By Senator Collins

	14-01468-25 20251540
1	A bill to be entitled
2	An act relating to physician assistants; amending ss.
3	458.347 and 459.022, F.S.; revising the definition of
4	the term "physician assistant"; deleting the
5	requirement that a supervising physician notify the
6	Department of Health of his or her intent to delegate
7	prescriptive authority, or of any change in such
8	delegation, to a physician assistant; revising
9	requirements for prescriptions issued by a physician
10	assistant; providing for the registration of a
11	physician assistant to engage in practice without
12	physician supervision; providing registration
13	requirements; providing financial responsibility
14	requirements for such physician assistants; specifying
15	the scope of practice for such physician assistants;
16	requiring the Council on Physician Assistants, in
17	consultation with the Board of Medicine and the Board
18	of Osteopathic Medicine, to adopt rules establishing
19	standards of practice for such physicians; providing
20	for registration renewal; requiring the department to
21	distinguish such physician assistants' licenses and
22	include the registration in their practitioner
23	profiles; requiring such physician assistants to
24	disclose specified information in writing to new
25	patients; requiring the council to adopt rules;
26	providing an effective date.
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28	Be It Enacted by the Legislature of the State of Florida:
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30	Section 1. Present subsections (8) through (16) of section
31	458.347, Florida Statutes, are redesignated as subsections (9)
32	through (17), respectively, a new subsection (8) is added to
33	that section, and paragraph (e) of subsection (2) and paragraph
34	(e) of subsection (4) of that section are amended, to read:
35	458.347 Physician assistants
36	(2) DEFINITIONSAs used in this section, the term:
37	(e) "Physician assistant" means a person who is a graduate
38	of an approved program <del>or its equivalent</del> or meets standards
39	approved by the <u>council</u> <del>boards</del> and is licensed to perform
40	medical services <del>delegated by the supervising physician</del> .
41	(4) PERFORMANCE OF PHYSICIAN ASSISTANTS
42	(e) A supervising physician may delegate to a fully
43	licensed physician assistant the authority to prescribe or
44	dispense any medication used in the supervising physician's
45	practice unless such medication is listed on the formulary
46	created pursuant to paragraph (f). A fully licensed physician
47	assistant may only prescribe or dispense such medication under
48	the following circumstances:
49	1. A physician assistant must clearly identify to the
50	patient that he or she is a physician assistant.
51	2. The supervising physician must notify the department of
52	his or her intent to delegate, on a department-approved form,
53	before delegating such authority and of any change in
54	prescriptive privileges of the physician assistant. Authority to
55	dispense may be delegated only by a supervising physician who is
56	registered as a dispensing practitioner in compliance with s.
57	465.0276.
58	3. A fully licensed physician assistant may procure medical

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59 devices and drugs unless the medication is listed on the 60 formulary created pursuant to paragraph (f). 61 4. The physician assistant must complete a minimum of 10 62 continuing medical education hours in the specialty practice in 63 which the physician assistant has prescriptive privileges with each licensure renewal. Three of the 10 hours must consist of a 64 65 continuing education course on the safe and effective 66 prescribing of controlled substance medications which is offered 67 by a statewide professional association of physicians in this state accredited to provide educational activities designated 68 69 for the American Medical Association Physician's Recognition 70 Award Category 1 credit, designated by the American Academy of 71 Physician Assistants as a Category 1 credit, or designated by 72 the American Osteopathic Association as a Category 1-A credit. 73 5. The prescription may be in paper or electronic form but 74 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499 75 and must contain the physician assistant's name, address, and 76 telephone number and the name of each of his or her supervising 77 physicians. Unless it is a drug or drug sample dispensed by the physician assistant, the prescription must be filled in a 78 79 pharmacy permitted under chapter 465 and must be dispensed in 80 that pharmacy by a pharmacist licensed under chapter 465.

81 6. The physician assistant must note the prescription or82 dispensing of medication in the appropriate medical record.

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(8) PRACTICE WITHOUT PHYSICIAN SUPERVISION.-

84 <u>(a) Registration.—The council must register a physician</u> 85 <u>assistant to practice without a supervising physician if the</u> 86 <u>applicant meets all of the following criteria:</u>

87

1. Holds an active, unencumbered license to practice as a

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88	physician assistant. A physician assistant holding a temporary
89	license, a temporary certificate for practice in areas of
90	critical need, a limited license, or a conditional license may
91	not register under this subsection.
92	2. Is providing primary care services in an area designated
93	as a rural area of opportunity as defined in s. 288.0656.
94	3. Has not been subject to disciplinary action under s.
95	456.072 or s. 458.331 or any similar disciplinary action in
96	another state or other territory or jurisdiction within the 5
97	years immediately preceding the registration application.
98	4. Has completed, in any state, jurisdiction, or territory
99	of the United States, at least 3,000 clinical practice hours,
100	which may include clinical instructional hours provided by the
101	applicant, within the 5 years immediately preceding the
102	registration application. For purposes of this paragraph, the
103	term "clinical instruction" means education provided by faculty
104	in a clinical setting in a graduate program leading to a
105	master's or doctoral degree in a clinical physician assistant
106	studies area.
107	(b) Financial responsibility.—
108	1. A person registered under this subsection must, by one
109	of the following methods, demonstrate to the satisfaction of the
110	council and the department financial responsibility to pay
111	claims and costs ancillary thereto arising out of the rendering
112	of, or the failure to render, medical care, treatment, or
113	services:
114	a. Obtaining and maintaining professional liability
115	coverage in an amount not less than \$100,000 per claim, with a
116	minimum annual aggregate of not less than \$300,000, from an

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117	authorized insurer as defined in s. 624.09, from an eligible
118	surplus lines insurer as defined in s. 626.914(2), from a risk
119	retention group as defined in s. 627.942, from the Joint
120	Underwriting Association established under s. 627.351(4), or
121	through a plan of self-insurance as provided in s. 627.357; or
122	b. Obtaining and maintaining an unexpired, irrevocable
123	letter of credit, established pursuant to chapter 675, in an
124	amount of not less than \$100,000 per claim, with a minimum
125	aggregate availability of credit of not less than \$300,000. The
126	letter of credit must be payable to the physician assistant as
127	beneficiary upon presentment of a final judgment indicating
128	liability and awarding damages to be paid by the physician
129	assistant or upon presentment of a settlement agreement signed
130	by all parties to such agreement when such final judgment or
131	settlement is a result of a claim arising out of the rendering
132	of, or the failure to render, medical care, treatment, or
133	services.
134	2. The requirements of subparagraph 1. do not apply to:
135	a. A physician assistant registered under this subsection
136	who practices exclusively as an officer, employee, or agent of
137	the Federal Government or of the state or its agencies or
138	subdivisions.
139	b. A physician assistant whose registration under this
140	subsection has become inactive and who is not practicing as a
141	physician assistant registered under this subsection in this
142	state.
143	c. A physician assistant registered under this subsection
144	who practices only in conjunction with his or her teaching
145	duties at an accredited school or its main teaching hospitals.

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146	Such practice is limited to that which is incidental to and a
147	necessary part of duties in connection with the teaching
148	position.
149	d. A physician assistant who holds an active registration
150	under this subsection but is not engaged in practice without a
151	supervising physician as authorized under this subsection in
152	this state. If such person initiates or resumes practice as a
153	physician assistant without physician supervision, he or she
154	must notify the department of such activity and fulfill the
155	professional liability coverage requirements of subparagraph 1.
156	(c) Practice requirements
157	1. A physician assistant who is registered under this
158	subsection may do all of the following:
159	a. Practice in primary care, family medicine, pediatrics,
160	internal medicine, women's health, and psychiatry, as defined by
161	council rule.
162	b. Perform the general functions of a physician assistant.
163	c. For a patient who requires the services of a health care
164	facility as defined in s. 408.032:
165	(I) Admit the patient to the facility.
166	(II) Manage the care received by the patient in the
167	facility.
168	(III) Discharge the patient from the facility, unless
169	prohibited by federal law or rule.
170	d. Provide a signature, certification, stamp, verification,
171	affidavit, or endorsement that is otherwise required by law to
172	be provided by a physician, except a physician assistant
173	registered under this subsection may not issue a physician
174	certification under s. 381.986.

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175	2. A physician assistant engaging in practice under this
176	subsection may not perform any surgical procedure deeper than
177	subcutaneous tissues.
178	3. The council, in consultation with the boards, shall
179	adopt rules establishing standards of practice for physician
180	assistants registered under this subsection.
181	(d) Registration renewalA physician assistant must
182	biennially renew registration under this subsection. The
183	biennial renewal for registration shall coincide with the
184	physician assistant's biennial renewal period for licensure.
185	(e) Practitioner profileThe department shall
186	conspicuously distinguish a physician assistant's license if he
187	or she is registered with the council under this subsection and
188	include the registration in the physician assistant's
189	practitioner profile created under s. 456.041.
190	(f) DisclosuresWhen engaging in practice under this
191	subsection, the physician assistant must provide information in
192	writing to a new patient about his or her qualifications and the
193	fact that he or she is practicing without a supervising
194	physician before or during the initial patient encounter.
195	(g) Rules.—The council shall adopt rules to implement this
196	subsection.
197	Section 2. Present subsections (8) through (16) of section
198	459.022, Florida Statutes, are redesignated as subsections (9)
199	through (17), respectively, a new subsection (8) is added to
200	that section, and paragraph (e) of subsection (2) and paragraph
201	(e) of subsection (4) of that section are amended, to read:
202	459.022 Physician assistants
203	(2) DEFINITIONS.—As used in this section, the term:
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205	of an approved program <del>or its equivalent</del> or meets standards
206	approved by the <u>council</u> <del>boards</del> and is licensed to perform
207	medical services <del>delegated by the supervising physician</del> .
208	(4) PERFORMANCE OF PHYSICIAN ASSISTANTS
209	(e) A supervising physician may delegate to a fully
210	licensed physician assistant the authority to prescribe or
211	dispense any medication used in the supervising physician's
212	practice unless such medication is listed on the formulary
213	created pursuant to s. 458.347. A fully licensed physician
214	assistant may only prescribe or dispense such medication under
215	the following circumstances:
216	1. A physician assistant must clearly identify to the
217	patient that she or he is a physician assistant.
218	2. The supervising physician must notify the department of
219	her or his intent to delegate, on a department-approved form,
220	before delegating such authority and of any change in
221	prescriptive privileges of the physician assistant. Authority to
222	dispense may be delegated only by a supervising physician who is
223	registered as a dispensing practitioner in compliance with s.
224	465.0276.
225	3. A fully licensed physician assistant may procure medical
226	devices and drugs unless the medication is listed on the
227	formulary created pursuant to s. 458.347(4)(f).
228	4. The physician assistant must complete a minimum of 10
229	continuing medical education hours in the specialty practice in
230	which the physician assistant has prescriptive privileges with
231	each licensure renewal. Three of the 10 hours must consist of a
232	continuing education course on the safe and effective

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233	prescribing of controlled substance medications which is offered
234	by a provider that has been approved by the American Academy of
235	Physician Assistants and which is designated for the American
236	Medical Association Physician's Recognition Award Category 1
237	credit, designated by the American Academy of Physician
238	Assistants as a Category 1 credit, or designated by the American
239	Osteopathic Association as a Category 1-A credit.
240	5. The prescription may be in paper or electronic form but
241	must comply with ss. 456.0392(1) and 456.42(1) and chapter 499
242	and must contain the physician assistant's name, address, and
243	telephone number <del>and the name of each of his or her supervising</del>
244	<del>physicians</del> . Unless it is a drug or drug sample dispensed by the
245	physician assistant, the prescription must be filled in a
246	pharmacy permitted under chapter 465, and must be dispensed in
247	that pharmacy by a pharmacist licensed under chapter 465.
248	6. The physician assistant must note the prescription or
249	dispensing of medication in the appropriate medical record.
250	(8) PRACTICE WITHOUT PHYSICIAN SUPERVISION
251	(a) Registration.—The council must register a physician
252	assistant to practice without a supervising physician if the
253	applicant meets all of the following criteria:
254	1. Holds an active, unencumbered license to practice as a
255	physician assistant. A physician assistant holding a temporary
256	license, a temporary certificate for practice in areas of
257	critical need, a limited license, or a conditional license may
258	not register under this subsection.
259	2. Is providing primary care services in an area designated
260	as a rural area of opportunity as defined in s. 288.0656.
261	3. Has not been subject to disciplinary action under s.

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262	456.072 or s. 458.331 or any similar disciplinary action in
263	another state or other territory or jurisdiction within the 5
264	years immediately preceding the registration application.
265	4. Has completed, in any state, jurisdiction, or territory
266	of the United States, at least 3,000 clinical practice hours,
267	which may include clinical instructional hours provided by the
268	applicant, within the 5 years immediately preceding the
269	registration application. For purposes of this paragraph, the
270	term "clinical instruction" means education provided by faculty
271	in a clinical setting in a graduate program leading to a
272	master's or doctoral degree in a clinical physician assistant
273	studies area.
274	(b) Financial responsibility
275	1. A person registered under this subsection must, by one
276	of the following methods, demonstrate to the satisfaction of the
277	council and the department financial responsibility to pay
278	claims and costs ancillary thereto arising out of the rendering
279	of, or the failure to render, medical care, treatment, or
280	services:
281	a. Obtaining and maintaining professional liability
282	coverage in an amount not less than \$100,000 per claim, with a
283	minimum annual aggregate of not less than \$300,000, from an
284	authorized insurer as defined in s. 624.09, from an eligible
285	surplus lines insurer as defined in s. 626.914(2), from a risk
286	retention group as defined in s. 627.942, from the Joint
287	Underwriting Association established under s. 627.351(4), or
288	through a plan of self-insurance as provided in s. 627.357; or
289	b. Obtaining and maintaining an unexpired, irrevocable
290	letter of credit, established pursuant to chapter 675, in an

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291	amount of not less than \$100,000 per claim, with a minimum
292	aggregate availability of credit of not less than \$300,000. The
293	letter of credit must be payable to the physician assistant as
294	beneficiary upon presentment of a final judgment indicating
295	liability and awarding damages to be paid by the physician
296	assistant or upon presentment of a settlement agreement signed
297	by all parties to such agreement when such final judgment or
298	settlement is a result of a claim arising out of the rendering
299	of, or the failure to render, medical care, treatment, or
300	services.
301	2. The requirements of subparagraph 1. do not apply to:
302	a. A physician assistant registered under this subsection
303	who practices exclusively as an officer, employee, or agent of
304	the Federal Government or of the state or its agencies or
305	subdivisions.
306	b. A physician assistant whose registration under this
307	subsection has become inactive and who is not practicing as a
308	physician assistant registered under this subsection in this
309	state.
310	c. A physician assistant registered under this subsection
311	who practices only in conjunction with her or his teaching
312	duties at an accredited school or its main teaching hospitals.
313	Such practice is limited to that which is incidental to and a
314	necessary part of duties in connection with the teaching
315	position.
316	d. A physician assistant who holds an active registration
317	under this subsection but is not engaged in practice without a
318	supervising physician as authorized under this subsection in
319	this state. If such person initiates or resumes practice as a
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320	physician assistant without physician supervision, she or he
321	must notify the department of such activity and fulfill the
322	professional liability coverage requirements of subparagraph 1.
323	(c) Practice requirements
324	1. A physician assistant who is registered under this
325	subsection may do all of the following:
326	a. Practice in primary care, family medicine, pediatrics,
327	internal medicine, women's health, and psychiatry, as defined by
328	council rule.
329	b. Perform the general functions of a physician assistant.
330	c. For a patient who requires the services of a health care
331	facility as defined in s. 408.032:
332	(I) Admit the patient to the facility.
333	(II) Manage the care received by the patient in the
334	facility.
335	(III) Discharge the patient from the facility, unless
336	prohibited by federal law or rule.
337	d. Provide a signature, certification, stamp, verification,
338	affidavit, or endorsement that is otherwise required by law to
339	be provided by a physician, except a physician assistant
340	registered under this subsection may not issue a physician
341	certification under s. 381.986.
342	2. A physician assistant engaging in practice under this
343	subsection may not perform any surgical procedure deeper than
344	subcutaneous tissues.
345	3. The council, in consultation with the boards, shall
346	adopt rules establishing standards of practice for physician
347	assistants registered under this subsection.
348	(d) Registration renewal.—A physician assistant must

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349	biennially renew registration under this subsection. The
350	biennial renewal for registration shall coincide with the
351	physician assistant's biennial renewal period for licensure.
352	(e) Practitioner profileThe department shall
353	conspicuously distinguish a physician assistant's license if she
354	or he is registered with the council under this subsection and
355	include the registration in the physician assistant's
356	practitioner profile created under s. 456.041.
357	(f) DisclosuresWhen engaging in practice under this
358	subsection, the physician assistant must provide information in
359	writing to a new patient about her or his qualifications and the
360	fact that she or he is practicing without a supervising
361	physician before or during the initial patient encounter.
362	(g) Rules.—The council shall adopt rules to implement this
363	subsection.
364	Section 3. This act shall take effect July 1, 2025.

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