

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 Health Policy

BILL: SB 732
 INTRODUCER: Senator Steube
 SUBJECT: Physician Assistants
 DATE: March 30, 2017 REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Stovall	HP	Pre-meeting
2.	_____	_____	AHS	_____
3.	_____	_____	AP	_____

I. Summary:

SB 732 requires a physician assistant (PA) to complete a survey for license renewal under ch. 458 or ch. 459, F.S. The Department of Health (DOH) must issue a nondisciplinary citation to a PA who does not complete the survey within a specific time.

The bill amends a PA’s reporting requirements regarding his or her supervising physician(s) for a PA licensed under ch. 458, F.S., who is working in a group practice or facility. The bill creates “a designated supervising physician” who is a physician designated by a facility or practice to be the primary contact and the supervising physician for the PAs in a practice, where PAs are supervised by multiple supervising physicians. The PA must report changes in the designated supervising physician to the DOH. The designated supervising physician must maintain a current list of all approved supervising physicians in the practice or facility and the physician’s area of practice. The list must be provided to the DOH upon request.

The bill changes the composition of the Council on Physician Assistants (council) by:

- Reducing the Board of Medicine’s (BOM) appointees from three members to one;
- Requiring the Board of Osteopathic Medicine’s (BOOM) appointee to supervise a PA in his or her practice; and
- Increasing the number of PA appointments from one to three.

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

II. Present Situation:

Physician Assistants

Regulation of PAs - The Boards and the Council

Chapter 458, F.S., sets forth the provisions for the regulation of the practice of allopathic medicine by the BOM. Chapter 459, F.S., sets forth the provisions for the regulation of the practice of osteopathic medicine by the BOOM. PAs are regulated by either the BOM or the BOOM, as applicable. Licensure of PAs is overseen jointly by the boards through the council. The council currently consists of:

- Three physicians who are members of the BOM and appointed by that chair;
- One physician who is a member of the BOOM and appointed by that chair; and
- One PA appointed by the State Surgeon General.

Two physicians appointed to the council must supervise PAs in their practice.¹

Supervision of PAs

PAs are trained and required by statute to work under the supervision and control of allopathic physicians or osteopathic physicians.² 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 direct³ and indirect⁴ supervision. These principles are required to recognize the diversity of both specialty and practice settings in which PAs are used.⁵

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.⁶ 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.⁷ 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 responsible and liable for the acts and omissions of the PA.⁸

¹ See s. 458.347(9) and s. 459.022(9), F.S.

² Sections 458.347(4) and 459.022(4), F.S.

³ "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.).

⁴ "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.)

⁵ Sections 458.347(4)(a) and 459.002(4)(a), F.S.

⁶ Section 458.347(4)(h) and 459.022(4)(g), F.S.

⁷ Rules 64B8-30.012(2) and 64B15-6.010(2), F.A.C.

⁸ Sections 458.347(3) and 459.022(3), F.S.

Current law allows a supervising physician to delegate to a licensed PA the authority to prescribe or dispense any medication, including controlled substances, used in the physician's practice unless such medication is listed in a negative formulary.⁹

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);¹⁰
- 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.¹¹

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 continuing medical education hours in the specialty practice in which the PA has prescriptive privileges.¹²

A PA, upon employment, or after any subsequent change of his or her supervising physician, must report to the DOH the name, Florida license number, specialty, and address of the supervising physician.¹³

Board rules¹⁴ define a primary supervising physician as a physician licensed pursuant to ch. 458, F.S., or ch. 459, F.S., who assumes responsibility and legal liability for the services rendered by the PA at all times and the PA is not under the supervision and control of an alternate supervising physician. An alternate supervising physician is defined as a physician(s) licensed pursuant to ch. 458, F.S., or ch. 459, F.S., who assumes responsibility and legal liability for the services rendered by the PA while the PA is under his or her supervision and control. A physician may not supervise more than four licensed physician assistants at any one time.¹⁵

PA Survey

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 his or her license. However, physicians licensed

⁹ Section 458.347(4)(e) and (f)1., F.S., and s. 459.022(4)(e), F.S.

¹⁰ If an applicant does not hold a current certificate issued by the NCCPA, and has not actively practiced within the immediately preceding 4 years, the applicant must retake and successfully complete the entry-level examination of the NCCPA to be eligible for licensure.

¹¹ Section 458.347(7)(a), F.S. and s. 459.022(7)(a), F.S.

¹² Section 458.347(4)(e)3., F.S., and s. 459.022(4)(e)3., F.S.

¹³ *Supra* note 11.

¹⁴ Rule 64B8-30.001(1), F.A.C., and Rule 64B15-6.001(1), F.A.C.

¹⁵ Section 458.347(3), F.S., and s. 459.022(3), F.S.

under the same chapters as PAs are required to complete a survey at licensure renewal.¹⁶ 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.¹⁷

III. Effect of Proposed Changes:

The Council on Physician Assistants

The bill changes the composition of the five-member council as follows:

- Reduces the BOM appointees from three members to one;
- Requires the BOOM appointee to supervise a PA in his or her practice; and
- Increases the Surgeon General's PA appointees from one to three.

Designated Supervising Physician

The bill creates a new type of supervising physician for PAs practicing in a group practice or facility, "a designated supervising physician." A PA must report to the DOH upon employment, or after any subsequent change, the name and other required information of his or her designated supervising physician. The bill defines the designated supervising physician as a physician designated by the facility or the practice to be the primary contact and supervising physician for the PAs in a practice in which PAs are supervised by multiple supervising physicians. Current law limits the number of PAs a physician may supervise at one time to four.¹⁸

The bill provides that assignment of a designated supervising physician does not preclude a PA from practicing under the supervision of physicians other than the designated supervising physician.

The bill requires the designated supervising physician to maintain a list of all approved supervising physicians at the practice or facility, including the name of each supervising physician and his or her area of practice. The list must be kept up to date with additions and terminations and be provided to the DOH in a timely manner upon written request.

The addition of a designated supervising physician, who is also the supervising physician for all the PAs in the practice or facility, might hinder the DOH's current ability to readily identify physician and PA supervisory relationships at a particular facility or practice at any given time; and might run afoul of the limit to supervising no more than four PAs at one time. Under the bill, the designated supervising physician's required list also does not contain information on which supervising physicians are supervising which PAs on a daily basis.

There are no sanctions in the bill for failing to maintain the list, not keeping it up to date, or not providing it to the DOH in a timely manner. General disciplinary provisions in s. 458.072, F.S., and s. 459.015, F.S.; however, might be applicable.

¹⁶ See s. 458.3191, F.S.

¹⁷ Sections 458.3191 and 459.0081, F.S.

¹⁸ Sections 458.347(3), and 459.022(3), F.S.

PA Survey as a Renewal Requirement

The bill requires the DOH to create and administer, as a requirement for PA licensure renewal, a standardized PA survey. The survey must include:

- Licensee information;
- Frequency and geographic location of practice;
- Name of accredited training program where the PA received education and training;
- Year of graduation;
- Number of years of practice in Florida;
- Practice setting;
- Percentage of time spent in direct patient care;
- Areas of specialty;
- Current salary;
- Ownership of practice (in part or in full);
- Questions about availability and trends relating to critically needed services, as determined by the DOH; and
- A statement submitted by the PA that the information is true and accurate and does not contain any knowingly false information.

The bill requires the DOH, in conjunction with the renewal notice, to notify the PA at his or her last known address of record, that the survey must be completed before his or her license will be renewed.

The bill requires the DOH to issue a nondisciplinary citation if a PA licensed under ch. 458, F.S., or ch. 459, F.S., does not complete the survey within 90 days after filing an application for renewal. The citation must provide notice that the PA's license will not be renewed unless the survey is completed. For those who do not apply more than 90 days before the end of the renewal period, this notice will come after their license becomes delinquent.

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:

SB 732 may require the DOH to incur additional expenses to develop, administer, and enforce the PA survey.

VI. Technical Deficiencies:

The bill may require a title amendment as it does not include the duties and responsibilities of a designated supervising physician.

VII. Related Issues:

The bill requires PAs licensed under ch. 458, F.S., and ch. 459, F.S., to provide personal identifying information without making that information confidential and exempt from disclosure. Perhaps s. 458.3139, F.S., and s. 459.0083, F.S., could be amended to extend the public records exemptions for information received in workforce surveys to PAs. However, a separate bill will be needed for a public records exemption.

VIII. Statutes Affected:

This bill substantially amends section 458.347 of the Florida Statutes.

IX. Additional Information:**A. Committee Substitute – Statement of Changes:**

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

None.

B. Amendments:

None.