

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 Appropriations Subcommittee on Health and Human Services

BILL: CS/SB 894

INTRODUCER: Health Policy Committee and Senator Diaz

SUBJECT: Physician Assistants

DATE: April 7, 2021

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Brown	HP	Fav/CS
2.	Gerbrandt	Kidd	AHS	Pre-meeting
3.			AP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 894 expands the scope of practice of physician assistants by allowing them to:

- Prescribe psychiatric mental health controlled substances to minors;
- Procure certain medical equipment and devices;
- Supervise medical assistants; and
- Sign and certify documents that currently require a physician's signatures such as Baker Act commitments, do-not-resuscitate orders, school physicals, and death certificates.

The bill also authorizes physician assistants to directly bill for and receive payments from public and private insurance companies for the services they deliver.

Current law limits the number of physician assistants a physician can supervise to four. The bill removes this limitation, which allows a physician to supervise an unlimited number of physician assistants.

The fiscal impact of the bill is indeterminate, see Section V.

The bill takes effect on July 1, 2021.

II. Present Situation:

Physician Assistants (PAs)

History of the Physician Assistant Profession

In 1965 physicians and educators recognized there was a shortage of primary care physicians, so Duke University Medical Center, put together the first class of PAs. Duke selected four Navy Vietnam-era hospital corpsmen who had received considerable medical training during their military service. The first PA class graduated from the Duke program in 1967.¹

In Florida, physicians were first authorized to use PAs in their practice in 1979. The legislative intent for recognizing the PA profession was to allow physicians to delegate the performance of “medical services” to qualified PAs when such delegation was consistent with the patient’s health and welfare; freeing physicians to more effectively utilize their medical education, training, and experience. Physicians were required to apply to their board² to utilize and supervise a PA in their practice. PAs were required to be graduates of board-approved programs, or the equivalent, and to be approved by the Department of Health (DOH) to perform “medical services” under the supervision of a physician, who was certified by the board to supervise the PA. PAs were not required to be licensed by the DOH. Physicians utilizing PAs were liable for any act or omissions of the PAs while under the physician’s supervision.³

Physician Assistant Education

Physician assistant programs must be recommended by the Council on PAs and approved by the Board of Medicine (BOM) and the Board of Osteopathic Medicine (BOOM) (collectively known as the boards). The council may only recommend PA programs that hold full accreditation or provisional accreditation from the Commission on Accreditation of Allied Health Programs or its successor organization. The boards are required to adopt program standards to ensure the health and welfare of patients that receive PA services, and review curricula, faculties, and facilities of PA programs to ensure they meet standards set forth by the boards.⁴

Currently, there are 17 universities in Florida offering PA programs accredited by the Accreditation Review Commission on Education (ARC-PA).⁵ Physician Assistant programs are on average 24 to 27 months, or six or seven semesters, requiring 96 to 111 plus clinical and classroom credit hours to graduate. The programs are designed to prepare students to practice as part of a Physician-PA team. Upon completion, graduates receive a Master of Science in PA Practice degree or a Master of PA Studies, or similar degree.

¹ American Association of Physician Assistants, About, History, *History of the PA Profession*, available at <https://www.aapa.org/about/history/> (last visited Mar. 5, 2021).

² Section 456.001(1), F.S., defines “board” as any board, commission, or other statutorily created entity, to the extent such entity is authorized to exercise regulatory or rulemaking functions within the Department of Health or, in some cases, within the department’s Division of Medical Quality Assurance.

³ Chapter 79-230, s. 1., and ch. 79-320, s. 1., Laws of Fla. (Creating ss. 459.018 and 458.017, F.S., effective Jul. 1, 1979).

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

⁵ Florida Academy of PAs, *For Students - PA Programs in Florida*, available at <https://www.fapaonline.org/page/studentprograms> (last visited Mar. 4, 2021).

Following graduation, a PA candidate must take and pass the PA National Certifying Examination (PANCE) given by the National Commission on Certification of PAs (NCCPA) to become certified. It is a five-hour exam with 300 multiple-choice questions, with no didactic components.⁶

The Council of Physician Assistants

Physician Assistants are regulated within the DOH by the Florida Council on Physician Assistants (Council) in conjunction with either the Board of Medicine (BOM) for PAs licensed under ch. 458, F.S., or the Board of Osteopathic Medicine (BOOM) for PAs licensed under ch. 459, F.S.⁷

The Council consists of five members:⁸

- One physician who is a member of the BOM who supervises a PA in his or her practice;
- One physician who is a member of the BOOM who supervises a PA in his or her practice; and
- Three PAs licensed under chs. 458 or 459, F.S.

The Council is responsible for:⁹

- Recommending PAs to the DOH for licensure;
- Developing rules for the boards' consideration regulating the use of PAs by physicians;
- Developing rules to ensure the continuity of supervision in each practice setting;
- Making recommendations to the boards on matters relating to PAs;
- Addressing the concerns and problems of practicing PAs in order to improve safety in the clinical practices of PAs;
- Denying, restricting, or placing conditions on the license of a PA who fails to meet the licensing requirements;¹⁰ and
- Establishing's a formulary of medicinal drugs that a PA may not prescribe (negative formulary).¹¹

Physician Assistant Licensure

An applicant for a PA license must be at least 18 years of age. The DOH must issue a license to a person who has been certified by the Council as having met all of the following requirements:¹²

- Completed aboard-approved PA training program;
- Obtained a passing score on the NCCPA proficiency exam;
- Acknowledged any prior felony convictions;

⁶ The National Commission on Certification of PA (NCCPA), *Become Certified, Becoming Certified*, available at <https://www.nccpa.net/BecomingCertified> (last visited Mar. 4, 2021). The NCCPA is the only certifying organization for PAs in the United States. As of Dec. 31, 2020, there were approximately 148,500 certified PAs in the United States.

⁷ Sections 458.347 and 459.022, F.S.

⁸ Sections 458.347(9) and 459.022(9), F.S. Members of the Board of Medicine and the Board of Osteopathic Medicine are appointed by the Governor and confirmed by the Senate. *See* ss. 458.307 and 459.004, F.S., respectively.

⁹ Sections 458.347(9)(c) and 459.022(9)(c), F.S.

¹⁰ Sections 458.347(9)(d) and 459.022(9)(d), F.S.

¹¹ Section 458.347(4)(f), F.S.

¹² Sections 458.347(7) and 459.022(7), F.S.

- Submitted to a background screening and have no disqualifying offenses;¹³
- Acknowledged any previous revocation or denial of licensure in any state; and
- Provided a copy of course transcripts and a copy of the course descriptions from the PA's training program describing the course content in pharmacotherapy if the applicant is seeking prescribing authority.

Physician Assistants must renew their licenses biennially. During each biennial renewal cycle, a PA must complete 100 hours of continuing medical education or must demonstrate current certification issued by the NCCPA.¹⁴ To maintain certification, a PA must earn at least 100 hours of continuing medical education biennially, and must take and pass a re-certification examination every 10 years.¹⁵

Physician Assistant Scope of Practice and Physician Supervision

Physician assistants may only practice under the direct or indirect supervision of a physician with whom they have a working relationship.¹⁶ Physician Assistants are licensed to perform only those medical services delegated to them by a supervising allopathic or osteopathic physician.¹⁷

A supervising physician may only delegate tasks and procedures to the PA that are within the supervising physician's scope of practice. A supervising physician decides whether to permit a PA to perform a task or procedure under direct or indirect supervision based on his or her reasonable medical judgment regarding the probability of morbidity and mortality to the patient, and the physician must be certain the PA has the knowledge and skills to perform the task or procedure assigned.¹⁸

Current law requires a supervising physician to exercise "responsible supervision" and control and, except in cases of emergency, requires the easy availability¹⁹ or physical presence of the physician for consultation and direction of the actions of the PA. The BOM and BOOM establish rules as to what constitutes responsible supervision of a PA.²⁰

The boards have established by rule that "responsible supervision" of a PA means the ability of the supervising physician to exercise control and provide direction over the services or tasks performed by the PA. Whether the supervision of a PA is adequate is dependent upon the:

- Complexity of the task;
- Risk to the patient;
- Background, training, and skill of the PA;
- Adequacy of the direction in terms of its form;
- Setting in which the tasks are performed;

¹³ Section 456.0135, F.S.

¹⁴ Sections 458.347(7)(c) and 459.022(7)(c), F.S.

¹⁵ National Commission on Certification of Physician Assistants, *Maintaining Certification*, available at <https://www.nccpa.net/CertificationProcess> (last visited Mar. 4, 2021).

¹⁶ Sections 458.347(2)(f) and 459.022(2)(f), F.S.

¹⁷ Sections 458.347(4) and 459.022(4), F.S.

¹⁸ Fla. Adm. Code R. 64B8-30.012(2) and 64B15-6.010(2).

¹⁹ The term "easy availability" includes the ability to communicate by way of telecommunication.

²⁰ Sections 458.347(2)(f) and 459.022(2)(f), F.S.

- Availability of the supervising physician;
- Necessity for immediate attention; and
- Number of other persons that the supervising physician must supervise.²¹

Responsible supervision and control also require the supervising physician to periodically review the PA's performance²² and to determine the level of supervision the PA requires for every task or procedure delegated to the PA as to whether it will be under:²³

- *Direct supervision:* Requires the physical presence of the supervising physician on the premises so that the physician is immediately available to the PA when needed; or
- *Indirect supervision:* Requires the supervising physician to be within reasonable physical proximity, and easily availability, to the PA for communication with the PA, including via telecommunication.

A supervising physician may also delegate to a PA his or her authority to:²⁴

- Prescribe or dispense any medicinal drug used in the supervising physician's practice unless such medication is listed in the negative formulary established by the Council, but only under the following circumstances:
 - The PA identifies himself or herself as a PA and advises the patient of his or her right to see a physician before the prescription is written or dispensed;
 - The supervising physician must be registered as a dispensing practitioner and have notified the DOH on an approved form of his or her intent to delegate prescriptive authority or to change prescriptive authority; and
 - The PA must have completed 10 hours of continuing medical education in the specialty practice in which the PA has prescriptive authority with each licensure renewal, and three of the 10 hours must be on the safe and effective prescribing of controlled substances.
- Order any medication for administration to the supervising physician's patient in a hospital or other facility licensed under ch. 395, F.S., or a nursing home licensed under Part II, ch. 400, F.S.; and
- Perform any other service that is not expressly prohibited in the PA Practice Acts, or the rules adopted thereunder.

Current law prohibits PAs licensed under the BOM from prescribing general anesthetics, radiographic contrast materials, and psychiatric mental health controlled substances to children under 18 years of age and limits their prescribing authority of schedule II controlled substances to 7 days.²⁵

The DOH is authorized to issue a prescriber number to each PA who has been delegated prescribing authority by a supervising physician. The prescriber number grants authority for the prescribing of medicinal drugs, and creates a presumption that the PA is authorized to prescribe the drug and that the prescription is valid.

²¹ Fla. Admin. Code R. 64B8-30.001 and 64B15-6.001.

²² Fla. Adm. Code R. 64B8-30.001(3) and 64B15-6.001(3) (2021).

²³ Fla. Adm. Code R. 64B8-30.001(4) and (5) and 64B15-6.001(4) and (5).

²⁴ Sections 458.347(4) and 459.022(4), F.S.

²⁵ Section 458.347(4)(f)1., F.S.

A supervising physician is responsible and liable for any acts or omissions of the PAs he or she supervises and may not supervise more than four PAs at any time.²⁶

Upon employment as a PA, a licensed PA must notify the DOH of his or her supervising physician in writing within 30 days after such employment or after any subsequent changes of his or her supervising physician. The notification must include the full name, Florida medical license number, specialty, and address of the supervising physician.²⁷

Reimbursement for PA Services: Medicare

Medicare generally reimburses for medical and surgical services provided by PAs at 85 percent of the physician fee schedule. This rate generally applies to all practice settings, including hospitals, nursing facilities, homes, offices, and clinics. However, when acting as a surgical assistant, the PA's reimbursement rate is only 13.6 percent of the primary surgeon's allowable fee, and no payment is made for a PAs assisting at surgery at an approved and accredited teaching hospital unless no residents are available, the surgeon does not use residents with his patients, or trauma surgery is required. To be eligible for Medicare reimbursement for PA services, a PA must:

- Graduate from an accredited PA program or passed the national certification exam;
- Be state-licensed;
- Obtain a National Provider Identifier (NPI);²⁸ and
- Enroll in Medicare through the Medicare electronic enrollment system.²⁹

Under Medicare, a PA's required level of supervision for reimbursement generally requires access to the collaborating physician or supervising physician by reliable electronic communication. Personal presence of the physician is generally not required. Medicare policies will not override state law guidelines or facility policies.³⁰ Medicare does allow PAs to submit claims under their own NPI as the rendering provider, but does not allow PAs to directly bill (receive payment directly) for covered Medicare services.³¹ Reimbursement is made to the PA's employer.³²

Notable restrictions on a PA's scope of practice under Medicare include:

- PAs may not order home health services or sign a patient's home health plan of care;
- PAs may not perform the initial comprehensive visit for patients in skilled nursing facilities;

²⁶ Sections 458.347(15) and 459.022(15), F.S.

²⁷ Sections 458.458.347(7) and 459.022(7), F.S.

²⁸ An NPI is a unique identification number for covered health care providers that can be shared with other providers and health plans, and is used for billing purposes. Centers for Medicare and Medicaid Services, *National Provider Identifier Standard (NPI)*, available at <https://www.cms.gov/Regulations-and-Guidance/Administrative-Simplification/NationalProvIdentStand> (last visited March 25, 2021).

²⁹ American Association of Physician Assistants, *Basic Concepts of Reimbursement: a Primer*, available at <https://www.aapa.org/wp-content/uploads/2018/04/WEB-18.066-Program-Director-Page-Redesign-Reimbursement-101-v2.pdf> (last viewed Mar. 8, 2021).

³⁰ *Id.*

³¹ See 42 U.S.C. 1395u(b)(6)(C), 2021, which will allow services provided by PAs to be directly billed and paid to PAs only when no other facility or provider services are billed the same day after Jan. 1, 2022.

³² American Association of Physician Assistants, *Basic Concepts of Reimbursement: a Primer*, available at <https://www.aapa.org/wp-content/uploads/2018/04/WEB-18.066-Program-Director-Page-Redesign-Reimbursement-101-v2.pdf> (last viewed Mar. 8, 2021).

- PAs are not reimbursed for certifying terminal illness; and
- PAs may not delegate the performance of diagnostic tests requiring direct or personal supervision of ancillary staff.³³

Reimbursement for PA Services: Medicaid

Unlike the Medicare program, which has federal laws mandating the coverage of medical services provided by PAs, the state determines whether PAs are eligible providers under its Medicaid program and which services PAs are able to provide. In Florida, if a PA performs a service for a Medicaid enrollee, the PA must have his or her own Medicaid provider number, and the service must be billed using the PA's provider number unless the physician performs the majority of the service.³⁴ Medicaid services provided by a PA within his or her scope of practice may be billed under a physician's Medicaid provider number when the physician is in the building and able to render assistance as needed. These services are reimbursed at the physician-allowable amount. Services provided within the PA's scope of practice that are performed when the physician is not in the building must be billed under the rendering PA's Medicaid provider number and are reimbursed at 80 percent of the allowable amount.³⁵

Reimbursement for PA Services: Commercial Health Insurance

Commercial insurers have varying policies regarding billing and reimbursement of services provided by a PA. Many choose not to enroll PAs as providers and require PAs to bill under the physicians' Medicaid number. For those that enroll PAs, billing and coverage policies must be clearly ascertained by every individual practice for every individual payer with whom they contract.³⁶

III. Effect of Proposed Changes:

CS/SB 894 revises the practice acts for PAs in chs. 458 and 459, F.S.

Physician Assistant Education

Currently, board-approved PA programs must be accredited by the Commission on Accreditation of Allied Health Programs. The bill amends the list of accrediting entities that PA programs must be accredited by in order to be an "approved program," to include:

- The Accreditation Review Commission on Education for the Physician Assistant or its successor entity; or
- Before 2001:
 - The Committee on Allied Health Education and Accreditation; or

³³ *Id.*

³⁴ Agency for Health Care Administration, *Florida Medicare Provider Reimbursement Handbook*, available at https://ahca.myflorida.com/medicaid/review/Reimbursement/RH_08_080701_CMS-1500_ver1_4.pdf (last visited Mar. 8, 2021).

³⁵ Agency for Health Care Administration, *Practitioner Fee Schedule*, available at https://ahca.myflorida.com/medicaid/review/Reimbursement/2020-01-01_Fee_Sched_Billing_Codes/Practitioner_Fee_Schedule_2020.pdf (last visited Mar. 15, 2021).

³⁶ American Association of Physician Assistants, *Basic Concepts of Reimbursement: a Primer*, available at <https://www.aapa.org/wp-content/uploads/2018/04/WEB-18.066-Program-Director-Page-Redesign-Reimbursement-101-v2.pdf> (last viewed Mar. 8, 2021).

- The Commission on Accreditation of Allied Health Programs.

The bill repeals current law that requires the BOM and BOOM to adopt standards to ensure that PA programs operate in a manner that does not endanger the health or welfare of patients who receive PA services, and repeals the boards' responsibility to review the quality of the curricula, faculties, and facilities of PA programs.

Physician Assistant Licensure

Currently, to obtain licensure a PA must have a certificate of completion of a board approved PA training program and pass an entry-level proficiency exam. To obtain licensure as a PA, the bill requires a PA to graduate from an approved program accredited by the Accreditation Review Commission on Education for the PA, and submit a diploma from the approved program with their application. The bill also clarifies that a PA must obtain a passing score on the physician assistant national certifying examination (PANACE).

The bill also amends the following licensure requirements for applicants who graduated:

- After December 31, 2020, a master's degree from an approved program;
- Before January 1, 2020, a bachelor's or master's degree from an approved program;
- Before July 1, 1994, graduation from an approved program of instruction in primary health care or surgery;
- Before July 1, 1983, a certification as a PA by the boards; and
- For applicants who do not meet any of the educational requirements specified above, but who have passed the PANACE examination administered by the NCCPA before 1986, the board may also grant a license.

The bill repeals the following items that applicants must submit with their application for licensure:

- A PA program verification form; and
- A copy of course transcripts and course descriptions from the PA program describing course content in pharmacotherapy, if the applicant intends to apply for prescribing authority.

Physician Assistant Scope of Practice and Physician Supervision

The bill expands the scope of practice of PAs and authorizes PA's to:

- Prescribe psychiatric mental health controlled substances to minors;
- Procure medical devices and drugs unless listed in the negative formulary established by the Council and adopted by the BOM and the BOOM;
- Supervise medical assistants;³⁷
- Authenticate documents with their signature, certification, stamp, verification, affidavit, or endorsement if it may be authenticated by a physician's signature, certification, stamp, verification, affidavit, or endorsement,³⁸ including but not limited to:

³⁷ Section 458.3485, F.S., defines a "medical assistant" as a professional multi-skilled person dedicated to assisting in all aspects of medical practice under the direct supervision and responsibility of a physician.

³⁸ See s. 381.986, F.S. This could include certifications for the use of medical marijuana if certain requirements are met by the PA.

- Initiation of an involuntary examination under the Baker Act;³⁹
- Do-not-resuscitate (DNR) orders or orders for life-sustaining treatment;
- Death certificates;
- School physical examinations;
- Medical evaluations for workers' compensation claims, including date of maximum medical improvement as defined in s. 440.02, F.S.;⁴⁰
- Orders for:
 - Physical therapy;
 - Occupational therapy;
 - Speech-language therapy;
 - Home health services; and
 - Durable medical equipment.
- File the certificate of death or fetal death in the absence of a funeral director; and
- Correct a permanent death certificate.

The bill makes conforming changes to the sections of current law relating to the involuntary examinations under the Baker Act and the signing of DNR orders.

The bill relaxes physician supervision requirements by repealing the current-law prohibition against a physician supervising more than four PAs at any one time. In effect, the bill will allow a supervising physician to supervise an unlimited number of PAs. The bill also deletes the following requirements:

- Prescriptions written by a PA must contain the supervising physician's name,
- PAs must inform patients that they have the right to see a physician before a prescription is prescribed or dispensed by the PA; and
- PAs must notify the DOH within 30 days of employment or after any change in their supervising physician.

The bill removes from current law:

- Obsolete language related to prescriber numbers; and
- The presumption that the inclusion of the PA prescriber number on a prescription indicates the PA is authorized to prescribe the medicinal drug and that the prescription is valid.

Reimbursement for PA Services

The bill authorizes PAs to directly bill and receive payment from public and private insurance companies for services rendered.

The bill takes effect on July 1, 2021.

³⁹ Section 394.463, F.S.

⁴⁰ Under s. 440.02(10), F.S., the "date of maximum medical improvement" means the date after which further recovery from, or lasting improvement to, an injury or disease can no longer reasonably be anticipated, based upon reasonable medical probability.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The fiscal impact of the bill is indeterminate. The bill may have a positive fiscal impact on health insurers who can reimburse for services provided by PA at a lower rate than if those same services are provided by a physician. However, to the extent that the bill's provisions, relating to physician supervision and PA scope of practice, increase access to health care services the bill may have a negative fiscal impact on health insurers who provide coverage for those services.

C. Government Sector Impact:

The fiscal impact of the bill is indeterminate. The bill may have a positive fiscal impact on health insurers who reimburse for services provided by PA at a lower rate than if those same services are provided by a physician. However, to the extent that the bill's provisions, relating to physician supervision and PA scope of practice, increase access to health care services the bill may have a negative fiscal impact on health insurers who provide coverage for those services.

VI. Technical Deficiencies:

Lines 244-245 indicate that medical assistants are defined in chs. 458 and 459, F.S. However, medical assistants are defined and regulated only in ch. 458, F.S.

VII. Related Issues:

The bill authorizes PAs to “authenticate” medical evaluations for workers’ compensation claims, including date of maximum medical improvement (MMI) as defined in s. 440.02, F.S. However:

- The bill does not authorize PAs to perform the workers’ compensation medical evaluations.
- It is unclear whether the intent of the bill is to:
 - Authorize PAs to perform workers’ compensation medical examinations and determine a date of MMI as delegated by supervising physicians; or
 - Authorize the PA to sign the report for the physician who actually performs the workers’ compensation medical evaluation and makes the determination of the MMI date.
- Under current-law PAs are not authorized under ch. 440, F.S.,⁴¹ Florida Administrative Code Chapter 69L,⁴² or the Florida Workers’ Compensation Health Care Provider Reimbursement Manual⁴³ to perform medical evaluations for worker’s compensation claims or to make a determination of MMI. Only physicians or expert medical advisors may perform such medical evaluations.⁴⁴

The bill authorizes PAs to bill for and receive direct payment for the services they deliver. However:

- Nothing in the bill requires public or private insurers to pay PAs directly for those services;
- Health insurance policies, and contracts with providers, are negotiated between the parties involved and they dictate how and to whom payment for services and benefits are made, in accordance with the provisions of the policy or contract;
- Any insurer who has contracted with a preferred provider for the delivery of health care services to its insureds must make payments directly to the preferred provider for such services, and insurers traditionally contract with supervising physicians and include PA services, not directly with PAs;⁴⁵ and
- Workers’ compensation carriers do not pay PAs directly, as they are not authorized under workers’ compensation law.⁴⁶

⁴¹ Section 440.13(1)(h) and (i), F. S., An “independent medical examiner” is a physician selected by either an employee or a carrier to render one or more independent medical examinations in connection with a dispute arising under this chapter. An “independent medical examination” is an objective evaluation of the injured employee’s medical condition, including, but not limited to, impairment or work status, performed by a physician or an expert medical advisor at the request of a party, a judge of compensation claims, or the department to assist in the resolution of a dispute arising under this chapter.

⁴² Fla. Admin. Code R. 69L-30.002(4), (2021), an “Expert Medical Advisor” (EMA) is a physician certified by the Department of Financial Services, or appointed by a Judge of Compensation Claims (JCC) under paragraph 440.13(9)(c), F.S., to render peer review or expert medical consultation, opinions, and testimony, within the advisor’s specialty area, concerning issues related to reimbursement, differing opinions of health care providers, and physician and health care services rendered under the Florida Workers’ Compensation health care delivery system.

⁴³ See also Fla. Admin. Code R., 69L-7020 (2021), Florida Workers’ Compensation Health Care Provider Reimbursement Manual, 2016 Ed., ch. 2, Medical Services, Independent Medical Examinations, pp 33-34.

⁴⁴ *Id.*

⁴⁵ Section 627.628, F.S.

⁴⁶ See note 58.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 458.347, 459.022, 382.008, 394.463, and 401.45.

IX. 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 Policy on March 17, 2021:

The CS eliminates certain provisions from the underlying bill, including authority for PAs to practice primary care autonomously, after meeting certain requirements, without physician supervision, and other provisions, including:

- The legislative intent for PAs to practice medicine;
- A provision to prohibit PAs from authenticating certifications for a patient to use medical marijuana;
- A requirement that for PAs to authenticate death certificates, the PA must have had training on the completion of death certificates; and
- A requirement that applicants for a PA licensure must submit:
 - A PA program verification form; and
 - An evidence-quality copy of course transcripts and a copy of the course description from a PA training program describing course content in pharmacotherapy, if the applicant wishes to apply for prescribing authority.

The CS inserts the following into the bill:

- Repeals the provision in current law that prohibits a PA from prescribing a psychiatric mental health controlled substance for a minor;
- Provides the following relating to third-party payors:
 - Payment for services within a PA's scope of practice must be made when ordered or performed by a PA if the same service would have been covered if ordered or performed by a physician; and
 - PAs are authorized to bill for and receive direct payment for the services they deliver.
- Repeals the current-law requirement that a licensed PA must notify the DOH within 30 days after starting employment, or after any changes in supervising physician, including the full name, medical license number, specialty, and address of the supervising physician;
- Repeals current law requiring the name, address and telephone number of the supervising physician on PAs prescriptions, but requires PAs' name, address and telephone number on prescriptions;
- Repeals the presumption that the inclusion of the PA prescriber number on a prescription indicates the PA is authorized to prescribe the medicinal drug and the prescription is valid.
- Authorizes PAs to include date of MMI when authenticating medical evaluations for workers' compensation claims;

- Repeals the current-law requirement that PAs must inform patients that they have the right to see the physician before a prescription is prescribed or dispensed by the PA; and
- Authorizes licensed PA to procure medical devices and drugs unless the drug is listed on the negative formulary.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.
