Week seven of the nine-week legislative session has concluded. And as legislators left town for the holiday, spring storms arrived. Are these storms signaling a stormy conclusion to the 2019 Legislative Session? Although unlikely, this week saw the formation of an end-of-session glide path, as the Senate began to address the House priorities, and the House followed suit with the Senate. As legislators move into the final two weeks, expect hours and hours of floor debate with a budget conference included for good measure. And, yes, healthcare will be part of the debate, specifically “certificate of need” regulatory process, telehealth and prescription-drug importation programs --- all issues that are priorities of House Speaker Jose Oliva. Just another Spring in Tallahassee.

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**

Regrettably, FAFP President Dr. Michelle Brandhorst and FAFP Board Member Dr. Maureen Padden were forced to cancel as Doctors of the Day on Monday, April 15, due to the legislators not being in town. Disappointing for certain but it did not weaken family medicine’s resolve. On Tuesday, April 16, FAFP Past President Dr. Dennis Saver, sponsored by Representative Erin Grall (Indian River) served as House Doctor of the Day and was accompanied by the Senate Doctor of the Day and close friend, Dr. Laurie Welton. The following day, FAFP member Dr. Sonia Millan was sponsored by Representative Tom Leek (Volusia). With only two weeks left in the 2019 Legislative Session, it is an understatement to say family medicine has been well represented this year in Tallahassee. Interested in serving? 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 – HB 821 and HB 7079 Pass Full House Chamber on April 17 (75-37) (87-25)/Senate Bill Has Not Been Heard in Committee This Session

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 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 Resides in Senate/Senate Bill Has Not Been Heard in Committee This Session

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 Resides in Senate/Senate Bill Has Not Been Heard in Committee This Session

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 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 – Amended Senate Bill Passes Appropriations Subcommittee on Health & Human Services on April 16 & Passes Appropriations on April 18/House Bill Resides in Senate

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.

Link to HB 831: http://www.flsenate.gov/Session/Bill/2019/831
Link to PCS for SB 1192: http://www.flsenate.gov/Session/Bill/2019/1192/Amendment/805720

Prescription Drug Importation Program – Amended Senate Bill Passes Appropriations on April 18/HB 7073 Scheduled in Rules on April 23

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).

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. After passing the House, the bill will be heard in the Senate Rules Committee on April 23rd.

Link to HB 19: http://www.flsenate.gov/Session/Bill/2019/19
Link to HB 7073: http://www.flsenate.gov/Session/Bill/2019/7073
Link to PCS for SB 1528: http://www.flsenate.gov/Session/Bill/2019/1528/Amendment/712656
Non-Opioid Directives – Senate Bill Passes Rules on April 17/House Bill Passes Full House Chamber on April 17 (113-1)

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.

Link to SB 630: http://www.flSenate.gov/Session/Bill/2019/630

Direct Health Care Agreements – Senate Bill Passes Rules on April 17/House Bill Resides in Senate

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.

Link to HB 7: http://www.flSenate.gov/Session/Bill/2019/7
Link to SB 1520: http://www.flSenate.gov/Session/Bill/2019/1520

“Bait & Switch” – Senate Bill Scheduled for Rules on April 23

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.

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 Scheduled for Floor Consideration on April 23/House Bill Passes Full House on April 17 (112-2)

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
Link to SB 354: http://www.flSenate.gov/Session/Bill/2019/354
**Prescription Drug Monitoring Program (PDMP) – **
**HB 1253 Postponed in House Chamber on April 17/SB 1700 in Final Committee Awaiting Hearing/HB 375 & HB 1253 on House Floor Calendar for April 23**

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. **HB 375** is scheduled for House Floor consideration on April 23rd.

**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 3rd.


**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**. **HB 1253** is scheduled for House Floor consideration on April 23rd.


**Dispensing Medicinal Drugs – **
**House Bill on Floor Calendar for April 24/Senate Bill Scheduled for Rules on April 23**

**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 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.

Link to SB 1124: [http://www.fl senate.gov/Session/Bill/2019/1124](http://www.fl senate.gov/Session/Bill/2019/1124)

**Telehealth – HB 7067 Scheduled in Rules on April 23/SB 1526 Passes**

**Appropriations Subcommittee on Health and Human Service on April 16 & Passes Appropriations on April 18**

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. HB 7067 will be heard in the Senate Rules Committee on April 23rd.

On April 16th, SB 1526 by Senator Gayle Harrell (R-Stuart), was substantially amended in the Appropriations Subcommittee on Health and Human Service with language that brought the Senate closer to the House position on the issue of telehealth. SB 1526 now:

- Authorizes a telehealth provider to use telehealth to perform a patient evaluation if an in-person physical examination is not required and if a patient evaluation is sufficient to diagnose and treat the patient.
- Clarifies that a nonphysician telehealth provider using telehealth and acting within the applicable scope of practice, as established under Florida law, may not be interpreted as practicing medicine without a license.
- Prohibits controlled substances from being prescribed by a telehealth provider, with limited exceptions.
• Authorizes any Florida-licensed health care practitioner, within the relative scope of practice established by Florida law and rule, to use telehealth to deliver health care services to Florida patients; and authorizes an out-of-state telehealth provider to deliver health care services to Florida patients if they register with the applicable board, or the DOH if there is no board, and meet certain eligibility requirements.

• Requires the DOH to use the National Practitioner Data Bank to verify information submitted by an out-of-state telehealth provider and to publish on its website the name and specific background information of each registered out-of-state telehealth provider.

• Requires a provider to maintain professional liability coverage to the same degree that Florida-licensed practitioners must be covered under Florida law.

• Prohibits an out-of-state telehealth provider from opening an office in Florida and from providing in-person health care services to patients located in Florida.

• Authorizes the board, or the DOH if there is no board, to revoke an out-of-state telehealth providers’ registration under certain circumstances.

On April 16th, the telehealth tax credit language passed as an amendment offered by Rep. Yarborough in the Appropriations Committee to the House tax package contained in HB 7123. Also on April 16th, the Senate Finance & Taxation Committee also approved a tax bill, SB 1112, that included a telehealth tax credit, for insurance companies and HMOs that use telehealth. The House bill establishes the tax credits permanently for insurers and HMOs, while the Senate tax bill offers the tax break for a limited time period. Under SB 1112, the tax break is effective on or after January 1, 2020 until January 1, 2023.

Link to HB 23: http://www.flsenate.gov/Session/Bill/2019/23
Link to HB 7067: https://www.flsenate.gov/Session/Bill/2019/7067
Link to SB 1526: http://www.flsenate.gov/Session/Bill/2019/1526
Link to Amendment to SB 1526: http://www.flsenate.gov/Session/Bill/2019/1526/Amendment/862704
Link to HB 7123: http://www.flsenate.gov/Session/Bill/2019/7123
Link to SB 1112: http://www.flsenate.gov/Session/Bill/2019/1112

Senate Health Policy Committee Health Care Package – SB 7078 Passes Appropriations on April 18th/SB 7080 Postponed by Committee

On April 18th, SB 7078 by the Health Policy Committee, was heard and amended in the Appropriations Committee. The comprehensive health care bill was amended to include the following provisions:

• 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 90 days.
The amended Senate bill 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.

In addition, SB 7080 by the Health Policy Committee which is the requisite public records exemption bill for the Interstate Licensure Compact was on the agenda of Appropriations Committee on April 18th, however, the bill was postponed.

- Link to Amendment to SB 7078: [http://www.flsenate.gov/Session/Bill/2019/7078/Amendment/520116](http://www.flsenate.gov/Session/Bill/2019/7078/Amendment/520116)