

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 894

INTRODUCER: Senator Diaz

SUBJECT: Physician Assistants

DATE: March 16, 2021

REVISED: _____

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

I. Summary:

SB 894 revises the practice acts for physician assistants in chs. 458 and 459, F.S. The bill redefines “physician assistant” (PA) to mean a person who is licensed as a PA under chs. 458 or 459, F.S., and is qualified by academic and clinical training to provide medical services to patients, under physician supervision and in collaboration with other health care practitioners, including, but not limited to:

- Diagnosing illnesses;
- Developing and managing treatment plans;
- Performing medical procedures; and
- Prescribing and dispensing medications.

The bill also:

- Revises legislative intent to indicate that PAs may practice medicine;
- Provides that PAs may directly bill and receive payment from public and private insurance companies for services rendered;
- Defines “autonomous physician assistant” (APA) to mean a PA who meets specified requirements to practice primary care without physician supervision;
- Requires the Board of Medicine (BOM) and the Board of Osteopathic Medicine (BOOM) to register a PA as an APA if he or she meets specified criteria, including:
 - At least 3,000 clinical practice hours within the five years immediately preceding the submission of the APA registration request while practicing as a PA under the supervision of a physician who held an active, unencumbered license issued by any state, the District of Columbia, or a territory or possession of the United States during the period of such supervision;
 - Completion of a graduate-level course in pharmacology and differential diagnosis; and

- Professional liability coverage at the same level and in the same manner as a physician, with exceptions.
- Provides that an APA may do all of the following without physician supervision:
 - Render only primary care services as defined by rule of the BOM and BOOM without the need for physician supervision;
 - Provide any service that is within the scope of the APA's education and experience and which is provided in accordance with rules adopted by the BOM and BOOM; and
 - For a patient requiring services in a health care facility, admit the patient to the facility, manage the care received by the patient at the facility, and discharge the patient from the facility, unless prohibited by federal law or rule.
- Directs the Council on Physician Assistants to develop rules defining the primary care practice of APAs;
- Requires an APA to report adverse incidents to the DOH as a physician must do;
- Deletes the current prohibition against a physician supervising more than four PAs at one time;
- Authorizes supervising physicians to delegate to PAs the authority to supervise medical assistants;
- Authorizes a PA to sign, certify, stamp, verify, provide an affidavit, or otherwise endorse anything that is otherwise required by law to be provided by a physician, except for medical marijuana certifications;
- Provides that, notwithstanding any other law, a PA trainee may perform medical services when such services are rendered within the scope of an approved PA educational program while deleting the current-law requirement for the BOM and BOOM to publish standards to ensure that such programs operate in a manner that does not endanger the health or welfare of patients who receive services within the scope of the programs; and
- Provides that any documentation that PAs must submit to the DOH may be submitted electronically.

The bill provides an effective date of 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

Physicians were first authorized to use PAs in their practice in Florida in 1979. There was no PA license. 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

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).

their superior 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. Physicians utilizing PAs were liable for any act or omissions of the PAs while under the physicians supervision.³

Physician Assistant Education

Currently there are 17 universities in Florida offering PA programs accredited by the Accreditation Review Commission on Education (ARC-PA),⁴ and, while each program is unique, most require the following for admission:

- Bachelor’s degree with minimum GPA 3.0, 3.0 math/science, and 20 to 28 hours of prerequisite courses in:
 - Human anatomy and physiology with labs;
 - Microbiology with lab;
 - General chemistry with lab;
 - Statistics; and
 - Medical terminology.
- GRE scores 300, 3.5 or above;
- Previous health care experience: 500 to 2,000 patient contact hours;
- Three to five letters of recommendation; and
- A Computer-Based Assessment for Sampling Personal Characteristics (CASPer) test score.

PA 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. Most PA programs require students to complete the following requirements:

- Earn a passing grade, defined as a "C" or better, in each required course/clinical;
- Graduate with a 3.0 cumulative GPA;
- Demonstrate successful completion of a summative evaluation, which includes:
 - A comprehensive written examination;
 - An objective structured clinical exam; and
 - A professional behavior assessment.⁵

² Under s. 456.001(1), F.S., “board” is defined 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 Florida Academy of PAs, *For Students - PA Programs in Florida*, available at <https://www.fapaonline.org/page/studentprograms> (last visited Mar. 4, 2021). This was not a degree from Duke University, but a certificate.

⁵ See Florida State University, College of Medicine, *Physician Assistant*, available at <https://med.fsu.edu/pa/home> (last visited Mar. 4, 2021); University of Florida, College of Medicine, *School of Physician Assistant Studies*, available at <https://pa.med.ufl.edu/> (last visited Mar. 4, 2021). Florida International University, *Master in Physician Assistant Studies (MPAS)*, available at <https://medicine.fiu.edu/academics/degrees-and-programs/master-in-physician-studies/index.html> (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

Under current law, PAs 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, appointed as follows:⁸

- The chairperson of the BOM appoints one member who is a physician and member of the BOM who supervises a PA in his or her practice;
- The chairperson of the BOOM appoints one member who is a physician and member of the BOOM who supervises a PA in his or her practice; and
- The State Surgeon General, or his or her designee, appoints 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' consideration¹⁰ 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;¹¹ and
- Denying, restricting, or placing conditions on the license of a PA who fails to meet the licensing requirements.¹²

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:¹³

- Completed an approved PA training program;¹⁴
- Obtained a passing score on the NCCPA PANCE exam;

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 *Id.*

¹⁰ *See* ss. 458.347(9)(c)2. and 459.022(9)(c)2., F.S.

¹¹ *Id.*

¹² Sections 458.347(9)(d) and 459. 022(9)(d), F.S.

¹³ Sections 458.347(7) and 459.022(7), F.S.

¹⁴ *See* Fla. Admin. Code R. 64B8-30.012 and 64B15.004 (2020).

- Acknowledged any prior felony convictions;
- Submitted to a background screening and have no disqualifying offenses;¹⁵
- 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.

PAs 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.¹⁶ 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.¹⁷

Physician Assistant Scope of Practice and Physician Supervision

A PA is licensed to perform only those medical services delegated to him or her by a supervising allopathic or osteopathic physician.¹⁸ PAs may only practice under the direct or indirect supervision of a physician with whom they have a working relationship.¹⁹

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.²⁰

Current law requires a supervising physician to exercise “responsible supervision” and control and, except in cases of emergency, requires the easy availability 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.²¹

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;

¹⁵ Sections 456.0135, F.S.

¹⁶ Sections 458.347(7)(c) and 459.022(7)(c), F.S.

¹⁷ National Commission on Certification of Physician Assistants, *Maintaining Certification*, available at <https://www.nccpa.net/CertificationProcess> (last visited Mar. 4, 2021).

¹⁸ Sections 458.347(4) and 459.022(4), F.S.

¹⁹ Sections 458.347(2)(f) and 459.022(2)(f), F.S.

²⁰ Fla. Adm. Code R. 64B8-30.012(2) and 64B15-6.010(2) (2021).

²¹ 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.²²

Responsible supervision and control also require the supervising physician to periodically review the PA's performance²³ and to determine the level of supervision the PA requires for every task or procedure delegated to a PA as to whether it will be under:²⁴

- *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:

- 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 homes 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.

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.²⁵

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.²⁶

²² Fla. Admin. Code R. 64B8-2.001, 64B8-30.001, and 64B15-6.001 (2020).

²³ Fla. Adm. Code R. 64B8-30.001(3) and 64B15-6.001(3) (2021).

²⁴ Fla. Adm. Code R. 64B8-30.001(4)(5) and 64B15-6.001(4)(5) (2021).

²⁵ Sections 458.347(15) and 459.022(15), F.S.

²⁶ Sections 458.458.347(7) and 459.022(7), F.S.

Health Care Reimbursement for PA Services

Medicare

Medicare generally pays 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:

- Have graduated from an accredited PA program or passed the national certification exam;
- Be state-licensed;
- Obtain a National Provider Identifier (NPI); and
- Enroll in Medicare through PECOS.²⁷

A PA's required level of supervision under Medicare 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.²⁸ Medicare does allow PAs to submit claims under their own NPI as the rendering provider but does not allow PAs to "direct bill" (receive payment directly). Reimbursement is made to the PA's employer.²⁹

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;
- PAs are not reimbursed for certifying terminal illness;
- PAs may not delegate the performance of diagnostic tests requiring direct or personal supervision to ancillary staff; and
- PAs cannot be directly reimbursed for covered Medicare 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 provider number, and the service must be billed using the PA's number unless the physician performs the majority of the service.³⁰ Medicaid services provided by 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

²⁷ 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).

²⁸ *Id.*

²⁹ *Supra* note 27.

³⁰ 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).

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.³¹

Commercial Health Insurance

Commercial insurers have their own rules that are similar, the same, or completely different than those policies found under Medicare and Medicaid. Many choose not to enroll PAs and instruct a PA to bill under the physician's 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.

III. Effect of Proposed Changes:

SB 894:

- Expands the scope of practice of PAs;
- Amends the PA Practice Acts,³² to create a new PA health care practitioner – the autonomous PA or APA;
- Amends the legislative intent for the PA Practice Acts to indicate the purpose of the PA Practice Acts is to, “allow PAs to practice medicine,” or “osteopathic medicine,” respectively,^{33,34} in order to increase efficiency and access to high-quality medical services at a reasonable cost to consumers.
- Repeals the current legislative intent and purpose for recognizing and licensing PAs, which includes:
 - To encourage more effective utilization of physician skills by enabling them to delegate tasks to PAs when such delegation is consistent with the patient's health and welfare;
 - To maximizing PA skills education within a minimal time to enable the PA to help physicians increase efficiency and effectiveness; and
 - To encourage physicians to utilize PAs.
- Amends the PA Practice Acts to define an “autonomous PA” (APA) as a PA who meets the requirements provided under the bill to practice primary care, without physician supervision. Regarding APAs, the bill:
 - Requires the boards to register a PA as an APA if the applicant seeking APA registration satisfies all of the following requirements:
 - Holds an active, unencumbered Florida PA license;

³¹ 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).

³² See ss. 458.347 and 459.022, F.S.

³³ Section 458.307(3) and (4), F.S., defines the “practice of medicine” to include the diagnosis, treatment, operation, or prescription for any human disease, pain, injury, deformity, or other physical or mental condition. A physician” is a person who is licensed to practice medicine in this state.

³⁴ Section 459.003(3) and (4), F.S., defines the “practice of osteopathic medicine” to include the diagnosis, treatment, operation, or prescription for any human disease, pain, injury, deformity, or other physical or mental condition, which practice is based in part upon educational standards and requirements which emphasize the importance of the musculoskeletal structure and manipulative therapy in the maintenance and restoration of health. An osteopathic physician is a person who is licensed to practice osteopathic medicine in this state.

- Has no disciplinary action in any jurisdiction of the United States within the past five years preceding the registration request;
- Has completed, in any state, jurisdiction, or territory of the United States, at least 3,000 clinical hours (1½ years) within the past five years prior to the registration request under the supervision of a physician who has an active, unencumbered license;³⁵
- Has completed a graduate-level course in pharmacology and differential diagnosis;
- Obtains and maintains professional liability coverage in limits of not less than \$100,000 per claim, with an annual aggregate of not less than \$300,000, in one of the following manners:
 - From an authorized insurer;³⁶ or
 - Utilizing an unexpired, irrevocable letter of credit from a bank or savings association, made payable to the PA, and payable upon presentment of a final judgment or signed settlement agreement.³⁷
 - Professional liability coverage requirements will not apply to:
 - An APA practicing with the federal government, the state, or state agencies or subdivisions;
 - An APA with an inactive license who is not practicing as an autonomous PA;
 - An APA who practices only in conjunction with his or her teaching duties at an accredited school or teaching hospital;
 - An APA who holds an active registration but is not practicing as an APA in this state.
- Requires the Council to develop rules defining “primary care practice” for autonomous PAs, including, but not limited to, the practices of:
 - Internal medicine;
 - General pediatrics;
 - Family medicine;
 - Geriatrics;
 - General obstetrics; and
 - Gynecology.
- Authorizes APAs to do all of the following without physician supervision:
 - Render, without physician supervision, “primary care services” as defined by rules of the BOM and BOOM;
 - Provide any service that is within the scope of the APA’s education and experience in accordance with rules adopted by the boards;
 - Prescribe, dispense, administer, or order any medicinal drug;

³⁵ Clinical instructional hours provided by an applicant may count toward the clinical practice hour requirement. “Clinical instruction” means education provided by faculty in a clinical setting in a graduate program leading to a master’s or doctoral degree in PA practice.

³⁶ Authorized insurer as defined under s. 624.09, F.S., from a surplus lines insurer as defined under s. 626.914(2), from a risk retention group as defined under s. 627.942, F.S., from the Joint Underwriting Association established under s. 627.351(4), F.S., or through a plan of self-insurance as provided in s. 627.357, F.S.

³⁷ Bank or savings established pursuant to ch. 675, F.S. The letter of credit must be payable to the physician as beneficiary upon presentment of a final judgment indicating liability and awarding damages to be paid by the physician or upon presentment of a settlement agreement signed by all parties to such agreement when such final judgment or settlement is a result of a claim arising out of the rendering of, or the failure to render, medical care and services.

- Provide a signature, a certification, a stamp, a verification, an affidavit, or any other endorsement that is required by law to be provided by a physician, except for a physician's certification for the medical use of marijuana;
- Admit, manage, or discharge patients requiring services in:
 - A hospital;
 - Skilled nursing facility;
 - Hospice; or
 - Intermediate care facility for the developmentally disabled.
- Requires the DOH to distinguish an APA registrant from a licensed PA and to include the registration on the APA's practitioner profile;
- Requires an APA to renew his or her registration biennially which must coincide with the APA's renewal of his or her general PA license;
- Requires an APA to provide new patients, before or during the initial visit, written information explaining his or her qualifications and the nature of autonomous practice;
- Requires an APA to report adverse incidents to the DOH in the same manner as allopathic or osteopathic physicians.³⁸
- Amends the definition of licensed PA to expand the scope of practice and requires PAs to be:
 - Licensed under the PA Practice Acts, which requires the DOH to issue a license to each applicant recommended by the Council that meets all of the following additional requirements:
 - Submits an application which must include:
 - A diploma from an approved PA program, not a copy;
 - A PA program verification form, which is currently not a DOH form;
 - A copy of the transcript and description of the course in pharmacotherapy which the applicant completed at a PA program, if applying for prescribing authority.
 - Has graduated from an approved PA program. Applicants who matriculated:
 - After December 31, 2020, must have a master's degree from an approved program;
 - Before January 1, 2020, must have obtained a bachelor's or master's degree from an approved program;
 - Before July 1, 1994, must have graduated from an approved program of instruction in primary health care or surgery; or
 - Before July 1, 1983, must have obtained certification as a PA by the boards.
 - Has been nationally certified by obtaining a passing score on the national certification examination established by the NCCPA³⁹;
 - Qualified by academic and clinical training to provide medical services to patients:
 - Under physician supervision; and
 - In collaboration with other health care practitioners, including, but not limited to:
 - Diagnosing illnesses;
 - Developing and managing treatment plans;
 - Performing medical procedures; and
 - Prescribing and dispensing medications.
 - Repeals the DOH's authority to adopt rules governing PA license renewal;

³⁸ See ss. 458.351 and 459.026, F.S.

³⁹ The bill further requires that if an applicant does not hold a current NCCPA certificate and has not actively practiced as a PA within the preceding four years, the applicant must retake and successfully pass the NCCPA to be eligible for licensure.

- Authorizes the DOH to issue temporary PA licenses, rather than the Council as under current law, as follows;
 - The DOH may issue a temporary PA license to a person who meets all of the following criteria:
 - Is a recent graduate of an approved program;
 - Has satisfied all the licensure requirements except passing the national certification examination administered by the NCCPA;
 - Is registered for the first available NCCPA examination after the applicant's graduation; and
 - If the applicant for a PA temporary license is employed, or becomes employed, he or she must notify the board in writing within 30 days of gaining or changing employment, or changing his or her supervising physician;
 - Authorizes a temporary PA license applicant who fails the national certification examination to apply for one, one-year extension of the temporary license, and the DOH may grant an applicant only one, one-year extension. Under current law, an applicant may be granted up to two, one-year extensions of his or her temporary PA license;
 - Repeals the current law restriction on the DOH which only allows it to administratively grant temporary PA licenses between Council meetings;
 - Repeals the Council's required review of all of the DOH's administratively issued temporary PA licenses;
- Repeals current law requiring that a supervising physician may only supervise four PAs at any one time;
- Repeals the current-law prohibition on requiring supervising physicians to review and co-sign charts or medical records prepared by PAs;
- Repeals the current-law provision for any statewide professional association of physicians accredited to provide a certain level of educational activities to be an approved provider of PA continuing education on prescribing controlled substances;
- Authorizes, as an approved provider of PA continuing education on prescribing controlled substances, a provider approved by the American Academy of Physician Assistants which is designated for the American Medical Association Physician's Recognition Award Category 1 credit or designated by the American Academy of Physician Assistants as a Category 1 credit;
- Authorizes a supervising physician to delegate to a licensed PA his or her duties and responsibilities to supervise medical assistants;⁴⁰
- Authorizes a licensed PA to provide a signature, certification, stamp, verification, affidavit, or any other endorsement, except for the use of medical marijuana,⁴¹ that is otherwise required by law to be provided by a physician, including, but not limited to, any of the following:
 - Initiation of an involuntary examination under the Baker Act;⁴²
 - Do not resuscitate (DNR) orders or orders for life-sustaining treatment;
 - Death certificates, if the PA has received training on the completion of death certificates;
 - School physical examinations;

⁴⁰ See s. 458.3485, F.S., A medical assistant is a professional multi-skilled person dedicated to assisting in all aspects of medical practice under the direct supervision and responsibility of a physician.

⁴¹ See s. 381.986, F.S.

⁴² See s 384.463, F.S.

- Medical evaluations for workers' compensation claims;
- Orders for:
 - Physical therapy;
 - Occupational therapy;
 - Speech-language therapy;
 - Home health services;
 - Durable medical equipment; and
 - Pronouncements of death.
- Repeals the definition of proficiency examination;
- Defines "national certification" as a postgraduate certification examination approved by the boards, including, but not limited to, those examinations administered by the NCCPA or its equivalent or successor. Currently the NCCPA is the only organization that offers a national PA certification examination. This language could lead to additional regional or national postgraduate certification examinations that the boards might need to review and consider for approval;
- Authorizes PAs to directly bill and receive payment from public and private insurance companies for medical services rendered;
- Requires the boards to make rules to implement the PA Practice Acts, including, but not limited to, the following:
 - Detailing the content of the applications for PA licensure and notification;
 - Relating to the registration of autonomous PAs; and
 - Regulating the primary care practice of autonomous PAs.
- Amends current law on death, fetal death, and nonviable birth registration⁴³ and authorizes PAs to:
 - 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 Act⁴⁴ and the signing of DNR orders.

The bill provides an effective date of July 1, 2021.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

⁴³ Section 382.008, F.S.

⁴⁴ Section 394.463, F.S.

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 bill might result in increased costs borne by a private health insurer or health maintenance organization that covers autonomous PA services rendered by PAs who practice medicine under the bill.

C. Government Sector Impact:

The bill might result in increased costs for autonomous PA services under state group health insurance and under Medicaid, to the extent an autonomous PA's practice of medicine and provision of medical services would be covered similar to physician services under those respective benefit packages. The fiscal impact is indeterminate at this time.

VI. Technical Deficiencies:

None.

VII. Related Issues:

Lines 523-524 and 1091-1092 provide that an autonomous PA may render only "primary care services" as defined by rules of the BOM and BOOM. Meanwhile, lines 546-547 and 1114-1115 direct the Council on Physician Assistants to develop rules "defining the primary care practice" of autonomous PAs. Given the similarities between these rule-making directives, the bill may create confusion among the boards and the Council over who has the authority and responsibility to define "primary care" relating to an APA's practice of primary care without physician supervision and the services that may be rendered autonomously by an APA.

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 Changes:

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

None.

B. Amendments:

None.

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