

FLORIDA OSTEOPATHIC MEDICAL ASSOCIATION
2544 Blirstone Pines Drive
Tallahassee, FL 32301
850-878-7364 (O)
850-942-7538 (F)

From: Paul Seltzer, DO, Legislative Chairman
Stephen R. Winn, Executive Director
Jason D. Winn, General Counsel
Ryan Kimmey, Director of Governmental Relations

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The 2019 Legislative Session concluded its 4th week today. The House and Senate chambers each passed their respective budgets. As mentioned last week, the Senate's budget of \$90.3 billion is roughly \$423 million more than the House's budget of \$89.9 billion. Both proposed budgets are higher than last year's fiscal budget of \$88.7 billion but less than the Governor's request of \$91.3 billion. The two chambers will meet later in Session during House-Senate conference committees to hash out the differences.

The health care policy subcommittees have indicated this week was the last week they are meeting. These subcommittees include: Children, Families, and Seniors Subcommittee, Health Market Reform Subcommittee, and Health Quality Subcommittee.

Surgeon General Update: Governor DeSantis said this week he has made a choice for the secretary of the Department of Health, who serves as the state's top doctor, Surgeon General. The Governor is expected make the announcement next week.

Annual Council of Florida Medical School Deans Dinner

On Monday, March 25, the Annual Medical School Deans Dinner was held at the Florida State University Alumni Hall for the deans and students of numerous medical schools throughout Florida. The FOMA attended the dinner and gave a legislative update by FOMA Member, Greg Williams, DO, which mirrored the Florida Medical Association's (FMA) presentation on similar legislative issues. The FOMA and the FMA consistently work together to make sure physicians and their patients are protected from harmful legislation and benefit from positive health care legislation.

Prescription Drug Importation

The House Health and Human Services Committee voted favorably for the importation of prescription drugs from Canada and other countries, sending the legislation to the House floor for a full chamber vote. That vote could happen as early as next week. However, the Senate companion is moving a little slower, only passing its first committee on Monday. Please see below for a recent article on the importation plan.

Exclusive: Trump has concerns with drug import plan

By Alexandra Glorioso and Matt Dixon 3/28/2019

TALLAHASSEE — A Trump administration official met with political leaders in Tallahassee on Wednesday to express concern over legislative proposals to import prescription drugs from Canada. Trent Morse, White House liaison for the U.S. Department of Health and Human Services, had separate sit-downs with Gov. Ron DeSantis and state Senate President Bill Galvano, during which he talked about the administration's unease with cost and safety issues associated with the measures, according to people familiar with the meetings.

Nothing was taken off the table, a Galvano spokesperson said, and Morse stopped short of asking the Legislature to drop the bills or threatening to reject the Florida plan if it becomes law. "They did not foreclose that opportunity," Galvano spokesperson Katie Betta said. "They stated that they would accept the application and review it if we get to that point."

DeSantis has made Canadian drug imports a top priority during his first months in office and has claimed to have the support of the Trump administration. The White House hasn't publicly given its support. In late February, White House press secretary Judd Deere said President Donald Trump had instructed his staff to meet with DeSantis to get more detail.

Deere on Thursday referred questions to HHS. HHS spokesperson Caitlin Oakley did not respond to a request for comment. DeSantis has continued to tout the administration's support. "The president is supportive of this effort and has asked me to plow ahead," the governor said during his March 5 State of the State address. DeSantis, whom Trump endorsed in the GOP gubernatorial primary, said he remains optimistic, but he declined to address concerns raised during the Wednesday meeting.

"Governor DeSantis has been clear that one of the drivers of out-of-control healthcare costs is the cost of prescription drugs," DeSantis spokesperson Helen Aguirre Ferré said in a written statement Thursday. "Let Florida lead the charge and allow FDA-approved drug importation to be implemented."

Both House and Senate proposals moving through the Legislature would allow state agencies to import drugs from Canada that are both safe and cheaper than American drugs. The Senate plan goes further, allowing any eligible pharmacy to import drugs.

The Trump administration meetings also covered progress on HIV and Galvano's Medicaid plan. Morse left information about a March Centers for Medicare and Medicaid Services presentation about recent agency guidance on Medicaid waivers. Galvano wants to overhaul Medicaid and said Thursday that he might use the guidance to craft a plan to expand health insurance to the working poor without expanding Medicaid.

The idea would require saving money on Medicaid, the single biggest expenditure in the state's \$33 billion health care budget. Galvano would target costly and potentially preventable diseases

like hypertension and diabetes, and impose work requirements on Medicaid recipients. Several GOP-backed bills moving through the Legislature would help implement that plan and ultimately craft a Republican response to the Affordable Care Act ahead of the 2020 presidential election, in which health care is expected to play a big role.

House and Senate bills would expand association and short-term health plans, enshrine protections for patients with pre-existing conditions into state law, change requirements for essential health benefits, and expand direct-care agreements between doctors and their patients.

Galvano has also discussed wanting to implement an innovation hub in the state Agency for Health Care Administration to encourage ideas on how to save money for costly patients. That idea also gained traction with DeSantis' health care transition co-chair Alan Levine, who ran AHCA under former Gov. Jeb Bush.

A bill tracking list is attached for all the bills we are following.

To view the legislation below and all other bills the FOMA Legislative Team is tracking please visit foma.org, click the “Legislative” tab at the top, then the first bullet labeled “FOMA Bill Tracking.”

Some more legislation of interest to the FOMA we are following:

FOMA's position on bills: M – Monitor; S – Support; O – Oppose in current form

S - Department of Health/ACGME – No movement

SB 188 by Sen. Harrell and HB 7031 by the Health Quality Subcommittee and Rep. Rodriguez (AM) are the Department of Health's bills and includes the FOMA's ACGME language of revising licensure requirements for a person seeking licensure or certification as an osteopathic physician. The bill also revises licensure requirements for other health care professionals such as dental hygienists, as well as athletic trainers, massage therapists, etc.

- *SB 188 passed the Senate 39-0.*
- *HB 7031 passed its committees and is awaiting a full chamber vote.*

O - Prescription Drug Importation Program – HB 19 passes HHS/final committee, SB 1528 passes Health Policy

HB 19 by Rep. Leek and SB 1452 by Sen. Gruters would allow pharmacies and wholesale drug distributors located outside the United States to export drugs to pharmacists, pharmacies and wholesale drug distributors who would be registered with the Florida Department of Business and Professional Regulation. The importing pharmacists would be precluded from selling or dispensing prescription drugs imported under the program to anyone who isn't a state resident. Some drugs could not be imported including anything that is intravenously injected or inhaled during surgery, controlled substances and biological products. Sen. Bean has filed similar legislation, SB 1528, which only establishes a Canadian Prescription Drug Importation Drug Program. **The FOMA continues to oppose importation in its current form.**

- *HB 19 passed its 3rd and final committee 11-6 and is headed to the House floor for a chamber vote.*
- *SB 1528 passed its 1st committee 8-2 and must pass 2 more committees.*
- *SB 1452 has been referred to 3 committees and is currently waiting to be heard by Health Policy.*

M – Senate Health Care Package – no movement

SB 7078 by the Health Policy Committee and Sen. Harrell 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 passed its 1st committee and must pass 2 more committees.*
- *There is currently no House companion. However, there are many House bills that include SB 7078’s language.*

S - Bait and Switch – HB 1363 passes for Health Market Reform Subcommittee

SB 1180 by Sen. Mayfield and HB 1363 by Rep. Williamson, both bills titled Consumer Protection from Nonmedical Changes to Prescription Drug Formularies, would prohibit specified changes to certain insurance policy prescription drug formularies; requires small employer carriers to limit specified changes to prescription drug formularies under certain health benefit plans; prohibits certain health maintenance organizations from making specified changes to health maintenance contract prescription drug formularies.

- *SB 1180 passed its 1st committee 6-0 and must pass 2 more committees.*
- *HB 1363 passed its 1st committee 13-1 and must pass 2 more committees.*

S - Prior Authorization/Fail-First Protocols – no movement

SB 650 – Health Insurer Authorization by Sen. Mayfield would redefine the term “health insurer” and define the term “urgent care situation”; require health insurers and pharmacy benefits managers on behalf of health insurers to provide, by specified means, certain information relating to prior authorization; require health insurers to publish on their websites and provide to insureds in writing a procedure for insureds and health care providers to request protocol exceptions.

- *SB 650 has been referred to 3 committees and is currently waiting to be heard by the Banking and Insurance Committee.*
- *No House companion has been filed yet.*

SB 906 and HB 271 – Prescribed Drug Services and Audits by Sen. Wright and Rep. Santiago partly deal with the prior authorization process and fail-first protocols as well as many other provisions including PBM’s.

- *SB 906 has been referred to 3 committees and is currently waiting to be heard by the Banking and Insurance Committee.*
- *HB 271 has been referred to 3 committees and is currently waiting to be heard by the Health Market Reform Subcommittee.*

S – Prescription Drug Utilization Management – no movement

HB 559 by Rep. Massullo, MD, would require health insurers to provide access on its website to process for step therapy protocol exception determination requests made by insureds & health care providers; require health insurers to expeditiously grant step therapy override determination requests under certain circumstances; require health insurers to authorize coverage for prescription drug prescribed by insured's health care provider under certain circumstances.

- *HB 559 passed its 1st committee 14-0 and must pass 2 more committees.*
- *No Senate companion has been filed yet.*

S - Prescription Drug Monitoring Program – SB 592 passes Appropriations/final committee

SB 592 by Sen. Albritton and HB 375 by Rep. Pigman, MD, would expand the exceptions of the requirement that a prescriber or dispenser must consult the PDMP to review a patient's controlled substance dispensing history before prescribing or dispensing a controlled substance for a patient receiving palliative care for the relief of symptoms related to an incurable, progressive illness or injury.

- *SB 592 passed its 3rd and final committee 20-0 and is headed to the Senate floor for a chamber vote.*
- *HB 375 passed its committees and is awaiting a full chamber vote.*

O - Repeal of PIP – SB 1052 scheduled for Banking & Insurance, Monday 4/1

Sen. Brandes filed SB 896 – Motor Vehicle Insurance which would eliminate Florida's no-fault law insurance law and the requirement that motorists carry \$10,000 in personal-injury protection (PIP). Rep. Grall filed a similar bill, HB 733. Sen. Lee has also filed his version of motor vehicle insurance legislation, SB 1052.

- *SB 896 has been referred to 3 committees and is currently waiting to be heard by the Infrastructure and Security Committee.*
- *SB 1052 passed its 1st committee 8-0 and is must pass 2 more committees.*
- *HB 733 has been referred to 3 committees and is currently waiting to be heard by the Insurance and Baking Subcommittee.*

S - SB/O HB - Telehealth – HB 23 passed HHS/final committee, SB 1526 passes Health Policy

HB 947, HB 23 and SB 1526 would set the practice standards for telehealth care in the state of Florida. HB 947 by Rep. Ausley defines a telehealth provider as a practitioner who is **licensed** in the state of Florida. HB 23 by Rep. Yarborough defines a telehealth provider as a practitioner who is **licensed or certified** in the state of Florida. SB 1526 would limit telehealth providers to only **licensed physicians**.

- *SB 1526 passed its 1st committee and must pass 2 more committees.*
- *HB 23 passed its 3rd and final committee and is headed to the House floor for a chamber vote.*

- *HB 947 has been referred to 3 committees and is currently waiting to be heard by the Health Quality Subcommittee.*

M - Physician Orders for Life-Sustaining Treatment (POLST) – no movement

SB 206 by Sen. Brandes would: establish the Physician Orders for Life-Sustaining Treatment (POLST) Program within the Department of Health; specify which document takes precedence when directives in POLST forms conflict with other advance directives; require the Agency for Health Care Administration to establish and maintain a clearinghouse for compassionate and palliative care plans consisting of a database accessible to health care providers and facilities and other authorized individuals; authorize specified personnel to withhold or withdraw cardiopulmonary resuscitation if presented with a POLST form that contains an order not to resuscitate the patient.

- *SB 206 has been referred to 3 committees and is currently waiting to be heard by the Health Policy Committee.*
- *No House companion has been filed yet.*

Scope of Practice - O

APRN/PA Independent Practice – HB 821 passes Health Care Appropriations Subcommittee

SB 972 and HB 821 by Sen. Brandes and Rep. Pigman, MD, look to expand the scope of practice of Advanced Practice Registered Nurses and Physician Assistants. Amongst other things, the legislation would allow APRNs and Pas to practice without protocol.

- *SB 972 has been referred to 3 committees and is currently waiting to be heard by the Health Policy Committee.*
- *HB 821 has passed its 2nd committee 8-2 and must pass 1 more committee.*

Practice of Pharmacy – HB 111 passes HHS/final committee

SB 300 by Sen. Brandes and HB 111 by Rep. Plasencia would authorize pharmacists to test for & treat influenza & streptococcus 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.

- *SB 300 has been referred to 3 committees and is currently waiting to be heard by the Health Policy Committee.*
- *HB 111 passed its 3rd and final committee 17-0 and is headed to the House floor for a chamber vote.*

Psychologists Prescribing – no movement

SB 304 by Sen. Brandes and HB 373 by Rep. Pigman, MD, would create certification for prescriptive authority for psychologists. Prescriptive authority for psychologists “means the authorization to prescribe, administer, discontinue, or distribute without charge drugs or controlled substances recognized or customarily used in the diagnosis, treatment, or management

of an individual with a psychiatric, mental, cognitive, nervous, emotional, developmental, or behavioral disorder.”

- *SB 304 has been referred to 3 committees and is currently waiting to be heard by the Health Policy Committee.*
- *HB 373 passed its 2nd committee 7-3 and must pass 1 more committee.*

Consultant Pharmacists – no movement

HB 833 by Rep. Byrd and SB 1050 by Sen. Diaz 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.

- *SB 1050 has been referred to 3 committees and is currently waiting to be heard by the Health Policy Committee.*
- *HB 833 passed its committees and is awaiting a full chamber vote.*