Long days and nights were the norm as the legislature concluded week eight of the nine-week legislative session. Heavily debated policy issues involving sanctuary cities, felon voting rights and educational choice kept legislators working into the late evening as they also began the budget conference process. Budget conferees will work through the weekend in order to finish their work and hopefully contribute to an on-time sine die on May 3rd.

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

This week family medicine was extremely well represented. On Tuesday, April 22, FAFP Dr. Dan Montero (not pictured), sponsored by Senator Aaron Bean (Fernandina Beach) served as Senate Doctor of the Day, and on Wednesday, FAFP Vice President Dr. Carrie Vey (left) was accompanied by Resident Dr. Cory Pollard to serve as House Doctor of the Day. On Friday, April 26, Dr. Karen Bartley at the invitation of Rep. Loranne Ausley (Tallahassee) served as House Doctor of the Day. This closes out FAFP’s active participation in the legislative program for the 2019 Legislative Session. Thank you to all of our members who made our program such a huge success this year! The 2020 session starts in January next year so if you are interested in serving in the program, contact Jay Millson (jmillson@fafp.org).
Budget Negotiations Commence

On April 23\textsuperscript{rd}, Senate President Bill Galvano (R-Bradenton) announced that formal negotiations between the House and Senate would begin on a state budget for the 2019-20 Fiscal Year that starts July 1\textsuperscript{st}. Senate Appropriations Chairman Rob Bradley (R-Fleming Island) and House Appropriations Chairman Travis Cummings (R-Fleming Island) reached consensus on budget allocation amounts which is a necessary step in the negotiation process. These allocations represent the total amount of monies which are divided between broad categories of the budget. The Florida Legislature has a 72-hour “cooling off” period before a final vote on the budget can be taken. This will require legislators to finalize the budget conference agreement by Tuesday, April 30\textsuperscript{th} in order to conclude the session on time. The 2019 Legislative Session is slated to end Friday, May 3\textsuperscript{rd}.

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 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. A linked committee bill, **HB 7079**, deals with the registration and biennial renewal fees for licensing advanced practice registered nurses.

- Link to HB 7079: [https://www.flsenate.gov/Session/Bill/2019/7079](https://www.flsenate.gov/Session/Bill/2019/7079)

?? **Consultant Pharmacists** – *No Movement*

**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.


?? **Influenza & Strep Testing** – *No Movement*

**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 also:
- Authorizes 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.
- Authorizes pharmacists to test for and treat influenza and streptococcus.
- Requires the board to adopt a formulary of drugs a pharmacist may prescribe for minor, nonchronic illnesses.
- Prohibits a pharmacist from initiating or prescribing a controlled substance.

Link to SB 300: [http://www.flsenate.gov/Session/Bill/2019/300](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 – No Movement

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) requires health care practitioners to begin issuing all prescriptions through e-prescribing no later than July 1, 2021, if such prescribers have access to an electronic health records (EHR) system. The bill also provides an exception to mandatory e-prescribing for those prescribers who do not have access to an EHR system and creates seven exceptions to the requirement consistent with federal-law exceptions to the e-prescribing requirement for the Medicare program. The bill also authorizes the DOH to adopt rules in consultation with the appropriate boards. Finally, the Senate bill provides an exemption if the practitioner determines it is in the best interest of the patient, or the patient determines that it is in their best interest, to compare prescription prices among area pharmacies.


Prescription Drug Importation Program – HB 19 & HB 7073 Heard on Senate Floor on April 26

HB 19 by Rep. Tom Leek (R-Ormond Beach) creates 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).

**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 Placed on Special Order Calendar for Floor on April 29*

SB 630 Senator Keith Perry (R-Gainesville) and HB 451 by Rep. Scott Plakon (R-Longwood) require 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.

**Direct Health Care Agreements** – *Senate Language Amended to HB 843 on April 26*

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 Senate bill is now on the calendar of bills ready for floor consideration by the full Senate. The language of SB 1520 was amended onto HB 843 in the Senate Chamber on April 26th.
- Link to HB 7: [http://www.flsenate.gov/Session/Bill/2019/7](http://www.flsenate.gov/Session/Bill/2019/7)

**“Bait & Switch”** – *Senate Bill Passes Rules on April 23 & Posed to Pass Full Senate on April 26*

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.
Immunization Registry – House Bill Passes Senate with Amendments on April 24 (38-0)/ Bill Must Return to House for Final Passage

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.

Link to HB 213: http://www.flsenate.gov/Session/Bill/2019/213

Prescription Drug Monitoring Program (PDMP) – HB 1253 Postponed on House Floor on April 26/ HB 375 Passes House on April 24 (114-0)

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 Pignan (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.

Link to HB 375: http://www.flsenate.gov/Session/Bill/2019/375
Link to SB 592: http://www.flsenate.gov/Session/Bill/2019/592

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
Dispensing Medicinal Drugs – House Bill Passes House Chamber on April 25 (110-0)/Senate Bill Passes Rules on April 23 & Available for Senate Chamber Consideration

**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 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 by 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.

**Link to SB 1124:** [http://www.flsenate.gov/Session/Bill/2019/1124](http://www.flsenate.gov/Session/Bill/2019/1124)
**Link to HB 1115:** [http://www.flsenate.gov/Session/Bill/2019/1115](http://www.flsenate.gov/Session/Bill/2019/1115)

Telehealth – HB 7067 Passes Senate Rules on April 23/HB 23 Debated in Senate on April 26

**HB 23** by Rep. Clay Yarborough (R-Jacksonville) 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 certain prohibitions on controlled substances prescribing.

**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.

**Link to HB 23:** [http://www.flsenate.gov/Session/Bill/2019/23](http://www.flsenate.gov/Session/Bill/2019/23)
**Link to Amendment to HB 23:** [http://www.flsenate.gov/Session/Bill/2019/00023/Amendment/845780](http://www.flsenate.gov/Session/Bill/2019/00023/Amendment/845780)
**Link to HB 7067:** [https://www.flsenate.gov/Session/Bill/2019/7067](https://www.flsenate.gov/Session/Bill/2019/7067)
HB 843 by Rep. Ana Maria Rodriguez (R-Doral) is a comprehensive health care bill that:

- Creates the dental student loan repayment program.
- Creates the Donated Dental Services Program.
- Requires hospital notification to patients of the rate of hospital required infections, rating of the Hospital Consumer Assessment of Healthcare Providers and System survey and the 15-day readmission rate.
- Requires hospital notification to the patients primary provider of admission or discharge from a hospital.
- Allows an ambulatory surgical center to keep patients for 24 hours and allows the Agency to adopt rules that establish minimum standards for pediatric patients.
- Makes changes to the pediatric cardiac technical advisory panel.
- Requires notification to the patient of observation status rather than in patient status at a hospital.
- Provides that CLIA certified providers are not clinics for purposes of Chapter 400, F.S.
- Contains language dealing with restrictive covenants for physicians.
- Modifies the direct primary care agreements to be direct health care agreements.
- Prohibits step therapy when the insured has previously been approved to receive the prescription drug through the completion of a step therapy protocol and the previous insurance company had paid for it within the last 90 days.

HB 843 also requires the Office of Program Policy Analysis and Government Accountability (OPPAGA) to research and analyze the Interstate Medical Licensure Compact and the relevant requirements and provisions of general law and the State Constitution and develop a report and recommendations addressing this state’s prospective entrance into the compact as a member state while remaining consistent with those requirements and provisions. OPPAGA is required to submit its report and recommendations to the Governor, the Senate President, and House Speaker no later than October 1, 2019.