

CHAPTER 2021-204

Committee Substitute for Committee Substitute for House Bill No. 431

An act relating to physician assistants; amending ss. 458.347 and 459.022, F.S.; revising legislative intent; defining and redefining terms; revising a limitation on the number of physician assistants a physician may supervise at one time; deleting a requirement that a physician assistant inform his or her patients that they have the right to see a physician before the physician assistant prescribes or dispenses a prescription; authorizing physician assistants to procure drugs and medical devices; providing an exception; conforming provisions to changes made by the act; revising requirements for a certain formulary; authorizing physician assistants to authenticate documents that may be authenticated by a physician; providing exceptions; authorizing physician assistants to supervise medical assistants; authorizing third-party payors to reimburse employers of physician assistants for services rendered; providing requirements for such payment for services; authorizing physician assistants to bill for and receive direct payment for services they deliver; revising provisions relating to approved programs for physician assistants; revising provisions relating to physician assistant licensure requirements; 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. Subsections (1) through (6), paragraphs (a), (d), and (e) of subsection (7), and subsection (13) of section 458.347, Florida Statutes, are amended 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 provide increased efficiency of and access to high-quality medical services at a reasonable cost to consumers 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.~~

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

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

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

(e) “Physician assistant” means a person who 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.

(f) “Physician assistant national certifying examination” means the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants or its successor agency.

(g) “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.~~

~~(c)~~(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 10 ~~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. A fully licensed physician assistant may procure medical devices and drugs unless the medication is listed on the formulary created pursuant to paragraph (f).

4. 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, or designated by the American Osteopathic Association as a Category 1-A credit.

~~4. The department may issue a prescriber number to the physician assistant granting authority for the prescribing of medicinal drugs authorized within this paragraph upon completion 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 the physician assistant's, in addition to the supervising physician's name, address, and telephone number and the name of each of his or her supervising physicians, 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.

(f1). 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 Schedule II psychiatric mental health controlled substances for children younger than 18 years of age to a 14-day supply, provided the physician assistant is under the supervision of a pediatrician, a family practice physician, an internal medicine physician, or a psychiatrist.

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

1. Initiation of an involuntary examination pursuant to s. 394.463.
2. Do-not-resuscitate orders or physician orders for the administration of life-sustaining treatment.
3. Death certificates.
4. School physical examinations.
5. Medical examinations for workers' compensation claims, except medical examinations required for the evaluation and assignment of the claimant's date of maximum medical improvement as defined in s. 440.02 and for the impairment rating, if any, under s. 440.15.

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

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

(k) This chapter authorizes third-party payors to reimburse employers of physician assistants for covered services rendered by licensed physician assistants. Payment for services within the physician assistant's scope of practice must be made when ordered or performed by a physician assistant if the same service would have been covered if ordered or performed by a physician. Physician assistants are authorized to bill for and receive direct payment for the services they deliver.

~~(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 successor entity or, before 2001, from the Committee on Allied Health Education and Accreditation or the 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 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 or, before 2001, its equivalent or predecessor organization.~~

~~b. For an applicant who graduated on or before December 31, 2020, has received a bachelor's 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 as a physician assistant from the boards.~~

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

~~3. Has obtained a passing score as satisfactorily passed a proficiency examination by an acceptable score 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 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 (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 description from a physician assistant training 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.~~

~~(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.~~

(d)(e) Notwithstanding subparagraph (a)2., the department may grant to a recent graduate of an approved program, as specified in subsection (5) ~~(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.

~~(12)~~(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)~~ (7) 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. Subsections (1) through (6), paragraphs (a), (d), and (e) of subsection (7), and subsection (13) of section 459.022, Florida Statutes, are amended 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 provide increased efficiency of and access to high-quality medical services at a reasonable cost to consumers 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, 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) “Boards” means the Board of Medicine and the Board of Osteopathic Medicine.

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

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

(e) “Physician assistant” means a person who 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.

(f) “Physician assistant national certifying examination” means the Physician Assistant National Certifying Examination administered by the National Commission on Certification of Physician Assistants or its successor agency.

(g) “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.~~

~~(c)(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 10 ~~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. A fully licensed physician assistant may procure medical devices and drugs unless the medication is listed on the formulary created pursuant to s. 458.347(4)(f).

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

~~4. The department may issue a prescriber number to the physician assistant granting authority for the prescribing of medicinal drugs authorized within this paragraph upon completion 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 the physician assistant's, in addition to the supervising physician's name, address, and telephone number and the name of each of his or her supervising physicians, 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) Except for a physician certification under s. 381.986, a physician assistant may authenticate any document with his or her signature, certification, stamp, verification, affidavit, or endorsement if such document may be so authenticated by the signature, certification, stamp, verification, affidavit, or endorsement of a physician, except those required for s. 381.986. Such documents include, but are not limited to, any of the following:

1. Initiation of an involuntary examination pursuant to s. 394.463.
2. Do-not-resuscitate orders or physician orders for the administration of life-sustaining treatment.
3. Death certificates.
4. School physical examinations.
5. Medical examinations for workers' compensation claims, except medical examinations required for the evaluation and assignment of the claimant's date of maximum medical improvement as defined in s. 440.02 and for the impairment rating, if any, under s. 440.15.

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

(i) A physician assistant may supervise medical assistants as defined in chapter 458.

(j) This chapter authorizes third-party payors to reimburse employers of physician assistants for covered services rendered by licensed physician assistants. Payment for services within the physician assistant’s scope of practice must be made when ordered or performed by a physician assistant if the same service would have been covered if ordered or performed by a physician. Physician assistants are authorized to bill for and receive direct payment for the services they deliver.

(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 successor entity or, before 2001, from the Committee on Allied Health Education and Accreditation or the 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)(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 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 or, before 2001, its equivalent or predecessor organization.

b. For an applicant who graduated on or before December 31, 2020, has received a bachelor's 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 as a physician assistant from the boards.

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

~~3. Has obtained a passing score as satisfactorily passed a proficiency examination by an acceptable score 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 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 (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 description from a physician assistant training 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.~~

~~(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.

~~(d)~~(e) Notwithstanding subparagraph (a)2., the department may grant to a recent graduate of an approved program, as specified in subsection (5) (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 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 before ~~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.

~~(12)~~(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) (7) 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 (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.

Section 4. Paragraph (a) of subsection (2) of section 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 systems, if applicable.

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 has issued an order not to administer cardiopulmonary resuscitation. The department may charge a reasonable fee to cover the cost of producing and distributing such identification devices. Use of such devices shall be voluntary.

Section 6. This act shall take effect July 1, 2021.

Approved by the Governor June 29, 2021.

Filed in Office Secretary of State June 29, 2021.