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LEGISLATIVE ACTION

Senate

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House

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The Committee on Appropriations (Diaz) recommended the following:

**Senate Amendment**

Delete lines 159 - 535

and insert:

Award Category 1 credit, ~~or~~ designated by the American Academy of Physician Assistants as a Category 1 Credit, or designated by the American Osteopathic Association as a Category 1-A Credit.

~~4. The department may issue a prescriber number to the physician assistant granting authority for the prescribing of medicinal drugs authorized within this paragraph upon completion~~



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11 ~~of the requirements of this paragraph. The physician assistant~~  
12 ~~is not required to independently register pursuant to s.~~  
13 ~~465.0276.~~

14       5. The prescription may be in paper or electronic form but  
15 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499  
16 and must contain the physician assistant's, ~~in addition to the~~  
17 ~~supervising physician's~~ name, address, and telephone number and  
18 the name of any of his or her supervising physicians, ~~the~~  
19 ~~physician assistant's prescriber number~~. Unless it is a drug or  
20 drug sample dispensed by the physician assistant, the  
21 prescription must be filled in a pharmacy permitted under  
22 chapter 465 and must be dispensed in that pharmacy by a  
23 pharmacist licensed under chapter 465. ~~The inclusion of the~~  
24 ~~prescriber number creates a presumption that the physician~~  
25 ~~assistant is authorized to prescribe the medicinal drug and the~~  
26 ~~prescription is valid.~~

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

29       (f)1. The council shall establish a formulary of medicinal  
30 drugs that a fully licensed physician assistant having  
31 prescribing authority under this section or s. 459.022 may not  
32 prescribe. The formulary must include general anesthetics and  
33 radiographic contrast materials and must limit the prescription  
34 of Schedule II controlled substances as listed in s. 893.03 to a  
35 7-day supply. The formulary must also restrict the prescribing  
36 of Schedule II psychiatric mental health controlled substances  
37 for children younger than 18 years of age to a 14-day supply,  
38 provided the physician assistant is under the supervision of a  
39 pediatrician, family practice physician, or psychiatrist.



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40           2. In establishing the formulary, the council shall consult  
41 with a pharmacist licensed under chapter 465, but not licensed  
42 under this chapter or chapter 459, who shall be selected by the  
43 State Surgeon General.

44           3. Only the council shall add to, delete from, or modify  
45 the formulary. Any person who requests an addition, a deletion,  
46 or a modification of a medicinal drug listed on such formulary  
47 has the burden of proof to show cause why such addition,  
48 deletion, or modification should be made.

49           4. The boards shall adopt the formulary required by this  
50 paragraph, and each addition, deletion, or modification to the  
51 formulary, by rule. Notwithstanding any provision of chapter 120  
52 to the contrary, the formulary rule shall be effective 60 days  
53 after the date it is filed with the Secretary of State. Upon  
54 adoption of the formulary, the department shall mail a copy of  
55 such formulary to each fully licensed physician assistant having  
56 prescribing authority under this section or s. 459.022, and to  
57 each pharmacy licensed by the state. The boards shall establish,  
58 by rule, a fee not to exceed \$200 to fund the provisions of this  
59 paragraph and paragraph (e).

60           (g) A supervisory physician may delegate to a licensed  
61 physician assistant the authority to, and the licensed physician  
62 assistant acting under the direction of the supervisory  
63 physician may, order any medication for administration to the  
64 supervisory physician's patient in a facility licensed under  
65 chapter 395 or part II of chapter 400, notwithstanding any  
66 provisions in chapter 465 or chapter 893 which may prohibit this  
67 delegation.

68           (h) A licensed physician assistant may perform services



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69 delegated by the supervising physician in the physician  
70 assistant's practice in accordance with his or her education and  
71 training unless expressly prohibited under this chapter, chapter  
72 459, or rules adopted under this chapter or chapter 459.

73 (i) Except for a physician certification under s. 381.986,  
74 a physician assistant may authenticate any document with his or  
75 her signature, certification, stamp, verification, affidavit, or  
76 endorsement if such document may be so authenticated by the  
77 signature, certification, stamp, verification, affidavit, or  
78 endorsement of a physician, except those required for s.  
79 381.986. Such documents include, but are not limited to, any of  
80 the following:

81 1. Initiation of an involuntary examination pursuant to s.  
82 394.463.

83 2. Do-not-resuscitate orders or physician orders for the  
84 administration of life-sustaining treatment.

85 3. Death certificates.

86 4. School physical examinations.

87 5. Medical examinations for workers' compensation claims,  
88 except medical examinations required for the evaluation and  
89 assignment of the claimant's date of maximum medical improvement  
90 as defined in s. 440.02 and for the impairment rating, if any,  
91 under s. 440.15.

92 6. Orders for physical therapy, occupational therapy,  
93 speech-language therapy, home health services, or durable  
94 medical equipment.

95 (j) A physician assistant may supervise medical assistants  
96 as defined in this chapter.

97 (k) This chapter authorizes third-party payors to reimburse



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98 employers of physician assistants for covered services rendered  
99 by licensed physician assistants. Payment for services within  
100 the physician assistant's scope of practice must be made when  
101 ordered or performed by a physician assistant if the same  
102 service would have been covered if ordered or performed by a  
103 physician. Physician assistants are authorized to bill for and  
104 receive direct payment for the services they deliver.

105 ~~(5) PERFORMANCE BY TRAINEES. Notwithstanding any other law,~~  
106 ~~a trainee may perform medical services when such services are~~  
107 ~~rendered within the scope of an approved program.~~

108 ~~(6) PROGRAM APPROVAL.-~~

109 (a) The boards shall approve programs, based on  
110 recommendations by the council, for the education and training  
111 of physician assistants which meet standards established by rule  
112 of the boards. The council may recommend only those physician  
113 assistant programs that hold full accreditation or provisional  
114 accreditation from the Accreditation Review Commission on  
115 Education for the Physician Assistant or its successor entity  
116 or, before 2001, from the Committee on Allied Health Education  
117 and Accreditation or the Commission on Accreditation of Allied  
118 Health Programs or its successor organization. Any educational  
119 institution offering a physician assistant program approved by  
120 the boards pursuant to this paragraph may also offer the  
121 physician assistant program authorized in paragraph (c) for  
122 unlicensed physicians.

123 (b) Notwithstanding any other law, a trainee may perform  
124 medical services when such services are rendered within the  
125 scope of an approved program ~~The boards shall adopt and publish~~  
126 ~~standards to ensure that such programs operate in a manner that~~



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127 ~~does not endanger the health or welfare of the patients who~~  
128 ~~receive services within the scope of the programs. The boards~~  
129 ~~shall review the quality of the curricula, faculties, and~~  
130 ~~facilities of such programs and take whatever other action is~~  
131 ~~necessary to determine that the purposes of this section are~~  
132 ~~being met.~~

133 ~~(c) Any community college with the approval of the State~~  
134 ~~Board of Education may conduct a physician assistant program~~  
135 ~~which shall apply for national accreditation through the~~  
136 ~~American Medical Association's Committee on Allied Health,~~  
137 ~~Education, and Accreditation, or its successor organization, and~~  
138 ~~which may admit unlicensed physicians, as authorized in~~  
139 ~~subsection (7), who are graduates of foreign medical schools~~  
140 ~~listed with the World Health Organization. The unlicensed~~  
141 ~~physician must have been a resident of this state for a minimum~~  
142 ~~of 12 months immediately prior to admission to the program. An~~  
143 ~~evaluation of knowledge base by examination shall be required to~~  
144 ~~grant advanced academic credit and to fulfill the necessary~~  
145 ~~requirements to graduate. A minimum of one 16-week semester of~~  
146 ~~supervised clinical and didactic education, which may be~~  
147 ~~completed simultaneously, shall be required before graduation~~  
148 ~~from the program. All other provisions of this section shall~~  
149 ~~remain in effect.~~

150 ~~(6)(7) PHYSICIAN ASSISTANT LICENSURE.-~~

151 (a) Any person desiring to be licensed as a physician  
152 assistant must apply to the department. The department shall  
153 issue a license to any person certified by the council as having  
154 met all of the following requirements:

155 1. Is at least 18 years of age.



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156           2. Has graduated from an approved program.

157           a. For an applicant who graduated after December 31, 2020,  
158 has received a master's degree in accordance with the  
159 Accreditation Review Commission on Education for the Physician  
160 Assistant or, before 2001, its equivalent or predecessor  
161 organization.

162           b. For an applicant who graduated on or before December 31,  
163 2020, has received a bachelor's or master's degree from an  
164 approved program.

165           c. For an applicant who graduated before July 1, 1994, has  
166 graduated from an approved program of instruction in primary  
167 health care or surgery.

168           d. For an applicant who graduated before July 1, 1983, has  
169 received a certification as a physician assistant from the  
170 boards.

171           e. The board may also grant a license to an applicant who  
172 does not meet the educational requirement specified in this  
173 subparagraph but who has passed the Physician Assistant National  
174 Certifying Examination administered by the National Commission  
175 on Certification of Physician Assistants before 1986.

176           3. Has obtained a passing score as ~~satisfactorily passed a~~  
177 ~~proficiency examination by an acceptable score~~ established by  
178 the National Commission on Certification of Physician Assistants  
179 or its equivalent or successor organization and has been  
180 nationally certified. If an applicant does not hold a current  
181 certificate issued by the National Commission on Certification  
182 of Physician Assistants or its equivalent or successor  
183 organization and has not actively practiced as a physician  
184 assistant within the immediately preceding 4 years, the



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185 applicant must retake and successfully complete the entry-level  
186 examination of the National Commission on Certification of  
187 Physician Assistants or its equivalent or successor organization  
188 to be eligible for licensure.

189 ~~4.3.~~ Has completed the application form and remitted an  
190 application fee not to exceed \$300 as set by the boards. An  
191 application for licensure as made by a physician assistant must  
192 include:

193 a. A diploma from an approved ~~certificate of completion of~~  
194 ~~a physician assistant training program specified in subsection~~  
195 ~~(6).~~

196 b. Acknowledgment of any prior felony convictions.

197 c. Acknowledgment of any previous revocation or denial of  
198 licensure or certification in any state.

199 ~~d. A copy of course transcripts and a copy of the course~~  
200 ~~description from a physician assistant training program~~  
201 ~~describing course content in pharmacotherapy, if the applicant~~  
202 ~~wishes to apply for prescribing authority. These documents must~~  
203 ~~meet the evidence requirements for prescribing authority.~~

204 ~~(d) Upon employment as a physician assistant, a licensed~~  
205 ~~physician assistant must notify the department in writing within~~  
206 ~~30 days after such employment or after any subsequent changes in~~  
207 ~~the supervising physician. The notification must include the~~  
208 ~~full name, Florida medical license number, specialty, and~~  
209 ~~address of the supervising physician.~~

210 (e) Notwithstanding subparagraph (a)2., the department may  
211 grant to a recent graduate of an approved program, as specified  
212 in subsection (5) ~~(6)~~, who expects to take the first examination  
213 administered by the National Commission on Certification of





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214 Physician Assistants available for registration after the  
215 applicant's graduation, a temporary license. The temporary  
216 license shall expire 30 days after receipt of scores of the  
217 proficiency examination administered by the National Commission  
218 on Certification of Physician Assistants. Between meetings of  
219 the council, the department may grant a temporary license to  
220 practice based on the completion of all temporary licensure  
221 requirements. All such administratively issued licenses shall be  
222 reviewed and acted on at the next regular meeting of the  
223 council. The recent graduate may be licensed before employment  
224 ~~but must comply with paragraph (d).~~ An applicant who has passed  
225 the proficiency examination may be granted permanent licensure.  
226 An applicant failing the proficiency examination is no longer  
227 temporarily licensed but may reapply for a 1-year extension of  
228 temporary licensure. An applicant may not be granted more than  
229 two temporary licenses and may not be licensed as a physician  
230 assistant until he or she passes the examination administered by  
231 the National Commission on Certification of Physician  
232 Assistants. As prescribed by board rule, the council may require  
233 an applicant who does not pass the licensing examination after  
234 five or more attempts to complete additional remedial education  
235 or training. The council shall prescribe the additional  
236 requirements in a manner that permits the applicant to complete  
237 the requirements and be reexamined within 2 years after the date  
238 the applicant petitions the council to retake the examination a  
239 sixth or subsequent time.

240 (12)~~(13)~~ RULES.—The boards shall adopt rules to implement  
241 this section, including rules detailing the contents of the  
242 application for licensure and notification pursuant to



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243 subsection (6) ~~(7)~~ and rules to ensure both the continued  
244 competency of physician assistants and the proper utilization of  
245 them by physicians or groups of physicians.

246 Section 2. Subsections (1) through (6), paragraphs (a),  
247 (d), and (e) of subsection (7), and subsection (13) of section  
248 459.022, Florida Statutes, are amended to read:

249 459.022 Physician assistants.—

250 (1) LEGISLATIVE INTENT.—

251 ~~(a) The purpose of this section is to authorize physician~~  
252 ~~assistants, with their education, training, and experience in~~  
253 ~~the field of medicine, to provide increased efficiency of and~~  
254 ~~access to high-quality medical services at a reasonable cost to~~  
255 ~~consumers encourage more effective utilization of the skills of~~  
256 ~~osteopathic physicians or groups of osteopathic physicians by~~  
257 ~~enabling them to delegate health care tasks to qualified~~  
258 ~~assistants when such delegation is consistent with the patient's~~  
259 ~~health and welfare.~~

260 ~~(b) In order that maximum skills may be obtained within a~~  
261 ~~minimum time period of education, a physician assistant shall be~~  
262 ~~specialized to the extent that she or he can operate efficiently~~  
263 ~~and effectively in the specialty areas in which she or he has~~  
264 ~~been trained or is experienced.~~

265 ~~(c) The purpose of this section is to encourage the~~  
266 ~~utilization of physician assistants by osteopathic physicians~~  
267 ~~and to allow for innovative development of programs for the~~  
268 ~~education of physician assistants.~~

269 (2) DEFINITIONS.—As used in this section, the term:

270 (a) "Approved program" means a physician assistant program  
271 in the United States or in its territories or possessions which



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272 is accredited by the Accreditation Review Commission on  
273 Education for the Physician Assistant or, for programs before  
274 2001, accredited by its equivalent or predecessor entities the  
275 Committee on Allied Health Education and Accreditation or the  
276 Commission on Accreditation of Allied Health Education Programs  
277 ~~program,~~ formally approved by the boards, for the education of  
278 physician assistants.

279 (b) "Boards" means the Board of Medicine and the Board of  
280 Osteopathic Medicine.

281 (d)~~(e)~~ "Council" means the Council on Physician Assistants.

282 (h)~~(d)~~ "Trainee" means a person who is currently enrolled  
283 in an approved program.

284 (e) "Physician assistant" means a person who is a graduate  
285 of an approved program or its equivalent or meets standards  
286 approved by the boards and is licensed to perform medical  
287 services delegated by the supervising physician.

288 (f) "Physician assistant national certifying examination"  
289 means the Physician Assistant National Certifying Examination  
290 administered by the National Commission on Certification of  
291 Physician Assistants or its successor agency.

292 (g) "Supervision" means responsible supervision and  
293 control. Except in cases of emergency, supervision requires the  
294 easy availability or physical presence of the licensed physician  
295 for consultation and direction of the actions of the physician  
296 assistant. For the purposes of this definition, the term "easy  
297 availability" includes the ability to communicate by way of  
298 telecommunication. The boards shall establish rules as to what  
299 constitutes responsible supervision of the physician assistant.

300 ~~(g) "Proficiency examination" means an entry-level~~



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301 ~~examination approved by the boards, including, but not limited~~  
302 ~~to, those examinations administered by the National Commission~~  
303 ~~on Certification of Physician Assistants.~~

304 (c) ~~(h)~~ "Continuing medical education" means courses  
305 recognized and approved by the boards, the American Academy of  
306 Physician Assistants, the American Medical Association, the  
307 American Osteopathic Association, or the Accreditation Council  
308 on Continuing Medical Education.

309 (3) PERFORMANCE OF SUPERVISING PHYSICIAN.—Each physician or  
310 group of physicians supervising a licensed physician assistant  
311 must be qualified in the medical areas in which the physician  
312 assistant is to perform and shall be individually or  
313 collectively responsible and liable for the performance and the  
314 acts and omissions of the physician assistant. A physician may  
315 not supervise more than 10 ~~four~~ currently licensed physician  
316 assistants at any one time. A physician supervising a physician  
317 assistant pursuant to this section may not be required to review  
318 and cosign charts or medical records prepared by such physician  
319 assistant.

320 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

321 (a) The boards shall adopt, by rule, the general principles  
322 that supervising physicians must use in developing the scope of  
323 practice of a physician assistant under direct supervision and  
324 under indirect supervision. These principles shall recognize the  
325 diversity of both specialty and practice settings in which  
326 physician assistants are used.

327 (b) This chapter does not prevent third-party payors from  
328 reimbursing employers of physician assistants for covered  
329 services rendered by licensed physician assistants.



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330 (c) Licensed physician assistants may not be denied  
331 clinical hospital privileges, except for cause, so long as the  
332 supervising physician is a staff member in good standing.

333 (d) A supervisory physician may delegate to a licensed  
334 physician assistant, pursuant to a written protocol, the  
335 authority to act according to s. 154.04(1)(c). Such delegated  
336 authority is limited to the supervising physician's practice in  
337 connection with a county health department as defined and  
338 established pursuant to chapter 154. The boards shall adopt  
339 rules governing the supervision of physician assistants by  
340 physicians in county health departments.

341 (e) A supervising physician may delegate to a fully  
342 licensed physician assistant the authority to prescribe or  
343 dispense any medication used in the supervising physician's  
344 practice unless such medication is listed on the formulary  
345 created pursuant to s. 458.347. A fully licensed physician  
346 assistant may only prescribe or dispense such medication under  
347 the following circumstances:

348 1. A physician assistant must clearly identify to the  
349 patient that she or he is a physician assistant ~~and must inform~~  
350 ~~the patient that the patient has the right to see the physician~~  
351 ~~before a prescription is prescribed or dispensed by the~~  
352 ~~physician assistant.~~

353 2. The supervising physician must notify the department of  
354 her or his intent to delegate, on a department-approved form,  
355 before delegating such authority and of any change in  
356 prescriptive privileges of the physician assistant. Authority to  
357 dispense may be delegated only by a supervising physician who is  
358 registered as a dispensing practitioner in compliance with s.



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359 465.0276.

360 3. A fully licensed physician assistant may procure medical  
361 devices and medicinal drugs unless the drug is listed on the  
362 formulary created pursuant to s. 458.347(4)(f).

363 4. The physician assistant must complete a minimum of 10  
364 continuing medical education hours in the specialty practice in  
365 which the physician assistant has prescriptive privileges with  
366 each licensure renewal. Three of the 10 hours must consist of a  
367 continuing education course on the safe and effective  
368 prescribing of controlled substance medications which is offered  
369 by a statewide professional association of physicians in this  
370 state accredited to provide educational activities designated  
371 for the American Medical Association Physician's Recognition  
372 Award Category 1 credit, designated by the American Academy of  
373 Physician Assistants as a Category 1 Credit, or designated by  
374 the American Osteopathic Association as a Category 1-A Credit.

375 ~~4. The department may issue a prescriber number to the~~  
376 ~~physician assistant granting authority for the prescribing of~~  
377 ~~medicinal drugs authorized within this paragraph upon completion~~  
378 ~~of the requirements of this paragraph. The physician assistant~~  
379 ~~is not required to independently register pursuant to s.~~  
380 ~~465.0276.~~

381 5. The prescription may be in paper or electronic form but  
382 must comply with ss. 456.0392(1) and 456.42(1) and chapter 499  
383 and must contain the physician assistant's, ~~in addition to the~~  
384 ~~supervising physician's~~ name, address, and telephone number and  
385 the name of any of his or her supervising physicians,~~the~~