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How To Access Bills We Are Tracking:

Please visit www.foma.org. Once there, scroll down the page and click on “Capitol Updates.” Then scroll down to “Quicklinks” and click on “Bill Tracking.” Look for your bill number and click on it for the most current information. If you have any questions, please call the FOMA Office of Governmental Relations at (850) 878-7364 and we will be glad to help you.

2018 FOMA Capitol Updates:

To access the FOMA’s 2018 Capitol Updates, please visit: <http://www.foma.org/capitol-updates.html>

How to Find Your Legislators:

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We have officially passed midpoint of the Session and the House and Senate have passed their budgets. With less than a month left, the two chambers must work out a \$100 million difference. What may not seem like a lot in comparison to an \$87 billion plus budget, the two chambers are far apart in spending on issues like hospitals, environmental programs, public schools, and on state universities. As the budget conference committees begin to meet, we will keep you updated as budget talks continue.

NSU/LECOM

With both chambers passing their budget, each has recommendations for the osteopathic colleges in Florida. *As the budget process continues, these numbers are subject to change.*

Please see below for the recommendations:

- **NSU Health Programs: Senate - \$1.35 million; House - \$250,000**
- **LECOM Health Programs: Senate – \$2.1 million; House - none**

Below are a number of key issues the FOMA is following that occurred this week.

Monday

No relevant legislation heard

Tuesday

PASSED/MONITOR SB 112 – Involuntary Examinations under the Baker Act by Campbell

This bill adds advanced registered nurse practitioners (ARNPs) and physician assistants (PAs) to the list of health care practitioners who may initiate an involuntary examination of a person under the Florida Mental Health Act, also known as the Baker Act.

Action: Passed Children, Families, and Elder Affairs (4-0), now in Judiciary

Link: <http://www.flsenate.gov/Session/Bill/2018/112>

Companion: HB 573 – Involuntary Examinations under the Baker Act by Daniels; on House floor for full vote

PASSED/MONITOR HB 1047 – Department of Health by Gonzalez

HB 1047 makes several changes related to programs overseen by Medical Quality Assurance, within the Department of Health (DOH), which licenses and regulates health care practitioners in this state. Specifically dealing with physicians, the bill includes but is not limited to:

- Authorizes DOH to request a date of birth on a licensure application;
- Authorizes DOH to adopt rules to implement the Conrad 30 Waiver program

Action: Passed Health Care Appropriations (11-0); now in Health & Human Services

Link: <http://www.flsenate.gov/Session/Bill/2018/1047>

Companion: SB 1486 – Department of Health by Grimsley; in Appropriations

TP/MONITOR SB 524 – Influenza Virus and Streptococcal Infections by Brandes

SB 524 was temporarily postponed (TP) in its current committee. We will continue to monitor this bill.

SB 524 amends the definition of the practice of pharmacy to include testing for and treating the influenza virus and streptococcal infections. The bill authorizes a pharmacist to test and treat for the influenza virus and streptococcal infections within the framework of an established written protocol with a supervising physician. The Board of Pharmacy (board) is authorized to expand by rule on the minimum requirements for the protocol that are provided in the bill. A pharmacist must be certified pursuant to an approved certification program that includes at least eight hours of continuing education (CE) on specified subject matter to be eligible for this expanded practice.

Action: TP Health Policy (no vote); remains in Health Policy

Link: <http://www.flsenate.gov/Session/Bill/2018/524>

Companion: HB 431 – Testing for and Treatment of Influenza and Streptococcus by Plasencia; in Health & Human Services

PASSED/SUPPORT SB 1494 – Prescription Drug Pricing Transparency by Montford

SB 1494 requires a pharmacist or his or her authorized employee to inform customers of potential lower cost generically equivalent alternatives for their prescriptions and whether a prescription's cost sharing amount exceeds the retail price in the absence of prescription drug coverage.

The bill also creates a requirement for pharmacy benefit managers (PBMs) to biennially register with the Office of Insurance Regulation (OIR), provide information on certain key personnel, report within 60 days changes in key personnel and other information, and pay registration and renewal fees that cover administrative costs of the OIR or \$500, whichever is less.

Action: Passed Health Policy (6-0); now in Banking & Insurance

Link: <http://www.flsenate.gov/Session/Bill/2018/1494>

Companion: HB 351 – Prescription Drug Pricing Transparency by Santiago; passed Appropriations (26-0)

PASSED/MONITOR SB 1508 – Use of Stem Cells in a Clinic Setting by Young

SB 1508 creates a regulatory framework for the use of stem cells by doctors in a clinic setting. The bill provides definitions for clinic and stem cell and requires clinics to be registered, with certain exceptions. The Department of Health (DOH) must adopt rules for clinic registration and annual inspection. The Board of Medicine (BOM) and the Board of Osteopathic Medicine (BOOM) must adopt rules on advertising, adverse incident reporting, and informed consent.

Action: Passed Health Policy (6-0), now in Appropriations

Link: <http://www.flsenate.gov/Session/Bill/2018/1508>

Companion: HB 1185 – Use of Stem Cells in a Clinic Setting by Brodeur; in Appropriations

PASSED/SUPPORT SB 1862 – Physician Fee Sharing by Broxson

SB 1862 provides exceptions from the prohibition against physicians entering into fee-splitting arrangements or receiving any commission, bonus, kickback, or rebate for patients referred for health care goods and services. The exceptions created by the bill:

- Allow an allopathic or osteopathic physician to enter into an alternative payment arrangement that otherwise complies with state and federal law; and
- If the physician is an employee or independent contractor of the entity compensating the physician, allows the physician to receive a share of certain profits of the entity that are based on the services provided by the physician or under the physician's supervision and are not based on the volume or value of referrals, as long as the forms of payment or compensation comply with state and federal law.

Action: Passed Judiciary Committee (8-0), in Rules Committee agenda

Link: <http://www.flsenate.gov/Session/Bill/2018/1862>

Companion: N/A

PASSED/SUPPORT SB 351 – Prescription Drug Pricing Transparency by Santiago

HB 351 requires PBMs that conduct business in Florida to register with the Office of Insurance Regulation (OIR) by providing identifying organizational information, submitting an application for registration, and submitting an annual registration fee. An expanded definition of the term “pharmacy benefit manager” is included in the bill.

The bill requires that a contract between a PBM and a health plan include prohibitions on certain practices that limit patient access to pricing information. The bill specifies that a contract must require the PBM to update maximum allowable cost (MAC) pricing information at least once every seven days. This requirement was previously in the Pharmacy Practice Act; the bill moves this language to the Insurance Code, which gives OIR enforcement authority. The bill also requires a contract to limit patient cost sharing for a drug to the lesser of the applicable cost sharing amount, the total submitted charges, or the retail price.

The bill creates an affirmative duty for a pharmacist to communicate to a patient the availability of a lower cost alternative drug if one exists and whether the patient’s cost sharing obligation exceeds the retail price of a drug in the absence of prescription drug coverage. **Action:** Passed Appropriations (14-0); now in Appropriations Committee

Link: <http://www.flsenate.gov/Session/Bill/2018/351>

Companion: SB 1494 – Prescription Drug Pricing Transparency by Montford; passed Health Policy (6-0)

Wednesday

PASSED/MONITOR HB 1337 – Nursing by Pigman

HB 1337 repeals the separate certification for a clinical nurse specialist and includes clinical nurse specialist as a category of ARNP. A person who is currently certified as a CNS would have to meet all the same licensure requirements as an ARNP, including practicing pursuant to a written protocol with a physician and maintaining professional liability coverage.

Currently, ARNP are licensed as registered nurses and then certified as advanced practice registered nurses. The bill authorizes DOH to license, rather than certify, ARNP as such. ARNP must still hold a license as a registered nurse to be licensed as an ARNP. The bill adds an additional route to licensure as an ARNP by authorizing DOH to issue a license to an individual who has completed a formal post-basic educational program of at least one academic year, the primary purpose of which is to prepare the nurse for advanced or specialized practice.

The bill also adds the category of “certified nurse practitioner” to ARNP, which is comprised of the same group of licensees who are currently termed “nurse practitioners.”

The bill changes the term “advanced registered nurse practitioner” to “advanced practice registered nurse” (APRN) throughout Florida Statutes. This will bring Florida in uniformity with the majority of states.

Action: Passed Health & Human Services Committee (20-0); awaiting full House vote

Link: <http://www.flsenate.gov/Session/Bill/2018/1337>

Companion: SB 1594 – Nursing by Brandes; in Appropriations

PASSED/MONITOR HB 573 - Involuntary Examinations under the Baker Act by Daniels

HB 573 adds advanced registered nurse practitioners and physician assistants to the list of health care practitioners who may initiate the involuntary examination of a person under the Baker Act.

Action: Passed Health & Human Services (19-0), awaiting full House vote

Link: <http://www.flsenate.gov/Session/Bill/2018/573>

Companion: SB 112 – Involuntary Examinations under the Baker Act by Campbell; passed Children, Families, and Elder Affairs Committee (4-0)

TP/MONITOR SB 8 – Controlled Substance by Benacquisto

SB 8 was temporarily postponed (TP). The bill remains in Rules Committee.

SB 8 addresses the opioid crisis in Florida. The main components of the legislation: establish a 3-day limit for Schedule II prescriptions but would allow a 7-day limit if deemed medically necessary, requires health care practitioners to check the Prescription Drug Monitoring Program (PDMP) before writing prescriptions for controlled substances, and require physicians to complete a mandatory 2-hour training course to prescribe controlled substances as part of biennial renewal.

SB 8 provides an appropriation of \$53.5 million to combat the opioid crisis.

Action: TP in Appropriations (no vote); remains in current committee

Link: <http://www.flsenate.gov/Session/Bill/2018/8>

Companion: HB 21 – Controlled Substances by Boyd; in Health & Human Services Committee

Thursday

PASSED/MONITOR SB 954 – State Employees’ Prescription Drug Program by Passidomo

This bill directs the Department of Management Services to implement formulary management cost-saving measures in the state employees’ prescription drug program, including the inclusion and exclusion of prescription drugs. The cost-saving measures may not restrict access to the most clinically appropriate, clinically effective, lowest net-cost prescription drugs. The measures must

also permit a specified prescribing practitioner to indicate when an excluded drug is medically necessary and cannot be substituted.

The bill removes a provision authorized in Chapter 99-255, Laws of Florida, which prohibits the implementation of a prior authorization program or a restricted formulary program on a nonHMO enrollee's access to certain prescription drugs.

Based on a January 1, 2019 implementation date, the bill has a projected positive fiscal impact to the state of \$15.3 million in General Revenue and \$11.7 million in trust funds in fiscal year 2018-2019. The annualized savings are projected at a total \$54.1 million.

Action: Passed Appropriations Subcommittee on General Government (10-0), now in Appropriations

Link: <http://www.flsenate.gov/Session/Bill/2018/954>

Companion: HB 517 – State Employees' Prescription Drug Program by Magar; passed full House (110-0)

PASSED/MONITOR HB 517 – State Employees' Prescription Drug Program by Magar

HB 517 directs DMS to implement measures to manage the prescription drug formulary in the Prescription Drug Plan. The PBM must add drugs to the formulary and remove drugs from the formulary, as necessary, to implement cost-saving measures. However, any formulary management technique cannot restrict access to the most clinically appropriate, clinically effective, and lowest net-cost prescription drugs.

In addition, an excluded drug may be available for inclusion, and thereby covered by the Prescription Drug Plan, if a member's, or her or his dependent's, prescribing practitioner writes clearly on the prescription that the excluded drug is medically necessary.

Based on a January 1, 2019 projected implementation date, the provisions of the bill result in a positive budgetary fiscal impact to the state of \$15.3 million in General Revenue and \$11.7 million in trust funds in fiscal year 2018-2019.

Action: Passed full House (110-0), awaiting Senate companion

Link: <http://www.flsenate.gov/Session/Bill/2018/517>

Companion: SB 954 – State Employees' Prescription Drug Program by Passidomo; passed Appropriations Subcommittee on General Government (10-0)

**Please note that position on legislation is current of this publication, and could change with amendments throughout the legislative process.