

A bill to be entitled

An act relating to physician assistants; amending ss. 458.347 and 459.022, F.S.; increasing the number of licensed physician assistants that a physician may supervise at any one time; providing an exception; revising circumstances under which a physician assistant is authorized to prescribe or dispense medication; revising requirements for medications prescribed or dispensed by physician assistants; revising application requirements for licensure as a physician assistant and license renewal; amending ss. 458.348 and 459.025, F.S.; defining the term "nonablative aesthetic skin care services"; authorizing a physician assistant who has completed specified education and clinical training requirements to perform nonablative aesthetic skin care services under the supervision of a physician; providing that a physician must complete a specified number of education and clinical training hours to be qualified to supervise physician assistants performing certain services; providing an effective date.

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

Section 1. Subsection (3), paragraph (e) of subsection (4), and paragraphs (a), (c), and (e) of subsection (7) of

27 section 458.347, Florida Statutes, are amended to read:

28 458.347 Physician assistants.—

29 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician
30 or group of physicians supervising a licensed physician
31 assistant must be qualified in the medical areas in which the
32 physician assistant is to perform and shall be individually or
33 collectively responsible and liable for the performance and the
34 acts and omissions of the physician assistant. A physician may
35 not supervise more than eight ~~four~~ currently licensed physician
36 assistants at any one time. A physician supervising a physician
37 assistant pursuant to this section may not be required to review
38 and cosign charts or medical records prepared by such physician
39 assistant. Notwithstanding this subsection, a physician may only
40 supervise up to four physician assistants in medical offices
41 other than the physician's primary practice location pursuant to
42 s. 458.348(4)(c).

43 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

44 (e) A supervisory physician may delegate to a fully
45 licensed physician assistant the authority to prescribe or
46 dispense any medication used in the supervisory physician's
47 practice unless such medication is listed on the formulary
48 created pursuant to paragraph (f). A fully licensed physician
49 assistant may only prescribe or dispense such medication under
50 the following circumstances:

51 1. A physician assistant must clearly identify to the
52 patient that he or she is a physician assistant. Furthermore,

53 the physician assistant must inform the patient that the patient
54 has the right to see the physician prior to any prescription
55 being prescribed or dispensed by the physician assistant.

56 2. The supervisory physician must notify the department of
57 his or her intent to delegate, on a department-approved form,
58 before delegating such authority and notify the department of
59 any change in prescriptive privileges of the physician
60 assistant. Authority to dispense may be delegated only by a
61 supervising physician who is registered as a dispensing
62 practitioner in compliance with s. 465.0276.

63 3. The physician assistant must certify to ~~file with~~ the
64 department ~~a signed affidavit~~ that he or she has completed a
65 minimum of 10 continuing medical education hours in the
66 specialty practice in which the physician assistant has
67 prescriptive privileges with each licensure renewal application.

68 4. The department may issue a prescriber number to the
69 physician assistant granting authority for the prescribing of
70 medicinal drugs authorized within this paragraph upon completion
71 of the foregoing requirements. The physician assistant shall not
72 be required to independently register pursuant to s. 465.0276.

73 5. The prescription may ~~must~~ be written or electronic, but
74 must be in a form that complies with ss. 456.0392(1) and
75 456.42(1) ~~chapter 499~~ and must contain, in addition to the
76 supervisory physician's name, address, and telephone number, the
77 physician assistant's prescriber number. Unless it is a drug or
78 drug sample dispensed by the physician assistant, the

79 prescription must be filled in a pharmacy permitted under
80 chapter 465 and must be dispensed in that pharmacy by a
81 pharmacist licensed under chapter 465. The appearance of the
82 prescriber number creates a presumption that the physician
83 assistant is authorized to prescribe the medicinal drug and the
84 prescription is valid.

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

87 (7) PHYSICIAN ASSISTANT LICENSURE.—

88 (a) Any person desiring to be licensed as a physician
89 assistant must apply to the department. The department shall
90 issue a license to any person certified by the council as having
91 met the following requirements:

92 1. Is at least 18 years of age.

93 2. Has satisfactorily passed a proficiency examination by
94 an acceptable score established by the National Commission on
95 Certification of Physician Assistants. If an applicant does not
96 hold a current certificate issued by the National Commission on
97 Certification of Physician Assistants and has not actively
98 practiced as a physician assistant within the immediately
99 preceding 4 years, the applicant must retake and successfully
100 complete the entry-level examination of the National Commission
101 on Certification of Physician Assistants to be eligible for
102 licensure.

103 3. Has completed the application form and remitted an
104 application fee not to exceed \$300 as set by the boards. An

105 application for licensure made by a physician assistant must
 106 include:

107 a. A certificate of completion of a physician assistant
 108 training program specified in subsection (6).

109 b. A ~~sworn~~ statement of any prior felony convictions.

110 c. A ~~sworn~~ statement of any previous revocation or denial
 111 of licensure or certification in any state.

112 ~~d. Two letters of recommendation.~~

113 d.e. A copy of course transcripts and a copy of the course
 114 description from a physician assistant training program
 115 describing course content in pharmacotherapy, if the applicant
 116 wishes to apply for prescribing authority. These documents must
 117 meet the evidence requirements for prescribing authority.

118 e. For physician assistants seeking initial licensure on
 119 or after January 1, 2015, fingerprints pursuant to s. 456.0135.

120 (c) The license must be renewed biennially. Each renewal
 121 must include:

122 1. A renewal fee not to exceed \$500 as set by the boards.

123 2. A ~~sworn~~ statement of no felony convictions in the
 124 previous 2 years.

125 (e) Upon employment as a physician assistant, a licensed
 126 physician assistant must notify the department in writing within
 127 30 days after such employment and provide ~~or after any~~
 128 ~~subsequent changes in the supervising physician. The~~
 129 ~~notification must include~~ the full name, Florida medical license
 130 number, specialty, and address of a designated ~~the~~ supervising

131 physician. Any subsequent change in the designated supervising
 132 physician shall be reported to the department within 30 days
 133 after the change. Assignment of a designated supervising
 134 physician does not preclude a physician assistant from
 135 practicing under multiple supervising physicians.

136 Section 2. Paragraph (c) of subsection (4) of section
 137 458.348, Florida Statutes, is amended to read:

138 458.348 Formal supervisory relationships, standing orders,
 139 and established protocols; notice; standards.—

140 (4) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—

141 A physician who supervises an advanced registered nurse
 142 practitioner or physician assistant at a medical office other
 143 than the physician's primary practice location, where the
 144 advanced registered nurse practitioner or physician assistant is
 145 not under the onsite supervision of a supervising physician,
 146 must comply with the standards set forth in this subsection. For
 147 the purpose of this subsection, a physician's "primary practice
 148 location" means the address reflected on the physician's profile
 149 published pursuant to s. 456.041.

150 (c) A physician who supervises an advanced registered
 151 nurse practitioner or physician assistant at a medical office
 152 other than the physician's primary practice location, where the
 153 advanced registered nurse practitioner or physician assistant is
 154 not under the onsite supervision of a supervising physician and
 155 the services offered at the office are primarily dermatologic or
 156 skin care services, which include aesthetic skin care services

157 other than plastic surgery, must comply with the standards
158 listed in subparagraphs 1.-4. Notwithstanding s.
159 458.347(4)(e)6., a physician supervising a physician assistant
160 pursuant to this paragraph may not be required to review and
161 cosign charts or medical records prepared by such physician
162 assistant.

163 1. The physician shall submit to the board the addresses
164 of all offices where he or she is supervising an advanced
165 registered nurse practitioner or a physician's assistant which
166 are not the physician's primary practice location.

167 2. The physician must be board certified or board eligible
168 in dermatology or plastic surgery as recognized by the board
169 pursuant to s. 458.3312.

170 3. All such offices that are not the physician's primary
171 place of practice must be within 25 miles of the physician's
172 primary place of practice or in a county that is contiguous to
173 the county of the physician's primary place of practice.
174 However, the distance between any of the offices may not exceed
175 75 miles.

176 4. The physician may supervise only one office other than
177 the physician's primary place of practice except that until July
178 1, 2011, the physician may supervise up to two medical offices
179 other than the physician's primary place of practice if the
180 addresses of the offices are submitted to the board before July
181 1, 2006. Effective July 1, 2011, the physician may supervise
182 only one office other than the physician's primary place of

183 practice, regardless of when the addresses of the offices were
184 submitted to the board.

185 5. As used in this subparagraph, the term "nonablative
186 aesthetic skin care services" includes, but is not limited to,
187 services provided using intense pulsed light, lasers, radio
188 frequency, ultrasound, injectables, and fillers.

189 a. Subparagraph 2. does not apply to offices at which
190 nonablative aesthetic skin care services are performed by a
191 physician assistant under the supervision of a physician if the
192 physician assistant has successfully completed at least:

193 (I) Forty hours of postlicensure education and clinical
194 training on physiology of the skin, skin conditions, skin
195 disorders, skin diseases, preprocedure and postprocedure skin
196 care, and infection control.

197 (II) Forty hours of postlicensure education and clinical
198 training on laser and light technologies and skin applications.

199 (III) Thirty-two hours of postlicensure education and
200 clinical training on injectables and fillers.

201 b. The physician assistant shall submit to the board
202 documentation evidencing successful completion of the education
203 and training required under this subparagraph.

204 c. For purposes of compliance with s. 458.347(3), a
205 physician who has completed 24 hours of education and clinical
206 training on nonablative aesthetic skin care services, the
207 curriculum of which has been preapproved by the Board of
208 Medicine, is qualified to supervise a physician assistant

209 performing nonablative aesthetic skin care services pursuant to
 210 this subparagraph.

211 Section 3. Subsection (3), paragraph (e) of subsection
 212 (4), and paragraphs (a), (b), and (d) of subsection (7) of
 213 section 459.022, Florida Statutes, are amended to read:

214 459.022 Physician assistants.—

215 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician
 216 or group of physicians supervising a licensed physician
 217 assistant must be qualified in the medical areas in which the
 218 physician assistant is to perform and shall be individually or
 219 collectively responsible and liable for the performance and the
 220 acts and omissions of the physician assistant. A physician may
 221 not supervise more than eight ~~four~~ currently licensed physician
 222 assistants at any one time. A physician supervising a physician
 223 assistant pursuant to this section may not be required to review
 224 and cosign charts or medical records prepared by such physician
 225 assistant. Notwithstanding this subsection, a physician may only
 226 supervise up to four physician assistants in medical offices
 227 other than the physician's primary practice location pursuant to
 228 s. 459.025(3)(c).

229 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

230 (e) A supervisory physician may delegate to a fully
 231 licensed physician assistant the authority to prescribe or
 232 dispense any medication used in the supervisory physician's
 233 practice unless such medication is listed on the formulary
 234 created pursuant to s. 458.347. A fully licensed physician

235 assistant may only prescribe or dispense such medication under
 236 the following circumstances:

237 1. A physician assistant must clearly identify to the
 238 patient that she or he is a physician assistant. Furthermore,
 239 the physician assistant must inform the patient that the patient
 240 has the right to see the physician prior to any prescription
 241 being prescribed or dispensed by the physician assistant.

242 2. The supervisory physician must notify the department of
 243 her or his intent to delegate, on a department-approved form,
 244 before delegating such authority and notify the department of
 245 any change in prescriptive privileges of the physician
 246 assistant. Authority to dispense may be delegated only by a
 247 supervisory physician who is registered as a dispensing
 248 practitioner in compliance with s. 465.0276.

249 3. The physician assistant must certify to ~~file with~~ the
 250 department ~~a signed affidavit~~ that she or he has completed a
 251 minimum of 10 continuing medical education hours in the
 252 specialty practice in which the physician assistant has
 253 prescriptive privileges with each licensure renewal application.

254 4. The department may issue a prescriber number to the
 255 physician assistant granting authority for the prescribing of
 256 medicinal drugs authorized within this paragraph upon completion
 257 of the foregoing requirements. The physician assistant shall not
 258 be required to independently register pursuant to s. 465.0276.

259 5. The prescription may ~~must~~ be written or electronic, but
 260 must be in a form that complies with ss. 456.0392(1) and

261 456.42(1) ~~chapter 499~~ and must contain, in addition to the
262 supervisory physician's name, address, and telephone number, the
263 physician assistant's prescriber number. Unless it is a drug or
264 drug sample dispensed by the physician assistant, the
265 prescription must be filled in a pharmacy permitted under
266 chapter 465, and must be dispensed in that pharmacy by a
267 pharmacist licensed under chapter 465. The appearance of the
268 prescriber number creates a presumption that the physician
269 assistant is authorized to prescribe the medicinal drug and the
270 prescription is valid.

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

273 (7) PHYSICIAN ASSISTANT LICENSURE.—

274 (a) Any person desiring to be licensed as a physician
275 assistant must apply to the department. The department shall
276 issue a license to any person certified by the council as having
277 met the following requirements:

278 1. Is at least 18 years of age.

279 2. Has satisfactorily passed a proficiency examination by
280 an acceptable score established by the National Commission on
281 Certification of Physician Assistants. If an applicant does not
282 hold a current certificate issued by the National Commission on
283 Certification of Physician Assistants and has not actively
284 practiced as a physician assistant within the immediately
285 preceding 4 years, the applicant must retake and successfully
286 complete the entry-level examination of the National Commission

287 on Certification of Physician Assistants to be eligible for
 288 licensure.

289 3. Has completed the application form and remitted an
 290 application fee not to exceed \$300 as set by the boards. An
 291 application for licensure made by a physician assistant must
 292 include:

293 a. A certificate of completion of a physician assistant
 294 training program specified in subsection (6).

295 b. A ~~sworn~~ statement of any prior felony convictions.

296 c. A ~~sworn~~ statement of any previous revocation or denial
 297 of licensure or certification in any state.

298 ~~d. Two letters of recommendation.~~

299 ~~d.e.~~ A copy of course transcripts and a copy of the course
 300 description from a physician assistant training program
 301 describing course content in pharmacotherapy, if the applicant
 302 wishes to apply for prescribing authority. These documents must
 303 meet the evidence requirements for prescribing authority.

304 e. For physician assistants seeking initial licensure on
 305 or after January 1, 2015, fingerprints pursuant to s. 456.0135.

306 (b) The licensure must be renewed biennially. Each renewal
 307 must include:

308 1. A renewal fee not to exceed \$500 as set by the boards.

309 2. A ~~sworn~~ statement of no felony convictions in the
 310 previous 2 years.

311 (d) Upon employment as a physician assistant, a licensed
 312 physician assistant must notify the department in writing within

313 30 days after such employment and provide ~~or after any~~
314 ~~subsequent changes in the supervising physician. The~~
315 ~~notification must include~~ the full name, Florida medical license
316 number, specialty, and address of a designated ~~the~~ supervising
317 physician. Any subsequent change in the designated supervising
318 physician shall be reported to the department within 30 days
319 after the change. Assignment of a designated supervising
320 physician does not preclude a physician assistant from
321 practicing under multiple supervising physicians.

322 Section 4. Paragraph (c) of subsection (3) of section
323 459.025, Florida Statutes, is amended to read:

324 459.025 Formal supervisory relationships, standing orders,
325 and established protocols; notice; standards.—

326 (3) SUPERVISORY RELATIONSHIPS IN MEDICAL OFFICE SETTINGS.—

327 An osteopathic physician who supervises an advanced registered
328 nurse practitioner or physician assistant at a medical office
329 other than the osteopathic physician's primary practice
330 location, where the advanced registered nurse practitioner or
331 physician assistant is not under the onsite supervision of a
332 supervising osteopathic physician, must comply with the
333 standards set forth in this subsection. For the purpose of this
334 subsection, an osteopathic physician's "primary practice
335 location" means the address reflected on the physician's profile
336 published pursuant to s. 456.041.

337 (c) An osteopathic physician who supervises an advanced
338 registered nurse practitioner or physician assistant at a

339 medical office other than the osteopathic physician's primary
340 practice location, where the advanced registered nurse
341 practitioner or physician assistant is not under the onsite
342 supervision of a supervising osteopathic physician and the
343 services offered at the office are primarily dermatologic or
344 skin care services, which include aesthetic skin care services
345 other than plastic surgery, must comply with the standards
346 listed in subparagraphs 1.-4. Notwithstanding s.
347 459.022(4)(e)6., an osteopathic physician supervising a
348 physician assistant pursuant to this paragraph may not be
349 required to review and cosign charts or medical records prepared
350 by such physician assistant.

351 1. The osteopathic physician shall submit to the Board of
352 Osteopathic Medicine the addresses of all offices where he or
353 she is supervising or has a protocol with an advanced registered
354 nurse practitioner or a physician's assistant which are not the
355 osteopathic physician's primary practice location.

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

359 3. All such offices that are not the osteopathic
360 physician's primary place of practice must be within 25 miles of
361 the osteopathic physician's primary place of practice or in a
362 county that is contiguous to the county of the osteopathic
363 physician's primary place of practice. However, the distance
364 between any of the offices may not exceed 75 miles.

365 4. The osteopathic physician may supervise only one office
366 other than the osteopathic physician's primary place of practice
367 except that until July 1, 2011, the osteopathic physician may
368 supervise up to two medical offices other than the osteopathic
369 physician's primary place of practice if the addresses of the
370 offices are submitted to the Board of Osteopathic Medicine
371 before July 1, 2006. Effective July 1, 2011, the osteopathic
372 physician may supervise only one office other than the
373 osteopathic physician's primary place of practice, regardless of
374 when the addresses of the offices were submitted to the Board of
375 Osteopathic Medicine.

376 5. As used in this subparagraph, the term "nonablative
377 aesthetic skin care services" includes, but is not limited to,
378 services provided using intense pulsed light, lasers, radio
379 frequency, ultrasound, injectables, and fillers.

380 a. Subparagraph 2. does not apply to offices at which
381 nonablative aesthetic skin care services are performed by a
382 physician assistant under the supervision of a physician if the
383 physician assistant has successfully completed at least:

384 (I) Forty hours of postlicensure education and clinical
385 training on physiology of the skin, skin conditions, skin
386 disorders, skin diseases, preprocedure and postprocedure skin
387 care, and infection control.

388 (II) Forty hours of postlicensure education and clinical
389 training on laser and light technologies and skin applications.

390 (III) Thirty-two hours of postlicensure education and

391 clinical training on injectables and fillers.

392 b. The physician assistant shall submit to the board
393 documentation evidencing successful completion of the education
394 and training required under this subparagraph.

395 c. For purposes of compliance with s. 459.022(3), a
396 physician who has completed 24 hours of education and clinical
397 training on nonablative aesthetic skin care services, the
398 curriculum of which has been preapproved by the Board of
399 Osteopathic Medicine, is qualified to supervise a physician
400 assistant performing nonablative aesthetic skin care services
401 pursuant to this subparagraph.

402 Section 5. This act shall take effect July 1, 2014.