The First Week of the 2016 Regular Session began on Tuesday, January 12, 2016 and is scheduled to go through Friday, March 11, 2016.

The Session opened with the usual pomp and circumstance with flowers on desks in both Chambers and with hopes and thoughts for a successful Session. If the First Week is any indication, this should be a much better Session than the 2015 Session. House Speaker Cristafulli and Senate President Gardiner both praised each other and promised to work together for a better Florida and a more positive future for its citizens.

OSTEOPATHIC MEDICINE AND HEALTH AWARENESS DAY AT THE CAPITOL:

January 14, 2016 was FOMA’s 22nd Osteopathic Medicine and Health Awareness Day at the Florida Capitol. The event started on Wednesday evening with a reception at the Aloft Hotel.

Meetings were held throughout the day on Thursday with State Senators Aaron Bean, Greg Evers, John Legg, Bill Montford, Wilton Simpson, Darren Soto; with House Speaker Steve Crisafulli, State Representative Kenneth Roberson; former State Representative Ron Renuart, DO and FOMA Legislative Chairman Paul Seltzer, DO.

At noon, we held a Legislative Awards Program in the Senate Chamber of the Old Capitol that featured speakers Jennifer Tschetter, Florida Department of Health Chief Operating Officer, Claudia Kemp, Executive Director of the Florida Board of Osteopathic
Medicine, and State Senator Bill Montford who was the FOMA 2016 Legislator of the Year Award. Sen. Montford then gave to the FOMA the State's Senate Proclamation commending the Osteopathic Physicians of the state and Osteopathic Medicine and Health Awareness Day. We also had a Florida House of Representatives Tribute to Osteopathic Medicine and Health Awareness Day presented by State Representative Matt Gaetz, and a Proclamation from Governor Rick Scott recognizing Osteopathic Medicine and Health Awareness Day, presented by former State Representative Ron Renuart, DO. A luncheon followed the awards program in the Gallery of the Old Capitol.

Thanks to Doctors of the Day Monina Geda, DO and Greg Williams, DO, who served in the Senate. We also had the opportunity to do interviews, films, and photos with physicians, students and legislators. Approximately 31 Osteopathic medical students from NSUCOM, LECOM/Bradenton, and ACOM (Alabama) were in attendance. Physicians in attendance included Robert George, DO Associate Dean at LECOM/Bradenton, Richard Thacker, DO, AOA Board of Trustees, Nicole Bixler, DO, FOMA President-Elect, Jim Voirin, DO, FOMA Board Member, Brett Scotch, DO, FOMA Board Member, Bruce Rankin, DO, FSACOFP President, Traci-Lyn Eisenberg, DO, FSACOFP Board of Trustees Member, and many more. Many thanks to the sixteen sponsors who contributed so generously and helped make it all possible!

**BUDGET:**

The Governor released his Proposed Budget on November 23, 2015 coming in at $79.3 billion for fiscal year 2016-2017. The House and Senate will offer their budget proposals during the later part of the 2016 Session.

The Governor is a friend of expanding graduate medical education…his proposed budget invests an additional $26.6 million in the Statewide Medicaid Residency Program for a total of more than $100 million for the first time in the program's history. This program has already created an additional 477 slots and 16 new teaching hospitals in just its first two years.

**BRIEF SUMMARY OF BILLS HEARD IN WEEK ONE:**

(IF YOU WISH TO ACCESS ANY OF THE BILLS WE ARE TRACKING, YOU MAY DO SO AT THE FOMA WEB SITE [www.foma.org](http://www.foma.org). Once there, scroll down the page to “Capitol Updates” and click on it. Then scroll down to “Quicklinks” and click on “Bill Tracking”. Look for your bill number and click on it and all the most current information will appear.)

**HB 1061 - Relating to Nurse Licensure Compact by Pigman:**

Pursuant to the bill, a nurse who applies for or renews a multistate license in Florida must meet the minimum requirements of the Nurse Licensure Compact (NLC) and any other requirements set by the Florida Board of Nursing (board) within the Department of Health (DOH). The NLC does not change the current licensure requirements under ch. 464, F.S., the Nurse Practice Act.

**Action: Passed** the House Select Committee on Affordable Healthcare 12 – 0 and is on the House Health Care Appropriations Subcommittee for 1-20-16 at 12:00 pm
SB 918 - Relating to Licensure of Health Care Professionals by Richter:
Authorizes the Department of Health (DOH) to waive fees and issue health care licenses to active duty U.S. military personnel who are within 6 months of an honorable discharge, and issue temporary licenses to active duty military spouses, in professions that do not require licensure in other states, if the applicant can provide evidence of training or experience equivalent to that required in Florida, and proof of a passing score on a regional or national standards organization exam, if one is required in Florida. The bill also eliminates the requirement that a military spouse who has been issued a temporary dental license practice under the indirect supervision of a Florida dentist.

**Action:** Passed the Senate Health Policy Committee 7 – 0 and is now in the Senate Appropriations Subcommittee on Health and Human Services.

**Similar Bill:** HB 0941 - Relating to Licensure of Health Care Professionals by Gonzalez 01/14/16 HOUSE On Committee agenda - Health Quality Subcommittee, 01/19/16, 4:00 pm, 306 H

SB 676 - Relating to Health Care by Grimsley:
Authorizes physician assistants (PAs) and advanced registered nurse practitioners (ARNPs) to prescribe controlled substances under current supervisory standards for PAs and protocols for ARNPs beginning January 1, 2017; and creates additional statutory parameters for their controlled substance prescribing. An ARNP’s and PA’s prescribing privileges for controlled substances listed on Schedule II are limited to a 7-day supply, do not include the prescribing of psychotropic medications for children under 18 years of age unless prescribed by an ARNP who is a psychiatric nurse, and may be limited by the controlled substance formularies themselves imposing additional limitations on PA or ARNP prescribing privileges for specific medications. An ARNP or PA may not prescribe controlled substances in a pain management clinic. The bill requires PAs and ARNPs to complete 3 hours of continuing education biennially on the safe and effective prescribing of controlled substances.

**Action:** Passed the Senate Health Policy Committee 4 – 2 and is now in the Senate Banking and Insurance Committee.

**Companion Bill:** HB 0423 - Relating to Drug Prescription by Advanced Registered Nurse Practitioners & Physician Assistants by Pigman 01/12/16 HOUSE Now in Health & Human Services Committee

SB 7038 - Relating to Controlled Substances by the Senate Health Policy Committee:
Amends several sections of law relating to controlled substances in order to:
• Clarify that Schedule II, III, IV, and V controlled substances may be prescribe electronically as allowed by federal law;
• Strike language requiring wholesale distributors of controlled substances to determine whether or not orders of more than 5,000 unit doses of any one controlled substance in any one month are reasonable;
• Allow prescribers and dispensers of controlled substances as well as pharmacies to select designees who may access the Prescription Drug Monitoring Program (PDMP) database on behalf of the prescriber, dispenser, or pharmacy

**Action:** Passed the Senate Health Policy Committee 6 – 0 and has been referred to Appropriations Subcommittee on Health and Human Services; Fiscal Policy

**No Companion Bills**

**HB 423 - Relating to Drug Prescription by Advanced Registered Nurse Practitioners & Physician Assistants by Pigman:**

Authorizes ARNPs to prescribe, dispense, order, and administer controlled substances, but only to the extent authorized under a supervising physician's protocol. The bill also authorizes PAs to prescribe controlled substances that are not listed on the formulary established by the Council on Physician Assistants, under current supervisory standards. The bill subjects ARNPs and PAs to administrative disciplinary actions, such as fines or license suspensions, for violating standards of practice in law relating to prescribing and dispensing controlled substances. The bill adds specific prohibited acts related to the prescribing of controlled substances, which constitute grounds for denial of license or disciplinary action, into the Nurse Practice Act. The bill requires ARNPs and PAs who prescribe controlled substances for the treatment of chronic nonmalignant pain to meet certain registration and prescribing requirements, but prevents ARNPs and PAs from prescribing controlled substances in registered pain management clinics.

**Action:** Passed the House Health Care Appropriations Subcommittee 11- 2 and is now in the House Health and Human Services Committee

**Companion Bill:** SB 0676 - Relating to Health Care by Grimsley 01/12/16 SENATE Now in Banking and Insurance

**HB 363 - Relating to Health Insurance For Opioids by Nunez:**

Opioids can be abused in numerous ways including being swallowed, snorted, smoked, or injected. These delivery methods create a more rapid onset of the effects of the opioid than intended by the manufacturer and a greater euphoria. Abuse-deterrent opioids are formulated to deter abuse by making product alteration more difficult (crush resistant) or by making the altered product less attractive or rewarding (crushing renders the drug essentially ineffective). HB 363 allows a health insurance policy which provides coverage for opioids to impose a prior authorization requirement for an abuse-deterrent opioid only if the policy requires prior
authorization for opioids without an abuse-deterrence labeling claim. The bill also prohibits a policy from requiring the use of an opioid without an abuse-deterrent labeling claim before providing coverage for an abuse-deterrent opioid.

**Action:** *Passed* the House Health Innovation Subcommittee 12 – 1 and is now in the House Insurance and Banking Subcommittee

**Identical Bill:** SB 0422 - Relating to Health Insurance Coverage For Opioids by Benacquisto
12/02/15 SENATE Now in Appropriations

**HB 421 - Relating to Reimbursement of Medicaid Providers by Trubull:**
“Usual and customary” is a common payment methodology utilized in various sections of Florida law, including the Medicaid statutes. However, despite its prevalent use, the term is not defined in law. This potentially creates uncertainty of interpretation of the term and, as least in the Medicaid program, has resulted in litigation. HB 421 amends s. 409.901, F.S., to define “usual and customary”, for the purposes of the Medicaid program, as the amount routinely billed by a provider or supplier to an uninsured consumer for services or goods before application of any discount, rebate, or supplemental plan. The term does not include free or discounted charges for services or goods based upon a person’s insured or financial status. The bill expressly states that the definition is remedial in nature and, based on existing case law, demonstrates the intent for retroactive application of the definition.

**Action:** There was *no vote* on the bill as it was Temporary Postponed (TP’d) by the House Innovation Subcommittee.

**Identical Bill:** SB 0526 - Relating to Reimbursement of Medicaid Providers by Grimsley
01/14/16 SENATE On Committee agenda - Health Policy, 01/19/16, 4:00 pm, 412 K

**SB 748 - Relating to Physician Assistants by Flores:**
Authorizes a physician assistant (PA) to perform *services delegated by a supervising physician related to the PA’s practice in accordance with his or her education and training* unless expressly prohibited under ch. 458, ch. 459, F.S., or by rules adopted under the allopathic and osteopathic medical practice acts. The bill creates a definition of “designated supervising physician,” which means a physician designated by a facility or practice to be the primary contact and supervising physician for the PAs in a practice where PAs are supervised by multiple supervising physicians. The bill streamlines a PA’s reporting requirements to the Department of Health (DOH) with respect to multiple supervising physicians. The bill also clarifies that a PA, with delegated prescribing authority, may use prescriptions in both paper and electronic form.

**Action:** *Passed* the Senate Appropriations Subcommittee on Health and Human Services 7 – 0 and is now in the Senate Full Appropriations Committee

**Similar Bill:** HB 0375 - Relating to Physician Assistants by Steube
HB 107 - Relating to Physical Therapy by Cummings:
The bill requires a practitioner of record to review and sign a treatment plan for a patient when treatment is required beyond 30 days for a condition not previously assessed by a practitioner of record or by a physician licensed in another state. A practitioner of record includes allopathic or osteopathic physicians, chiropractors, podiatrists, or dentists. The bill creates title protection for a licensed physical therapist who has obtained a doctoral degree in physical therapy by only allowing a person qualified as such to use the title “D.P.T.” Additionally, the bill makes it unlawful for a person to use, in connection with his or her place of business, the title acronym “D.P.T.,” unless the person holds a doctoral degree in physical therapy and an active license as a physical therapist. However, the bill prohibits a physical therapist who holds a doctoral degree in physical therapy from using the title “doctor,” unless the physical therapist clearly informs the public that his or her profession is physical therapy.

Action: Passed the House Health and Human Services Committee 11 – 0 and is now on the House Calendar for 2nd Reading

Similar Bill: SB 0450 - Relating to Physical Therapy by Grimsley
01/15/16 SENATE Retained on Special Order Calendar

SB 12 - Relating to Mental Health And Substance Abuse by Garcia:
Addresses the current system of behavioral health services which is fragmented and inefficient and makes it difficult for persons with complex, persistent and co-occurring disorders pertaining to mental illness and substance use disorder to obtain needed services. The bill provides for mental health services for children, parents and others seeking custody of children involved in dependency court proceedings. The bill creates a coordinated system of care to be provided either by a community or a region for those suffering from mental illness or substance use disorder through a “No Wrong Door” system of single access points. The Agency for Health Care Administration (“the agency” or “AHCA”) and the Department of Children and Families (“the department” or “DCF”) are directed to modify licensure requirements to create an option for a single, consolidated license to provide both mental health and substance use disorder services. Additionally, the agency and the department are to develop a plan to increase federal funding for behavioral health care.

Action: Passed the Senate Children, Families and Elder Affairs Committee 7 – 0 and is now in the Senate Appropriations Subcommittee on Health and Human Services

Companion Bills: HB 0439 - Relating to Mental Health Services in Criminal Justice System by McBurney 01/04/16 HOUSE Now in Appropriations Committee

HB 37 - Relating to Direct Primary Care by Costello:
Direct primary care (DPC) is a primary care medical practice model that eliminates third party payers from the primary care provider-patient relationship. Through a contractual agreement, a patient pays a monthly fee, usually between $25 and $100 per individual, to the primary care
provider for defined primary care services. After paying the fee, a patient can utilize all services under the agreement at no extra charge. Some DPC practices also include routine preventative services, women's health services, pediatric care, urgent care, wellness education, chronic disease management, and home visits. The Office of Insurance Regulation does not currently regulate DPC agreements. HB 37 provides that a direct primary care agreement (agreement) and the act of entering into such an agreement are not insurance and not subject to regulation under the Florida Insurance Code (Code), including chapter 636, F.S. The bill also exempts a primary care provider, which includes a primary care group practice, or his or her agent, from any certification or licensure requirements in the Code for marketing, selling, or offering to sell an agreement.

Action: Passed the House Finance and Tax Committee 14 – 0 and will now go to the House Health and Human Services Committee

BILLS COMING UP IN WEEK TWO:

Tuesday 1-19-2016

HB 221 - Relating to Health Insurance Coverage for Emergency Services BY Trujillo:
Prohibits coverage for emergency services from requiring prior authorization determination; requires such coverage to be provided regardless of whether service is furnished by participating or nonparticipating provider; specifies coinsurance, copayment, limitation of benefits, & reimbursement requirements for nonparticipating providers; prohibits nonparticipating provider from collecting or attempting to collect amount in excess of specified amounts; revises methodology for determining HMO reimbursement amounts for certain services

1-19-2016: House Insurance and Banking Subcommittee in Room 404 HOB at 1:00 pm

SB 1084 - Relating to Health Care Protocols by Gaetz:
Requiring a managed care plan, an insurer, and a health maintenance organization to establish a process by which a prescribing physician may request an override of certain restrictions in certain circumstances; providing the circumstances under which an override must be granted; defining the term “fail-first protocol”; prohibiting a health maintenance organization from requiring that a health care provider use a clinical decision support system or a laboratory benefits management program in certain circumstances

1-19-2016: Senate Banking and Insurance Committee in Room 110 SOB at 4:00 pm

SB 212 - Relating to Recovery Care Services by Gaetz:
Allows patients in an ambulatory surgical center (ASC) to stay in the center for up to 24 hours. Current law requires that patients in an ASC be discharged on the same working day and restricts patients from staying overnight in an ASC. The bill also creates the recovery care center (RCC) license. The bill defines “recovery care center” and “recovery care services” to limit a patient's stay in an RCC to 72 hours and to restrict RCCs to only admitting patients for
whom an acute care hospitalization is not required and an uncomplicated recovery is reasonably expected. The bill specifies requirements that must be met before a patient can be admitted to an RCC, including emergency care transfer protocols, a referral or admission agreement with at least one hospital, and procedures for discharge planning and discharge protocols. The Agency for Healthcare Administration (AHCA) may adopt rules to implement these standards.

1-19-2016: On Committee agenda – Senate Health Policy, 01/19/16, 4:00 pm, 412 K

**SB 526 - Relating to Reimbursement of Medicaid Providers by Grimsley:**
Amends s. 409.901, F.S., to add a definition of “usual and customary charge” specific to the Medicaid program. The term excludes free or discounted charges or goods based on a person’s uninsured, indigent, or other financial hardship status. The changes made by SB 526 are intended to clarify existing law and are remedial in nature.

1-19-2016: On Committee agenda – Senate Health Policy, 01/19/16, 4:00 pm, 412 K

**SB 1034 - Relating to Health Care Providers by Simmons:**
Revises the description of volunteer, uncompensated services under the Access to Health Care Act (the act) to allow a free clinic to receive and use appropriations or grants from a governmental entity or nonprofit corporation to support the delivery of the contracted services by volunteer health care providers without jeopardizing the sovereign immunity protections afforded under the act. This support may include employing providers to supplement, coordinate, or support the volunteers. The bill also clarifies that employees and agents of a health care provider fall within the sovereign immunity protections of the contracted health care provider when providing health care services pursuant to the contract. Section 768.28, F.S., is likewise amended to specifically include a health care provider’s employees or agents to avoid any potential ambiguity between the provisions in that section of law and the act.

1-19-2016: On Committee agenda – Senate Health Policy, 01/19/16, 4:00 pm, 412 K

**SB 1496 - Relating to Transparency in Health Care by Bradley:**
Increases the transparency and availability of healthcare pricing and quality of service information. The Agency for Health Care Administration (AHCA) is required to contract with a vendor to provide a consumer-friendly, Internet-based platform that allows a consumer to research the cost of health care services and procedures by a common-named service bundle to facilitate price comparison of typical health care services provided in hospitals and ambulatory surgery centers (ASC). Quality indicators for services at the facilities will also be made available to the consumer to facilitate health care decision making. Hospitals and ASCs are required to provide access to the searchable service bundles on their website. Consumers will be presented with estimated average payment and estimated payment ranges for each
the service bundle, by facility, facilities within geographic boundaries, and nationally. The hospital and ASC must notify consumers of other health care providers that may bill separately from the facility as well as information about the facility’s financial assistance policies and collection procedures.

1-19-2016: On Committee agenda – Senate Health Policy, 01/19/16, 4:00 pm, 412 K

HB 941 - Relating to Licensure of Health Care Professionals by Gonzalez:
Revises course requirements for certain license; provides for certain military licensure, deletes certain DOH & Division of Medical Quality Assurance requirements; revises & deletes certain funding & accounting requirements; requires DOH to establish electronic continuing education tracking system; prohibits DOH from renewing license unless licensee has complied with all continuing education requirements; revises provision for person or entity appointed by board to be approved by DOH; repeals provisions relating to Council on Certified Nursing Assistants; repeals certain filing of affidavit requirements; deletes certain authorizations to request certain applicant documents

1-19-2016: On Committee agenda – House Health Quality Subcommittee, 01/19/16, 4:00 pm, 306 H

Wednesday 1-20-2016

HB 1061 - Relating to Nurse Licensure Compact by Pigman:
Pursuant to the bill, a nurse who applies for or renews a multistate license in Florida must meet the minimum requirements of the Nurse Licensure Compact (NLC) and any other requirements set by the Florida Board of Nursing (board) within the Department of Health (DOH). The NLC does not change the current licensure requirements under ch. 464, F.S., the Nurse Practice Act.

1-20-2016: On Committee agenda – House Health Care Appropriations Subcommittee, 01/20/16, 12:00 pm, 212 K

HB 1175 - Relating to Transparency in Health Care by Sprowls:
Requires hospitals & insurers to make available information which can be used by consumers to make health care decisions based on cost & quality; requires AHCA to contract with vendor to provide public access Internet-based health information platform; requires AHCA to design patient safety culture survey for licensed hospitals & ambulatory surgical centers; requires health insurers & HMOs to make available on their websites information to estimate certain health care services costs & charges; requires certain health insurers, HMOs, managed care plans, DMS, & vendor for state group health insurance plan to contribute claims data to contracted vendor selected by AHCA

1-20-2016: On Committee agenda - Select Committee on Affordable Healthcare Access, 01/20/16, 2:30 pm, 404 H
SB 460 - Relating to Experimental Treatments for Terminal Conditions by Bradley:

Amends the Right to Try Act to include cannabis that is sold and manufactured by an approved dispensing organization in the definition of “investigational drug, biological product, or device.” The bill exempts eligible patients and their legal representatives from criminal penalties under chapter 893, Florida Statutes, as well as from any other section of law, but subject to the requirements in the bill, for the purchase and possession of cannabis for the patient’s medical use with the requirement that the cannabis must be obtained from an approved dispensing organization. The bill also exempts approved dispensing organizations, as well as their owners, managers, and employees from the requirements of the Compassionate Medical Cannabis Act of 2014.

1-20-2016: On Committee agenda - Fiscal Policy, 01/20/16, 4:00 pm, 412 K

END