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Date: May 16, 2019

Subj: Final Capitol Update

Shortly after 2:00pm on Saturday, May 4th, the Florida Legislature closed out the 60-day 2019 Legislative Session. The House and Senate need an extra day to vote on the \$91.1 billion state budget that will start on July 1st. The Senate agreed 38-0 and the House voted 106-2, with Rep. Lorraine Ausley and Rep. Cindy Polo the only no votes on the budget. Following Saturday's "sine die," Governor DeSantis assured media when he would be done with the budget it would be under \$91.1 billion, referring to the Governor's ability to veto items in the budget. For a copy of the budget bill, please see: <http://flsenate.gov/Session/Bill/2019/2500/BillText/er/PDF>

GME Funding

In the final budget, roughly \$246 million was appropriated for Graduate Medical Education funding which refers to the training of residents after medical school graduation to develop clinical and professional skills required to practice medicine. GME funding has increased from \$80 million in 2013 started by Governor Rick Scott.

LECOM/NSU-KPCOM Funding

In the final budget, LECOM was appropriated \$2.1 million. NSU-KPCOM was not appropriated any funds.

Some other budget highlights include: \$680 million for the Everglades and other water quality projects; a \$242-per-student increase in school funding; \$50 million to keep Florida's tourism-marketing arm Visit Florida; \$200 million to help the panhandle recover from Hurricane Michael; and \$45 million for Senate President Galvano's priority of toll road expansion.

2019 Legislative Session Highlights

Broad-based health care reform was a significant priority for Speaker Oliva and other key members of the Florida House of Representatives. Over two hundred and fifty health care bills were filed to revamp Florida's health care delivery system within a variety of sectors, from practitioner scope of practice to prescription drug importation.

The FOMA was successful in getting SB 188, which recognizes the agreement between the **American Osteopathic Association (AOA) and the Accreditation Council for Graduate Medical Education (ACGME)**, to the floor in both chambers. However, the measure did not pass as the House amended a provision to the bill limiting dosing for medical marijuana. The Senate refused to take the language, and the bill died in messages. The merger between the AOA and ACGME set up a single pathway for residency programs starting in 2020. The bill would enable osteopathic medical school graduates, residents, and fellows to apply to the National Resident Match Program and participate in the Main Residency Match for internships, residencies, and fellowships, thereby creating more residency opportunities for osteopathic residents.

Despite the challenges of the session, we must ensure patients continue to receive the highest level of care by continuing to oppose the onslaught of bills adopted in the House to **expand scope of practice** that are not in the best interest of patients. HB 831 - APRN and PA Independent Practice, HB 111 - Pharmacists Testing for Influenza and Strep, HB 961 - Health Innovation Commission and HB 833 - Consultant Pharmacists passed out of the Florida House of Representatives and HB 373 - Psychologists Prescribing passed 2 of its 3 committees. All failed to gain traction in the Florida Senate.

The legislature revised the Direct Primary Care model to provide coverage for specialty physician services under **Direct Care Agreements**. This model eliminates third party payers and allows patients to contract directly with physicians for specialty services, not just primary care.

In addition, the legislature adopted meaningful insurance reforms concerning **step-therapy**. The measure prohibits insurance companies from requiring a step-therapy protocol for a covered prescription drug if, the patient was approved previously to receive the drug through the completion of a step-therapy protocol required by a separate health plan, and the patient provides documentation that the plan paid for the drug on the patient's behalf 90 days before the request. Although this policy is not as strong than our original language, it does represent a significant step forward to enhance the prior authorization/step-therapy process when a patient switches an insurance plan.

Based on the success of needle-exchange pilot program in Miami-Dade County, the legislature passed a measure that would allow needle-exchange programs in other counties. SB 366 establishes the **Infectious Disease Elimination Act (IDEA)**. The bill allows county commissions to establish sterile **needle and syringe exchange programs** through the adoption of a county ordinance and satisfaction of the specified program requirements. Exchange programs must cooperate with the Department of Health (DOH) and the local county health department.

After years of attempting to adopt legislation concerning **telehealth** (HB 23), both chambers reconciled their differences and passed regulation allowing practitioners to deliver health care services through telehealth. Irrespective of our best effort to limit such practice to Florida licensed health care practitioners or through the establishment of an interstate compact, both chambers agreed to expand telehealth to out-of-state providers through a Department of Health

(DOH) registration process. The Governor is considering the legislation and many medical organizations are requesting that he veto the measure on the basis that it fails to achieve the necessary patient protections.

2020 Legislative Session

This will be a short summer as the 2020 Legislative Session is slated to start January 14th, 2020. This means that the “pre-session” interim committee meetings will begin in September giving legislators only a 4 month break. Please remember the Legislature convenes in January for even-numbered years and March for odd-numbered years. Interim Committee Meeting Schedule is as follows: September 16-20, October 14-18, October 21-25, November 4-8, November 12-15, and December 9-13.

AHCA Secretary Update: Mary Mayhew passed her final confirmation hearing by the full Senate chamber by a vote of 26-13. Please see the following article for more information: <http://floridapolitics.com/archives/295358-senate-confirms-mary-mayhew-as-ahca-secretary>

DOH Surgeon General

Governor DeSantis appointed Scott Rivkees, MD, Chairman of the Department of Pediatrics at the University of Florida College of Medicine and physician-in-chief at UF Health Shands Children’s Hospital. However, Dr. Rivkees must still be confirmed by Senate.

Your FOMA Legislative Team tracked over 260 bills and countless amendments. Lawmakers filed over 3,500 bills and just under 3,000 amendments, held 40 floor sessions and passed 196 bills, the fewest in over 20 years. After session, the Governor has 15 days to act on bills that are sent to him, including the budget. The Governor can sign, veto, or let the bills become law without acting on them. Remember that all bills passed during session are not sent to him at the same time.

Some major non-healthcare legislation that you may be interested which passed include:

- Banning texting while driving
- Hurricane Michael relief to Panhandle
- Environment/Water quality
- School choice/Vouchers for private schools
- School safety/Arming voluntary teachers
- Implementation of Amendment 4/Ballot initiative reform
- Criminal justice reform
- Expansion of toll roads
- Insurance/Assignment of benefits (AOB) reform
- Banning “sanctuary” cities

Legislation that Passed

Smokable Marijuana – OPPOSED

Following the Governor’s demand, the Legislature passed SB 182 within the first month of session eliminating the prohibition against the smoking of medical marijuana, which *Governor*

DeSantis already signed on 3/18/19 and is current law. The FOMA and FMA will update the medical marijuana courses to reflect the new changes of this law.

Direct Health Agreements – SUPPORTED

Last year, the Legislature passed legislation regarding direct primary care (DPC), a primary care medical practice that eliminates third party payers from the primary care provider-patient relationship. This session, the Legislature passed HB 7 – Direct Health Agreements, which expands on DPC to allow direct health agreements for all specialties for any health service, not just primary care. *If approved by the Governor, this act will take effect July 1, 2019.*

Prescription Drug Importation Programs – OPPOSED

A priority of the Governor and Speaker, the Legislature passed HB 19 which establishes two programs to import prescription drugs approved by the FDA from Canada and other international countries. AHCA will be responsible for setting up the Canadian program while the Department of Business and Professional Regulation (DBPR) in collaboration with DOH will be responsible for establishing the international program. The bill requires federal approval, followed by state legislative review of an implementation and funding plan, before either program can begin. The international program requires specific federal approval as there is not any current federal legislation authorizing such a program. *If approved by the Governor, this act will take effect July 1, 2019.*

Certificate of Need – NEUTRAL

After years of failed attempts, the Legislature passed HB 21 repealing the state's certificate of need (CON) requirement for new hospitals, one of House Speaker Jose Oliva's top priorities. Effective July 1, 2019, the CON requirement is eliminated for new general hospitals and tertiary services and July 1, 2021 for specialty hospitals. The CON repeal does not apply to hospices, nursing homes, and intermediate care facilities for the developmentally disabled. *If approved by the Governor, and except as otherwise expressly provided, this act will take effect July 1, 2019.*

Telehealth – OPPOSED

HB 23 establishes a regulatory framework for the practice of telehealth. The legislation authorizes Florida licensed health care professionals licensed or certified under s. 393.17; part III of chapter 401; chapter 457; chapter 458; chapter 459; chapter 460; chapter 461; chapter 463; chapter 464; chapter 465; chapter 466; chapter 467; part I, part III, part IV, part V, part X, part XIII, or part XIV of chapter 468; chapter 478; chapter 480; part II or part III of chapter 483; chapter 484; chapter 486; chapter 490; or chapter 491 to use telehealth to deliver health care services within their respective scopes of practice.

The bill authorizes out-of-state health care professionals to use telehealth to deliver health care services to Florida patients if they register with the Department of Health (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 provides an exception to registration requirements for practitioners responding to an emergency medical condition as defined in 395.002 and also establishes standards of practice for services provided using telehealth, including patient examination, record-keeping, and a prohibition on prescribing controlled substances for chronic malignant pain. *If approved by the Governor, and except as otherwise expressly provided, this act will take effect July 1, 2019.*

Although the FOMA supports the concept of telehealth with the understanding that practitioners must be licensed in Florida, it is why FOMA did not support this legislation during session and as passed.

Immunization Registry – SUPPORTED

Prior to HB 213 passing the Legislature, reporting to DOH's immunization registry database, the State Health Online Tracking System (SHOTS) was voluntary for health care practitioners. With the passage of HB 213, physicians, PAs, and nurses who administer vaccines to children through age 17 or to certain college/university students, are required to report the vaccinations to the database. Currently, a parent/guardian may refuse to have their child included in the registry, and now extends it to students who receive vaccinations at a Florida college/university health center or clinic.

The bill also requires a practitioner to inform a parent or guardian of the opt-out option by placing a notice on the immunization consent form. The bill requires a parent or college student to submit an opt-out form to the health care practitioner or entity providing the immunization for submission to DOH or directly to DOH. DOH must remove any identifying records of a child or college student who has opted out of SHOTS.

The bill requires school districts and private schools to have policies that require each student to have a certification of immunizations on file with SHOTS. However, the school must accept the certification of immunization on a form approved by DOH, if the child's data is excluded from SHOTS. *If approved by the Governor, this act will take effect January 1, 2021.*

Needle Exchange – SUPPORTED

In 2016, the Infectious Disease Elimination Act (IDEA) passed the Florida Legislature that set up a pilot program by the University of Miami in Miami-Dade allowing for a needle and syringe exchange program to be created but limited it to only that county. Because of its tremendous success, the Legislature passed SB 366 this session which will expand the program statewide. These programs also offer HIV and hepatitis testing, counseling or referrals for drug abuse preventions, education, and treatment and also provide naloxone.

This legislation prohibits state, county, or municipal funds to be used for operation of an exchange program. An exchange may only be funded through grants and donations from private resources. *If approved by the Governor, this act will take effect July 1, 2019.*

PDMP Hospice Exemption – SUPPORTED

Stemming from HB 21, the comprehensive opioid bill from 2018, hospice providers were included with the rest of the practitioners that were required to check the Prescription Drug

Monitoring Program (PDMP) before prescribing controlled substances to a terminally-ill patient. This session, the Legislature passed HB 375 which exempts prescribers and dispensers from the requirement of checking the PDMP before prescribing and dispensing to a patient that has been admitted to hospice. *If approved by the Governor, this act will take effect July 1, 2019.*

Nonemergency Medical Transportation Services – NEUTRAL

HB 411 authorizes a transportation network company (TNC) to provide nonemergency medical transportation services to a Medicaid recipient if the patient is under contract with a Medicaid managed care (MMC) plan, under contract with a transportation broker that is under contract with a MMC plan, under contract with a transportation broker that is under contract with AHCA, or by referral from a transportation broker contracting with MMC plans or AHCA.

A TNC is defined as a company that uses a digital network to connect an individual with a private driver for a fee; example, but not limited to, Uber or Lyft. *If approved by the Governor, this act will take effect July 1, 2019.*

Nonopioid Alternatives – NEUTRAL

HB 451 requires the Department of Health to develop and publish on its website an educational pamphlet regarding the use of nonopioid alternatives for the treatment of pain.

Prior to providing anesthesia or ordering, administering, dispensing or prescribing a Schedule II opioid drug to a patient in a nonemergency situation, it also requires a health care practitioner, with the exception of a pharmacist, to: (1) inform the patient of available nonopioid alternatives for the treatment of pain, which may include nonopioid medicinal drugs or drug products, interventional procedures or treatments, acupuncture, chiropractic treatments, massage therapy, physical therapy, occupational therapy, or any other appropriate therapy as determined by the health care practitioner; (2) discuss the advantages and disadvantages of the use of nonopioid alternatives, including whether the patient is at a high risk of, or has a history of, controlled substance abuse or misuse and the patient's personal preferences; (3) provide the patient with the educational pamphlet developed by the DOH; and (4) document the nonopioid alternatives considered in the patient's record. *If approved by the Governor, this act will take effect July 1, 2019.*

Carrying of Firearms by Tactical Medical Professionals – SUPPORTED

Current law allows a paramedic or physician acting in support of a law enforcement agency may carry a concealed firearm during a law enforcement operation if he or she has a valid concealed weapons license. However, because paramedics and physicians are not currently exempted from firearm requirements in the same manner as law enforcement officers, a paramedic or physician is prohibited from openly carrying a firearm or carrying a firearm at certain places like a school or college campus.

HB 487 defines a tactical medical professional (TMP) as a paramedic or physician who has been appointed to provide medical services to a tactical law enforcement unit. To qualify as a TMP, a paramedic or physician must: (1) be lawfully able to carry a firearm and have a concealed weapons permit; (2) be appointed to the tactical law enforcement unit; (3) be trained and deployed pursuant to established law enforcement policies; (4) complete a firearm and tactical

training course; and (5) participate in annual firearm training provided by the law enforcement agency. *If approved by the Governor, this act will take effect July 1, 2019.*

The FOMA amended the bill to include osteopathic physicians which the original bill inadvertently left out and only included allopathic physicians.

Office Surgery – SUPPORTED

After reports detailed multiple surgery-related deaths by a South Florida physician, Sen. Anitere Flores stepped in and drafted legislation aiming to address the problem. SB 732 authorizes DOH to register and regulate office surgeries, something they weren't allowed to do before. The Department must inspect a registered office annually to ensure compliance of the bill, unless the office is accredited by a nationally-recognized accrediting agency approved by either board. These inspections may be unannounced, unless the office is specifically exempt from unannounced inspections.

Each registered office must designate a physician to be responsible for the office's compliance with the health and safety requirements of the bill. Within 10 days after the termination of a designated physician, the office must notify the department of the designation of another physician to serve as the designated physician. The department may suspend the office registration if the office fails to comply with the requirement. Each physician practicing at a registered office must also advise his or her board within 10 days of beginning or ending his or her practice at a registered office.

DOH may now suspend or revoke the registration of an office for failure of any of its physicians, owners, or operators to comply with these provisions. If an office's registration is revoked, the department may deny any person named in the registration, including owners and operators of the office, from registering an office for 5 years after the revocation. The department may also impose any penalty set forth in s. 456.072(2), F.S., against the designated physician for failure of the office to operate in compliance with the health and safety requirements. The board must also impose a fine of \$5,000 per day on a physician who performs a procedure in an office that is not registered. *If approved by the Governor, this act will take effect January 1, 2020.*

Electronic Prescribing - SUPPORTED

Following Medicare Part D's move to electronic prescribing starting in 2021 for controlled substances, the Florida Legislature passed HB 831 which mandates e-prescribing for all prescriptions with some exceptions. Starting July 1, 2021, or upon licensure renewal, whichever is earlier, physicians who maintain electronic health records must e-prescribe drugs unless: (1) the practitioner and the dispenser are the same entity; (2) the prescription cannot be transmitted electronically under the most recently implemented version of the National Council for Prescription Drug Programs SCRIPT Standard; (3) the practitioner has been issued a waiver by DOH, not to exceed one year, due to a demonstrated economic hardship, technological limitations not reasonably within the practitioner's control, or other exceptional circumstances; (4) the practitioner determines that it is impractical for a patient to obtain in a timely manner a drug electronically prescribed and the delay would adversely impact the patient's medical condition; (5) the practitioner is prescribing a drug under a research protocol; (6) the prescription is for a drug for which the FDA requires the prescription to contain elements that may not be

included in electronic prescribing; (7) the prescription is issued to an individual receiving hospice care or who is a resident of a nursing home facility; or (8) the practitioner or patient determines that it is in the best interest of the patient to compare prescription drug prices among area pharmacies. In such instance, the determination must be documented in the patient's medical record.

Practitioners who do not have access, in their practice or employment, to an EHR system may continue to provide written prescriptions to their patients for medicinal drugs. *If approved by the Governor, this act will take effect January 1, 2020.*

With the help of Key Contact Physician, John Bailey, DO, the FOMA was able to amend the bill to include the last exemption stated above.

Human Trafficking - NEUTRAL

The Florida Legislature has mandated an additional 1-hour CME regarding human trafficking to be included in the 40 hours for license renewal. A priority of the Attorney General and the last bill to pass the 2019 Session, HB 851 addresses the problem of human trafficking, a modern-day slavery involving exploitation of an adult by using fraud, force, or coercion, or exploitation of a minor. Often times, healthcare practitioners are the only points of care for these victims. To help combat human trafficking, HB 851 requires physicians and other healthcare practitioners to complete a 1-hour mandatory CME on human trafficking. *If approved by the Governor, this act will take effect July 1, 2019.*

Healthcare “Train” – SUPPORTED

In the legislative process, a “train” is a bill that usually starts as one bill and has numerous bills amended to it. The Legislature passed HB 843, a healthcare train that included over a dozen different provisions, most stemming from other bills. The following is a summary of those provisions that effect physicians and their patients.

Physician Access in a Hospital Setting

This part of the bill creates a new statute to facilitate the involvement of a patient's primary care physician and specialists in a hospital. Specifically, (1) hospitals must notify each patient's primary care provider within 24 hours after the patients is admitted and after discharge; (2) hospitals must also notify a patient that he or she may request the hospital's treating physician to consult with the patient's primary care doctor and/or specialist when developing the patient's plan of care. If such request is made, the treating physician is required to make reasonable efforts to do so. And (3) hospitals must also provide the patient's discharge summary to the patient's primary care doctor within 14 days after the discharge summary is completed.

Ambulatory Surgical Centers

This provision extends patients' stay at ASCs to 24 hours instead of a patient being admitted and discharged on the same working day without staying overnight.

Restrictive Covenants

Stemming from a group of oncologists formerly with a practice group that wasn't allowed to practice in a certain geographical area because of the contract they signed, language to eliminate restrictive covenants among physicians was included in the bill. The legislation provides that certain restrictive covenants relating to physicians are void and unenforceable until certain conditions are met.

Direct Health Agreements

As mentioned earlier in a separate bill, direct health agreements expand on direct primary care to allow direct health agreements for all specialties for any health service, not just primary care.

This bill also contains the same provisions.

Step-Therapy Protocols

This provision of the bill prohibits certain health insurance policies and HMO contracts from requiring an insured to undergo a step-therapy protocol before approving a covered prescription drug if the patient has already been approved to receive the drug through completion of a step-therapy protocol under previous health coverage on the past 90 days.

OPPAGA Study on the IMLC

OPPAGA, the Office of Program Policy Analysis and Governmental Accountability, is directed to research and analyze the Interstate Medical Licensure Compact and relevant provisions of Florida's general laws and Constitution and submit a report and recommendations to the Governor and the Legislature addressing Florida's prospective entrance into the Compact in a way that remains consistent with Florida's laws and Constitution. The report is due October 1, 2019.

If approved by the Governor, and except as otherwise expressly provided, this act will take effect July 1, 2019.

Legislation that was Defeated

The 2019 Session was a very difficult year for health care. From the start of session, leadership from the House of Representatives was looking to reform health care in Florida. Repealing certificate of need for hospitals and importing prescription drugs were just a couple of priority health care issues that passed. Another priority of the Speaker, APRN and PA independent practice, was less successful than his other priorities due to the FOMA, FMA, and other specialty groups working together to defeat it. The FOMA continues to oppose scope of practice expansion when not in the best interest of the patient. Your FOMA legislative team continues to work with the FMA and other specialty groups to fight the expansion of scope. Scope expansion remains a priority of the House of Representatives and is sure to be back next year. Below are the scope expansion bills as well as other bills that were defeated this year due to the hard work of the FOMA, FMA, and other specialty groups.

APRN/PA Independent Practice – OPPOSED

HB 821 by Rep. Cary Pigman, MD and SB 972 by Sen. Jeff Brandes would have allowed APRNs to practice independently, without supervision from a physician protocol. This legislation would have also created a new type of PA, an Autonomous Physician Assistant, who would also be allowed to practice independently without physician supervision. Although the House passed HB 821 through its chamber, the Senate bill never got a hearing.

Only days after session ended, Speaker Oliva promised he would he would bring back his priority of expanding scope of practice for nurses and PAs next session. In April, Governor

DeSantis stated his skepticism of the legislation, saying “My general view is that if you go to medical school and you go through all that training to become a doctor, be a doctor.” “My mom’s a nurse, so I have great regard for nurses,” he added. “But it’s a different thing. And so, I would have to really be convinced that kind of expanding scope of practice would be good.”

Psychologist Prescribing – OPPOSED

Another scope expansion bill sponsored by Rep. Pigman and Sen. Brandes, HB 373 and SB 304 would have given psychologists prescriptive authority to prescribe, administer, discontinue, or distribute medication, including controlled substances, used in the diagnosis, treatment, or management of a person with a psychiatric, mental, cognitive, nervous, emotional, developmental, or behavioral disorder. HB 373 made it passed 2 of its 3 committees, while SB 304 was never heard by the Senate.

Pharmacists Testing/Treating for Flu/Strep – OPPOSED

HB 111 by Rep. Cord Byrd and SB 300 by Sen. Brandes, would have allowed pharmacists to test, diagnose, and treat for the flu and strep. This legislation would have also allowed pharmacists to perform testing or screening for and testing minor, non-chronic health conditions such as arthritis, asthma, congestive heart failure, COPD, diabetes, emphysema, HIV, hypertension, obesity, and renal disease under protocol of a physician. Again, while the House version passed the House chamber, the Senate bill never received a hearing in the Senate.

Consultant Pharmacists – OPPOSED

Another pharmacist scope expansion bill, HB 833 by Rep. Byrd and SB 1050 by Sen. Manny Diaz would have expanded a consultant pharmacist’s scope of practice by authorizing a consultant pharmacist to enter into a collaborative practice agreement with a health care facility medical director or physician, podiatrist or dentist to: (1) order and evaluate lab and clinical testing, (2) conduct patient assessments, (3) administer medications and (4) initiate, modify, or discontinue medicinal drugs under a protocol. As the case with most of the scope bills, the House chamber passed HB 833 while the Senate never gave SB 1050 a committee hearing.

Medical Services and Insurance – OPPOSED

Looking to amend the personal injury protection (PIP) fee schedules, HB 1317 by Rep. Colleen Burton and SB 1790 by Sen. Keith Perry, would have capped reimbursements under PIP at 200 percent of the relevant Medicare payment rates for emergency services. Neither bill got heard in a committee.

Legislation that Did Not Pass

Department of Health/ACGME – SUPPORTED

SB 188 by Sen. Gayle Harrell and HB 7031 by the Health Quality Subcommittee and Rep. Ana Maria Rodriguez are the Department of Health’s bills and includes the FOMA’s Accreditation Council for Graduate Medical Education (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.

After each bill passed their respective committees, the Senate bill passed the entire chamber, while the House held on to the House version until the last week of session. After the House finally took up the Senate bill, it was amended to include a separate bill, HB 7117 by Rep. Ray Rodrigues which, among other things, would cap THC levels for smokable medical marijuana at 10 percent. The House chamber agreed to amend the bill, sending the bill back to the Senate to concur. The Senate did not accept the new language, and sent it back to the House to take the original bill. This happened again, ultimately running out of time for the bill to be worked out.

The FOMA is working with the Department of Health to address the ACGME situation since the bill did not pass. We will provide further details moving forward.

Repeal of PIP – NEUTRAL

HB 733 by Rep. Erin Grall and SB 1052 by Sen. Tom Lee sought to eliminate Florida's no-fault law insurance law and the requirement that motorists carry \$10,000 in personal-injury protection (PIP) and replace it with mandatory bodily injury (BI). While the House bill would have not included any medical payments coverage, the Senate version would have required auto insurers to offer medical payments coverage, but only optional to purchase. HB 733 never got a committee hearing, while SB 1052 stalled in its final committee.

Workers' Compensation – NEUTRAL

HB 1399 by Rep. Byrd and SB 1636 by Sen. Perry would have amended several provisions under Florida's workers' compensation law. Although HB 1399 provided for some favorable prior authorization provisions, the bill would have capped hospital and ambulatory surgical center fees in workers' compensation cases while SB 1636 did not. The Senate bill never made it out of its first committee while the House version was not considered by its final committee.

Nonmedical Switching – SUPPORTED

SB 1180 by Sen. Debbie Mayfield would have required insurance companies and HMOs to report all of the changes made to their drug formularies during a policy year and would require HMOs and health insurance companies to report the changes to the state Office of Insurance Regulation. SB 1180 would have also required insurance companies and HMOs to notify customers and their physicians, at least 60 days in advance, when there is a change in a formulary affecting a drug the insured person is currently taking. After being amended several times in committee, the final Senate version passed the Senate chamber.

The companion bill, HB 1363 by Rep. Jayer Williamson, would have prohibited a health insurer or HMO from removing a covered drug from its formulary during the policy year except where the safety of a drug has been called into question by the FDA or where a drug may be discontinued in the near future will an insurer or HMO be permitted to remove coverage during the plan year among other provisions. The House bill only passed its first committee.

Child Abuse – SUPPORTED

SB 128 by Sen. Bean and HB 179 by Rep. Byrd would have made a number of changes to current law relating to child abuse, abandonment, and neglect. Specifically this legislation would have: (1) revised the definition of the term "harm" to include a violation of child safety restraints or seat belt usage laws which results in the death or injury of a child that requires treatment at a

hospital, if a licensed physician determines that such violation exacerbated the child's injuries or resulted in the child's death; (2) required the central abuse hotline (hotline) to accept a report and call for investigation of known or suspected child abuse, abandonment, or neglect, that occurred out of state relating to an alleged perpetrator and child victim who live out of the state if the child is currently being evaluated in a medical facility in Florida; (3) required the Department of Children and Families (DCF) to initiate an investigation when a report of child abuse, abandonment, or neglect is received from an emergency room physician; and (4) required DCF to refer child abuse, abandonment, and neglect reports to child protective teams (CPT) within DOH that involve a child who does not live in Florida but is currently being evaluated in a medical facility in Florida and a child who was not properly restrained in a motor vehicle, which exacerbated the child's injury or resulted in the child's death. The Senate version passed two of its four committees and stalled while the House bill only passed its first committee.

While the 2019 Session just ended, legislators will be back in Tallahassee in just 4 months to begin interim committee meetings in preparation for the 2020 Session which begins January 14, 2020.

Please consider donating to the FOMA-PAC so that the FOMA-PAC can continue support individuals that fight for issues that are in the best interest of physician and patients, therefore delivering quality health care to the citizens of Florida.