

By the Committee on Health Policy; and Senator Diaz

588-02977-21

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1 A bill to be entitled
2 An act relating to physician assistants; amending ss.
3 458.347 and 459.022, F.S.; revising legislative
4 intent; defining and redefining terms; deleting a
5 limitation on the number of physician assistants a
6 physician may supervise at one time; deleting a
7 provision prohibiting a requirement that a supervising
8 physician review and cosign charts or medical records
9 prepared by a physician assistant under his or her
10 supervision; deleting a requirement that a physician
11 assistant inform his or her patients that they have
12 the right to see a physician before the physician
13 assistant prescribes or dispenses a prescription;
14 authorizing physician assistants to procure drugs and
15 medical devices; providing an exception; conforming
16 provisions to changes made by the act; revising
17 requirements for a certain formulary; authorizing
18 physician assistants to authenticate documents that
19 may be authenticated by a physician; authorizing
20 physician assistants to supervise medical assistants;
21 authorizing third-party payors to reimburse employers
22 of physician assistants for services rendered;
23 providing requirements for such payment for services;
24 authorizing physician assistants to bill for and
25 receive direct payment for services they deliver;
26 revising provisions relating to approved programs for
27 physician assistants; revising provisions relating to
28 physician assistant licensure requirements; amending
29 ss. 382.008, 394.463, and 401.45, F.S.; conforming

588-02977-21

2021894c1

30 provisions relating to certificates of death,
31 certificates for involuntary examinations, and orders
32 not to resuscitate, respectively, to changes made by
33 the act; providing an effective date.
34

35 Be It Enacted by the Legislature of the State of Florida:
36

37 Section 1. Subsections (1) through (6), paragraphs (a),
38 (d), and (e) of subsection (7), and subsection (13) of section
39 458.347, Florida Statutes, are amended to read:

40 458.347 Physician assistants.—

41 (1) LEGISLATIVE INTENT.—

42 ~~(a) The purpose of this section is to~~ authorize physician
43 assistants, with their education, training, and experience in
44 the field of medicine, to provide increased efficiency of and
45 access to high-quality medical services at a reasonable cost to
46 consumers ~~encourage more effective utilization of the skills of~~
47 ~~physicians or groups of physicians by enabling them to delegate~~
48 ~~health care tasks to qualified assistants when such delegation~~
49 ~~is consistent with the patient's health and welfare.~~

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

55 ~~(c) The purpose of this section is to encourage the~~
56 ~~utilization of physician assistants by physicians and to allow~~
57 ~~for innovative development of programs for the education of~~
58 ~~physician assistants.~~

588-02977-21

2021894c1

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

60 (a) "Approved program" means a physician assistant program
61 in the United States or in its territories or possessions which
62 is accredited by the Accreditation Review Commission on
63 Education for the Physician Assistant or, for programs before
64 2001, accredited by its equivalent or predecessor entities the
65 Committee on Allied Health Education and Accreditation or the
66 Commission on Accreditation of Allied Health Education Programs
67 ~~program,~~ formally approved by the boards, for the education of
68 physician assistants.

69 (b) "Boards" means the Board of Medicine and the Board of
70 Osteopathic Medicine.

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

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

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

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

82 (g) "Supervision" means responsible supervision and
83 control. Except in cases of emergency, supervision requires the
84 easy availability or physical presence of the licensed physician
85 for consultation and direction of the actions of the physician
86 assistant. For the purposes of this definition, the term "easy
87 availability" includes the ability to communicate by way of

588-02977-21

2021894c1

88 telecommunication. The boards shall establish rules as to what
89 constitutes responsible supervision of the physician assistant.

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

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

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

110 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

588-02977-21

2021894c1

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

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

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

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

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

143 2. The supervising physician must notify the department of
144 his or her intent to delegate, on a department-approved form,
145 before delegating such authority and of any change in

588-02977-21

2021894c1

146 prescriptive privileges of the physician assistant. Authority to
147 dispense may be delegated only by a supervising physician who is
148 registered as a dispensing practitioner in compliance with s.
149 465.0276.

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

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

164 ~~4. The department may issue a prescriber number to the~~
165 ~~physician assistant granting authority for the prescribing of~~
166 ~~medicinal drugs authorized within this paragraph upon completion~~
167 ~~of the requirements of this paragraph. The physician assistant~~
168 ~~is not required to independently register pursuant to s.~~
169 ~~465.0276.~~

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

588-02977-21

2021894c1

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

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

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

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

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

202 4. The boards shall adopt the formulary required by this
203 paragraph, and each addition, deletion, or modification to the

588-02977-21

2021894c1

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

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

221 (h) A licensed physician assistant may perform services
222 delegated by the supervising physician in the physician
223 assistant's practice in accordance with his or her education and
224 training unless expressly prohibited under this chapter, chapter
225 459, or rules adopted under this chapter or chapter 459.

226 (i) A physician assistant may authenticate any document
227 with his or her signature, certification, stamp, verification,
228 affidavit, or endorsement if such document may be so
229 authenticated by the signature, certification, stamp,
230 verification, affidavit, or endorsement of a physician. Such
231 documents include, but are not limited to, any of the following:

232 1. Initiation of an involuntary examination pursuant to s.

588-02977-21

2021894c1

233 394.463.

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

236 3. Death certificates.

237 4. School physical examinations.

238 5. Medical evaluations for workers' compensation claims,
239 including date of maximum medical improvement as defined in s.
240 440.02.

241 6. Orders for physical therapy, occupational therapy,
242 speech-language therapy, home health services, or durable
243 medical equipment.

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

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

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

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

258 (a) The boards shall approve programs, based on
259 recommendations by the council, for the education and training
260 of physician assistants which meet standards established by rule
261 of the boards. The council may recommend only those physician

588-02977-21

2021894c1

262 assistant programs that hold full accreditation or provisional
263 accreditation from the Accreditation Review Commission on
264 Education for the Physician Assistant or its successor entity
265 or, before 2001, from the Committee on Allied Health Education
266 and Accreditation or the Commission on Accreditation of Allied
267 Health Programs or its successor organization. Any educational
268 institution offering a physician assistant program approved by
269 the boards pursuant to this paragraph may also offer the
270 physician assistant program authorized in paragraph (c) for
271 unlicensed physicians.

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

282 (c) ~~Any community college with the approval of the State~~
283 ~~Board of Education may conduct a physician assistant program~~
284 ~~which shall apply for national accreditation through the~~
285 ~~American Medical Association's Committee on Allied Health,~~
286 ~~Education, and Accreditation, or its successor organization, and~~
287 ~~which may admit unlicensed physicians, as authorized in~~
288 ~~subsection (7), who are graduates of foreign medical schools~~
289 ~~listed with the World Health Organization. The unlicensed~~
290 ~~physician must have been a resident of this state for a minimum~~

588-02977-21

2021894c1

291 ~~of 12 months immediately prior to admission to the program. An~~
292 ~~evaluation of knowledge base by examination shall be required to~~
293 ~~grant advanced academic credit and to fulfill the necessary~~
294 ~~requirements to graduate. A minimum of one 16-week semester of~~
295 ~~supervised clinical and didactic education, which may be~~
296 ~~completed simultaneously, shall be required before graduation~~
297 ~~from the program. All other provisions of this section shall~~
298 ~~remain in effect.~~

299 (6)~~(7)~~ PHYSICIAN ASSISTANT LICENSURE.—

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

304 1. Is at least 18 years of age.

305 2. Has graduated from an approved program.

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

311 b. For an applicant who graduated on or before December 31,
312 2020, has received a bachelor's or master's degree from an
313 approved program.

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

317 d. For an applicant who graduated before July 1, 1983, has
318 received a certification as a physician assistant from the
319 boards.

588-02977-21

2021894c1

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

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

338 ~~4.3.~~ Has completed the application form and remitted an
339 application fee not to exceed \$300 as set by the boards. An
340 application for licensure as ~~made by~~ a physician assistant must
341 include:

342 a. A diploma from an approved ~~certificate of completion of~~
343 ~~a physician assistant training program specified in subsection~~
344 ~~(6).~~

345 b. Acknowledgment of any prior felony convictions.

346 c. Acknowledgment of any previous revocation or denial of
347 licensure or certification in any state.

348 ~~d. A copy of course transcripts and a copy of the course~~

588-02977-21

2021894c1

349 ~~description from a physician assistant training program~~
350 ~~describing course content in pharmacotherapy, if the applicant~~
351 ~~wishes to apply for prescribing authority. These documents must~~
352 ~~meet the evidence requirements for prescribing authority.~~

353 ~~(d) Upon employment as a physician assistant, a licensed~~
354 ~~physician assistant must notify the department in writing within~~
355 ~~30 days after such employment or after any subsequent changes in~~
356 ~~the supervising physician. The notification must include the~~
357 ~~full name, Florida medical license number, specialty, and~~
358 ~~address of the supervising physician.~~

359 (e) Notwithstanding subparagraph (a)2., the department may
360 grant to a recent graduate of an approved program, as specified
361 in subsection (5) ~~(6)~~, who expects to take the first examination
362 administered by the National Commission on Certification of
363 Physician Assistants available for registration after the
364 applicant's graduation, a temporary license. The temporary
365 license shall expire 30 days after receipt of scores of the
366 proficiency examination administered by the National Commission
367 on Certification of Physician Assistants. Between meetings of
368 the council, the department may grant a temporary license to
369 practice based on the completion of all temporary licensure
370 requirements. All such administratively issued licenses shall be
371 reviewed and acted on at the next regular meeting of the
372 council. The recent graduate may be licensed before employment
373 ~~but must comply with paragraph (d)~~. An applicant who has passed
374 the proficiency examination may be granted permanent licensure.
375 An applicant failing the proficiency examination is no longer
376 temporarily licensed but may reapply for a 1-year extension of
377 temporary licensure. An applicant may not be granted more than

588-02977-21

2021894c1

378 two temporary licenses and may not be licensed as a physician
379 assistant until he or she passes the examination administered by
380 the National Commission on Certification of Physician
381 Assistants. As prescribed by board rule, the council may require
382 an applicant who does not pass the licensing examination after
383 five or more attempts to complete additional remedial education
384 or training. The council shall prescribe the additional
385 requirements in a manner that permits the applicant to complete
386 the requirements and be reexamined within 2 years after the date
387 the applicant petitions the council to retake the examination a
388 sixth or subsequent time.

389 (12) ~~(13)~~ RULES.—The boards shall adopt rules to implement
390 this section, including rules detailing the contents of the
391 application for licensure and notification pursuant to
392 subsection (6) ~~(7)~~ and rules to ensure both the continued
393 competency of physician assistants and the proper utilization of
394 them by physicians or groups of physicians.

395 Section 2. Subsections (1) through (6), paragraphs (a),
396 (d), and (e) of subsection (7), and subsection (13) of section
397 459.022, Florida Statutes, are amended to read:

398 459.022 Physician assistants.—

399 (1) LEGISLATIVE INTENT.—

400 ~~(a)~~ The purpose of this section is to authorize physician
401 assistants, with their education, training, and experience in
402 the field of medicine, to provide increased efficiency of and
403 access to high-quality medical services at a reasonable cost to
404 consumers ~~encourage more effective utilization of the skills of~~
405 ~~osteopathic physicians or groups of osteopathic physicians by~~
406 ~~enabling them to delegate health care tasks to qualified~~

588-02977-21

2021894c1

407 ~~assistants when such delegation is consistent with the patient's~~
408 ~~health and welfare.~~

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

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

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

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

428 (b) "Boards" means the Board of Medicine and the Board of
429 Osteopathic Medicine.

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

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

433 (e) "Physician assistant" means a person who is a graduate
434 of an approved program or its equivalent or meets standards
435 approved by the boards and is licensed to perform medical

588-02977-21

2021894c1

436 services delegated by the supervising physician.

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

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

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

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

458 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician or
459 group of physicians supervising a licensed physician assistant
460 must be qualified in the medical areas in which the physician
461 assistant is to perform and shall be individually or
462 collectively responsible and liable for the performance and the
463 acts and omissions of the physician assistant. ~~A physician may~~
464 ~~not supervise more than four currently licensed physician~~

588-02977-21

2021894c1

465 ~~assistants at any one time. A physician supervising a physician~~
466 ~~assistant pursuant to this section may not be required to review~~
467 ~~and cosign charts or medical records prepared by such physician~~
468 ~~assistant.~~

469 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

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

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

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

490 (e) A supervising physician may delegate to a fully
491 licensed physician assistant the authority to prescribe or
492 dispense any medication used in the supervising physician's
493 practice unless such medication is listed on the formulary

588-02977-21

2021894c1

494 created pursuant to s. 458.347. A fully licensed physician
495 assistant may only prescribe or dispense such medication under
496 the following circumstances:

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

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

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

512 4. The physician assistant must complete a minimum of 10
513 continuing medical education hours in the specialty practice in
514 which the physician assistant has prescriptive privileges with
515 each licensure renewal. Three of the 10 hours must consist of a
516 continuing education course on the safe and effective
517 prescribing of controlled substance medications which is offered
518 by a provider that has been approved by the American Academy of
519 Physician Assistants and which is designated for the American
520 Medical Association Physician's Recognition Award Category 1
521 credit or designated by the American Academy of Physician
522 Assistants as a Category 1 credit.

588-02977-21

2021894c1

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

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

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

543 (f) A supervisory physician may delegate to a licensed
544 physician assistant the authority to, and the licensed physician
545 assistant acting under the direction of the supervisory
546 physician may, order any medication for administration to the
547 supervisory physician's patient in a facility licensed under
548 chapter 395 or part II of chapter 400, notwithstanding any
549 provisions in chapter 465 or chapter 893 which may prohibit this
550 delegation.

551 (g) A licensed physician assistant may perform services

588-02977-21

2021894c1

552 delegated by the supervising physician in the physician
553 assistant's practice in accordance with his or her education and
554 training unless expressly prohibited under this chapter, chapter
555 458, or rules adopted under this chapter or chapter 458.

556 (h) A physician assistant may authenticate any document
557 with his or her signature, certification, stamp, verification,
558 affidavit, or endorsement if such document may be so
559 authenticated by the signature, certification, stamp,
560 verification, affidavit, or endorsement of a physician. Such
561 documents include, but are not limited to, any of the following:

562 1. Initiation of an involuntary examination pursuant to s.
563 394.463.

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

566 3. Death certificates.

567 4. School physical examinations.

568 5. Medical evaluations for workers' compensation claims,
569 including date of maximum medical improvement as defined in s.
570 440.02.

571 6. Orders for physical therapy, occupational therapy,
572 speech-language therapy, home health services, or durable
573 medical equipment.

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

576 (j) This chapter authorizes third-party payors to reimburse
577 employers of physician assistants for covered services rendered
578 by licensed physician assistants. Payment for services within
579 the physician assistant's scope of practice must be made when
580 ordered or performed by a physician assistant if the same

588-02977-21

2021894c1

581 service would have been covered if ordered or performed by a
582 physician. Physician assistants are authorized to bill for and
583 receive direct payment for the services they deliver.

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

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

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

598 (b) Notwithstanding any other law, a trainee may perform
599 medical services when such services are rendered within the
600 scope of an approved program ~~The boards shall adopt and publish~~
601 ~~standards to ensure that such programs operate in a manner that~~
602 ~~does not endanger the health or welfare of the patients who~~
603 ~~receive services within the scope of the programs. The boards~~
604 ~~shall review the quality of the curricula, faculties, and~~
605 ~~facilities of such programs and take whatever other action is~~
606 ~~necessary to determine that the purposes of this section are~~
607 ~~being met.~~

608 ~~(6)(7) PHYSICIAN ASSISTANT LICENSURE.-~~

609 (a) Any person desiring to be licensed as a physician

588-02977-21

2021894c1

610 assistant must apply to the department. The department shall
611 issue a license to any person certified by the council as having
612 met all of the following requirements:

613 1. Is at least 18 years of age.

614 2. Has graduated from an approved program.

615 a. For an applicant who graduated after December 31, 2020,
616 has received a master's degree in accordance with the
617 Accreditation Review Commission on Education for the Physician
618 Assistant or, before 2001, its equivalent or predecessor
619 organization.

620 b. For an applicant who graduated on or before December 31,
621 2020, has received a bachelor's or master's degree from an
622 approved program.

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

626 d. For an applicant who graduated before July 1, 1983, has
627 received a certification as a physician assistant from the
628 boards.

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

634 3. Has obtained a passing score as ~~satisfactorily passed a~~
635 ~~proficiency examination by an acceptable score~~ established by
636 the National Commission on Certification of Physician Assistants
637 or its equivalent or successor organization and has been
638 nationally certified. If an applicant does not hold a current

588-02977-21

2021894c1

639 certificate issued by the National Commission on Certification
640 of Physician Assistants or its equivalent or successor
641 organization and has not actively practiced as a physician
642 assistant within the immediately preceding 4 years, the
643 applicant must retake and successfully complete the entry-level
644 examination of the National Commission on Certification of
645 Physician Assistants or its equivalent or successor organization
646 to be eligible for licensure.

647 ~~4.3.~~ Has completed the application form and remitted an
648 application fee not to exceed \$300 as set by the boards. An
649 application for licensure as ~~made by~~ a physician assistant must
650 include:

651 a. A diploma from an approved ~~certificate of completion of~~
652 ~~a physician assistant training program specified in subsection~~
653 ~~(6).~~

654 b. Acknowledgment of any prior felony convictions.

655 c. Acknowledgment of any previous revocation or denial of
656 licensure or certification in any state.

657 ~~d. A copy of course transcripts and a copy of the course~~
658 ~~description from a physician assistant training program~~
659 ~~describing course content in pharmacotherapy, if the applicant~~
660 ~~wishes to apply for prescribing authority. These documents must~~
661 ~~meet the evidence requirements for prescribing authority.~~

662 ~~(d) Upon employment as a physician assistant, a licensed~~
663 ~~physician assistant must notify the department in writing within~~
664 ~~30 days after such employment or after any subsequent changes in~~
665 ~~the supervising physician. The notification must include the~~
666 ~~full name, Florida medical license number, specialty, and~~
667 ~~address of the supervising physician.~~

588-02977-21

2021894c1

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

695 (12) ~~(13)~~ RULES.—The boards shall adopt rules to implement
696 this section, including rules detailing the contents of the

588-02977-21

2021894c1

697 application for licensure and notification pursuant to
698 subsection (6) ~~(7)~~ and rules to ensure both the continued
699 competency of physician assistants and the proper utilization of
700 them by physicians or groups of physicians.

701 Section 3. Paragraph (a) of subsection (2) and subsections
702 (3) and (5) of section 382.008, Florida Statutes, are amended to
703 read:

704 382.008 Death, fetal death, and nonviable birth
705 registration.—

706 (2) (a) The funeral director who first assumes custody of a
707 dead body or fetus shall file the certificate of death or fetal
708 death. In the absence of the funeral director, the physician,
709 physician assistant, advanced practice registered nurse
710 registered under s. 464.0123, or other person in attendance at
711 or after the death or the district medical examiner of the
712 county in which the death occurred or the body was found shall
713 file the certificate of death or fetal death. The person who
714 files the certificate shall obtain personal data from a legally
715 authorized person as described in s. 497.005 or the best
716 qualified person or source available. The medical certification
717 of cause of death shall be furnished to the funeral director,
718 either in person or via certified mail or electronic transfer,
719 by the physician, physician assistant, advanced practice
720 registered nurse registered under s. 464.0123, or medical
721 examiner responsible for furnishing such information. For fetal
722 deaths, the physician, physician assistant, advanced practice
723 registered nurse registered under s. 464.0123, midwife, or
724 hospital administrator shall provide any medical or health
725 information to the funeral director within 72 hours after

588-02977-21

2021894c1

726 expulsion or extraction.

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

741 (a) The department may grant the funeral director an
742 extension of time upon a good and sufficient showing of any of
743 the following conditions:

- 744 1. An autopsy is pending.
745 2. Toxicology, laboratory, or other diagnostic reports have
746 not been completed.
747 3. The identity of the decedent is unknown and further
748 investigation or identification is required.

749 (b) If the decedent's primary or attending practitioner or
750 the district medical examiner of the county in which the death
751 occurred or the body was found indicates that he or she will
752 sign and complete the medical certification of cause of death
753 but will not be available until after the 5-day registration
754 deadline, the local registrar may grant an extension of 5 days.

588-02977-21

2021894c1

755 If a further extension is required, the funeral director must
756 provide written justification to the registrar.

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

767 Section 4. Paragraph (a) of subsection (2) of section
768 394.463, Florida Statutes, is amended to read:

769 394.463 Involuntary examination.—

770 (2) INVOLUNTARY EXAMINATION.—

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

773 1. A circuit or county court may enter an ex parte order
774 stating that a person appears to meet the criteria for
775 involuntary examination and specifying the findings on which
776 that conclusion is based. The ex parte order for involuntary
777 examination must be based on written or oral sworn testimony
778 that includes specific facts that support the findings. If other
779 less restrictive means are not available, such as voluntary
780 appearance for outpatient evaluation, a law enforcement officer,
781 or other designated agent of the court, shall take the person
782 into custody and deliver him or her to an appropriate, or the
783 nearest, facility within the designated receiving system

588-02977-21

2021894c1

784 pursuant to s. 394.462 for involuntary examination. The order of
785 the court shall be made a part of the patient's clinical record.
786 A fee may not be charged for the filing of an order under this
787 subsection. A facility accepting the patient based on this order
788 must send a copy of the order to the department within 5 working
789 days. The order may be submitted electronically through existing
790 data systems, if available. The order shall be valid only until
791 the person is delivered to the facility or for the period
792 specified in the order itself, whichever comes first. If a time
793 limit is not specified in the order, the order is valid for 7
794 days after the date that the order was signed.

795 2. A law enforcement officer shall take a person who
796 appears to meet the criteria for involuntary examination into
797 custody and deliver the person or have him or her delivered to
798 an appropriate, or the nearest, facility within the designated
799 receiving system pursuant to s. 394.462 for examination. The
800 officer shall execute a written report detailing the
801 circumstances under which the person was taken into custody,
802 which must be made a part of the patient's clinical record. Any
803 facility accepting the patient based on this report must send a
804 copy of the report to the department within 5 working days.

805 3. A physician, a physician assistant, a clinical
806 psychologist, a psychiatric nurse, an advanced practice
807 registered nurse registered under s. 464.0123, a mental health
808 counselor, a marriage and family therapist, or a clinical social
809 worker may execute a certificate stating that he or she has
810 examined a person within the preceding 48 hours and finds that
811 the person appears to meet the criteria for involuntary
812 examination and stating the observations upon which that

588-02977-21

2021894c1

813 conclusion is based. If other less restrictive means, such as
814 voluntary appearance for outpatient evaluation, are not
815 available, a law enforcement officer shall take into custody the
816 person named in the certificate and deliver him or her to the
817 appropriate, or nearest, facility within the designated
818 receiving system pursuant to s. 394.462 for involuntary
819 examination. The law enforcement officer shall execute a written
820 report detailing the circumstances under which the person was
821 taken into custody. The report and certificate shall be made a
822 part of the patient's clinical record. Any facility accepting
823 the patient based on this certificate must send a copy of the
824 certificate to the department within 5 working days. The
825 document may be submitted electronically through existing data
826 systems, if applicable.

827

828 When sending the order, report, or certificate to the
829 department, a facility shall, at a minimum, provide information
830 about which action was taken regarding the patient under
831 paragraph (g), which information shall also be made a part of
832 the patient's clinical record.

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

835 401.45 Denial of emergency treatment; civil liability.—

836 (3) (a) Resuscitation may be withheld or withdrawn from a
837 patient by an emergency medical technician or paramedic if
838 evidence of an order not to resuscitate by the patient's
839 physician or physician assistant is presented to the emergency
840 medical technician or paramedic. An order not to resuscitate, to
841 be valid, must be on the form adopted by rule of the department.

588-02977-21

2021894c1

842 The form must be signed by the patient's physician or physician
843 assistant and by the patient or, if the patient is
844 incapacitated, the patient's health care surrogate or proxy as
845 provided in chapter 765, court-appointed guardian as provided in
846 chapter 744, or attorney in fact under a durable power of
847 attorney as provided in chapter 709. The court-appointed
848 guardian or attorney in fact must have been delegated authority
849 to make health care decisions on behalf of the patient.

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

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