



556138

LEGISLATIVE ACTION

| Senate | . | House |
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| Comm: RCS | . | |
| 04/08/2021 | . | |
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Appropriations Subcommittee on Health and Human Services (Diaz)
recommended the following:

Senate Amendment (with title amendment)

Delete lines 104 - 575

and insert:

acts and omissions of the physician assistant. A physician may not supervise more than 10 ~~four~~ currently licensed physician assistants at any one time. A physician supervising a physician assistant pursuant to this section may not be required to review and cosign charts or medical records prepared by such physician assistant.



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11 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

12 (a) The boards shall adopt, by rule, the general principles
13 that supervising physicians must use in developing the scope of
14 practice of a physician assistant under direct supervision and
15 under indirect supervision. These principles shall recognize the
16 diversity of both specialty and practice settings in which
17 physician assistants are used.

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

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

24 (d) A supervisory physician may delegate to a licensed
25 physician assistant, pursuant to a written protocol, the
26 authority to act according to s. 154.04(1)(c). Such delegated
27 authority is limited to the supervising physician's practice in
28 connection with a county health department as defined and
29 established pursuant to chapter 154. The boards shall adopt
30 rules governing the supervision of physician assistants by
31 physicians in county health departments.

32 (e) A supervising physician may delegate to a fully
33 licensed physician assistant the authority to prescribe or
34 dispense any medication used in the supervising physician's
35 practice unless such medication is listed on the formulary
36 created pursuant to paragraph (f). A fully licensed physician
37 assistant may only prescribe or dispense such medication under
38 the following circumstances:

39 1. A physician assistant must clearly identify to the



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40 patient that he or she is a physician assistant ~~and inform the~~
41 ~~patient that the patient has the right to see the physician~~
42 ~~before a prescription is prescribed or dispensed by the~~
43 ~~physician assistant.~~

44 2. The supervising physician must notify the department of
45 his or her intent to delegate, on a department-approved form,
46 before delegating such authority and of any change in
47 prescriptive privileges of the physician assistant. Authority to
48 dispense may be delegated only by a supervising physician who is
49 registered as a dispensing practitioner in compliance with s.
50 465.0276.

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

54 4. The physician assistant must complete a minimum of 10
55 continuing medical education hours in the specialty practice in
56 which the physician assistant has prescriptive privileges with
57 each licensure renewal. Three of the 10 hours must consist of a
58 continuing education course on the safe and effective
59 prescribing of controlled substance medications which is offered
60 by a statewide professional association of physicians in this
61 state accredited to provide educational activities designated
62 for the American Medical Association Physician's Recognition
63 Award Category 1 credit or designated by the American Academy of
64 Physician Assistants as a Category 1 credit.

65 ~~4. The department may issue a prescriber number to the~~
66 ~~physician assistant granting authority for the prescribing of~~
67 ~~medicinal drugs authorized within this paragraph upon completion~~
68 ~~of the requirements of this paragraph. The physician assistant~~



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69 ~~is not required to independently register pursuant to s.~~
70 ~~465.0276.~~

71 5. The prescription may be in paper or electronic form but
72 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499
73 and must contain the physician assistant's, in addition to the
74 supervising physician's name, address, and telephone number, ~~the~~
75 ~~physician assistant's prescriber number~~. Unless it is a drug or
76 drug sample dispensed by the physician assistant, the
77 prescription must be filled in a pharmacy permitted under
78 chapter 465 and must be dispensed in that pharmacy by a
79 pharmacist licensed under chapter 465. ~~The inclusion of the~~
80 ~~prescriber number creates a presumption that the physician~~
81 ~~assistant is authorized to prescribe the medicinal drug and the~~
82 ~~prescription is valid.~~

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

85 (f)1. The council shall establish a formulary of medicinal
86 drugs that a fully licensed physician assistant having
87 prescribing authority under this section or s. 459.022 may not
88 prescribe. The formulary must include general anesthetics and
89 radiographic contrast materials and must limit the prescription
90 of Schedule II controlled substances as listed in s. 893.03 to a
91 7-day supply. The formulary must also restrict the prescribing
92 of Schedule II psychiatric mental health controlled substances
93 for children younger than 18 years of age to a 14-day supply,
94 provided the physician assistant is under the supervision of a
95 pediatrician, family practice physician, or psychiatrist.

96 2. In establishing the formulary, the council shall consult
97 with a pharmacist licensed under chapter 465, but not licensed



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98 under this chapter or chapter 459, who shall be selected by the
99 State Surgeon General.

100 3. Only the council shall add to, delete from, or modify
101 the formulary. Any person who requests an addition, a deletion,
102 or a modification of a medicinal drug listed on such formulary
103 has the burden of proof to show cause why such addition,
104 deletion, or modification should be made.

105 4. The boards shall adopt the formulary required by this
106 paragraph, and each addition, deletion, or modification to the
107 formulary, by rule. Notwithstanding any provision of chapter 120
108 to the contrary, the formulary rule shall be effective 60 days
109 after the date it is filed with the Secretary of State. Upon
110 adoption of the formulary, the department shall mail a copy of
111 such formulary to each fully licensed physician assistant having
112 prescribing authority under this section or s. 459.022, and to
113 each pharmacy licensed by the state. The boards shall establish,
114 by rule, a fee not to exceed \$200 to fund the provisions of this
115 paragraph and paragraph (e).

116 (g) A supervisory physician may delegate to a licensed
117 physician assistant the authority to, and the licensed physician
118 assistant acting under the direction of the supervisory
119 physician may, order any medication for administration to the
120 supervisory physician's patient in a facility licensed under
121 chapter 395 or part II of chapter 400, notwithstanding any
122 provisions in chapter 465 or chapter 893 which may prohibit this
123 delegation.

124 (h) A licensed physician assistant may perform services
125 delegated by the supervising physician in the physician
126 assistant's practice in accordance with his or her education and



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127 training unless expressly prohibited under this chapter, chapter
128 459, or rules adopted under this chapter or chapter 459.

129 (i) Except for a physician certification under s. 381.986,
130 a physician assistant may authenticate any document with his or
131 her signature, certification, stamp, verification, affidavit, or
132 endorsement if such document may be so authenticated by the
133 signature, certification, stamp, verification, affidavit, or
134 endorsement of a physician, except those required for s.
135 381.986. Such documents include, but are not limited to, any of
136 the following:

137 1. Initiation of an involuntary examination pursuant to s.
138 394.463.

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

141 3. Death certificates.

142 4. School physical examinations.

143 5. Medical examinations for workers' compensation claims,
144 except medical examinations required for the evaluation and
145 assignment of the claimant's date of maximum medical improvement
146 as defined in s. 440.02 and for the impairment rating, if any,
147 under s. 440.15.

148 6. Orders for physical therapy, occupational therapy,
149 speech-language therapy, home health services, or durable
150 medical equipment.

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

153 (k) This chapter authorizes third-party payors to reimburse
154 employers of physician assistants for covered services rendered
155 by licensed physician assistants. Payment for services within



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156 the physician assistant's scope of practice must be made when
157 ordered or performed by a physician assistant if the same
158 service would have been covered if ordered or performed by a
159 physician. Physician assistants are authorized to bill for and
160 receive direct payment for the services they deliver.

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

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

165 (a) The boards shall approve programs, based on
166 recommendations by the council, for the education and training
167 of physician assistants which meet standards established by rule
168 of the boards. The council may recommend only those physician
169 assistant programs that hold full accreditation or provisional
170 accreditation from the Accreditation Review Commission on
171 Education for the Physician Assistant or its successor entity
172 or, before 2001, from the Committee on Allied Health Education
173 and Accreditation or the Commission on Accreditation of Allied
174 Health Programs or its successor organization. Any educational
175 institution offering a physician assistant program approved by
176 the boards pursuant to this paragraph may also offer the
177 physician assistant program authorized in paragraph (c) for
178 unlicensed physicians.

179 (b) Notwithstanding any other law, a trainee may perform
180 medical services when such services are rendered within the
181 scope of an approved program ~~The boards shall adopt and publish~~
182 ~~standards to ensure that such programs operate in a manner that~~
183 ~~does not endanger the health or welfare of the patients who~~
184 ~~receive services within the scope of the programs. The boards~~



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185 ~~shall review the quality of the curricula, faculties, and~~
186 ~~facilities of such programs and take whatever other action is~~
187 ~~necessary to determine that the purposes of this section are~~
188 ~~being met.~~

189 ~~(c) Any community college with the approval of the State~~
190 ~~Board of Education may conduct a physician assistant program~~
191 ~~which shall apply for national accreditation through the~~
192 ~~American Medical Association's Committee on Allied Health,~~
193 ~~Education, and Accreditation, or its successor organization, and~~
194 ~~which may admit unlicensed physicians, as authorized in~~
195 ~~subsection (7), who are graduates of foreign medical schools~~
196 ~~listed with the World Health Organization. The unlicensed~~
197 ~~physician must have been a resident of this state for a minimum~~
198 ~~of 12 months immediately prior to admission to the program. An~~
199 ~~evaluation of knowledge base by examination shall be required to~~
200 ~~grant advanced academic credit and to fulfill the necessary~~
201 ~~requirements to graduate. A minimum of one 16-week semester of~~
202 ~~supervised clinical and didactic education, which may be~~
203 ~~completed simultaneously, shall be required before graduation~~
204 ~~from the program. All other provisions of this section shall~~
205 ~~remain in effect.~~

206 ~~(6)(7) PHYSICIAN ASSISTANT LICENSURE.-~~

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

- 211 1. Is at least 18 years of age.
212 2. Has graduated from an approved program.
213 a. For an applicant who graduated after December 31, 2020,



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214 has received a master's degree in accordance with the
215 Accreditation Review Commission on Education for the Physician
216 Assistant or, before 2001, its equivalent or predecessor
217 organization.

218 b. For an applicant who graduated on or before December 31,
219 2020, has received a bachelor's or master's degree from an
220 approved program.

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

224 d. For an applicant who graduated before July 1, 1983, has
225 received a certification as a physician assistant from the
226 boards.

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

232 3. Has obtained a passing score as ~~satisfactorily passed a~~
233 ~~proficiency examination by an acceptable score~~ established by
234 the National Commission on Certification of Physician Assistants
235 or its equivalent or successor organization and has been
236 nationally certified. If an applicant does not hold a current
237 certificate issued by the National Commission on Certification
238 of Physician Assistants or its equivalent or successor
239 organization and has not actively practiced as a physician
240 assistant within the immediately preceding 4 years, the
241 applicant must retake and successfully complete the entry-level
242 examination of the National Commission on Certification of



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243 Physician Assistants or its equivalent or successor organization
244 to be eligible for licensure.

245 ~~4.3-~~ Has completed the application form and remitted an
246 application fee not to exceed \$300 as set by the boards. An
247 application for licensure as made by a physician assistant must
248 include:

249 a. A diploma from an approved certificate of completion of
250 ~~a physician assistant training program specified in subsection~~
251 ~~(6)~~.

252 b. Acknowledgment of any prior felony convictions.

253 c. Acknowledgment of any previous revocation or denial of
254 licensure or certification in any state.

255 ~~d. A copy of course transcripts and a copy of the course~~
256 ~~description from a physician assistant training program~~
257 ~~describing course content in pharmacotherapy, if the applicant~~
258 ~~wishes to apply for prescribing authority. These documents must~~
259 ~~meet the evidence requirements for prescribing authority.~~

260 ~~(d) Upon employment as a physician assistant, a licensed~~
261 ~~physician assistant must notify the department in writing within~~
262 ~~30 days after such employment or after any subsequent changes in~~
263 ~~the supervising physician. The notification must include the~~
264 ~~full name, Florida medical license number, specialty, and~~
265 ~~address of the supervising physician.~~

266 (e) Notwithstanding subparagraph (a)2., the department may
267 grant to a recent graduate of an approved program, as specified
268 in subsection (5) ~~(6)~~, who expects to take the first examination
269 administered by the National Commission on Certification of
270 Physician Assistants available for registration after the
271 applicant's graduation, a temporary license. The temporary



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272 license shall expire 30 days after receipt of scores of the
273 proficiency examination administered by the National Commission
274 on Certification of Physician Assistants. Between meetings of
275 the council, the department may grant a temporary license to
276 practice based on the completion of all temporary licensure
277 requirements. All such administratively issued licenses shall be
278 reviewed and acted on at the next regular meeting of the
279 council. The recent graduate may be licensed before employment
280 ~~but must comply with paragraph (d)~~. An applicant who has passed
281 the proficiency examination may be granted permanent licensure.
282 An applicant failing the proficiency examination is no longer
283 temporarily licensed but may reapply for a 1-year extension of
284 temporary licensure. An applicant may not be granted more than
285 two temporary licenses and may not be licensed as a physician
286 assistant until he or she passes the examination administered by
287 the National Commission on Certification of Physician
288 Assistants. As prescribed by board rule, the council may require
289 an applicant who does not pass the licensing examination after
290 five or more attempts to complete additional remedial education
291 or training. The council shall prescribe the additional
292 requirements in a manner that permits the applicant to complete
293 the requirements and be reexamined within 2 years after the date
294 the applicant petitions the council to retake the examination a
295 sixth or subsequent time.

296 (12) ~~(13)~~ RULES.—The boards shall adopt rules to implement
297 this section, including rules detailing the contents of the
298 application for licensure and notification pursuant to
299 subsection (6) ~~(7)~~ and rules to ensure both the continued
300 competency of physician assistants and the proper utilization of



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301 them by physicians or groups of physicians.

302 Section 2. Subsections (1) through (6), paragraphs (a),
303 (d), and (e) of subsection (7), and subsection (13) of section
304 459.022, Florida Statutes, are amended to read:

305 459.022 Physician assistants.—

306 (1) LEGISLATIVE INTENT.—

307 ~~(a) The purpose of this section is to authorize physician~~
308 ~~assistants, with their education, training, and experience in~~
309 ~~the field of medicine, to provide increased efficiency of and~~
310 ~~access to high-quality medical services at a reasonable cost to~~
311 ~~consumers encourage more effective utilization of the skills of~~
312 ~~osteopathic physicians or groups of osteopathic physicians by~~
313 ~~enabling them to delegate health care tasks to qualified~~
314 ~~assistants when such delegation is consistent with the patient's~~
315 ~~health and welfare.~~

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

321 ~~(c) The purpose of this section is to encourage the~~
322 ~~utilization of physician assistants by osteopathic physicians~~
323 ~~and to allow for innovative development of programs for the~~
324 ~~education of physician assistants.~~

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

326 (a) "Approved program" means a physician assistant program
327 in the United States or in its territories or possessions which
328 is accredited by the Accreditation Review Commission on
329 Education for the Physician Assistant or, for programs before



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330 2001, accredited by its equivalent or predecessor entities the
331 Committee on Allied Health Education and Accreditation or the
332 Commission on Accreditation of Allied Health Education Programs
333 ~~program,~~ formally approved by the boards, for the education of
334 physician assistants.

335 (b) "Boards" means the Board of Medicine and the Board of
336 Osteopathic Medicine.

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

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

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

344 (f) "Physician assistant national certifying examination"
345 means the Physician Assistant National Certifying Examination
346 administered by the National Commission on Certification of
347 Physician Assistants or its successor agency.

348 (g) "Supervision" means responsible supervision and
349 control. Except in cases of emergency, supervision requires the
350 easy availability or physical presence of the licensed physician
351 for consultation and direction of the actions of the physician
352 assistant. For the purposes of this definition, the term "easy
353 availability" includes the ability to communicate by way of
354 telecommunication. The boards shall establish rules as to what
355 constitutes responsible supervision of the physician assistant.

356 ~~(g) "Proficiency examination" means an entry-level~~
357 ~~examination approved by the boards, including, but not limited~~
358 ~~to, those examinations administered by the National Commission~~



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359 ~~on Certification of Physician Assistants.~~

360 (c) ~~(h)~~ "Continuing medical education" means courses
361 recognized and approved by the boards, the American Academy of
362 Physician Assistants, the American Medical Association, the
363 American Osteopathic Association, or the Accreditation Council
364 on Continuing Medical Education.

365 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician or
366 group of physicians supervising a licensed physician assistant
367 must be qualified in the medical areas in which the physician
368 assistant is to perform and shall be individually or
369 collectively responsible and liable for the performance and the
370 acts and omissions of the physician assistant. A physician may
371 not supervise more than 10 ~~four~~ currently licensed physician
372 assistants at any one time. A physician supervising a physician
373 assistant pursuant to this section may not be required to review
374 and cosign charts or medical records prepared by such physician
375 assistant.

376 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

377 (a) The boards shall adopt, by rule, the general principles
378 that supervising physicians must use in developing the scope of
379 practice of a physician assistant under direct supervision and
380 under indirect supervision. These principles shall recognize the
381 diversity of both specialty and practice settings in which
382 physician assistants are used.

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

386 (c) Licensed physician assistants may not be denied
387 clinical hospital privileges, except for cause, so long as the



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388 supervising physician is a staff member in good standing.

389 (d) A supervisory physician may delegate to a licensed
390 physician assistant, pursuant to a written protocol, the
391 authority to act according to s. 154.04(1)(c). Such delegated
392 authority is limited to the supervising physician's practice in
393 connection with a county health department as defined and
394 established pursuant to chapter 154. The boards shall adopt
395 rules governing the supervision of physician assistants by
396 physicians in county health departments.

397 (e) A supervising physician may delegate to a fully
398 licensed physician assistant the authority to prescribe or
399 dispense any medication used in the supervising physician's
400 practice unless such medication is listed on the formulary
401 created pursuant to s. 458.347. A fully licensed physician
402 assistant may only prescribe or dispense such medication under
403 the following circumstances:

404 1. A physician assistant must clearly identify to the
405 patient that she or he is a physician assistant ~~and must inform~~
406 ~~the patient that the patient has the right to see the physician~~
407 ~~before a prescription is prescribed or dispensed by the~~
408 ~~physician assistant.~~

409 2. The supervising physician must notify the department of
410 her or his intent to delegate, on a department-approved form,
411 before delegating such authority and of any change in
412 prescriptive privileges of the physician assistant. Authority to
413 dispense may be delegated only by a supervising physician who is
414 registered as a dispensing practitioner in compliance with s.
415 465.0276.

416 3. A fully licensed physician assistant may procure medical



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417 devices and drugs unless the medication is listed on the
418 formulary created pursuant to s. 458.347(4) (f).

419 4. The physician assistant must complete a minimum of 10
420 continuing medical education hours in the specialty practice in
421 which the physician assistant has prescriptive privileges with
422 each licensure renewal. Three of the 10 hours must consist of a
423 continuing education course on the safe and effective
424 prescribing of controlled substance medications which is offered
425 by a provider that has been approved by the American Academy of
426 Physician Assistants and which is designated for the American
427 Medical Association Physician's Recognition Award Category 1
428 credit or designated by the American Academy of Physician
429 Assistants as a Category 1 credit.

430 ~~4. The department may issue a prescriber number to the~~
431 ~~physician assistant granting authority for the prescribing of~~
432 ~~medicinal drugs authorized within this paragraph upon completion~~
433 ~~of the requirements of this paragraph. The physician assistant~~
434 ~~is not required to independently register pursuant to s.~~
435 ~~465.0276.~~

436 5. The prescription may be in paper or electronic form but
437 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499
438 and must contain the physician assistant's, in addition to the
439 supervising physician's name, address, and telephone number, ~~the~~
440 ~~physician assistant's prescriber number~~. Unless it is a drug or
441 drug sample dispensed by the physician assistant, the
442 prescription must be filled in a pharmacy permitted under
443 chapter 465, and must be dispensed in that pharmacy by a
444 pharmacist licensed under chapter 465. ~~The inclusion of the~~
445 ~~prescriber number creates a presumption that the physician~~



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446 ~~assistant is authorized to prescribe the medicinal drug and the~~
447 ~~prescription is valid.~~

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

450 (f) A supervisory physician may delegate to a licensed
451 physician assistant the authority to, and the licensed physician
452 assistant acting under the direction of the supervisory
453 physician may, order any medication for administration to the
454 supervisory physician's patient in a facility licensed under
455 chapter 395 or part II of chapter 400, notwithstanding any
456 provisions in chapter 465 or chapter 893 which may prohibit this
457 delegation.

458 (g) A licensed physician assistant may perform services
459 delegated by the supervising physician in the physician
460 assistant's practice in accordance with his or her education and
461 training unless expressly prohibited under this chapter, chapter
462 458, or rules adopted under this chapter or chapter 458.

463 (h) Except for a physician certification under s. 381.986,
464 a physician assistant may authenticate any document with his or
465 her signature, certification, stamp, verification, affidavit, or
466 endorsement if such document may be so authenticated by the
467 signature, certification, stamp, verification, affidavit, or
468 endorsement of a physician, except those required for s.
469 381.986. Such documents include, but are not limited to, any of
470 the following:

471 1. Initiation of an involuntary examination pursuant to s.
472 394.463.

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474 administration of life-sustaining treatment.



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- 475 3. Death certificates.
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- 477 5. Medical examinations for workers' compensation claims,
478 except medical examinations required for the evaluation and
479 assignment of the claimant's date of maximum medical improvement
480 as defined in s. 440.02 and for the impairment rating, if any,
481 under s. 440.15.
- 482 6. Orders for physical therapy, occupational therapy,
483 speech-language therapy, home health services, or durable
484 medical equipment.
- 485 (i) A physician assistant may supervise medical assistants
486 as defined in chapter 458.

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

488
489 And the title is amended as follows:

490 Delete lines 4 - 19

491 and insert:

492 intent; defining and redefining terms; revising a
493 limitation on the number of physician assistants a
494 physician may supervise at one time; deleting a
495 requirement that a physician assistant inform his or
496 her patients that they have the right to see a
497 physician before the physician assistant prescribes or
498 dispenses a prescription; authorizing physician
499 assistants to procure drugs and medical devices;
500 providing an exception; conforming provisions to
501 changes made by the act; revising requirements for a
502 certain formulary; authorizing physician assistants to
503 authenticate documents that may be authenticated by a



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physician; providing exceptions; authorizing