

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Health Policy

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BILL: CS/SB 894

INTRODUCER: Health Policy Committee and Senator Diaz

SUBJECT: Physician Assistants

DATE: March 19, 2021

REVISED: \_\_\_\_\_

|    | ANALYST             | STAFF DIRECTOR | REFERENCE | ACTION |
|----|---------------------|----------------|-----------|--------|
| 1. | Rossitto-Van Winkle | Brown          | HP        | Fav/CS |
| 2. | _____               | _____          | AHS       | _____  |
| 3. | _____               | _____          | AP        | _____  |

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**Please see Section IX. for Additional Information:**

COMMITTEE SUBSTITUTE - Substantial Changes

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**I. Summary:**

CS/SB 894 revises the practice acts for physician assistants (PAs) in chs. 458 and 459, F.S., and expands the scope of practice for PAs. The bill:

- Repeals the current-law restriction on the number of PAs that a physician may supervise at any one time;
- Repeals the current-law requirement that a PA must inform a patient that the patient has the right to see a physician before a prescription is prescribed or dispensed by the PA;
- Authorizes a fully licensed PA to procure medical devices and drugs unless he or she is prohibited from prescribing the drug under the negative formulary process in effect under current law;
- Repeals the authority of the Department of Health (DOH) to issue a prescriber number to a PA upon the PA's completion of certain requirements;
- Repeals the provision in current law that prohibits a PA from prescribing a psychiatric mental health controlled substance for a minor;
- Provides that a PA may authenticate any document with his or her signature that a physician may authenticate, including, but not limited to, the date of maximum medical improvement<sup>1</sup>

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<sup>1</sup> Under s. 440.02(10), F.S., the "date of maximum medical improvement" means the date after which further recovery from, or lasting improvement to, an injury or disease can no longer reasonably be anticipated, based upon reasonable medical probability.

for a workers' compensation medical evaluation as defined in ch. 440, F.S., and a list of other orders and documents;

- Authorizes a PA to supervise medical assistants as that term is defined in chs. 458 and 459, F.S.;
- Provides the following relating to third-party payors:
  - Payment for services within a PA's scope of practice must be made when ordered or performed by a PA if the same service would have been covered if ordered or performed by a physician; and
  - PAs are authorized to bill for and receive direct payment for the services they deliver.
- Repeals the current-law requirement for the Board of Medicine (BOM) and Board of Osteopathic Medicine (BOOM) to publish standards to ensure that PA educational programs operate in a manner that does not endanger the health or welfare of patients who receive services within the scope of the programs and repeals the boards' responsibility to review the quality of the curricula, faculties, and facilities of such programs and take whatever other action is necessary to determine that the purposes of the PA practice acts are being met;
- Limits the boards' authority to approve PA programs to those in the United States and its territories or possessions and to those accredited by specific entities;
- Amends various requirements for PA licensure;
- Repeals the requirement for a licensed PA to notify the DOH in writing within 30 days of employment or after any change in his or her supervising physician; and
- Makes conforming changes to current law.

The bill provides an effective date of July 1, 2021.

## II. Present Situation:

### Physician Assistants (PAs)

#### *History of the Physician Assistant Profession*

In 1965 physicians and educators recognized there was a shortage of primary care physicians, so Duke University Medical Center, put together the first class of PAs. Duke selected four Navy Vietnam-era hospital corpsmen who had received considerable medical training during their military service. The first PA class graduated from the Duke program in 1967.<sup>2</sup>

Physicians were first authorized to use PAs in their practice in Florida in 1979. There was no PA license. The legislative intent for recognizing the PA profession was to allow physicians to delegate the performance of "medical services" to qualified PAs when such delegation was consistent with the patient's health and welfare; freeing physicians to more effectively utilize their superior medical education, training, and experience. Physicians were required to apply to their board<sup>3</sup> to utilize and supervise a PA in their practice. PAs were required to be graduates of board-approved programs, or the equivalent, and to be approved by the Department of Health

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<sup>2</sup> American Association of Physician Assistants, About, History, *History of the PA Profession*, available at <https://www.aapa.org/about/history/> (last visited Mar. 5, 2021).

<sup>3</sup> Under s. 456.001(1), F.S., "board" is defined as any board, commission, or other statutorily created entity, to the extent such entity is authorized to exercise regulatory or rulemaking functions within the Department of Health or, in some cases, within the department's Division of Medical Quality Assurance.

(DOH) to perform “medical services” under the supervision of a physician, who was certified by the board to supervise the PA. Physicians utilizing PAs were liable for any act or omissions of the PAs while under the physicians supervision.<sup>4</sup>

### ***Physician Assistant Education***

Currently there are 17 universities in Florida offering PA programs accredited by the Accreditation Review Commission on Education (ARC-PA),<sup>5</sup> and, while each program is unique, most require the following for admission:

- Bachelor’s degree with minimum GPA 3.0, 3.0 math/science, and 20 to 28 hours of prerequisite courses in:
  - Human anatomy and physiology with labs;
  - Microbiology with lab;
  - General chemistry with lab;
  - Statistics; and
  - Medical terminology.
- GRE scores 300, 3.5 or above;
- Previous health care experience: 500 to 2,000 patient contact hours;
- Three to five letters of recommendation; and
- A Computer-Based Assessment for Sampling Personal Characteristics (CASPer) test score.

PA programs are on average 24 to 27 months, or six or seven semesters, requiring 96 to 111 plus clinical and classroom credit hours to graduate. The programs are designed to prepare students to practice as part of a Physician-PA team. Upon completion, graduates receive a Master of Science in PA Practice degree or a Master of PA Studies, or similar degree. Most PA programs require students to complete the following requirements:

- Earn a passing grade, defined as a "C" or better, in each required course/clinical;
- Graduate with a 3.0 cumulative GPA;
- Demonstrate successful completion of a summative evaluation, which includes:
  - A comprehensive written examination;
  - An objective structured clinical exam; and
  - A professional behavior assessment.<sup>6</sup>

Following graduation, a PA candidate must take and pass the PA National Certifying Examination (PANCE) given by the National Commission on Certification of PAs (NCCPA) to

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<sup>4</sup> Chapter 79-230, s. 1., and ch. 79-320, s. 1., Laws of Fla. (Creating ss. 459.018 and 458.017, F.S., effective Jul. 1, 1979).

<sup>5</sup> Florida Academy of PAs, *For Students - PA Programs in Florida*, available at <https://www.fapaonline.org/page/studentprograms> (last visited Mar. 4, 2021). This was not a degree from Duke University, but a certificate.

<sup>6</sup> See Florida State University, College of Medicine, *Physician Assistant*, available at <https://med.fsu.edu/pa/home> (last visited Mar. 4, 2021); University of Florida, College of Medicine, *School of Physician Assistant Studies*, available at <https://pa.med.ufl.edu/> (last visited Mar. 4, 2021). Florida International University, *Master in Physician Assistant Studies (MPAS)*, available at <https://medicine.fiu.edu/academics/degrees-and-programs/master-in-physician-studies/index.html> (last visited Mar. 4, 2021).

become certified. It is a five-hour exam with 300 multiple-choice questions, with no didactic components.<sup>7</sup>

### ***The Council of Physician Assistants***

Under current-law, PAs are regulated within the DOH by the Florida Council on Physician Assistants (Council) in conjunction with either the Board of Medicine (BOM) for PAs licensed under ch. 458, F.S., or the Board of Osteopathic Medicine (BOOM) for PAs licensed under ch. 459, F.S.<sup>8</sup>

The Council consists of five members, appointed as follows:<sup>9</sup>

- The chairperson of the BOM appoints one member who is a physician and member of the BOM who supervises a PA in his or her practice;
- The chairperson of the BOOM appoints one member who is a physician and member of the BOOM who supervises a PA in his or her practice; and
- The State Surgeon General, or his or her designee, appoints three PAs licensed under chs. 458 or 459, F.S.

The Council is responsible for:<sup>10</sup>

- Recommending PAs to the DOH for licensure;
- Developing rules for the boards' consideration<sup>11</sup> regulating the use of PAs by physicians;
- Developing rules to ensure the continuity of supervision in each practice setting;
- Making recommendations to the boards on matters relating to PAs;
- Addressing the concerns and problems of practicing PAs in order to improve safety in the clinical practices of PAs;<sup>12</sup> and
- Denying, restricting, or placing conditions on the license of a PA who fails to meet the licensing requirements.<sup>13</sup>

### ***Physician Assistant Licensure***

An applicant for a PA license must be at least 18 years of age. The DOH must issue a license to a person who has been certified by the Council as having met all of the following requirements:<sup>14</sup>

- Completed an approved PA training program;<sup>15</sup>
- Obtained a passing score on the NCCPA PONCE exam;
- Acknowledged any prior felony convictions;

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<sup>7</sup> The National Commission on Certification of PA (NCCPA), Become Certified, *Becoming Certified* available at <https://www.nccpa.net/BecomingCertified> (last visited Mar. 4, 2021). The NCCPA is the only certifying organization for PAs in the United States. As of Dec. 31, 2020, there were approximately 148,500 certified PAs in the United States.

<sup>8</sup> Sections 458.347 and 459.022, F.S.

<sup>9</sup> Sections 458.347(9) and 459.022(9), F.S. Members of the Board of Medicine and the Board of Osteopathic Medicine are appointed by the Governor and confirmed by the Senate. *See* ss. 458.307 and 459.004, F.S., respectively.

<sup>10</sup> *Id.*

<sup>11</sup> *See* ss. 458.347(9)(c)2. and 459.022(9)(c)2., F.S.

<sup>12</sup> *Id.*

<sup>13</sup> Sections 458.347(9)(d) and 459.022(9)(d), F.S.

<sup>14</sup> Sections 458.347(7) and 459.022(7), F.S.

<sup>15</sup> *See* Fla. Admin. Code R. 64B8-30.012 and 64B15.004 (2020).

- Submitted to a background screening and have no disqualifying offenses;<sup>16</sup>
- Acknowledged any previous revocation or denial of licensure in any state; and
- Provided a copy of course transcripts and a copy of the course descriptions from the PA's training program describing the course content in pharmacotherapy if the applicant is seeking prescribing authority.

PAs must renew their licenses biennially. During each biennial renewal cycle, a PA must complete 100 hours of continuing medical education or must demonstrate current certification issued by the NCCPA.<sup>17</sup> To maintain certification, a PA must earn at least 100 hours of continuing medical education biennially, and must take and pass a re-certification examination every 10 years.<sup>18</sup>

### ***Physician Assistant Scope of Practice and Physician Supervision***

A PA is licensed to perform only those medical services delegated to him or her by a supervising allopathic or osteopathic physician.<sup>19</sup> PAs may only practice under the direct or indirect supervision of a physician with whom they have a working relationship.<sup>20</sup>

A supervising physician may only delegate tasks and procedures to the PA that are within the supervising physician's scope of practice. A supervising physician decides whether to permit a PA to perform a task or procedure under direct or indirect supervision based on his or her reasonable medical judgment regarding the probability of morbidity and mortality to the patient, and the physician must be certain the PA has the knowledge and skills to perform the task or procedure assigned.<sup>21</sup>

Current law requires a supervising physician to exercise "responsible supervision" and control and, except in cases of emergency, requires the easy availability or physical presence of the physician for consultation and direction of the actions of the PA. The BOM and BOOM establish rules as to what constitutes responsible supervision.<sup>22</sup>

The boards have established by rule that "responsible supervision" of a PA means the ability of the supervising physician to exercise control and provide direction over the services or tasks performed by the PA. Whether the supervision of a PA is adequate is dependent upon the:

- Complexity of the task;
- Risk to the patient;
- Background, training, and skill of the PA;
- Adequacy of the direction in terms of its form;
- Setting in which the tasks are performed;
- Availability of the supervising physician;

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<sup>16</sup> Sections 456.0135, F.S.

<sup>17</sup> Sections 458.347(7)(c) and 459.022(7)(c), F.S.

<sup>18</sup> National Commission on Certification of Physician Assistants, *Maintaining Certification*, available at <https://www.nccpa.net/CertificationProcess> (last visited Mar. 4, 2021).

<sup>19</sup> Sections 458.347(4) and 459.022(4), F.S.

<sup>20</sup> Sections 458.347(2)(f) and 459.022(2)(f), F.S.

<sup>21</sup> Fla. Adm. Code R. 64B8-30.012(2) and 64B15-6.010(2) (2021).

<sup>22</sup> Sections 458.347(2)(f) and 459.022(2)(f), F.S.

- Necessity for immediate attention; and
- Number of other persons that the supervising physician must supervise.<sup>23</sup>

Responsible supervision and control also require the supervising physician to periodically review the PA's performance<sup>24</sup> and to determine the level of supervision the PA requires for every task or procedure delegated to a PA as to whether it will be under:<sup>25</sup>

- *Direct supervision:* Requires the physical presence of the supervising physician on the premises so that the physician is immediately available to the PA when needed; or
- *Indirect supervision:* Requires the supervising physician to be within reasonable physical proximity, and easily availability, to the PA for communication with the PA, including via telecommunication.

A supervising physician may also delegate to a PA his or her authority to:

- Prescribe or dispense any medicinal drug used in the supervising physician's practice unless such medication is listed in the negative formulary established by the Council, but only under the following circumstances:
  - The PA identifies himself or herself as a PA and advises the patient of his or her right to see a physician before the prescription is written or dispensed;
  - The supervising physician must be registered as a dispensing practitioner and have notified the DOH on an approved form of his or her intent to delegate prescriptive authority or to change prescriptive authority; and
  - The PA must have completed 10 hours of continuing medical education in the specialty practice in which the PA has prescriptive authority with each licensure renewal, and three of the 10 hours must be on the safe and effective prescribing of controlled substances.
- Order any medication for administration to the supervising physician's patient in a hospital or other facility licensed under ch. 395, F.S., or a nursing homes licensed under Part II, ch. 400, F.S.; and
- Perform any other service that is not expressly prohibited in the PA Practice Acts, or the rules adopted thereunder.

A supervising physician is responsible and liable for any acts or omissions of the PAs he or she supervises and may not supervise more than four PAs at any time.<sup>26</sup>

Upon employment as a PA, a licensed PA must notify the DOH of his or her supervising physician in writing within 30 days after such employment or after any subsequent changes of his or her supervising physician. The notification must include the full name, Florida medical license number, specialty, and address of the supervising physician.<sup>27</sup>

<sup>23</sup> Fla. Admin. Code R. 64B8-2.001, 64B8-30.001, and 64B15-6.001 (2020).

<sup>24</sup> Fla. Adm. Code R. 64B8-30.001(3) and 64B15-6.001(3) (2021).

<sup>25</sup> Fla. Adm. Code R. 64B8-30.001(4)(5) and 64B15-6.001(4)(5) (2021).

<sup>26</sup> Sections 458.347(15) and 459.022(15), F.S.

<sup>27</sup> Sections 458.458.347(7) and 459.022(7), F.S.

## ***Health Care Reimbursement for PA Services***

### ***Medicare***

Medicare generally pays for medical and surgical services provided by PAs at 85 percent of the physician fee schedule. This rate generally applies to all practice settings, including hospitals, nursing facilities, homes, offices, and clinics. However, when acting as a surgical assistant, the PA's reimbursement rate is only 13.6 percent of the primary surgeon's allowable fee, and no payment is made for a PAs assisting at surgery at an approved and accredited teaching hospital unless no residents are available, the surgeon does not use residents with his patients, or trauma surgery is required. To be eligible for Medicare reimbursement for PA services, a PA must:

- Have graduated from an accredited PA program or passed the national certification exam;
- Be state-licensed;
- Obtain a National Provider Identifier (NPI); and
- Enroll in Medicare through PECOS.<sup>28</sup>

A PA's required level of supervision under Medicare for reimbursement generally requires access to the collaborating physician or supervising physician by reliable electronic communication. Personal presence of the physician is generally not required. Medicare policies will not override state law guidelines or facility policies.<sup>29</sup> Medicare does allow PAs to submit claims under their own NPI as the rendering provider but does not allow PAs to "direct bill" (receive payment directly). Reimbursement is made to the PA's employer.<sup>30</sup>

Notable restrictions on a PA's scope of practice under Medicare include:

- PAs may not order home health services or sign a patient's home health plan of care;
- PAs may not perform the initial comprehensive visit for patients in skilled nursing facilities;
- PAs are not reimbursed for certifying terminal illness;
- PAs may not delegate the performance of diagnostic tests requiring direct or personal supervision to ancillary staff; and
- PAs cannot be directly reimbursed for covered Medicare services, currently.<sup>31</sup>

### ***Medicaid***

Unlike the Medicare program, which has federal laws mandating the coverage of medical services provided by PAs, the state determines whether PAs are eligible providers under its Medicaid program and which services PAs are able to provide. In Florida, if a PA performs a service for a Medicaid enrollee, the PA must have his or her own provider number, and the service must be billed using the PA's number unless the physician performs the majority of the service.<sup>32</sup> Medicaid services provided by PA within his or her scope of practice may be billed

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<sup>28</sup> American Association of Physician Assistants, *Basic Concepts of Reimbursement: a Primer*, available at <https://www.aapa.org/wp-content/uploads/2018/04/WEB-18.066-Program-Director-Page-Redesign-Reimbursement-101-v2.pdf> (last viewed Mar. 8, 2021).

<sup>29</sup> *Id.*

<sup>30</sup> *Supra* note 24.

<sup>31</sup> See 42 U.S.C. 1395u(b)(6)(C), 2021, which will allow services provided by PA to be directly billed and paid to PAs only when no other facility or provider services are billed the same day after Jan. 1, 2022.

<sup>32</sup> Agency for Health Care Administration, *Florida Medicare Provider Reimbursement Handbook* available at [https://ahca.myflorida.com/medicaid/review/Reimbursement/RH\\_08\\_080701\\_CMS-1500\\_ver1\\_4.pdf](https://ahca.myflorida.com/medicaid/review/Reimbursement/RH_08_080701_CMS-1500_ver1_4.pdf) (last visited Mar. 8, 2021).

under a physician's Medicaid provider number when the physician is in the building and able to render assistance as needed. These services are reimbursed at the physician-allowable amount. Services provided within the PA's scope of practice that are performed when the physician is not in the building must be billed under the rendering PA's Medicaid provider number and are reimbursed at 80 percent of the allowable amount.<sup>33</sup>

### ***Commercial Health Insurance***

Commercial insurers have their own rules that are similar, the same, or completely different than those policies found under Medicare and Medicaid. Many choose not to enroll PAs and instruct a PA to bill under the physician's number. For those that enroll PAs, billing and coverage policies must be clearly ascertained by every individual practice for every individual payer with whom they contract.

### **III. Effect of Proposed Changes:**

CS/SB 894 revises the practice acts for PAs in chs. 458 and 459, F.S., and expands the scope of practice for PAs. The bill:

- Amends the legislative intent for the PA practice acts for PAs to be authorized, with their education, training, and experience in the field of medicine, to provide increased efficiency of and access to high-quality medical services at a reasonable cost to consumers, while eliminating from legislative intent the concept of a PA assisting a physician;
- Amends the definition of an "approved program" for PAs to include programs formally approved by the BOM and BOOM that are:
  - Programs in the United States or its territories or possessions;
  - Accredited by the Accreditation Review Commission on Education for the Physician Assistant or, for programs before 2001, accredited by its equivalent or predecessor entities:
    - The Committee on Allied Health Education and Accreditation; or
    - The Commission on Accreditation of Allied Health Education Programs;
- Repeals the definition of "proficiency examination;"
- Designates the "physician assistant national certification examination" as the PANCE administered by the NCCPA or its successor agency;
- Amends the list of PA program accrediting entities that PA programs must be accredited by for the PA Council to recommend to the boards for approval, to include:
  - The Accreditation Review Commission on Education for the Physician Assistant or its successor entity; or
  - Before 2001:
    - The Committee on Allied Health Education and Accreditation; or
    - The Commission on Accreditation of Allied Health Programs.
- Limits the boards' authority to approve PA programs to those in the United States and its territories or possessions and to those accredited by:
  - The Accreditation Review Commission on Education for the Physician Assistant; or
  - For programs before 2001:

<sup>33</sup> Agency for Health Care Administration, *Practitioner Fee Schedule*, available at [https://ahca.myflorida.com/medicaid/review/Reimbursement/2020-01-01\\_Fee\\_Sched\\_Billing\\_Codes/Practitioner\\_Fee\\_Schedule\\_2020.pdf](https://ahca.myflorida.com/medicaid/review/Reimbursement/2020-01-01_Fee_Sched_Billing_Codes/Practitioner_Fee_Schedule_2020.pdf) (last visited Mar. 15, 2021).



- Committee on Allied Health Education and Accreditation; or
  - The Commission on Accreditation of Allied Health Education Programs.
- Repeals the current-law requirement for the BOM and BOOM to publish standards to ensure that PA educational programs operate in a manner that does not endanger the health or welfare of patients who receive services within the scope of the programs and repeals the boards' responsibility to review the quality of the curricula, faculties, and facilities of such programs and take whatever other action is necessary to determine that the purposes of the PA practice acts are being met;
- Amends PA licensure requirements to require the DOH to issue a license to each applicant recommended by the Council that meets all of the following additional requirements:
  - Submits an application which must include:
    - A diploma from an approved PA program, not a copy, evidencing graduation from an approved PA program, with an appropriate degree based on the date of graduation:
      - After December 31, 2020, must have a master's degree from an approved program;
      - Before January 1, 2020, must have obtained a bachelor's or master's degree from an approved program;
      - Before July 1, 1994, must have graduated from an approved program of instruction in primary health care or surgery;
      - Before July 1, 1983, must have obtained certification as a PA by the boards; and
      - For applicants who do not meet any of the educational requirements specified above, but who have passed the PANCE examination administered by the NCCPA before 1986, the board may also grant a license.
    - Obtaining a passing score established by the NCCPA on the PANCE examination administered by the NCCPA;<sup>34</sup>and
    - Providing acknowledgments of any prior felony convictions or previous revocations of licenses or certifications in any state.
- Repeals the requirements that applicants for PA licensure must submit with their application:
  - A PA program verification form; and
  - A copy of course transcripts and course descriptions from the PA program describing course content in pharmacotherapy, if the applicant intends to apply for prescribing authority.
- Repeals current law requiring that a licensed PA must notify the DOH within 30 days after starting employment, or after any changes in supervising physician, including the full name, medical license number, specialty, and address of the supervising physician;
- Authorizes PAs to procure medical devices and drugs unless listed in the negative formulary established by the Council and adopted by the BOM and the BOOM;
- Authorizes PAs to directly bill and receive payment from public and private insurance companies for services rendered;<sup>35</sup>
- Repeals the current-law prohibition against a physician supervising more than four PAs at any one time;
- Repeals current law providing that a physician supervising a PA may not be required to review and co-sign charts or medical records prepared by such PA;

<sup>34</sup> The bill further requires that if an applicant does not hold a current NCCPA certificate and has not actively practiced as a PA within the preceding four years, the applicant must retake and successfully pass the NCCPA to be eligible for licensure.

<sup>35</sup> See note 28.

- Repeals the current-law requirement that PAs must inform patients that they have the right to see the physician before a prescription is prescribed or dispensed by the PA;
- Repeals current law requiring the name, address and telephone number of the supervising physician be on PA prescriptions and requires PAs' name, address, and telephone number on prescription forms;
- Repeals the presumption that the inclusion of the PA prescriber number on a prescription indicates the PA is authorized to prescribe the medicinal drug and that the prescription is valid;
- Repeals the DOH's authority to issue to a PA a prescriber number to prescribe medicinal drugs;
- Repeals the provision in current law that prohibits a PA from prescribing a psychiatric mental health controlled substance for a minor;
- Authorizes PAs to supervise medical assistants;<sup>36</sup>
- Authorizes licensed PAs to authenticate any document with his or her signature, certification, stamp, verification, affidavit, or endorsement if the document may be authenticated by the signature, certification, stamp, verification, affidavit, or endorsement of a physician.<sup>37</sup> Such documents include, but are not limited to:
  - Initiation of an involuntary examination under the Baker Act;<sup>38</sup>
  - Do-not-resuscitate (DNR) orders or orders for life-sustaining treatment;
  - Death certificates;
  - School physical examinations;
  - Medical evaluations for workers' compensation claims, including date of maximum medical improvement as defined in s. 440.02, F.S.;<sup>39</sup>
  - Orders for:
    - Physical therapy;
    - Occupational therapy;
    - Speech-language therapy;
    - Home health services; and
    - Durable medical equipment.
- Amends current law on death, fetal death, and nonviable birth registration<sup>40</sup> and authorizes PAs to:
  - File the certificate of death or fetal death in the absence of a funeral director; and
  - Correct a permanent death certificate.

The bill makes conforming changes to the sections of current law relating to the involuntary examinations under the Baker Act<sup>41</sup> and the signing of DNR orders.

The bill provides an effective date of July 1, 2021.

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<sup>36</sup> See s. 458.3485, F.S., A medical assistant is a professional multi-skilled person dedicated to assisting in all aspects of medical practice under the direct supervision and responsibility of a physician.

<sup>37</sup> See s. 381.986, F.S. This could include certifications for the use of medical marijuana if certain requirements are met by the PA.

<sup>38</sup> See s 384.463, F.S.

<sup>39</sup> See note 1.

<sup>40</sup> Section 382.008, F.S.

<sup>41</sup> Section 394.463, F.S.

**IV. Constitutional Issues:**

## A. Municipality/County Mandates Restrictions:

None.

## B. Public Records/Open Meetings Issues:

None.

## C. Trust Funds Restrictions:

None.

## D. State Tax or Fee Increases:

None.

## E. Other Constitutional Issues:

None.

**V. Fiscal Impact Statement:**

## A. Tax/Fee Issues:

None.

## B. Private Sector Impact:

The bill might result in increased costs borne by a private health insurer or health maintenance organization that covers the additional PA services authorized under the bill with the expanded scope of practice.

## C. Government Sector Impact:

The bill might result in increased costs for PA services under state group health insurance and under Medicaid, to the extent a PA's additional authorized medical services would be covered similar to physician services under those respective benefit packages. The fiscal impact is indeterminate at this time.

**VI. Technical Deficiencies:**

Lines 244-245 indicate that medical assistants are defined in chs. 458 and 459, F.S. However, medical assistants are defined and regulated only in ch. 458, F.S.

## VII. Related Issues:

The bill authorizes PAs to “authenticate” medical evaluations for workers’ compensation claims, including date of maximum medical improvement (MMI) as defined in s. 440.02, F.S. However:

- The bill does not authorize PAs to perform the workers’ compensation medical evaluations.
- It is unclear whether the intent of the bill is to:
  - Authorize PAs to perform workers’ compensation medical examinations and determine a date of MMI as delegated by supervising physicians; or
  - Authorize the PA to sign the report for the physician who actually performs the workers’ compensation medical evaluation and makes the determination of the MMI date;
- Under current-law PAs are not authorized under ch. 440, F.S.,<sup>42</sup> Florida Administrative Code Chapter 69L,<sup>43</sup> or the Florida Workers’ Compensation Health Care Provider Reimbursement Manual<sup>44</sup> to perform medical evaluations for worker’s compensation claims or to make a determination of MMI. Only physicians or expert medical advisors may perform such medical evaluations;<sup>45</sup>

The bill authorizes PAs to bill for and receive direct payment for the services they deliver. However:

- Nothing in the bill requires public or private insurers to pay PAs directly for those services;
- Health insurance policies, and contracts with providers, are negotiated between the parties involved and they dictate how and to whom payment for services and benefits are made, in accordance with the provisions of the policy or contract;
- Any insurer who has contracted with a preferred provider for the delivery of health care services to its insureds must make payments directly to the preferred provider for such service, and insurers traditionally contract with supervising physicians and include PA services, not directly with PAs;<sup>46</sup> and
- Workers’ compensation carriers do not pay PAs directly, as they are not authorized under workers’ compensation law.<sup>47</sup>

<sup>42</sup> Section 440.13(1)(h) and (i), F. S., An “independent medical examiner” is a physician selected by either an employee or a carrier to render one or more independent medical examinations in connection with a dispute arising under this chapter. An “independent medical examination” is an objective evaluation of the injured employee’s medical condition, including, but not limited to, impairment or work status, performed by a physician or an expert medical advisor at the request of a party, a judge of compensation claims, or the department to assist in the resolution of a dispute arising under this chapter.

<sup>43</sup> Fla. Admin. Code R. 69L-30.002(4),(2021), an “Expert Medical Advisor” (EMA) is a physician certified by the Department of Financial Services, or appointed by a Judge of Compensation Claims (JCC) under paragraph 440.13(9)(c), F.S., to render peer review or expert medical consultation, opinions, and testimony, within the advisor’s specialty area, concerning issues related to reimbursement, differing opinions of health care providers, and physician and health care services rendered under the Florida Workers’ Compensation health care delivery system.

<sup>44</sup> See also Fla. Admin. Code R., 69L-7020 (2021), Florida Workers’ Compensation Health Care Provider Reimbursement Manual, 2016 Ed., ch. 2, Medical Services, Independent Medical Examinations, pp 33-34.

<sup>45</sup> *Id.*

<sup>46</sup> Section 627.628, F.S.

<sup>47</sup> See note 43.

**VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 458.347, 459.022, 382.008, 394.463, and 401.45.

**IX. Additional Information:**

- A. **Committee Substitute – Statement of Substantial Changes:**  
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

**CS by Health Policy on March 17, 2021:**

The CS eliminates certain provisions from the underlying bill, including authority for PAs to practice primary care autonomously, after meeting certain requirements, without physician supervision, and other provisions, including:

- The legislative intent for PAs to practice medicine;
- A provision to prohibit PAs from authenticating certifications for a patient to use medical marijuana;
- A requirement that for PAs to authenticate death certificates, the PA must have had training on the completion of death certificates; and
- A requirement that applicants for a PA licensure must submit:
  - A PA program verification form; and
  - An evidence-quality copy of course transcripts and a copy of the course description from a PA training program describing course content in pharmacotherapy, if the applicant wishes to apply for prescribing authority.

The CS inserts the following into the bill:

- Repeals the provision in current law that prohibits a PA from prescribing a psychiatric mental health controlled substance for a minor;
- Provides the following relating to third-party payors:
  - Payment for services within a PA's scope of practice must be made when ordered or performed by a PA if the same service would have been covered if ordered or performed by a physician; and
  - PAs are authorized to bill for and receive direct payment for the services they deliver.
- Repeals the current-law requirement that a licensed PA must notify the DOH within 30 days after starting employment, or after any changes in supervising physician, including the full name, medical license number, specialty, and address of the supervising physician;
- Repeals current law requiring the name, address and telephone number of the supervising physician on PAs prescriptions, but requires PAs' name, address and telephone number on prescriptions;
- Repeals the presumption that the inclusion of the PA prescriber number on a prescription indicates the PA is authorized to prescribe the medicinal drug and the prescription is valid.
- Authorizes PAs to include date of MMI when authenticating medical evaluations for workers' compensation claims;

- Repeals the current-law requirement that PAs must inform patients that they have the right to see the physician before a prescription is prescribed or dispensed by the PA; and
- Authorizes licensed PA to procure medical devices and drugs unless the drug is listed on the negative formulary.

B. Amendments:

None.

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This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

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