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As the 2019 Legislative Session heads in to its FINAL week and is working to pass the budget before the last day of session, May 3<sup>rd</sup>, it is important to remember a few things. Besides all of the policy issues debated and voted on during session, the legislature is ONLY required to pass one bill: the budget. As negotiations between the two chambers take place, an agreement on a common budget must happen by Tuesday, April 30<sup>th</sup> to allow for the constitutionally required 72- hour “cooling off” period. This takes place in order for legislators and the public to review the finalized budget before the final vote to sine die on the last day of session.

To meet the April 30<sup>th</sup> budget deadline, legislators have been meeting in conference committees the past week to settle the differences between the two chamber budgets. Once the differences have been negotiated, the 72-hour “cooling off” period will begin. The legislature will continue to meet into the weekend and next week to finish the budget as well as vote on policy issues on the floor.

### **Governor DeSantis breaks with House on advanced nurses**

Please see the following article on comments regarding Governor DeSantis on allowing APRNs and PAs to practice independently.

<https://floridapolitics.com/archives/294501-ron-desantis-breaks-with-house-on-advanced-nurses>

### **Prescription Drug Importation**

Sen. Aaron Bean substituted SB 1526 for HB 19 by Rep. Tom Leek and amended it on the Senate floor on Friday. It is up for a final vote in the Senate on Monday before it sent back to the House for the chamber to vote on it again before it can go to the Governor. For a copy of the current bill that is being debated, please see:

<https://flsenate.gov/Session/Bill/2019/19/Amendment/339068/PDF>

### **Meningitis Awareness Day at the Capitol**

On Wednesday, the FOMA was joined by students from the Alabama College of Osteopathic Medicine (ACOM) and Kathy Mayfield, Founder of Lawson Mayfield Memorial Foundation and Run for Lawson at Florida Capitol in recognition of April 24<sup>th</sup>, 2019 as World Meningitis Day.

The group was recognized during Senate Session by Sen. Book and House Session by Representatives Ralph Massullo, Jr., MD and Cary Pigman, MD. The group met with legislators and discussed the importance of meningitis immunizations as well as all vaccine/immunization recommendations by the CDC. Please see below for pictures from Wednesday.



Sen. Lauren Book, sponsor of the Senate Resolution for Meningitis Awareness Day poses with Kathy Mayfield and ACOM students.



Rep. Ralph Massullo, Jr., MD, sponsor of the House Tribute recognizing Meningitis Awareness Day with ACOM students and the FOMA.



Senate President-Designate Wilton Simpson with ACOM students.



Kathy Mayfield and ACOM students sitting in the Senate chamber before group was recognized by Sen. Book during Session recognizing April 24<sup>th</sup>, 2019 as World Meningitis Day.



Sen. Bobby Powell, the Senate Minority Whip, with ACOM students discussing the importance of meningitis awareness and vaccines.

### **LECOM/NSU-KPCOM Funding**

In the original Senate budget bill, the Senate bill appropriated \$2.1 million to the Lake Erie College of Osteopathic Medicine. The House has not appropriated any money for LECOM. The House has not appropriated any money for either college.

**AHCA Secretary Update:** Mary Mayhew passed her third and final committee confirmation hearing by the Senate Ethics and Elections Committee. Her final confirmation hearing will be by the entire Senate chamber.

**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](http://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. 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 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 substituted for SB 1528 and debated on Senate floor; HB 19 scheduled for Senate vote on Monday**

HB 19 by Rep. Tom Leek and SB 1528 by Sen. Aaron Bean create a Canadian Prescription Drug Importation Program for Florida within the Agency for Health Care Administration (AHCA). The legislation provides eligibility criteria for prescription drugs, for Canadian suppliers, and for importers under the program and requires the AHCA to request federal approval of the program. Further, the bills require the Department of Business and Professional Regulation to establish the International Prescription Drug Importation Program. The program implements the initiative supported by Governor DeSantis and House Speaker Jose Oliva. **The FOMA continues to oppose importation in its current form.**

- *HB 19 passed the House 93-22; substituted for SB 1528.*
- *SB 1528 passed its committees and substituted for HB 19; refer to HB 19.*

**M – Senate Health Care Package – HB 843 amended to match and substituted for SB 7078; scheduled for vote Monday 4/29**

On Friday, HB 843 by Rep. Ana Maria Rodriguez was amended to match SB 7078 by the Health Policy Committee by Sen. Gayle Harrell. The legislation is a comprehensive health care bill that includes the following provisions:

- Creates the dental student loan repayment program.
- Creates the Donated Dental Services Program.
- Requires hospital notification to patients of the rate of hospital required infections, rating of the Hospital Consumer Assessment of Healthcare Providers and System survey and the 15-day readmission rate.
- Requires hospital notification to the patients primary provider of admission or discharge from a hospital.
- Allows an ambulatory surgical center to keep patients for 24 hours and allows the Agency to adopt rules that establish minimum standards for pediatric patients.
- Makes changes to the pediatric cardiac technical advisory panel.
- Requires notification to the patient of observation status rather than in patient status at a hospital.
- Provides that CLIA certified providers are not clinics for purposes of Chapter 400, F.S.
- Contains language dealing with restrictive covenants for physicians.
- Modifies the direct primary care agreements to be direct health care agreements.
- Prohibits step therapy when the insured has previously been approved to receive the prescription drug through the completion of a step therapy protocol and the previous insurance company had paid for it within the last 90 days.

HB 843 also requires the Office of Program Policy Analysis and Government Accountability (OPPAGA) to research and analyze the Interstate Medical Licensure Compact and the relevant requirements and provisions of general law and the State Constitution and develop a report and recommendations addressing this state's prospective entrance into the compact as a member state while remaining consistent with those requirements and provisions. OPPAGA is required to submit its report and recommendations to the Governor, the Senate President, and House Speaker no later than October 1, 2019.

- *SB 7078 passed its committees and substituted for HB 843; refer to HB 843.*
- *HB 843 was amended to match SB 7078; HB 843 is scheduled for a vote on Monday 4/29.*

### **S – Prescription Drug Utilization Management – no movement**

HB 559 by Rep. Ralph 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 1<sup>st</sup> committee 14-0 and must pass 2 more committees.*
- *SB 7078 includes step therapy language, amongst other things.*

### **S - Bait and Switch – SB 1180 was amended and passed Senate 39-1, in House Messages**

SB 1180 by Sen. Debbie Mayfield would require 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. And the measure would require 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. **The FOMA continues to publicly support this bill.**

The companion bill, HB 1363 by Rep. Jay Williamson, prohibits 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. The bill also prohibits an insurer or HMO from reclassifying a drug to a more restrictive drug tier; increasing the amount that an insured must pay out-of-pocket for a copayment, coinsurance, or deductible for prescription drugs; or reclassifying a drug to a higher cost-sharing tier during the policy year. The prohibitions outlined in the bill apply only if an insurer or HMO secures an acquisition price for a drug that will be in effect for the entire plan year. The bill does not prohibit the addition of prescription drugs to an insurer's formulary during the plan year, and it does not alter the ability of a pharmacist to dispense certain substitute drugs as provided in the Pharmacy Code. The bill does not apply to health plans holding grandfathered status under the Patient Protection and Affordable Care Act, nor does it apply to Medicaid managed care plans.

- *SB 1180 passed the Senate 39-1 and is waiting in House messages.*
- *HB 1363 passed its 1<sup>st</sup> committee 13-1 and must pass 2 more committees.*

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

SB 650 – Health Insurer Authorization by Sen. Debbie 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.*

SB 906 and HB 271 – Prescribed Drug Services and Audits by Sen. Tom Wright and Rep. David 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 Monitoring Program – HB 375 passes House 114-0, received by Senate**

SB 592 by Sen. Ben Albritton and HB 375 by Rep. Cary 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 committees and is awaiting a full chamber vote*
- *HB 375 passed the House 114-0 and is awaiting Senate action.*

### **O - Repeal of PIP – no movement**

Sen. Jeff 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. Erin Grall filed a similar bill, HB 733. Sen. Tom 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 1<sup>st</sup> 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.*

### **O - Telehealth – HB 23 amended to match and substituted for SB 1526; scheduled for vote Monday 4/29**

This week, the Senate took-up and amended HB 23 relating telemedicine. The bill is scheduled to be considered for passage by the Senate on Monday 4/29. If passed, the bill will be sent back to the House for its consideration of the revised Senate language.

The bill 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 also 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 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. Although the FOMA supports the concept of telehealth with the understanding that practitioners must be licensed on Florida, it is why the FOMA cannot support this legislation in its current form.

- *SB 1526 passed its committees and was substituted for HB 23.*
- *HB 23 passed the House 102-14 and substituted for SB 1526.*

### **S - Physician Orders for Life-Sustaining Treatment (POLST) – no movement**

SB 206 by Sen. Jeff 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.*

### **Scope of Practice - O**

#### **APRN/PA Independent Practice – no movement**

SB 972 and HB 821 by Sen. Jeff Brandes and Rep. Cary 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 passed the House 75-37.*

#### **Practice of Pharmacy – no movement**

SB 300 by Sen. Jeff Brandes and HB 111 by Rep. Rene 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 the House 99-16.*



### **Psychologists Prescribing – no movement**

SB 304 by Sen. Jeff Brandes and HB 373 by Rep. Cary 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 2<sup>nd</sup> committee 7-3 and must pass 1 more committee.*

### **Consultant Pharmacists – no movement**

HB 833 by Rep. Cord Byrd and SB 1050 by Sen. Manny 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 the House 112-4.*