

**HOUSE OF REPRESENTATIVES  
FINAL BILL ANALYSIS**

<b>BILL #:</b>	CS/CS/CS/HB 363 (CS/SB 774)	<b>FINAL HOUSE FLOOR ACTION:</b>	
<b>SPONSOR(S):</b>	Health & Human Services Committee; Health Care Appropriations Subcommittee; Health & Human Services Quality Subcommittee; Kreegel and others (Health Regulation; Hays)	115 Y's	0 N's
<b>COMPANION BILLS:</b>	CS/SB 774	<b>GOVERNOR'S ACTION:</b>	Approved

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**SUMMARY ANALYSIS**

CS/CS/CS/HB 363 passed the House on March 5, 2012, and subsequently passed the Senate on March 9, 2012. The bill amends the regulation of physician assistant (PA) prescribing. Currently, the Department of Health (DOH) is required to issue a certificate and a prescriber number granting authority to prescribe medicinal drugs to a PA who meets the eligibility requirements. The bill removes the requirement that a PA obtain a prescribing certificate.

The bill amends the eligibility requirements for a prescribing certificate, removing the requirement to complete a 3-hour course in prescriptive practice. However, the bill requires the PA to submit a copy of course transcripts and a copy of the course description from a PA training program describing the content of a course in pharmacotherapy. The bill removes the ability for a PA to request authority to prescribe at any time, limiting it to the time of initial licensure.

The bill maintains the requirement to have a prescriber number, but makes it discretionary for DOH to issue the number.

The bill will have an insignificant fiscal impact that DOH can absorb within existing resources.

The bill was approved by the Governor on April 27, 2012, ch. 2012-170, Laws of Florida. The effective date of this bill is July 1, 2012.

# I. SUBSTANTIVE INFORMATION

## A. EFFECT OF CHANGES:

### Present Situation

#### Medical Quality Assurance

The Department of Health (DOH), Division of Medical Quality Assurance (MQA), regulates health care practitioners to ensure the health, safety and welfare of the public. Currently, MQA supports licensure and disciplinary activities for 43 professions and 37 types of facilities/establishments, and works with 22 boards and 6 councils.

#### Boards

A board is a statutorily created entity that is authorized to exercise regulatory or rulemaking functions within the MQA.<sup>1</sup> Boards are responsible for approving or denying applications for licensure and making disciplinary decisions on whether a practitioner practices within the authority of their practice act. Practice acts refer to the legal authority in state statute that grants a profession the authority to provide services to the public. The range of disciplinary actions taken by a board includes citations, suspensions, reprimands, probations, and revocations.

#### Physician Assistants

Physician assistant (PA) regulations are located in 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.<sup>2</sup> Specifically, sections 458.347(7) and 459.022(7), F.S., govern the licensure of PAs. PAs are regulated by the Florida Council on Physician Assistants (Council) in conjunction with either the Board of Medicine for PAs licensed under ch. 458, F.S., or the Board of Osteopathic Medicine for PAs licensed under ch. 459, F.S. The Council was created in 1995 to recommend the licensure requirements (including educational and training requirements) for PAs, establish a formulary of drugs that a PA may not prescribe, and develop rules for the use of PAs by physicians to ensure that the continuity of supervision is maintained in each practice setting throughout the state.<sup>3</sup> The Council does not discipline PAs. Disciplinary action is the responsibility of either the Board of Medicine or the Board of Osteopathic Medicine.

Currently, there are a total of 5,108 in-state active licensed PAs in Florida.<sup>4</sup> To be licensed as a PA an individual must:<sup>5</sup>

- Be at least 18 years of age,
- Pass the national examination,
- Submit an application form which includes:
  - A certificate of completion from a PA training program;
  - Sworn statement of any prior felony convictions; and
  - Sworn statement of any previous revocation or denial of licensure or certification in any state.

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<sup>1</sup> Section 456.001, F.S.

<sup>2</sup> Chapters 458 and 459, F.S.

<sup>3</sup> Sections 458.347(9) and 459.02 2(9), F.S.

<sup>4</sup> Department of Health, Bill Analysis, Economic Statement and Fiscal Note of HB 363 (November 15, 2011).

<sup>5</sup> Sections 458.347 and 459.022, F.S.; Rules 64B8-30.019 and 64B15-6.013, F.A.C.

The cost for an initial PA license includes a \$100 application fee, and a \$200 initial license fee. The cost to renew a PA license is \$275 biennially.

In addition to the standard PA license, PAs who wish to prescribe drugs must obtain an additional certification. PAs seeking prescribing certificates are required to:<sup>6</sup>

- Complete a 3-hour course in prescriptive practice that covers the limitations, responsibilities, and privileges involved in prescribing medicinal drugs;
- Keep on file a written agreement with their supervising physician that outlines which medicinal drugs the physician assistant is authorized to prescribe; and
- Submit at each licensure renewal an affidavit attesting to the completion of a minimum of 10 continuing education hours in the speciality practice in which the PA has prescriptive privileges.

In addition to the prescriber certificate, DOH is required to issue a prescriber number<sup>7</sup>, which must be included on all prescriptions by the PA<sup>8</sup>. PAs may not prescribe any drug that is listed on the prohibited formulary and may only prescribe drugs that are used in the supervisory physician's practice.<sup>9</sup> There is an initial application fee for certification of \$200 and an initial certification fee of \$200.<sup>10</sup> The cost to renew a prescribing certification is \$150 biennially.<sup>11</sup> Of the 5,108 PAs in Florida, 4,214 are authorized to prescribe medicinal drugs.<sup>12</sup> Last year, 465 PAs submitted initial applications for a prescribing certificate.<sup>13</sup>

### Effects of Proposed Changes

The bill removes the requirement that a PA obtain a certificate granting authorization to prescribe medicinal drugs, and makes DOH's authority to issue a prescriber number to a qualifying PA discretionary.

The bill amends the eligibility requirements such that a PA is not required to complete a 3-hour course in prescriptive practice. However, the bill requires the PA who wishes to apply for prescribing authority to submit a copy of course transcripts and a copy of the course description from a PA training program describing the content of a course in pharmacotherapy as part of the initial application form. The bill removes the ability for a PA to request authority to prescribe at any time and limits DOH's authority to grant prescribing authority to the time of initial licensure.

## II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

### A. FISCAL IMPACT ON STATE GOVERNMENT:

#### 1. Revenues:

No additional fees are authorized by the bill.

#### 2. Expenditures:

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<sup>6</sup> Sections 458.347 and 459.022, F.S.; Rules 64B8-30.003 and 64B15-6.003, F.A.C.

<sup>7</sup> Sections 458.3474(4)(e)5. and 459.022(4)(e)5., F.S.

<sup>8</sup> Sections 458.3474(4)(e)6. and 459.022(4)(e)6, F.S.

<sup>9</sup> *Id.*

<sup>10</sup> *Id.*

<sup>11</sup> *Id.*

<sup>12</sup> Email from DOH, November 10, 2011, on file with the Health & Human Services Quality Subcommittee.

<sup>13</sup> Department of Health, Bill Analysis, Economic Statement and Fiscal Note of HB 363 (November 15, 2011).

To implement the provisions of this bill, the boards will have to modify administrative rules and the COMPAS licensure database will have to be modified to delete the certificate to prescribe. According to DOH, these functions can be performed within current resources.<sup>14</sup>

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None identified.

2. Expenditures:

None identified.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None identified.

D. FISCAL COMMENTS:

None.

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<sup>14</sup> Department of Health, Bill Analysis, Economic Statement and Fiscal Note for HB 363 (November 15, 2011).