Florida Academy of Family Physicians
2019 Legislative Session
Capital Update – WEEK SIX
April 12, 2019

“Florida Department of Health emails show agency struggled to manage algae crisis”
“Senate panel OKs felon voting rights bill with conditions”
“Ballot measure would revamp Florida primaries”
“Despite heated opposition, House panel pushes forward medical marijuana restrictions”
“Gambling talks with Seminoles inching forward”
“Florida House approves drug imports from Canada”

These recent headlines are just a few examples of the breadth of policy issues the Florida legislature is pursuing in the 2019 Legislative Session. Only three weeks remain to address these issues, adopt a $90-billion budget, and end the 2019 session on 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 throughout the legislative session. The following is a brief summary of the key issues impacting the Florida Academy of Family Physicians.

2019 Doctor of the Day Program
Family Medicine stormed the capitol this week with five FAFP members serving as Doctor of the Day. On Tuesday, FAFP President-Elect Dr. Christie Alexander (far left) joined FSU College of Medicine Dean Dr. John ('J') Fogarty (far right) for FSU Day at the Capitol to represent the CoM. On Wednesday, Dr. David El Hassan (left - Jacksonville) was sponsored by Senate Appropriations Chair Rob Bradley. Thursday, FAFP Past President Dr. Ed Prevatte (Daytona) brought Halifax resident Dr. Charity Eko (right) to serve as the guest of Senator Tom Wright. Family medicine’s presence has never been as strong as it has been in 2019 - a tradition the FAFP hopes to continue for years to come. Want to serve? Contact Jay Millson (jmillson@fafp.org)
Legislation of Importance to FAFP
Bills are marked with FAFP’s position: ✔️ Support 🚫 Oppose ⬤ Monitoring

APRN Scope of Practice Expansion – House Bills Pass Health & Human Services Committee on April 9 & Scheduled for House Floor Consideration on April 17/Senate Bill Has Not Been Heard in Committee
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 House bill was amended to also allow certain physician assistants to practice independently and to authorize an autonomous physician assistant, a physician assistant, or an advanced practice registered nurse to examine and report on a ward's medical and mental health conditions in the annual guardianship plan submitted to the court. The House bill is now on the calendar of bills ready for floor consideration. 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 Passes House Chamber on April 11 (112-4)/Senate Bill Has Not Been Heard in Committee
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. 7
   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 Passes House Chamber on April 11 (99-16)/Senate Bill Has Not Been Heard in Committee
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.


**Electronic Prescribing – Amended Senate Bill Passes Health Policy on April 8 & Scheduled to be Heard Again in the Appropriations Subcommittee on Health & Human Services on April 16/House Bill Passes Full Chamber on April 11 (111-4)**

HB 831 by Rep. Amber Mariano (R-Hudson) requires all prescribers to generate and transmit all prescriptions electronically by January 1, 2021, except when electronic prescribing is unavailable due to a temporary electrical or technological failure. In such instances, written prescriptions may be used which must meet the requirements of current law.

SB 1192 by Senator Aaron Bean (R-Fernandina Beach) was amended to require all prescriptions to be issued through e-prescribing no later than July 1, 2021, if such prescribers have access to an electronic health records (EHR) system, provides an exception to mandatory e-prescribing for prescribers who do not have access to an EHR system, creates seven exceptions to the requirement that prescribers with access to an EHR system must issue all prescriptions through e-prescribing, which are all consistent with federal-law exceptions to the e-prescribing requirement for the Medicare program, and authorizes the DOH to adopt rules in consultation with the Board of Medicine and the Board of Osteopathic Medicine.


**Prescription Drug Importation Program – Amended Senate Bill Passes Appropriations Subcommittee on Health and Human Services on April 9/House Bills Pass House Chamber on April 11 (93-22) (103-11)**

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 (AHCA). 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).

The Senate committee passed a redraft of SB 1528 directing AHCA to establish the Importation Program and requiring the agency to competitively procure and contract with a vendor to administer it by December 1, 2019. AHCA must also develop a plan for federal approval of the Program and submit the plan to the U.S. Department of Health and Human Services (HHS) by July 1, 2020. Once federal approval is granted, the AHCA is required to return to the Legislature and receive final approval before implementation. As part of that final approval process, the bill requires the Legislature to consider the estimated cost savings to the state and whether the Program has met the required safety standards.
HB 7073 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 Judiciary on April 8/House Bill on House Chamber Calendar for April 17](image).

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 requires DOH to develop and publish on its website an educational pamphlet regarding the use of nonopioid alternatives for the treatment of pain. The bill also 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 DOH, and document any alternatives considered in the patient’s record. The Senate bill has one final hearing in the Rules Committee.


![Direct Health Care Agreements – Senate Bill in Final Committee/House Bill Resides in Senate](image).

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 care agreements that was passed in 2017. The House bill also expands the 2018 law to allow for such agreements between patients and dentists. The Senate bill has one final hearing in the Rules Committee.

Link to HB 7: [http://www.flsenate.gov/Session/Bill/2019/7](http://www.flsenate.gov/Session/Bill/2019/7)

![Prior Authorizations – No Movement](image).

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” – Senate Bill Passes Health Policy on April 8/ House Bill Postponed in Commerce on April 4
SB 1180 by Senator Debbie Mayfield (R-Vero Beach) 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.

SB 1180 was amended by the Health Policy Committee and has one final hearing in the Rules Committee. The amended Senate bill revises the Insurance Code to provide additional consumer protections by requiring at least 60 days’ notice before the effective date of any changes to a prescription drug formulary during a policy year for health insurance policies and health maintenance organization contracts. A treating physician may seek continuation of a prescription drug taken off a formulary by certifying its medical necessity and submitting a form to the insurer at least 30 days prior to the formulary change. A standardized, one-page form for such certifications will be developed through rulemaking by the Financial Services Commission (commission). Treating physicians may submit their forms either electronically or via first class mail to the insurers. The bill also generally prohibits an insurer or health maintenance organization (HMO) from reclassifying a drug to a more restrictive tier, increasing the cost sharing of an insured, or reclassifying a drug to higher cost-sharing tier during the policy year. Under current law, only HMOs offering group contracts are prohibited from increasing the copayment for any benefit or removing, amending, or limiting any of the contract benefits except at renewal time, with some exceptions.

Link to SB 1180: http://www.flsenate.gov/Session/Bill/2019/1180
Link to HB 1363: http://www.flsenate.gov/Session/Bill/2019/1363

Immunization Registry – Senate Bill Passes Rules on April 10/Senate& House Bill Scheduled for Chamber Consideration on April 17
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.

Link to HB 213: http://www.flsenate.gov/Session/Bill/2019/213
Prescription Drug Monitoring Program (PDMP) – HB 1253 Passes Health and Human Services Committee on April 9 & Scheduled for House Chamber on April 17/SB 1700 Passes Judiciary on April 8

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. SB 592 was postponed in the Senate Chamber on April 3.


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 also requires that DOH develop a unique identifier for each patient in the PDMP system. The House bill was amended to clarify that the Attorney General may only obtain de-identified patient information from the PDMP for active investigations or pending civil or criminal litigation involving controlled substances, for cases other than Medicaid fraud cases, clarify that the Attorney General may introduce into evidence de-identified patient information from the PDMP in civil, criminal, or administrative actions against a dispenser, define “electronic health recordkeeping system.” One final committee hearing in the Rules Committee remains for SB 1700.


Dispensing Medicinal Drugs – House Bill Passes Health & Human Services on April 9

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. The House bill was amended in the Health and Human Services Committee to:

- Authorize a permitted community pharmacy to employ an automated pharmacy system to dispense medicinal drugs on an outpatient basis.
- Require that an automated pharmacy system be under the supervision and control of a Florida-licensed pharmacist, who must be available for patient counseling.
- Prohibit an automated pharmacy system from dispensing any controlled substance.
- Require a community pharmacy to notify the Board of Pharmacy of the location of any automated pharmacy system and each time the location changes.


**Telehealth – HB 23 & HB 7067 Pass House Chamber on April 11/Senate Bill Scheduled in Appropriations Subcommittee on Health and Human Service on April 16**

**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 7067** 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 SB 1526: [http://www.flSenate.gov/Session/Bill/2019/1526](http://www.flSenate.gov/Session/Bill/2019/1526)
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.

SB 7078 has one final committee hearing in the Appropriations Committee which is scheduled to meet on April 16th. The committee has drafted a proposed committee substitute amendment. In addition, SB 7080 by the Health Policy Committee is the requisite public records exemption bill for the Interstate Licensure Compact.

Link to PCS Amendment to SB 7078: [http://www.flsenate.gov/Session/Bill/2019/07078/Amendment/192902](http://www.flsenate.gov/Session/Bill/2019/07078/Amendment/192902)