

FLORIDA HOUSE OF REPRESENTATIVES

BILL ANALYSIS

This bill analysis was prepared by nonpartisan committee staff and does not constitute an official statement of legislative intent.

BILL #: [CS/HB 683](#)

TITLE: Performance of Physician Assistants and Advanced Practice Registered Nurses

SPONSOR(S): Partington

COMPANION BILL: None

LINKED BILLS: None

RELATED BILLS: [SB 374](#) (Trumbull)

Committee References

[Health Professions & Programs](#)

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[Health & Human Services](#)



SUMMARY

Effect of the Bill:

HB 683 authorizes a physician assistant to prescribe a 30-day supply of Schedule II psychiatric mental health-controlled substances to a minor. The bill removes the requirement in current law that a supervising physician notify the Department of Health of their intent to delegate to a physician assistant the authority to prescribe or dispense medication, prior to delegating such authority. The bill also removes the requirement in current law that the name of each of a physician assistant's supervising physicians be included on any prescription issued by the physician assistant.

The bill revises the advanced practice registered nurse controlled substance prescribing formulary to restrict the prescribing of mental health-controlled substances to minors to a 30-day supply. The bill also revises the formulary to authorize all advanced practice registered nurses to prescribe such controlled substances by removing the restriction in current law that limits such prescribing to psychiatric nurses.

Fiscal or Economic Impact:

The bill will have an insignificant, negative fiscal impact on state government and no impact on local government.

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ANALYSIS

EFFECT OF THE BILL:

Prescriptive Authority

[Physician Assistants](#)

The bill revises the [formulary requirements](#) for physician assistants (PAs) to authorize a PA to prescribe a 30-day supply of Schedule II psychiatric mental health-controlled substances to a minor.¹ This is an increase from the 14-day supply that PAs are authorized to prescribe to minors in current law. The bill also removes the requirement that a PA be under the supervision of a pediatrician, a family practice physician, an internal medicine physician, or a psychiatrist to prescribe such controlled substances to minors. The removal of this restriction will allow all PAs to prescribe Schedule II psychiatric mental health-controlled substances to minors. (Section 1)

¹ Chapter 893, F.S., classifies controlled substances into five categories, called schedules. These schedules regulate the manufacture, distribution, preparation, and dispensing of the substances listed therein. The distinguishing factors between the different drug schedules are the "potential for abuse" of the substance and whether there is a currently accepted medical use for the substance. Schedule II substances have a high potential for abuse and have a currently accepted, but severely restricted medical use in the U.S.

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The bill removes the requirement in current law that a supervising physician notify the Department of Health of his or her intent to delegate a PA the authority to prescribe or dispense medication, prior to delegating such authority. However, the bill does not remove the supervising requirement for PAs. The bill also removes the requirement in current law for prescriptions issued by a PA to include the name of each of the PA's supervising physicians. (Sections [1](#) and [2](#))

Advanced Practice Registered Nurses

The bill removes the restriction in current law authorizing only psychiatric nurses to prescribe mental health-controlled substances to minors. The removal of this restriction will allow all advanced practice registered nurses (APRNs) to prescribe these controlled substances to minors. The bill also revises the controlled substance formulary requirements for APRNs to restrict APRNs, except for psychiatric nurses, to prescribing a 30-day supply of mental health-controlled substances to minors. (Section [3](#))

The effective date of the bill is July 1, 2026. (Section [4](#))

FISCAL OR ECONOMIC IMPACT:

STATE GOVERNMENT:

The bill will have an insignificant, negative fiscal impact on DOH. DOH will experience a non-recurring increase in workload associated with modifying the Licensing and Enforcement Information Database System (LEIDS) and Online Service Portal (Versa Online), updating Search Services application, updating the prescription pad vendor portal, and developing communications to licensees through the customer contact center virtual agent (ELI) for voice and web and board websites. DOH states that these costs can be absorbed within current budget authority and existing resources.²

RELEVANT INFORMATION

SUBJECT OVERVIEW:

Physician Assistants

A physician assistant (PA) is a health care practitioner who practices under the direct or indirect supervision of an allopathic or osteopathic physician. PAs may provide a number of medical services, including:³

- Physical examinations;
- Diagnosis and treatment of illness;
- Counsel on preventative health care;
- Assistance in surgery; and
- Prescribing of medication.

PAs may only practice under the supervision of an allopathic or osteopathic physician, and are governed by the respective physician practice acts in ch. 458 (allopathic physicians) and ch. 459 (osteopathic physicians). PAs are regulated, by the Council on Physician Assistants (Council) within DOH, in conjunction with either the Board of Medicine (BOM) for PAs licensed under ch. 458, F.S., or the Board of Osteopathic Medicine (BOOM) for PAs licensed under ch. 459, F.S.

² DOH, *Agency Bill Analysis HB 683*, on file with the House Health Professions and Programs Subcommittee.

³ Mayo Clinic College of Medicine and Science, *Physician Assistant*, available at <https://college.mayo.edu/academics/explore-health-care-careers/careers-a-z/physician-assistant/>, (last visited February 2, 2026).

There are approximately 15,314 PAs holding active licenses in Florida and 223 PAs registered as out-of-state telehealth providers.⁴

Licensure of Physician Assistants

To qualify for a PA license, an applicant must submit a completed application form to DOH and pay the required fee set by the BOM and BOOM. DOH must issue a license to an applicant certified by the Council as having met all of the following requirements:⁵

- Is at least 18 years of age;
- Has graduated from an approved program:
 - For an applicant who matriculated after December 31, 2020, has received a master's degree from an approved program;
 - For an applicant who matriculated on or before December 31, 2020, has received a bachelor's or master's degree from an approved program;
 - For an applicant who graduated before July 1, 1983, has received a certification as a physician assistant from the boards.
- Obtained a passing score on the Physician Assistant National Certifying Examination as established by the National Commission on Certification of Physician Assistants and has been nationally certified.⁶

The BOM and BOOM may also grant a license to an applicant who does not meet the preceding educational requirements but who has passed the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants.⁷

PAs must renew their licenses biennially. During each biennial renewal cycle PAs must complete 100 hours of continuing medical education or must demonstrate current certification issued by the National Commission on Certification of Physician Assistants.⁸ To maintain certification, PAs must also take a recertification examination every 10 years.⁹

PA Scope of Practice

The scope of practice of a PA is limited to the scope of practice of the physician under which the PA is practicing and to tasks and procedures that have been delegated by the physician. PAs may only practice under the responsible supervision, direct or indirect, of an allopathic or osteopathic physician with whom they have a clinical relationship.¹⁰ A supervising physician may only delegate tasks and procedures to the PA that are within the supervising physician's scope of practice.¹¹ The supervising physician is responsible and liable for any acts or omissions of the PA and may not supervise more than ten PAs at any time.¹²

⁴ DOH, *Agency Bill Analysis HB 683*, on file with the House Health Professions and Programs Subcommittee.

⁵ [Ss. 458.347\(6\)](#), and [459.022\(6\), F.S.](#)

⁶ See [ss. 458.347\(6\)](#), and [459.022\(6\), F.S.](#) If an applicant does not hold a current certificate issued by the National Commission on Certification of Physician Assistants or its equivalent or successor organization and has not actively practiced as a physician assistant within the immediately preceding 4 years, the applicant must retake and successfully complete the entry-level examination of the National Commission on Certification of Physician Assistants or its equivalent or successor organization to be eligible for licensure.

⁷ [Ss. 458.347\(6\)\(a\)2.e.](#), and [459.022\(6\)\(a\)2.e., F.S.](#)

⁸ Ss. 458.347(7)(c) and [459.022\(7\)\(c\), F.S.](#)

⁹ National Commission on Certification of Physician Assistants, *Maintain Certification*, <https://www.nccpa.net/maintain-certification/> (last visited February 3, 2026).

¹⁰ [S. 458.347\(2\)\(g\)](#), and [459.022\(2\)\(g\), F.S.](#), defines supervision as responsible supervision and control which requires the easy availability or physical presence of a licensed physician for consultation of the PA. Easy availability includes the ability to communicate by way of telecommunication.

¹¹ Rules 64B8-30.012, F.A.C., and 64B15-6.010, F.A.C.

¹² [Ss. 458.347\(3\)](#), and [459.022\(3\), F.S.](#)

The BOM and BOOM have established by rule that “responsible supervision” of a PA means the ability of the supervising physician to exercise control and provide direction over the services or tasks performed by the PA.¹³ Whether the supervision of a PA is adequate is dependent upon the:¹⁴

- Complexity of the task;
- Risk to the patient;
- Background, training and skill of the PA;
- Adequacy of the direction in terms of its form;
- Setting in which the tasks are performed;
- Availability of the supervising physician;
- Necessity for immediate attention; and
- Number of other persons that the supervising physician must supervise.

A supervising physician decides whether to permit a PA to perform a task or procedure under direct or indirect supervision based on reasonable medical judgment regarding the probability of morbidity and mortality to the patient.¹⁵

Prescriptive Authority

A supervising physician may delegate authority for a PA to prescribe or dispense any medication used in the supervising physician’s practice, or medication for administration to the supervising physician’s patient in a hospital or other facility licensed under ch. 395, F.S., or a nursing homes licensed under part II of ch. 400, F.S.¹⁶

A physician may not delegate the authority for a PA to prescribe medication listed in the negative formulary established by the Council.¹⁷ The formulary prohibits PAs from prescribing general, spinal, or epidural anesthetics and radiographic contrast materials.¹⁸ The formulary also restricts prescribing of Schedule II controlled substances¹⁹ to a seven-day supply.²⁰ A PA who is under the supervision of a pediatrician, family practice physician, internal medicine physician or psychiatrist may only prescribe a 14-day supply of Schedule II psychotropic drugs to children under age 18.²¹

For a PA to prescribe or dispense medication, the supervising physician must notify DOH of the intention to delegate such authority to the PA. The PA must also complete 10 hours of continuing medical education, with each licensure renewal, in the specialty practice in which the PA has prescriptive privileges, including a three-hour course on the safe and effective prescribing of controlled substance medications.²² Practitioners prescribing controlled substances, including PAs, must also register with the federal Drug Enforcement Administration.²³

¹³ Rules 64B8-30.001(3), 64B8-30.012, 64B15-6.001(3), and 64B15-6.010, F.A.C.

¹⁴ *Id.*

¹⁵ “Direct supervision” refers to the physical presence of the supervising physician so that the physician is immediately available to the PA when needed. “Indirect supervision” refers to the reasonable physical proximity of the supervising physician to the PA or availability by telecommunication. *See* Rules 64B8-30.001, and 64B8-30.012, F.A.C., and 64B15-6.001, and 64B15-6.010, F.A.C.

¹⁶ Ss. 458.347(4)(e), and (g), and 459.022(4)(e), and (f), F.S. Chapter 395, F.S., provides for the regulation and the licensure of hospitals and trauma centers, part II of ch. 400, F.S., provides for the regulation and licensure of nursing home facilities.

¹⁷ Ss. 458.347(4)(f), and 459.022(4)(e), F.S.

¹⁸ Rules 64B8-30.008 and 64B15-6.0038, F.A.C.

¹⁹ Chapter 893, F.S., classifies controlled substances into five categories, called schedules. These schedules regulate the manufacture, distribution, preparation, and dispensing of the substances listed therein. The distinguishing factors between the different drug schedules are the “potential for abuse” of the substance and whether there is a currently accepted medical use for the substance. Schedule II substances have a high potential for abuse and have a currently accepted, but severely restricted medical use in the U.S.

²⁰ *Id.*

²¹ *Id.*

²² PAs must complete a minimum of 10 continuing medical education hours of which three hours must be a course on the safe and effective prescribing of controlled substance medications. Ss. 458.347(4)(e)2, and 459.022(4)(e)2, F.S.

²³ 21 U.S.C. 822(a)(2).

When prescribing medication, the prescription must contain the PA's name, address, and telephone number and the name of each of the PAs supervising physicians.²⁴ The PA must also document the prescription or dispensing of medication in the appropriate medical record.²⁵

Advanced Practice Registered Nurses

An advanced practice registered nurse (APRN) is a registered nurse, who is additionally licensed in an advanced nursing practice, including certified nurse midwives, certified nurse practitioners, certified registered nurse anesthetists, clinical nurse specialists, and psychiatric nurses.²⁶

APRNs are regulated under part I of ch. 464, F.S., the Nurse Practice Act. The Board of Nursing (BON), housed within the Department of Health, is responsible for establishing by rule the eligibility criteria for applicants to be licensed as APRNs and the applicable regulatory standards for APRN nursing practices.²⁷ The BON is also responsible for disciplining an APRN who violates the practice act.²⁸

To be eligible for licensure as an APRN, an applicant must apply and provide proof that he or she;²⁹

- Holds a current license to practice professional nursing or holds an active multistate license to practice professional nursing under the Nurse Licensure Compact;
- Is certified by the appropriate specialty board; and
- Has a master's degree in a clinical nursing specialty area with preparation in specialized practitioner skills.

There are approximately 61,041 APRNs holding active licenses in Florida and 1,128 APRNs registered as out-of-state telehealth providers.³⁰

Scope of Practice

In addition to the practice of professional nursing, APRNs perform advanced-level nursing acts approved by the BON as appropriate for APRNs to perform by virtue of their post-basic, specialized education, training, and experience.

APRNs may only perform advanced nursing and medical acts if the APRN is supervised by a physician.³¹ APRNs can be supervised by physicians licensed under chapters 458 (allopathic physicians), 459 (osteopathic physicians), or 466 (dentists), F.S.³² Both general and specialty nursing acts must be authorized by a written supervisory protocol. Autonomous APRNs, however, are not subject to supervision by a physician.

Prescriptive Authority

Under current law, an APRN may:³³

- Prescribe, dispense, administer, or order any drug;

²⁴ [Ss. 458.347\(4\)\(e\)5](#), and [459.022\(4\)\(e\)5](#), F.S.

²⁵ [Ss. 458.347\(4\)\(e\)6](#), and [459.022\(4\)\(e\)6](#), F.S.

²⁶ [S. 464.003\(3\), F.S.](#) In 2018, the Florida Legislature enacted a law which changed the occupational title from "Advanced Registered Nurse Practitioner (APRN)" to "Advanced Practice Registered Nurse (APRN)," and also reclassified a Clinical Nurse Specialist as a type of APRN instead of a stand-alone occupation (see ch. 2018-106, Laws of Fla.).

²⁷ [S. 464.004, F.S.](#)

²⁸ [S. 464.018, F.S.](#)

²⁹ [S. 464.012\(1\), F.S.](#) and Rule 64B9-4.002, F.A.C.

³⁰ DOH, *Agency Bill Analysis HB 683*, on file with the House Health Professions and Programs Subcommittee.

³¹ [S. 464.012, F.S.](#)

³² *Id.*

³³ [S. 464.012\(3\), F.S.](#)

- Prescribe or dispense controlled substances, if the APRN graduated from a master's or doctoral degree program in a clinical nursing specialty area with training in specialized practitioner skills;
- Initiate appropriate therapies for certain conditions;
- Order diagnostic tests and physical and occupational therapy; and
- Order any medication for administration to a patient in a hospital or other facility licensed under ch. 395, F.S., or a nursing homes licensed under part II of ch. 400, F.S.

The negative formulary, established by the BON lists the controlled substances that an APRN may not prescribe or may prescribe only for specific uses or in limited quantities.³⁴ An APRN may only prescribe controlled substances pursuant to the APRN's education, training, experience and protocol. However, the formulary restricts prescriptions of Schedule II controlled substances to a seven-day supply. This restriction does not apply to the prescription of psychiatric controlled substances that are prescribed by a psychiatric nurse.³⁵ The formulary restricts prescribing mental health-controlled substances to children younger than 18 years of age to psychiatric nurses.³⁶

RECENT LEGISLATION:

YEAR	BILL #/SUBJECT	HOUSE/SENATE SPONSOR(S)	OTHER INFORMATION
2023	HB 481 - Physician Assistants' Prescriptive Authority	Melo	Died in House

BILL HISTORY

STAFF DIRECTOR/ POLICY CHIEF	ANALYSIS PREPARED BY	DATE	ACTION	COMMITTEE REFERENCE
McElroy	Curry	2/11/2026	15 Y, 0 N, As CS	Health Professions & Programs Subcommittee

THE CHANGES ADOPTED BY THE COMMITTEE:	<ul style="list-style-type: none"> Removed authorization for certain PAs and APRNs to render medical services without the supervision of a physician during a declared state of emergency in Florida. Exempted psychiatric nurses from the 30-day supply limit for mental health-controlled substances.
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Health & Human Services Committee

THIS BILL ANALYSIS HAS BEEN UPDATED TO INCORPORATE ALL OF THE CHANGES DESCRIBED ABOVE.

³⁴ S. [464.012\(6\), F.S.](#)

³⁵ Psychiatric nurses are licensed APRNs who hold a master's or doctoral degree in psychiatric nursing and a national advanced practice certification as a psychiatric mental health advanced practice nurse. Psychiatric nurses are trained with a clinical focus and in psychiatric assessment and diagnosis, advanced clinical management of psychiatric disorders, including the prescription and management of psychotropic medications, and therapy modalities. See, [S. 464.0123, F.S.](#), and University of Florida, College of Nursing, Psychiatric-Mental Health Nurse Practitioners. available at <https://nursing.ufl.edu/programs/doctor-of-nursing-practice-dnp/bsn-to-dnp/psychiatric-mental-health-nurse-practitioner/#:~:text=The%20psychiatric%2Dmental%20health%20nurse,or%20having%20a%20psychiatric%20diagnosis>, (last visited February 6, 2026).

³⁶ Rule 64B9-4.016, F.A.C.