



767294

LEGISLATIVE ACTION

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

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

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

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

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

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

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



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

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

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

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

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

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

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



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

79 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

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

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

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



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99 physicians in county health departments.

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

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

112 2. The supervising physician must notify the department of
113 his or her intent to delegate, on a department-approved form,
114 before delegating such authority and of any change in
115 prescriptive privileges of the physician assistant. Authority to
116 dispense may be delegated only by a supervising physician who is
117 registered as a dispensing practitioner in compliance with s.
118 465.0276.

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

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



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

133 ~~4. The department may issue a prescriber number to the~~
134 ~~physician assistant granting authority for the prescribing of~~
135 ~~medicinal drugs authorized within this paragraph upon completion~~
136 ~~of the requirements of this paragraph. The physician assistant~~
137 ~~is not required to independently register pursuant to s.~~
138 ~~465.0276.~~

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

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

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



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

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

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

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

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



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186 supervisory physician's patient in a facility licensed under
187 chapter 395 or part II of chapter 400, notwithstanding any
188 provisions in chapter 465 or chapter 893 which may prohibit this
189 delegation.

190 (h) A licensed physician assistant may perform services
191 delegated by the supervising physician in the physician
192 assistant's practice in accordance with his or her education and
193 training unless expressly prohibited under this chapter, chapter
194 459, or rules adopted under this chapter or chapter 459.

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

201 1. Initiation of an involuntary examination pursuant to s.
202 394.463.

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

205 3. Death certificates.

206 4. School physical examinations.

207 5. Medical evaluations for workers' compensation claims,
208 including date of maximum medical improvement as defined in s.
209 440.02.

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

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



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

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

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

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

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



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

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

268 ~~(6)-(7) PHYSICIAN ASSISTANT LICENSURE.-~~

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



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- 273 1. Is at least 18 years of age.
- 274 2. Has graduated from an approved program.
- 275 a. For an applicant who graduated after December 31, 2020,
276 has received a master's degree in accordance with the
277 Accreditation Review Commission on Education for the Physician
278 Assistant or, before 2001, its equivalent or predecessor
279 organization.
- 280 b. For an applicant who graduated on or before December 31,
281 2020, has received a bachelor's or master's degree from an
282 approved program.
- 283 c. For an applicant who graduated before July 1, 1994, has
284 graduated from an approved program of instruction in primary
285 health care or surgery.
- 286 d. For an applicant who graduated before July 1, 1983, has
287 received a certification as a physician assistant from the
288 boards.
- 289 e. The board may also grant a license to an applicant who
290 does not meet the educational requirement specified in this
291 subparagraph but who has passed the Physician Assistant National
292 Certifying Examination administered by the National Commission
293 on Certification of Physician Assistants before 1986.
- 294 3. Has obtained a passing score as ~~satisfactorily passed a~~
295 ~~proficiency examination by an acceptable score~~ established by
296 the National Commission on Certification of Physician Assistants
297 or its equivalent or successor organization and has been
298 nationally certified. If an applicant does not hold a current
299 certificate issued by the National Commission on Certification
300 of Physician Assistants or its equivalent or successor
301 organization and has not actively practiced as a physician



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302 assistant within the immediately preceding 4 years, the
303 applicant must retake and successfully complete the entry-level
304 examination of the National Commission on Certification of
305 Physician Assistants or its equivalent or successor organization
306 to be eligible for licensure.

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

311 a. A diploma from an approved certificate of completion of
312 a physician assistant training program specified in subsection
313 (6).

314 b. Acknowledgment of any prior felony convictions.

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

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

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

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



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

358 (13) RULES.—The boards shall adopt rules to implement this
359 section, including rules detailing the contents of the



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

364 Section 2. Subsections (1) through (6), paragraphs (a),
365 (d), and (e) of subsection (7), and subsection (13) of section
366 459.022, Florida Statutes, are amended to read:

367 459.022 Physician assistants.—

368 (1) LEGISLATIVE INTENT.—

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

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

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

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

388 (a) "Approved program" means a physician assistant program



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

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

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

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

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

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

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



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

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

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

438 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

445 (b) This chapter does not prevent third-party payors from
446 reimbursing employers of physician assistants for covered



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447 services rendered by licensed physician assistants.

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

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

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

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

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



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476 registered as a dispensing practitioner in compliance with s.
477 465.0276.

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

481 4. The physician assistant must complete a minimum of 10
482 continuing medical education hours in the specialty practice in
483 which the physician assistant has prescriptive privileges with
484 each licensure renewal. Three of the 10 hours must consist of a
485 continuing education course on the safe and effective
486 prescribing of controlled substance medications which is offered
487 by a provider that has been approved by the American Academy of
488 Physician Assistants and which is designated for the American
489 Medical Association Physician's Recognition Award Category 1
490 credit or designated by the American Academy of Physician
491 Assistants as a Category 1 credit.

492 ~~4. The department may issue a prescriber number to the~~
493 ~~physician assistant granting authority for the prescribing of~~
494 ~~medicinal drugs authorized within this paragraph upon completion~~
495 ~~of the requirements of this paragraph. The physician assistant~~
496 ~~is not required to independently register pursuant to s.~~
497 ~~465.0276.~~

498 5. The prescription may be in paper or electronic form but
499 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499
500 and must contain the physician assistant's, ~~in addition to the~~
501 ~~supervising physician's~~ name, address, and telephone number, ~~the~~
502 ~~physician assistant's~~ prescriber number. Unless it is a drug or
503 drug sample dispensed by the physician assistant, the
504 prescription must be filled in a pharmacy permitted under



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

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

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

520 (g) A licensed physician assistant may perform services
521 delegated by the supervising physician in the physician
522 assistant's practice in accordance with his or her education and
523 training unless expressly prohibited under this chapter, chapter
524 458, or rules adopted under this chapter or chapter 458.

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

531 1. Initiation of an involuntary examination pursuant to s.
532 394.463.

533 2. Do-not-resuscitate orders or physician orders for the



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534 administration of life-sustaining treatment.

535 3. Death certificates.

536 4. School physical examinations.

537 5. Medical evaluations for workers' compensation claims,
538 including date of maximum medical improvement as defined in s.
539 440.02.

540 6. Orders for physical therapy, occupational therapy,
541 speech-language therapy, home health services, or durable
542 medical equipment.

543 (i) A physician assistant may supervise medical assistants
544 as defined in this chapter and chapter 459.

545 (j) This chapter authorizes third-party payors to reimburse
546 employers of physician assistants for covered services rendered
547 by licensed physician assistants. Payment for services within
548 the physician assistant's scope of practice must be made when
549 ordered or performed by a physician assistant if the same
550 service would have been covered if ordered or performed by a
551 physician. Physician assistants are authorized to bill for and
552 receive direct payment for the services they deliver.

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

556 ~~(6) PROGRAM APPROVAL.—~~

557 (a) The boards shall approve programs, based on
558 recommendations by the council, for the education and training
559 of physician assistants which meet standards established by rule
560 of the boards. The council may recommend only those physician
561 assistant programs that hold full accreditation or provisional
562 accreditation from the Accreditation Review Commission on



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563 Education for the Physician Assistant or its successor entity
564 or, before 2001, from the Committee on Allied Health Education
565 and Accreditation or the Commission on Accreditation of Allied
566 Health Programs ~~or its successor organization.~~

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

577 (6) (7) PHYSICIAN ASSISTANT LICENSURE.-

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

582 1. Is at least 18 years of age.

583 2. Has graduated from an approved program.

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

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



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

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

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

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

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

620 a. A diploma from an approved certificate of completion of



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621 ~~a physician assistant training program specified in subsection~~
622 ~~(6).~~

623 b. Acknowledgment of any prior felony convictions.

624 c. Acknowledgment of any previous revocation or denial of
625 licensure or certification in any state.

626 ~~d. A copy of course transcripts and a copy of the course~~
627 ~~description from a physician assistant training program~~
628 ~~describing course content in pharmacotherapy, if the applicant~~
629 ~~wishes to apply for prescribing authority. These documents must~~
630 ~~meet the evidence requirements for prescribing authority.~~

631 ~~(d) Upon employment as a physician assistant, a licensed~~
632 ~~physician assistant must notify the department in writing within~~
633 ~~30 days after such employment or after any subsequent changes in~~
634 ~~the supervising physician. The notification must include the~~
635 ~~full name, Florida medical license number, specialty, and~~
636 ~~address of the supervising physician.~~

637 (e) Notwithstanding subparagraph (a)2., the department may
638 grant to a recent graduate of an approved program, as specified
639 in subsection (5) ~~(6)~~, a temporary license to expire upon
640 receipt of scores of the proficiency examination administered by
641 the National Commission on Certification of Physician
642 Assistants. Between meetings of the council, the department may
643 grant a temporary license to practice to physician assistant
644 applicants based on the completion of all temporary licensure
645 requirements. All such administratively issued licenses shall be
646 reviewed and acted on at the next regular meeting of the
647 council. The recent graduate may be licensed before ~~prior to~~
648 employment, ~~but must comply with paragraph (d)~~. An applicant who
649 has passed the proficiency examination may be granted permanent



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

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

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

672 And the title is amended as follows:

673 Delete lines 10 - 39

674 and insert:

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



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