

Final Capitol Update

A Word from the Legislative Chairman

The 2020 Legislative Session ended Thursday, March 19th, as legislators convene for the final vote on the budget. This session began with Health Care being at the top of the discussion, as House Speaker Jose Oliva opened the session with sharp comments directed at what he called the "healthcare industrial complex", vowing to expand scope before leaving the office of House Speaker, which he successfully accomplished, with vigorous opposition by the House of Medicine. At the same time, the state was facing an outbreak of Hepatitis A, and was continuing to battle against the opioid crisis. As session progressed, it became apparent that COVID-19, a virus which originated in China, was becoming a global problem, and turned into a full-blown pandemic. The Regular Legislative Session, scheduled to last 60 days, is a whirlwind of activity, as policy initiatives move quickly and budget negotiations take place. The last two weeks, in particular, reach a fever pitch as each chamber's priorities become bargaining chips. This year, the Legislature was unable to come to terms on the budget due to negotiations between the Senate and House on Speaker Oliva's scope expansion initiatives. This session was very bad for physicians and their patients, as we found ourselves directly at odds with the House Speaker's priorities. The Senate, for their part, had different priorities, including the funding of Visit Florida, President Galvano's M-CORES infrastructure initiative, and the full funding of the Sadowski Trust Fund. The House and Senate traded on these issues, among others, and we were unable to stand in the way of leadership in both chambers as they passed sweeping scope expansions for APRNs and pharmacists. This session was not without some victories, however, as the FOMA, along with our partners in the legislature, was able to successfully prevent further scope expansion and push for limitations on these expansions. Additionally, for our part, we were able to push forward good policy, passing several good pieces of legislation, and supporting the confirmation of Surgeon General Scott Rivkees, MD.

- Paul D. Seltzer, DO, FOMA Legislative Chairman

ACGME Language Passes the Legislature

SB 218/HB 221 passed the final week of session. This bill will allow our osteopathic medical students to fully participate in residency programs after the upcoming merger between the AOA and ACGME's accreditation bodies, and will prevent osteopathic students from facing unnecessary delays. A special thank you to our House Sponsor Representative Spencer Roach, and Senate Sponsor Senator Gayle Harrell.

We are committed to keeping our talented osteopathic medical students here in Florida, and the passage of this bill will ensure that we continue to retain their incredible talent in our state. Our legislative team has worked tirelessly to get this bill across the finish line and enacted into law for our osteopathic medical students.

In addition to the passage of this bill, the Legislature also funded \$230 million towards Graduate Medical Education.

Osteopathic Medicine Day at the Capitol

On November 6, 2019, the FOMA legislative team was joined by over 40 osteopathic physicians and medical students from across the state for Osteopathic Medicine Day at the Capitol. We were fortunate to spend time with several prominent members of the FOMA board, including Board President Dr. Eric Goldsmith, DO, FACOS, and Legislative Chairman Dr. Paul Seltzer, DO. Osteopathic physicians joined forces with medical students from NSU, LECOM - Bradenton, and ACOM to meet with Governor Ron DeSantis, Senate President Bill Galvano, House Speaker-Designate Chris Sprowls and several other legislators to discuss important issues for Florida physicians and their patients.

With our legislative staff, doctors, and students in attendance, HB 221, the ACGME bill sponsored by Representative Spencer Roach, was heard in the House Health Quality Committee that day and passed out of the committee unanimously. Physicians and students alike spent time during Osteopathic Medicine Day encouraging legislative support of SB218/HB221, which ultimately passed the Legislature.

In addition to showing their support for the ACGME language, our doctors and students also discussed other priorities of the FOMA, which includes limiting scope expansion, promoting health policies which protect the public health in Florida, and allowing doctors and patients the freedom to make medical decisions which are in the patients' best interests.

Final Bill Update

The 2020 Legislative Session saw 3,517 bills filed, with 210 making it through both the House and Senate, and this session was a big one for healthcare professionals. The issues that did not pass this year will come back again, as they have in previous years, and the FOMA legislative team will be ready for them. We will be relying on our Key Contact Physicians to assist us in our efforts. Here is a summary of the good, the bad, and the ugly from this year's session. It is important to note that all policy passed by the Legislature is still subject to approval by the Governor, who has the power to veto any bill. If the Governor vetoes a piece of legislation, the Legislature can override the veto by a 2/3's majority vote. Our team will continue to provide updates as legislation hits the Governor's desk.

Legislature and Governor take action on Coronavirus

At the request of the Governor, the Legislature put \$52M toward the coronavirus response, with an additional \$300M in reserves. The \$52 million includes \$25 million in state dollars and \$27 million from a recent funding package passed by Congress which state legislators have directed towards addressing the virus. Governor DeSantis has begun offering daily updates, providing public health guidance and updates on the virus. In an executive order issued last week, Governor DeSantis allowed for out-of-state health care practitioners to provide free care

in Florida through the Department of Health or the Red Cross. The order also allows for pharmacists to issue 30-day supplies of health maintenance drugs to patients. Our team is continuing to monitor the situation and is supporting our physicians as they are on the front lines of combatting the virus.

Passed Legislation

Pharmacist Test and Treat - PASSED - FOMA OPPOSED

With the passage of HB 389, by Representative Sirois, pharmacists will now be allowed to enter into collaborative practice agreements with physicians to treat patients for chronic illnesses, the bill also allows pharmacists to treat for influenza, strep, lice, skin conditions and minor infections.

The bill includes the following provisions for pharmacists:

- Initiate, modify or discontinue drug therapy for a chronic health condition.
- The practice of Pharmacy now includes “The testing or screening for and treatment of minor non chronic health conditions”
- Collaborative Chronic Conditions include: Arthritis, Asthma, Chronic obstructive pulmonary diseases, Type 2 diabetes, human immunodeficiency virus or acquired immune deficiency syndrome, obesity, any other chronic condition adopted in rule by the board of Pharmacy in consultation with the Board of Medicine and Board of Osteopathic Medicine.
- Must maintain \$250,000 of professional liability insurance coverage
- Pharmacists may test or screen or treat minor non chronic health conditions within the framework of an established protocol.
- Must maintain records of all patients receiving services

APRN Independent Practice - PASSED - FOMA OPPOSED

HB 607, by Representative Cary Pigman, MD, passed the House and was immediately signed by Governor Ron DeSantis. Pursuant to the bill, an APRN with at least 3,000 hours of supervision under a physician can register to engage in autonomous practice, and is authorized to perform any advanced or specialized nursing act currently authorized for an APRN, without the supervision of a physician or a written protocol. In addition to those acts, the registered APRN may autonomously and without supervision or a written protocol perform the following acts:

- Admit, discharge, or manage the care of a patient requiring the services of a health care facility, as authorized under federal law or rule.

- Provide a signature, certification, stamp, verification, affidavit, or other endorsement that is otherwise required by law to be provided by a physician.
- Certify causes of death and sign, correct, and file death certificates.
- Act as a patient's primary care provider.
- Execute a certificate to subject a person to involuntary examination under the Baker Act.
- Examine, and approve the release of, a person admitted into a receiving facility under the Baker Act, if the APRN holds a national certification as a psychiatric-mental health advanced practice nurse.

The bill also provides an exception to the 10 hours of continuing education in pharmacology for an APRN whose biennial renewal is due before January 1, 2020. However, this requirement must be met during the subsequent biennial renewal periods.

APRNs in Florida are now authorized to sign certain documents. For example, APRNs are now authorized to sign a certificate to initiate the involuntary examination for mental illnesses, to sign for the release of persons in receiving facilities under the Baker Act, or to sign death certificates.

Several organizations joined the APRNs in supporting HB 607, including the Florida Chamber of Commerce, Associated Industries of Florida, Florida Blue, Americans for Prosperity, and the Florida Retail Federation, to name a few.

Consultant Pharmacists - PASSED - FOMA OPPOSED

Senate Bill 1094, by Senator Manny Diaz Jr., allows pharmacists to receive a special certificate which allows them to perform additional services, under the supervision of a physician, such as adjusting prescriptions and ordering lab tests. A pharmacist seeking to be a consultant pharmacist must complete an additional 40 hours of training to qualify for certification. The bill was amended in the Senate Appropriations Committee to allow pharmacists to enter a collaborative practice agreement with a physician to treat chronic health conditions, including:

- Arthritis;
- Asthma;
- Chronic obstructive pulmonary diseases;
- Type 2 diabetes;
- Human immunodeficiency virus or acquired immune deficiency syndrome; or
- Obesity.

This will expand pharmacists' scope of practice and the FOMA opposed this legislation. Unfortunately, this was one of House Speaker Jose Oliva's priorities, and was part of a deal between the Senate, House, and Governor Ron DeSantis.

Nonopioid Alternatives - PASSED - FOMA SUPPORTED

Senator Perry presented HB 743/SB 1080 on the Senate Floor, where it received a final, unanimous vote. The bill will now be sent to the Governor, who will have 7 days to sign it into law. The bill makes some adjustments to the requirement that healthcare practitioners provide a pamphlet of non-opioid alternatives when prescribing, ordering, administering, or dispensing opioids. Specifically, the bill:

- Exempts hospice services and any care provided in a hospital critical care unit or emergency department from the requirement to discuss non-opioid alternatives with a patient;
- Removes the requirement to address non-opioid alternatives when a drug is dispensed or administered;
- Authorizes a health care practitioner to discuss non-opioid alternatives with the patient's representative rather than the patient; and
- Requires that the pamphlet provided to the patient be printed and authorizing a health care practitioner to provide the pamphlet to the patient's representative in lieu of the patient.

The FOMA would have liked for the bill to go farther in removing some of the more onerous requirements of the law, and we will continue to work next year to give patients more flexibility in communicating with their patients.

Department of Health Package - PASSED - FOMA SUPPORTED

HB 713 makes numerous changes to programs under the Department of Health (DOH) and health care professions regulated by Medical Quality Assurance within DOH. This bill also included the FOMA's ACGME language. The bill also included provisions which:

- Authorizes DOH to establish patient care networks to serve individuals with the human immunodeficiency virus (HIV), rather than only those diagnosed with acquired immune deficiency syndrome (AIDS);
- Authorizes DOH to adopt rules to implement the Conrad 30 Waiver program;
- Revises DOH's rule-making authority relating to the minimum standards for ground ambulances;
- Revises DOH's authority to regulate radiation machines;
- Authorizes DOH to request a date of birth on a licensure application;
- Authorizes DOH to issue a temporary license that expires 60 days after issuance, rather than 30 days, to certain applicants who have not yet been issued a social security number;
- Repeals a requirement that DOH discipline a healthcare practitioner's license for failing to repay a student loan;
- Authorizes DOH to issue medical faculty certificates to certain full time faculty members of Nova Southeastern University and Lake Erie College of Osteopathic Medicine;
- Repeals a requirement that the Board of Medicine triennially review board certification organizations for dermatology;

- Repeals a requirement that a Florida-licensed dentist grade the dental licensure examination and that a Florida licensed dentist or dental hygienist grade the dental hygienist licensure examination;
- Requires dentists and dental hygienists to report adverse incidents to the Board of Dentistry;
- Requires DOH to biennially inspect dental laboratories;
- Repeals the voluntary registration of registered chiropractic assistants;
- Authorizes DOH to issue a single registration to a prosthetist-orthotist;
- Requires an athletic trainer to work within his or her scope of practice and revises licensure requirements;
- Limits massage therapy apprenticeships to those in colonic irrigations, and requires licensure applicants to pass a national licensure examination designated by the Board of Massage Therapy;
- Revises psychology licensure requirements;
- Authorizes the Board of Clinical Social Work, Marriage and Family Therapists, and Mental Health Counseling to approve a one-time exception to the 60-month limit on an internship registration;
- Revises the licensure requirements for Marriage and Family Therapists and Licensed Mental Health Counselors;
- Extends the sunset date for Florida Center for Nursing annual reports on nursing education to January 30, 2025;
- Revives and reenacts health access dental licenses; and
- Deletes obsolete language and makes technical and conforming changes.

This bill has been put forward for several years, but failed due to the inclusion of language which caps medical marijuana THC content for individuals under 21 years of age. This year, the House placed the THC capping language on the bill, but the Senate removed it and negotiated for its passage without the language, allowing the bill to pass both chambers and get sent to the Governor.

Abortion - PASSED - FOMA NEUTRAL

Senate Bill 404, by Senator Stargel, prohibits a physician from performing an abortion on a minor without proof of consent from the minor's mother, father or legal guardian. This requirement would not apply if the procedure is performed during a medical emergency where there would be insufficient time to obtain consent. Under SB 404, in the event a minor is unable to obtain such consent, the minor would still have the ability to petition the circuit court for an order authorizing the procedure.

The bill also establishes criminal penalties for:

- A physician who knowingly or recklessly performs this act on a minor without parental consent;
- Any person who provides consent who is not authorized to do so; and
- Any person that fails to obtain consent.

Tobacco/Vaping Bill - PASSED - FOMA SUPPORTED

SB 810, by Senator David Simmons, revises the age limits for permits to sell relating to cigarettes and updates old statutes to address a much broader scope of tobacco issues than recently-passed Federal legislation.

SB 810 addresses vaping and separates it from traditional tobacco products and provides definitions for these new devices. There is no additional tax implemented in this bill, nor any stricter local enforcements. Since vaping is defined separately these devices will not be taxed like other tobacco products. The bill also includes a full flavor ban on liquid nicotine products, in an effort to reduce youth consumption.

Retailers who only sell liquid nicotine products will now have to get a tobacco retailers license and have annual inspections. Underage persons caught purchasing tobacco products will have to perform community service and take an anti tobacco class. The bill also limits vending machine purchases as well as online sales. This legislation only deals with the PURCHASE of tobacco products, not POSSESSION. Shipping, mailing or distributing is prohibited without a tobacco retailers license. This bill was sent to the Governor and is awaiting his approval.

Keep Our Graduates Working Act - PASSED - FOMA SUPPORTED

House Bill 115, by Representative Duran, the Keep Our Graduates Working Act, prevents any state authority, including the Department of Health, from denying the issuance of or refusing to renew an individual's professional license, certificate, registration or permit solely on the basis of defaulting on a student loan payment. The bill does not forgive any student debt or remove the ability to suspend or revoke a health care professional license based on violations specified in law. This bill passed the Senate and was sent to the Governor to be signed.

Surgeon General Confirmation - PASSED - FOMA SUPPORTED

The Senate voted to confirm Surgeon General Scott Rivkess, MD, in a 31-9 vote on the Senate Floor. The Surgeon General's confirmation went through several committees before being heard on the Floor. Throughout his tenure as Surgeon General, Dr. Rivkees has shown true leadership. The FOMA has been proud to work alongside of the Surgeon General as he reacted quickly and decisively during the hurricane season, as several storms threatened to knock out electronic health systems; during the Hepatitis A outbreak; and now, during the present coronavirus outbreak, as Dr. Rivkees continues to show foresight and leadership. The FOMA is confident that with Dr. Rivkees at the helm, Florida's patients, and the general public, will be well-served. The FOMA has supported the Surgeon General's confirmation every step of the way, and will continue to work with Dr. Rivkees and the Department of Health to ensure Florida's health is first and foremost.

As the coronavirus crisis has developed and become more serious, Dr. Rivkees responded quickly, demonstrating leadership by issuing an emergency order, for a period of 30 days, which relaxes certain statutory requirements, allowing out-of-state healthcare professionals to provide care in Florida, and expanding the use of telehealth to help address the crisis.

Returning Issues

It is rare that an initiative or piece of legislation passes its first year in the legislative process. It typically takes a few years of negotiation, tweaking, and changes in personnel before an issue makes its way to the Governor. Here are several initiatives that did not pass this year, but will return next year, as in previous years.

PBM Reform - DID NOT PASS - FOMA NEUTRAL

There were two PBM bills that saw movement this year. HB 7045, a House Committee Bill, presented by Representative Alex Andrade, and SB 1338, by Senator Tom Wright.

HB 7045 passed the House, but did not receive a hearing on the Senate side. This piece of committee legislation by the House Health Market Reform Subcommittee (HB 7045) would have required drug manufacturers to provide notification of upcoming price increases to every health insurer that covers the drug at least 60 days prior to the effective date of any manufacturer drug price increase that exceeds 15% from the previous year, or which amounts to a 25% increase from the preceding 12-month period. In addition, the drug manufacturer would have been required to submit a report to the Department of Business and Professional Regulation (DBPR) and the Office of Insurance Regulation (OIR) on each manufacturer drug price increase made during the previous calendar year. The committee bill also included several requirements around pharmacy audits and contracts between a health insurer and a pharmacy benefit manager (PBM). The bill further required a health insurer to submit a report to OIR information by its contracted PBM, which would then have been published on OIR's website with an analysis of the reported information.

SB 1338 passed its first two Senate committees, but was never heard in Senate Appropriations. The bill revised provisions of the Florida Insurance Code relating to the oversight of pharmacy benefit managers by the Office of Insurance Regulation (OIR). Specifically the bill would have given OIR the authority to conduct market conduct examinations of PBMs to determine compliance with the provisions of the code.

The bill would further require insurers and their PBMs to comply with new pharmacy audit provisions, which provided that a pharmacy could appeal audit findings through a Statewide Provider and Health Plan Claim dispute Resolution Program. The bill also clarified that an insurer would remain responsible for any violations of the prompt pay law by a PBM acting on its behalf. The initiative gave OIR authority to review contracts that an insurer has with a PBM and required PBMs to pass through generic rebates to an insurer. Finally, the bill required the submission of an annual report to the OIR regarding rebates and other information and revised the definition of the term "maximum allowable cost" as well as several other terms related to PBMs.

PBM reform received significantly more discussion this session than it has in previous sessions, and our team has been told that this will come back next year and will include a greater focus on the PBMs.

Step Therapy/Prior Authorization - DID NOT PASS - FOMA SUPPORTED

HB 373, by Rep Massullo, addressed prior authorization and fail first protocols. This bill seems to have been lost in the discussion on PBM reform, as both chambers prioritized those bills in the overall discussion on addressing drug pricing. The bill included provisions which:

- Created a Clear and Convenient Exceptions Process: would have allowed the prescriber to override the step therapy protocol for a patient when the required drug is contraindicated or is not in the insureds' best interest. This means the required drug will likely cause a significant barrier to adherence or the insured's plan of care, be ineffective, cause an adverse reaction, physical or mental harm, worsen a comorbid condition, or decrease ability to achieve or maintain functional ability. It also allows for overrides when the patient has already tried and failed the required drug, or a drug in the same pharmacologic class or with the same mechanism of action, or when the patient is already stable on a drug selected by their health care provider.
- Created Clear and Transparent Timelines for Issuing a Determination for a Step Therapy Protocol Exception Request: For non-urgent situations, a determination must be issued within two business days of the time of the request. For urgent situations, the time allotted is 24 hours. Failure to abide by the allotted time frames will result in approval of the exception request.
- Streamlined Access to Critical Therapies for Stage 4 Metastatic Cancer Patients: would have prevented a health plan from requiring metastatic cancer patients to "fail first" on a drug not prescribed by their provider.
- Prevented a Health Plan from Retroactively Denying Prior Authorizations: would have prevented health plans from going back and retroactively denying prior authorizations or services rendered during the perioperative period pursuant to a prior authorization that was already approved.

Legal Advertisements - DID NOT PASS - FOMA SUPPORTED

The House Civil Justice committee put forward HB 7083, a committee bill, presented by Representative Tom Leek. The bill specifically addressed ads for prescription drug lawsuits, which can cause patients to cease taking their medication without consulting physicians. While some of the discussion surrounding the bill focused on pharmaceutical manufacturers, our legislative team testified in favor of the bill, pointing out to legislative members that patients should consult with their physician prior to making medical decisions based on legal advertisements, and encouraging the use of disclaimers that inform patients to seek medical advice before making changes to their medication.

Medicinal Drugs - DID NOT PASS - FOMA SUPPORTED

SB 100 by Senator Gayle Harrell (R-Stuart) and HB 57 by Rep. Matt Willhite (D-Wellington) authorized individuals licensed to prescribe medicinal drugs in an institutional pharmacy to dispense a 48-hour supply, rather than a 24-hour supply. The legislation also would have authorized these individuals to dispense a 72-hour supply of drugs if a state of emergency was declared in the area. The Senate Bill was temporarily postponed on the Senate Floor, and was not brought back up, and the House Bill was never heard on the Floor.

Administration of Vaccinations - DID NOT PASS - FOMA NEUTRAL

HB 825, by Representative Fernandez-Barquin, would have expanded the range of vaccines that pharmacists can administer to adults, and allowed pharmacists to administer the flu vaccine to children 7 years of age and older. Because pharmacists can already administer vaccines, the FOMA was neutral on this bill, though our team requested that pharmacy interns be excluded from administering vaccines to children under the age of 18. This bill passed on the House Floor but did not have a Senate companion and was never heard in the Senate.

Prohibited Acts by Health Care Practitioners - DID NOT PASS - FOMA NEUTRAL

SB 500 by Senator Harrell, and HB 309 by Representative Massullo would have prohibited non-physician health care practitioners from referring to themselves as "anesthesiologists" or "dermatologists", and provided penalties for practitioners that did so. Initially, as they moved through committees, these bills protected several other practitioner designations including "doctor of osteopathy", "osteopathic physician", and "D.O.", as well as several specialty designations. The initiative was initially brought forward in response to the recent Board of Nursing ruling, which allowed a Certified Registered Nurse Anesthetist (CRNA) to refer to himself as a "Nurse Anesthesiologist". The bill was pared down to include only anesthesiologists and dermatologists, but was not heard on the Floor in either chamber. While the bill did not pass, the FOMA looks forward to working on this issue again next year and including greater protections for patients.

Interstate Compact - DID NOT PASS - FOMA NEUTRAL

The interstate medical licensure compact would allow physicians from other states, that meet specific requirements, to receive expedited licensure in Florida. A recent OPPAGA study examined and compared the licensure program, and found that the compact requirements in many cases are more rigorous than Florida's requirements. SB 926, by Senator Harrell, and HB 1143, by Representative Gregory, would have implemented the compact in Florida and aligned Florida's licensure statutes to comply with compact provisions. The House bill was passed on the House Floor and sent to the Senate, but the Senate bill did not make it through all of its committee stops. The FOMA is examining this issue, and closely watching to ensure that Florida's patients are protected and that Florida's rigorous licensure standards apply to all physicians seeking to practice in our state.

Defeated Legislation

This session resulted in sweeping, dangerous scope expansion in Florida, giving pharmacists and ARNPs the ability to provide services that are best provided by physicians. However, the FOMA along with our other partners and physician groups, was able to prevent several other dangerous measures from moving forward. Here are a few issues that we were successful in defeating. Playing defense in the legislature is a yearly endeavor, and we will see these issues return in future sessions.

PIP Repeal - DID NOT PASS - FOMA OPPOSED

HB 771, by Representative Grall, and SB 378, by Senator Lee, would have repealed PIP and removed the limitation on tort liability provided under PIP. The bill would have replaced PIP with mandatory BI coverage at the time of registration of a motor vehicle. It also would have increased the minimum BI coverage limits to \$25,000 in damages due to the bodily injury or death of any one person and \$50,000 for bodily injury or death to two or more persons. The minimum-security limits for self-insurance of BI and PD requirements were also increased. The bill also increased minimum coverage limits applicable to garage liability policies and commercial motor vehicle coverage. The FOMA stood in opposition to this bill. The repeal of PIP would make it difficult for physicians to be paid for emergency medical services.

Psychologists Prescribing - DID NOT PASS - FOMA OPPOSED

HB 1443, by Representative Santiago would have created a certification for prescriptive authority that would allow licensed psychologists to prescribe medication. The bill provided eligibility criteria, requirements for initial and renewal applications, and conditions under which psychologists could use their certificate of prescriptive authority. The bill passed House Health Care Appropriations, but never came up for a vote in House Health and Human Services.

E-Prescribing Exemptions - DID NOT PASS - FOMA OPPOSED

Senate Bill 1830 by Senator Baxley, and HB 1103 by Representative Amber Mariano, did not make it to the finish line this year. These bills mandated that all prescriptions must be transmitted electronically, and only allowed for written prescriptions due to a documented system error. The bills also removed the exemptions that the FOMA, with the help of John Bailey, DO, and Senator Aaron Bean, was able to include in last year's legislation. The FOMA opposed this initiative and will continue to push for measures which give physicians greater flexibility in working with their patients to make medical decisions that work best for the patient.

Legislative Sunset Review - DID NOT PASS - FOMA OPPOSED

HB 707, by Representative Renner, would have created a sunset review, which would repeal several licensure statutes unless the Legislature chooses to eliminate the repeal via a "sunset review". Unfortunately, in addition to licensed professions like hair weavers, geologists, and others, this bill would also have repealed several health care practice acts including osteopathic physicians, allopathic physicians, and dentists, among others. While it is highly unlikely that the Legislature would have allowed these statutes to sunset, the legislative effort involved in a sunset review often leads to scope of practice fights, and other issues. The FOMA opposed this initiative, and has been told that it will return next year.

Budget Issues

The Legislature has finalized the budget, which includes a little over \$280M towards Graduate Medical Education, \$3.5M for Nova Southeastern University's Veterans Access Clinic, \$250,000 for NSU Grants & Aid, and \$5M for LECOM's Clinic Based Health Services Outreach program. As with policy issues, budget items are still subject to the approval of the Governor, who has the

ability to veto specific line items in the budget. Any item that the Governor chooses to "line item veto" would require a 2/3's vote from the Legislature to reinstate. Our legislative team will follow this process and provide updates as the Governor's office engages with the budget.