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576-03905-21

Proposed Committee Substitute by the Committee on Appropriations
(Appropriations Subcommittee on Health and Human Services)

A bill to be entitled

An act relating to physician assistants; amending ss. 458.347 and 459.022, F.S.; revising legislative intent; defining and redefining terms; revising a limitation on the number of physician assistants a physician may supervise at one time; deleting a requirement that a physician assistant inform his or her patients that they have the right to see a physician before the physician assistant prescribes or dispenses a prescription; authorizing physician assistants to procure drugs and medical devices; providing an exception; conforming provisions to changes made by the act; revising requirements for a certain formulary; authorizing physician assistants to authenticate documents that may be authenticated by a physician; providing exceptions; authorizing physician assistants to supervise medical assistants; authorizing third-party payors to reimburse employers of physician assistants for services rendered; providing requirements for such payment for services; authorizing physician assistants to bill for and receive direct payment for services they deliver; revising provisions relating to approved programs for physician assistants; revising provisions relating to physician assistant licensure requirements; amending ss. 382.008, 394.463, and 401.45, F.S.; conforming provisions relating to certificates of death,



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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:



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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 Assistants.

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

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

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

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



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86 constitutes responsible supervision of the physician assistant.

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

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

96 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician or
97 group of physicians supervising a licensed physician assistant
98 must be qualified in the medical areas in which the physician
99 assistant is to perform and shall be individually or
100 collectively responsible and liable for the performance and the
101 acts and omissions of the physician assistant. A physician may
102 not supervise more than 10 ~~four~~ currently licensed physician
103 assistants at any one time. A physician supervising a physician
104 assistant pursuant to this section may not be required to review
105 and cosign charts or medical records prepared by such physician
106 assistant.

107 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

114 (b) This chapter does not prevent third-party payors from



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115 reimbursing employers of physician assistants for covered
116 services rendered by licensed physician assistants.

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

120 (d) A supervisory physician may delegate to a licensed
121 physician assistant, pursuant to a written protocol, the
122 authority to act according to s. 154.04(1)(c). Such delegated
123 authority is limited to the supervising physician's practice in
124 connection with a county health department as defined and
125 established pursuant to chapter 154. The boards shall adopt
126 rules governing the supervision of physician assistants by
127 physicians in county health departments.

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

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

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



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144 dispense may be delegated only by a supervising physician who is
145 registered as a dispensing practitioner in compliance with s.
146 465.0276.

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

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

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

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



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

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

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

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

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

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



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

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

220 (h) A licensed physician assistant may perform services
221 delegated by the supervising physician in the physician
222 assistant's practice in accordance with his or her education and
223 training unless expressly prohibited under this chapter, chapter
224 459, or rules adopted under this chapter or chapter 459.

225 (i) Except for a physician certification under s. 381.986,
226 a physician assistant may authenticate any document with his or
227 her signature, certification, stamp, verification, affidavit, or
228 endorsement if such document may be so authenticated by the
229 signature, certification, stamp, verification, affidavit, or
230 endorsement of a physician, except those required for s.



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231 381.986. Such documents include, but are not limited to, any of
232 the following:

233 1. Initiation of an involuntary examination pursuant to s.
234 394.463.

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

237 3. Death certificates.

238 4. School physical examinations.

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

244 6. Orders for physical therapy, occupational therapy,
245 speech-language therapy, home health services, or durable
246 medical equipment.

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

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

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



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

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

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

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



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289 ~~Education, and Accreditation, or its successor organization, and~~
290 ~~which may admit unlicensed physicians, as authorized in~~
291 ~~subsection (7), who are graduates of foreign medical schools~~
292 ~~listed with the World Health Organization. The unlicensed~~
293 ~~physician must have been a resident of this state for a minimum~~
294 ~~of 12 months immediately prior to admission to the program. An~~
295 ~~evaluation of knowledge base by examination shall be required to~~
296 ~~grant advanced academic credit and to fulfill the necessary~~
297 ~~requirements to graduate. A minimum of one 16-week semester of~~
298 ~~supervised clinical and didactic education, which may be~~
299 ~~completed simultaneously, shall be required before graduation~~
300 ~~from the program. All other provisions of this section shall~~
301 ~~remain in effect.~~

302 (6)-(7) PHYSICIAN ASSISTANT LICENSURE.-

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

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

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

314 b. For an applicant who graduated on or before December 31,
315 2020, has received a bachelor's or master's degree from an
316 approved program.

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



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318 graduated from an approved program of instruction in primary
319 health care or surgery.

320 d. For an applicant who graduated before July 1, 1983, has
321 received a certification as a physician assistant from the
322 boards.

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

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

341 4.3. Has completed the application form and remitted an
342 application fee not to exceed \$300 as set by the boards. An
343 application for licensure as made by a physician assistant must
344 include:

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



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347 ~~(6).~~
348 b. Acknowledgment of any prior felony convictions.
349 c. Acknowledgment of any previous revocation or denial of
350 licensure or certification in any state.
351 ~~d. A copy of course transcripts and a copy of the course~~
352 ~~description from a physician assistant training program~~
353 ~~describing course content in pharmacotherapy, if the applicant~~
354 ~~wishes to apply for prescribing authority. These documents must~~
355 ~~meet the evidence requirements for prescribing authority.~~
356 ~~(d) Upon employment as a physician assistant, a licensed~~
357 ~~physician assistant must notify the department in writing within~~
358 ~~30 days after such employment or after any subsequent changes in~~
359 ~~the supervising physician. The notification must include the~~
360 ~~full name, Florida medical license number, specialty, and~~
361 ~~address of the supervising physician.~~
362 (e) Notwithstanding subparagraph (a)2., the department may
363 grant to a recent graduate of an approved program, as specified
364 in subsection (5) ~~(6)~~, who expects to take the first examination
365 administered by the National Commission on Certification of
366 Physician Assistants available for registration after the
367 applicant's graduation, a temporary license. The temporary
368 license shall expire 30 days after receipt of scores of the
369 proficiency examination administered by the National Commission
370 on Certification of Physician Assistants. Between meetings of
371 the council, the department may grant a temporary license to
372 practice based on the completion of all temporary licensure
373 requirements. All such administratively issued licenses shall be
374 reviewed and acted on at the next regular meeting of the
375 council. The recent graduate may be licensed before employment



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

392 (12) ~~(13)~~ RULES.—The boards shall adopt rules to implement
393 this section, including rules detailing the contents of the
394 application for licensure and notification pursuant to
395 subsection (6) ~~(7)~~ and rules to ensure both the continued
396 competency of physician assistants and the proper utilization of
397 them by physicians or groups of physicians.

398 Section 2. Subsections (1) through (6), paragraphs (a),
399 (d), and (e) of subsection (7), and subsection (13) of section
400 459.022, Florida Statutes, are amended to read:

401 459.022 Physician assistants.—

402 (1) LEGISLATIVE INTENT.—

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



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405 the field of medicine, to provide increased efficiency of and
406 access to high-quality medical services at a reasonable cost to
407 consumers ~~encourage more effective utilization of the skills of~~
408 ~~osteopathic physicians or groups of osteopathic physicians by~~
409 ~~enabling them to delegate health care tasks to qualified~~
410 ~~assistants when such delegation is consistent with the patient's~~
411 ~~health and welfare.~~

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

417 ~~(c) The purpose of this section is to encourage the~~
418 ~~utilization of physician assistants by osteopathic physicians~~
419 ~~and to allow for innovative development of programs for the~~
420 ~~education of physician assistants.~~

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

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

431 (b) "Boards" means the Board of Medicine and the Board of
432 Osteopathic Medicine.

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



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

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

440 (f) "Physician assistant national certifying examination"
441 means the Physician Assistant National Certifying Examination
442 administered by the National Commission on Certification of
443 Physician Assistants or its successor agency.

444 (g) "Supervision" means responsible supervision and
445 control. Except in cases of emergency, supervision requires the
446 easy availability or physical presence of the licensed physician
447 for consultation and direction of the actions of the physician
448 assistant. For the purposes of this definition, the term "easy
449 availability" includes the ability to communicate by way of
450 telecommunication. The boards shall establish rules as to what
451 constitutes responsible supervision of the physician assistant.

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

456 (c) ~~(h)~~ "Continuing medical education" means courses
457 recognized and approved by the boards, the American Academy of
458 Physician Assistants, the American Medical Association, the
459 American Osteopathic Association, or the Accreditation Council
460 on Continuing Medical Education.

461 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician or
462 group of physicians supervising a licensed physician assistant



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463 must be qualified in the medical areas in which the physician
464 assistant is to perform and shall be individually or
465 collectively responsible and liable for the performance and the
466 acts and omissions of the physician assistant. A physician may
467 not supervise more than 10 ~~four~~ currently licensed physician
468 assistants at any one time. A physician supervising a physician
469 assistant pursuant to this section may not be required to review
470 and cosign charts or medical records prepared by such physician
471 assistant.

472 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

473 (a) The boards shall adopt, by rule, the general principles
474 that supervising physicians must use in developing the scope of
475 practice of a physician assistant under direct supervision and
476 under indirect supervision. These principles shall recognize the
477 diversity of both specialty and practice settings in which
478 physician assistants are used.

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

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

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



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492 physicians in county health departments.

493 (e) A supervising physician may delegate to a fully
494 licensed physician assistant the authority to prescribe or
495 dispense any medication used in the supervising physician's
496 practice unless such medication is listed on the formulary
497 created pursuant to s. 458.347. A fully licensed physician
498 assistant may only prescribe or dispense such medication under
499 the following circumstances:

500 1. A physician assistant must clearly identify to the
501 patient that she or he is a physician assistant ~~and must inform~~
502 ~~the patient that the patient has the right to see the physician~~
503 ~~before a prescription is prescribed or dispensed by the~~
504 ~~physician assistant.~~

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

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

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



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521 by a provider that has been approved by the American Academy of
522 Physician Assistants and which is designated for the American
523 Medical Association Physician's Recognition Award Category 1
524 credit or designated by the American Academy of Physician
525 Assistants as a Category 1 credit.

526 ~~4. The department may issue a prescriber number to the~~
527 ~~physician assistant granting authority for the prescribing of~~
528 ~~medicinal drugs authorized within this paragraph upon completion~~
529 ~~of the requirements of this paragraph. The physician assistant~~
530 ~~is not required to independently register pursuant to s.~~
531 ~~465.0276.~~

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

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

546 (f) A supervisory physician may delegate to a licensed
547 physician assistant the authority to, and the licensed physician
548 assistant acting under the direction of the supervisory
549 physician may, order any medication for administration to the



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550 supervisory physician's patient in a facility licensed under
551 chapter 395 or part II of chapter 400, notwithstanding any
552 provisions in chapter 465 or chapter 893 which may prohibit this
553 delegation.

554 (g) A licensed physician assistant may perform services
555 delegated by the supervising physician in the physician
556 assistant's practice in accordance with his or her education and
557 training unless expressly prohibited under this chapter, chapter
558 458, or rules adopted under this chapter or chapter 458.

559 (h) Except for a physician certification under s. 381.986,
560 a physician assistant may authenticate any document with his or
561 her signature, certification, stamp, verification, affidavit, or
562 endorsement if such document may be so authenticated by the
563 signature, certification, stamp, verification, affidavit, or
564 endorsement of a physician, except those required for s.
565 381.986. Such documents include, but are not limited to, any of
566 the following:

567 1. Initiation of an involuntary examination pursuant to s.
568 394.463.

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

571 3. Death certificates.

572 4. School physical examinations.

573 5. Medical examinations for workers' compensation claims,
574 except medical examinations required for the evaluation and
575 assignment of the claimant's date of maximum medical improvement
576 as defined in s. 440.02 and for the impairment rating, if any,
577 under s. 440.15.

578 6. Orders for physical therapy, occupational therapy,



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579 speech-language therapy, home health services, or durable
580 medical equipment.

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

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

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

594 ~~(6) PROGRAM APPROVAL.—~~

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

605 (b) Notwithstanding any other law, a trainee may perform
606 medical services when such services are rendered within the
607 scope of an approved program ~~The boards shall adopt and publish~~



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608 ~~standards to ensure that such programs operate in a manner that~~
609 ~~does not endanger the health or welfare of the patients who~~
610 ~~receive services within the scope of the programs. The boards~~
611 ~~shall review the quality of the curricula, faculties, and~~
612 ~~facilities of such programs and take whatever other action is~~
613 ~~necessary to determine that the purposes of this section are~~
614 ~~being met.~~

615 (6)-(7) PHYSICIAN ASSISTANT LICENSURE.-

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

620 1. Is at least 18 years of age.

621 2. Has graduated from an approved program.

622 a. For an applicant who graduated after December 31, 2020,
623 has received a master's degree in accordance with the
624 Accreditation Review Commission on Education for the Physician
625 Assistant or, before 2001, its equivalent or predecessor
626 organization.

627 b. For an applicant who graduated on or before December 31,
628 2020, has received a bachelor's or master's degree from an
629 approved program.

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

633 d. For an applicant who graduated before July 1, 1983, has
634 received a certification as a physician assistant from the
635 boards.

636 e. The board may also grant a license to an applicant who



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637 does not meet the educational requirement specified in this
638 subparagraph but who has passed the Physician Assistant National
639 Certifying Examination administered by the National Commission
640 on Certification of Physician Assistants before 1986.

641 3. Has obtained a passing score as satisfactorily passed a
642 proficiency examination by an acceptable score established by
643 the National Commission on Certification of Physician Assistants
644 or its equivalent or successor organization and has been
645 nationally certified. If an applicant does not hold a current
646 certificate issued by the National Commission on Certification
647 of Physician Assistants or its equivalent or successor
648 organization and has not actively practiced as a physician
649 assistant within the immediately preceding 4 years, the
650 applicant must retake and successfully complete the entry-level
651 examination of the National Commission on Certification of
652 Physician Assistants or its equivalent or successor organization
653 to be eligible for licensure.

654 ~~4.3.~~ Has completed the application form and remitted an
655 application fee not to exceed \$300 as set by the boards. An
656 application for licensure as made by a physician assistant must
657 include:

658 a. A diploma from an approved certificate of completion of
659 a physician assistant training program specified in subsection
660 (6).

661 b. Acknowledgment of any prior felony convictions.

662 c. Acknowledgment of any previous revocation or denial of
663 licensure or certification in any state.

664 ~~d. A copy of course transcripts and a copy of the course~~
665 ~~description from a physician assistant training program~~



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666 ~~describing course content in pharmacotherapy, if the applicant~~
667 ~~wishes to apply for prescribing authority. These documents must~~
668 ~~meet the evidence requirements for prescribing authority.~~

669 ~~(d) Upon employment as a physician assistant, a licensed~~
670 ~~physician assistant must notify the department in writing within~~
671 ~~30 days after such employment or after any subsequent changes in~~
672 ~~the supervising physician. The notification must include the~~
673 ~~full name, Florida medical license number, specialty, and~~
674 ~~address of the supervising physician.~~

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



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695 may require an applicant who does not pass the licensing
696 examination after five or more attempts to complete additional
697 remedial education or training. The council shall prescribe the
698 additional requirements in a manner that permits the applicant
699 to complete the requirements and be reexamined within 2 years
700 after the date the applicant petitions the council to retake the
701 examination a sixth or subsequent time.

702 ~~(12)~~ ~~(13)~~ RULES.—The boards shall adopt rules to implement
703 this section, including rules detailing the contents of the
704 application for licensure and notification pursuant to
705 subsection (6) ~~(7)~~ and rules to ensure both the continued
706 competency of physician assistants and the proper utilization of
707 them by physicians or groups of physicians.

708 Section 3. Paragraph (a) of subsection (2) and subsections
709 (3) and (5) of section 382.008, Florida Statutes, are amended to
710 read:

711 382.008 Death, fetal death, and nonviable birth
712 registration.—

713 (2) (a) The funeral director who first assumes custody of a
714 dead body or fetus shall file the certificate of death or fetal
715 death. In the absence of the funeral director, the physician,
716 physician assistant, advanced practice registered nurse
717 registered under s. 464.0123, or other person in attendance at
718 or after the death or the district medical examiner of the
719 county in which the death occurred or the body was found shall
720 file the certificate of death or fetal death. The person who
721 files the certificate shall obtain personal data from a legally
722 authorized person as described in s. 497.005 or the best
723 qualified person or source available. The medical certification



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724 of cause of death shall be furnished to the funeral director,
725 either in person or via certified mail or electronic transfer,
726 by the physician, physician assistant, advanced practice
727 registered nurse registered under s. 464.0123, or medical
728 examiner responsible for furnishing such information. For fetal
729 deaths, the physician, physician assistant, advanced practice
730 registered nurse registered under s. 464.0123, midwife, or
731 hospital administrator shall provide any medical or health
732 information to the funeral director within 72 hours after
733 expulsion or extraction.

734 (3) Within 72 hours after receipt of a death or fetal death
735 certificate from the funeral director, the medical certification
736 of cause of death shall be completed and made available to the
737 funeral director by the decedent's primary or attending
738 practitioner or, if s. 382.011 applies, the district medical
739 examiner of the county in which the death occurred or the body
740 was found. The primary or attending practitioner or the medical
741 examiner shall certify over his or her signature the cause of
742 death to the best of his or her knowledge and belief. As used in
743 this section, the term "primary or attending practitioner" means
744 a physician, physician assistant, or advanced practice
745 registered nurse registered under s. 464.0123 who treated the
746 decedent through examination, medical advice, or medication
747 during the 12 months preceding the date of death.

748 (a) The department may grant the funeral director an
749 extension of time upon a good and sufficient showing of any of
750 the following conditions:

- 751 1. An autopsy is pending.
- 752 2. Toxicology, laboratory, or other diagnostic reports have



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753 not been completed.

754 3. The identity of the decedent is unknown and further
755 investigation or identification is required.

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

764 (5) A permanent certificate of death or fetal death,
765 containing the cause of death and any other information that was
766 previously unavailable, shall be registered as a replacement for
767 the temporary certificate. The permanent certificate may also
768 include corrected information if the items being corrected are
769 noted on the back of the certificate and dated and signed by the
770 funeral director, physician, physician assistant, advanced
771 practice registered nurse registered under s. 464.0123, or
772 district medical examiner of the county in which the death
773 occurred or the body was found, as appropriate.

774 Section 4. Paragraph (a) of subsection (2) of section
775 394.463, Florida Statutes, is amended to read:

776 394.463 Involuntary examination.—

777 (2) INVOLUNTARY EXAMINATION.—

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

780 1. A circuit or county court may enter an ex parte order
781 stating that a person appears to meet the criteria for



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782 involuntary examination and specifying the findings on which
783 that conclusion is based. The ex parte order for involuntary
784 examination must be based on written or oral sworn testimony
785 that includes specific facts that support the findings. If other
786 less restrictive means are not available, such as voluntary
787 appearance for outpatient evaluation, a law enforcement officer,
788 or other designated agent of the court, shall take the person
789 into custody and deliver him or her to an appropriate, or the
790 nearest, facility within the designated receiving system
791 pursuant to s. 394.462 for involuntary examination. The order of
792 the court shall be made a part of the patient's clinical record.
793 A fee may not be charged for the filing of an order under this
794 subsection. A facility accepting the patient based on this order
795 must send a copy of the order to the department within 5 working
796 days. The order may be submitted electronically through existing
797 data systems, if available. The order shall be valid only until
798 the person is delivered to the facility or for the period
799 specified in the order itself, whichever comes first. If a time
800 limit is not specified in the order, the order is valid for 7
801 days after the date that the order was signed.

802 2. A law enforcement officer shall take a person who
803 appears to meet the criteria for involuntary examination into
804 custody and deliver the person or have him or her delivered to
805 an appropriate, or the nearest, facility within the designated
806 receiving system pursuant to s. 394.462 for examination. The
807 officer shall execute a written report detailing the
808 circumstances under which the person was taken into custody,
809 which must be made a part of the patient's clinical record. Any
810 facility accepting the patient based on this report must send a



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811 copy of the report to the department within 5 working days.

812 3. A physician, a physician assistant, a clinical
813 psychologist, a psychiatric nurse, an advanced practice
814 registered nurse registered under s. 464.0123, a mental health
815 counselor, a marriage and family therapist, or a clinical social
816 worker may execute a certificate stating that he or she has
817 examined a person within the preceding 48 hours and finds that
818 the person appears to meet the criteria for involuntary
819 examination and stating the observations upon which that
820 conclusion is based. If other less restrictive means, such as
821 voluntary appearance for outpatient evaluation, are not
822 available, a law enforcement officer shall take into custody the
823 person named in the certificate and deliver him or her to the
824 appropriate, or nearest, facility within the designated
825 receiving system pursuant to s. 394.462 for involuntary
826 examination. The law enforcement officer shall execute a written
827 report detailing the circumstances under which the person was
828 taken into custody. The report and certificate shall be made a
829 part of the patient's clinical record. Any facility accepting
830 the patient based on this certificate must send a copy of the
831 certificate to the department within 5 working days. The
832 document may be submitted electronically through existing data
833 systems, if applicable.

834
835 When sending the order, report, or certificate to the
836 department, a facility shall, at a minimum, provide information
837 about which action was taken regarding the patient under
838 paragraph (g), which information shall also be made a part of
839 the patient's clinical record.



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

842 401.45 Denial of emergency treatment; civil liability.—

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

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

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