

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 Committee on Appropriations

BILL: CS/SB 732

INTRODUCER: Health Policy Committee and Senator Steube

SUBJECT: Physician Assistant Workforce Surveys

DATE: April 24, 2017

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Stovall	HP	Fav/CS
2.	Loe	Williams	AHS	Recommend: Favorable
3.	Loe	Hansen	AP	Favorable

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 732 requires a physician assistant (PA) to complete a workforce survey as part of his or her biannual licensure renewal under chapter 458 or 459, Florida Statutes. The Department of Health (DOH) must report the data collected from the PA workforce surveys to the Board of Medicine and the Board of Osteopathic Medicine every two years.

The fiscal impact of the bill is indeterminate; however, any costs incurred by the DOH related to additional workload should be absorbed within existing resources.

The effective date of the bill is July 1, 2017.

II. Present Situation:

Physician Assistants

Chapter 458, F.S., sets forth the provisions for the regulation of the practice of allopathic medicine by the Board of Medicine (BOM). Chapter 459, F.S., sets forth the provisions for the regulation of the practice of osteopathic medicine by the Board of Osteopathic Medicine (BOOM). PAs are regulated by either the BOM or the BOOM, as applicable.

PAs are trained and required by statute to work under the supervision and control of allopathic physicians or osteopathic physicians.¹ The BOM and the BOOM have adopted rules that set out the general principles a supervising physician must use in developing the scope of practice of the PA under both direct² and indirect³ supervision. These principles are required to recognize the diversity of both specialty and practice settings in which PAs are employed.⁴

PAs may perform services delegated by a supervising physician in accordance with the PA's education and training unless expressly prohibited under ch. 458, F.S., ch. 459, F.S., or by rules adopted under either chapter.⁵ A supervising physician's decision to permit a PA to perform a task or procedure under direct or indirect supervision must be based on reasonable medical judgment regarding the probability of morbidity and mortality to the patient. The supervising physician must be certain that the PA is knowledgeable and skilled in performing the tasks and procedures assigned.⁶ Each physician or group of physicians supervising a licensed PA must be qualified in the medical areas in which the PA is to practice and must be individually and collectively liable for the acts and omissions of the PA.⁷

Licensure of PAs is overseen jointly by the BOM and BOOM through the Council on Physician Assistants. Licensure as a PA requires that the individual:

- Is at least 18 years of age;
- Has passed a proficiency examination with an acceptable score established by the National Commission on Certification of Physician Assistants (NCCPA);⁸
- Has completed the DOH application form, remitted an application fee, and included the following:
 - A certificate of completion of a BOM or BOOM approved PA program;
 - Acknowledgment of any prior felony convictions;
 - Acknowledgement of any revocations or denials of licensure in any state; and
 - A copy of PA training course descriptions and transcripts in pharmacotherapy, if prescribing privileges are desired.⁹

Renewal of a PA's license is biennial and contingent upon completion of a certain type and quantity of continuing medical education requirements. A PA with delegated prescribing authority must submit a signed affidavit that he or she has completed a minimum of ten

¹ Sections 458.347(4) and 459.022(4), F.S.

² "Direct supervision" requires the physician to be on the premises and immediately available. (*See* Rules 64B8-30.001(4) and 64B15-6.001(4), F.A.C.).

³ "Indirect supervision" refers to the easy availability of the supervising physician to the PA, which includes the ability to communicate by telecommunications, and requires the physician to be within reasonable physical proximity. (*See* Rules 64B8-30.001(5) and 64B15-6.001(5), F.A.C.)

⁴ Sections 458.347(4)(a) and 459.002(4)(a), F.S.

⁵ Section 458.347(4)(h) and 459.022(4)(g), F.S.

⁶ Rules 64B8-30.012(2) and 64B15-6.010(2), F.A.C.

⁷ Sections 458.347(3) and 459.022(3), F.S.

⁸ If an applicant does not hold a current certificate issued by the NCCPA, and has not actively practiced within the immediately preceding four years, the applicant must retake and successfully complete the entry-level examination of the NCCPA to be eligible for licensure.

⁹ Sections 458.347(7)(a) and 459.022(7)(a), F.S.

continuing medical education hours in the specialty practice in which the PA has prescriptive privileges.¹⁰

Physician Workforce Surveys

There is currently no statutory requirement for the DOH to develop or administer, or for a PA to complete, a survey before he or she can renew a license. However, physicians licensed under the same chapters as PAs are required to complete a survey at licensure renewal.¹¹ The DOH may issue a nondisciplinary citation if the physician does not complete the survey at least 90 days after renewal. The citation must notify the physician that his or her license will not be renewed in any subsequent renewal period unless the survey is completed.¹²

III. Effect of Proposed Changes:

PA Workforce Survey as a Renewal Requirement

The bill requires a PA, as a condition of licensure renewal, to complete a workforce survey, which will be administered in the same manner as the physician's survey,¹³ and must contain the following:¹⁴

- Licensee information, including, but not limited to:
 - Frequency and geographic location of practice within the state;
 - Practice setting;
 - Percentage of time spent in direct patient care;
 - Anticipated change to license or practice status; and
 - Areas of specialty or certification.
- Availability and trends relating to critically needed services, including, but not limited to:
 - Obstetric care and services, including incidents of deliveries;
 - Radiological services, particularly performance of mammograms and breast-imaging services;
 - Physician services for hospital emergency departments and trauma centers, including on-call hours; and
 - Other critically needed specialty areas as determined by the department.

The information submitted must include a statement that the information provided is true and accurate to the best of the PA's knowledge and the submission does not contain any knowingly false information.¹⁵

The bill requires the DOH to administer the PA survey in the same manner as the physician survey. Accordingly, the DOH must:

- Include in PA licensure renewals a notice that the PA survey must be completed prior to renewal of the license, and that the DOH may not renew the license until the survey is completed;

¹⁰ Section 458.347(4)(e)3., F.S., and s. 459.022(4)(e)3., F.S.

¹¹ See s. 458.3191, F.S.

¹² Sections 458.3191 and 459.0081, F.S.

¹³ See sections 458.319 and 459.0081, F.S.

¹⁴ *Id.*

¹⁵ *Id.*

- Issue a nondisciplinary citation to PAs who do not complete the survey within 90 days after filing an application for renewal; and
- Include in the nondisciplinary citation notice that the PA's license will not be renewed unless the survey is completed.

Beginning July 1, 2018, and every two years thereafter, the DOH must report the survey data to the BOM and BOOM. The DOH has been granted rulemaking authority to implement the survey process.

The effective date of the bill is July 1, 2017.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The fiscal impact of the bill is indeterminate. However, any costs incurred by the DOH related to additional workload should be absorbed within existing resources.

VI. Technical Deficiencies:

None.

VII. Related Issues:

The bill requires PAs licensed under chapter 458 and 459, F.S., to provide personal identifying information without making that information confidential and exempt from disclosure. A public

records exemption exists for records containing personal identifying information that the DOH receives in response to the mandatory workforce survey for physicians.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 458.347 and 459.022.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Policy on April 3, 2017

The CS:

- Deletes specific components of a PA survey, and instead requires the PA workforce survey to contain the same information required by physicians and be administered in the same manner;
- Deletes reference to designated supervising physician or PAs; and
- Deletes changes to the composition of the Council on Physician Assistants.

B. Amendments:

None.