Amendments, amendments everywhere. As the legislature moves past the half-way point of the legislative session, the reality of many, many bills and little, little time is setting in. Committee agendas are packed with bills that need to be heard, but hundreds remain that are not moving through the committee process as quickly. Thus, the amendment strategy begins. Any bill germane to another bill moving more quickly through the legislative process may be offered as an amendment. It’s a risky strategy but all part of the dynamics occurring in the last few weeks of the legislative session.

The House and Senate also completed work on their respective budgets with the Senate passing a $90.3 billion budget and the House passing a $88.9 billion budget. The budget conference process is now poised to officially begin. It is officially legislative crunch time!

The FFM-PAC, with the guidance of MHD, has been involved by supporting key legislators and leadership on both sides of the isle. FAFP members’ help is always needed and can be provide by texting “FFMPAC” to 91999 or by CLICKING HERE.

Legislation of interest to the FAFP is tagged and tracked as bills are filed. The following is a brief summary of the key issues impacting the Florida Academy of Family Physicians.

**2019 Doctor of the Day Program**

The USF Morton Plant Mease Family Medicine Residency Program was well represented on Tuesday, April 2 with (left to right) Drs. Alexandra Lawson (PGY-1), Wanda Cruz-Knight (program director), Julia Jenkins (faculty), and William Hasson (PGY-2) serving as Doctors of the Day. They met with both their House and Senate sponsors, Representative Nick DiCeglie and Senator Jeff Brandes, respectively, and discussed the positive impact the residency program has on the legislators’ districts and the greater Tampa/St. Petersburg community as a whole. A special "thank you" for their service and for being connected to the legislative process – an important piece to advocating for family physicians and patients.
Governor Takes Steps to Combat Florida’s Opioid Crisis

On April 1st, the Governor announced that Florida had secured an additional $26 million in federal funding for Florida's State Opioid Response Project. This project is designed to address the opioid crisis by reducing opioid deaths, preventing opioid abuse among our young people, and increasing recovery services and access to treatment. The Governor also announced the issuance of an executive order to continue the state’s efforts to address Florida’s substance abuse crisis and opioid epidemic. Executive Order 19-97 reestablishes the Office of Drug Control within the Executive Office of the Governor that was discontinued several years ago. The executive order also creates the Statewide Task Force on Opioid Abuse to combat Florida's substance abuse crisis. The 21-member task force will develop a statewide strategy and identify best practices to combat the opioid epidemic through education, treatment, prevention, recovery and law enforcement.

Copy of Executive Order 19-97:  

Legislation of Importance to FAFP

Bills are marked with FAFP’s position:  
☑️ Support ☐ Oppose ☐ Monitoring

APRN Scope of Practice Expansion – No Movement
HB 821 by Rep. Cary Pigman (R-Avon Park) and SB 972 by Senator Jeff Brandes (R-St. Petersburg) allow advanced practice registered nurses to engage in independent practice. The bill was amended to also allow certain physician assistants to practice independently. A linked committee bill, HB 7079, deals with the registration and biennial renewal fees for licensing advanced practice registered nurses.

   Link to HB 821: http://www.flsenate.gov/Session/Bill/2019/821
   Link to SB 972: http://www.flsenate.gov/Session/Bill/2019/972
   Link to HB 7079: https://www.flsenate.gov/Session/Bill/2019/7079

Consultant Pharmacists – House Bill Placed on Calendar for Chamber Debate on April 10
HB 833 by Rep. Cord Byrd (R-Neptune Beach) and SB 1050 by Senator Manny Diaz (R-Hialeah) allow consultant pharmacists to provide medication management services, order and evaluate laboratory or clinical tests, conduct patient assessments, and administer drugs within the framework of a collaborative practice agreement between the pharmacist and a physician, podiatrist or dentist.

   Link to HB 833: http://www.flsenate.gov/Session/Bill/2019/833
   Link to SB 1050: http://www.flsenate.gov/Session/Bill/2019/1050

Influenza & Strep Testing – House Bill Placed on Calendar for Chamber Debate on April 10
HB 111 by Rep. Rene Plasencia (R-Orlando) and SB 300 by Senator Jeff Brandes (R-St. Petersburg) authorize pharmacists to test and treat for the influenza virus and streptococcal infections within the framework of an established written protocol of a supervising physician. The House bill was amended to:

- Authorize pharmacists who meet certain educational and experience criteria and who maintain at least $250,000 personal liability coverage to enter into a collaborative pharmacy practice agreement with a physician to manage the chronic health conditions of that physician’s patients and treat minor non-chronic health conditions.
- Authorize pharmacists to test for and treat influenza and streptococcus.
- Require the board to adopt a formulary of drugs a pharmacist may prescribe for minor, nonchronic illnesses.
- Prohibit a pharmacist from initiating or prescribing a controlled substance.

Link to HB 111: http://www.flsenate.gov/Session BILL/2019/111
Link to SB 300: http://www.flsenate.gov/Session/BILL/2019/300

Psychologist Prescribing – No Movement

SB 304 by Senator Jeff Brandes (R-St. Petersburg) and HB 373 by Rep. Cary Pigman (R-Avon Park) allow certified, licensed psychologists to prescribe, administer, discontinue, and distribute prescription drugs, including controlled substances.

Link to SB 304: http://www.flsenate.gov/Session/Bill/2019/304
Link to HB 373: http://www.flsenate.gov/Session/Bill/2019/373

Electronic Prescribing – Senate Bill Scheduled in Health Policy on April 8/Amended House Bill Passes Health and Human Services on April 3 & Placed on Calendar for Chamber Debate on April 10

HB 831 by Rep. Amber Mariano (R-Hudson) and SB 1192 by Senator Aaron Bean (R-Fernandina Beach) require all prescriptions to be electronically generated and transmitted. HB 831 was amended to authorize a prescriber to issue a written prescription if electronic prescribing is unavailable due to a technological or electrical failure, and requires that written prescriptions meet the requirements of current law and changed the effective date from January 1, 2020 to January 1, 2021.

Link to HB 831: http://www.flsenate.gov/Session/Bill/2019/831
Link to SB 1192: http://www.flsenate.gov/Session/Bill/2019/1192

Prescription Drug Importation Program – Senate Bill Rescheduled in Appropriations Subcommittee on Health and Human Services for April 9/House Bills Placed on Calendar for Chamber Debate on April 10

HB 19 by Rep. Tom Leek (R-Ormond Beach) and SB 1528 by Senator Aaron Bean (R-Fernandina Beach) create a Canadian Prescription Drug Importation Program for Florida within the Agency for Health Care Administration. The legislation provides eligibility criteria for prescription drugs, for Canadian suppliers, and for importers under the program and requires the AHCA to request federal approval of the program. Further, the bills require the Department of Business and Professional Regulation to establish the
International Prescription Drug Importation Program. The program implements the initiative supported by Governor DeSantis and House Speaker Jose Oliva (R-Miami Lakes).

**HB 7073** introduced by the House Health Quality Subcommittee is linked to HB 19, and authorizes the Board of Pharmacy and DBPR to charge fees relating to the new permits.

![Non-Opioid Directives - Senate Bill Passes Health Policy on April 1 & Scheduled in Judiciary on April 8/House Bill Postponed in House Chamber](http://calendar.state.fl.us/2019/senate/session/commission/healthquality/committees/2019_04_08)

**SB 630** Senator Keith Perry (R-Gainesville) and **HB 451** by Rep. Scott Plakon (R-Longwood) require the Department of Health (DOH) to establish a volunteer non-opioid directive form. HB 451 also requires DOH to develop and publish on its website and educational pamphlet regarding the use of non-opioid alternatives for the treatment of pain. Additionally, the health care provider, prior to providing anesthesia or a Schedule II opioid, must inform the patient of available non-opioid treatments such as physical therapy, occupational therapy or any other appropriate therapies. These requirements do not apply to emergency care and services.

The Senate bill was amended to eliminate the requirement that the DOH adopt in rule a voluntary nonopioid directive form and all related requirements placed on a health care practitioner. The revised bill instead requires the DOH to create and publish an educational pamphlet on its website regarding nonopioid alternatives for the treatment of pain. Additionally, the Senate bill requires a health care practitioner to, prior to treating a patient with anesthesia or a Schedule II opioid medication in a non-emergency situation, inform the patient of available nonopioid alternatives for the treatment of pain, discuss the advantages and disadvantages of the use of nonopioid alternatives, provide the patient with the pamphlet created by the DOH, and document any alternatives considered in the patient's record.

![Direct Health Care Agreements - Senate Bill Passed Health Policy on April 1/House Bill in Senate](http://calendar.state.fl.us/2019/senate/session/commission/healthquality/committees/2019_04_08)

**HB 7** by Rep. Wyman Duggan (R-Jacksonville) and **SB 1520** by Senator Aaron Bean (R-Fernandina Beach) expand the scope of direct primary care agreements by allowing for direct health care agreements. More importantly, the legislation should not impact the language for direct primary are agreements that was passed in 2017. The House bill also expands the 2018 law to allow for such agreements between patients and dentists.
- Link to HB 7: [http://www.flsenate.gov/Session/Bill/2019/7](http://www.flsenate.gov/Session/Bill/2019/7)

![Prior Authorizations - No Movement](http://calendar.state.fl.us/2019/senate/session/commission/healthquality/committees/2019_04_08)

**HB 559** by Rep. Ralph Massullo, MD (R-Beverly Hills) requires a health insurers to provide access on its website to the plan’s current prior authorization requirements, restrictions,
and forms. The bill requires a health insurer to expeditiously grant step therapy override determination requests under certain circumstances and requires health insurer to authorize coverage for prescription drugs if certain conditions are met.


✅ "Bait & Switch" – [House Bill Postponed in Commerce on April 4/Senate Bill Scheduled in Health Policy on April 8](http://www.flsenate.gov/Session/Bill/2019/363)

**SB 1180** by Senator Debbie Mayfield (R-Verobeach) and **HB 1363** by Rep. Jayer Williamson (R-Pace) amend the Florida Insurance Code to provide additional consumer protections by prohibiting a health insurer or a health maintenance organization (HMO) from removing a covered prescription drug from its formulary except during open enrollment with some limited exceptions. The legislation also prohibits an insurer or HMO from reclassifying a drug to a more restrictive tier, increasing the out-of-pocket costs (e.g., copayment, coinsurance, or deductible) of an insured, or reclassifying a drug to higher-cost sharing tier during the policy year.


шибою Immunization Registry – No Movement

**HB 213** by Rep. Ralph Massullo (R-Lecanto) and **SB 354** by Senator Bill Montford (D-Tallahassee) eliminate unnecessary paperwork for physicians’ offices by making it more convenient for parents to comply with school immunization rules. The bills require health care providers to report into the DOH SHOTS database any immunizations administered to children and college or university students, 18 to 23 years of age, at a college or university student health care facility. Automated data uploaded from existing automated systems is an acceptable method for updating immunization information in the immunization registry. The House bill was amended to require a parent or college student to submit a form to the health care practitioner or entity providing the immunization or to DOH to opt-out of the immunization registry, require DOH to remove all records and identifying information of the child or student who has opted out of the registry, and clarify that a parent may request to opt out of the registry for a child from birth through age 17, and a college student, aged 18 to 23, may request to opt out.


Prescription Drug Monitoring Program (PDMP) – [SB 592 Postponed in Senate Chamber on April 3/SB 1700 Passes Health Policy on April 1 & Scheduled in Judiciary on April 8](http://www.flsenate.gov/Session/Bill/2019/375)

Legislation passed last session required physicians or their designee to consult the statewide PDMP database before prescribing a controlled substance. **HB 375** by Rep. Cary Pigman (R-Avon Park) exempts prescribers and dispensers from the requirement to consult the PDMP prior to prescribing or dispensing a controlled substance to a patient who has been admitted to hospice. The House bill also authorizes DOH to enter into reciprocal agreements to share prescription drug monitoring information with the United States Department of Veterans Affairs, the United States Department of Defense, and the Indian Health Service.
**SB 592** by Senator Ben Albritton (R-Wauchula) amends s. 893.055, F.S., to exempt prescribers and dispensers from the requirement to check the prescription drug monitoring program (PDMP) database before prescribing or dispensing controlled substances to a patient for the alleviation of pain related to a terminal condition.


**HB 1253** by Rep. Amber Mariano (R-Hudson) and **SB 1700** by Senator Tom Lee (R-Thonotosassa) expand the Attorney General's indirect access to PDMP data to all cases involving prescribed controlled substances, rather than just Medicaid fraud cases. The bill authorizes the Attorney General to use PDMP records to pursue an investigation and litigation regardless of when they were compiled. The bills eliminate a prohibition against information in the PDMP database being subject to discovery and entered as evidence in a civil or administrative action against a dispenser or pharmacy and also authorize program staff to testify in a proceeding to authenticate PDMP records. The House bill was amended to require that DOH develop a unique identifier for each patient in the PDMP system.

Link to Amendment to SB 1700: [http://www.flsenate.gov/Session/Bill/2019/01700/Amendment/428208](http://www.flsenate.gov/Session/Bill/2019/01700/Amendment/428208)

**Dispensing Medicinal Drugs – No Movement**

**SB 1124** by Senator Gayle Harrell (R-Stuart) and **HB 1115** by Rep. Matt Willhite (D-Wellington) authorize individuals licensed to prescribe medicinal drugs in an institutional pharmacy to dispense a 48-hour supply, rather than a 24-hour supply, of such drugs to any patient, including a discharged patient. The House bill was amended authorize a hospital pharmacy to dispense the greater of a 24-hour supply or a supply of medicine sufficient to last until the next business day to a patient in an emergency room or a hospital inpatient upon discharge and to authorize all prescribers, not just physicians, to prescribe medicinal drugs to be dispensed under these circumstances.


**Medical Malpractice – No Movement**

**HB 7077** by the House Civil Justice Subcommittee revises medical malpractice laws by establishing a cap on noneconomic damages, requiring accuracy in medical damages admissible before a jury in a medical malpractice claim, allowing presuit communication with treating physicians, and creating an optional communication and resolution program. The bill has been referred to the Health and Human Services Committee and Judiciary Committee. The companion measure, **SB 80** by Senator Kelli Stargel (R-Lakeland) has not been heard in the Senate.

Link to HB 7077: [https://www.flsenate.gov/Session/Bill/2019/7077](https://www.flsenate.gov/Session/Bill/2019/7077)
Telehealth – *House Bills Scheduled for Floor Consideration on April 10*

**HB 23** by Rep. Clay Yarborough (R-Jacksonville) authorizes Florida licensed health care professionals to use telehealth to deliver health care services within their respective scopes of practice. The bill also authorizes out-of-state health care professionals to use telehealth to deliver health care services to Florida patients if they register with the DOH or the applicable board, meet certain eligibility requirements, and pay a fee. A registered telehealth provider may use telehealth, within the relevant scope of practice established by Florida law and rule, to provide health care services to Florida patients, but is prohibited from opening an office in Florida and from providing in-person health care services to patients located in Florida. The bill also establishes standards of practice for services provided using telehealth, including patient examination, record-keeping, and prohibition on prescribing controlled substances for chronic malignant pain. Additionally, the House bill creates a tax credit for health insurers and health maintenance organizations (HMOs) that cover services provided by telehealth and was amended to add clinical labs to the list of providers who could provide telehealth services.

**HB 7026** by the Health Quality Subcommittee requires DOH or the applicable regulatory board to charge a $150 registration fee for out-of-state health care professionals seeking to provide health care services using telehealth to Florida residents. The bill also creates a biennial registration renewal fee of $150 for those providers.

**SB 1526** by Senator Gayle Harrell (R-Stuart) prohibits Medicaid managed care plans from using providers who exclusively provide services through telehealth to achieve network adequacy, prohibiting a telehealth provider from using telehealth to prescribe a controlled substance, and prohibiting a health maintenance organization from requiring a subscriber to receive services via telehealth. The Senate version of the legislation requires that that insurers and HMOs reimburse health providers for telehealth services as they would if the services were provided face-to-face, but it does not contain tax breaks for health insurers and HMOs.

- Link to HB 7067: [https://www.flsenate.gov/Session/Bill/2019/7067](https://www.flsenate.gov/Session/Bill/2019/7067)

**Senate Health Policy Committee Health Care Package – SB 7080 Passes**

*Governmental Oversight and Accountability on April 2/SB 7078 Passes Appropriations Subcommittee on Health & Human Services on April 4*

**SB 7078** by the Health Policy Committee is a comprehensive health care bill that includes the following provisions:

- Provides patient access to medical records and patient medical record charges.
- Requires that hospitals provide non-emergency patients with information on the rate of hospital-acquired infections, the overall rating of the Hospital Consumer Assessment of Healthcare Providers and Systems survey, and the 15-day readmission rate.
- Requires that a hospital inform the patient’s primary care provider within 24 hours after the patient’s admission to the hospital.
- Requires that a hospital notify a patient of observation status.
• Expands direct primary care agreements to include direct health care agreements.
• Prohibits step therapy for a new health care plan when the patient had been approved for the medication in the last 180 days.
• Provides for price transparency in health insurance contracts / gag prohibition.
• Establishes an Interstate Medical Licensure Compact for physicians.

In addition, **SB 7080** by the Health Policy Committee is the requisite public records exemption bill for the Interstate Licensure Compact.