licensed  
182 physician assistant the authority to, and the licensed physician  
183 assistant acting under the direction of the supervisory  
184 physician may, order any medication for administration to the  
185 supervisory physician's patient in a facility licensed under



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186 chapter 395 or part II of chapter 400, notwithstanding any  
187 provisions in chapter 465 or chapter 893 which may prohibit this  
188 delegation.

189 (h) A licensed physician assistant may perform services  
190 delegated by the supervising physician in the physician  
191 assistant's practice in accordance with his or her education and  
192 training unless expressly prohibited under this chapter, chapter  
193 459, or rules adopted under this chapter or chapter 459.

194 (i) A physician assistant may authenticate any document  
195 with his or her signature, certification, stamp, verification,  
196 affidavit, or endorsement if such document may be so  
197 authenticated by the signature, certification, stamp,  
198 verification, affidavit, or endorsement of a physician. Such  
199 documents include, but are not limited to, any of the following:

200 1. Initiation of an involuntary examination pursuant to s.  
201 394.463.

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

204 3. Death certificates.

205 4. School physical examinations.

206 5. Medical evaluations for workers' compensation claims,  
207 including date of maximum medical improvement as defined in s.  
208 440.02.

209 6. Orders for physical therapy, occupational therapy,  
210 speech-language therapy, home health services, or durable  
211 medical equipment.

212 (j) A physician assistant may supervise medical assistants  
213 as defined in this chapter and chapter 459.

214 (k) This chapter authorizes third-party payors to reimburse





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215 employers of physician assistants for covered services rendered  
216 by licensed physician assistants. Payment for services within  
217 the physician assistant's scope of practice must be made when  
218 ordered or performed by a physician assistant if the same  
219 service would have been covered if ordered or performed by a  
220 physician. Physician assistants are authorized to bill for and  
221 receive direct payment for the services they deliver.

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

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

226 (a) The boards shall approve programs, based on  
227 recommendations by the council, for the education and training  
228 of physician assistants which meet standards established by rule  
229 of the boards. The council may recommend only those physician  
230 assistant programs that hold full accreditation or provisional  
231 accreditation from the Accreditation Review Commission on  
232 Education for the Physician Assistant or its successor entity  
233 or, before 2001, from the Committee on Allied Health Education  
234 and Accreditation or the Commission on Accreditation of Allied  
235 Health Programs or its successor organization. Any educational  
236 institution offering a physician assistant program approved by  
237 the boards pursuant to this paragraph may also offer the  
238 physician assistant program authorized in paragraph (c) for  
239 unlicensed physicians.

240 (b) Notwithstanding any other law, a trainee may perform  
241 medical services when such services are rendered within the  
242 scope of an approved program ~~The boards shall adopt and publish~~  
243 ~~standards to ensure that such programs operate in a manner that~~



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244 ~~does not endanger the health or welfare of the patients who~~  
245 ~~receive services within the scope of the programs. The boards~~  
246 ~~shall review the quality of the curricula, faculties, and~~  
247 ~~facilities of such programs and take whatever other action is~~  
248 ~~necessary to determine that the purposes of this section are~~  
249 ~~being met.~~

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

267 ~~(6)(7) PHYSICIAN ASSISTANT LICENSURE.-~~

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

272 1. Is at least 18 years of age.



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273           2. Has graduated from an approved program.  
274           a. For an applicant who graduated after December 31, 2020,  
275 has received a master's degree in accordance with the  
276 Accreditation Review Commission on Education for the Physician  
277 Assistant or, before 2001, its equivalent or predecessor  
278 organization.  
279           b. For an applicant who graduated on or before December 31,  
280 2020, has received a bachelor's or master's degree from an  
281 approved program.  
282           c. For an applicant who graduated before July 1, 1994, has  
283 graduated from an approved program of instruction in primary  
284 health care or surgery.  
285           d. For an applicant who graduated before July 1, 1983, has  
286 received a certification as a physician assistant from the  
287 boards.  
288           e. The board may also grant a license to an applicant who  
289 does not meet the educational requirement specified in this  
290 subparagraph but who has passed the Physician Assistant National  
291 Certifying Examination administered by the National Commission  
292 on Certification of Physician Assistants before 1986.  
293           3. Has obtained a passing score as ~~satisfactorily passed a~~  
294 ~~proficiency examination by an acceptable score~~ established by  
295 the National Commission on Certification of Physician Assistants  
296 or its equivalent or successor organization and has been  
297 nationally certified. If an applicant does not hold a current  
298 certificate issued by the National Commission on Certification  
299 of Physician Assistants or its equivalent or successor  
300 organization and has not actively practiced as a physician  
301 assistant within the immediately preceding 4 years, the



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302 applicant must retake and successfully complete the entry-level  
303 examination of the National Commission on Certification of  
304 Physician Assistants or its equivalent or successor organization  
305 to be eligible for licensure.

306 ~~4.3.~~ Has completed the application form and remitted an  
307 application fee not to exceed \$300 as set by the boards. An  
308 application for licensure as made by a physician assistant must  
309 include:

310 a. A diploma from an approved ~~certificate of completion of~~  
311 ~~a physician assistant training program specified in subsection~~  
312 ~~(6).~~

313 b. Acknowledgment of any prior felony convictions.

314 c. Acknowledgment of any previous revocation or denial of  
315 licensure or certification in any state.

316 ~~d. A copy of course transcripts and a copy of the course~~  
317 ~~description from a physician assistant training program~~  
318 ~~describing course content in pharmacotherapy, if the applicant~~  
319 ~~wishes to apply for prescribing authority. These documents must~~  
320 ~~meet the evidence requirements for prescribing authority.~~

321 ~~(d) Upon employment as a physician assistant, a licensed~~  
322 ~~physician assistant must notify the department in writing within~~  
323 ~~30 days after such employment or after any subsequent changes in~~  
324 ~~the supervising physician. The notification must include the~~  
325 ~~full name, Florida medical license number, specialty, and~~  
326 ~~address of the supervising physician.~~

327 (e) Notwithstanding subparagraph (a)2., the department may  
328 grant to a recent graduate of an approved program, as specified  
329 in subsection (5) ~~(6)~~, who expects to take the first examination  
330 administered by the National Commission on Certification of



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331 Physician Assistants available for registration after the  
332 applicant's graduation, a temporary license. The temporary  
333 license shall expire 30 days after receipt of scores of the  
334 proficiency examination administered by the National Commission  
335 on Certification of Physician Assistants. Between meetings of  
336 the council, the department may grant a temporary license to  
337 practice based on the completion of all temporary licensure  
338 requirements. All such administratively issued licenses shall be  
339 reviewed and acted on at the next regular meeting of the  
340 council. The recent graduate may be licensed before employment  
341 ~~but must comply with paragraph (d)~~. An applicant who has passed  
342 the proficiency examination may be granted permanent licensure.  
343 An applicant failing the proficiency examination is no longer  
344 temporarily licensed but may reapply for a 1-year extension of  
345 temporary licensure. An applicant may not be granted more than  
346 two temporary licenses and may not be licensed as a physician  
347 assistant until he or she passes the examination administered by  
348 the National Commission on Certification of Physician  
349 Assistants. As prescribed by board rule, the council may require  
350 an applicant who does not pass the licensing examination after  
351 five or more attempts to complete additional remedial education  
352 or training. The council shall prescribe the additional  
353 requirements in a manner that permits the applicant to complete  
354 the requirements and be reexamined within 2 years after the date  
355 the applicant petitions the council to retake the examination a  
356 sixth or subsequent time.

357 (13) RULES.—The boards shall adopt rules to implement this  
358 section, including rules detailing the contents of the  
359 application for licensure and notification pursuant to



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360 subsection (6) ~~(7)~~ and rules to ensure both the continued  
361 competency of physician assistants and the proper utilization of  
362 them by physicians or groups of physicians.

363 Section 2. Subsections (1) through (6), paragraphs (a),  
364 (d), and (e) of subsection (7), and subsection (13) of section  
365 459.022, Florida Statutes, are amended to read:

366 459.022 Physician assistants.—

367 (1) LEGISLATIVE INTENT.—

368 ~~(a) The purpose of this section is to authorize physician~~  
369 ~~assistants, with their education, training, and experience in~~  
370 ~~the field of medicine, to provide increased efficiency of and~~  
371 ~~access to high-quality medical services at a reasonable cost to~~  
372 ~~consumers encourage more effective utilization of the skills of~~  
373 ~~osteopathic physicians or groups of osteopathic physicians by~~  
374 ~~enabling them to delegate health care tasks to qualified~~  
375 ~~assistants when such delegation is consistent with the patient's~~  
376 ~~health and welfare.~~

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

382 ~~(c) The purpose of this section is to encourage the~~  
383 ~~utilization of physician assistants by osteopathic physicians~~  
384 ~~and to allow for innovative development of programs for the~~  
385 ~~education of physician assistants.~~

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

387 (a) "Approved program" means a physician assistant program  
388 in the United States or in its territories or possessions which



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389 is accredited by the Accreditation Review Commission on  
390 Education for the Physician Assistant or, for programs before  
391 2001, accredited by its equivalent or predecessor entities the  
392 Committee on Allied Health Education and Accreditation or the  
393 Commission on Accreditation of Allied Health Education Programs  
394 ~~program,~~ formally approved by the boards, for the education of  
395 physician assistants.

396 (b) "Boards" means the Board of Medicine and the Board of  
397 Osteopathic Medicine.

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

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

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

405 (f) "Physician assistant national certifying examination"  
406 means the Physician Assistant National Certifying Examination  
407 administered by the National Commission on Certification of  
408 Physician Assistants or its successor agency.

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

417 ~~(g) "Proficiency examination" means an entry-level~~



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418 ~~examination approved by the boards, including, but not limited~~  
419 ~~to, those examinations administered by the National Commission~~  
420 ~~on Certification of Physician Assistants.~~

421 (c)~~(h)~~ "Continuing medical education" means courses  
422 recognized and approved by the boards, the American Academy of  
423 Physician Assistants, the American Medical Association, the  
424 American Osteopathic Association, or the Accreditation Council  
425 on Continuing Medical Education.

426 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician or  
427 group of physicians supervising a licensed physician assistant  
428 must be qualified in the medical areas in which the physician  
429 assistant is to perform and shall be individually or  
430 collectively responsible and liable for the performance and the  
431 acts and omissions of the physician assistant. ~~A physician may~~  
432 ~~not supervise more than four currently licensed physician~~  
433 ~~assistants at any one time. A physician supervising a physician~~  
434 ~~assistant pursuant to this section may not be required to review~~  
435 ~~and cosign charts or medical records prepared by such physician~~  
436 ~~assistant.~~

437 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

438 (a) The boards shall adopt, by rule, the general principles  
439 that supervising physicians must use in developing the scope of  
440 practice of a physician assistant under direct supervision and  
441 under indirect supervision. These principles shall recognize the  
442 diversity of both specialty and practice settings in which  
443 physician assistants are used.

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





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

450 (d) A supervisory physician may delegate to a licensed  
451 physician assistant, pursuant to a written protocol, the  
452 authority to act according to s. 154.04(1)(c). Such delegated  
453 authority is limited to the supervising physician's practice in  
454 connection with a county health department as defined and  
455 established pursuant to chapter 154. The boards shall adopt  
456 rules governing the supervision of physician assistants by  
457 physicians in county health departments.

458 (e) A supervising physician may delegate to a fully  
459 licensed physician assistant the authority to prescribe or  
460 dispense any medication used in the supervising physician's  
461 practice unless such medication is listed on the formulary  
462 created pursuant to s. 458.347. A fully licensed physician  
463 assistant may only prescribe or dispense such medication under  
464 the following circumstances:

465 1. A physician assistant must clearly identify to the  
466 patient that she or he is a physician assistant ~~and must inform~~  
467 ~~the patient that the patient has the right to see the physician~~  
468 ~~before a prescription is prescribed or dispensed by the~~  
469 ~~physician assistant.~~

470 2. The supervising physician must notify the department of  
471 her or his intent to delegate, on a department-approved form,  
472 before delegating such authority and of any change in  
473 prescriptive privileges of the physician assistant. Authority to  
474 dispense may be delegated only by a supervising physician who is  
475 registered as a dispensing practitioner in compliance with s.



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476 465.0276.

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

480 4. The physician assistant must complete a minimum of 10  
481 continuing medical education hours in the specialty practice in  
482 which the physician assistant has prescriptive privileges with  
483 each licensure renewal. Three of the 10 hours must consist of a  
484 continuing education course on the safe and effective  
485 prescribing of controlled substance medications which is offered  
486 by a provider that has been approved by the American Academy of  
487 Physician Assistants and which is designated for the American  
488 Medical Association Physician's Recognition Award Category 1  
489 credit or designated by the American Academy of Physician  
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492 ~~physician assistant granting authority for the prescribing of~~  
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495 ~~is not required to independently register pursuant to s.~~  
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497 5. The prescription may be in paper or electronic form but  
498 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499  
499 and must contain the physician assistant's, ~~in addition to the~~  
500 ~~supervising physician's~~ name, address, and telephone number, ~~the~~  
501 ~~physician assistant's prescriber number~~. Unless it is a drug or  
502 drug sample dispensed by the physician assistant, the  
503 prescription must be filled in a pharmacy permitted under  
504 chapter 465, and must be dispensed in that pharmacy by a



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505 pharmacist licensed under chapter 465. ~~The inclusion of the~~  
506 ~~prescriber number creates a presumption that the physician~~  
507 ~~assistant is authorized to prescribe the medicinal drug and the~~  
508 ~~prescription is valid.~~

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

511 (f) A supervisory physician may delegate to a licensed  
512 physician assistant the authority to, and the licensed physician  
513 assistant acting under the direction of the supervisory  
514 physician may, order any medication for administration to the  
515 supervisory physician's patient in a facility licensed under  
516 chapter 395 or part II of chapter 400, notwithstanding any  
517 provisions in chapter 465 or chapter 893 which may prohibit this  
518 delegation.

519 (g) A licensed physician assistant may perform services  
520 delegated by the supervising physician in the physician  
521 assistant's practice in accordance with his or her education and  
522 training unless expressly prohibited under this chapter, chapter  
523 458, or rules adopted under this chapter or chapter 458.

524 (h) A physician assistant may authenticate any document  
525 with his or her signature, certification, stamp, verification,  
526 affidavit, or endorsement if such document may be so  
527 authenticated by the signature, certification, stamp,  
528 verification, affidavit, or endorsement of a physician. Such  
529 documents include, but are not limited to, any of the following:

530 1. Initiation of an involuntary examination pursuant to s.  
531 394.463.

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



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534       3. Death certificates.  
535       4. School physical examinations.  
536       5. Medical evaluations for workers' compensation claims,  
537 including date of maximum medical improvement as defined in s.  
538 440.02.  
539       6. Orders for physical therapy, occupational therapy,  
540 speech-language therapy, home health services, or durable  
541 medical equipment.  
542       (i) A physician assistant may supervise medical assistants  
543 as defined in this chapter and chapter 459.  
544       (j) This chapter authorizes third-party payors to reimburse  
545 employers of physician assistants for covered services rendered  
546 by licensed physician assistants. Payment for services within  
547 the physician assistant's scope of practice must be made when  
548 ordered or performed by a physician assistant if the same  
549 service would have been covered if ordered or performed by a  
550 physician. Physician assistants are authorized to bill for and  
551 receive direct payment for the services they deliver.  
552       ~~(5) PERFORMANCE BY TRAINEES. Notwithstanding any other law,~~  
553 ~~a trainee may perform medical services when such services are~~  
554 ~~rendered within the scope of an approved program.~~  
555       ~~(6) PROGRAM APPROVAL.—~~  
556       (a) The boards shall approve programs, based on  
557 recommendations by the council, for the education and training  
558 of physician assistants which meet standards established by rule  
559 of the boards. The council may recommend only those physician  
560 assistant programs that hold full accreditation or provisional  
561 accreditation from the Accreditation Review Commission on  
562 Education for the Physician Assistant or its successor entity



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563 or, before 2001, from the Committee on Allied Health Education  
564 and Accreditation or the Commission on Accreditation of Allied  
565 Health Programs or its successor organization.

566 (b) Notwithstanding any other law, a trainee may perform  
567 medical services when such services are rendered within the  
568 scope of an approved program ~~The boards shall adopt and publish~~  
569 ~~standards to ensure that such programs operate in a manner that~~  
570 ~~does not endanger the health or welfare of the patients who~~  
571 ~~receive services within the scope of the programs. The boards~~  
572 ~~shall review the quality of the curricula, faculties, and~~  
573 ~~facilities of such programs and take whatever other action is~~  
574 ~~necessary to determine that the purposes of this section are~~  
575 ~~being met.~~

576 (6) (7) PHYSICIAN ASSISTANT LICENSURE.-

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

- 581 1. Is at least 18 years of age.  
582 2. Has graduated from an approved program.

583 a. For an applicant who graduated after December 31, 2020,  
584 has received a master's degree in accordance with the  
585 Accreditation Review Commission on Education for the Physician  
586 Assistant or, before 2001, its equivalent or predecessor  
587 organization.

588 b. For an applicant who graduated on or before December 31,  
589 2020, has received a bachelor's or master's degree from an  
590 approved program.

591 c. For an applicant who graduated before July 1, 1994, has



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592 graduated from an approved program of instruction in primary  
593 health care or surgery.

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

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

602 3. Has obtained a passing score as satisfactorily passed a  
603 proficiency examination by an acceptable score established by  
604 the National Commission on Certification of Physician Assistants  
605 or its equivalent or successor organization and has been  
606 nationally certified. If an applicant does not hold a current  
607 certificate issued by the National Commission on Certification  
608 of Physician Assistants or its equivalent or successor  
609 organization and has not actively practiced as a physician  
610 assistant within the immediately preceding 4 years, the  
611 applicant must retake and successfully complete the entry-level  
612 examination of the National Commission on Certification of  
613 Physician Assistants or its equivalent or successor organization  
614 to be eligible for licensure.

615 4.3. Has completed the application form and remitted an  
616 application fee not to exceed \$300 as set by the boards. An  
617 application for licensure as made by a physician assistant must  
618 include:

619 a. A diploma from an approved certificate of completion of  
620 a physician assistant training program specified in subsection



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621 ~~(6).~~  
622       b. Acknowledgment of any prior felony convictions.  
623       c. Acknowledgment of any previous revocation or denial of  
624 licensure or certification in any state.  
625       ~~d. A copy of course transcripts and a copy of the course~~  
626 ~~description from a physician assistant training program~~  
627 ~~describing course content in pharmacotherapy, if the applicant~~  
628 ~~wishes to apply for prescribing authority. These documents must~~  
629 ~~meet the evidence requirements for prescribing authority.~~  
630       ~~(d) Upon employment as a physician assistant, a licensed~~  
631 ~~physician assistant must notify the department in writing within~~  
632 ~~30 days after such employment or after any subsequent changes in~~  
633 ~~the supervising physician. The notification must include the~~  
634 ~~full name, Florida medical license number, specialty, and~~  
635 ~~address of the supervising physician.~~  
636       (e) Notwithstanding subparagraph (a)2., the department may  
637 grant to a recent graduate of an approved program, as specified  
638 in subsection (5) ~~(6)~~, a temporary license to expire upon  
639 receipt of scores of the proficiency examination administered by  
640 the National Commission on Certification of Physician  
641 Assistants. Between meetings of the council, the department may  
642 grant a temporary license to practice to physician assistant  
643 applicants based on the completion of all temporary licensure  
644 requirements. All such administratively issued licenses shall be  
645 reviewed and acted on at the next regular meeting of the  
646 council. The recent graduate may be licensed before ~~prior to~~  
647 ~~employment, but must comply with paragraph (d).~~ An applicant who  
648 has passed the proficiency examination may be granted permanent  
649 licensure. An applicant failing the proficiency examination is



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650 no longer temporarily licensed, but may reapply for a 1-year  
651 extension of temporary licensure. An applicant may not be  
652 granted more than two temporary licenses and may not be licensed  
653 as a physician assistant until she or he passes the examination  
654 administered by the National Commission on Certification of  
655 Physician Assistants. As prescribed by board rule, the council  
656 may require an applicant who does not pass the licensing  
657 examination after five or more attempts to complete additional  
658 remedial education or training. The council shall prescribe the  
659 additional requirements in a manner that permits the applicant  
660 to complete the requirements and be reexamined within 2 years  
661 after the date the applicant petitions the council to retake the  
662 examination a sixth or subsequent time.

663 (13) RULES.—The boards shall adopt rules to implement this  
664 section, including rules detailing the contents of the  
665 application for licensure and notification pursuant to  
666 subsection (6) ~~(7)~~ and rules to ensure both the continued  
667 competency of physician assistants and the proper utilization of  
668 them by physicians or groups of physicians.

669  
670 ===== T I T L E A M E N D M E N T =====

671 And the title is amended as follows:

672 Delete lines 10 - 39

673 and insert:

674 supervision; deleting a requirement that a physician  
675 assistant inform his or her patients that they have  
676 the right to see a physician before the physician  
677 assistant prescribes or dispenses a prescription;  
678 authorizing physician assistants to procure drugs and





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679 medical devices; providing an exception; conforming  
680 provisions to changes made by the act; revising  
681 requirements for a certain formulary; authorizing  
682 physician assistants to authenticate documents that  
683 may be authenticated by a physician; authorizing  
684 physician assistants to supervise medical assistants;  
685 authorizing third-party payors to reimburse employers  
686 of physician assistants for services rendered;  
687 providing requirements for such payment for services;  
688 authorizing physician assistants to bill for and  
689 receive direct payment for services they deliver;  
690 revising provisions relating to approved programs for  
691 physician assistants; revising provisions relating to  
692 physician assistant licensure requirements; amending  
693 ss.