

26 | prescribe or dispense such medication under the following
27 | circumstances:

28 | ~~1. A physician assistant must clearly identify to the~~
29 | ~~patient that he or she is a physician assistant.~~

30 | ~~2. The supervising physician must notify the department of~~
31 | ~~his or her intent to delegate, on a department-approved form,~~
32 | ~~before delegating such authority and of any change in~~
33 | ~~prescriptive privileges of the physician assistant. Authority to~~
34 | ~~dispense may be delegated only by a supervising physician who is~~
35 | ~~registered as a dispensing practitioner in compliance with s.~~
36 | ~~465.0276.~~

37 | ~~3. A fully licensed physician assistant may procure~~
38 | ~~medical devices and drugs unless the medication is listed on the~~
39 | ~~formulary created pursuant to paragraph (f).~~

40 | 1.4. The physician assistant must complete a minimum of 10
41 | continuing medical education hours in the specialty practice in
42 | which the physician assistant has prescriptive privileges with
43 | each licensure renewal. Three of the 10 hours must consist of a
44 | continuing education course on the safe and effective
45 | prescribing of controlled substance medications which is offered
46 | by a statewide professional association of physicians in this
47 | state accredited to provide educational activities designated
48 | for the American Medical Association Physician's Recognition
49 | Award Category 1 credit, designated by the American Academy of
50 | Physician Assistants as a Category 1 credit, or designated by

HB481

2023

51 the American Osteopathic Association as a Category 1-A credit.

52 ~~2.5.~~ The prescription may be in paper or electronic form
53 but must comply with ss. 456.0392(1) and 456.42(1) and chapter
54 499 and must contain the physician assistant's name, address,
55 and telephone number ~~and the name of each of his or her~~
56 ~~supervising physicians~~. Unless it is a drug or drug sample
57 dispensed by the physician assistant, the prescription must be
58 filled in a pharmacy permitted under chapter 465 and must be
59 dispensed in that pharmacy by a pharmacist licensed under
60 chapter 465.

61 ~~3.6.~~ The physician assistant must note the prescription or
62 dispensing of medication in the appropriate medical record.

63 ~~(f)1.~~ ~~The council shall establish a formulary of medicinal~~
64 ~~drugs that a fully licensed physician assistant having~~
65 ~~prescribing authority under this section or s. 459.022 may not~~
66 ~~prescribe. The formulary must include general anesthetics and~~
67 ~~radiographic contrast materials and must limit the prescription~~
68 ~~of Schedule II controlled substances as listed in s. 893.03 to a~~
69 ~~7-day supply. The formulary must also restrict the prescribing~~
70 ~~of Schedule II psychiatric mental health controlled substances~~
71 ~~for children younger than 18 years of age to a 14-day supply,~~
72 ~~provided the physician assistant is under the supervision of a~~
73 ~~pediatrician, a family practice physician, an internal medicine~~
74 ~~physician, or a psychiatrist.~~

75 ~~2.~~ ~~In establishing the formulary, the council shall~~

76 ~~consult with a pharmacist licensed under chapter 465, but not~~
77 ~~licensed under this chapter or chapter 459, who shall be~~
78 ~~selected by the State Surgeon General.~~

79 ~~3. Only the council shall add to, delete from, or modify~~
80 ~~the formulary. Any person who requests an addition, a deletion,~~
81 ~~or a modification of a medicinal drug listed on such formulary~~
82 ~~has the burden of proof to show cause why such addition,~~
83 ~~deletion, or modification should be made.~~

84 ~~4. The boards shall adopt the formulary required by this~~
85 ~~paragraph, and each addition, deletion, or modification to the~~
86 ~~formulary, by rule. Notwithstanding any provision of chapter 120~~
87 ~~to the contrary, the formulary rule shall be effective 60 days~~
88 ~~after the date it is filed with the Secretary of State. Upon~~
89 ~~adoption of the formulary, the department shall mail a copy of~~
90 ~~such formulary to each fully licensed physician assistant having~~
91 ~~prescribing authority under this section or s. 459.022, and to~~
92 ~~each pharmacy licensed by the state. The boards shall establish,~~
93 ~~by rule, a fee not to exceed \$200 to fund the provisions of~~
94 ~~paragraph (c) and this paragraph.~~

95 ~~(g) A supervisory physician may delegate to a licensed~~
96 ~~physician assistant the authority to, and the licensed physician~~
97 ~~assistant acting under the direction of the supervisory~~
98 ~~physician may, order any medication for administration to the~~
99 ~~supervisory physician's patient in a facility licensed under~~
100 ~~chapter 395 or part II of chapter 400, notwithstanding any~~

101 ~~provisions in chapter 465 or chapter 893 which may prohibit this~~
102 ~~delegation.~~

103 (8) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on
104 Physician Assistants is created within the department.

105 (c) The council shall:

106 1. Recommend to the department the licensure of physician
107 assistants.

108 2. Develop all rules regulating the use of physician
109 assistants by physicians under this chapter and chapter 459,
110 ~~except for rules relating to the formulary developed under~~
111 ~~paragraph (4)(f)~~. The council shall also develop rules to ensure
112 that the continuity of supervision is maintained in each
113 practice setting. The boards shall consider adopting a proposed
114 rule developed by the council at the regularly scheduled meeting
115 immediately following the submission of the proposed rule by the
116 council. A proposed rule submitted by the council may not be
117 adopted by either board unless both boards have accepted and
118 approved the identical language contained in the proposed rule.
119 The language of all proposed rules submitted by the council must
120 be approved by both boards pursuant to each respective board's
121 guidelines and standards regarding the adoption of proposed
122 rules. If either board rejects the council's proposed rule, that
123 board must specify its objection to the council with
124 particularity and include any recommendations it may have for
125 the modification of the proposed rule.

126 3. Make recommendations to the boards regarding all
 127 matters relating to physician assistants.

128 4. Address concerns and problems of practicing physician
 129 assistants in order to improve safety in the clinical practices
 130 of licensed physician assistants.

131 Section 2. Paragraphs (g) through (j) of subsection (4) of
 132 section 459.022, Florida Statutes, are redesignated as
 133 paragraphs (f) through (i), respectively, and paragraph (e) and
 134 present paragraph (f) of that subsection are amended to read:

135 459.022 Physician assistants.—

136 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

137 (e) ~~A supervising physician may delegate to a fully~~
 138 ~~licensed physician assistant~~ may procure medical devices and
 139 drugs and ~~the authority to~~ prescribe or dispense any medication
 140 used in the ~~supervising~~ physician's practice ~~unless such~~
 141 ~~medication is listed on the formulary created pursuant to s.~~
 142 ~~458.347.~~ A fully licensed physician assistant may only prescribe
 143 or dispense such medication under the following circumstances:

144 ~~1. A physician assistant must clearly identify to the~~
 145 ~~patient that she or he is a physician assistant.~~

146 ~~2. The supervising physician must notify the department of~~
 147 ~~her or his intent to delegate, on a department-approved form,~~
 148 ~~before delegating such authority and of any change in~~
 149 ~~prescriptive privileges of the physician assistant. Authority to~~
 150 ~~dispense may be delegated only by a supervising physician who is~~

151 ~~registered as a dispensing practitioner in compliance with s.~~
152 ~~465.0276.~~

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

156 1.4. The physician assistant must complete a minimum of 10
157 continuing medical education hours in the specialty practice in
158 which the physician assistant has prescriptive privileges with
159 each licensure renewal. Three of the 10 hours must consist of a
160 continuing education course on the safe and effective
161 prescribing of controlled substance medications which is offered
162 by a provider that has been approved by the American Academy of
163 Physician Assistants and which is designated for the American
164 Medical Association Physician's Recognition Award Category 1
165 credit, designated by the American Academy of Physician
166 Assistants as a Category 1 credit, or designated by the American
167 Osteopathic Association as a Category 1-A credit.

168 2.5. The prescription may be in paper or electronic form
169 but must comply with ss. 456.0392(1) and 456.42(1) and chapter
170 499 and must contain the physician assistant's name, address,
171 and telephone number ~~and the name of each of his or her~~
172 ~~supervising physicians.~~ Unless it is a drug or drug sample
173 dispensed by the physician assistant, the prescription must be
174 filled in a pharmacy permitted under chapter 465, and must be
175 dispensed in that pharmacy by a pharmacist licensed under

176 chapter 465.

177 3.6 The physician assistant must note the prescription or
 178 dispensing of medication in the appropriate medical record.

179 ~~(f) A supervisory physician may delegate to a licensed
 180 physician assistant the authority to, and the licensed physician
 181 assistant acting under the direction of the supervisory
 182 physician may, order any medication for administration to the
 183 supervisory physician's patient in a facility licensed under
 184 chapter 395 or part II of chapter 400, notwithstanding any
 185 provisions in chapter 465 or chapter 893 which may prohibit this
 186 delegation.~~

187 Section 3. Paragraph (b) of subsection (7) of section
 188 458.3475, Florida Statutes, is amended to read:

189 458.3475 Anesthesiologist assistants.—

190 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
 191 ADVISE THE BOARD.—

192 (b) In addition to its other duties and responsibilities
 193 as prescribed by law, the board shall:

194 1. Recommend to the department the licensure of
 195 anesthesiologist assistants.

196 2. Develop all rules regulating the use of
 197 anesthesiologist assistants by qualified anesthesiologists under
 198 this chapter and chapter 459, ~~except for rules relating to the
 199 formulary developed under s. 458.347(4)(f)~~. The board shall also
 200 develop rules to ensure that the continuity of supervision is

HB481

2023

201 maintained in each practice setting. The boards shall consider
202 adopting a proposed rule at the regularly scheduled meeting
203 immediately following the submission of the proposed rule. A
204 proposed rule may not be adopted by either board unless both
205 boards have accepted and approved the identical language
206 contained in the proposed rule. The language of all proposed
207 rules must be approved by both boards pursuant to each
208 respective board's guidelines and standards regarding the
209 adoption of proposed rules.

210 3. Address concerns and problems of practicing
211 anesthesiologist assistants to improve safety in the clinical
212 practices of licensed anesthesiologist assistants.

213 Section 4. Paragraph (c) of subsection (3) of section
214 458.348, Florida Statutes, is amended to read:

215 458.348 Formal supervisory relationships, standing orders,
216 and established protocols; notice; standards.—

217 (3) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—
218 A physician who supervises an advanced practice registered nurse
219 or physician assistant at a medical office other than the
220 physician's primary practice location, where the advanced
221 practice registered nurse or physician assistant is not under
222 the onsite supervision of a supervising physician, must comply
223 with the standards set forth in this subsection. For the purpose
224 of this subsection, a physician's "primary practice location"
225 means the address reflected on the physician's profile published

226 | pursuant to s. 456.041.

227 | (c) A physician who supervises an advanced practice
 228 | registered nurse or physician assistant at a medical office
 229 | other than the physician's primary practice location, where the
 230 | advanced practice registered nurse or physician assistant is not
 231 | under the onsite supervision of a supervising physician and the
 232 | services offered at the office are primarily dermatologic or
 233 | skin care services, which include aesthetic skin care services
 234 | other than plastic surgery, must comply with the standards
 235 | listed in subparagraphs 1.-4. Notwithstanding s. 458.347(4)(e)3.
 236 | ~~s. 458.347(4)(e)6.~~, a physician supervising a physician
 237 | assistant pursuant to this paragraph may not be required to
 238 | review and cosign charts or medical records prepared by such
 239 | physician assistant.

240 | 1. The physician shall submit to the board the addresses
 241 | of all offices where he or she is supervising an advanced
 242 | practice registered nurse or a physician assistant which are not
 243 | the physician's primary practice location.

244 | 2. The physician must be board certified or board eligible
 245 | in dermatology or plastic surgery as recognized by the board
 246 | pursuant to s. 458.3312.

247 | 3. All such offices that are not the physician's primary
 248 | place of practice must be within 25 miles of the physician's
 249 | primary place of practice or in a county that is contiguous to
 250 | the county of the physician's primary place of practice.

HB481

2023

251 However, the distance between any of the offices may not exceed
252 75 miles.

253 4. The physician may supervise only one office other than
254 the physician's primary place of practice.

255 Section 5. Paragraph (b) of subsection (7) of section
256 459.023, Florida Statutes, is amended to read:

257 459.023 Anesthesiologist assistants.—

258 (7) ANESTHESIOLOGIST AND ANESTHESIOLOGIST ASSISTANT TO
259 ADVISE THE BOARD.—

260 (b) In addition to its other duties and responsibilities
261 as prescribed by law, the board shall:

262 1. Recommend to the department the licensure of
263 anesthesiologist assistants.

264 2. Develop all rules regulating the use of
265 anesthesiologist assistants by qualified anesthesiologists under
266 this chapter and chapter 458, ~~except for rules relating to the~~
267 ~~formulary developed under s. 458.347(4)(f)~~. The board shall also
268 develop rules to ensure that the continuity of supervision is
269 maintained in each practice setting. The boards shall consider
270 adopting a proposed rule at the regularly scheduled meeting
271 immediately following the submission of the proposed rule. A
272 proposed rule may not be adopted by either board unless both
273 boards have accepted and approved the identical language
274 contained in the proposed rule. The language of all proposed
275 rules must be approved by both boards pursuant to each

276 | respective board's guidelines and standards regarding the
277 | adoption of proposed rules.

278 | 3. Address concerns and problems of practicing
279 | anesthesiologist assistants to improve safety in the clinical
280 | practices of licensed anesthesiologist assistants.

281 | Section 6. Paragraph (c) of subsection (3) of section
282 | 459.025, Florida Statutes, is amended to read:

283 | 459.025 Formal supervisory relationships, standing orders,
284 | and established protocols; notice; standards.—

285 | (3) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—

286 | An osteopathic physician who supervises an advanced practice
287 | registered nurse or physician assistant at a medical office
288 | other than the osteopathic physician's primary practice
289 | location, where the advanced practice registered nurse or
290 | physician assistant is not under the onsite supervision of a
291 | supervising osteopathic physician, must comply with the
292 | standards set forth in this subsection. For the purpose of this
293 | subsection, an osteopathic physician's "primary practice
294 | location" means the address reflected on the physician's profile
295 | published pursuant to s. 456.041.

296 | (c) An osteopathic physician who supervises an advanced
297 | practice registered nurse or physician assistant at a medical
298 | office other than the osteopathic physician's primary practice
299 | location, where the advanced practice registered nurse or
300 | physician assistant is not under the onsite supervision of a

HB481

2023

301 supervising osteopathic physician and the services offered at
302 the office are primarily dermatologic or skin care services,
303 which include aesthetic skin care services other than plastic
304 surgery, must comply with the standards listed in subparagraphs
305 1.-4. Notwithstanding s. 459.022(4)(e)3. ~~s. 459.022(4)(e)6.~~, an
306 osteopathic physician supervising a physician assistant pursuant
307 to this paragraph may not be required to review and cosign
308 charts or medical records prepared by such physician assistant.

309 1. The osteopathic physician shall submit to the Board of
310 Osteopathic Medicine the addresses of all offices where he or
311 she is supervising or has a protocol with an advanced practice
312 registered nurse or a physician assistant which are not the
313 osteopathic physician's primary practice location.

314 2. The osteopathic physician must be board certified or
315 board eligible in dermatology or plastic surgery as recognized
316 by the Board of Osteopathic Medicine pursuant to s. 459.0152.

317 3. All such offices that are not the osteopathic
318 physician's primary place of practice must be within 25 miles of
319 the osteopathic physician's primary place of practice or in a
320 county that is contiguous to the county of the osteopathic
321 physician's primary place of practice. However, the distance
322 between any of the offices may not exceed 75 miles.

323 4. The osteopathic physician may supervise only one office
324 other than the osteopathic physician's primary place of
325 practice.

326 Section 7. Paragraph (b) of subsection (1) of section
 327 744.3675, Florida Statutes, is amended to read:

328 744.3675 Annual guardianship plan.—Each guardian of the
 329 person must file with the court an annual guardianship plan
 330 which updates information about the condition of the ward. The
 331 annual plan must specify the current needs of the ward and how
 332 those needs are proposed to be met in the coming year.

333 (1) Each plan for an adult ward must, if applicable,
 334 include:

335 (b) Information concerning the medical and mental health
 336 conditions and treatment and rehabilitation needs of the ward,
 337 including:

338 1. A resume of any professional medical treatment given to
 339 the ward during the preceding year.

340 2. The report of a physician or an advanced practice
 341 registered nurse registered under s. 464.0123 who examined the
 342 ward no more than 90 days before the beginning of the applicable
 343 reporting period. If the guardian has requested a physician to
 344 complete the examination and prepare the report and the
 345 physician has delegated that responsibility, the examination may
 346 be performed and the report may be prepared and signed by a
 347 physician assistant acting pursuant to s. 458.347(4)(f) ~~s.~~
 348 ~~458.347(4)(h)~~ or s. 459.022(4)(f) ~~s. 459.022(4)(g)~~, or by an
 349 advanced practice registered nurse acting pursuant to s.
 350 464.012(3). The report must contain an evaluation of the ward's

HB481

2023

351 condition and a statement of the current level of capacity of
 352 the ward.

353 3. The plan for providing medical, mental health, and
 354 rehabilitative services in the coming year.

355 Section 8. Paragraph (b) of subsection (1) of section
 356 893.05, Florida Statutes, is amended to read:

357 893.05 Practitioners and persons administering controlled
 358 substances in their absence.—

359 (1)

360 (b) Pursuant to ~~s. 458.347(4)(g), s. 459.022(4)(f), or s.~~
 361 ~~464.012(3), as applicable,~~ a practitioner who supervises an a
 362 ~~licensed physician assistant or~~ advanced practice registered
 363 nurse may authorize the ~~licensed physician assistant or~~ advanced
 364 practice registered nurse to order controlled substances for
 365 administration to a patient in a facility licensed under chapter
 366 395 or part II of chapter 400.

367 Section 9. This act shall take effect July 1, 2023.