



Health Care Appropriations Subcommittee

December 2, 2015
4:00 – 6:00 PM
Webster Hall (212 Knott)

Meeting Packet



The Florida House of Representatives

Appropriations Committee

Health Care Appropriations Subcommittee

Steve Crisafulli
Speaker

Matt Hudson
Chair

December 2, 2015

AGENDA

4:00 PM – 6:00 PM

Webster Hall

- I. Call to Order/Roll Call
- II. Presentation of the Governor's Recommended Budget for Fiscal Year 2016-2017
 - Governor's Office of Policy & Budget—Health & Human Services Unit Overview
Mary Beth Vickers, Policy Coordinator
 - Agency for Health Care Administration
Liz Dudek, Secretary
 - Agency for Persons with Disabilities
Barbara Palmer, Director
 - Department of Children & Families
Mike Carroll, Secretary
 - Department of Elder Affairs
Sam Verghese, Secretary
 - Department of Health
John R. Armstrong, MD, FACS, Surgeon General
 - Department of Veterans' Affairs
Mary Beth Vickers, Policy Coordinator, Governor's Office of Policy & Budget—Health & Human Services Unit Overview
- III. HB 375—Physician Assistants by Steube

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- IV. HB 4037—Licensure of Facilities and Programs for Persons with Developmental Disabilities by R. Rodrigues
- V. Closing/Adjourn

FLORIDA FIRST

GOVERNOR RICK SCOTT'S FLORIDA FIRST BUDGET 2016-2017



GOVERNOR RICK SCOTT

Fiscal Year 2016-2017

Health and Human Services

Policy and Budget

Recommendations

The Governor's Office of Policy and Budget Health and Human Services Unit

- Agency for Health Care Administration
 - Secretary Elizabeth Dudek
- Agency for Persons with Disabilities
 - Director Barbara Palmer
- Department of Children and Families
 - Secretary Mike Carroll
- Department of Elder Affairs
 - Secretary Samuel P. Verghese
- Department of Health
 - State Surgeon General & Secretary John H. Armstrong, MD, FACS

Governor Scott's priorities to help diversify the economy to make Florida First in job creation:

Tax Cuts for Florida Families and Businesses

Over \$1 billion in Tax Cuts

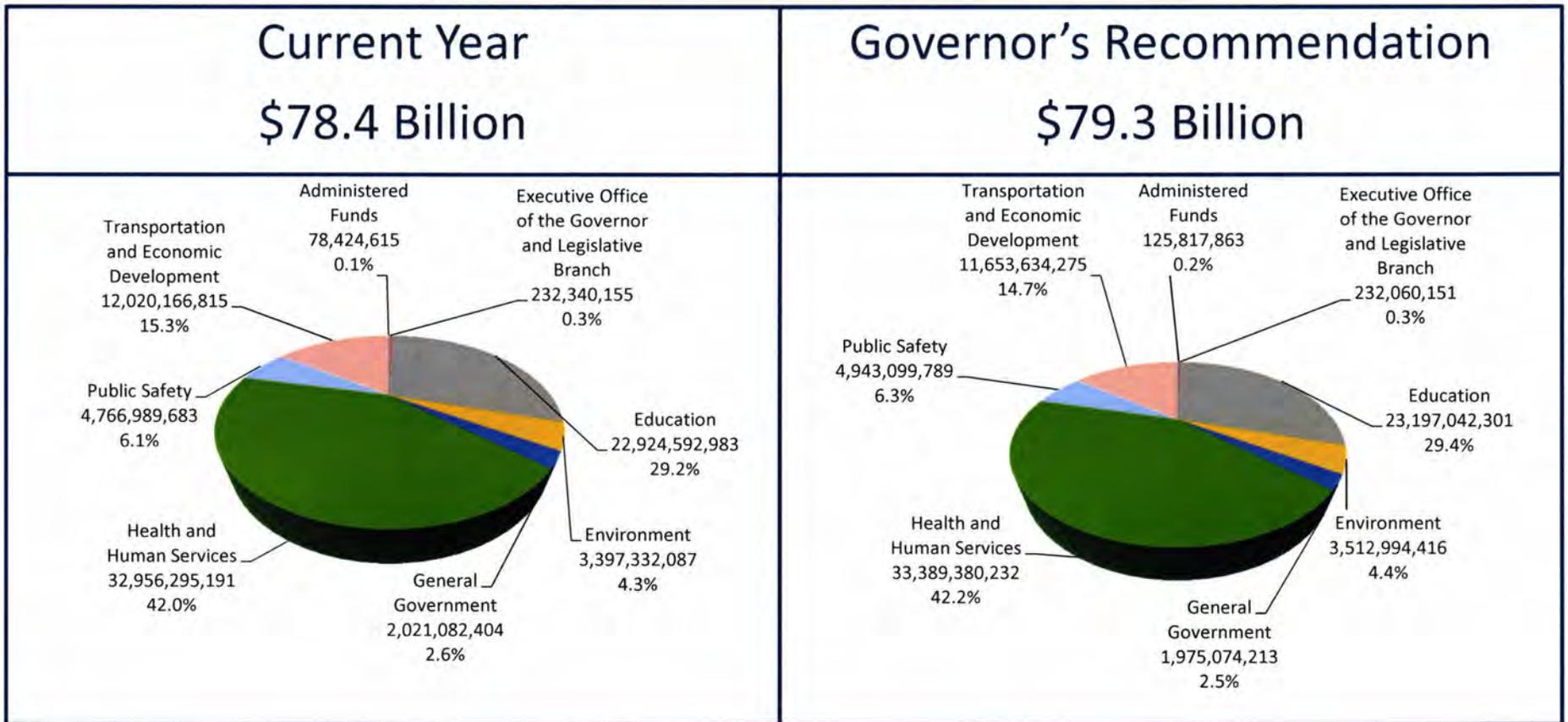
Making Florida more Competitive

Help small businesses succeed

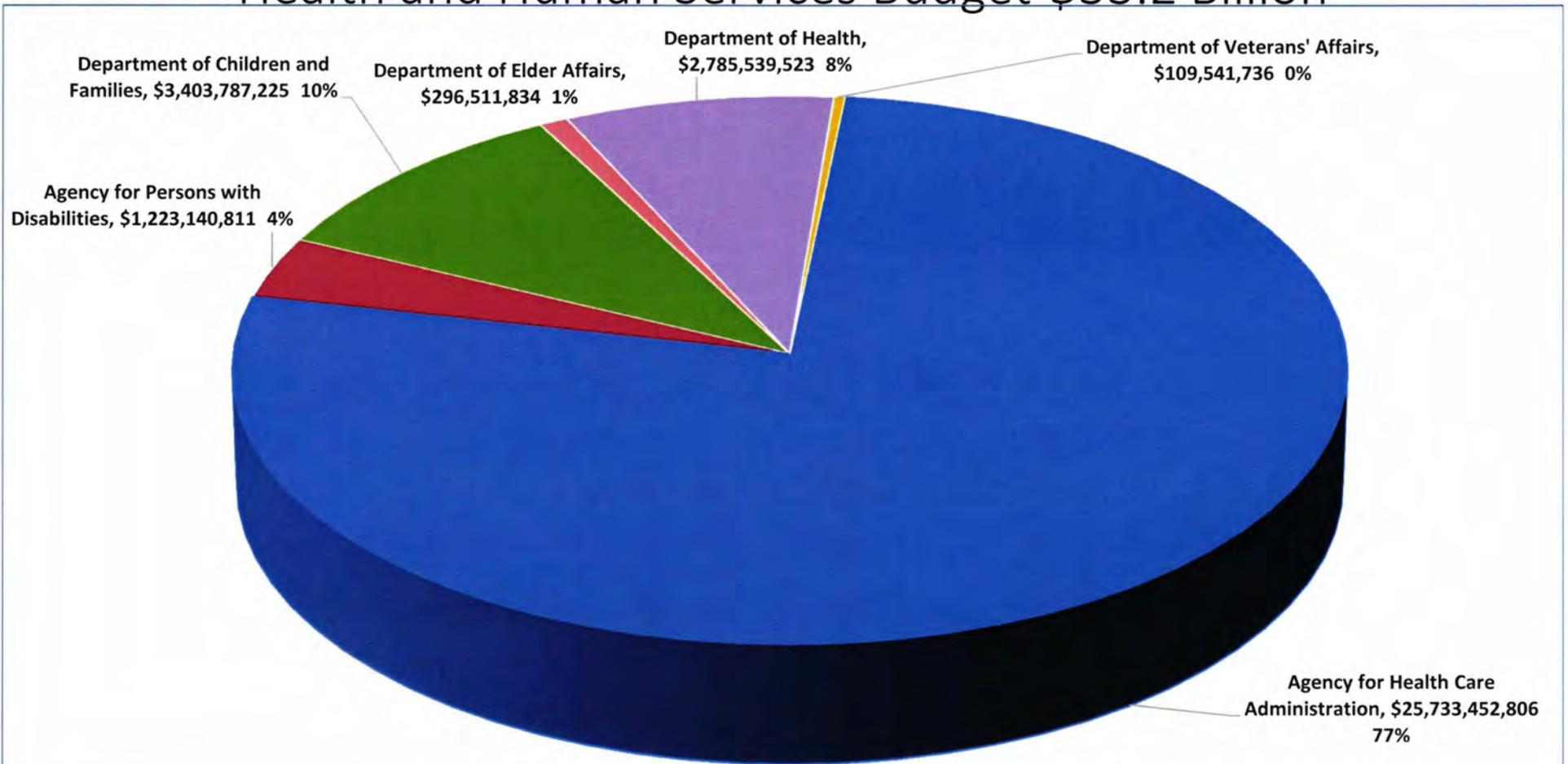
**Investing Historic Funding in K-12 Education,
State Colleges, and Universities**

Florida will have the most highly skilled
workforce in the world

Governor's Budget Recommendations By Policy Area



Governor's Recommended Budget Fiscal Year 2016-2017 Health and Human Services Budget-\$33.2 Billion



Agency for Health Care Administration Highlights

Major Issues	General Revenue	Trust Funds	Total
Health Care Transparency		\$5,000,000	\$5,000,000
Florida Medicaid Management and Information System (FMMIS) Evaluation	\$1,895,665	\$15,537,728	\$17,433,393
Graduate Medical Education	\$10,323,460	\$16,276,540	\$26,600,000
Nursing Home Prospective Payment System	\$250,000	\$250,000	\$500,000
Hospital Readmissions and Complications Study	\$200,000	\$200,000	\$400,000

Agency for Persons with Disabilities Highlights

Major Issues	General Revenue	Trust Funds	Total
Eliminated Critical Needs Waiting List	\$5,814,000	\$9,186,000	\$15,000,000
Employment and Internships	\$1,000,000		\$1,000,000
iBudget Rate Study	\$200,000	\$200,000	\$400,000
Pre-Admission Screening and Resident Review/ Utilization Reviews	\$231,250	\$343,750	\$575,000
Questionnaire for Situational Information		\$2,625,696	\$2,625,696

Department of Children and Families Highlights

Major Issues	General Revenue	Trust Funds	Total
Community Mental Health and Substance Abuse	12,840,598		\$12,840,598
Community Action Teams (CAT)	\$3,700,000		\$3,700,000
Family Intensive Treatment (FIT)	2,800,000		\$2,800,000
Community Based Care Core Services Funding	\$7,456,706	\$15,443,726	\$22,900,432
Healthy Families Expansion	\$496,125	\$1,488,375	\$1,984,500
Maintenance Adoption Subsidies	\$2,444,177	\$4,288,961	\$6,733,138

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GOVERNOR RICK SCOTT'S FLORIDA FIRST BUDGET 2016-2017

Department of Elder Affairs Highlights

Major Issues	General Revenue	Trust Funds	Total
Alzheimer's Disease Initiative Waiting List	\$1,700,000		\$1,700,000
Community Care for the Elderly Waiting List	\$2,000,000		\$2,000,000
Waitlist Priority Score Evaluation	\$61,800		\$61,800
Client Information and Registration Tracking System (CIRTS)	\$125,000	\$125,000	\$250,000

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GOVERNOR RICK SCOTT'S FLORIDA FIRST BUDGET 2016-2017

Department of Health Highlights

Major Issues	General Revenue	Trust Funds	Total
Enhancing IT Security Risks	\$2,298,484		\$2,298,484
Cancer Registry Enhancement	\$654,150		\$654,150
Statewide Public Health Laboratory Feasibility Study	\$250,000		\$250,000

Other Priority Issues

Major Issues	General Revenue	Trust Funds	Total
Statewide Crisis Support Line		\$700,000	\$700,000
Veterans Homes Increased Capacity		\$10,892,268	\$10,892,268
Capital Improvement Plan Maintenance and Repair		\$1,438,800	\$1,438,000

FLORIDA FIRST

GOVERNOR RICK SCOTT'S FLORIDA FIRST BUDGET 2016-2017



HB 375

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 375 Physician Assistants
SPONSOR(S): Steube
TIED BILLS: IDEN./SIM. **BILLS:** SB 748

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Health Quality Subcommittee	11 Y, 0 N	Siples	O'Callaghan
2) Health Care Appropriations Subcommittee		Garner	Pridgeon
3) Health & Human Services Committee			

SUMMARY ANALYSIS

A physician assistant (PA) is a person licensed to perform health care services, in the specialty areas in which he or she has been trained, delegated by a supervising physician. PAs are governed by the respective physician practice acts for medical doctors (MDs) and doctors of osteopathic medicine (DOs), because PAs may only practice under the supervision of a MD or DO. A physician may supervise up to four PAs and is responsible and liable for the performance and the acts and omissions of the PA. Upon submission of required paperwork to the Department of Health (DOH), a supervising physician may delegate to a PA the authority to prescribe or dispense medicinal drugs used in the supervisory physician's practice.

The bill requires a PA to have a designated supervising physician in a practice with multiple supervisory physicians and to notify the DOH of changes in the designated supervising physician within 30 days after the change. The requirement to have a designated supervising physician does not prevent a PA from practicing under multiple supervising physicians. The designated supervising physician must maintain a current list of all supervising physicians within the practice or facility.

The bill clarifies that a PA may perform any duties or services he or she has been delegated by a supervising physician unless it is expressly prohibited by a statute or rule.

The bill amends chapters 458 and 459, F.S., to streamline the requirements for PA licensure by allowing the applicant for licensure to submit an acknowledgement of prior felony convictions and disciplinary action taken against a license from another state, rather than submitting a sworn statement attesting to such information. The bill also repeals a requirement that a PA licensure applicant submit two letters of recommendation.

The bill deletes obsolete provisions relating to a licensure examination administered by the DOH for certain foreign-trained PA licensure applicants. The bill also repeals a provision that allows the DOH to issue temporary licenses to PA licensure applicants awaiting the results of the DOH-administered examination. Currently, all PA licensure applicants must successfully pass an examination offered by the National Commission on Certification of Physician Assistants prior to being licensed.

The bill allows a PA, with prescribing authority, to certify that he or she has met the required continuing medical education hours, rather than submitting a signed affidavit attesting to the completion of the requirement at the time of license renewal.

The bill allows a PA's prescriptions to be in written or electronic form, as long as they are in compliance with prescription labeling information requirements.

The bill has an insignificant, but indeterminate fiscal impact on the DOH and no fiscal impact on local government. The agency's current resources can adequately absorb any additional workload that may occur.

The bill provides an effective date of July 1, 2016.

This document does not reflect the intent or official position of the bill sponsor or House of Representatives.

STORAGE NAME: h0375b.HCAS.DOCX

DATE: 11/17/2015

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Present Situation

Physician Assistants

A physician assistant (PA) is an individual who has completed an approved medical training program and is licensed to perform medical services as delegated by a supervising physician.¹ Currently, there are 7,987 PAs who hold active licenses in Florida.²

Licensure

The licensure of PAs in Florida is governed by ss. 458.347(7) and 459.022(7), F.S. The Department of Health (DOH) licenses PAs and the Florida Council on Physician Assistants (Council) regulates them.³ PAs are also regulated by either the Florida Board of Medicine (Board of Medicine) for PAs licensed under ch. 458, F.S., or the Florida Board of Osteopathic Medicine (Osteopathic Board) for PAs licensed under ch. 459, F.S.

To become licensed as a PA in Florida, an applicant must demonstrate to the Council that he or she has met the following requirements:⁴

- Satisfactory passage of the National Commission on Certification of Physician Assistant exam;
- Completion of the application and remittance of the application fee;⁵
- Completion of an approved PA training program;
- Submission of a sworn statement of any prior felony convictions;
- Submission of a sworn statement of any previous revocation or denial of licensure in any state;
- Submission of two letters of recommendation; and
- If the applicant wishes to apply for prescribing authority, submission of a copy of course transcripts and a copy of the course description from a PA training program describing the course content in pharmacotherapy.

Licenses are renewed biennially.⁶ At the time of renewal, a PA must demonstrate that he or she has met the continuing medical education requirements and must submit a sworn statement that he or she has not been convicted of any felony in the previous two years.⁷

Supervision of PAs

A PA may only practice under the supervision of a medical doctor or a doctor of osteopathic medicine with whom they have a clinical relationship. A supervising physician may only delegate tasks and procedures to the PA that are within the supervising physician's scope of practice.⁸ Supervision is

¹ Sections 458.347(2)(e), F.S. and 459.022(2)(e), F.S.

² Email correspondence with the Department of Health, Medical Quality Assurance staff on November 9, 2015. The number of active licensed PAs include both in-state and out-of-state licensees, as of November 9, 2015.

³ The council consists of three physicians who are members of the Board of Medicine; one member who is a member of the Board of Osteopathic Medicine, and a physician assistant appointed by the State Surgeon General. (Sections 458.347(9) and 459.022(8), F.S.)

⁴ Sections 458.347(7) and 459.022(7), F.S.

⁵ The application fee is \$100 and the initial license fee is \$200. Applicants must also pay an unlicensed activity fee of \$5. See Rules 64B8-30.019 and 64B15-6.013, F.A.C.

⁶ For timely renewed licenses, the renewal fee is \$275 and the prescribing registration is \$150. Additionally, at the time of renewal, the PA must pay an unlicensed activity fee of \$5. See Rules 64B8-30.019 and 64B15-6.013, F.A.C.

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

⁸ Rules 64B8-30.012 and 64B15-6.010, F.A.C.

defined as responsible supervision and control that requires the easy availability or physical presence of the licensed physician for consultation and direction of the PA.⁹ In providing supervision, the supervising physician is required to periodically review the PA's performance.¹⁰ A physician may not supervise more than four PAs at any time.¹¹

The Board of Medicine and the Osteopathic Board have prescribed by rule what constitutes adequate responsible supervision. Responsible supervision is the ability of the supervising physician to reasonably exercise control and provide direction over the services or tasks performed by the PA.¹² In determining whether supervision is adequate, the following factors must be considered:¹³

- The complexity of the task;
- The risk to the patient;
- The background, training, and skill of the PA;
- The adequacy of the direction in term of its form;
- The setting in which the tasks are performed;
- The availability of the supervising physician;
- The necessity for immediate attention; and
- The number of other persons that the supervising physician must supervise.

Under current regulations, a physician may decide, based on his or her reasonable medical judgment regarding the probability of morbidity to the patient, whether to supervise a PA directly or indirectly in the performance of a task or procedure.¹⁴ The supervising physician must be certain that the PA has the knowledge and skill to perform the tasks and procedures assigned. A physician or a group of physicians supervising PAs are individually or collectively liable for the performance of the acts and omissions of the PA.¹⁵

Scope of Practice

PAs are regulated through the respective physician practice acts.¹⁶ The Board of Medicine and the Osteopathic Board have adopted rules that set out the general principles a supervising physician must use in the development of the scope of practice of a PA under both direct and indirect supervision.¹⁷ A physician may only delegate tasks and procedures to the PA that are within the supervising physician's scope of practice.¹⁸

Rules of both the Board of Medicine and the Osteopathic Board prohibit the delegation of prescribing, dispensing, or compounding of medicinal drugs, or final diagnosis, except as authorized by statute.¹⁹ Current law allows a supervising physician to delegate authority to prescribe or dispense any medication used in the physician's practice, except controlled substances, general anesthetics, and radiographic contrast materials.²⁰ A supervising physician is prohibited from delegating certain duties under indirect supervision, such as the insertion chest tubes, cardiac stress testing, insertion of central

⁹ Sections 458.347(2)(f) and 459.022(2)(f), F.S.

¹⁰ Rules 64B8-30.001(3) and 64B15-6.001(3), F.A.C.

¹¹ Sections 458.347(3) and 459.022(3), F.S.

¹² *Supra* note 10.

¹³ *Id.*

¹⁴ Rules 64B8-30.012(2) and 64B15-6.010(2), F.A.C.

¹⁵ Sections 458.347(3) and 459.022(3), F.S.

¹⁶ Chapters 458 and 459, F.S.

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

¹⁸ Rules 64B8-30.012(1) and 64B15-6.010(1), F.A.C. The term "scope of practice" refers to those tasks and procedures which the supervision physician is qualified by training or experience to perform.

¹⁹ *Supra* note 14.

²⁰ Sections 458.347(4)(e) and (f)1. and 459.022(4)(e), F.S. However, a PA is allowed to order medications for the supervisory physician's patient during his or her care in a facility under ch. 395, F.S., such as hospitals. (See ss. 458.347(4)(g) and 459.022(4)(f), F.S.).

venous catheters, interpretation of laboratory tests, X-rays, and EKGs, and the administration of certain anesthetics.²¹

In regulating the practice of PAs, it is the duty of the Board of Medicine and the Osteopathic Board to make disciplinary decisions concerning whether a doctor or PA has violated the provisions of his or her practice act.²²

Effect of Proposed Changes

Licensure

The bill amends the documentation that a PA must provide at the time of his or her initial application for licensure. Currently, an applicant for a PA license must submit sworn statements of any prior felony convictions and any previous revocation or denial of licensure or certification in any state; however, the bill changes the requirement to acknowledgements of such actions.²³ The bill also removes the requirement that a PA applicant submit two letters of recommendation at the time of application. Repealing this requirement will expedite the licensure process.²⁴

For license renewals, current law requires a PA to submit a signed affidavit attesting that he or she has completed at least 10 hours of continuing education in the specialty practice in which he or she will have prescriptive privileges.²⁵ The bill requires that a PA certify that he or she has met the required continuing education rather than submit a signed affidavit.

The bill repeals an obsolete provision that requires the DOH to administer a written, objective examination to certain PA licensure applicants, such as foreign-trained physicians who are not licensed to practice medicine. Eligibility to take the DOH-administered exam was limited to individuals who initially applied for licensure between July 1, 1990, and June 30, 1991. The DOH was limited to administering the examination five times. The DOH no longer administers a PA licensure examination.²⁶ The bill also repeals a provision that allows the DOH to grant temporary licenses to individuals who were awaiting scores from this licensure examination. The DOH has not issued a temporary license under this provision since 1998.²⁷ Under current law, an applicant must satisfactorily pass a proficiency exam administered by the National Commission on Certification of Physician Assistants.²⁸ The result is that all applicants will be subject to the same licensure examination.

Supervision of PAs

Under current law, a PA must notify the DOH of his or her employment, within 30 days of commencing such employment or at any time his or her employment changes, as well as the name of the supervising physician. The bill clarifies that the PA must report, within 30 days, the name of any new "designated" supervising physician. The bill defines "designated supervising physician" as a physician designated by the facility or practice to be the primary contact and supervising physician for the PAs in the practice where PAs are supervised by multiple supervising physicians. The requirement to have a designated supervising physician does not prevent a PA from practicing under multiple supervising physicians.

²¹ *Supra* note 14.

²² Sections 458.347(12) and 459.022(12), F.S.

²³ Pursuant to s. 456.0135, F.S., all practitioners licensed under ch. 458 and 459, including PAs, are subject to a background screening and retention of fingerprints.

²⁴ Florida Dep't of Health, *Bill Analysis of House Bill 375* (Oct. 27, 2015) (on file with the Health Quality Subcommittee).

²⁵ Sections 458.347(4)(e) 3. and 459.022(4)(e)3., F.S.

²⁶ *Supra* note 24.

²⁷ Email correspondence with the Department of Health, Medical Quality Assurance staff on November 17, 2015.

²⁸ See ss. 458.347(7)(a)2. and 459.022(7)(a)2., F.S.

The designated supervising physician must maintain a list of all approved supervising physicians at the practice or facility, which includes each supervising physician's name and area of practice. This list must be kept current and must be available upon request by the DOH.

Scope of Practice

The bill clarifies that a PA may perform any duty or service delegated by a supervising physician unless the PA is expressly prohibited by statute or rule from providing such duty or service. This provision delineates the scope of practice of a PA while providing that there may be express limitations on the scope under the practice acts and board rules.²⁹

The bill allows a PA's prescriptions to be in written or electronic form, as long as they comply with prescription labeling information requirements.³⁰

The bill provides an effective date of July 1, 2016.

B. SECTION DIRECTORY:

Section 1. Amends s. 458.347, F.S., relating to physician assistants.

Section 2. Amends s. 459.022, F.S., relating to physician assistants.

Section 3. Provides an effective date of July 1, 2016.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

The DOH indicates that it may experience a recurring increase in workload associated with additional complaints and investigations that may occur due to the new requirements created under the provisions of the bill. Although indeterminate at this time, current resources are adequate to absorb any fiscal impact.³¹

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

²⁹ *Supra* note 24.

³⁰ Section 456.0392(1), F.S., provides that a practitioner who does not have authority to prescribe control substance must list his or her name and professional license number on a prescription. Section 456.42(1), F.S., provides that a written prescription must be legibly printed or typed; contain the name of the prescribing practitioner; contain the name, strength, and quantity of the drug prescribed and directions for use; and dated and signed by the prescribing practitioner of the day of issue. Electronic prescriptions must contain the name of the prescribing practitioner, name, strength, and quantity of the drug prescribed and directions for use; and dated and signed by the prescribing practitioner only on the day issued.

³¹ *Supra* note 24.

Since the bill deletes the requirements for sworn statements, to the extent that a PA incurs costs associated with obtaining such statements, the costs associated with applying for licensure or renewing licensure may be reduced.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

The bill appears to only contemplate a "designated supervising physician" as a supervising physician in a physician practice with multiple doctors who may supervise a PA. However, the bill does not address the reporting of a supervisory relationship between a PA and a physician who is a solo practitioner.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

27 the practice or facility; providing an effective date.

28
29 Be It Enacted by the Legislature of the State of Florida:

30
31 Section 1. Paragraph (e) of subsection (4) of section
32 458.347, Florida Statutes, is amended, paragraph (h) is added to
33 that subsection, paragraphs (c) through (h) of subsection (7)
34 are redesignated as paragraphs (b) through (g), respectively,
35 and present paragraphs (a), (b), (c), (e), and (f) of that
36 subsection are amended, to read:

37 458.347 Physician assistants.—

38 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

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

46 1. A physician assistant must clearly identify to the
47 patient that he or she is a physician assistant. Furthermore,
48 the physician assistant must inform the patient that the patient
49 has the right to see the physician before ~~prior to~~ any
50 prescription is ~~being~~ prescribed or dispensed by the physician
51 assistant.

52 2. The supervisory physician must notify the department of

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

59 | 3. The physician assistant must certify to ~~file with~~ the
60 | department ~~a signed affidavit~~ that he or she has completed a
61 | minimum of 10 continuing medical education hours in the
62 | specialty practice in which the physician assistant has
63 | prescriptive privileges with each licensure renewal application.

64 | 4. The department may issue a prescriber number to the
65 | physician assistant granting authority for the prescribing of
66 | medicinal drugs authorized within this paragraph upon completion
67 | of the foregoing requirements. The physician assistant shall not
68 | be required to independently register pursuant to s. 465.0276.

69 | 5. The prescription may ~~must~~ be written or electronic but
70 | must be in a form that complies with ss. 456.0392(1) and
71 | 456.42(1) ~~chapter 499~~ and must contain, in addition to the
72 | supervisory physician's name, address, and telephone number, the
73 | physician assistant's prescriber number. Unless it is a drug or
74 | drug sample dispensed by the physician assistant, the
75 | prescription must be filled in a pharmacy permitted under
76 | chapter 465 and must be dispensed in that pharmacy by a
77 | pharmacist licensed under chapter 465. The appearance of the
78 | prescriber number creates a presumption that the physician

79 assistant is authorized to prescribe the medicinal drug and the
80 prescription is valid.

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

83 (h) A licensed physician assistant may perform services
84 related to his or her practice, in accordance with his or her
85 education and training, as delegated by the supervisory
86 physician unless expressly prohibited under this chapter or
87 chapter 459 or rules adopted thereunder.

88 (7) PHYSICIAN ASSISTANT LICENSURE.—

89 (a) Any person desiring to be licensed as a physician
90 assistant must apply to the department. The department shall
91 issue a license to any person certified by the council as having
92 met the following requirements:

93 1. Is at least 18 years of age.

94 2. Has satisfactorily passed a proficiency examination by
95 an acceptable score established by the National Commission on
96 Certification of Physician Assistants. If an applicant does not
97 hold a current certificate issued by the National Commission on
98 Certification of Physician Assistants and has not actively
99 practiced as a physician assistant within the immediately
100 preceding 4 years, the applicant must retake and successfully
101 complete the entry-level examination of the National Commission
102 on Certification of Physician Assistants to be eligible for
103 licensure.

104 3. Has completed the application form and remitted an

105 application fee not to exceed \$300 as set by the boards. An
 106 application for licensure made by a physician assistant must
 107 include:

108 a. A certificate of completion of a physician assistant
 109 training program specified in subsection (6).

110 b. Acknowledgment ~~A sworn statement~~ of any prior felony
 111 convictions.

112 c. Acknowledgment ~~A sworn statement~~ of any previous
 113 revocation or denial of licensure or certification in any state.

114 ~~d. Two letters of recommendation.~~

115 ~~d.e.~~ A copy of course transcripts and a copy of the course
 116 description from a physician assistant training program
 117 describing course content in pharmacotherapy, if the applicant
 118 wishes to apply for prescribing authority. These documents must
 119 meet the evidence requirements for prescribing authority.

120 ~~(b)1. Notwithstanding subparagraph (a)2. and sub-~~
 121 ~~subparagraph (a)3.a., the department shall examine each~~
 122 ~~applicant who the Board of Medicine certifies:~~

123 ~~a. Has completed the application form and remitted a~~
 124 ~~nonrefundable application fee not to exceed \$500 and an~~
 125 ~~examination fee not to exceed \$300, plus the actual cost to the~~
 126 ~~department to provide the examination. The examination fee is~~
 127 ~~refundable if the applicant is found to be ineligible to take~~
 128 ~~the examination. The department shall not require the applicant~~
 129 ~~to pass a separate practical component of the examination. For~~
 130 ~~examinations given after July 1, 1998, competencies measured~~

131 ~~through practical examinations shall be incorporated into the~~
132 ~~written examination through a multiple choice format. The~~
133 ~~department shall translate the examination into the native~~
134 ~~language of any applicant who requests and agrees to pay all~~
135 ~~costs of such translation, provided that the translation request~~
136 ~~is filed with the board office no later than 9 months before the~~
137 ~~scheduled examination and the applicant remits translation fees~~
138 ~~as specified by the department no later than 6 months before the~~
139 ~~scheduled examination, and provided that the applicant~~
140 ~~demonstrates to the department the ability to communicate orally~~
141 ~~in basic English. If the applicant is unable to pay translation~~
142 ~~costs, the applicant may take the next available examination in~~
143 ~~English if the applicant submits a request in writing by the~~
144 ~~application deadline and if the applicant is otherwise eligible~~
145 ~~under this section. To demonstrate the ability to communicate~~
146 ~~orally in basic English, a passing score or grade is required,~~
147 ~~as determined by the department or organization that developed~~
148 ~~it, on the test for spoken English (TSE) by the Educational~~
149 ~~Testing Service (ETS), the test of English as a foreign language~~
150 ~~(TOEFL) by ETS, a high school or college level English course,~~
151 ~~or the English examination for citizenship, Bureau of~~
152 ~~Citizenship and Immigration Services. A notarized copy of an~~
153 ~~Educational Commission for Foreign Medical Graduates (ECFMG)~~
154 ~~certificate may also be used to demonstrate the ability to~~
155 ~~communicate in basic English; and~~
156 ~~b. Is an unlicensed physician who graduated from a foreign~~

157 ~~medical school listed with the World Health Organization who has~~
158 ~~not previously taken and failed the examination of the National~~
159 ~~Commission on Certification of Physician Assistants and who has~~
160 ~~been certified by the Board of Medicine as having met the~~
161 ~~requirements for licensure as a medical doctor by examination as~~
162 ~~set forth in s. 458.311(1), (3), (4), and (5), with the~~
163 ~~exception that the applicant is not required to have completed~~
164 ~~an approved residency of at least 1 year and the applicant is~~
165 ~~not required to have passed the licensing examination specified~~
166 ~~under s. 458.311 or hold a valid, active certificate issued by~~
167 ~~the Educational Commission for Foreign Medical Graduates; was~~
168 ~~eligible and made initial application for certification as a~~
169 ~~physician assistant in this state between July 1, 1990, and June~~
170 ~~30, 1991; and was a resident of this state on July 1, 1990, or~~
171 ~~was licensed or certified in any state in the United States as a~~
172 ~~physician assistant on July 1, 1990.~~

173 ~~2. The department may grant temporary licensure to an~~
174 ~~applicant who meets the requirements of subparagraph 1. Between~~
175 ~~meetings of the council, the department may grant temporary~~
176 ~~licensure to practice based on the completion of all temporary~~
177 ~~licensure requirements. All such administratively issued~~
178 ~~licenses shall be reviewed and acted on at the next regular~~
179 ~~meeting of the council. A temporary license expires 30 days~~
180 ~~after receipt and notice of scores to the licenseholder from the~~
181 ~~first available examination specified in subparagraph 1.~~
182 ~~following licensure by the department. An applicant who fails~~

183 ~~the proficiency examination is no longer temporarily licensed,~~
184 ~~but may apply for a one-time extension of temporary licensure~~
185 ~~after reapplying for the next available examination. Extended~~
186 ~~licensure shall expire upon failure of the licenseholder to sit~~
187 ~~for the next available examination or upon receipt and notice of~~
188 ~~scores to the licenseholder from such examination.~~

189 ~~3. Notwithstanding any other provision of law, the~~
190 ~~examination specified pursuant to subparagraph 1. shall be~~
191 ~~administered by the department only five times. Applicants~~
192 ~~certified by the board for examination shall receive at least 6~~
193 ~~months' notice of eligibility prior to the administration of the~~
194 ~~initial examination. Subsequent examinations shall be~~
195 ~~administered at 1-year intervals following the reporting of the~~
196 ~~scores of the first and subsequent examinations. For the~~
197 ~~purposes of this paragraph, the department may develop, contract~~
198 ~~for the development of, purchase, or approve an examination that~~
199 ~~adequately measures an applicant's ability to practice with~~
200 ~~reasonable skill and safety. The minimum passing score on the~~
201 ~~examination shall be established by the department, with the~~
202 ~~advice of the board. Those applicants failing to pass that~~
203 ~~examination or any subsequent examination shall receive notice~~
204 ~~of the administration of the next examination with the notice of~~
205 ~~scores following such examination. Any applicant who passes the~~
206 ~~examination and meets the requirements of this section shall be~~
207 ~~licensed as a physician assistant with all rights defined~~
208 ~~thereby.~~

209 (b)~~(e)~~ The license must be renewed biennially. Each
 210 renewal must include:

- 211 1. A renewal fee not to exceed \$500 as set by the boards.
 212 2. Acknowledgment ~~A sworn statement~~ of no felony
 213 convictions in the previous 2 years.

214 (d)1.~~(e)~~ Upon employment as a physician assistant, a
 215 licensed physician assistant must notify the department in
 216 writing within 30 days after such employment or after any
 217 subsequent change ~~changes~~ in the designated supervising
 218 physician. The notification must include the full name, Florida
 219 medical license number, specialty, and address of the designated
 220 supervising physician. For purposes of this paragraph, the term
 221 "designated supervising physician" means a physician designated
 222 by the facility or practice to be the primary contact and
 223 supervising physician for the physician assistants in a practice
 224 where physician assistants are supervised by multiple
 225 supervising physicians.

226 2. A licensed physician assistant shall notify the
 227 department of any subsequent change in the designated
 228 supervising physician within 30 days after the change.
 229 Assignment of a designated supervising physician does not
 230 preclude a physician assistant from practicing under the
 231 supervision of a physician other than the designated supervising
 232 physician.

233 3. The designated supervising physician shall maintain a
 234 list of all approved supervising physicians at the practice or

235 facility. Such list must include the name of each supervising
236 physician and his or her area of practice, must be kept up to
237 date with respect to additions and terminations, and must be
238 provided, in a timely manner, to the department upon written
239 request.

240 (e)~~(f)~~ Notwithstanding subparagraph (a)2., the department
241 may grant to a recent graduate of an approved program, as
242 specified in subsection (6), who expects to take the first
243 examination administered by the National Commission on
244 Certification of Physician Assistants available for registration
245 after the applicant's graduation, a temporary license. The
246 temporary license shall expire 30 days after receipt of scores
247 of the proficiency examination administered by the National
248 Commission on Certification of Physician Assistants. Between
249 meetings of the council, the department may grant a temporary
250 license to practice based on the completion of all temporary
251 licensure requirements. All such administratively issued
252 licenses shall be reviewed and acted on at the next regular
253 meeting of the council. The recent graduate may be licensed
254 before ~~prior to~~ employment, but must comply with paragraph (d)
255 ~~(e)~~. An applicant who has passed the proficiency examination may
256 be granted permanent licensure. An applicant failing the
257 proficiency examination is no longer temporarily licensed, but
258 may reapply for a 1-year extension of temporary licensure. An
259 applicant may not be granted more than two temporary licenses
260 and may not be licensed as a physician assistant until he or she

261 passes the examination administered by the National Commission
262 on Certification of Physician Assistants. As prescribed by board
263 rule, the council may require an applicant who does not pass the
264 licensing examination after five or more attempts to complete
265 additional remedial education or training. The council shall
266 prescribe the additional requirements in a manner that permits
267 the applicant to complete the requirements and be reexamined
268 within 2 years after the date the applicant petitions the
269 council to retake the examination a sixth or subsequent time.

270 Section 2. Paragraph (e) of subsection (4) of section
271 459.022, Florida Statutes, is amended, paragraph (g) is added to
272 that subsection, and paragraphs (a), (b), and (d) of subsection
273 (7) of that section are amended, to read:

274 459.022 Physician assistants.—

275 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

276 (e) A supervisory physician may delegate to a fully
277 licensed physician assistant the authority to prescribe or
278 dispense any medication used in the supervisory physician's
279 practice unless such medication is listed on the formulary
280 created pursuant to s. 458.347. A fully licensed physician
281 assistant may only prescribe or dispense such medication under
282 the following circumstances:

283 1. A physician assistant must clearly identify to the
284 patient that she or he is a physician assistant. Furthermore,
285 the physician assistant must inform the patient that the patient
286 has the right to see the physician before ~~prior to~~ any

287 prescription ~~is being~~ prescribed or dispensed by the physician
 288 assistant.

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

296 3. The physician assistant must certify to ~~file with~~ the
 297 department ~~a signed affidavit~~ that she or he has completed a
 298 minimum of 10 continuing medical education hours in the
 299 specialty practice in which the physician assistant has
 300 prescriptive privileges with each licensure renewal application.

301 4. The department may issue a prescriber number to the
 302 physician assistant granting authority for the prescribing of
 303 medicinal drugs authorized within this paragraph upon completion
 304 of the foregoing requirements. The physician assistant shall not
 305 be required to independently register pursuant to s. 465.0276.

306 5. The prescription may ~~must~~ be written or electronic but
 307 must be in a form that complies with ss. 456.0392(1) and
 308 456.42(1) ~~chapter 499~~ and must contain, in addition to the
 309 supervisory physician's name, address, and telephone number, the
 310 physician assistant's prescriber number. Unless it is a drug or
 311 drug sample dispensed by the physician assistant, the
 312 prescription must be filled in a pharmacy permitted under

313 chapter 465, and must be dispensed in that pharmacy by a
 314 pharmacist licensed under chapter 465. The appearance of the
 315 prescriber number creates a presumption that the physician
 316 assistant is authorized to prescribe the medicinal drug and the
 317 prescription is valid.

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

320 (g) A licensed physician assistant may perform services
 321 related to his or her practice, in accordance with his or her
 322 education and training, as delegated by the supervisory
 323 physician unless expressly prohibited under chapter 458 or this
 324 chapter or rules adopted thereunder.

325 (7) PHYSICIAN ASSISTANT LICENSURE.—

326 (a) Any person desiring to be licensed as a physician
 327 assistant must apply to the department. The department shall
 328 issue a license to any person certified by the council as having
 329 met the following requirements:

- 330 1. Is at least 18 years of age.
- 331 2. Has satisfactorily passed a proficiency examination by
 332 an acceptable score established by the National Commission on
 333 Certification of Physician Assistants. If an applicant does not
 334 hold a current certificate issued by the National Commission on
 335 Certification of Physician Assistants and has not actively
 336 practiced as a physician assistant within the immediately
 337 preceding 4 years, the applicant must retake and successfully
 338 complete the entry-level examination of the National Commission

339 on Certification of Physician Assistants to be eligible for
340 licensure.

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

345 a. A certificate of completion of a physician assistant
346 training program specified in subsection (6).

347 b. Acknowledgment ~~A sworn statement~~ of any prior felony
348 convictions.

349 c. Acknowledgment ~~A sworn statement~~ of any previous
350 revocation or denial of licensure or certification in any state.

351 ~~d. Two letters of recommendation.~~

352 d.e. A copy of course transcripts and a copy of the course
353 description from a physician assistant training program
354 describing course content in pharmacotherapy, if the applicant
355 wishes to apply for prescribing authority. These documents must
356 meet the evidence requirements for prescribing authority.

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

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

360 2. Acknowledgment ~~A sworn statement~~ of no felony
361 convictions in the previous 2 years.

362 (d)1. Upon employment as a physician assistant, a licensed
363 physician assistant must notify the department in writing within
364 30 days after such employment or after any subsequent changes in

365 the designated supervising physician. The notification must
366 include the full name, Florida medical license number,
367 specialty, and address of the designated supervising physician.
368 For purposes of this paragraph, the term "designated supervising
369 physician" means a physician designated by the facility or
370 practice to be the primary contact and supervising physician for
371 the physician assistants in a practice where physician
372 assistants are supervised by multiple supervising physicians.

373 2. Any subsequent change in the designated supervising
374 physician shall be reported to the department within 30 days
375 after the change. Assignment of a designated supervising
376 physician does not preclude a physician assistant from
377 practicing under the supervision of a physician other than the
378 designated supervising physician.

379 3. The designated supervising physician shall maintain a
380 list of all approved supervising physicians at the practice or
381 facility. Such list must include the name of each supervising
382 physician and his or her area of practice, must be kept up to
383 date with respect to additions and terminations, and must be
384 provided, in a timely manner, to the department upon written
385 request.

386 Section 3. This act shall take effect July 1, 2016.

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COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED _____ (Y/N)
 ADOPTED AS AMENDED _____ (Y/N)
 ADOPTED W/O OBJECTION _____ (Y/N)
 FAILED TO ADOPT _____ (Y/N)
 WITHDRAWN _____ (Y/N)
 OTHER _____

1 Committee/Subcommittee hearing bill: Health Care Appropriations
 2 Subcommittee
 3 Representative Steube offered the following:

Amendment (with title amendment)

6 Remove everything after the enacting clause and insert:
 7 Section 1. Paragraph (e) of subsection (4) of section
 8 458.347, Florida Statutes, is amended, paragraph (h) is added to
 9 that subsection, paragraphs (c) through (h) of subsection (7)
 10 are redesignated as paragraphs (b) through (g), respectively,
 11 and present paragraphs (a), (b), (c), (e), and (f) of that
 12 subsection are amended, to read:

13 458.347 Physician assistants.—

14 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

15 (e) A supervisory physician may delegate to a fully
 16 licensed physician assistant the authority to prescribe or
 17 dispense any medication used in the supervisory physician's

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18 practice unless such medication is listed on the formulary
19 created pursuant to paragraph (f). A fully licensed physician
20 assistant may only prescribe or dispense such medication under
21 the following circumstances:

22 1. A physician assistant must clearly identify to the
23 patient that he or she is a physician assistant. Furthermore,
24 the physician assistant must inform the patient that the patient
25 has the right to see the physician before ~~prior to~~ any
26 prescription is being prescribed or dispensed by the physician
27 assistant.

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

35 3. The physician assistant must acknowledge ~~file~~ with the
36 department ~~a signed affidavit~~ that he or she has completed a
37 minimum of 10 continuing medical education hours in the
38 specialty practice in which the physician assistant has
39 prescriptive privileges with each licensure renewal application.

40 4. The department may issue a prescriber number to the
41 physician assistant granting authority for the prescribing of
42 medicinal drugs authorized within this paragraph upon completion

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43 of the foregoing requirements. The physician assistant shall not
44 be required to independently register pursuant to s. 465.0276.

45 5. The prescription may ~~must~~ be written or electronic but
46 must be in a form that complies with ss. 456.0392(1) and
47 456.42(1) ~~chapter 499~~ and must contain, in addition to the
48 supervisory physician's name, address, and telephone number, the
49 physician assistant's prescriber number. Unless it is a drug or
50 drug sample dispensed by the physician assistant, the
51 prescription must be filled in a pharmacy permitted under
52 chapter 465 and must be dispensed in that pharmacy by a
53 pharmacist licensed under chapter 465. The appearance of the
54 prescriber number creates a presumption that the physician
55 assistant is authorized to prescribe the medicinal drug and the
56 prescription is valid.

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

59 (h) A licensed physician assistant may perform services
60 related to his or her practice, in accordance with his or her
61 education and training, as delegated by the supervisory
62 physician unless expressly prohibited under this chapter or
63 chapter 459 or rules adopted thereunder.

64 (7) PHYSICIAN ASSISTANT LICENSURE.—

65 (a) Any person desiring to be licensed as a physician
66 assistant must apply to the department. The department shall
67 issue a license to any person certified by the council as having
68 met the following requirements:

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- 69 1. Is at least 18 years of age.
- 70 2. Has satisfactorily passed a proficiency examination by
71 an acceptable score established by the National Commission on
72 Certification of Physician Assistants. If an applicant does not
73 hold a current certificate issued by the National Commission on
74 Certification of Physician Assistants and has not actively
75 practiced as a physician assistant within the immediately
76 preceding 4 years, the applicant must retake and successfully
77 complete the entry-level examination of the National Commission
78 on Certification of Physician Assistants to be eligible for
79 licensure.
- 80 3. Has completed the application form and remitted an
81 application fee not to exceed \$300 as set by the boards. An
82 application for licensure made by a physician assistant must
83 include:
- 84 a. A certificate of completion of a physician assistant
85 training program specified in subsection (6).
- 86 b. Acknowledgment ~~A sworn statement~~ of any prior felony
87 convictions.
- 88 c. Acknowledgment ~~A sworn statement~~ of any previous
89 revocation or denial of licensure or certification in any state.
- 90 ~~d. Two letters of recommendation.~~
- 91 d.e. A copy of course transcripts and a copy of the course
92 description from a physician assistant training program
93 describing course content in pharmacotherapy, if the applicant

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94 wishes to apply for prescribing authority. These documents must
95 meet the evidence requirements for prescribing authority.

96 ~~(b)1. Notwithstanding subparagraph (a)2. and sub-~~
97 ~~subparagraph (a)3.a., the department shall examine each~~
98 ~~applicant who the Board of Medicine certifies:~~

99 ~~a. Has completed the application form and remitted a~~
100 ~~nonrefundable application fee not to exceed \$500 and an~~
101 ~~examination fee not to exceed \$300, plus the actual cost to the~~
102 ~~department to provide the examination. The examination fee is~~
103 ~~refundable if the applicant is found to be ineligible to take~~
104 ~~the examination. The department shall not require the applicant~~
105 ~~to pass a separate practical component of the examination. For~~
106 ~~examinations given after July 1, 1998, competencies measured~~
107 ~~through practical examinations shall be incorporated into the~~
108 ~~written examination through a multiple choice format. The~~
109 ~~department shall translate the examination into the native~~
110 ~~language of any applicant who requests and agrees to pay all~~
111 ~~costs of such translation, provided that the translation request~~
112 ~~is filed with the board office no later than 9 months before the~~
113 ~~scheduled examination and the applicant remits translation fees~~
114 ~~as specified by the department no later than 6 months before the~~
115 ~~scheduled examination, and provided that the applicant~~
116 ~~demonstrates to the department the ability to communicate orally~~
117 ~~in basic English. If the applicant is unable to pay translation~~
118 ~~costs, the applicant may take the next available examination in~~
119 ~~English if the applicant submits a request in writing by the~~

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120 ~~application deadline and if the applicant is otherwise eligible~~
121 ~~under this section. To demonstrate the ability to communicate~~
122 ~~orally in basic English, a passing score or grade is required,~~
123 ~~as determined by the department or organization that developed~~
124 ~~it, on the test for spoken English (TSE) by the Educational~~
125 ~~Testing Service (ETS), the test of English as a foreign language~~
126 ~~(TOEFL) by ETS, a high school or college level English course,~~
127 ~~or the English examination for citizenship, Bureau of~~
128 ~~Citizenship and Immigration Services. A notarized copy of an~~
129 ~~Educational Commission for Foreign Medical Graduates (ECFMG)~~
130 ~~certificate may also be used to demonstrate the ability to~~
131 ~~communicate in basic English; and~~

132 ~~b. Is an unlicensed physician who graduated from a foreign~~
133 ~~medical school listed with the World Health Organization who has~~
134 ~~not previously taken and failed the examination of the National~~
135 ~~Commission on Certification of Physician Assistants and who has~~
136 ~~been certified by the Board of Medicine as having met the~~
137 ~~requirements for licensure as a medical doctor by examination as~~
138 ~~set forth in s. 458.311(1), (3), (4), and (5), with the~~
139 ~~exception that the applicant is not required to have completed~~
140 ~~an approved residency of at least 1 year and the applicant is~~
141 ~~not required to have passed the licensing examination specified~~
142 ~~under s. 458.311 or hold a valid, active certificate issued by~~
143 ~~the Educational Commission for Foreign Medical Graduates; was~~
144 ~~eligible and made initial application for certification as a~~
145 ~~physician assistant in this state between July 1, 1990, and June~~

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146 ~~30, 1991; and was a resident of this state on July 1, 1990, or~~
147 ~~was licensed or certified in any state in the United States as a~~
148 ~~physician assistant on July 1, 1990.~~

149 ~~2. The department may grant temporary licensure to an~~
150 ~~applicant who meets the requirements of subparagraph 1. Between~~
151 ~~meetings of the council, the department may grant temporary~~
152 ~~licensure to practice based on the completion of all temporary~~
153 ~~licensure requirements. All such administratively issued~~
154 ~~licenses shall be reviewed and acted on at the next regular~~
155 ~~meeting of the council. A temporary license expires 30 days~~
156 ~~after receipt and notice of scores to the licenseholder from the~~
157 ~~first available examination specified in subparagraph 1.~~
158 ~~following licensure by the department. An applicant who fails~~
159 ~~the proficiency examination is no longer temporarily licensed,~~
160 ~~but may apply for a one-time extension of temporary licensure~~
161 ~~after reapplying for the next available examination. Extended~~
162 ~~licensure shall expire upon failure of the licenseholder to sit~~
163 ~~for the next available examination or upon receipt and notice of~~
164 ~~scores to the licenseholder from such examination.~~

165 ~~3. Notwithstanding any other provision of law, the~~
166 ~~examination specified pursuant to subparagraph 1. shall be~~
167 ~~administered by the department only five times. Applicants~~
168 ~~certified by the board for examination shall receive at least 6~~
169 ~~months' notice of eligibility prior to the administration of the~~
170 ~~initial examination. Subsequent examinations shall be~~
171 ~~administered at 1 year intervals following the reporting of the~~

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172 ~~scores of the first and subsequent examinations. For the~~
173 ~~purposes of this paragraph, the department may develop, contract~~
174 ~~for the development of, purchase, or approve an examination that~~
175 ~~adequately measures an applicant's ability to practice with~~
176 ~~reasonable skill and safety. The minimum passing score on the~~
177 ~~examination shall be established by the department, with the~~
178 ~~advice of the board. Those applicants failing to pass that~~
179 ~~examination or any subsequent examination shall receive notice~~
180 ~~of the administration of the next examination with the notice of~~
181 ~~scores following such examination. Any applicant who passes the~~
182 ~~examination and meets the requirements of this section shall be~~
183 ~~licensed as a physician assistant with all rights defined~~
184 ~~thereby.~~

185 ~~(b)(e)~~ The license must be renewed biennially. Each
186 renewal must include:

- 187 1. A renewal fee not to exceed \$500 as set by the boards.
188 2. Acknowledgment ~~A sworn statement~~ of no felony
189 convictions in the previous 2 years.

190 ~~(d)1.(e)~~ Upon employment as a physician assistant, a
191 licensed physician assistant must notify the department in
192 writing within 30 days after such employment or after any
193 subsequent change ~~changes~~ in the supervising physician or
194 designated supervising physician. The notification must include
195 the full name, Florida medical license number, specialty, and
196 address of the supervising physician or designated supervising
197 physician. For purposes of this paragraph, the term "designated

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198 supervising physician" means a physician designated by the
199 facility or practice to be the primary contact and supervising
200 physician for the physician assistants in a practice where
201 physician assistants are supervised by multiple supervising
202 physicians.

203 2. A licensed physician assistant shall notify the
204 department of any subsequent change in the designated
205 supervising physician within 30 days after the change.
206 Assignment of a designated supervising physician does not
207 preclude a physician assistant from practicing under the
208 supervision of a physician other than the designated supervising
209 physician.

210 3. The designated supervising physician shall maintain a
211 list of all approved supervising physicians at the practice or
212 facility. Such list must include the name of each supervising
213 physician and his or her area of practice, must be kept up to
214 date with respect to additions and terminations, and must be
215 provided, in a timely manner, to the department upon written
216 request.

217 (e) ~~(f)~~ Notwithstanding subparagraph (a)2., the department
218 may grant to a recent graduate of an approved program, as
219 specified in subsection (6), who expects to take the first
220 examination administered by the National Commission on
221 Certification of Physician Assistants available for registration
222 after the applicant's graduation, a temporary license. The
223 temporary license shall expire 30 days after receipt of scores

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224 of the proficiency examination administered by the National
225 Commission on Certification of Physician Assistants. Between
226 meetings of the council, the department may grant a temporary
227 license to practice based on the completion of all temporary
228 licensure requirements. All such administratively issued
229 licenses shall be reviewed and acted on at the next regular
230 meeting of the council. The recent graduate may be licensed
231 before ~~prior to~~ employment, but must comply with paragraph (d)
232 ~~(e)~~. An applicant who has passed the proficiency examination may
233 be granted permanent licensure. An applicant failing the
234 proficiency examination is no longer temporarily licensed, but
235 may reapply for a 1-year extension of temporary licensure. An
236 applicant may not be granted more than two temporary licenses
237 and may not be licensed as a physician assistant until he or she
238 passes the examination administered by the National Commission
239 on Certification of Physician Assistants. As prescribed by board
240 rule, the council may require an applicant who does not pass the
241 licensing examination after five or more attempts to complete
242 additional remedial education or training. The council shall
243 prescribe the additional requirements in a manner that permits
244 the applicant to complete the requirements and be reexamined
245 within 2 years after the date the applicant petitions the
246 council to retake the examination a sixth or subsequent time.

247 Section 2. Paragraph (e) of subsection (4) of section
248 459.022, Florida Statutes, is amended, paragraph (g) is added to

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249 that subsection, and paragraphs (a), (b), and (d) of subsection
250 (7) of that section are amended, to read:

251 459.022 Physician assistants.—

252 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

253 (e) A supervisory physician may delegate to a fully
254 licensed physician assistant the authority to prescribe or
255 dispense any medication used in the supervisory physician's
256 practice unless such medication is listed on the formulary
257 created pursuant to s. 458.347. A fully licensed physician
258 assistant may only prescribe or dispense such medication under
259 the following circumstances:

260 1. A physician assistant must clearly identify to the
261 patient that she or he is a physician assistant. Furthermore,
262 the physician assistant must inform the patient that the patient
263 has the right to see the physician before ~~prior to~~ any
264 prescription is being prescribed or dispensed by the physician
265 assistant.

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

273 3. The physician assistant must acknowledge file with the
274 department a ~~signed affidavit~~ that she or he has completed a

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275 minimum of 10 continuing medical education hours in the
276 specialty practice in which the physician assistant has
277 prescriptive privileges with each licensure renewal application.

278 4. The department may issue a prescriber number to the
279 physician assistant granting authority for the prescribing of
280 medicinal drugs authorized within this paragraph upon completion
281 of the foregoing requirements. The physician assistant shall not
282 be required to independently register pursuant to s. 465.0276.

283 5. The prescription may ~~must~~ be written or electronic but
284 must be in a form that complies with ss. 456.0392(1) and
285 456.42(1) ~~chapter 499~~ and must contain, in addition to the
286 supervisory physician's name, address, and telephone number, the
287 physician assistant's prescriber number. Unless it is a drug or
288 drug sample dispensed by the physician assistant, the
289 prescription must be filled in a pharmacy permitted under
290 chapter 465, and must be dispensed in that pharmacy by a
291 pharmacist licensed under chapter 465. The appearance of the
292 prescriber number creates a presumption that the physician
293 assistant is authorized to prescribe the medicinal drug and the
294 prescription is valid.

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

297 (g) A licensed physician assistant may perform services
298 related to his or her practice, in accordance with his or her
299 education and training, as delegated by the supervisory

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300 physician unless expressly prohibited under chapter 458 or this
301 chapter or rules adopted thereunder.

302 (7) PHYSICIAN ASSISTANT LICENSURE.—

303 (a) Any person desiring to be licensed as a physician
304 assistant must apply to the department. The department shall
305 issue a license to any person certified by the council as having
306 met the following requirements:

307 1. Is at least 18 years of age.

308 2. Has satisfactorily passed a proficiency examination by
309 an acceptable score established by the National Commission on
310 Certification of Physician Assistants. If an applicant does not
311 hold a current certificate issued by the National Commission on
312 Certification of Physician Assistants and has not actively
313 practiced as a physician assistant within the immediately
314 preceding 4 years, the applicant must retake and successfully
315 complete the entry-level examination of the National Commission
316 on Certification of Physician Assistants to be eligible for
317 licensure.

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

322 a. A certificate of completion of a physician assistant
323 training program specified in subsection (6).

324 b. Acknowledgment ~~A sworn statement~~ of any prior felony
325 convictions.

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326 c. Acknowledgment ~~A sworn statement~~ of any previous
327 revocation or denial of licensure or certification in any state.

328 ~~d. Two letters of recommendation.~~

329 d.e. A copy of course transcripts and a copy of the course
330 description from a physician assistant training program
331 describing course content in pharmacotherapy, if the applicant
332 wishes to apply for prescribing authority. These documents must
333 meet the evidence requirements for prescribing authority.

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

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

337 2. Acknowledgment ~~A sworn statement~~ of no felony
338 convictions in the previous 2 years.

339 (d) 1. Upon employment as a physician assistant, a licensed
340 physician assistant must notify the department in writing within
341 30 days after such employment or after any subsequent changes in
342 the supervising physician or designated supervising physician.
343 The notification must include the full name, Florida medical
344 license number, specialty, and address of the supervising
345 physician or designated supervising physician. For purposes of
346 this paragraph, the term "designated supervising physician"
347 means a physician designated by the facility or practice to be
348 the primary contact and supervising physician for the physician
349 assistants in a practice where physician assistants are
350 supervised by multiple supervising physicians.

Amendment No. 1

377 assistant may prescribe medication; revising physician
378 assistant licensure and license renewal requirements;
379 defining the term "designated supervising physician";
380 requiring licensed physician assistants to report any
381 changes in the supervising physician or designated
382 supervising physician within a specified time;

HB 4037

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 4037 Licensure of Facilities and Programs for Persons with Developmental Disabilities
SPONSOR(S): Rodrigues
TIED BILLS: IDEN./SIM. BILLS:

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Children, Families & Seniors Subcommittee	11 Y, 0 N	Tuszynski	Brazzell
2) Health Care Appropriations Subcommittee		Clark 	Pridgeon 
3) Health & Human Services Committee			

SUMMARY ANALYSIS

The Agency for Persons with Disabilities (APD) is required, pursuant to s. 393.067, F.S., to license residential facilities, defined by s. 393.063(28) F.S., as a facility providing room and board and personal care for persons who have developmental disabilities. The residential facilities that APD licenses consist of foster care facilities, group home facilities, residential habilitation centers, and comprehensive transitional education programs.

The 2015 General Appropriations Act Implementing Bill (Chapter 2015-222, Laws of Florida) amended s. 393.067, F.S., to remove a requirement that APD must contract for residential services with facilities licensed prior to October 1, 1989, if those facilities were in compliance with statute. The amendment to this statute will expire and revert to the original language on July 1, 2016.

Chapter 2015-222, Laws of Florida, also amended s. 393.18, F.S., to ensure compliance with new federal requirements related to the provision of Medicaid Home and Community-Based Waiver services within residential settings and delete provisions requiring certain contract and licensure requirements. The amendment to this statute will expire and revert to the original language on July 1, 2016.

HB 4037 repeals those expiration and reversion clauses, allowing the amended language of ss. 393.067 and 393.18, F.S., from Chapter 2015-222, Laws of Florida, to remain law.

The bill has no fiscal impact on state or local government.

The bill provides for an effective date of June 30, 2016, or, if the act fails to become law until a later time, it shall take effect upon becoming law and operate retroactively to June 30, 2016.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Present Situation

The Agency for Persons with Disabilities

The Agency for Persons with Disabilities (APD) was created to serve Floridians with developmental disabilities. APD works in partnership with local communities and private providers to assist people who have developmental disabilities and their families. Examples of services provided by APD include adult day training, personal care services, and specialized therapies.¹ APD serves more than 50,000 individuals with autism, cerebral palsy, spina bifida, intellectual disabilities, Down syndrome, and Prader-Willi syndrome.²

Residential Facilities

Persons with developmental disabilities reside in various types of residential settings. Some individuals with developmental disabilities live with family, some live in their own homes, while others may live in community-based residential facilities.³ Pursuant to s. 393.067, F.S., APD is charged with licensing community-based residential facilities that serve and assist individuals with developmental disabilities; these include foster care facilities, group home facilities, residential habilitation centers, and comprehensive transitional education programs.⁴

Prior to enactment of the 2015 General Appropriations Act Implementing Bill (Chapter 2015-222, Laws of Florida), in response to the Medicaid Home and Community-Based Waiver expansion,⁵ APD was statutorily required to contract for residential services with residential facilities licensed prior to October 1, 1989, if those facilities complied with all provisions of s. 393.067, F.S.⁶ Reversion to this language is set for July 1, 2016.

In order to implement Specific Appropriation 251 of the 2015-2016 General Appropriations Act, Chapter 2015-222, Laws of Florida, amended s. 393.067, F.S. to remove this statutory procurement requirement with an expiration and reversion clause set for July 1, 2016.

Comprehensive Transitional Education Programs

A Comprehensive Transitional Education Program (CTEP) is a group of jointly operating centers or units that provide a sequential series of educational care, training, treatment, habilitation, and rehabilitation services to persons who have developmental disabilities and who have severe or moderate maladaptive behaviors.⁷

¹ S. 393.006 (3), F.S.

² Agency for Persons with Disabilities, *About Us*, accessible at: <http://apd.myflorida.com/about/> (last accessed 11/10/15).

³ S. 393.063(28) defines residential facility as a facility providing room and board and personal care for persons who have developmental disabilities.

⁴ Agency for Persons with Disabilities, *Planning Resources*, accessible at: <http://apd.myflorida.com/planning-resources/> (last accessed 11/11/15).

⁵ Email from Caleb Hawkes, Deputy Legislative Affairs Director, Agency for Persons with Disabilities, RE: Residential Facility Contracting Language (Nov. 13, 2015).

⁶ S. 393.067(15), F.S., (2014)

⁷ S. 393.18, F.S.

CTEPs serve individuals with developmental disabilities with the most intensive of behavioral needs.⁸ A CTEP is designed to provide services to such individuals with the ultimate objective of allowing them to return to other less intensive settings within their own communities.⁹ There are presently two CTEPs licensed in Florida, and both licenses are held by the same organization.¹⁰

Previously, APD, pursuant to s. 393.18, F.S., was required to contract with and license CTEPs that met specific conditions, including ownership requirements, zoning requirements, and certain service requirements to maximize federal revenue.¹¹ Based on these various statutory requirements, APD has been limited to contracting with and licensing two CTEPs.

In order to implement Specific Appropriation 251 of the 2015-2016 General Appropriations Act, Chapter 2015-222, Laws of Florida, amended s. 393.18, F.S., to provide that the total number of residents being provided services at a CTEP shall not exceed the licensed capacity of 120, and that each residential unit within a CTEP may not exceed 15 residents, except those programs already authorized to operate residential units with more than 15 residents prior to July 1, 2015. This language ensures compliance with new federal requirements related to the provision of Medicaid Home and Community-Based Waiver services within residential settings.¹² Chapter 2015-222, Laws of Florida, also deleted provisions requiring certain contract and licensing requirements, as well as an expiration and reversion clause for these amendments set for July 1, 2016.

Effect of Proposed Changes

HB 4037 repeals ss. 24 and 26 of chapter 2015-222, Laws of Florida (2015 General Appropriations Implementing Bill) that set the expiration and reversion of amendments to ss. 393.067(15) and 393.18, F.S., for July 1, 2016.

The bill reenacts s. 393.067(15) as amended in s. 23 of chapter 2015-222, Laws of Florida, which deletes obsolete language, and specifies that the Agency for Persons with Disabilities is not required to contract with residential facilities it licenses under s. 393.067, F.S., including foster care facilities, group home facilities, residential habilitation centers, and CTEPs.

The bill reenacts s. 393.18(4) as amended in s. 25 of chapter 2015-222, Laws of Florida, which revises residency limits for comprehensive transitional education programs to a maximum of 120 total residents and that each unit within the component centers may not exceed 15 residents, unless authorized prior to July 1, 2015.

B. SECTION DIRECTORY:

- Section 1:** Repeals ss. 24 and 26 of chapter 2015-222, Laws of Florida.
- Section 2:** Reenacts s. 393.067(15), F.S., relating to facility licensure.
- Section 3:** Reenacts s. 393.18(4), F.S., relating to comprehensive transitional education programs.
- Section 4:** Provides an effective date of June 30, 2016, or upon becoming law after that date and operating retroactively to June 30, 2016.

⁸ Agency for Persons with Disabilities, *2016 Agency Legislative Bill Analysis for HB 4037*, November 9, 2015 (on file with Children, Families, and Seniors Subcommittee staff).

⁹ *Id.*

¹⁰ *Id.*

¹¹ S. 393.18(6)(b), F.S., (2014)

¹² *Id.*

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

APD may contract with additional organizations besides the current licensed CTEPs for services.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not Applicable. This bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

None.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/ COMMITTEE SUBSTITUTE CHANGES

1 A bill to be entitled
 2 An act relating to licensure of facilities and
 3 programs for persons with developmental disabilities;
 4 repealing ss. 24 and 26 of chapter 2015-222, Laws of
 5 Florida; abrogating the scheduled expiration and
 6 reversion of amendments to ss. 393.067(15) and 393.18,
 7 F.S.; reenacting s. 393.067(15), F.S.; deleting
 8 obsolete provisions; specifying that the Agency for
 9 Persons with Disabilities is not required to contract
 10 with certain licensed facilities; reenacting s.
 11 393.18(4), F.S.; revising residency limitations for
 12 comprehensive transitional education programs;
 13 providing applicability; deleting provisions relating
 14 to licensure for such programs and certain facilities
 15 providing residential services for children who need
 16 behavioral services; providing for contingent
 17 retroactive operation; providing an effective date.

18
 19 Be It Enacted by the Legislature of the State of Florida:

20
 21 Section 1. Sections 24 and 26 of chapter 2015-222, Laws of
 22 Florida, are repealed.

23 Section 2. Subsection (15) of section 393.067, Florida
 24 Statutes, is reenacted to read:

25 393.067 Facility licensure.—

26 (15) The agency is not required to contract with

27 facilities licensed pursuant to this chapter.

28 Section 3. Subsection (4) of section 393.18, Florida
29 Statutes, is reenacted to read:

30 393.18 Comprehensive transitional education program.—A
31 comprehensive transitional education program is a group of
32 jointly operating centers or units, the collective purpose of
33 which is to provide a sequential series of educational care,
34 training, treatment, habilitation, and rehabilitation services
35 to persons who have developmental disabilities and who have
36 severe or moderate maladaptive behaviors. However, this section
37 does not require such programs to provide services only to
38 persons with developmental disabilities. All such services shall
39 be temporary in nature and delivered in a structured residential
40 setting, having the primary goal of incorporating the principle
41 of self-determination in establishing permanent residence for
42 persons with maladaptive behaviors in facilities that are not
43 associated with the comprehensive transitional education
44 program. The staff shall include behavior analysts and teachers,
45 as appropriate, who shall be available to provide services in
46 each component center or unit of the program. A behavior analyst
47 must be certified pursuant to s. 393.17.

48 (4) For comprehensive transitional education programs, the
49 total number of residents who are being provided with services
50 may not in any instance exceed the licensed capacity of 120
51 residents and each residential unit within the component centers
52 of the program authorized under this section may not in any

53 instance exceed 15 residents. However, a program that was
54 authorized to operate residential units with more than 15
55 residents before July 1, 2015, may continue to operate such
56 units.

57 Section 4. This act shall take effect June 30, 2016, or,
58 if this act fails to become law until after that date, it shall
59 take effect upon becoming a law and operate retroactively to
60 June 30, 2016.