

By the Committees on Appropriations; and Health Policy; and
Senator Diaz

576-04664-21

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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; revising a
5 limitation on the number of physician assistants a
6 physician may supervise at one time; deleting a
7 requirement that a physician assistant inform his or
8 her patients that they have the right to see a
9 physician before the physician assistant prescribes or
10 dispenses a prescription; authorizing physician
11 assistants to procure drugs and medical devices;
12 providing an exception; conforming provisions to
13 changes made by the act; revising requirements for a
14 certain formulary; authorizing physician assistants to
15 authenticate documents that may be authenticated by a
16 physician; providing exceptions; authorizing physician
17 assistants to supervise medical assistants;
18 authorizing third-party payors to reimburse employers
19 of physician assistants for services rendered;
20 providing requirements for such payment for services;
21 authorizing physician assistants to bill for and
22 receive direct payment for services they deliver;
23 revising provisions relating to approved programs for
24 physician assistants; revising provisions relating to
25 physician assistant licensure requirements; amending
26 ss. 382.008, 394.463, and 401.45, F.S.; conforming
27 provisions relating to certificates of death,
28 certificates for involuntary examinations, and orders
29 not to resuscitate, respectively, to changes made by

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30 the act; providing an effective date.

31
32 Be It Enacted by the Legislature of the State of Florida:

33
34 Section 1. Subsections (1) through (6), paragraphs (a),
35 (d), and (e) of subsection (7), and subsection (13) of section
36 458.347, Florida Statutes, are amended to read:

37 458.347 Physician assistants.—

38 (1) LEGISLATIVE INTENT.—

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

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

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

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

57 (a) "Approved program" means a physician assistant program
58 in the United States or in its territories or possessions which

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59 is accredited by the Accreditation Review Commission on
60 Education for the Physician Assistant or, for programs before
61 2001, accredited by its equivalent or predecessor entities the
62 Committee on Allied Health Education and Accreditation or the
63 Commission on Accreditation of Allied Health Education Programs
64 ~~program,~~ formally approved by the boards, for the education of
65 physician assistants.

66 (b) "Boards" means the Board of Medicine and the Board of
67 Osteopathic Medicine.

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

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

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

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

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

87 ~~(g) "Proficiency examination" means an entry level~~

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88 ~~examination approved by the boards, including, but not limited~~
89 ~~to, those examinations administered by the National Commission~~
90 ~~on Certification of Physician Assistants.~~

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

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

107 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

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

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

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

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

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

140 2. The supervising physician must notify the department of
141 his or her intent to delegate, on a department-approved form,
142 before delegating such authority and of any change in
143 prescriptive privileges of the physician assistant. Authority to
144 dispense may be delegated only by a supervising physician who is
145 registered as a dispensing practitioner in compliance with s.

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146 465.0276.

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

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

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

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

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

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

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

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

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

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

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

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

222 (h) A licensed physician assistant may perform services
223 delegated by the supervising physician in the physician
224 assistant's practice in accordance with his or her education and
225 training unless expressly prohibited under this chapter, chapter
226 459, or rules adopted under this chapter or chapter 459.

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

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233 381.986. Such documents include, but are not limited to, any of
234 the following:

235 1. Initiation of an involuntary examination pursuant to s.
236 394.463.

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

239 3. Death certificates.

240 4. School physical examinations.

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

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

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

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

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

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

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

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

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

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

304 (6)~~(7)~~ PHYSICIAN ASSISTANT LICENSURE.-

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

309 1. Is at least 18 years of age.

310 2. Has graduated from an approved program.

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

316 b. For an applicant who graduated on or before December 31,
317 2020, has received a bachelor's or master's degree from an
318 approved program.

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

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320 graduated from an approved program of instruction in primary
321 health care or surgery.

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

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

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

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

347 a. A diploma from an approved ~~certificate of completion of~~
348 ~~a physician assistant training program specified in subsection~~

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349 ~~(6)~~.

350 b. Acknowledgment of any prior felony convictions.

351 c. Acknowledgment of any previous revocation or denial of
352 licensure or certification in any state.

353 ~~d. A copy of course transcripts and a copy of the course
354 description from a physician assistant training program
355 describing course content in pharmacotherapy, if the applicant
356 wishes to apply for prescribing authority. These documents must
357 meet the evidence requirements for prescribing authority.~~

358 ~~(d) Upon employment as a physician assistant, a licensed
359 physician assistant must notify the department in writing within
360 30 days after such employment or after any subsequent changes in
361 the supervising physician. The notification must include the
362 full name, Florida medical license number, specialty, and
363 address of the supervising physician.~~

364 (d)~~(e)~~ Notwithstanding subparagraph (a)2., the department
365 may grant to a recent graduate of an approved program, as
366 specified in subsection (5) ~~(6)~~, who expects to take the first
367 examination administered by the National Commission on
368 Certification of Physician Assistants available for registration
369 after the applicant's graduation, a temporary license. The
370 temporary license shall expire 30 days after receipt of scores
371 of the proficiency examination administered by the National
372 Commission on Certification of Physician Assistants. Between
373 meetings of the council, the department may grant a temporary
374 license to practice based on the completion of all temporary
375 licensure requirements. All such administratively issued
376 licenses shall be reviewed and acted on at the next regular
377 meeting of the council. The recent graduate may be licensed

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

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

400 Section 2. Subsections (1) through (6), paragraphs (a),
401 (d), and (e) of subsection (7), and subsection (13) of section
402 459.022, Florida Statutes, are amended to read:

403 459.022 Physician assistants.—

404 (1) LEGISLATIVE INTENT.—

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

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

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

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

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

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

433 (b) "Boards" means the Board of Medicine and the Board of
434 Osteopathic Medicine.

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

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

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

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

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

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

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

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

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

474 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

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

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

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

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494 physicians in county health departments.

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

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

507 2. The supervising physician must notify the department of
508 her or his intent to delegate, on a department-approved form,
509 before delegating such authority and of any change in
510 prescriptive privileges of the physician assistant. Authority to
511 dispense may be delegated only by a supervising physician who is
512 registered as a dispensing practitioner in compliance with s.
513 465.0276.

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

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

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523 by a provider that has been approved by the American Academy of
524 Physician Assistants and which is designated for the American
525 Medical Association Physician's Recognition Award Category 1
526 credit, designated by the American Academy of Physician
527 Assistants as a Category 1 credit, or designated by the American
528 Osteopathic Association as a Category 1-A credit.

529 ~~4. The department may issue a prescriber number to the~~
530 ~~physician assistant granting authority for the prescribing of~~
531 ~~medicinal drugs authorized within this paragraph upon completion~~
532 ~~of the requirements of this paragraph. The physician assistant~~
533 ~~is not required to independently register pursuant to s.~~
534 ~~465.0276.~~

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

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

550 (f) A supervisory physician may delegate to a licensed
551 physician assistant the authority to, and the licensed physician

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552 assistant acting under the direction of the supervisory
553 physician may, order any medication for administration to the
554 supervisory physician's patient in a facility licensed under
555 chapter 395 or part II of chapter 400, notwithstanding any
556 provisions in chapter 465 or chapter 893 which may prohibit this
557 delegation.

558 (g) A licensed physician assistant may perform services
559 delegated by the supervising physician in the physician
560 assistant's practice in accordance with his or her education and
561 training unless expressly prohibited under this chapter, chapter
562 458, or rules adopted under this chapter or chapter 458.

563 (h) Except for a physician certification under s. 381.986,
564 a physician assistant may authenticate any document with his or
565 her signature, certification, stamp, verification, affidavit, or
566 endorsement if such document may be so authenticated by the
567 signature, certification, stamp, verification, affidavit, or
568 endorsement of a physician, except those required for s.
569 381.986. Such documents include, but are not limited to, any of
570 the following:

571 1. Initiation of an involuntary examination pursuant to s.
572 394.463.

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

575 3. Death certificates.

576 4. School physical examinations.

577 5. Medical examinations for workers' compensation claims,
578 except medical examinations required for the evaluation and
579 assignment of the claimant's date of maximum medical improvement
580 as defined in s. 440.02 and for the impairment rating, if any,

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581 under s. 440.15.

582 6. Orders for physical therapy, occupational therapy,
583 speech-language therapy, home health services, or durable
584 medical equipment.

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

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

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

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

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

609 (b) Notwithstanding any other law, a trainee may perform

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610 medical services when such services are rendered within the
611 scope of an approved program ~~The boards shall adopt and publish~~
612 ~~standards to ensure that such programs operate in a manner that~~
613 ~~does not endanger the health or welfare of the patients who~~
614 ~~receive services within the scope of the programs. The boards~~
615 ~~shall review the quality of the curricula, faculties, and~~
616 ~~facilities of such programs and take whatever other action is~~
617 ~~necessary to determine that the purposes of this section are~~
618 ~~being met.~~

619 (6)-(7) PHYSICIAN ASSISTANT LICENSURE.-

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

624 1. Is at least 18 years of age.

625 2. Has graduated from an approved program.

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

631 b. For an applicant who graduated on or before December 31,
632 2020, has received a bachelor's or master's degree from an
633 approved program.

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

637 d. For an applicant who graduated before July 1, 1983, has
638 received a certification as a physician assistant from the

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639 boards.

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

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

658 4.3. Has completed the application form and remitted an
659 application fee not to exceed \$300 as set by the boards. An
660 application for licensure as made by a physician assistant must
661 include:

662 a. A diploma from an approved ~~certificate of completion of~~
663 ~~a physician assistant training program specified in subsection~~
664 ~~(6).~~

665 b. Acknowledgment of any prior felony convictions.

666 c. Acknowledgment of any previous revocation or denial of
667 licensure or certification in any state.

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668 ~~d. A copy of course transcripts and a copy of the course~~
669 ~~description from a physician assistant training program~~
670 ~~describing course content in pharmacotherapy, if the applicant~~
671 ~~wishes to apply for prescribing authority. These documents must~~
672 ~~meet the evidence requirements for prescribing authority.~~

673 ~~(d) Upon employment as a physician assistant, a licensed~~
674 ~~physician assistant must notify the department in writing within~~
675 ~~30 days after such employment or after any subsequent changes in~~
676 ~~the supervising physician. The notification must include the~~
677 ~~full name, Florida medical license number, specialty, and~~
678 ~~address of the supervising physician.~~

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

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697 assistant until she or he passes the examination administered by
698 the National Commission on Certification of Physician
699 Assistants. As prescribed by board rule, the council may require
700 an applicant who does not pass the licensing examination after
701 five or more attempts to complete additional remedial education
702 or training. The council shall prescribe the additional
703 requirements in a manner that permits the applicant to complete
704 the requirements and be reexamined within 2 years after the date
705 the applicant petitions the council to retake the examination a
706 sixth or subsequent time.

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

713 Section 3. Paragraph (a) of subsection (2) and subsections
714 (3) and (5) of section 382.008, Florida Statutes, are amended to
715 read:

716 382.008 Death, fetal death, and nonviable birth
717 registration.—

718 (2) (a) The funeral director who first assumes custody of a
719 dead body or fetus shall file the certificate of death or fetal
720 death. In the absence of the funeral director, the physician,
721 physician assistant, advanced practice registered nurse
722 registered under s. 464.0123, or other person in attendance at
723 or after the death or the district medical examiner of the
724 county in which the death occurred or the body was found shall
725 file the certificate of death or fetal death. The person who

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726 files the certificate shall obtain personal data from a legally
727 authorized person as described in s. 497.005 or the best
728 qualified person or source available. The medical certification
729 of cause of death shall be furnished to the funeral director,
730 either in person or via certified mail or electronic transfer,
731 by the physician, physician assistant, advanced practice
732 registered nurse registered under s. 464.0123, or medical
733 examiner responsible for furnishing such information. For fetal
734 deaths, the physician, physician assistant, advanced practice
735 registered nurse registered under s. 464.0123, midwife, or
736 hospital administrator shall provide any medical or health
737 information to the funeral director within 72 hours after
738 expulsion or extraction.

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

753 (a) The department may grant the funeral director an
754 extension of time upon a good and sufficient showing of any of

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755 the following conditions:

756 1. An autopsy is pending.

757 2. Toxicology, laboratory, or other diagnostic reports have
758 not been completed.

759 3. The identity of the decedent is unknown and further
760 investigation or identification is required.

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

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

779 Section 4. Paragraph (a) of subsection (2) of section
780 394.463, Florida Statutes, is amended to read:

781 394.463 Involuntary examination.—

782 (2) INVOLUNTARY EXAMINATION.—

783 (a) An involuntary examination may be initiated by any one

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784 of the following means:

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

807 2. A law enforcement officer shall take a person who
808 appears to meet the criteria for involuntary examination into
809 custody and deliver the person or have him or her delivered to
810 an appropriate, or the nearest, facility within the designated
811 receiving system pursuant to s. 394.462 for examination. The
812 officer shall execute a written report detailing the

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813 circumstances under which the person was taken into custody,
814 which must be made a part of the patient's clinical record. Any
815 facility accepting the patient based on this report must send a
816 copy of the report to the department within 5 working days.

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

839

840 When sending the order, report, or certificate to the
841 department, a facility shall, at a minimum, provide information

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842 about which action was taken regarding the patient under
843 paragraph (g), which information shall also be made a part of
844 the patient's clinical record.

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

847 401.45 Denial of emergency treatment; civil liability.—

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

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

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