



Health Care Appropriations Subcommittee

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

Action Packet

Committee Meeting Notice

HOUSE OF REPRESENTATIVES

Health Care Appropriations Subcommittee

Start Date and Time: Wednesday, December 02, 2015 04:00 pm

End Date and Time: Wednesday, December 02, 2015 06:00 pm

Location: Webster Hall (212 Knott)

Duration: 2.00 hrs

Consideration of the following bill(s):

HB 375 Physician Assistants by Steube

HB 4037 Licensure of Facilities and Programs for Persons with Developmental Disabilities by Rodrigues, R.

Presentation of the Governor's Recommended Budget for Fiscal Year 2016-2017

Pursuant to rule 7.12, the deadline for amendments to bills on the agenda by non-appointed members shall be 6:00 p.m., Tuesday, December 1, 2015.

By request of the chair, all committee members are asked to have amendments to bills on the agenda submitted to staff by 6:00 p.m., Tuesday, December 1, 2015.

NOTICE FINALIZED on 11/24/2015 2:29PM by LAL

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
12/2/2015 4:00:00PM

Location: Webster Hall (212 Knott)

Summary:

Health Care Appropriations Subcommittee

Wednesday December 02, 2015 04:00 pm

HB 375	Favorable With Committee Substitute	Yeas: 12	Nays: 0
	Amendment 431671 Adopted Without Objection		

HB 4037	Favorable	Yeas: 12	Nays: 0
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Committee meeting was reported out: Wednesday, December 02, 2015 6:25:55PM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee

12/2/2015 4:00:00PM

Location: Webster Hall (212 Knott)

Attendance:

	<i>Present</i>	<i>Absent</i>	<i>Excused</i>
Matt Hudson (Chair)	X		
Michael Bileca	X		
Jason Brodeur	X		
Janet Cruz	X		
W. Travis Cummings	X		
Gayle Harrell	X		
Shawn Harrison	X		
MaryLynn Magar	X		
Jared Moskowitz			X
Amanda Murphy	X		
Cary Pigman	X		
David Richardson	X		
Kenneth Roberson	X		
Totals:	12	0	1

Committee meeting was reported out: Wednesday, December 02, 2015 6:25:55PM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
12/2/2015 4:00:00PM

Location: Webster Hall (212 Knott)

HB 375 : Physician Assistants

Favorable With Committee Substitute

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Michael Bileca	X				
Jason Brodeur	X				
Janet Cruz	X				
W. Travis Cummings	X				
Gayle Harrell	X				
Shawn Harrison	X				
MaryLynn Magar	X				
Jared Moskowitz			X		
Amanda Murphy	X				
Cary Pigman	X				
David Richardson	X				
Kenneth Roberson	X				
Matt Hudson (Chair)	X				
Total Yeas: 12		Total Nays: 0			

HB 375 Amendments

Amendment 431671

Adopted Without Objection

Appearances:

Mixon, Corinne (Lobbyist) - Waive In Support
 Florida Academy of Physician Assistants
 119 E. Park Ave.
 Tallahassee FL 32301
 Phone: (850) 222-2591

Committee meeting was reported out: Wednesday, December 02, 2015 6:25:55PM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
12/2/2015 4:00:00PM

Location: Webster Hall (212 Knott)

HB 4037 : Licensure of Facilities and Programs for Persons with Developmental Disabilities

Favorable

	<i>Yea</i>	<i>Nay</i>	<i>No Vote</i>	<i>Absentee Yea</i>	<i>Absentee Nay</i>
Michael Bileca	X				
Jason Brodeur	X				
Janet Cruz	X				
W. Travis Cummings	X				
Gayle Harrell	X				
Shawn Harrison	X				
MaryLynn Magar	X				
Jared Moskowitz			X		
Amanda Murphy	X				
Cary Pigman	X				
David Richardson	X				
Kenneth Roberson	X				
Matt Hudson (Chair)	X				
	Total Yeas: 12	Total Nays: 0			

Committee meeting was reported out: Wednesday, December 02, 2015 6:25:55PM

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
12/2/2015 4:00:00PM

Location: Webster Hall (212 Knott)

Presentation/Workshop/Other Business Appearances:

Governor's Recommended Budget for Fiscal Year 2016-17

Carroll, Mike (Lobbyist) (State Employee) - Information Only
Department of Children & Families
Secretary
1317 Winewood Blvd.
Tallahassee FL 32399
Phone: (850) 487-1111

Governor's Recommended Budget for Fiscal Year 2016-17

Vickers, Mary Beth (Lobbyist) (State Employee) - Information Only
Governor's Office of Policy & Budget
Policy Coordinator HHS
400 S. Monroe Street 1601 Capitol
Tallahassee FL 32399
Phone: (850) 717-9511

Governor's Recommended Budget for Fiscal Year 2016-17

Palmer, Barbara (Lobbyist) (State Employee) - Information Only
Agency for Persons with Disabilities
Secretary
4030 Esplanade Way Suite 380
Tallahassee FL 32399-0700
Phone: (850) 488-1558

Governor's Recommended Budget for Fiscal Year 2016-17

Dudek, Elizabeth (Lobbyist) - Information Only
Agency for Health Care Administration
Secretary
2727 Mahan Dr
Tallahassee FL 32308
Phone: (850) 414-0358

Governor's Recommended Budget for Fiscal Year 2016-17

Verghese, Samuel (Lobbyist) (State Employee) - Information Only
Department of Elder Affairs
Secretary
4040 Esplanade Way
Tallahassee FL 32399
Phone: (850) 414-2039

Governor's Recommended Budget for Fiscal Year 2016-17

Armstrong, John (Lobbyist) (State Employee) - Information Only
Department of Health
Secretary & State Surgeon General
2585 Merchants Row Blvd.
Tallahassee FL 32399
Phone: (850) 295-4444

Committee meeting was reported out: **Wednesday, December 02, 2015 6:25:55PM**

COMMITTEE MEETING REPORT
Health Care Appropriations Subcommittee
12/2/2015 4:00:00PM

Location: Webster Hall (212 Knott)

Presentation/Workshop/Other Business Appearances: (continued)

Governor's Recommended Budget for Fiscal Year 2016-17
Bryant, John (State Employee) - Information Only
Department of Children & Families
Assistant Secretary of Substance Abuse & Mental Health
1317 Winewood Blvd
Tallahassee FL 32399
Phone: (850) 487-1111

Committee meeting was reported out: Wednesday, December 02, 2015 6:25:55PM

Amendment No. 1

COMMITTEE/SUBCOMMITTEE ACTION

ADOPTED	_____	(Y/N)
ADOPTED AS AMENDED	_____	(Y/N)
ADOPTED W/O OBJECTION	<input checked="" type="checkbox"/>	(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:

4

5 **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

Amendment No. 1

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

Amendment No. 1

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:

Amendment No. 1

- 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

Amendment No. 1

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.

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351 2. Any subsequent change in the designated supervising
 352 physician shall be reported to the department within 30 days
 353 after the change. Assignment of a designated supervising
 354 physician does not preclude a physician assistant from
 355 practicing under the supervision of a physician other than the
 356 designated supervising physician.

357 3. The designated supervising physician shall maintain a
 358 list of all approved supervising physicians at the practice or
 359 facility. Such list must include the name of each supervising
 360 physician and his or her area of practice, must be kept up to
 361 date with respect to additions and terminations, and must be
 362 provided, in a timely manner, to the department upon written
 363 request.

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

365
 366 -----

T I T L E A M E N D M E N T

368 Remove lines 12-24 and insert:
 369 the supervising physician or designated supervising
 370 physician within a specified time; requiring a
 371 designated supervising physician to maintain a list of
 372 approved supervising physicians at the practice or
 373 facility; amending s. 459.022, F.S.; authorizing a
 374 licensed physician assistant to perform certain
 375 services as delegated by a supervisory physician;
 376 revising circumstances under which a physician

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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;



76315838

WIS



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee administrative assistant at the meeting.

Bill Number: **HB 375 : Physician Assistants** Meeting Date: **Dec 2 2015 4:00PM**

PCB/PCS/Amendment # or **Relating to Physician Assistants**
Presentation/Workshop Topic:

Committee/Subcommittee: **Health Care Appropriations Subcommittee**

Name: **Mixon, Corinne**

Title: **Lobbyist**

Address: **119 E Park Avenue**

City: **Tallahassee** State/Zip: **FL 32301**

Phone Number: **8502222591**

Representing: **Florida Academy of Physician Assistants**

Registered Lobbyist: **Yes**

State Employee: **No**

I Wish To Speak: **Yes**

I Have Been Requested To Speak: **No**

	Bill	Amendment
	Proponent	N/A



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: _____ Meeting Date: 12/2/15

Fill in appropriate information:

PCB/PCS/Amendment # or
Presentation/Workshop Topic: Budget Presentation

Committee/Subcommittee: Health Care Appropriations Subcommittee

Name: Mike Carroll

Title: Secretary - Department of Children and Families

Address: 1317 Winewood Boulevard

City: Building 1 Room 207 State/Zip: Tallahassee / 32399

Phone Number: 921-8301

Representing: DCE/FOG

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	

Did Not Appear



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: _____ Meeting Date: 12/2/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Health & Human Services

Committee/Subcommittee: _____

Name: Greg Pound

Title: _____

Address: 9166 Sunrise Dr.

City: Largo State/Zip: FL 33773

Phone Number: _____

Representing: _____

Registered Lobbyist: YES [] NO [X]

State Employee: YES [] NO [X]

I Wish To Speak: YES [X] NO []

I Have Been Requested to Speak: YES [] NO [X]

Bill		Amendment	
Proponent []	Opponent []	Proponent []	Opponent []
Info Only [X]		Info Only []	



PLEASE FILL OUT THE ENTIRE FORM AND SUBMIT TWO COPIES
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ASSISTANT AT THE MEETING

TYPE OR PRINT CLEARLY

COMMITTEE/SUBCOMMITTEE APPEARANCE
RECORD

Bill Number _____ Date 12/2/15

Name Nancy Beth Vickers

Title Policy Coordinator OPB/HHS

Address 400 South Howard

City Tall FL State/Zip 32899

Phone Number 850-717-9511

Representing _____

Lobbyist (registered) YES NO

State Employee YES NO

If you are testifying regarding an amendment, please indicate if your position as a
proponent or an opponent is the same as on the bill as a whole.

			<u>Amendment</u>	<u>Bill</u>
I wish to speak	<input type="checkbox"/>	Proponent	<input type="checkbox"/>	<input type="checkbox"/>
I have been requested to speak	<input type="checkbox"/>	Opponent	<input type="checkbox"/>	<input type="checkbox"/>
		Information	<input type="checkbox"/>	<input type="checkbox"/>

Subject matter: _____

Committee/Subcommittee: _____



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: N/A Meeting Date: 12/2/15

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Governor Scott's Recommended Budget FY16-17

Committee/Subcommittee: House Health Care Appropriations Subcommittee

Name: Barbara Palmer

Title: Executive Director of the Agency for Persons With Disabilities

Address: 4030 Esplanade Way, Suite 300

City: Tallahassee State/Zip: Florida / 32399

Phone Number: 850-488-4257

Representing: APD

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: n/a Meeting Date: 12/2/15

Fill in appropriate information:

PCB/PCS/Amendment # or

Presentation/Workshop Topic: Governor's Recommended Budget

Committee/Subcommittee: Healthcare Appropriations Subcommittee

Name: Liz Durdak

Title: Secretary

Address: 2727 Mahan Drive

City: Tallahassee State/Zip: FL 32308

Phone Number: 850-412-3612

Representing: Agency for Health Care Administration

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: _____ Meeting Date: 12-2-2015

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Budget Presentation

Committee/Subcommittee: HHS Appropriations subcommittee

Name: Samuel Verghese

Title: Secretary FL Dept. Of Elder Affairs

Address: 4040 Esplanade way ste. 315

City: Tallahassee State/Zip: FL 32399

Phone Number: 850-414-2000

Representing: FL Dept. Of Elder Affairs

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	



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ASSISTANT AT THE MEETING

TYPE OR PRINT CLEARLY

**COMMITTEE/SUBCOMMITTEE APPEARANCE
RECORD**

Bill Number _____ Date 12/2/15
 Name DR. JOHN ARMSTRONG
 Title STATE SURGEON GENERAL & SECRETARY of Health
 Address 2585 Merchants Row Blvd
 City Tallahassee State/Zip FL 32399
 Phone Number 850-245-4444
 Representing Dept. of Health

Lobbyist (registered) YES NO
 State Employee YES NO

If you are testifying regarding an amendment, please indicate if your position as a
proponent or an opponent is the same as on the bill as a whole.

			<u>Amendment</u>	<u>Bill</u>
I wish to speak	<input type="checkbox"/>	Proponent	<input type="checkbox"/>	<input type="checkbox"/>
I have been requested to speak	<input checked="" type="checkbox"/>	Opponent	<input type="checkbox"/>	<input type="checkbox"/>
		Information	<input type="checkbox"/>	<input type="checkbox"/>

Subject matter: Governor's Recommended Budget

Committee/Subcommittee: Health Care Appropriations subcommittee



COMMITTEE/SUBCOMMITTEE APPEARANCE RECORD

Please fill out the entire form and submit two copies to the committee/subcommittee Administrative Assistant at the meeting.

Type or Print Clearly

Bill Number: _____ Meeting Date: _____

Fill in appropriate information:

PCB/PCS/Amendment # or Presentation/Workshop Topic: Governor's Budget Presentation

Committee/Subcommittee: HHS Appropriations Subcommittee

Name: John Bryant

Title: DCF Assistant Secretary of Substance Abuse + Mental Health

Address: 1317 WINEWOOD Boulevard

City: Tallahassee State/Zip: FL 32399

Phone Number: _____

Representing: Department of Children and Families

Registered Lobbyist: YES NO

State Employee: YES NO

I Wish To Speak: YES NO

I Have Been Requested to Speak: YES NO

Bill		Amendment	
Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>	Proponent <input type="checkbox"/>	Opponent <input type="checkbox"/>
Info Only <input type="checkbox"/>		Info Only <input type="checkbox"/>	