

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Health Regulation Committee

BILL: CS/SB 774

INTRODUCER: Health Regulation and Senator Hays

SUBJECT: Physician Assistants

DATE: January 20, 2012 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Davlantes	Stovall	HR	Fav/CS
2.			BC	
3.				
4.				
5.				
6.				

Please see Section VIII. for Additional Information:

- | | | |
|------------------------------|-------------------------------------|---|
| A. COMMITTEE SUBSTITUTE..... | <input checked="" type="checkbox"/> | Statement of Substantial Changes |
| B. AMENDMENTS..... | <input type="checkbox"/> | Technical amendments were recommended |
| | <input type="checkbox"/> | Amendments were recommended |
| | <input type="checkbox"/> | Significant amendments were recommended |

I. Summary:

The committee substitute (CS or bill) alters the composition of the Board of Medicine and the Board of Osteopathic Medicine (the boards) to each include one physician assistant member (PA). It also eliminates the requirement that PAs who have been delegated prescribing authority by their supervising physicians must obtain special licensure from the Department of Health (the department) prior to dispensing. Instead, a PA may apply for a prescribing number as part of the initial licensure or license renewal process based on documentation of completion of certain coursework or continuing medical education.

This bill substantially amends ss. 458.307, 458.347, 459.004, and 459.022, F.S.

II. Present Situation:

Board of Medicine and Board of Osteopathic Medicine

The Board of Medicine and the Board of Osteopathic Medicine are established within the department by ss. 458.307 and 459.004, F.S., respectively, to regulate physicians and other allied health professionals. Both boards are composed of licensed physicians who have been actively practicing medicine for at least the preceding 4 years as well as non-physician state citizens. At

least one member of each board must be older than 60 years of age. Members are appointed by the Governor with confirmation from the Senate and serve for 4-year terms.

The Board of Medicine is a fifteen-member body composed of twelve allopathic physicians and three members who have never been licensed health care practitioners. At least one of the physicians must be on the full-time faculty of a Florida medical school, one must be in private practice and on the full-time staff of a statutory teaching hospital, and one must be a graduate of a foreign medical school. One member of the board must also be a licensed health care risk manager. The board regulates physicians, physician assistants, anesthesiologist assistants, advanced registered nurse practitioners, dietitians, nutritionists, nutrition counselors, electrologists, respiratory therapists, and respiratory therapy technicians.

The Board of Osteopathic Medicine is a seven-member body composed of five osteopathic physicians and two members who have never been licensed health care practitioners. The board regulates osteopathic physicians, osteopathic physician assistants, and osteopathic anesthesiologist assistants.

Prescribing Authority of Physician Assistants

According to s. 458.347(2)(e), F.S.,¹ a PA is a practitioner who is a graduate of an approved program or its equivalent or meets standards approved by the boards and is licensed to perform medical services delegated by the supervising physician. The supervising physician may only delegate tasks which are within his or her scope of practice; that is, those tasks which the physician is qualified by training or experience to perform.² The supervising physician is liable for any acts or omissions of the PA.³

Although the delegation of tasks to a PA occurs principally at the physician's discretion, there are certain tasks which are restricted by rule. PAs are never allowed to make the final diagnosis for a patient and are not allowed to perform specific invasive therapeutic procedures without direct supervision.^{4,5}

A physician may delegate to a PA the authority to prescribe or dispense any medication used in his or her practice, as long as that physician is registered as a dispensing practitioner under s. 465.0276, F.S., and the practice is not located in a facility licensed under ch. 395, F.S.⁶ PAs are prohibited from prescribing controlled substances, general anesthetics, or radiographic contrast materials under any circumstances.

PAs who have been given prescribing authority must obtain a special license and a prescribing number from the department; the PA does not independently register as a dispensing practitioner

¹ An identical definition for physician assistants is found in s. 459.022(2)(e), F.S.

² Rule 64B-30.012, F.A.C. Identical provisions are found in Rule 64B15-6.010, F.A.C.

³ Section 458.347(3), F.S. Identical provisions are found in s. 459.022(3), F.S.

⁴ *Supra* fn. 2.

⁵ Direct supervision refers to the physical presence of the supervising physician on the premises (Rules 64B9-30.001(5) and identical 64B15-6.001(5), F.A.C.). Specific tasks a PA may only perform under direct supervision include insertion of chest tubes, removal of pacer wires or left atrial monitoring lines, performance of cardiac stress testing, insertion of central venous catheters, administration of spinal or epidural anesthetics, and interpretation of laboratory tests or imaging studies.

⁶ Facilities licensed under chapter 395, F.S., are hospitals, ambulatory surgical centers, and mobile surgical facilities.

under s. 465.0276, F.S.⁷ Currently, 4,235 PAs have department-approved prescribing authority.⁸ To be licensed as a prescribing PA, the PA and his or her supervising physician must jointly submit an application form to the department and pay a \$400 fee. A separate form is submitted for each specialty area or practice setting for which the PA desires prescribing authority, although only one fee is required. The applying PA must also complete a 3-hour course in prescriptive practice approved by either board. For prescribing licensure renewal, which occurs biennially, a PA must pay a \$150 fee and complete 10 hours of continuing medical education in each specialty area in which he or she has prescribing authority.⁹

A PA and his or her supervising physician must also enter into a written agreement outlining which drugs the physician has authorized the PA to prescribe. This agreement must be maintained at the physician's office for at least 5 years and provided to the department or the Florida Council of Physician Assistants upon request.¹⁰

In clinic, a PA with prescribing authority must clearly identify himself or herself to the patient as a PA and permit the patient to see the supervising physician, if desired, before any medication is dispensed or prescribed. Each prescription written by a PA must contain the PA's prescriber number in addition to the supervisory physician's name, address, and telephone number.¹¹

III. Effect of Proposed Changes:

Section 1 amends s. 458.307, F.S., relating to the composition of the Board of Medicine. The board will remain a fifteen-member body, but instead of including three non-health care practitioner members, the board will consist of two such members and one licensed PA. The PA must have prescribing privileges and must have been practicing in Florida for at least 4 years.

Section 2 amends s. 458.347, F.S., relating to the prescribing abilities of PAs. PAs who have been delegated prescribing authority by their supervising physicians are not required to obtain a special license from the department. However, PAs must still be granted a prescribing number by the department before beginning to dispense drugs, supervising physicians must still notify the department of their intent to delegate prescribing authority to PAs, and PAs are still required to demonstrate to the department the completion of continuing medical education relating to the specialty in which the PA has prescribing authority upon general licensure renewal.

PAs may only apply for prescribing privileges as part of the initial licensure or licensure renewal process. If applying during initial licensure, they must have completed a course in pharmacotherapeutics (to include the initiation, selection, and modification of selected medications and the limitations, responsibilities, and privileges in prescribing medicinal drugs) accredited by the Commission on Accreditation of Allied Health Programs or its successor

⁷ Section 458.347(4), F.S. Identical provisions are found in s. 459.022(4), F.S.

⁸ Department of Health, *2012 Bill Analysis, Economic Statement, and Fiscal Note for SB 774*. A copy is on file with the Senate Health Regulation Committee.

⁹ Rule 64B8-30.003(5), 64B8-30.005(6), and 64B8-30.019(4), F.A.C. Identical provisions are found in Rule 64B15-6, F.A.C.

¹⁰ Rule 64B8-30.007, F.A.C. Identical provisions are found in Rule 64B15-6.0037, F.A.C. The Florida Council of Physician Assistants is part of the department and manages licensing of PAs.

¹¹ *Supra* fn. 7.

organization. Licensure provisions for PAs are also modified to require copies of course transcripts and course descriptions from PA training programs relating to any pharmacotherapy courses taken, with a caveat that such documents must only be submitted if requesting prescribing privileges.

PAs applying for prescribing authority as part of licensure renewal must have completed at least three hours of board-approved continuing medical education in prescriptive practice, covering the limitations, responsibilities, and privileges involved in prescribing medicinal drugs.

The bill conforms language related to the formulary that identifies drugs a PA with prescribing authority may not prescribe to language used elsewhere in the bill. It also deletes language requiring the department to establish a fee relating to special prescribing licenses for PAs.

Section 3 amends s. 459.004, F.S., relating to the composition of the Board of Osteopathic Medicine. The board will remain a seven-member body, but instead of including two non-health care practitioner members, the board will consist of one such member and a licensed PA. The PA must have prescribing privileges and must have been practicing in Florida for at least 4 years.

Section 4 amends s. 459.022, F.S., relating to the prescribing abilities of PAs. PAs who have been delegated prescribing authority by their supervising physicians are not required to obtain a special license from the department. However, PAs must still be granted a prescribing number by the department before beginning to dispense drugs, supervising physicians must still notify the department of their intent to delegate prescribing authority to PAs, and PAs are still required to demonstrate to the department the completion of continuing medical education relating to the specialty in which the PA has prescribing authority upon general licensure renewal.

PAs may only apply for prescribing privileges as part of the initial licensure or licensure renewal process. If applying during initial licensure, they must have completed a course in pharmacotherapeutics (to include the initiation, selection, and modification of selected medications and the limitations, responsibilities, and privileges in prescribing medicinal drugs) accredited by the Commission on Accreditation of Allied Health Programs or its successor organization. Licensure provisions for PAs are also modified to require copies of course transcripts and course descriptions from PA training programs relating to any pharmacotherapy courses taken, with a caveat that such documents must only be submitted if requesting prescribing privileges.

PAs applying for prescribing authority as part of licensure renewal must have completed at least 3 hours of board-approved continuing medical education in prescriptive practice, covering the limitations, responsibilities, and privileges involved in prescribing medicinal drugs.

The bill conforms language related to the formulary that identifies drugs a PA with prescribing authority may not prescribe to language used elsewhere in the bill. It also deletes language requiring the department to establish a fee relating to special prescribing licenses for PAs.

Section 5 provides that the changes to the compositions of the boards made by this bill will take places as vacancies on the boards occur and allow.

Section 6 provides an effective date of July 1, 2012.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The provisions of this bill have no impact on municipalities and the counties under the requirements of Article VII, Section 18 of the Florida Constitution.

B. Public Records/Open Meetings Issues:

The provisions of this bill have no impact on public records or open meetings issues under the requirements of Article I, Section 24(a) and (b) of the Florida Constitution.

C. Trust Funds Restrictions:

The provisions of this bill have no impact on the trust fund restrictions under the requirements of Article III, Subsection 19(f) of the Florida Constitution.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

Licensure and relicensure fees for PAs seeking prescribing authority would be eliminated.

B. Private Sector Impact:

PAs would no longer be required to obtain special licensure from the department before being allowed to prescribe medications. However, they are still required to obtain a prescribing number.

C. Government Sector Impact:

The department will incur non-recurring costs for rulemaking and modification of licensure databases, the fiscal impact of which will be negligible. The department will also experience a loss of revenue relating to the elimination of special licensure requirements and corresponding application fees for PAs with prescribing authority but will retain other administrative responsibilities related to such PAs.¹² The CS reduces some of the effect of the ongoing administrative responsibilities of the department by limiting requests for a prescriber number to initial licensure and renewal licensure. The department will continue to receive and process notifications from supervisory physicians concerning their intent to delegate prescriptive privileges.

VI. Technical Deficiencies:

None.

¹² *Supra* fn. 8.

VII. Related Issues:

The CS allows PAs to apply for prescribing authority as part of the biennial licensure and renewal cycle. No provision is made for PAs who wish to apply for such authority outside of this cycle, such as those who change employment and must reapply for prescribing privileges under a new physician.

VIII. Additional Information:

- A. **Committee Substitute – Statement of Substantial Changes:**
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Regulation on January 19, 2012:

The CS allows PAs to apply for prescribing authority only during initial licensure or licensure renewal. The CS also describes further specifications concerning the coursework PAs must complete before being granted a prescriber number. Procedures for adding PA representation to the boards is amended to allow the appointment of new members as vacancies occur and allow.

- B. **Amendments:**

None.