A bill to be entitled
An act relating to the practice of physician
assistants; amending ss. 458.347 and 459.022, F.S.;
F.S.; providing legislative intent; revising and
providing definitions; authorizing a licensed
physician assistant to provide a signature,
certification, stamp, verification, affidavit, or
endorsement for specified reasons; providing an
exception; providing applicability; deleting a
provision relating to the performance of medical
services by a trainee; revising an accreditation
requirement to come from the Accreditation Review
Commission on Education for the Physician Assistant,
Inc., or, before 2001, its equivalent or predecessor
organization; authorizing a trainee to perform medical
services within the scope of an approved program;
revising physician assistant licensure requirements
for each applicant recommended by the Council on
Physician Assistants; revising and providing
requirements for temporary licensure and licensure
renewal; providing registration, financial
responsibility, and direct billing and reimbursement
requirements for a physician assistant to engage in
autonomous practice; conforming provisions to changes
made by the act; amending ss. 744.3675 and 893.05,
Be It Enacted by the Legislature of the State of Florida:

Section 1. Subsections (6) and (7) of section 458.347, Florida Statutes, are renumbered as subsections (5) and (6), respectively, subsections (8) through (17) are renumbered as subsections (10) through (19), respectively, subsections (1), (2), and (3), paragraph (e) of subsection (4), and present subsections (5), (6), (7), and (13) are amended, paragraphs (i) and (j) are added to subsection (4), and new subsections (8) and (9) are added to that section, to read:

458.347 Physician assistants.—
(1) LEGISLATIVE INTENT.—
(a) The purpose of this section is to authorize physician assistants, with their education, training, and experience in the field of medicine, to practice medicine in collaboration with physicians and other health care practitioners to provide increased efficiency and to ensure high-quality medical services are available at a reasonable cost encourage more effective utilization of the skills of physicians or groups of physicians by enabling them to delegate health care tasks to qualified assistants when such delegation is consistent with the patient's health and welfare.
(b) In order that maximum skills may be obtained within a minimum time period of education, a physician assistant shall be specialized to the extent that he or she can operate efficiently and effectively in the specialty areas in which he or she has been trained or is experienced.

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

(2) DEFINITIONS.—As used in this section:

(a) "Approved program" means a physician assistant program in the United States, or any possession or territory thereof, accredited by the Accreditation Review Commission on Education for the Physician Assistant, Inc., or, before 2001, its equivalent or predecessor organization; the Committee on Allied Health Education and Accreditation; or the Commission on Accreditation of Allied Health Education Programs formally approved by the boards, for the education of physician assistants.

(b) "Autonomous physician assistant" means a physician assistant practicing in primary care who collaborates with, consults with, or refers to a physician or other appropriate healthcare provider as determined by the patient's condition; the education, training, and experience of the physician assistant; and the standard of care.
(c) "Boards" means the Board of Medicine and the Board of Osteopathic Medicine.

(d) "Continuing medical education" means courses recognized and approved by the boards, the American Academy of Physician Assistants, the American Medical Association, the American Osteopathic Association, or the Accreditation Council on Continuing Medical Education.

(e) "Council" means the Council on Physician Assistants.

(f) "National certification" means a graduation examination approved by the boards, including, but not limited to, those examinations administered by the National Commission on Certification of Physician Assistants or its equivalent or successor organization.

(g) "Physician assistant" means a person who is licensed under this chapter or chapter 459. A physician assistant is a medical professional qualified by academic and clinical training to provide medical services under physician supervision including, but not limited to, the diagnoses of illnesses, development and management of treatment plans, performance of medical procedures, and prescribing and dispensing of medications in collaboration with physicians and other health care practitioners a graduate of an approved program or its equivalent or meets standards approved by the boards and is licensed to perform medical services delegated by
the supervising physician.

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

(g) "Proficiency examination" means an entry-level examination approved by the boards, including, but not limited to, those examinations administered by the National Commission on Certification of Physician Assistants.

(i) "Trainee" means a person who is currently enrolled in an approved program.

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

4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

(e) A supervising physician may delegate to a fully licensed physician assistant the authority to prescribe or dispense any medication used in the supervising physician's practice unless such medication is listed on the formulary created pursuant to paragraph (f). A fully licensed physician assistant may only prescribe or dispense such medication under the following circumstances:

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

2. The supervising physician must notify the department of his or her intent to delegate, on a department-approved form, before delegating such authority and of any change in prescriptive privileges of the physician assistant. Authority to dispense may be delegated only by a supervising physician who is registered as a dispensing practitioner in compliance with ss. 465.0276.

3. The physician assistant must complete a minimum of 10 continuing medical education hours in the specialty practice in which the physician assistant has prescriptive privileges with each licensure renewal. Three of the 10 hours must consist of a
continuing education course on the safe and effective
prescribing of controlled substance medications which is offered
by a statewide professional association of physicians in this
state accredited to provide educational activities 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.

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

5. The prescription may be in paper or electronic form but
must comply with ss. 456.0392(1) and 456.42(1) and chapter 499
and must contain, in addition to the supervising physician's
name, address, and telephone number, the physician assistant's
prescriber number. Unless it is a drug or drug sample dispensed
by the physician assistant, the prescription must be filled in a
pharmacy permitted under chapter 465 and must be dispensed in
that pharmacy by a pharmacist licensed under chapter 465. The
inclusion of the prescriber number creates a presumption that
the physician assistant is authorized to prescribe the medicinal
drug and the prescription is valid.

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

(i) Except for a physician certification under s. 381.986, a licensed physician assistant may provide a signature, certification, stamp, verification, affidavit, or endorsement that is otherwise required by law to be provided by a physician for the following:

2. Do-not-resuscitate orders or physician orders for the administration of life-sustaining procedures.
3. Death certificates in accordance with chapter 382.
4. School physicals.
5. Date of maximum medical improvement as defined in s. 440.02.
6. Physical, occupational, and speech therapy orders and home health and durable medical equipment orders.

(j) This chapter does not prevent a licensed physician assistant from supervising a medical assistant as defined in this chapter and chapter 459.

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

(5)(6) PROGRAM APPROVAL.—

(a) The boards shall approve programs, based on recommendations by the council, for the education and training

CODING: Words **stricken** are deletions; words *underlined* are additions.
of physician assistants which meet standards established by rule of the boards. The council may recommend only those physician assistant programs that hold full accreditation or provisional accreditation from the Accreditation Review Commission on Education for the Physician Assistant, Inc., Commission on Accreditation of Allied Health Programs or, before 2001, its equivalent or predecessor successor organization. Any educational institution offering a physician assistant program approved by the boards pursuant to this paragraph may also offer the physician assistant program authorized in paragraph (c) for unlicensed physicians.

(b) Notwithstanding any other provision of law, a trainee may perform medical services when such services are rendered within the scope of an approved program. The boards shall adopt and publish standards to ensure that such programs operate in a manner that does not endanger the health or welfare of the patients who receive services within the scope of the programs. The boards shall review the quality of the curricula, faculties, and facilities of such programs and take whatever other action is necessary to determine that the purposes of this section are being met.

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

(6)(7) PHYSICIAN ASSISTANT LICENSURE.—

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

1. Is at least 18 years of age.

2. Has graduated from an approved program.

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

b. For an applicant who graduated before December 31, 2020, has received a baccalaureate or master's degree from an approved program.

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

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

3.2. Has obtained satisfactorily passed a passing proficiency examination by an acceptable score, as established by the National Commission on Certification of Physician Assistants or its equivalent or successor organization, and has been nationally certified. If an applicant does not hold a current certificate issued by the National Commission on Certification of Physician Assistants or its equivalent or successor organization and has not actively practiced as a physician assistant within the immediately preceding 4 years, the applicant must retake and successfully complete the entry-level examination of the National Commission on Certification of Physician Assistants or its equivalent or successor organization to be eligible for licensure.

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

  a. A diploma from an approved certificate of completion of a physician assistant training program specified in subsection (6).
  b. Acknowledgment of any prior felony convictions.
  c. Acknowledgment of any previous revocation or denial of licensure or certification in any state.
  d. A copy of course transcripts and a copy of the course descriptions from an approved physician assistant training program. A copy of a describing course content in pharmacotherapy course description is required for an applicant wishes to apply for prescribing authority. These documents must meet the evidence requirements for prescribing authority.

(b)1. The license must be renewed biennially. Each renewal must include:

  a. A renewal fee not to exceed $500 as set by the boards.
  b. Acknowledgment of no felony convictions in the previous 2 years.
  c. A completed physician assistant workforce survey, which shall be administered in the same manner as the physician survey established in s. 458.3191 and must contain the same information required in s. 458.3191(1) and (2).

  2. Beginning July 1, 2018, and every 2 years thereafter,
the department shall report the data collected from the
physician assistant workforce surveys to the boards.

3. The department shall adopt rules to implement this
paragraph.

(c) Each licensed physician assistant shall biennially
complete 100 hours of continuing medical education or shall hold
a current certificate issued by the National Commission on
Certification of Physician Assistants.

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

(7) TEMPORARY LICENSURE.—

(a) Notwithstanding subparagraph (6)(a)2., the department may grant to a recent graduate of an
approved program, as specified in subsection (6), who expects to
take the first examination administered by the National
Commission on Certification of Physician Assistants available
for registration after the applicant's graduation, a temporary
license to practice to an applicant who has completed all
licensure requirements and is awaiting the next scheduled
meeting of the council. The applicant must meet all of the
following criteria:
1. Be a recent graduate of an approved program as specified in subparagraph (6)(a)2.

2. Register for the first available national certification examination administered by the National Commission on Certification of Physician Assistants or its equivalent or successor organization after the applicant's graduation.

If the applicant becomes employed with a temporary license, he or she must comply with paragraph (b).

(b) The temporary license shall expire 30 days after receipt of scores of the national certification proficiency examination administered by the National Commission on Certification of Physician Assistants or its equivalent or successor organization. Between meetings of the council, the department may grant a temporary license to practice based on the completion of all temporary licensure requirements. All such administratively issued licenses shall be reviewed and acted on at the next regular meeting of the council. The recent graduate may be licensed before employment but must comply with paragraph (d).

(c) An applicant who has passed the national certification proficiency examination may be granted permanent licensure.

(d) An applicant who has failed the national certification proficiency examination is no longer holds a temporary license temporarily licensed but may reapply for a 1-
year extension of temporary licensure. The department may not
grant an applicant more than one extension of temporary
licensure.

(e) An applicant may not be granted more than two
temporary licenses and may not be licensed as a physician
assistant until he or she passes the national certification
examination administered by the National Commission on
Certification of Physician Assistants or its equivalent or
successor organization.

(f) As prescribed by board rule, the council may require
an applicant who does not pass the national certification
licensing examination after five or more attempts to complete
additional remedial education or training. The council shall
prescribe the additional requirements in a manner that permits
the applicant to complete the requirements and be reexamined
within 2 years after the date the applicant petitions the
council to retake the national certification examination a sixth
or subsequent time.

(8) LICENSURE RENEWAL.—

(a) The license must be renewed biennially.

(b) Each license renewal must include:

1. A renewal fee not to exceed $500 as set by the boards.

2. Acknowledgment of no felony convictions in the previous
   2 years.

3.a. A completed physician assistant workforce survey,
which shall be administered in the same manner as the physician
survey established in s. 458.3191 and must contain the same
information required in s. 458.3191(1) and (2).

b. Effective July 1, 2018, and every 2 years thereafter,
the department shall report the data collected from the
physician assistant workforce surveys to the boards.

4.a. Proof of completion of 10 continuing medical
education hours or a current certificate issued by the National
Commission on Certification of Physician Assistants or its
equivalent or successor organization.

b. For licensed physician assistants with prescribing
privileges, proof of completion of 10 continuing medical
education hours in the specialty practice of the supervising
physician. Three of the 10 hours must consist of a continuing
medical education course on the safe and effective prescribing
of controlled substance medications which is designated by the
American Academy of Physician Assistants as a Category 1 credit.

5. Proof of recertification of his or her national
certification in accordance with the National Commission on
Certification of Physician Assistants or its equivalent or
successor organization.

(9) AUTONOMOUS PRACTICE BY A PHYSICIAN ASSISTANT.—
(a) The boards shall register a physician assistant as an
autonomous physician assistant if the applicant demonstrates
that he or she:
1. Holds an active, unencumbered certificate under this section or s. 459.022.

2. Has not been subject to any disciplinary action as specified in this chapter or chapter 459, or any similar disciplinary action in any other jurisdiction, within the 5 years immediately preceding the registration application.

3. Has completed, in any state, jurisdiction, or territory of the United States, at least 3,000 clinical instruction hours, which may include clinical instruction hours provided by the applicant, within the 5 years immediately preceding the registration application while practicing as a physician assistant under the supervision of an allopathic or osteopathic physician who held an active, unencumbered license issued by any state, jurisdiction, or territory of the United States during the period of such supervision. For purposes of this subparagraph, the term "clinical instruction" means education provided by faculty in a clinical setting in a graduate program leading to a master's or doctorate degree in physician assistant practice.

4. Has completed a graduate-level course in pharmacology and differential diagnosis.

   (b) An autonomous physician assistant who is registered under this section must notify the department within 30 days after leaving a supervisory agreement.

   (c) An autonomous physician assistant who is registered
under this section may:

1. Engage in autonomous practice in primary care practice, including internal medicine, pediatrics, family medicine, general internal medicine, geriatrics, general obstetrics, and gynecology practices.

2. Order, prescribe, and dispense medications including those medications listed on the formulary established in paragraph (4)(f).

3. Provide a signature, certification, stamp, verification, affidavit, or other endorsement that is otherwise required by law to be provided by a physician.

4. For a patient who requires the services of a health care facility, as defined in s. 408.032:

   a. Admit the patient to the facility.
   b. Manage the care received by the patient in the facility.
   c. Discharge the patient from the facility, unless prohibited by federal law or rule.

   (d) The department shall conspicuously distinguish the license of an autonomous physician assistant who is registered under this section and include the registration in the physician assistant's practitioner profile created under s. 456.041.

   (e) When engaging in autonomous practice, an autonomous physician assistant registered under this section must provide information in writing to a new patient about his or her
qualifications and the nature of autonomous practice before or
during the initial patient encounter.

(f)1. An autonomous physician assistant registered under
this section must, by one of the following methods, demonstrate
to the satisfaction of the boards and the department financial
responsibility to pay claims and costs ancillary thereto arising
out of the rendering of, or the failure to render, nursing care,
treatment, or services:

a. Obtaining and maintaining professional liability
coverage in an amount not less than $100,000 per claim, with a
minimum annual aggregate of not less than $300,000, from an
authorized insurer as defined in s. 624.09, from a surplus lines
insurer as defined in s. 626.914(2), from a risk retention group
as defined in s. 627.942, from the Joint Underwriting
Association established under s. 627.351(4), or through a plan
of self-insurance as provided in s. 627.357; or

b. Obtaining and maintaining an unexpired, irrevocable
letter of credit, established pursuant to chapter 675, in an
amount of not less than $100,000 per claim, with a minimum
aggregate availability of credit of not less than $300,000. The
letter of credit must be payable to the autonomous physician
assistant as beneficiary upon presentment of a final judgment
indicating liability and awarding damages to be paid by the
autonomous physician assistant or upon presentment of a
settlement agreement signed by all parties to such agreement

Page 19 of 43
when such final judgment or settlement is a result of a claim arising out of the rendering of, or the failure to render, services.

2. The requirements of subparagraph 1. do not apply to:
   a. An autonomous physician assistant registered under this section who practices exclusively as an officer, employee, or agent of the Federal Government or of the state or its agencies or its subdivisions.
   b. A physician assistant whose registration under this section has become inactive and who is not practicing as an autonomous physician assistant registered under this section in this state.
   c. An autonomous physician assistant registered under this section who practices only in conjunction with his or her teaching duties at an accredited school or its main teaching hospitals. Such practice is limited to that which is incidental to and a necessary part of duties in connection with the teaching position.
   d. An autonomous physician assistant who holds an active registration under this section but who is not engaged in autonomous practice as authorized under this section in this state. If such person initiates or resumes any practice as an autonomous physician assistant, he or she must notify the department of such activity and fulfill the professional liability coverage requirements of subparagraph 1.
(g) An autonomous physician assistant registered under this section may directly bill and receive payment from public and private insurance companies.

(h) The Board of Medicine may impose any of the penalties authorized under ss. 456.072 and 458.331(2) upon a physician assistant if the physician assistant or the supervising physician has been found guilty of or is being investigated for any act that constitutes a violation of this chapter or chapter 456.

(i) An application or other documentation required for submission to be submitted to the department under subsection (7), subsection (8), or this subsection may be submitted electronically.

(j) RULES. — The boards shall adopt rules to implement this section, including rules detailing the contents of the application for licensure and notification pursuant to subsection (6) and rules to ensure both the continued competency of physician assistants and the proper utilization of them by physicians or groups of physicians.

Section 2. Paragraphs (f) and (g) of subsection (4) of section 459.022, Florida Statutes, are redesignated as paragraphs (g) and (h), respectively, subsections (6) and (7) are renumbered as subsections (5) and (6), respectively, subsections (8) through (17) are renumbered as subsections (10) through (19), respectively, subsections (1), (2), and (3),
paragraph (e) of subsection (4), and present subsections (5), (6), (7), and (13) are amended, new paragraph (f) and paragraphs (i) and (j) are added to subsection (4), and new subsections (8) and (9) are added to that section, to read:

459.022 Physician assistants.—

(1) LEGISLATIVE INTENT.—

(a) The purpose of this section is to authorize physician assistants, with their education, training, and experience in the field of medicine, to practice medicine in collaboration with physicians and other health care providers to provide increased efficiency and to ensure high-quality medical services are available at a reasonable cost encourage more effective utilization of the skills of osteopathic physicians or groups of osteopathic physicians by enabling them to delegate health care tasks to qualified assistants when such delegation is consistent with the patient's health and welfare.

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

(c) The purpose of this section is to encourage the utilization of physician assistants by osteopathic physicians and to allow for innovative development of programs for the education of physician assistants.
(2) DEFINITIONS.—As used in this section:

(a) "Approved program" means a physician assistant program in the United States, or any possession or territory thereof, accredited by the Accreditation Review Commission on Education for the Physician Assistant, Inc., or, before 2001, its equivalent or predecessor organization; the Committee on Allied Health Education and Accreditation; or the Commission on Accreditation of Allied Health Education Programs formally approved by the boards, for the education of physician assistants.

(b) "Autonomous physician assistant" means a physician assistant practicing in primary care who collaborates with, consults with, or refers to a physician or other appropriate healthcare practitioner as determined by the patient's condition; the education, training, and experience of the physician assistant; and the standard of care.

(c) "Boards" means the Board of Medicine and the Board of Osteopathic Medicine.

(d) "Continuing medical education" means courses recognized and approved by the boards, the American Academy of Physician Assistants, the American Medical Association, the American Osteopathic Association, or the Accreditation Council on Continuing Medical Education.

(e) "Council" means the Council on Physician Assistants.
(f) "National certification" defined as a graduation examination approved by the boards, including, but not limited to, those examinations administered by the National Commission on Certification of Physician Assistants or its equivalent or successor organization.

(g) "Physician assistant" means a person who is licensed under this chapter or chapter 458. A physician assistant is a medical professional qualified by academic and clinical training to provide patient services including, but not limited to, the diagnoses of illnesses, development and management of treatment plans, performance of medical procedures, and prescribing and dispensing of medications in collaboration with physicians and other health care practitioners. A graduate of an approved program or its equivalent or meets standards approved by the boards and is licensed to perform medical services delegated by the supervising physician.

(h) "Supervision" means responsible supervision and control. Except in cases of emergency, supervision requires the easy availability or physical presence of the licensed physician for consultation and direction of the actions of the physician assistant. For the purposes of this definition, the term "easy availability" includes the ability to communicate by way of telecommunication. The boards shall establish rules as to what constitutes responsible supervision of the physician assistant.
(g) "Proficiency examination" means an entry level examination approved by the boards, including, but not limited to, those examinations administered by the National Commission on Certification of Physician Assistants.

(i) "Trainee" means a person who is currently enrolled in an approved program.

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

(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

(e) A supervising physician may delegate to a fully licensed physician assistant the authority to prescribe or dispense any medication used in the supervising physician's practice unless such medication is listed on the formulary created pursuant to s. 458.347. A fully licensed physician assistant may only prescribe or dispense such medication under the following circumstances:
1. A physician assistant must clearly identify to the patient that she or he is a physician assistant and must inform the patient that the patient has the right to see the physician before a prescription is prescribed or dispensed by the physician assistant.

2. The supervising physician must notify the department of her or his intent to delegate, on a department-approved form, before delegating such authority and of any change in prescriptive privileges of the physician assistant. Authority to dispense may be delegated only by a supervising physician who is registered as a dispensing practitioner in compliance with s. 465.0276.

3. The physician assistant must complete a minimum of 10 continuing medical education hours in the specialty practice in which the physician assistant has prescriptive privileges with each licensure renewal. **Three of the 10 hours must consist of a continuing education course on the safe and effective prescribing of controlled substance medications.**

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

5. The prescription may be in paper or electronic form but
must comply with ss. 456.0392(1) and 456.42(1) and chapter 499
and must contain, in addition to the supervising physician's
name, address, and telephone number, the physician assistant's
prescriber number. Unless it is a drug or drug sample dispensed
by the physician assistant, the prescription must be filled in a
pharmacy permitted under chapter 465, and must be dispensed in
that pharmacy by a pharmacist licensed under chapter 465. The
inclusion of the prescriber number creates a presumption that
the physician assistant is authorized to prescribe the medicinal
drug and the prescription is valid.

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

   (f)1. The council shall establish a formulary of medicinal
drugs that a fully licensed physician assistant having
prescribing authority under this section or s. 458.347 may not
prescribe. The formulary must include general anesthetics and
radiographic contrast materials and must limit the prescription
of Schedule II controlled substances in s. 893.03 or 21 U.S.C.
s. 812 to a 7-day supply. The formulary must also restrict the
prescribing of psychiatric mental health controlled substances
for children younger than 18 years of age.

   2. In establishing the formulary, the council shall
consult with a pharmacist licensed under chapter 465, but not
licensed under this chapter or chapter 458, who shall be
selected by the State Surgeon General.
3. Only the council shall add to, delete from, or modify the formulary. Any person who requests an addition, a deletion, or a modification of a medicinal drug listed on such formulary has the burden of proof to show cause why such addition, deletion, or modification should be made.

4. The boards shall adopt the formulary required by this paragraph, and each addition, deletion, or modification to the formulary, by rule. Notwithstanding any provision of chapter 120 to the contrary, the formulary rule shall be effective 60 days after the date it is filed with the Secretary of State. Upon adoption of the formulary, the department shall mail a copy of such formulary to each fully licensed physician assistant having prescribing authority under this section or s. 458.347, and to each pharmacy licensed by the state. The boards shall establish, by rule, a fee not to exceed $200 to fund this paragraph and paragraph (e).

(i) Except for a physician certification under s. 381.986, a physician assistant may provide a signature, certification, stamp, verification, affidavit, or endorsement that is otherwise required by law to be provided by a physician for the following:

2. Do-not-resuscitate orders or physician orders for the administration of life-sustaining procedures.
3. Death certificates in accordance with chapter 382.
4. School physicals.
5. Date of maximum medical improvement as defined in s. 440.02.

6. Physical, occupational, and speech therapy orders as well as home health and durable medical equipment orders.


(j) This chapter does not prohibit a licensed physician assistant from supervising a medical assistant as defined in chapter 458 and this chapter.

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

(5)-(6) PROGRAM APPROVAL.—

(a) The boards shall approve programs, based on recommendations by the council, for the education and training of physician assistants which meet standards established by rule of the boards. The council may recommend only those physician assistant programs that hold full accreditation or provisional accreditation from the Accreditation Review Commission on Education for the Physician Assistant, Inc., Commission on Accreditation of Allied Health Programs or, before 2001, its equivalent or predecessor successor organization.

(b) Notwithstanding any other provision of law, a physician assistant trainee may perform medical services when such services are rendered within the scope of an approved physician assistant program The boards shall adopt and publish
standards to ensure that such programs operate in a manner that does not endanger the health or welfare of the patients who receive services within the scope of the programs. The boards shall review the quality of the curricula, faculties, and facilities of such programs and take whatever other action is necessary to determine that the purposes of this section are being met.

(6)(7) PHYSICIAN ASSISTANT LICENSURE.—

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

1. Is at least 18 years of age.
2. Has graduated from an approved program.
   a. For an applicant who graduated after December 31, 2020, has received a master's degree in accordance with the Accreditation Review Commission on Education for the Physician Assistant, Inc., or, before 2001, its equivalent or predecessor organization.
   b. For an applicant who graduated before December 31, 2020, has received a baccalaureate or master's degree from an approved program.
   c. For an applicant who graduated before July 1, 1994, has graduated from an approved program of instruction in primary
health care or surgery.

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

3.2. Has obtained a passing satisfactorily passed a proficiency examination by an acceptable score, as established by the National Commission on Certification of Physician Assistants or its equivalent or successor organization, and has been nationally certified. If an applicant does not hold a current certificate issued by the National Commission on Certification of Physician Assistants or its equivalent or successor organization and has not actively practiced as a physician assistant within the immediately preceding 4 years, the applicant must retake and successfully complete the entry-level examination of the National Commission on Certification of Physician Assistants or its equivalent or successor organization to be eligible for licensure.

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

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

b. Acknowledgment of any prior felony convictions.
c. Acknowledgment of any previous revocation or denial of licensure or certification in any state.

d. A copy of course transcripts and a copy of the course descriptions from an approved physician assistant training program. A copy of a describing course content in pharmacotherapy course description is required for an, if the applicant wishes to apply for prescribing authority. These documents must meet the evidence requirements for prescribing authority.

(b)1. The licensure must be renewed biennially. Each renewal must include:

a. A renewal fee not to exceed $500 as set by the boards.

b. Acknowledgment of no felony convictions in the previous 2 years.

c. A completed physician assistant workforce survey, which shall be administered in the same manner as the physician survey established in s. 459.0081 and must contain the same information required under s. 459.0081(1) and (2).

2. Beginning July 1, 2018, and every 2 years thereafter, the department shall report the data collected from the physician assistant workforce surveys to the boards.

3. The department shall adopt rules to implement this paragraph.

(c) Each licensed physician assistant shall biennially complete 100 hours of continuing medical education or shall hold
a current certificate issued by the National Commission on Certification of Physician Assistants.

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

(7) TEMPORARY LICENSURE.—

(a) Notwithstanding subparagraph (6)(a)3., subparagraph (a)2., the department may grant to a recent graduate of an approved program, as specified in subsection (6), a temporary license to expire upon receipt of scores of the proficiency examination administered by the National Commission on Certification of Physician Assistants. Between meetings of the council, the department may grant a temporary license to practice to an applicant who has completed all licensure requirements and is awaiting the next scheduled meeting of the council. The applicant must meet all of the following criteria:

1. Be a recent graduate of an approved program as specified in subparagraph (6)(a)2.

2. Register for the first available national certification examination administered by the National Commission on Certification of Physician Assistants or its equivalent or successor organization after the applicant's graduation.
If the applicant becomes employed with a temporary license, he or she must comply with paragraph (b) to physician assistant applicants based on the completion of all temporary licensure requirements. All such administratively issued licenses shall be reviewed and acted on at the next regular meeting of the council. The recent graduate may be licensed prior to employment, but must comply with paragraph (d).

(b) The temporary license shall expire 30 days after receipt of scores of the national certification examination administered by the National Commission on Certification of Physician Assistants or its equivalent or successor organization.

(c) An applicant who has passed the national certification proficiency examination may be granted permanent licensure.

(d) An applicant who has failed the national certification proficiency examination is no longer holds a temporary license temporarily licensed, but may reapply for a 1-year extension of temporary licensure. The department may not grant an applicant more than one extension of temporary licensure.

(e) An applicant may not be granted more than two temporary licenses and may not be licensed as a physician assistant until she or he passes the national certification examination administered by the National Commission on
Certification of Physician Assistants or its equivalent or successor organization.

(f) As prescribed by board rule, the council may require an applicant who does not pass the national certification licensing examination after five or more attempts to complete additional remedial education or training. The council shall prescribe the additional requirements in a manner that permits the applicant to complete the requirements and be reexamined within 2 years after the date the applicant petitions the council to retake the national certification examination a sixth or subsequent time.

(8) LICENSURE RENEWAL.—

(a) The license must be renewed biennially.

(b) Each license renewal must include:

1. A renewal fee not to exceed $500 as set by the boards.

2. Acknowledgment of no felony convictions in the previous 2 years.

3.a. A completed physician assistant workforce survey, which shall be administered in the same manner as the physician survey established in s. 458.3191 and must contain the same information required in s. 458.3191(1) and (2).

b. Effective July 1, 2018, and every 2 years thereafter, the department shall report the data collected from the physician assistant workforce surveys to the boards.

4.a. Proof of completion of 100 continuing medical
education hours or a current certificate issued by the National Commission on Certification of Physician Assistants or its equivalent or successor organization.

b. For licensed physician assistants with prescribing privileges, proof of completion of 10 continuing medical education hours in the specialty practice of the supervising physician. Three of the 10 hours must consist of a continuing medical education course on the safe and effective prescribing of controlled substance medications which is designated by the American Academy of Physician Assistants as a Category 1 credit.

5. Proof of recertification of his or her national certification in accordance with the National Commission on Certification of Physician Assistants or its equivalent or successor organization.

(9) AUTONOMOUS PRACTICE BY A PHYSICIAN ASSISTANT.—

(a) The boards shall register a physician assistant as an autonomous physician assistant if the applicant demonstrates that he or she:

1. Holds an active, unencumbered certificate under this section or s. 458.347.

2. Has not been subject to any disciplinary action as specified in this chapter or chapter 458, or any similar disciplinary action in any other jurisdiction, within the 5 years immediately preceding the registration application.

3. Has completed, in any state, jurisdiction, or territory
4. Has completed a graduate-level course in pharmacology and differential diagnosis.

(b) An autonomous physician assistant who is registered under this section must notify the department within 30 days after leaving a supervisory agreement.

(c) An autonomous physician assistant who is registered under this section may:

1. Engage in autonomous practice in primary care practice, including internal medicine, pediatrics, family medicine, general internal medicine, geriatrics, general obstetrics, and gynecology practices.

2. Order, prescribe, and dispense medications including those medications listed on the formulary established in
paragraph (4)(f).

3. Provide a signature, certification, stamp, verification, affidavit, or other endorsement that is otherwise required by law to be provided by a physician.

4. For a patient who requires the services of a health care facility, as defined in s. 408.032:
   a. Admit the patient to the facility
   b. Manage the care received by the patient in the facility.
   c. Discharge the patient from the facility, unless prohibited by federal law or rule.

(d) The department shall conspicuously distinguish the license of an autonomous physician assistant who is registered under this section and include the registration in the physician assistant's practitioner profile created under s. 456.041.

(e) When engaging in autonomous practice, an autonomous physician assistant registered under this section must provide information in writing to a new patient about his or her qualifications and the nature of autonomous practice before or during the initial patient encounter.

(f)1. An autonomous physician assistant registered under this section must, by one of the following methods, demonstrate to the satisfaction of the board and the department financial responsibility to pay claims and costs ancillary thereto arising out of the rendering of, or the failure to render, nursing care,
treatment, or services:

a. Obtaining and maintaining professional liability coverage in an amount not less than $100,000 per claim, with a minimum annual aggregate of not less than $300,000, from an authorized insurer as defined in s. 624.09, from a surplus lines insurer as defined in s. 626.914(2), from a risk retention group as defined in s. 627.942, from the Joint Underwriting Association established under s. 627.351(4), or through a plan of self-insurance as provided in s. 627.357; or

b. Obtaining and maintaining an unexpired, irrevocable letter of credit, established pursuant to chapter 675, in an amount of not less than $100,000 per claim, with a minimum aggregate availability of credit of not less than $300,000. The letter of credit must be payable to the autonomous physician assistant as beneficiary upon presentment of a final judgment indicating liability and awarding damages to be paid by the autonomous physician assistant 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, services.

2. The requirements of subparagraph 1. do not apply to:

a. An autonomous physician assistant registered under this section who practices exclusively as an officer, employee, or agent of the Federal Government or of the state or its agencies.
or its subdivisions.

b. A physician assistant whose registration under this section has become inactive and who is not practicing as an autonomous physician assistant registered under this section in this state.

c. An autonomous physician assistant registered under this section who practices only in conjunction with his or her teaching duties at an accredited school or its main teaching hospitals. Such practice is limited to that which is incidental to and a necessary part of duties in connection with the teaching position.

d. An autonomous physician assistant who holds an active registration under this section but who is not engaged in autonomous practice as authorized under this section in this state. If such person initiates or resumes any practice as an autonomous physician assistant, he or she must notify the department of such activity and fulfill the professional liability coverage requirements of subparagraph 1.

(g) An autonomous physician assistant registered under this section may directly bill and receive payment from public and private insurance companies.

(h) The Board of Osteopathic Medicine may impose any of the penalties authorized under ss. 456.072 and 459.015(2) upon a physician assistant if the physician assistant or the supervising physician has been found guilty of or is being
investigated for any act that constitutes a violation of this chapter or chapter 456.

(i)(g) An application or other documentation required for submission to be submitted to the department under subsection (7), subsection (8), or this subsection may be submitted electronically.

(15)(13) RULES.—The boards shall adopt rules to implement this section, including rules detailing the contents of the application for licensure and notification pursuant to subsection (6) and rules to ensure both the continued competency of physician assistants and the proper utilization of them by physicians or groups of physicians.

Section 3. Paragraph (b) of subsection (1) of section 744.3675, Florida Statutes, is amended to read:

744.3675 Annual guardianship plan.—Each guardian of the person must file with the court an annual guardianship plan which updates information about the condition of the ward. The annual plan must specify the current needs of the ward and how those needs are proposed to be met in the coming year.

(1) Each plan for an adult ward must, if applicable, include:

(b) Information concerning the medical and mental health conditions and treatment and rehabilitation needs of the ward, including:

1. A resume of any professional medical treatment given to
the ward during the preceding year.

2. The report of a physician or an advanced practice registered nurse registered under s. 464.0123 who examined the ward no more than 90 days before the beginning of the applicable reporting period. If the guardian has requested a physician to complete the examination and prepare the report and the physician has delegated that responsibility, the examination may be performed and the report may be prepared and signed by a physician assistant acting pursuant to s. 458.347(4)(h) or s. 459.022(4)(g), or by an advanced practice registered nurse acting pursuant to s. 464.012(3). The report must contain an evaluation of the ward's condition and a statement of the current level of capacity of the ward.

3. The plan for providing medical, mental health, and rehabilitative services in the coming year.

Section 4. Paragraph (b) of subsection (1) of section 893.05, Florida Statutes, is amended to read:

893.05 Practitioners and persons administering controlled substances in their absence.—

(1)

   (b) Pursuant to s. 458.347(4)(g), s. 459.022(4)(g), or s. 459.022(4)(f), or s. 464.012(3), as applicable, a practitioner who supervises a licensed physician assistant or advanced practice registered nurse may authorize the licensed physician assistant or advanced practice registered nurse to order
controlled substances for administration to a patient in a facility licensed under chapter 395 or part II of chapter 400.

Section 5. This act shall take effect July 1, 2021.