By Senator Diaz

A bill to be entitled
An act relating to physician assistants; amending ss. 458.347 and 459.022, F.S.; revising legislative intent; defining and redefining terms; deleting a limitation on the number of physician assistants a physician may supervise at one time; deleting a provision prohibiting a requirement that a supervising physician review and cosign charts or medical records prepared by a physician assistant under his or her supervision; revising physician assistant continuing education requirements related to prescribing controlled substance medications; providing construction; allowing physician assistants to provide certain authorizations that are otherwise provided by physicians, with an exception; revising provisions relating to approved programs for physician assistants; revising provisions relating to physician assistant licensure requirements; revising provisions relating to temporary licensure of physician assistants; requiring the Board of Medicine and the Board of Osteopathic Medicine to register physician assistants as autonomous physician assistants if they meet specified criteria; requiring the Department of Health to distinguish autonomous physician assistants and include specified information in their practitioner profiles; providing functions an autonomous physician assistant may perform without physician supervision; providing for registration renewal; requiring the Council on Physician Assistants
to develop certain rules; requiring autonomous physician assistants to provide specified written information to new patients when engaging in autonomous practice; requiring autonomous physician assistants to report adverse incidents to the department; authorizing physician assistants to directly bill and receive payment from public and private insurance companies; providing criminal penalties; providing for disciplinary action; revising rules to be adopted by the boards; amending ss. 382.008, 394.463, and 401.45, F.S.; conforming provisions relating to certificates of death, certificates for involuntary examinations, and orders not to resuscitate, respectively, to changes made by the act; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 458.347, Florida Statutes, is amended to read:

458.347 Physician assistants.—

(1) LEGISLATIVE INTENT.—

(a) The purpose of this section is to allow physician assistants to practice medicine in collaboration with physicians and other health care practitioners to provide increased efficiency of and access to high-quality medical services at a reasonable cost to consumers in this state. Given their education, training, and experience in the practice of medicine, physician assistants are competent to provide these medical
services 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, the term:

(a) “Approved program” means a physician assistant program in the United States or in its territories or possessions which is accredited by the Accreditation Review Commission on Education for the Physician Assistant or, for programs before 2001, accredited by its equivalent or predecessor entities the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs program, formally approved by the boards, for the education of physician assistants.

(b) “Autonomous physician assistant” means a physician assistant who meets the requirements of subsection (9) to practice primary care without physician supervision.

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

(e) “Council” means the Council on Physician Assistants.
(i) "Trainee" means a person who is currently enrolled in an approved program.

(g) "Physician assistant" means a person who is licensed as a physician assistant under this chapter or chapter 459 and is qualified by academic and clinical training to provide medical services, under physician supervision and in collaboration with other health care practitioners, to patients, including, but not limited to, diagnosing illnesses, developing and managing treatment plans, performing medical procedures, and prescribing and dispensing medications is 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.

(f) "National certification" "Proficiency examination" means a postgraduate certification 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 or its equivalent or successor entity.

(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.

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

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

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

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

(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 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 which is offered by a provider approved by the American Academy of Physician Assistants and which is 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.

(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. 459.022 may not prescribe. The formulary must include general anesthetics and radiographic contrast materials and must limit the prescription of Schedule II controlled substances as listed in s. 893.03 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 459, 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. 459.022, and to each pharmacy licensed by the state. The boards shall establish, by rule, a fee not to exceed $200 to fund the provisions of this paragraph and paragraph (e).

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

(h) A licensed physician assistant may perform services
delegated by the supervising physician in the physician
assistant’s practice in accordance with his or her education and
training unless expressly prohibited under this chapter, chapter
459, or rules adopted under this chapter or chapter 459.

(i) Nothing in this chapter prohibits a supervising
physician from delegating his or her roles under s. 458.3485 to
a licensed physician assistant.

(j) Except for a physician certification under s. 381.986,
a licensed physician assistant may provide a signature,
certification, stamp, verification, affidavit, or any other
endorsement that is otherwise required by law to be provided by
a physician, including, but not limited to, any of the
following:

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

2. Orders not to resuscitate or orders for life-sustaining
treatment.

3. Death certificates, if the physician assistant has
   received training on the completion of death certificates.

4. School physical examinations.

5. Medical evaluations for workers’ compensation claims.
6. Orders for physical therapy, occupational therapy, speech-language therapy, home health services, or durable medical equipment.


(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.

(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 or its equivalent or successor organization Commission on Accreditation of Allied Health Programs or its 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 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 physician assistant program.

a. Applicants who matriculate after December 31, 2020, must
have obtained a master’s degree from an approved program.

b. Applicants who matriculated before January 1, 2020, must have obtained a bachelor’s or master’s degree from an approved program.

c. Applicants who matriculated before July 1, 1994, must have graduated from an approved program of instruction in primary health care or surgery.

d. Applicants who matriculated before July 1, 1983, must have obtained certification as a physician assistant by the board.

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

4. 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 (5)(6).
b. A physician assistant program verification form.

c. b. Acknowledgment of any prior felony convictions.

d. e. Acknowledgment of any previous revocation or denial of licensure or certification in any state.

e. d. A copy of course transcripts and a copy of the course descriptions from a physician assistant training program.

f. If applying for prescribing authority, a copy of the transcript and description of the course in pharmacotherapy which the applicant completed at a physician assistant program describing course content in pharmacotherapy, if the applicant wishes to apply for prescribing authority. These documents must meet the evidence requirements for prescribing authority.

(b) A physician assistant must notify the board in writing within 30 days after gaining or changing employment or after any change of the physician assistant’s supervising physician. The notification must include the supervising physician’s full name, Florida medical license number, specialty, and address.

(7) TEMPORARY LICENSURE.—

(a) Notwithstanding subsection (6), the department may grant a temporary license to practice as a physician assistant to an applicant who meets all of the following criteria:

1. Is a recent graduate of an approved program as specified in subsection (5).

2. Has satisfied the licensure requirements of paragraph (6)(a) except for passage of the national certification examination administered by the National Commission on Certification of Physician Assistants.

3. Is registered or intends to register for the first time.
available national certification examination after the applicant’s graduation.

(b) An applicant with a temporary license must comply with the notification requirements of paragraph (6)(b).

(c) A temporary license expires 30 days after the department’s receipt of the applicant’s score on the national certification examination.

(d) The department may grant a full license to an applicant who passes the national certification examination.

(e) An applicant who fails the national certification examination no longer holds a temporary license to practice as a physician assistant, but may reapply for a 1-year extension of the temporary license. The department may not grant an applicant more than one extension of the temporary license.

(f) An applicant may not be licensed as a physician assistant until he or she passes the national certification examination.

(g) As prescribed by board rule, the council may require an applicant who does not pass the national certification 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 examination a sixth or subsequent time.

(8) LICENSURE RENEWAL.—

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

1. A renewal fee not to exceed $500 as set by the boards.
2. b. Acknowledgment of no felony convictions in the previous 2 years.

3. 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).

(b) 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.

(d) 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.

(e) Notwithstanding subparagraph (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. The temporary license shall expire 30 days after 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 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). An applicant who has passed the proficiency examination may be granted permanent licensure. An applicant failing the proficiency examination is no longer temporarily licensed but may reapply for a 1-year extension of temporary licensure. 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 examination administered by the National Commission on Certification of Physician Assistants. As prescribed by board rule, the council may require an applicant who does not pass the 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 examination a sixth or subsequent time.

(d)(f) The Board of Medicine may impose any of the penalties authorized under ss. 456.072 and 458.331(2) upon an autonomous physician assistant or a physician assistant if the autonomous physician assistant, 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.
PERFORMANCE OF AUTONOMOUS PHYSICIAN ASSISTANTS.—

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

1. Holds an active, unencumbered license to practice as a physician assistant in this state.

2. Has not been subject to any disciplinary action as specified in s. 456.072, s. 458.331, or s. 459.015 or any similar disciplinary action in any jurisdiction of the United States within the 5 years immediately preceding the registration request.

3. Has completed, in any state, jurisdiction, or territory of the United States, at least 3,000 clinical practice hours within the 5 years immediately preceding the submission of the registration request 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, the District of Columbia, or a territory or possession of the United States during the period of such supervision. Clinical instructional hours provided by the applicant may count toward the clinical practice hour requirement. 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 doctoral degree in physician assistant practice.

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

5. Obtains and maintains professional liability coverage at the same level and in the same manner as in s. 458.320(1)(b) or
(c). However, the requirements of this subparagraph do not apply to:

a. Any person registered under this subsection who practices exclusively as an officer, employee, or agent of the Federal Government or of the state or its agencies or subdivisions.

b. Any person whose license has become inactive and who is not practicing as an autonomous physician assistant in this state.

c. Any person who practices as an autonomous physician assistant only in conjunction with his or her teaching duties at an accredited school or its main teaching hospital. Such practice is limited to that which is incidental to and a necessary part of duties in connection with the teaching position.

d. Any person who holds an active registration under this subsection who is not practicing as an autonomous physician assistant 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 this subparagraph.

(b) The department shall distinguish an autonomous physician assistant license if he or she is registered under this subsection and shall include the registration in the physician assistant’s practitioner profile created pursuant to s. 456.041.

(c) An autonomous physician assistant may do all of the following without physician supervision:
1. Render only primary care services as defined by rule of the boards.

2. Provide any service that is within the scope of the autonomous physician assistant’s education and experience and provided in accordance with rules adopted by the boards.

3. Prescribe, dispense, administer, or order any medicinal drug as authorized by the formulary adopted under paragraph (4)(f).

4. Provide a signature, a certification, a stamp, a verification, an affidavit, or any other endorsement that is otherwise required by law to be provided by a physician, except for a physician certification under s. 381.986.

5. For patients requiring services in a health care facility as defined in s. 408.032:
   a. Admit a patient to the facility;
   b. Manage the care received by the patient at the facility;
   and
   c. Discharge the patient from the facility, unless prohibited by federal law or rule.

   (d) An autonomous physician assistant must biennially renew his or her registration under this subsection. The biennial renewal must coincide with the autonomous physician assistant’s biennial renewal period for physician assistant licensure.

   (e) The council shall develop rules defining the primary care practice of autonomous physician assistants, including, but not limited to, internal medicine, general pediatrics, family medicine, geriatrics, and general obstetrics and gynecology practices.

   (f) When engaging in autonomous practice, an autonomous
physician assistant must provide to a new patient, during or before the initial patient encounter, written information explaining his or her qualifications and the nature of autonomous practice.

(g) An autonomous physician assistant must report adverse incidents to the department in accordance with s. 458.351.

(10) ELECTRONIC SUBMISSIONS.—An application or other documentation required to be submitted to the department under this section subsection may be submitted electronically.

(11) DIRECT BILLING AND REIMBURSEMENT.—A physician assistant may directly bill and receive payment from public and private insurance companies for medical services rendered.

(12) DELEGATION OF POWERS AND DUTIES.—The boards may delegate such powers and duties to the council as they may deem proper.

(13) COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on Physician Assistants is created within the department.

(a) The council shall consist of five members appointed as follows:

1. The chairperson of the Board of Medicine shall appoint one member who is a physician and member of the Board of Medicine who supervises a physician assistant in the physician’s practice.

2. The chairperson of the Board of Osteopathic Medicine shall appoint one member who is a physician and member of the Board of Osteopathic Medicine who supervises a physician assistant in the physician’s practice.

3. The State Surgeon General or his or her designee shall appoint three fully licensed physician assistants licensed under
this chapter or chapter 459.

(b) Members shall be appointed to terms of 4 years, except that of the initial appointments, two members shall be appointed to terms of 2 years, two members shall be appointed to terms of 3 years, and one member shall be appointed to a term of 4 years, as established by rule of the boards. Council members may not serve more than two consecutive terms. The council shall annually elect a chairperson from among its members.

(c) The council shall:

1. Recommend to the department the licensure of physician assistants.

2. Develop all rules regulating the use of physician assistants by physicians under this chapter and chapter 459, except for rules relating to the formulary developed under paragraph (4)(f). The council shall also develop rules to ensure that the continuity of supervision is maintained in each practice setting. The boards shall consider adopting a proposed rule developed by the council at the regularly scheduled meeting immediately following the submission of the proposed rule by the council. A proposed rule submitted by the council may not be adopted by either board unless both boards have accepted and approved the identical language contained in the proposed rule. The language of all proposed rules submitted by the council must be approved by both boards pursuant to each respective board’s guidelines and standards regarding the adoption of proposed rules. If either board rejects the council’s proposed rule, that board must specify its objection to the council with particularity and include any recommendations it may have for the modification of the proposed rule.
3. Make recommendations to the boards regarding all matters relating to physician assistants.

4. Address concerns and problems of practicing physician assistants in order to improve safety in the clinical practices of licensed physician assistants.

(d) When the council finds that an applicant for licensure has failed to meet, to the council’s satisfaction, each of the requirements for licensure set forth in this section, the council may enter an order to:

1. Refuse to certify the applicant for licensure;

2. Approve the applicant for licensure with restrictions on the scope of practice or license; or

3. Approve the applicant for conditional licensure. Such conditions may include placement of the licensee on probation for a period of time and subject to such conditions as the council may specify, including but not limited to, requiring the licensee to undergo treatment, to attend continuing education courses, to work under the direct supervision of a physician licensed in this state, or to take corrective action.

(14) INACTIVE AND DELINQUENT STATUS.—A license on inactive or delinquent status may be reactivated only as provided in s. 456.036.

(15) PENALTY.—Any person who has not been registered or licensed by the council and approved by the department and who holds himself or herself out as an autonomous physician assistant or a physician assistant or who uses any other term in indicating or implying that he or she is an autonomous physician assistant or a physician assistant commits a felony of the third degree, punishable as provided in s. 775.082 or s. 775.084 or by
a fine not exceeding $5,000.

(16) DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.— The boards may deny, suspend, or revoke the registration of an autonomous physician assistant or the license of a physician assistant if a board determines that the autonomous physician assistant or physician assistant has violated this chapter.

(17) RULES.—The boards shall adopt rules to implement this section, including, but not limited to, rules:

(a) Detailing the contents of the application for licensure and notification under subsection (6);

(b) Relating to the registration of autonomous physician assistants under subsection (9);

(c) Regulating the primary care practice of autonomous physician assistants; pursuant to subsection (7) and rules to ensure both

(d) Ensuring the continued competency of autonomous physician assistants and physician assistants and the proper utilization of them by physicians or groups of physicians.

(18) EXISTING PROGRAMS.—This section does not eliminate or supersede existing laws relating to other paramedical professions or services and is supplemental to all such existing laws relating to the licensure and practice of paramedical professions.

(19) LIABILITY.—Each supervising physician using a physician assistant is liable for any acts or omissions of the physician assistant acting under the physician’s supervision and control.

(20) LEGAL SERVICES.—Legal services shall be provided
to the council pursuant to s. 456.009(1).

(21)(17) FEES.—The department shall allocate the fees collected under this section to the council.

Section 2. Section 459.022, Florida Statutes, is amended to read:

459.022 Physician assistants.—
(1) LEGISLATIVE INTENT.—
(a) The purpose of this section is to allow physician assistants to practice osteopathic medicine in collaboration with osteopathic physicians and other health care practitioners to provide increased efficiency of and access to high-quality medical services at a reasonable cost to consumers in this state. Given their education, training, and experience in the practice of osteopathic medicine, physician assistants are competent to provide these medical services. 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 in its territories or possessions which is accredited by the Accreditation Review Commission on Education for the Physician Assistant or, for programs before 2001, accredited by its equivalent or predecessor entities the Committee on Allied Health Education and Accreditation or the Commission on Accreditation of Allied Health Education Programs program, formally approved by the boards, for the education of physician assistants.

(b) “Autonomous physician assistant” means a physician assistant who meets the requirements of subsection (9) to practice primary care without physician supervision.

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

(e) “Council” means the Council on Physician Assistants.

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

(g) “Physician assistant” means a person who is licensed as a physician assistant under this chapter or chapter 458 and is qualified by academic and clinical training to provide medical services, under physician supervision and in collaboration with other health care practitioners, to patients, including, but not limited to, diagnosing illnesses, developing and managing treatment plans, performing medical procedures, and prescribing and dispensing medications is 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.

(f)(g) “National certification” “Proficiency examination” means a postgraduate certification 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 or its equivalent or successor entity.

(d)(h) “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.

(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.—

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

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

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

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

(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 which is offered
by a provider that has been approved by the American Academy of
Physician Assistants and 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.

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) A supervisory physician may delegate to a licensed physician assistant the authority to, and the licensed physician assistant acting under the direction of the supervisory physician may, order any medication for administration to the supervisory physician’s patient in a facility licensed under chapter 395 or part II of chapter 400, notwithstanding any provisions in chapter 465 or chapter 893 which may prohibit this delegation.

(g) A licensed physician assistant may perform services delegated by the supervising physician in the physician assistant’s practice in accordance with his or her education and training unless expressly prohibited under this chapter, chapter 458, or rules adopted under this chapter or chapter 458.

(h) Nothing in this chapter prohibits a licensed physician assistant from supervising a medical assistant in accordance with s. 458.3485.

(i) Except for a physician certification under s. 381.986,
a licensed physician assistant may provide a signature, a certification, a stamp, a verification, an affidavit, or any other endorsement that is otherwise required by law to be provided by a physician, including, but not limited to, any of the following:

1. Initiation of an involuntary examination pursuant to s. 394.463.
2. Orders not to resuscitate or orders for life-sustaining treatment.
3. Death certificates, if the physician assistant has received training on the completion of death certificates.
4. School physical examinations.
5. Medical evaluations for workers’ compensation claims.
6. Orders for physical therapy, occupational therapy, speech-language therapy, home health services, or durable medical equipment.

(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.

(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 or its equivalent or successor organization. Commission on Accreditation of Allied
Health Programs or its successor organization.

(b) Notwithstanding any other 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.

(6) 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 physician assistant program.
   a. Applicants who matriculate after December 31, 2020, must have obtained a master’s degree from an approved program.
   b. Applicants who matriculated before January 1, 2020, must have obtained a bachelor’s or master’s degree from an approved program.
   c. Applicants who matriculated before July 1, 1994, must have graduated from an approved program of instruction in primary health care or surgery.
   d. Applicants who matriculated before July 1, 1983, must
have obtained certification as a physician assistant by the board.

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

4. Has completed the application form and remitted an application fee not to exceed $300 as set by the boards. An application for licensure as 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 (5)(c).

   b. A physician assistant program verification form.

   c. Acknowledgment of any prior felony convictions.

   d. Acknowledgment of any previous revocation or denial of licensure or certification in any state.

   e. A copy of course transcripts and a copy of the course descriptions from a physician assistant training program.

   f. If applying for prescribing authority, a copy of the
transcript and description of the course in pharmacotherapy which the applicant completed at a physician assistant program describing course content in pharmacotherapy, if the applicant wishes to apply for prescribing authority. These documents must meet the evidence requirements for prescribing authority.

(b) A physician assistant must notify the board in writing within 30 days after gaining or changing employment or after any change in the physician assistant’s supervising physician. The notification must include the supervising physician’s full name, Florida medical license number, specialty, and address.

(7) TEMPORARY LICENSURE.—

(a) Notwithstanding subsection (6), the department may grant a temporary license to practice as a physician assistant to an applicant who meets all of the following criteria:

1. Is a recent graduate of an approved program as specified in subsection (5).

2. Has satisfied the licensure requirements of paragraph (6)(a) except for passage of the national certification examination administered by the National Commission on Certification of Physician Assistants.

3. Is registered or intends to register for the first available national certification examination after the applicant’s graduation.

(b) An applicant with a temporary license must comply with the notification requirements of paragraph (6)(b).

(c) A temporary license expires 30 days after the department’s receipt of the applicant’s score on the national certification examination.

(d) The department may grant a full license to an applicant
who passes the national certification examination.

(e) An applicant who fails the national certification examination no longer holds a temporary license to practice as a physician assistant, but may reapply for a 1-year extension of the temporary license. The department may not grant an applicant more than one extension of the temporary license.

(f) An applicant may not be licensed as a physician assistant until he or she passes the national certification examination.

(g) As prescribed by board rule, the council may require an applicant who does not pass the national certification 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 examination a sixth or subsequent time.

(8) LICENSURE RENEWAL.—

(a) The licensure must be renewed biennially. Each 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 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).

(b) 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.

(d) 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.

(e) Notwithstanding subparagraph (a), the department may grant to a recent graduate of an approved program, as specified in subsection (c), 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 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). An applicant who has passed the proficiency examination may be granted permanent licensure. An applicant failing the proficiency examination is no longer temporarily licensed, but may reapply for a 1-year extension of temporary licensure. 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 examination administered by the National Commission on Certification of Physician Assistants. As prescribed by board rule, the council may require an applicant who does not pass the 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 examination a sixth or subsequent time.

(d)(f) The Board of Osteopathic Medicine may impose any of the penalties authorized under ss. 456.072 and 459.015(2) upon an autonomous physician assistant or a physician assistant if the autonomous physician assistant, 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.

(9) PERFORMANCE OF AUTONOMOUS PHYSICIAN ASSISTANTS.—
(a) The boards shall register a physician assistant as an autonomous physician assistant if the applicant demonstrates that he or she satisfies all of the following requirements:

1. Holds an active, unencumbered license to practice as a physician assistant in this state.

2. Has not been subject to any disciplinary action as specified in s. 456.072, s. 458.331, or s. 459.015 or any similar disciplinary action in any jurisdiction of the United States within the 5 years immediately preceding the registration request.
3. Has completed, in any state, jurisdiction, or territory of the United States, at least 3,000 clinical practice hours within the 5 years immediately preceding the submission of the registration request 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, the District of Columbia, or a territory or possession of the United States during the period of such supervision. Clinical instructional hours provided by the applicant may count toward the clinical practice hour requirement. 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 doctoral degree in physician assistant practice.

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

5. Obtains and maintains professional liability coverage at the same level and in the same manner as in s. 458.320(1)(b) or (c). However, the requirements of this subparagraph do not apply to:

a. Any person registered under this subsection who practices exclusively as an officer, employee, or agent of the Federal Government or of the state or its agencies or subdivisions.

b. Any person whose license has become inactive and who is not practicing as an autonomous physician assistant in this state.

c. Any person who practices as an autonomous physician assistant only in conjunction with his or her teaching duties at
an accredited school or its main teaching hospital. Such practice is limited to that which is incidental to and a necessary part of duties in connection with the teaching position.

d. Any person who holds an active registration under this subsection who is not practicing as an autonomous physician assistant 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 this subparagraph.

(b) The department shall distinguish an autonomous physician assistant license if he or she is registered under this subsection and include the registration in the physician assistant’s practitioner profile created pursuant to s. 456.041. 

(c) An autonomous physician assistant may do all of the following without physician supervision:

1. Render only primary care services as defined by rule of the boards.

2. Provide any service that is within the scope of the autonomous physician assistant’s education and experience and provided in accordance with rules adopted by the boards.

3. Prescribe, dispense, administer, or order any medicinal drug as authorized by the formulary adopted pursuant to s. 458.347(4)(f).

4. Provide a signature, a certification, a stamp, a verification, an affidavit, or any other endorsement that is otherwise required by law to be provided by a physician, except for a physician certification under s. 381.986.
5. For patients requiring services in a health care facility as defined in s. 408.032:
   a. Admit a patient to the facility;
   b. Manage the care received by the patient at the facility;
   and
   c. Discharge the patient from the facility, unless prohibited by federal law or rule.
   (d) An autonomous physician assistant must biennially renew his or her registration under this subsection. The biennial renewal must coincide with the autonomous physician assistant’s biennial renewal period for physician assistant licensure.
   (e) The council shall develop rules defining the primary care practice of autonomous physician assistants, including, but not limited to, internal medicine, general pediatrics, family medicine, geriatrics, and general obstetrics and gynecology practices.
   (f) When engaging in autonomous practice, an autonomous physician assistant must provide to a new patient, during or before the initial patient encounter, written information explaining his or her qualifications and the nature of autonomous practice.
   (g) An autonomous physician assistant must report adverse incidents to the department in accordance with s. 458.351.
(10) ELECTRONIC SUBMISSIONS.—An application or other documentation required to be submitted to the department under this section may be submitted electronically.
(11) DIRECT BILLING AND REIMBURSEMENT.—A physician assistant may directly bill and receive payment from public and private insurance companies for medical services rendered.
DELEGATION OF POWERS AND DUTIES.—The boards may delegate such powers and duties to the council as they may deem proper.

COUNCIL ON PHYSICIAN ASSISTANTS.—The Council on Physician Assistants is created within the department.

(a) The council shall consist of five members appointed as follows:

1. The chairperson of the Board of Medicine shall appoint one member who is a physician and member of the Board of Medicine who supervises a physician assistant in the physician’s practice.

2. The chairperson of the Board of Osteopathic Medicine shall appoint one member who is a physician and member of the Board of Osteopathic Medicine who supervises a physician assistant in the physician’s practice.

3. The State Surgeon General or her or his designee shall appoint three fully licensed physician assistants licensed under chapter 458 or this chapter.

(b) Members shall be appointed to terms of 4 years, except that of the initial appointments, two members shall be appointed to terms of 2 years, two members shall be appointed to terms of 3 years, and one member shall be appointed to a term of 4 years, as established by rule of the boards. Council members may not serve more than two consecutive terms. The council shall annually elect a chairperson from among its members.

(c) The council shall:

1. Recommend to the department the licensure of physician assistants.

2. Develop all rules regulating the use of physician
assistants by physicians under chapter 458 and this chapter, except for rules relating to the formulary developed under s. 458.347. The council shall also develop rules to ensure that the continuity of supervision is maintained in each practice setting. The boards shall consider adopting a proposed rule developed by the council at the regularly scheduled meeting immediately following the submission of the proposed rule by the council. A proposed rule submitted by the council may not be adopted by either board unless both boards have accepted and approved the identical language contained in the proposed rule. The language of all proposed rules submitted by the council must be approved by both boards pursuant to each respective board’s guidelines and standards regarding the adoption of proposed rules. If either board rejects the council’s proposed rule, that board must specify its objection to the council with particularity and include any recommendations it may have for the modification of the proposed rule.

3. Make recommendations to the boards regarding all matters relating to physician assistants.

4. Address concerns and problems of practicing physician assistants in order to improve safety in the clinical practices of licensed physician assistants.

(d) When the council finds that an applicant for licensure has failed to meet, to the council’s satisfaction, each of the requirements for licensure set forth in this section, the council may enter an order to:

1. Refuse to certify the applicant for licensure;

2. Approve the applicant for licensure with restrictions on the scope of practice or license; or
3. Approve the applicant for conditional licensure. Such conditions may include placement of the licensee on probation for a period of time and subject to such conditions as the council may specify, including but not limited to, requiring the licensee to undergo treatment, to attend continuing education courses, to work under the direct supervision of a physician licensed in this state, or to take corrective action.

(14) INACTIVE AND DELINQUENT STATUS.—A license on inactive or delinquent status may be reactivated only as provided in s. 456.036.

(15) PENALTY.—Any person who has not been registered or licensed by the council and approved by the department and who holds herself or himself out as an autonomous physician assistant or a physician assistant or who uses any other term in indicating or implying that she or he is an autonomous physician assistant or a physician assistant commits a felony of the third degree, punishable as provided in s. 775.082 or s. 775.084 or by a fine not exceeding $5,000.

(16) DENIAL, SUSPENSION, OR REVOCATION OF LICENSURE.—The boards may deny, suspend, or revoke the registration of an autonomous physician assistant or the license of a physician assistant if a board determines that the autonomous physician assistant or physician assistant has violated this chapter.

(17) RULES.—The boards shall adopt rules to implement this section, including, but not limited to, rules:

(a) Detailing the contents of the application for licensure and notification under subsection (6);

(b) Relating to the registration of autonomous physician assistant.
assistants under subsection (9);

(c) Regulating the primary care practice of autonomous physician assistants; pursuant to subsection (7) and rules to ensure both

(d) Ensuring the continued competency of autonomous physician assistants and physician assistants and the proper utilization of them by physicians or groups of physicians.

(18)(14) EXISTING PROGRAMS.—This section does not eliminate or supersede existing laws relating to other paramedical professions or services and is supplemental to all such existing laws relating to the licensure and practice of paramedical professions.

(19)(15) LIABILITY.—Each supervising physician using a physician assistant is liable for any acts or omissions of the physician assistant acting under the physician’s supervision and control.

(20)(16) LEGAL SERVICES.—Legal services shall be provided to the council pursuant to s. 456.009(1).

(21)(17) FEES.—The department shall allocate the fees collected under this section to the council.

Section 3. Paragraph (a) of subsection (2) and subsections (3) and (5) of section 382.008, Florida Statutes, are amended to read:

382.008 Death, fetal death, and nonviable birth registration.—

(2)(a) The funeral director who first assumes custody of a dead body or fetus shall file the certificate of death or fetal death. In the absence of the funeral director, the physician, physician assistant, advanced practice registered nurse
registered under s. 464.0123, or other person in attendance at or after the death or the district medical examiner of the county in which the death occurred or the body was found shall file the certificate of death or fetal death. The person who files the certificate shall obtain personal data from a legally authorized person as described in s. 497.005 or the best qualified person or source available. The medical certification of cause of death shall be furnished to the funeral director, either in person or via certified mail or electronic transfer, by the physician, physician assistant, advanced practice registered nurse registered under s. 464.0123, or medical examiner responsible for furnishing such information. For fetal deaths, the physician, physician assistant, advanced practice registered nurse registered under s. 464.0123, midwife, or hospital administrator shall provide any medical or health information to the funeral director within 72 hours after expulsion or extraction.

(3) Within 72 hours after receipt of a death or fetal death certificate from the funeral director, the medical certification of cause of death shall be completed and made available to the funeral director by the decedent’s primary or attending practitioner or, if s. 382.011 applies, the district medical examiner of the county in which the death occurred or the body was found. The primary or attending practitioner or the medical examiner shall certify over his or her signature the cause of death to the best of his or her knowledge and belief. As used in this section, the term “primary or attending practitioner” means a physician, physician assistant, or advanced practice registered nurse registered under s. 464.0123 who treated the
decedent through examination, medical advice, or medication during the 12 months preceding the date of death.

(a) The department may grant the funeral director an extension of time upon a good and sufficient showing of any of the following conditions:

1. An autopsy is pending.

2. Toxicology, laboratory, or other diagnostic reports have not been completed.

3. The identity of the decedent is unknown and further investigation or identification is required.

(b) If the decedent’s primary or attending practitioner or the district medical examiner of the county in which the death occurred or the body was found indicates that he or she will sign and complete the medical certification of cause of death but will not be available until after the 5-day registration deadline, the local registrar may grant an extension of 5 days. If a further extension is required, the funeral director must provide written justification to the registrar.

(5) A permanent certificate of death or fetal death, containing the cause of death and any other information that was previously unavailable, shall be registered as a replacement for the temporary certificate. The permanent certificate may also include corrected information if the items being corrected are noted on the back of the certificate and dated and signed by the funeral director, physician, physician assistant, advanced practice registered nurse registered under s. 464.0123, or district medical examiner of the county in which the death occurred or the body was found, as appropriate.
394.463, Florida Statutes, is amended to read:

394.463 Involuntary examination.—

(2) INVOLUNTARY EXAMINATION.—

(a) An involuntary examination may be initiated by any one of the following means:

1. A circuit or county court may enter an ex parte order stating that a person appears to meet the criteria for involuntary examination and specifying the findings on which that conclusion is based. The ex parte order for involuntary examination must be based on written or oral sworn testimony that includes specific facts that support the findings. If other less restrictive means are not available, such as voluntary appearance for outpatient evaluation, a law enforcement officer, or other designated agent of the court, shall take the person into custody and deliver him or her to an appropriate, or the nearest, facility within the designated receiving system pursuant to s. 394.462 for involuntary examination. The order of the court shall be made a part of the patient’s clinical record. A fee may not be charged for the filing of an order under this subsection. A facility accepting the patient based on this order must send a copy of the order to the department within 5 working days. The order may be submitted electronically through existing data systems, if available. The order shall be valid only until the person is delivered to the facility or for the period specified in the order itself, whichever comes first. If a time limit is not specified in the order, the order is valid for 7 days after the date that the order was signed.

2. A law enforcement officer shall take a person who appears to meet the criteria for involuntary examination into
custody and deliver the person or have him or her delivered to an appropriate, or the nearest, facility within the designated receiving system pursuant to s. 394.462 for examination. The officer shall execute a written report detailing the circumstances under which the person was taken into custody, which must be made a part of the patient’s clinical record. Any facility accepting the patient based on this report must send a copy of the report to the department within 5 working days.

3. A physician, a physician assistant, a clinical psychologist, a psychiatric nurse, an advanced practice registered nurse registered under s. 464.0123, a mental health counselor, a marriage and family therapist, or a clinical social worker may execute a certificate stating that he or she has examined a person within the preceding 48 hours and finds that the person appears to meet the criteria for involuntary examination and stating the observations upon which that conclusion is based. If other less restrictive means, such as voluntary appearance for outpatient evaluation, are not available, a law enforcement officer shall take into custody the person named in the certificate and deliver him or her to the appropriate, or nearest, facility within the designated receiving system pursuant to s. 394.462 for involuntary examination. The law enforcement officer shall execute a written report detailing the circumstances under which the person was taken into custody. The report and certificate shall be made a part of the patient’s clinical record. Any facility accepting the patient based on this certificate must send a copy of the certificate to the department within 5 working days. The document may be submitted electronically through existing data...
When sending the order, report, or certificate to the department, a facility shall, at a minimum, provide information about which action was taken regarding the patient under paragraph (g), which information shall also be made a part of the patient’s clinical record.

Section 5. Paragraphs (a) and (c) of subsection (3) of section 401.45, Florida Statutes, are amended to read:

> 401.45 Denial of emergency treatment; civil liability.—
> 
> (3)(a) Resuscitation may be withheld or withdrawn from a patient by an emergency medical technician or paramedic if evidence of an order not to resuscitate by the patient’s physician or physician assistant is presented to the emergency medical technician or paramedic. An order not to resuscitate, to be valid, must be on the form adopted by rule of the department. The form must be signed by the patient’s physician or physician assistant and by the patient or, if the patient is incapacitated, the patient’s health care surrogate or proxy as provided in chapter 765, court-appointed guardian as provided in chapter 744, or attorney in fact under a durable power of attorney as provided in chapter 709. The court-appointed guardian or attorney in fact must have been delegated authority to make health care decisions on behalf of the patient.

(c) The department, in consultation with the Department of Elderly Affairs and the Agency for Health Care Administration, shall develop a standardized do-not-resuscitate identification system with devices that signify, when carried or worn, that the possessor is a patient for whom a physician or physician assistant
Section 6. This act shall take effect July 1, 2021.