The Florida Senate

COMMITTEE MEETING EXPANDED AGENDA

HEALTH POLICY
Senator Young, Chair
Senator Passidomo, Vice Chair

MEETING DATE: Wednesday, January 10, 2018
TIME: 9:00—10:30 a.m.
PLACE: *Pat Thomas Committee Room,* 412 Knott Building

MEMBERS: Senator Young, Chair; Senator Passidomo, Vice Chair; Senators Benacquisto, Book, Hukill, Hutson, Montford, and Powell

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	**SB 8** Benacquisto (Similar H 21, Compare H 1159, S 458)	Controlled Substances; Authorizing certain boards to require practitioners to complete a specified board-approved continuing education course to obtain authorization to prescribe controlled substances as part of biennial renewal; authorizing disciplinary action against practitioners for violating specified provisions relating to controlled substances; requiring certain pain management clinic owners to register approved exemptions with the department; providing requirements for pharmacists and practitioners for the dispensing of controlled substances to persons not known to them; establishing direct-support organizations for specified purposes; requiring a direct-support organization to operate under written contract with the department, etc. HP 01/10/2018 Workshop-Discussed AP RC	Workshop-Discussed
2	Presentation on the New Procurement of the Children's Medical Services Managed Care Plan by Jeffrey Brosco, MD, PhD, Deputy Secretary for Children's Medical Services, Department of Health		Presented
	Other Related Meeting Documents		

The Florida Senate

BILL ANALYSIS AND FISCAL IMPACT STATEMENT

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

Prepared By: The Professional Staff of the Committee on Health Policy

BILL:	SB 8
INTRODUCER:	Senator Benacquisto and others
SUBJECT:	Controlled Substances
DATE:	January 9, 2018
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Stovall	HP	**Pre-meeting**
2.			AP	
3.			RC	

I. Summary:

SB 8 amends various sections of law to increase the regulation, training, and reporting required when prescribing and dispensing controlled substances. The bill:

- Requires all prescribing practitioners to complete a 2-hour training course on the proper manner to prescribe controlled substances.
- Requires the Department of Health (DOH) to create guidelines for prescribing controlled substances for the treatment of acute pain.
- Establishes a supply limit of no more than three days for prescriptions of Schedule II opioids to the treat of acute pain. This limit is increased to seven days if determined to be medically necessary by the prescribing practitioner and with proper documentation.
- Requires clinics that are exempt from the requirement to register as a pain management clinic to obtain a certificate of exemption from the DOH.
- Requires pharmacists and dispensing practitioners to verify a patient's identity prior to dispensing controlled substances.
- Adds and reschedules substances to the various schedules of controlled substances.
- Substantially rewords the Prescription Drug Monitoring Program (PDMP) with changes including, but not limited to:
  - Including Schedule V controlled substances in the list of drugs that must be reported to the PDMP and eliminating an exemption for reporting controlled substances dispensed to minors under the age of 16;
  - Requiring prescribing practitioners to consult the PDMP before prescribing controlled substances; and
  - Allowing the DOH to coordinate and share with other state's PDMPs.

II. Present Situation:

Opioid Abuse in Florida

Both nationally and in Florida, opioid addiction and abuse has become an epidemic. By nearly every measure, the opioid crisis has become worse in recent years. The Florida Department of Law Enforcement (FDLE) reported that, when compared to 2015, 2016 saw:

- 5,725 (35 percent more) opioid-related deaths;
- 6,658 (24 percent more) individuals died with one or more prescription drugs in their system;[1]
- 3,550 (40 percent more) individuals died with at least one prescription drug in their system that was identified as the cause of death;
- Occurrences of heroin increased by 31 percent and deaths caused by heroin increased by 30 percent;
- Occurrences of fentanyl increased by 80 percent and deaths caused by fentanyl increased by 97 percent;
- Occurrences of methadone (10 percent) and hydrocodone (2 percent) increased. Deaths caused by methadone (40 more) and hydrocodone (9 more) also increased;
- Occurrences of morphine increased by 38 percent and deaths caused by morphine increased by 49 percent;
- Occurrences of oxycodone increased by 28 percent and deaths caused by oxycodone also increased by 28 percent; and
- Occurrences of buprenorphine increased by 90 percent and deaths caused by buprenorphine (14 more) increased.[2]

Additionally, collateral impacts of controlled substance and opioid misuse have increased. For example, between 2007 and 2015 the instance of neonatal abstinence syndrome, an infant disorder that occurs when babies are exposed to drugs in the womb before birth, increased by nearly 500 percent from 536 cases to 2,487 cases and overall hospital costs that can be attributed to the opioid crisis have more than doubled between 2010 and 2015 from $460 million to $1.1 billion.[3]

History of the Opioid Crisis

In the late 1990s, pharmaceutical companies reassured the medical community that patients would not become addicted to prescription opioid pain relievers, and healthcare providers began to prescribe them at greater rates. This subsequently led to widespread diversion and misuse of these medications before it became clear that these medications could indeed be highly

[1] The drugs were identified as either the cause of death or merely present in the decedent. These drugs may have also been mixed with illicit drugs and/or alcohol. These drugs were not necessarily opioids.
[2] FDLE, *Drugs Identified in Deceased Persons by Florida Medical Examiners 2016 Annual Report* (Nov. 2017) https://www.fdle.state.fl.us/MEC/Publications-and-Forms/Documents/Drugs-in-Deceased-Persons/2016-Annual-Drug-Report.aspx (last visited on Jan. 6, 2018).
[3] Florida Behavioral Health Association, *Florida's Opioid Crisis* (Jan. 2017) http://www.fadaa.org/links/Opioid%20Media%20Kit_FINAL.pdf, (last visited on Jan. 6, 2018).

addictive.[4] Between the early 2000s and the early 2010s, Florida was infamous as the "pill mill capital" of the country. During that time, 93 of the top 100 oxycodone dispensing doctors in the United States were in Florida[5] and, at one point, doctors in Florida bought 89 percent of all the Oxycodone sold in the county.[6]

Between 2009 and 2011, the Legislature enacted a series of reforms to combat prescription drug abuse. These reforms included strict regulation of pain management clinics; creating the PDMP; and stricter regulation on selling, distributing, and dispensing controlled substances.[7] Between 2010 and 2014, deaths from prescription drugs dropped but deaths from illegal opioids, such as heroin, began to rise.[8]As can been seen in the data above, however, more recently deaths from prescription controlled substances are once again on the rise. Early in 2017, the United States Centers for Disease Control and Prevention (CDC) declared the opioid crisis an epidemic and shortly thereafter, on May 3, 2017, Governor Rick Scott signed executive order 17-146 declaring the opioid epidemic a public health emergency in Florida.

The Federal government and many states have mobilized to combat the opioid epidemic. The United States Department of Health and Human Services (HHS) has focused its efforts on five major priorities:

- Improving access to treatment and recovery services;
- Promoting use of overdose-reversing drugs;
- Strengthening our understanding of the epidemic through better public health surveillance;
- Providing support for cutting-edge research on pain and addiction; and
- Advancing better practices for pain management.[9]

Individual states have taken actions to combat the opioid crisis such as increase the availability of Naloxone and other related medications to prevent overdose deaths, increasing the availability and funding of medication assisted treatment (MAT), and establishing stricter guidelines and regulations on the prescribing and dispensing of controlled substances.

Florida's Prescription Drug Monitoring Program

Chapter 2009-197, Laws of Fla., established the PDMP in s. 893.055, F.S. The PDMP uses a comprehensive electronic system/database to monitor the prescribing and dispensing of certain controlled substances.[10] The PDMP became operational on September 1, 2011, when it began receiving prescription data from pharmacies and dispensing practitioners.[11] Dispensers have

[4] National Institute on Drug Abuse, *Opioid Overdose Crisis*, (Jan. 2018) https://www.drugabuse.gov/drugs-abuse/opioids/opioid-overdose-crisis (last visited on Jan. 6, 2018).
[5] Elaine Silvestrini, *Florida heals from pill mill epidemic*, TAMPA BAY TIMES, Aug. 30, 2014, *available at* http://www.tbo.com/news/crime/florida-heals-from-pill-mill-epidemic-20140830/ (last visited on Jan. 6, 2018).
[6] Lizette Alvarez, *Florida Shutting 'Pill Mill' Clinics*, THE NEW YORK TIMES, Aug. 31, 2011, available at http://www.nytimes.com/2011/09/01/us/01drugs.html (last visited on Jan. 6, 2018).
[7] See chs. 2009-198, 2010-211, and 2011-141, Laws of Fla.
[8] Supra note 3
[9] Supra note 4
[10] Section 893.055(2)(a), F.S.
[11] Florida Dep't of Health, *2012-2013 Prescription Drug Monitoring Program Annual Report* (Dec. 1, 2013), *available at* http://www.floridahealth.gov/reports-and-data/e-forcse/news-reports/_documents/2012-2013pdmp-annual-report.pdf (last visited on Jan. 7, 2018).

reported over 232 million controlled substance prescriptions to the PDMP since its inception.[12] Health care practitioners began accessing the PDMP on October 17, 2011.[13] Law enforcement agencies began requesting data from the PDMP in support of active criminal investigations on November 14, 2011.[14]

Dispensers of controlled substances listed in Schedule II, Schedule III, or Schedule IV[15] must report specified information to the PDMP database by the close of the next business day after dispensing, each time the controlled substance is dispensed. The information required to be reported includes:[16]

- Name of the dispensing practitioner and Drug Enforcement Administration registration number, National Provider Identification, or other applicable identifier;
- Date the prescription is dispensed;
- Name, address, and date of birth of the person to whom the controlled substance is dispensed; and
- Name, national drug code, quantity, and strength of the controlled substance dispensed.[17]

Current law exempts certain acts of dispensing or administering from PDMP reporting:

- A health care practitioner when administering a controlled substance directly to a patient if the amount of the controlled substance is adequate to treat the patient during that particular treatment session.
- A pharmacist or health care practitioner when administering a controlled substance to a patient or resident receiving care as a patient at a hospital, nursing home, ambulatory surgical center, hospice, or intermediate care facility for the developmentally disabled which is licensed in this state.
- A practitioner when administering or dispensing a controlled substance in the health care system of the Department of Corrections.
- A practitioner when administering a controlled substance in the emergency room of a licensed hospital.
- A health care practitioner when administering or dispensing a controlled substance to a person under the age of 16.
- A pharmacist or a dispensing practitioner when dispensing a one-time, 72-hour emergency resupply of a controlled substance to a patient.
- A rehabilitative hospital, assisted living facility, or nursing home dispensing a certain dosage of a controlled substance, as needed, to a patient while the patient is present and receiving care as ordered by the patient's treating physician.[18]

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[12] Florida Dep't of Health, *2016-2017 Prescription Drug Monitoring Program Annual Report* (Dec. 1, 2017), *available at* http://www.floridahealth.gov/statistics-and-data/e-forcse/funding/2017PDMPAnnualReport.pdf (last visited on Jan. 7, 2017).
[13] *Supra* note 11
[14] *Supra* note 11
[15] Currently, Florida is one of 16 states that do not require the dispensing of Schedule V controlled substances to be reported to their state's PDMP. For more details please see http://pdmpassist.org/pdf/PDMP_Substances_Tracked_20171205.pdf, (last visited on Jan. 8, 2018).
[16] The specific information reported depends upon the whether the reporter is a pharmacy or practitioner.
[17] *See* s. 893.055(3), F.S.
[18] Section 893.055(5), F.S.

Accessing the PDMP database

Section 893.0551, F.S., makes certain identifying information[19] of a patient or patient's agent, a health care practitioner, a dispenser, an employee of the practitioner who is acting on behalf of and at the direction of the practitioner, a pharmacist, or a pharmacy that is contained in records held by the department under s. 893.055, F.S., confidential and exempt from the public records laws in s. 119.07(1), F.S., and in article I, section 24(a) of the State Constitution.[20]

Direct access to the PDMP database is presently limited to medical doctors, osteopathic physicians, dentists, podiatric physicians, advanced registered nurse practitioners, physician assistants, and pharmacists and their designees.[21] Currently, prescribers are not required to consult the PDMP database before prescribing a controlled substance for a patient however physicians and pharmacists queried the database more than 3.7 million times in 2012, over 9.3 million times in 2014, over 18.6 million times in 2015, and over 35.8 million times in 2016.[22] Qualified physicians who are issuing physician certifications for medical marijuana under s. 381.986, F.S., are currently required to review the patient's controlled drug prescription history in the PDMP.[23]

Indirect access to the PDMP database is provided to:

- The DOH or certain health care regulatory boards;
- The Attorney General for Medicaid fraud cases;
- Law enforcement agencies during active investigations[24] involving potential criminal activity, fraud, or theft regarding prescribed controlled substances if the law enforcement agency has entered into a user agreement with the DOH;
- Patients, or the legal guardians or designated health care surrogates of incapacitated patients; and
- Impaired practitioner consultants.[25]

Indirect access means the person must request the information from the PDMP manager. After an extensive process to validate and authenticate the request and the requestor, the PDMP manager or support staff provides the specific information requested.[26]

[19] Such information includes name, address, telephone number, insurance plan number, government-issued identification number, provider number, and Drug Enforcement Administration number, or any other unique identifying information or number.
[20] Section 893.0551(2)(a)-(h), F.S.
[21] Section 893.055(7)(b), F.S.
[22] *Supra* at notes 12 and 13.
[23] See S. 381.986(4)(a)5., F.S.
[24] Section 893.055(1)(h), F.S., defines an "active investigation" as an investigation that is being conducted with a reasonable, good faith belief that it could lead to the filing of administrative, civil, or criminal proceedings, or that is ongoing and continuing and for which there is a reasonable, good faith anticipation of securing an arrest or prosecution in the foreseeable future.
[25] Section 893.055(7)(c)1.-5., F.S.
[26] See s. 893.055(7)(c), F.S., and Rule 64k-1.003, F.A.C.

Controlled Substances

Chapter 893, F.S., sets forth the Florida Comprehensive Drug Abuse Prevention and Control Act. This chapter classifies controlled substances into five schedules in order to regulate the manufacture, distribution, preparation, and dispensing of the substances. The scheduling of substances in Florida law is generally consistent with the Federal scheduling of substances under 21 U.S.C. s. 812.

- A Schedule I substance has a high potential for abuse and no currently accepted medical use in treatment in the United States and its use under medical supervision does not meet accepted safety standards. Examples: heroin and methaqualone.
- A Schedule II substance has a high potential for abuse, a currently accepted but severely restricted medical use in treatment in the United States, and abuse may lead to severe psychological or physical dependence. Examples: cocaine and morphine.
- A Schedule III substance has a potential for abuse less than the substances contained in Schedules I and II, a currently accepted medical use in treatment in the United States, and abuse may lead to moderate or low physical dependence or high psychological dependence or, in the case of anabolic steroids, may lead to physical damage. Examples: lysergic acid; ketamine; and some anabolic steroids.
- A Schedule IV substance has a low potential for abuse relative to the substances in Schedule III, a currently accepted medical use in treatment in the United States, and abuse may lead to limited physical or psychological dependence relative to the substances in Schedule III. Examples: alprazolam; diazepam; and phenobarbital.
- A Schedule V substance has a low potential for abuse relative to the substances in Schedule IV, a currently accepted medical use in treatment in the United States, and abuse may lead to limited physical or psychological dependence relative to the substances in Schedule IV. Examples: low dosage levels of codeine; certain stimulants; and certain narcotic compounds.

Pain Management Clinics

A pain management clinic is any facility that either advertises pain management services or a facility where a majority of patients are prescribed opioids, benzodiazepines, barbiturates, or carisoprodol for the treatment of chronic nonmalignant pain.[27] Pain management clinics must register with the DOH and meet provisions concerning staffing, sanitation, recordkeeping, and quality assurance.[28] Certain clinics are exempt from these provisions if they are:

- Licensed as a hospital, ambulatory surgical center, or mobile surgical facility;
- Staffed primarily by surgeons;
- Owned by a publicly-held corporation with total assets exceeding $50 million;
- Affiliated with an accredited medical school;
- Not involved in prescribing controlled substances for the treatment of pain;
- Owned by a corporate entity exempt from federal taxation as a charitable organization;

[27] "Chronic nonmalignant pain" is defined as pain unrelated to cancer which persists beyond the usual course of disease or the injury that is the cause of the pain for more than 90 days after surgery. See ss. 458.3265 and 459.0137, F.S.
[28] Sections 458.3265 and 459.0137, F.S. Chapter 458, F.S., is the Medical Practice Act, and Chapter 459, F.S., is the Osteopathic Medical Practice Act. The two sections regulating pain management clinics are substantively identical.

- Wholly owned and operated by board-eligible or board-certified anesthesiologists, physiatrists, rheumatologists, or neurologists; or
- Wholly owned and operated by a physician multispecialty practice with physicians holding credentials in pain medicine and who perform interventional pain procedures routinely billed using surgical codes.

All clinics must be owned by at least one licensed physician or be licensed as a health care clinic under part X of ch. 400, F.S., to be eligible for registration as a pain management clinic. Pain management clinics must also designate a physician who is responsible for complying with all the registration and operation requirements designated in ss. 458.3265 or 459.0137, F.S. A pain management clinic may not be owned by, or have a contractual or employee relationship with, a physician who has had his or her Drug Enforcement Administration (DEA) license number revoked, has had his or her application for a license to practice using controlled substances denied by any jurisdiction, or has had any convictions or pleas for illicit drug felonies within the past 10 years.

The DOH is required to conduct an annual inspection of each pain management clinic. Through the inspection, the DOH ensures the following requirements are met:

- The pain management clinic is registered with the DOH and the DOH has been notified of the designated physician;
- Every physician meets the training requirements to practice at the clinic;
- The clinic, including its grounds, buildings, furniture, appliances and equipment, is structurally sound, in good repair, clean, and free from health and safety hazards;
- Storage and handling of prescription drugs complies with ss. 499.0121 and 893.07, F.S.;
- Physicians maintain control and security of prescription blanks and other methods for prescribing controlled substances and report in writing any theft or loss of prescription blanks to the DOH within 24 hours;
- Physicians are in compliance with the requirements for counterfeit-resistant prescription blanks; and
- The designated physician has reported all adverse incidents to the DOH as set forth in s. 458.351, F.S.[29]

The DOH may suspend or revoke clinic registration or impose administrative fines of up to $5,000 per violation for any offenses against state pain management clinic provisions or related federal laws and rules. If the registration for a pain management clinic is revoked for any reason, the clinic must cease to operate immediately, remove all signs or symbols identifying the facility as a pain management clinic, and dispose of any medication on the premises. The DOH may impose an administrative fine of up to $5,000 per day for a clinic that operates without a registration. No owner or operator of a pain management clinic that had its registration revoked may own or operate another pain clinic for five years after such revocation.[30]

Currently, if a pain clinic meets one of the statutorily approved exemptions from registering with the department, they are not required to register or to show proof of a valid exemption from

[29] Department of Health, *Senate Bill 450 Analysis*, (2016) (on file with the Senate Committee on Health Policy).
[30] Section 458.3265, F.S. Similar language is found in s. 459.0137, F.S. Related rules are found in Rules 64B8-9 and 64B15-14, F.A.C.

registration nor are they required to meet any of the requirements set forth above. The determination as to whether the pain clinic meets one of the exemptions is made by the owner of the pain clinic and the department is unaware of which approved exemption the unregistered clinic meets and, without a formal complaint being filed, does not have the authority to inquire. If a clinic no longer qualifies for an exemption they are required to register, however because the department is not aware of clinics that qualify for an exemption from registration and inspection, it is also not aware when the clinic no longer meets the criteria for an exemption from registration.[31]

In 2010 when pain clinic registration was first required by law there were 921 registered pain management clinics. At the end of fiscal year 2016-2017, there were 259. It is indeterminate how many clinics closed voluntarily because they could not meet the more stringent requirements established by law and how many were no longer registered because they self-determined they operated under one of the exemptions outlined earlier in this section.[32]

III. Effect of Proposed Changes:

SB 8 amends and creates various sections of law related to controlled substances.

Section 1 creates s. 456.0301, F.S., to require that, if not already required under a licensee's individual practice act, each appropriate board must require each practitioner licensed with the DEA and authorized to prescribe controlled substances to compete a board-approved 2-hour continuing education course on prescribing controlled substances when renewing his or her license.[33] Each licensee must submit confirmation of completing the course when applying for licensure renewal and the DOH is prohibited from renewing the license of any practitioner who has failed to complete the course. The course may be offered in a distance learning format and must include:

- Information on the current standards regarding prescribing controlled substances, particularly opiates;
- Alternatives to these standards; and
- Information on the risks of opioid addiction following all stages of treatment in the management of acute pain

Each licensing board that requires a course may include the hours required for completion in the total hours of continuing education required by law for the board's regulated profession unless the continuing education requirements for that profession consist of fewer than 30 hours biennially.

Each board may adopt rules to implement the required course.

Section 2 amends s. 456.072, F.S., to add violations of ss. 893.055 or 893.0551, F.S., establishing the PDMP and the public records exemption for the PDMP, to the list of actions that constitute grounds for disciplinary action against a health care practitioner.

[31] DOH, *Senate Bill 8 Analysis* (Oct. 23, 2017) (on file with the Senate Committee on Health Policy).
[32] Id.
[33] Beginning on January 31, 2019.

Section 3 amends s. 456.44, F.S., to establish standards for the treatment of acute pain.

The bill defines the term "acute pain" to mean the normal, predicted, physiological, and time-limited response to an adverse chemical, thermal, or mechanical stimulus associated with surgery, trauma, or acute illness. The DOH is required to adopt rules establishing guidelines for prescribing controlled substances for acute pain including:

- The evaluation of the patient;
- The creation of a treatment plan;
- Obtaining informed consent;
- Periodic review of the treatment plan;
- Consultation;
- Medical record review; and
- Compliance with controlled substances laws and regulations.

The bill specifies that failure to follow the guidelines is a practice act violation.

The bill also restricts a practitioner from prescribing more than a 3-day supply of Schedule II opioids when treating acute pain except that up to a 7-day supply may be prescribed if:

- The practitioner in his or her professional judgement believes that more than a 3-day supply is medically necessary;
- The practitioner indicates "medically necessary" on the prescription; and
- The practitioner adequately documents in the patient's medical record the acute patient's acute condition and lack of alternative treatment options.

Sections 4 and 5 amend ss. 458.3265, and 459.0137, F.S., respectively, to require clinics that are exempt from registration as pain management clinics to obtain a certificate of exemption from the DOH. The bill requires the DOH to adopt a form in rule that for applicants for a certificate of exemption. The form must include:

- The name or names under which the applicant does business;
- The address where the pain management clinic is located;
- The specific exemption the applicant is claiming, with supporting documentation; and
- Any other information deemed necessary by the DOH.

The DOH must approve or deny a certificate within 30 days and certificates must be renewed biennially.[34] A certificate holder must prominently display the certificate and make it available to the DOH or board upon request. Certificates may not be transferred and are only valid for the applicant, owners, licenses, registrations, certifications, and services provided under the specific exemption claimed. A certificate holder must notify the DOH at least 60 days before any anticipated relocation, name change, or change of ownership. If an exempt pain management clinic ceases to qualify for a certificate of exemption, the certificate holder must immediately notify the DOH and register as a pain management clinic.

These sections take effect January 1, 2019.

[34] The DOH may issue initial certificates for three years in order to stagger renewal dates.

Sections 6 and 7 amend ss. 465.0155 and 465.0276, F.S., to require pharmacists and dispensing practitioners to confirm a person's identity before dispensing controlled substances to that person if he or she is not personally known to the pharmacist. If the person does not have proper identification[35] the pharmacist must verify the validity of the prescription and the identity of the patient with the prescriber or his or her agent. This requirement does not apply in an institutional setting or long-term care facility, including, but not limited, to an assisted living facility or a hospital.

Section 8 amends s. 893.03, F.S., to add substances to lists of controlled substances as follows:

- Dihydroetorphine, hydrocodone combination products, oripavine, remifentanil, tapentadol, thiafentanil, lisdexamfetamine, and dornabinol (synthetic THC) in oral solution in a drug product approved by the FDA are added to Schedule II.
- Buprenorphine,[36] embutramide, and perampanel are added to Schedule III.
- Alfaxalone, dexfenfluramine, dichloralphenazone, eluxadoline, eszopiclone, fospropofol, lorcaserin, modafinil, petrichloral, sibutramine, suvorexant, tramadol, zaleplon, zolpidem, and zopiclone are added to Schedule IV.
- Not more than .5 milligrams of difenoxin and not less than 25 micrograms of atropine sulfate per dose and unspecified amounts of brivaracetum, ezogabine, lacosamide, and pregabalin are added to Schedule V.

These changes conform Florida law with federal law.[37]

Section 9 substantially rewords s. 893.055, F.S., creating the PDMP. Many of the provisions in existing law are reordered. The section:

- Defines the terms:
  - "Administration" to mean the obtaining and giving of a single dose of medicinal drugs by a legally authorized person to a patient for her or his consumption.
  - "Active investigation" to mean an investigation that is being conducted with a reasonable, good faith belief that it could lead to the filing of administrative, civil, or criminal proceedings, or that is ongoing and continuing and for which there is a reasonable, good faith anticipation of securing an arrest or prosecution in the foreseeable future.
  - "Controlled substance" to mean a controlled substance listed in Schedule II, Schedule III, Schedule IV, or Schedule V of s. 893.03 or 21 U.S.C. s. 812. Schedule Vs are added to the reporting requirements. Most states include the dispensing of Schedule V controlled substances in their PDMPS.[38]
  - "Dispense" to mean the transfer of possession of one or more doses of a medicinal drug by a health care practitioner to the ultimate consumer or to his or her agent.
  - "Dispenser" to mean a dispensing health care practitioner or pharmacist licensed to dispense medicinal drugs in this state.

[35] The bill defines "proper identification" as an identification that is issued by a state or federal government containing the person's photograph, printed name, and signature or a document considered acceptable under 8 C.F.R. s. 274a.2(b)(1)(v)(A) and (B). The verification of health plan eligibility is also considered to be proper identification.
[36] Buprenorphine is rescheduled from Schedule V to Schedule III.
[37] Supra note 31
[38] Supra note 15

  - "Health care practitioner" or "practitioner" means any practitioner licensed under chapter 458, chapter 459, chapter 461, chapter 463, chapter 464, chapter 465, or chapter 466.
  - "Health care regulatory board" to mean any board or commission as defined in s. 456.001(1).
  - "Law enforcement agency" to mean the Department of Law Enforcement, a sheriff's office in this state, a police department in this state, or a law enforcement agency of the Federal Government which enforces the laws of this state or the United States relating to controlled substances, and which its agents and officers are empowered by law to conduct criminal investigations and make arrests.
  - "Pharmacy" to include a community pharmacy, an institutional pharmacy, a nuclear pharmacy, a special pharmacy, or an Internet pharmacy that is licensed by the department under chapter 465 and that dispenses or delivers medicinal drugs, including controlled substances to an individual or address in this state.
  - "Prescriber" to mean a prescribing physician, prescribing practitioner, or other prescribing health care practitioner authorized by the laws of this state to order medicinal drugs.
  - "Program manager" to mean an employee of or a person contracted by the department who is designated to ensure the integrity of the prescription drug monitoring program in accordance with the requirements established in this section.
- Requires the DOH to maintain an electronic system to collect and store controlled substance dispensing information and must release the information as authorized in s. 893.0551, F.S.[39] The system must:
  - Not infringe on legitimate prescribing and dispensing of controlled substances;
  - Be consistent with standards of the American Society for Automation in Pharmacy; and
  - Comply with Health Insurance Portability and Accountability Act (HIPAA) and all other relevant state and federal privacy and security laws and regulations;
- Allows the DOH to collaborate with health care regulatory boards, appropriate organizations, and other state agencies to identify indicators of controlled substance abuse.
- Authorizes the DOH to adopt rules.
- When dispensing a controlled substance to a patient, requires the dispenser to report the following information to the PDMP no later than the close of business the day after the controlled substance was dispensed:
  - The name of the prescribing practitioner, his or her DEA registration number, his or her National Provider Identification (NPI), and the date of the prescription.
  - The date the prescription was filled and the method of payment.
  - The full name, address, telephone number, and date of birth of the person for whom the prescription as written.
  - The name, national drug code, quantity, and strength of the controlled substance dispensed.
  - The full name, DEA registration number, DOH pharmacy permit number, and address of the pharmacy where the controlled substance was dispensed or, if dispensed by a practitioner other than a pharmacist, the practitioner's name, address, DEA registration number, DOH license number, and NPI.

[39]Section 893.0551, F.S., establishes the public records exemption for information in the PDMP.

  - Whether the drug was dispensed as an initial prescription or a refill and the number of refills ordered;
  - The name of the individual picking up the controlled substance prescription and type of identification provided;
  - Other appropriate identifying information as determined by the DOH in rule;
- Exempts all acts of administration from the reporting requirement.
- Eliminates an exemption for reporting the dispensing of controlled substances to minors under the age of 16.
- Grants direct access to the system to:
  - Prescribers and dispensers and their designees;
  - Employees of the United State Department of Veterans Affairs,[40] United States Department of Defense, or the Indian Health Service who provide health care services pursuant to such employment and who have authority to prescribe controlled substances;
  - The program manager and designated support staff to administer the system. The program manager or designated support staff:
    - Must have passed a level II background screening;
    - May have access to de-identified data in order to calculate performance measures;
    - Must provide the DOH de-identified data for public health care and safety initiatives;
  - The program manager:
    - May provide relevant information to the prescriber and dispenser when determining a pattern that indicates controlled substance abuse;
    - May provide relevant information to law enforcement upon determining a pattern of controlled substance abuse and upon having cause to believe that a violation of controlled substance laws has occurred.
- Grants indirect access to the system to:
  - The DOH for investigations involving licensees authorized to prescribe or dispense controlled substances. The bill removes access for the DOH's regulatory boards;
  - The Attorney General for Medicaid fraud cases involving prescribed controlled substances;
  - A law enforcement agency during an active investigation of potential criminal activity, fraud, or theft regarding prescribed controlled substances;
  - A medical examiner when conducting an authorized investigation to determine the cause of death of an individual;[41]
  - An impaired practitioner consultant who is retained by the DOH to review the system information of an impaired practitioner program participant or a referral who has agreed to be evaluated or monitored through the program and has agreed in writing to the consultant's access; and
  - A patient, legal guardian, or designated health care surrogate of an incapacitated patient who submits a written and notarized request including the patient's name, address, phone number, date of birth, and a copy of a government issued photo identification.
- Allows the DOH to enter into a reciprocal agreement or contract to share PDMP information with other states, districts, and territories if their PDMPs are compatible with Florida's.[42] To

[40] Employees of the US Department of Veterans Affairs were allowed access last year in Ch. 2017-169, L.O.F.
[41] This access is newly added.
[42] This authorization to share data is newly added.

determine compatibility, the DOH must consider for the other state's, district's, or territory's PDMP:
  - Privacy safeguards and the program's success in protecting patient privacy;
  - The persons who are authorized to view the data collected by the program. Persons and entities in other states who are comparable to those granted access to Florida's PDMP may have access to Florida's PDMP upon approval by the DOH;
  - The schedules of controlled substances monitored;
  - Data reported to the program;
  - Any implementing criteria deemed essential; and
  - The costs and benefits to Florida of sharing prescription information.
- Requires the DOH to assess continued compatibility periodically and requires any agreements with other states to contain the same restrictions as Florida's program and s. 893.0551, F.S.
- Allows the DOH to enter into agreements and contracts to establish secure connections between the PDMP and health care provider's electronic health recordkeeping system.
- Requires all prescribers and dispensers, or their designees, to consult the system before prescribing or dispensing a controlled substance. Prescribers and dispensers are exempt from this requirement if the system is not operational or temporarily cannot be accessed. Any prescriber or dispenser who does not consult the system must document the reason why he or she could not consult the system and may not prescribe or dispense more than a 3-day supply of a controlled substance. The DOH is required to issue a non-disciplinary citation to any prescriber or dispenser who fails to consult the system.
- Establishes the penalty of a first degree misdemeanor for any person who willfully and knowingly fails to report the dispensing of a controlled substance to the PDMP.
- Restricts information in the system from being released other than as specified in this section and s. 893.0551, F.S.
- Specifies that the content of the system is informational only and imposes no legal obligations or duties on a prescriber, dispenser, pharmacy, or patient.
- Restricts information in the system from being introduced as evidence in any civil or administrative action against a prescriber, dispenser, pharmacy, or patient and exempts the program manager and staff from being required to testify to any findings, recommendations, evaluations, opinions, or other actions taken in connection with the management of the system.
- Allows a prescriber or dispenser, or his or her designee, to have access to information in the PDMP which relates to his or her patient as needed for the purpose of reviewing the patient's controlled substance prescription history. A prescriber or dispenser acting in good faith is immune from civil, criminal, or administrative liability that might otherwise be incurred or imposed for receiving or using information in the PDMP. The bill specifies that accessing or failing to access information in the system does not create a private cause of action against a prescriber or dispenser.
- Specifies that the PDMP must be funded through federal grants, private funding, or state funds appropriated in the General Appropriations Act. The DOH may not commit funds for the PDMP without ensuring funding is available and may not use funds provided directly or indirectly by prescription drug manufacturers.

- Allows the DOH to establish a direct support organization to raise funds for the PDMP and incorporates an automatic repeal date of October 1, 2027, that is in existing law unless saved from repeal by the Legislature.
- Requires the DOH to conduct or contract for studies to examine the feasibility of enhancing the PDMP for public health initiatives and statistical reporting. Such studies must respect the privacy of patients and be focused on:
  - Improving the quality of health care services and safety by improving the prescribing and dispensing practices for prescription drugs;
  - Taking advantage of advances in technology;
  - Reducing duplicative prescriptions and the overprescribing of prescription drugs; and
  - Reducing drug abuse.
- Requires the DOH to annually report to the Governor and the Legislature on specified performance measures for the PDMP.

Section 10 amends s. 893.0551, F.S., to amend the public records exemption for the PDMP to conform to changes made to s. 893.055, F.S.

Sections 11-17 amends various sections of law to conform cross references to changes made in the bill.

Section 18 establishes an effective date of July 1, 2018, unless otherwise specified in the bill.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

Lines 1547-1558 of the bill amend the public records exemption for the PDMP to remove language allowing access to PDMP information for the DOH's relevant health care regulatory boards. Section 24, Art. X of the State Constitution requires that laws narrowing access to public records be enacted separately from other issues. As such, the change removing the boards' access to information in the PDMP may require a separate bill.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

SB 8 may have an indeterminate negative fiscal impact on clinics that are required to obtain a certificate of exemption from the requirement to register as a pain management clinic.

SB 8 may have an indeterminate negative fiscal impact on health care practitioners who are required to attend the additional training established in the bill.

SB 8 may have an indeterminate fiscal impact on patients due to the supply limits imposed for Schedule II opioid prescriptions.

SB 8 may have a negative fiscal impact on the administrative operations of health care providers who are required to consult the PDMP prior to prescribing controlled substances.

C. Government Sector Impact:

SB 8 may have an indeterminate negative fiscal impact on the DOH related to increased investigations of unlicensed pain management clinics that may be offset through fees collected for initial issuance and renewal of pain management clinic exemption certificates.[43]

VI. Technical Deficiencies:

Lines 116-117 of the bill require that the newly added continuing education for certain health care practitioners be counted towards those practitioner's required continuing education hours required by law. However, lines 125-130 grant the relevant health care regulatory boards the authority to determine if such hours count towards the continuing education hours required by law and state that the hours may not count if the practitioner is required to take less than 30 hours of continuing education. These lines are in conflict with each other and the bill should be amended so that these provisions align.

Lines 310-313 refer to a "Schedule II opioid, as defined in s. 893.03 or 21 U.S.C. s. 812." In s. 893.03, F.S., controlled substances are listed and not defined. The bill should be amended to refer to controlled substances listed in s. 893.03, F.S.

All substances listed as controlled substances in Schedule V incorporate amounts of the substance that require it to be controlled. Substances added to Schedule V on lines 1028-1031 of the bill do not include amounts. The bill should be amended to clarify an amount or that these substances are controlled regardless of the amount.

Throughout section 9 the bill uses the terms "controlled substance," "prescription drug," and "medicinal drug" interchangeably. These terms have different meanings and the PDMP is focused on the reporting of the dispensing of controlled substances, a term that is defined within

[43] Supra note 26.

the section. As such, the terms "prescription drug" and "medicinal drug" should be changed to "controlled substance" where appropriate within the section.

Lines 1581 and 1584 incorporate a cross reference to s. 893.055(6)(e) and (6)(f), F.S. As amended by the bill, these cross references should be to s. 893.055(5)(e) and (5)(f), F.S.

VII. Related Issues:

Sections 4 and 5 of the bill require clinics that are exempt from the requirement to register as a pain management clinic to obtain a certificate of exemption. These sections specify that such certificates are not "moveable." It is unclear what the term moveable means in this context and the bill should be amended for clarity. Additionally, the sections require that, should a clinic no longer qualify for the exemption, it must "immediately" notify the DOH. Immediate notification may be impractical or impossible, the bill should be amended to incorporate a time frame for an exempt clinic to provide the DOH with notification if it no longer qualifies for the exemption.

Section 9 of the bill defines the term "dispenser" as a dispensing health care practitioner or pharmacist licensed to dispense medicinal drugs in this state. This term may not require out of state pharmacies to report dispensing controlled substances into the state. The term should be amended to include dispensing "in and into" the state.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 456.072, 456.44, 458.3265, 459.0137, 465.0155, 465.0276, 893.03, 893.055, 893.0551, 458.331, 459.015, 463.0055, 782.04, 893.13, 893.135, and 921.0022.

This bill creates section 456.0301 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

By Senator Benacquisto

27-00673-18 20188__

A bill to be entitled

An act relating to controlled substances; creating s. 456.0301, F.S.; authorizing certain boards to require practitioners to complete a specified board-approved continuing education course to obtain authorization to prescribe controlled substances as part of biennial renewal; providing exceptions; providing course requirements; prohibiting the department from renewing a license of a prescriber under specified circumstances; requiring a licensee to submit confirmation of course completion; providing for each licensing board requiring such continuing education course to include hours of completion with the total hours of continuing education required in certain circumstances; authorizing rulemaking; amending s. 456.072, F.S.; authorizing disciplinary action against practitioners for violating specified provisions relating to controlled substances; amending s. 456.44, F.S.; defining the term "acute pain"; providing for the adoption of standards of practice for the treatment of acute pain; providing that failure of a practitioner to follow specified guidelines is grounds for disciplinary action; limiting opioid prescriptions for the treatment of acute pain to a specified period under certain circumstances; authorizing prescriptions for such opioids for an extended period if specified requirements are met; amending ss. 458.3265 and 459.0137, F.S.; requiring certain pain management clinic owners to register approved exemptions with the

department; requiring certain clinics to obtain certificates of exemption; providing requirements for such certificates; authorizing rulemaking relating to specified exemptions; amending ss. 465.0155 and 465.0276, F.S.; providing requirements for pharmacists and practitioners for the dispensing of controlled substances to persons not known to them; defining the term "proper identification"; amending s. 893.03, F.S.; conforming the state controlled substances schedule to the federal controlled substances schedule; amending s. 893.055, F.S.; revising and providing definitions; revising requirements for the prescription drug monitoring program; authorizing rulemaking; requiring the department to maintain an electronic system for certain purposes to meet specified requirements; requiring certain information to be reported to the system by a specified time; specifying direct access to system information; authorizing the department to enter into reciprocal agreements or contracts to share prescription drug monitoring information with certain entities; providing requirements for such agreements; authorizing the department to enter into agreements or contracts for secure connections with practitioner electronic systems; requiring specified persons to consult the system for certain purposes within a specified time; providing exceptions to the duty of specified persons to consult the system under certain circumstances; authorizing the department to issue

nondisciplinary citations to specified entities for failing to meet certain requirements; prohibiting the failure to report the dispensing of a controlled substance when required to do so; providing penalties; authorizing the department to enter into agreements or contracts for specified purposes; providing for the release of information obtained by the system; allowing specified persons to have direct access to information for the purpose of reviewing the controlled drug prescription history of a patient; providing prescriber or dispenser immunity from liability for review of patient history when acting in good faith; providing construction; prohibiting the department from specified uses of funds; authorizing the department to conduct or participate in studies for specified purposes; requiring an annual report to be submitted to the Governor and Legislature by a specified date; providing report requirements; providing exemptions; establishing direct-support organizations for specified purposes; defining the term "direct-support organization"; requiring a direct-support organization to operate under written contract with the department; providing contract requirements; requiring the direct-support organization to obtain written approval from the department for specified purposes; authorizing rulemaking; providing for an independent annual financial audit by the direct-support organization; providing that copies of such audit be provided to

specified entities; providing for future repeal of provisions relating to the direct-support organization; amending s. 893.0551, F.S.; revising provisions concerning release of information held by the prescription drug monitoring program; amending ss. 458.331, 459.015, 463.0055, 782.04, 893.13, 893.135, and 921.0022, F.S.; correcting cross-references; conforming provisions to changes made by the act; providing effective dates.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 456.0301, Florida Statutes, is created to read:

456.0301 Requirement for instruction on controlled substance prescribing.-

(1)(a) If not already required by the licensee's practice act, the appropriate board shall require each person registered with the United States Drug Enforcement Administration and authorized to prescribe controlled substances pursuant to 21 U.S.C. s. 822 to complete a board-approved 2-hour continuing education course on prescribing controlled substances as part of biennial renewal. The course must include information on the current standards regarding for prescribing controlled substances, particularly opiates, alternatives to these standards, and information on the risks of opioid addiction following all stages of treatment in the management of acute pain. The course may be offered in a distance learning format and must be included within the number of continuing education

hours required by law. The department may not renew the license of any prescriber registered with the United States Drug Enforcement Administration to prescribe controlled substances that has failed to complete the course. When required by this paragraph, the course shall be completed by January 31, 2019, and at each subsequent renewal.

(b) Each such licensee shall submit confirmation of having completed such course when applying for biennial renewal.

(c) Each licensing board that requires a licensee to complete an educational course pursuant to this subsection may include the hours required for completion of the course in the total hours of continuing education required by law for such profession unless the continuing education requirements for such profession consist of fewer than 30 hours biennially.

(2) Each board may adopt rules to administer this section.

Section 2. Paragraph (gg) of subsection (1) of section 456.072, Florida Statutes, is amended to read:

456.072 Grounds for discipline; penalties; enforcement.—

(1) The following acts shall constitute grounds for which the disciplinary actions specified in subsection (2) may be taken:

(gg) Engaging in a pattern of practice when prescribing medicinal drugs or controlled substances which demonstrates a lack of reasonable skill or safety to patients, a violation of any provision of this chapter or ss. 893.055 and 893.0551, a violation of the applicable practice act, or a violation of any rules adopted under this chapter or the applicable practice act of the prescribing practitioner. Notwithstanding s. 456.073(13), the department may initiate an investigation and establish such

a pattern from billing records, data, or any other information obtained by the department.

Section 3. Paragraphs (a) through (g) of subsection (1) of section 456.44, Florida Statutes, are redesignated as paragraphs (b) through (h), respectively, a new paragraph (a) is added to that subsection, subsection (3) is amended, and subsections (4) and (5) are added to that section, to read:

456.44 Controlled substance prescribing.—

(1) DEFINITIONS.—As used in this section, the term:

(a) "Acute pain" means the normal, predicted, physiological, and time-limited response to an adverse chemical, thermal, or mechanical stimulus associated with surgery, trauma, or acute illness.

(3) STANDARDS OF PRACTICE FOR TREATMENT OF CHRONIC NONMALIGNANT PAIN.—The standards of practice in this section do not supersede the level of care, skill, and treatment recognized in general law related to health care licensure.

(a) A complete medical history and a physical examination must be conducted before beginning any treatment and must be documented in the medical record. The exact components of the physical examination shall be left to the judgment of the registrant who is expected to perform a physical examination proportionate to the diagnosis that justifies a treatment. The medical record must, at a minimum, document the nature and intensity of the pain, current and past treatments for pain, underlying or coexisting diseases or conditions, the effect of the pain on physical and psychological function, a review of previous medical records, previous diagnostic studies, and history of alcohol and substance abuse. The medical record shall

also document the presence of one or more recognized medical indications for the use of a controlled substance. Each registrant must develop a written plan for assessing each patient's risk of aberrant drug-related behavior, which may include patient drug testing. Registrants must assess each patient's risk for aberrant drug-related behavior and monitor that risk on an ongoing basis in accordance with the plan.

(b) Each registrant must develop a written individualized treatment plan for each patient. The treatment plan shall state objectives that will be used to determine treatment success, such as pain relief and improved physical and psychosocial function, and shall indicate if any further diagnostic evaluations or other treatments are planned. After treatment begins, the registrant shall adjust drug therapy to the individual medical needs of each patient. Other treatment modalities, including a rehabilitation program, shall be considered depending on the etiology of the pain and the extent to which the pain is associated with physical and psychosocial impairment. The interdisciplinary nature of the treatment plan shall be documented.

(c) The registrant shall discuss the risks and benefits of the use of controlled substances, including the risks of abuse and addiction, as well as physical dependence and its consequences, with the patient, persons designated by the patient, or the patient's surrogate or guardian if the patient is incompetent. The registrant shall use a written controlled substance agreement between the registrant and the patient outlining the patient's responsibilities, including, but not limited to:

1. Number and frequency of controlled substance prescriptions and refills.

2. Patient compliance and reasons for which drug therapy may be discontinued, such as a violation of the agreement.

3. An agreement that controlled substances for the treatment of chronic nonmalignant pain shall be prescribed by a single treating registrant unless otherwise authorized by the treating registrant and documented in the medical record.

(d) The patient shall be seen by the registrant at regular intervals, not to exceed 3 months, to assess the efficacy of treatment, ensure that controlled substance therapy remains indicated, evaluate the patient's progress toward treatment objectives, consider adverse drug effects, and review the etiology of the pain. Continuation or modification of therapy shall depend on the registrant's evaluation of the patient's progress. If treatment goals are not being achieved, despite medication adjustments, the registrant shall reevaluate the appropriateness of continued treatment. The registrant shall monitor patient compliance in medication usage, related treatment plans, controlled substance agreements, and indications of substance abuse or diversion at a minimum of 3-month intervals.

(e) The registrant shall refer the patient as necessary for additional evaluation and treatment in order to achieve treatment objectives. Special attention shall be given to those patients who are at risk for misusing their medications and those whose living arrangements pose a risk for medication misuse or diversion. The management of pain in patients with a history of substance abuse or with a comorbid psychiatric

disorder requires extra care, monitoring, and documentation and requires consultation with or referral to an addiction medicine specialist or a psychiatrist.

(f) A registrant must maintain accurate, current, and complete records that are accessible and readily available for review and comply with the requirements of this section, the applicable practice act, and applicable board rules. The medical records must include, but are not limited to:

1. The complete medical history and a physical examination, including history of drug abuse or dependence.

2. Diagnostic, therapeutic, and laboratory results.

3. Evaluations and consultations.

4. Treatment objectives.

5. Discussion of risks and benefits.

6. Treatments.

7. Medications, including date, type, dosage, and quantity prescribed.

8. Instructions and agreements.

9. Periodic reviews.

10. Results of any drug testing.

11. A photocopy of the patient’s government-issued photo identification.

12. If a written prescription for a controlled substance is given to the patient, a duplicate of the prescription.

13. The registrant’s full name presented in a legible manner.

(g) A registrant shall immediately refer patients with signs or symptoms of substance abuse to a board-certified pain management physician, an addiction medicine specialist, or a

mental health addiction facility as it pertains to drug abuse or addiction unless the registrant is a physician who is board-certified or board-eligible in pain management. Throughout the period of time before receiving the consultant's report, a prescribing registrant shall clearly and completely document medical justification for continued treatment with controlled substances and those steps taken to ensure medically appropriate use of controlled substances by the patient. Upon receipt of the consultant's written report, the prescribing registrant shall incorporate the consultant's recommendations for continuing, modifying, or discontinuing controlled substance therapy. The resulting changes in treatment shall be specifically documented in the patient's medical record. Evidence or behavioral indications of diversion shall be followed by discontinuation of controlled substance therapy, and the patient shall be discharged, and all results of testing and actions taken by the registrant shall be documented in the patient's medical record.

This subsection does not apply to a board-eligible or board-certified anesthesiologist, physiatrist, rheumatologist, or neurologist, or to a board-certified physician who has surgical privileges at a hospital or ambulatory surgery center and primarily provides surgical services. This subsection does not apply to a board-eligible or board-certified medical specialist who has also completed a fellowship in pain medicine approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association, or who is board eligible or board certified in pain medicine by the American Board of Pain Medicine, the American Board of Interventional Pain Physicians,

the American Association of Physician Specialists, or a board approved by the American Board of Medical Specialties or the American Osteopathic Association and performs interventional pain procedures of the type routinely billed using surgical codes. This subsection does not apply to a registrant who prescribes medically necessary controlled substances for a patient during an inpatient stay in a hospital licensed under chapter 395.

(4) STANDARDS OF PRACTICE FOR TREATMENT OF ACUTE PAIN.—The department shall adopt rules establishing guidelines for prescribing controlled substances for acute pain, including evaluation of the patient, creation of a treatment plan, obtaining informed consent and agreement for treatment, periodic review of the treatment plan, consultation, medical record review, and compliance with controlled substance laws and regulations. Failure of a prescriber to follow such guidelines constitutes grounds for disciplinary action pursuant to s. 456.072(1)(gg), punishable as provided in s. 456.072(2).

(5) PRESCRIPTION SUPPLY.-

(a) Except as provided in paragraph (b), a prescription for a Schedule II opioid, as defined in s. 893.03 or 21 U.S.C. s. 812, for the treatment of acute pain must not exceed a 3-day supply.

(b) An up to 7-day supply of an opioid described in paragraph (a) may be prescribed if:

1. The practitioner, in his or her professional judgment, believes that more than a 3-day supply of such an opioid is medically necessary to treat the patient’s pain as an acute medical condition.

2. The practitioner indicates "MEDICALLY NECESSARY" on the prescription.

3. The prescriber adequately documents in the patient's medical records the acute medical condition and lack of alternative treatment options that justify deviation from the 3-day supply limit established in this subsection.

Section 4. Effective January 1, 2019, subsections (2) through (5) of section 458.3265, Florida Statutes, are renumbered as subsections (3) through (6), respectively, paragraphs (a) and (g) of subsection (1), paragraph (a) of present subsection (2), paragraph (a) of present subsection (3), and paragraph (a) of present subsection (4) are amended, and a new subsection (2) is added to that section, to read:

458.3265 Pain-management clinics.—

(1) REGISTRATION.—

(a)1. As used in this section, the term:

a. "Board eligible" means successful completion of an anesthesia, physical medicine and rehabilitation, rheumatology, or neurology residency program approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association for a period of 6 years from successful completion of such residency program.

b. "Chronic nonmalignant pain" means pain unrelated to cancer which persists beyond the usual course of disease or the injury that is the cause of the pain or more than 90 days after surgery.

c. "Pain-management clinic" or "clinic" means any publicly or privately owned facility:

(I) That advertises in any medium for any type of pain-

management services; or

(II) Where in any month a majority of patients are prescribed opioids, benzodiazepines, barbiturates, or carisoprodol for the treatment of chronic nonmalignant pain.

2. Each pain-management clinic must register with the department or hold a valid certificate of exemption pursuant to subsection (2). ~~unless:~~

3. The following clinics are exempt from the registration requirement of paragraphs (c)-(m), and must apply to the department for a certificate of exemption:

a. A ~~That~~ clinic ~~is~~ licensed as a facility pursuant to chapter 395;

b. A clinic in which the majority of the physicians who provide services in the clinic primarily provide surgical services;

c. A ~~The~~ clinic ~~is~~ owned by a publicly held corporation whose shares are traded on a national exchange or on the over-the-counter market and whose total assets at the end of the corporation's most recent fiscal quarter exceeded $50 million;

d. A ~~The~~ clinic ~~is~~ affiliated with an accredited medical school at which training is provided for medical students, residents, or fellows;

e. A ~~The~~ clinic that does not prescribe controlled substances for the treatment of pain;

f. A ~~The~~ clinic ~~is~~ owned by a corporate entity exempt from federal taxation under 26 U.S.C. s. 501(c)(3);

g. A ~~The~~ clinic ~~is~~ wholly owned and operated by one or more board-eligible or board-certified anesthesiologists, physiatrists, rheumatologists, or neurologists; or

h. A ~~The~~ clinic ~~is~~ wholly owned and operated by a physician multispecialty practice where one or more board-eligible or board-certified medical specialists, who have also completed fellowships in pain medicine approved by the Accreditation Council for Graduate Medical Education or who are also board-certified in pain medicine by the American Board of Pain Medicine or a board approved by the American Board of Medical Specialties, the American Association of Physician Specialists, or the American Osteopathic Association, perform interventional pain procedures of the type routinely billed using surgical codes.

(g) The department may revoke the clinic's certificate of registration and prohibit all physicians associated with that pain-management clinic from practicing at that clinic location based upon an annual inspection and evaluation of the factors described in subsection (4)~~(3)~~.

(2) CERTIFICATE OF EXEMPTION.-

(a) A pain management clinic claiming an exemption from the registration requirements of subsection (1), must apply for a certificate of exemption on a form adopted in rule by the department. The form shall require the applicant to provide:

1. The name or names under which the applicant does business.

2. The address at which the pain management clinic is located.

3. The specific exemption the applicant is claiming with supporting documentation.

4. Any other information deemed necessary by the department.

(b) Within 30 days after the receipt of a complete application, the department must approve or deny the application.

(c) The certificate of exemption must be renewed biennially, except that the department may issue the initial certificates of exemption for up to 3 years in order to stagger renewal dates.

(d) A certificateholder must prominently display the certificate of exemption and make it available to the department or the board upon request.

(e) A certificate of exemption is not movable or transferable. A certificate of exemption is valid only for the applicant, qualifying owners, licenses, registrations, certifications, and services provided under a specific statutory exemption and is valid only to the specific exemption claimed and granted.

(f) A certificateholder must notify the department at least 60 days before any anticipated relocation or name change of the pain management clinic or a change of ownership.

(g) If a pain management clinic no longer qualifies for a certificate of exemption, the certificateholder must immediately notify the department and register as a pain management clinic under subsection (1).

(3)~~(2)~~ PHYSICIAN RESPONSIBILITIES.—These responsibilities apply to any physician who provides professional services in a pain-management clinic that is required to be registered in subsection (1).

(a) A physician may not practice medicine in a pain-management clinic, as described in subsection (5)~~(4)~~, if the

pain-management clinic is not registered with the department as required by this section. Any physician who qualifies to practice medicine in a pain-management clinic pursuant to rules adopted by the Board of Medicine as of July 1, 2012, may continue to practice medicine in a pain-management clinic as long as the physician continues to meet the qualifications set forth in the board rules. A physician who violates this paragraph is subject to disciplinary action by his or her appropriate medical regulatory board.

(4) ~~(3)~~ INSPECTION.—

(a) The department shall inspect the pain-management clinic annually, including a review of the patient records, to ensure that it complies with this section and the rules of the Board of Medicine adopted pursuant to subsection (5) ~~(4)~~ unless the clinic is accredited by a nationally recognized accrediting agency approved by the Board of Medicine.

(5) ~~(4)~~ RULEMAKING.—

(a) The department shall adopt rules necessary to administer the registration, exemption, and inspection of pain-management clinics which establish the specific requirements, procedures, forms, and fees.

Section 5. Effective January 1, 2019, subsections (2) through (5) of section 459.0137, Florida Statutes, are renumbered as subsections (3) through (6), respectively, paragraphs (a) and (g) of subsection (1), paragraph (a) of present subsection (2), paragraph (a) of present subsection (3), and paragraph (a) of present subsection (4) are amended, and a new subsection (2) is added to that section, to read:

459.0137 Pain-management clinics.—

(1) REGISTRATION.—

(a)1. As used in this section, the term:

a. "Board eligible" means successful completion of an anesthesia, physical medicine and rehabilitation, rheumatology, or neurology residency program approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association for a period of 6 years from successful completion of such residency program.

b. "Chronic nonmalignant pain" means pain unrelated to cancer which persists beyond the usual course of disease or the injury that is the cause of the pain or more than 90 days after surgery.

c. "Pain-management clinic" or "clinic" means any publicly or privately owned facility:

(I) That advertises in any medium for any type of pain-management services; or

(II) Where in any month a majority of patients are prescribed opioids, benzodiazepines, barbiturates, or carisoprodol for the treatment of chronic nonmalignant pain.

2. Each pain-management clinic must register with the department or hold a valid certificate of exemption pursuant to subsection (2). ~~unless:~~

3. The following clinics are exempt from the registration requirement of paragraphs (c)-(m), and must apply to the department for a certificate of exemption:

a. A ~~That~~ clinic ~~is~~ licensed as a facility pursuant to chapter 395;

b. A clinic in which the majority of the physicians who provide services in the clinic primarily provide surgical

services;

c. A ~~The~~ clinic ~~is~~ owned by a publicly held corporation whose shares are traded on a national exchange or on the over-the-counter market and whose total assets at the end of the corporation's most recent fiscal quarter exceeded $50 million;

d. A ~~The~~ clinic ~~is~~ affiliated with an accredited medical school at which training is provided for medical students, residents, or fellows;

e. A ~~The~~ clinic that does not prescribe controlled substances for the treatment of pain;

f. A ~~The~~ clinic ~~is~~ owned by a corporate entity exempt from federal taxation under 26 U.S.C. s. 501(c)(3);

g. A ~~The~~ clinic ~~is~~ wholly owned and operated by one or more board-eligible or board-certified anesthesiologists, physiatrists, rheumatologists, or neurologists; or

h. A ~~The~~ clinic ~~is~~ wholly owned and operated by a physician multispecialty practice where one or more board-eligible or board-certified medical specialists, who have also completed fellowships in pain medicine approved by the Accreditation Council for Graduate Medical Education or the American Osteopathic Association or who are also board-certified in pain medicine by the American Board of Pain Medicine or a board approved by the American Board of Medical Specialties, the American Association of Physician Specialists, or the American Osteopathic Association, perform interventional pain procedures of the type routinely billed using surgical codes.

(g) The department may revoke the clinic's certificate of registration and prohibit all physicians associated with that pain-management clinic from practicing at that clinic location

based upon an annual inspection and evaluation of the factors described in subsection (4) ~~(3)~~.

(2) CERTIFICATE OF EXEMPTION.-

(a) A pain management clinic claiming an exemption from the registration requirements of subsection (1), must apply for a certificate of exemption on a form adopted in rule by the department. The form shall require the applicant to provide:

1. The name or names under which the applicant does business.

2. The address at which the pain management clinic is located.

3. The specific exemption the applicant is claiming with supporting documentation.

4. Any other information deemed necessary by the department.

(b) Within 30 days after the receipt of a complete application, the department must approve or deny the application.

(c) The certificate of exemption must be renewed biennially, except that the department may issue the initial certificates of exemption for up to 3 years in order to stagger renewal dates.

(d) A certificateholder must prominently display the certificate of exemption and make it available to the department or the board upon request.

(e) A certificate of exemption is not movable or transferable. A certificate of exemption is valid only for the applicant, qualifying owners, licenses, registrations, certifications, and services provided under a specific statutory

exemption and is valid only to the specific exemption claimed and granted.

(f) A certificateholder must notify the department at least 60 days before any anticipated relocation or name change of the pain management clinic or a change of ownership.

(g) If a pain management clinic no longer qualifies for a certificate of exemption, the certificateholder must immediately notify the department and register as a pain management clinic under subsection (1).

(3) ~~(2)~~ PHYSICIAN RESPONSIBILITIES.—These responsibilities apply to any osteopathic physician who provides professional services in a pain-management clinic that is required to be registered in subsection (1).

(a) An osteopathic physician may not practice medicine in a pain-management clinic, as described in subsection (5) ~~(4)~~, if the pain-management clinic is not registered with the department as required by this section. Any physician who qualifies to practice medicine in a pain-management clinic pursuant to rules adopted by the Board of Osteopathic Medicine as of July 1, 2012, may continue to practice medicine in a pain-management clinic as long as the physician continues to meet the qualifications set forth in the board rules. An osteopathic physician who violates this paragraph is subject to disciplinary action by his or her appropriate medical regulatory board.

(4) ~~(3)~~ INSPECTION.—

(a) The department shall inspect the pain-management clinic annually, including a review of the patient records, to ensure that it complies with this section and the rules of the Board of Osteopathic Medicine adopted pursuant to subsection (5) ~~(4)~~

unless the clinic is accredited by a nationally recognized accrediting agency approved by the Board of Osteopathic Medicine.

(5)~~(4)~~ RULEMAKING.—

(a) The department shall adopt rules necessary to administer the registration, exemption, and inspection of pain-management clinics which establish the specific requirements, procedures, forms, and fees.

Section 6. Section 465.0155, Florida Statutes, is amended to read:

465.0155 Standards of practice.—

(1) Consistent with the provisions of this act, the board shall adopt by rule standards of practice relating to the practice of pharmacy which shall be binding on every state agency and shall be applied by such agencies when enforcing or implementing any authority granted by any applicable statute, rule, or regulation, whether federal or state.

(2)(a) Before dispensing a controlled substance to a person not known to the pharmacist, the pharmacist must require the person purchasing, receiving, or otherwise acquiring the controlled substance to present valid photographic identification or other verification of his or her identity. If the person does not have proper identification, the pharmacist may verify the validity of the prescription and the identity of the patient with the prescriber or his or her authorized agent. Verification of health plan eligibility through a real-time inquiry or adjudication system is considered to be proper identification.

(b) This subsection does not apply in an institutional

setting or to a long-term care facility, including, but not limited to, an assisted living facility or a hospital to which patients are admitted.

(c) As used in this subsection, the term "proper identification" means an identification that is issued by a state or the Federal Government containing the person's photograph, printed name, and signature or a document considered acceptable under 8 C.F.R. s. 274a.2(b)(1)(v)(A) and (B).

Section 7. Paragraph (d) is added to subsection (2) of section 465.0276, Florida Statutes, to read:

465.0276 Dispensing practitioner.—

(2) A practitioner who dispenses medicinal drugs for human consumption for fee or remuneration of any kind, whether direct or indirect, must:

(d)1. Before dispensing a controlled substance to a person not known to the dispenser, require the person purchasing, receiving, or otherwise acquiring the controlled substance to present valid photographic identification or other verification of his or her identity. If the person does not have proper identification, the dispenser may verify the validity of the prescription and the identity of the patient with the prescriber or his or her authorized agent. Verification of health plan eligibility through a real-time inquiry or adjudication system is considered to be proper identification.

2. This paragraph does not apply in an institutional setting or to a long-term care facility, including, but not limited to, an assisted living facility or a hospital to which patients are admitted.

3. As used in this paragraph, the term "proper

identification" means an identification that is issued by a state or the Federal Government containing the person's photograph, printed name, and signature or a document considered acceptable under 8 C.F.R. s. 274a.2(b)(1)(v)(A) and (B).

Section 8. Subsections (2), (3), (4), and (5) of section 893.03, Florida Statutes, are amended to read:

893.03 Standards and schedules.—The substances enumerated in this section are controlled by this chapter. The controlled substances listed or to be listed in Schedules I, II, III, IV, and V are included by whatever official, common, usual, chemical, trade name, or class designated. The provisions of this section shall not be construed to include within any of the schedules contained in this section any excluded drugs listed within the purview of 21 C.F.R. s. 1308.22, styled "Excluded Substances"; 21 C.F.R. s. 1308.24, styled "Exempt Chemical Preparations"; 21 C.F.R. s. 1308.32, styled "Exempted Prescription Products"; or 21 C.F.R. s. 1308.34, styled "Exempt Anabolic Steroid Products."

(2) SCHEDULE II.—A substance in Schedule II has a high potential for abuse and has a currently accepted but severely restricted medical use in treatment in the United States, and abuse of the substance may lead to severe psychological or physical dependence. The following substances are controlled in Schedule II:

(a) Unless specifically excepted or unless listed in another schedule, any of the following substances, whether produced directly or indirectly by extraction from substances of vegetable origin or independently by means of chemical synthesis:

1. Opium and any salt, compound, derivative, or preparation of opium, except nalmefene or isoquinoline alkaloids of opium, including, but not limited to the following:

a. Raw opium.

b. Opium extracts.

c. Opium fluid extracts.

d. Powdered opium.

e. Granulated opium.

f. Tincture of opium.

g. Codeine.

h. Dihydroetorphine.

i.~~h.~~ Ethylmorphine.

j.~~i.~~ Etorphine hydrochloride.

k.~~j.~~ Hydrocodone and hydrocodone combination products.

l.~~k.~~ Hydromorphone.

m.~~l.~~ Levo-alphacetylmethadol (also known as levo-alpha-acetylmethadol, levomethadyl acetate, or LAAM).

n.~~m.~~ Metopon (methyldihydromorphinone).

o.~~n.~~ Morphine.

p. Oripavine.

q.~~o.~~ Oxycodone.

r.~~p.~~ Oxymorphone.

s.~~q.~~ Thebaine.

2. Any salt, compound, derivative, or preparation of a substance which is chemically equivalent to or identical with any of the substances referred to in subparagraph 1., except that these substances shall not include the isoquinoline alkaloids of opium.

3. Any part of the plant of the species *Papaver somniferum*,

L.

4. Cocaine or ecgonine, including any of their stereoisomers, and any salt, compound, derivative, or preparation of cocaine or ecgonine, except that these substances shall not include ioflupane I 123.

(b) Unless specifically excepted or unless listed in another schedule, any of the following substances, including their isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation:

1. Alfentanil.

2. Alphaprodine.

3. Anileridine.

4. Bezitramide.

5. Bulk propoxyphene (nondosage forms).

6. Carfentanil.

7. Dihydrocodeine.

8. Diphenoxylate.

9. Fentanyl.

10. Isomethadone.

11. Levomethorphan.

12. Levorphanol.

13. Metazocine.

14. Methadone.

15. Methadone-Intermediate,4-cyano-2-dimethylamino-4,4-diphenylbutane.

16. Moramide-Intermediate,2-methyl-3-morpholoino-1,1-diphenylpropane-carboxylic acid.

17. Nabilone.

18. Pethidine (meperidine).

19. Pethidine-Intermediate-A,4-cyano-1-methyl-4-phenylpiperidine.

20. Pethidine-Intermediate-B,ethyl-4-phenylpiperidine-4-carboxylate.

21. Pethidine-Intermediate-C,1-methyl-4- phenylpiperidine-4-carboxylic acid.

22. Phenazocine.

23. Phencyclidine.

24. 1-Phenylcyclohexylamine.

25. Piminodine.

26. 1-Piperidinocyclohexanecarbonitrile.

27. Racemethorphan.

28. Racemorphan.

29. Remifentanil.

30.~~29.~~ Sufentanil.

31. Tapentadol.

32. Thiafentanil.

(c) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances, including their salts, isomers, optical isomers, salts of their isomers, and salts of their optical isomers:

1. Amobarbital.

2. Amphetamine.

3. Glutethimide.

4. Lisdexamfetamine.

5.~~4.~~ Methamphetamine.

6.~~5.~~ Methylphenidate.

7.~~6.~~ Pentobarbital.

8.~~7.~~ Phenmetrazine.

9.~~8.~~ Phenylacetone.

10.~~9.~~ Secobarbital.

(d) Dronabinol (synthetic THC) in oral solution in a drug product approved by the United States Food and Drug Administration.

(3) SCHEDULE III.—A substance in Schedule III has a potential for abuse less than the substances contained in Schedules I and II and has a currently accepted medical use in treatment in the United States, and abuse of the substance may lead to moderate or low physical dependence or high psychological dependence or, in the case of anabolic steroids, may lead to physical damage. The following substances are controlled in Schedule III:

(a) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a depressant or stimulant effect on the nervous system:

1. Any substance which contains any quantity of a derivative of barbituric acid, including thiobarbituric acid, or any salt of a derivative of barbituric acid or thiobarbituric acid, including, but not limited to, butabarbital and butalbital.

2. Benzphetamine.

3. Buprenorphine.

4.~~3.~~ Chlorhexadol.

5.~~4.~~ Chlorphentermine.

6.~~5.~~ Clortermine.

7. Embutramide.

8.~~6.~~ Lysergic acid.

9.~~7.~~ Lysergic acid amide.

10.~~8.~~ Methyprylon.

11. Perampanel.

12.~~9.~~ Phendimetrazine.

13.~~10.~~ Sulfondiethylmethane.

14.~~11.~~ Sulfonethylmethane.

15.~~12.~~ Sulfonmethane.

16.~~13.~~ Tiletamine and zolazepam or any salt thereof.

(b) Nalorphine.

(c) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing limited quantities of any of the following controlled substances or any salts thereof:

1. Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with an equal or greater quantity of an isoquinoline alkaloid of opium.

2. Not more than 1.8 grams of codeine per 100 milliliters or not more than 90 milligrams per dosage unit, with recognized therapeutic amounts of one or more active ingredients which are not controlled substances.

3. Not more than 300 milligrams of hydrocodone per 100 milliliters or not more than 15 milligrams per dosage unit, with a fourfold or greater quantity of an isoquinoline alkaloid of opium.

4. Not more than 300 milligrams of hydrocodone per 100

milliliters or not more than 15 milligrams per dosage unit, with recognized therapeutic amounts of one or more active ingredients that are not controlled substances.

5. Not more than 1.8 grams of dihydrocodeine per 100 milliliters or not more than 90 milligrams per dosage unit, with recognized therapeutic amounts of one or more active ingredients which are not controlled substances.

6. Not more than 300 milligrams of ethylmorphine per 100 milliliters or not more than 15 milligrams per dosage unit, with one or more active, nonnarcotic ingredients in recognized therapeutic amounts.

7. Not more than 50 milligrams of morphine per 100 milliliters or per 100 grams, with recognized therapeutic amounts of one or more active ingredients which are not controlled substances.

For purposes of charging a person with a violation of s. 893.135 involving any controlled substance described in subparagraph 3. or subparagraph 4., the controlled substance is a Schedule III controlled substance pursuant to this paragraph but the weight of the controlled substance per milliliters or per dosage unit is not relevant to the charging of a violation of s. 893.135. The weight of the controlled substance shall be determined pursuant to s. 893.135(6).

(d) Anabolic steroids.

1. The term "anabolic steroid" means any drug or hormonal substance, chemically and pharmacologically related to testosterone, other than estrogens, progestins, and corticosteroids, that promotes muscle growth and includes:

a. Androsterone.
b. Androsterone acetate.
c. Boldenone.
d. Boldenone acetate.
e. Boldenone benzoate.
f. Boldenone undecylenate.
g. Chlorotestosterone (Clostebol).
h. Dehydrochlormethyltestosterone.
i. Dihydrotestosterone (Stanolone).
j. Drostanolone.
k. Ethylestrenol.
l. Fluoxymesterone.
m. Formebulone (Formebolone).
n. Mesterolone.
o. Methandrostenolone (Methandienone).
p. Methandranone.
q. Methandriol.
r. Methenolone.
s. Methyltestosterone.
t. Mibolerone.
u. Nortestosterone (Nandrolone).
v. Norethandrolone.
w. Nortestosterone decanoate.
x. Nortestosterone phenylpropionate.
y. Nortestosterone propionate.
z. Oxandrolone.
aa. Oxymesterone.
bb. Oxymetholone.
cc. Stanozolol.

dd. Testolactone.

ee. Testosterone.

ff. Testosterone acetate.

gg. Testosterone benzoate.

hh. Testosterone cypionate.

ii. Testosterone decanoate.

jj. Testosterone enanthate.

kk. Testosterone isocaproate.

ll. Testosterone oleate.

mm. Testosterone phenylpropionate.

nn. Testosterone propionate.

oo. Testosterone undecanoate.

pp. Trenbolone.

qq. Trenbolone acetate.

rr. Any salt, ester, or isomer of a drug or substance described or listed in this subparagraph if that salt, ester, or isomer promotes muscle growth.

2. The term does not include an anabolic steroid that is expressly intended for administration through implants to cattle or other nonhuman species and that has been approved by the United States Secretary of Health and Human Services for such administration. However, any person who prescribes, dispenses, or distributes such a steroid for human use is considered to have prescribed, dispensed, or distributed an anabolic steroid within the meaning of this paragraph.

(e) Ketamine, including any isomers, esters, ethers, salts, and salts of isomers, esters, and ethers, whenever the existence of such isomers, esters, ethers, and salts is possible within the specific chemical designation.

(f) Dronabinol (synthetic THC) in sesame oil and encapsulated in a soft gelatin capsule in a drug product approved by the United States Food and Drug Administration.

(g) Any drug product containing gamma-hydroxybutyric acid, including its salts, isomers, and salts of isomers, for which an application is approved under s. 505 of the Federal Food, Drug, and Cosmetic Act.

(4)(a) SCHEDULE IV.—A substance in Schedule IV has a low potential for abuse relative to the substances in Schedule III and has a currently accepted medical use in treatment in the United States, and abuse of the substance may lead to limited physical or psychological dependence relative to the substances in Schedule III.

(b) Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances, including its salts, isomers, and salts of isomers whenever the existence of such salts, isomers, and salts of isomers is possible within the specific chemical designation, are controlled in Schedule IV:

1. Alfaxalone.

2.~~(a)~~ Alprazolam.

3.~~(b)~~ Barbital.

4.~~(c)~~ Bromazepam.

5.~~(iii)~~ Butorphanol tartrate.

6.~~(d)~~ Camazepam.

7.~~(jjj)~~ Carisoprodol.

8.~~(e)~~ Cathine.

9.~~(f)~~ Chloral betaine.

10.~~(g)~~ Chloral hydrate.
11.~~(h)~~ Chlordiazepoxide.
12.~~(i)~~ Clobazam.
13.~~(j)~~ Clonazepam.
14.~~(k)~~ Clorazepate.
15.~~(l)~~ Clotiazepam.
16.~~(m)~~ Cloxazolam.
17. Dexfenfluramine.
18.~~(n)~~ Delorazepam.
19. Dichloralphenazone.
20.~~(p)~~ Diazepam.
21.~~(q)~~ Diethylpropion.
22. Eluxadoline.
23.~~(r)~~ Estazolam.
24. Eszopiclone.
25.~~(s)~~ Ethchlorvynol.
26.~~(t)~~ Ethinamate.
27.~~(u)~~ Ethyl loflazepate.
28.~~(v)~~ Fencamfamin.
29.~~(w)~~ Fenfluramine.
30.~~(x)~~ Fenproporex.
31.~~(y)~~ Fludiazepam.
32.~~(z)~~ Flurazepam.
33. Fospropofol.
34.~~(aa)~~ Halazepam.
35.~~(bb)~~ Haloxazolam.
36.~~(cc)~~ Ketazolam.
37.~~(dd)~~ Loprazolam.
38.~~(ee)~~ Lorazepam.

39. Lorcaserin.

40.~~(ff)~~ Lormetazepam.

41.~~(gg)~~ Mazindol.

42.~~(hh)~~ Mebutamate.

43.~~(ii)~~ Medazepam.

44.~~(jj)~~ Mefenorex.

45.~~(kk)~~ Meprobamate.

46.~~(ll)~~ Methohexital.

47.~~(mm)~~ Methylphenobarbital.

48.~~(nn)~~ Midazolam.

49. Modafinil.

50.~~(oo)~~ Nimetazepam.

51.~~(pp)~~ Nitrazepam.

52.~~(qq)~~ Nordiazepam.

53.~~(rr)~~ Oxazepam.

54.~~(ss)~~ Oxazolam.

55.~~(tt)~~ Paraldehyde.

56.~~(uu)~~ Pemoline.

57.~~(vv)~~ Pentazocine.

58. Petrichloral.

59.~~(ww)~~ Phenobarbital.

60.~~(xx)~~ Phentermine.

61.~~(yy)~~ Pinazepam.

62.~~(zz)~~ Pipradrol.

63.~~(aaa)~~ Prazepam.

64.~~(o)~~ Propoxyphene (dosage forms).

65.~~(bbb)~~ Propylhexedrine, excluding any patent or proprietary preparation containing propylhexedrine, unless otherwise provided by federal law.

66.~~(ccc)~~ Quazepam.

67. Sibutramine.

68.~~(ccc)~~ SPA[(-)-1 dimethylamino-1, 2 diphenylethane].

69. Suvorexant.

70.~~(fff)~~ Temazepam.

71.~~(ddd)~~ Tetrazepam.

72. Tramadol.

73.~~(ggg)~~ Triazolam.

74. Zaleplon.

75. Zolpidem.

76. Zopiclone.

77.~~(hhh)~~ Not more than 1 milligram of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit.

(5) SCHEDULE V.—A substance, compound, mixture, or preparation of a substance in Schedule V has a low potential for abuse relative to the substances in Schedule IV and has a currently accepted medical use in treatment in the United States, and abuse of such compound, mixture, or preparation may lead to limited physical or psychological dependence relative to the substances in Schedule IV.

(a) Substances controlled in Schedule V include any compound, mixture, or preparation containing any of the following limited quantities of controlled substances, which shall include one or more active medicinal ingredients which are not controlled substances in sufficient proportion to confer upon the compound, mixture, or preparation valuable medicinal qualities other than those possessed by the controlled substance alone:

1. Not more than 200 milligrams of codeine per 100 milliliters or per 100 grams.

2. Not more than 100 milligrams of dihydrocodeine per 100 milliliters or per 100 grams.

3. Not more than 100 milligrams of ethylmorphine per 100 milliliters or per 100 grams.

4. Not more than 2.5 milligrams of diphenoxylate and not less than 25 micrograms of atropine sulfate per dosage unit.

5. Not more than 100 milligrams of opium per 100 milliliters or per 100 grams.

6. Not more than 0.5 milligrams of difenoxin and not less than 25 micrograms of atropine sulfate per dosage unit.

7. Brivaracetam.

8. Ezogabine.

9. Lacosamide.

10. Pregabalin.

~~(b) Narcotic drugs. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation containing any of the following narcotic drugs and their salts: Buprenorphine.~~

(b) ~~(c)~~ Stimulants. Unless specifically excepted or unless listed in another schedule, any material, compound, mixture, or preparation which contains any quantity of the following substances having a stimulant effect on the central nervous system, including its salts, isomers, and salts of isomers: Pyrovalerone.

Section 9. Section 893.055, Florida Statutes, is amended to read:

(Substantial rewording of section. See

s. 893.055, F.S., for present text.)

893.055 Prescription drug monitoring program.—

(1) As used in this section, the term:

(a) "Administration" means the obtaining and giving of a single dose of medicinal drugs by a legally authorized person to a patient for her or his consumption.

(b) "Active investigation" means an investigation that is being conducted with a reasonable, good faith belief that it could lead to the filing of administrative, civil, or criminal proceedings, or that is ongoing and continuing and for which there is a reasonable, good faith anticipation of securing an arrest or prosecution in the foreseeable future.

(c) "Controlled substance" means a controlled substance listed in Schedule II, Schedule III, Schedule IV, or Schedule V of s. 893.03 or 21 U.S.C. s. 812.

(d) "Dispense" means the transfer of possession of one or more doses of a medicinal drug by a health care practitioner to the ultimate consumer or to his or her agent.

(e) "Dispenser" means a dispensing health care practitioner or pharmacist licensed to dispense medicinal drugs in this state.

(f) "Health care practitioner" or "practitioner" means any practitioner licensed under chapter 458, chapter 459, chapter 461, chapter 463, chapter 464, chapter 465, or chapter 466.

(g) "Health care regulatory board" means any board or commission as defined in s. 456.001(1).

(h) "Law enforcement agency" means the Department of Law Enforcement, a sheriff's office in this state, a police department in this state, or a law enforcement agency of the

Federal Government which enforces the laws of this state or the United States relating to controlled substances, and which its agents and officers are empowered by law to conduct criminal investigations and make arrests.

(i) "Pharmacy" includes a community pharmacy, an institutional pharmacy, a nuclear pharmacy, a special pharmacy, or an Internet pharmacy that is licensed by the department under chapter 465 and that dispenses or delivers medicinal drugs, including controlled substances to an individual or address in this state.

(j) "Prescriber" means a prescribing physician, prescribing practitioner, or other prescribing health care practitioner authorized by the laws of this state to order medicinal drugs.

(k) "Program manager" means an employee of or a person contracted by the department who is designated to ensure the integrity of the prescription drug monitoring program in accordance with the requirements established in this section.

(2)(a) The department shall maintain an electronic system to collect and store controlled substance dispensing information and shall release the information as authorized in s. 893.0551. The electronic system must:

1. Not infringe upon the legitimate prescribing or dispensing of a controlled substance by a prescriber or dispenser acting in good faith and in the course of professional practice.

2. Be consistent with standards of the American Society for Automation in Pharmacy (ASAP).

3. Comply with the Health Insurance Portability and Accountability Act (HIPAA) as it pertains to protected health

information (PHI), electronic protected health information (EPHI), and all other relevant state and federal privacy and security laws and regulations.

(b) The department may collaborate with professional health care regulatory boards, appropriate organizations, and other state agencies to identify indicators of controlled substance abuse.

(c) The department shall adopt rules necessary to implement this subsection.

(3) For each controlled substance dispensed to a patient in the state, the following information must be reported by the dispenser to the system as soon thereafter as possible but no later than the close of the next business day after the day the controlled substance is dispensed unless an extension or exemption is approved by the department:

(a) The name of the prescribing practitioner, the practitioner's federal Drug Enforcement Administration registration number, the practitioner's National Provider Identification (NPI) or other appropriate identifier, and the date of the prescription.

(b) The date the prescription was filled and the method of payment, such as cash by an individual, insurance coverage through a third party, or Medicaid payment. This paragraph does not authorize the department to include individual credit card numbers or other account numbers in the system.

(c) The full name, address, telephone number, and date of birth of the person for whom the prescription was written.

(d) The name, national drug code, quantity, and strength of the controlled substance dispensed.

(e) The full name, federal Drug Enforcement Administration registration number, State of Florida Department of Health issued pharmacy permit number, and address of the pharmacy or other location from which the controlled substance was dispensed. If the controlled substance was dispensed by a practitioner other than a pharmacist, the practitioner's full name, address, federal Drug Enforcement Administration registration number, State of Florida Department of Health issued license number, and National Provider Identification (NPI).

(f) Whether the drug was dispensed as an initial prescription or a refill, and the number of refills ordered.

(g) The name of the individual picking up the controlled substance prescription and type and issuer of the identification provided.

(h) Other appropriate identifying information as determined by department rule.

(i) All acts of administration of controlled substances are exempt from the reporting requirements of this section.

(4) The following shall have direct access to information in the system:

(a) An authorized prescriber or dispenser or his or her designee.

(b) An employee of the United States Department of Veterans Affairs, United States Department of Defense, or the Indian Health Service who provides health care services pursuant to such employment and who has the authority to prescribe controlled substances shall have access to the information in the program's system upon verification of employment.

(c) The program manager or designated program and support staff may have access to administer the system.

1. The program manager or designated program and support staff must complete a level II background screening.

2. In order to calculate performance measures pursuant to subsection (14), the program manager or program and support staff members who have been directed by the program manager to calculate performance measures may have direct access to information that contains no identifying information of any patient, physician, health care practitioner, prescriber, or dispenser.

3. The program manager or designated program and support staff must provide the department, upon request, data that does not contain patient, physician, health care practitioner, prescriber, or dispenser identifying information for public health care and safety initiatives purposes.

4. The program manager, upon determining a pattern consistent with the department's rules established under paragraph (2)(b), may provide relevant information to the prescriber and dispenser.

5. The program manager, upon determining a pattern consistent with the rules established under paragraph (2)(b) and having cause to believe a violation of s. 893.13(7)(a)8., (8)(a), or (8)(b) has occurred, may provide relevant information to the applicable law enforcement agency.

(5) The following entities may not directly access information in the system, but may request information from the program manager or designated program and support staff:

(a) The department for investigations involving licensees

authorized to prescribe or dispense controlled substances.

(b) The Attorney General for Medicaid fraud cases involving prescribed controlled substances.

(c) A law enforcement agency during active investigations of potential criminal activity, fraud, or theft regarding prescribed controlled substances.

(d) A medical examiner when conducting an authorized investigation under s. 406.11, to determine the cause of death of an individual.

(e) An impaired practitioner consultant who is retained by the department under s. 456.076 to review the system information of an impaired practitioner program participant or a referral who has agreed to be evaluated or monitored through the program and who has separately agreed in writing to the consultant's access to and review of such information.

(f) A patient or the legal guardian or designated health care surrogate of an incapacitated patient who submits a written and notarized request that includes the patient's full name, address, phone number, date of birth, and a copy of a government-issued photo identification. A legal guardian or health care surrogate must provide the same information if he or she submits the request.

(6) The department may enter into a reciprocal agreement or contract to share prescription drug monitoring information with another state, district, or territory if the prescription drug monitoring programs of other states, districts, or territories are compatible with the Florida program.

(a) In determining compatibility, the department shall consider:

1. The safeguards for privacy of patient records and the success of the program in protecting patient privacy.

2. The persons authorized to view the data collected by the program. Comparable entities and licensed health care practitioners in other states, districts, or territories of the United States, law enforcement agencies, the Attorney General's Medicaid Fraud Control Unit, medical regulatory boards, and, as needed, management staff that have similar duties as management staff who work with the prescription drug monitoring program as authorized in s. 893.0551 are authorized access upon approval by the department.

3. The schedules of the controlled substances that are monitored by the program.

4. The data reported to or included in the program's system.

5. Any implementing criteria deemed essential for a thorough comparison.

6. The costs and benefits to the state of sharing prescription information.

(b) The department must assess the prescription drug monitoring program's continued compatibility with the other state's, district's, or territory's program periodically.

(c) Any agreement or contract for sharing of prescription drug monitoring information between the department and another state, district, or territory shall contain the same restrictions and requirements as this section or s. 893.0551, and the information must be provided according to the department's determination of compatibility.

(7) The department may enter into agreements or contracts

to establish secure connections between the system and a prescribing or dispensing health care practitioner's electronic health recordkeeping system. The electronic health recordkeeping system owner or license holder will be responsible for ensuring that only authorized individuals have access to prescription drug monitoring program information.

(8) A prescriber or dispenser or a designee of a prescriber or dispenser must consult the system to review a patient's controlled substance dispensing history before prescribing or dispensing a controlled substance.

(a) The duty to consult the system does not apply to a prescriber or dispenser or designee of a prescriber or dispenser if the system is not operational, as determined by the department, or when it cannot be accessed by a health care practitioner because of a temporary technological or electrical failure.

(b) A prescriber or dispenser or designee of a prescriber or dispenser who does not consult the system under this subsection shall document the reason he or she did not consult the system in the patient's medical record or prescription record, and shall not prescribe or dispense greater than a 3-day supply of a controlled substance to the patient.

(c) The department shall issue a nondisciplinary citation to any prescriber or dispenser who fails to consult the system as required by this subsection.

(9) A person who willfully and knowingly fails to report the dispensing of a controlled substance as required by this section commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

(10) Information in the prescription drug monitoring program's system may be released only as provided in this subsection and s. 893.0551. The content of the system is intended to be informational only and imposes no obligations of any nature or any legal duty on a prescriber, dispenser, pharmacy, or patient. Information in the system shall be provided in accordance with s. 893.13(7)(a)8. and is not subject to discovery or introduction into evidence in any civil or administrative action against a prescriber, dispenser, pharmacy, or patient arising out of matters that are the subject of information in the system. The program manager and authorized persons who participate in preparing, reviewing, issuing, or any other activity related to management of the system may not be permitted or required to testify in any such civil or administrative action as to any findings, recommendations, evaluations, opinions, or other actions taken in connection with management of the system.

(11) A prescriber or dispenser, or his or her designee, may have access to the information under this section which relates to a patient of that prescriber or dispenser as needed for the purpose of reviewing the patient's controlled drug prescription history. A prescriber or dispenser acting in good faith is immune from any civil, criminal, or administrative liability that might otherwise be incurred or imposed for receiving or using information from the prescription drug monitoring program. This subsection does not create a private cause of action, and a person may not recover damages against a prescriber or dispenser authorized to access information under this subsection for accessing or failing to access such information.

(12)(a) All costs incurred by the department in administering the prescription drug monitoring program shall be funded through federal grants, private funding applied for or received by the state, or state funds appropriated in the General Appropriations Act. The department may not:

1. Commit funds for the monitoring program without ensuring funding is available; or

2. Use funds provided, directly or indirectly by prescription drug manufacturers to implement the program.

(b) The department shall cooperate with the direct-support organization established under subsection (15) in seeking federal grant funds, other nonstate grant funds, gifts, donations, or other private moneys for the department if the costs of doing so are immaterial. Immaterial costs include, but are not limited to, the costs of mailing and personnel assigned to research or apply for a grant. The department may competitively procure and contract pursuant to s. 287.057 for any goods and services required be this section.

(13) The department shall conduct or participate in studies to examine the feasibility of enhancing the prescription drug monitoring program for the purposes of public health initiatives and statistical reporting. Such studies shall respect the privacy of the patient, the prescriber, and the dispenser. Such studies may be conducted by the department or a contracted vendor in order to:

(a) Improve the quality of health care services and safety by improving the prescribing and dispensing practices for prescription drugs;

(b) Take advantage of advances in technology;

(c) Reduce duplicative prescriptions and the overprescribing of prescription drugs; and

(d) Reduce drug abuse.

(14) The department shall annually report on performance measures to the Governor, the President of the Senate, and the Speaker of the House of Representatives by the department each December 1. Performance measures may include, but are not limited to, the following outcomes:

(a) Reduction of the rate of inappropriate use of prescription drugs through department education and safety efforts.

(b) Reduction of the quantity of pharmaceutical controlled substances obtained by individuals attempting to engage in fraud and deceit.

(c) Increased coordination among partners participating in the prescription drug monitoring program.

(d) Involvement of stakeholders in achieving improved patient health care and safety and reduction of prescription drug abuse and prescription drug diversion.

(15) The department may establish a direct-support organization to provide assistance, funding, and promotional support for the activities authorized for the prescription drug monitoring program.

(a) As used in this subsection, the term "direct-support organization" means an organization that is:

1. A Florida corporation not for profit incorporated under chapter 617, exempted from filing fees, and approved by the Department of State.

2. Organized and operated to conduct programs and

activities; raise funds; request and receive grants, gifts, and bequests of money; acquire, receive, hold, and invest, in its own name, securities, funds, objects of value, or other property, either real or personal; and make expenditures or provide funding to or for the direct or indirect benefit of the department in the furtherance of the prescription drug monitoring program.

(b) The State Surgeon General shall appoint a board of directors for the direct-support organization.

1. The board of directors shall consist of no fewer than five members who shall serve at the pleasure of the State Surgeon General.

2. The State Surgeon General shall provide guidance to members of the board to ensure that moneys received by the direct-support organization are not received from inappropriate sources. Inappropriate sources include, but are not limited to, donors, grantors, persons, or organizations that may monetarily or substantively benefit from the purchase of goods or services by the department in furtherance of the prescription drug monitoring program.

(c) The direct-support organization shall operate under written contract with the department. The contract must, at a minimum, provide for:

1. Approval of the articles of incorporation and bylaws of the direct-support organization by the department.

2. Submission of an annual budget for the approval of the department.

3. The reversion, without penalty, to the department's grants and donations trust fund for the administration of the

prescription drug monitoring program of all moneys and property held in trust by the direct-support organization for the benefit of the prescription drug monitoring program if the direct-support organization ceases to exist or if the contract is terminated.

4. The fiscal year of the direct-support organization, which must begin July 1 of each year and end June 30 of the following year.

5. The disclosure of the material provisions of the contract to donors of gifts, contributions, or bequests, including such disclosure on all promotional and fundraising publications, and an explanation to such donors of the distinction between the department and the direct-support organization.

6. The direct-support organization's collecting, expending, and providing of funds to the department for the development, implementation, and operation of the prescription drug monitoring program as described in this section. The direct-support organization may collect and expend funds to be used for the functions of the direct-support organization's board of directors, as necessary and approved by the department. In addition, the direct-support organization may collect and provide funding to the department in furtherance of the prescription drug monitoring program by:

a. Establishing and administering the prescription drug monitoring program's electronic system, including hardware and software.

b. Conducting studies on the efficiency and effectiveness of the program to include feasibility studies as described in

subsection (13).

c. Providing funds for future enhancements of the program within the intent of this section.

d. Providing user training of the prescription drug monitoring program, including distribution of materials to promote public awareness and education and conducting workshops or other meetings, for health care practitioners, pharmacists, and others as appropriate.

e. Providing funds for travel expenses.

f. Providing funds for administrative costs, including personnel, audits, facilities, and equipment.

g. Fulfilling all other requirements necessary to implement and operate the program as outlined in this section.

7. Certification by the department that the direct-support organization is complying with the terms of the contract in a manner consistent with and in furtherance of the goals and purposes of the prescription drug monitoring program and in the best interests of the state. Such certification must be made annually and reported in the official minutes of a meeting of the direct-support organization.

(d) The activities of the direct-support organization must be consistent with the goals and mission of the department, as determined by the department, and in the best interests of the state. The direct-support organization must obtain written approval from the department for any activities in support of the prescription drug monitoring program before undertaking those activities.

(e) The direct-support organization shall provide for an independent annual financial audit in accordance with s.

215.981. Copies of the audit shall be provided to the department and the Office of Policy and Budget in the Executive Office of the Governor.

(f) The direct-support organization may not exercise any power under s. 617.0302(12) or (16).

(g) The direct-support organization is not considered a lobbying firm within the meaning of s. 11.045.

(h) The department may permit, without charge, appropriate use of administrative services, property, and facilities of the department by the direct-support organization, subject to this section. The use must be directly in keeping with the approved purposes of the direct-support organization and may not be made at times or places that would unreasonably interfere with opportunities for the public to use such facilities for established purposes. Any moneys received from rentals of facilities and properties managed by the department may be held in a separate depository account in the name of the direct-support organization and subject to the provisions of the letter of agreement with the department. The letter of agreement must provide that any funds held in the separate depository account in the name of the direct-support organization must revert to the department if the direct-support organization is no longer approved by the department to operate in the best interests of the state.

(i) The department may adopt rules under s. 120.54 to govern the use of administrative services, property, or facilities of the department or office by the direct-support organization.

(j) The department may not permit the use of any

administrative services, property, or facilities of the state by a direct-support organization if that organization does not provide equal membership and employment opportunities to all persons regardless of race, color, religion, gender, age, or national origin.

(k) This subsection is repealed October 1, 2027, unless reviewed and saved from repeal by the Legislature.

Section 10. Section 893.0551, Florida Statutes, is amended to read:

893.0551 Public records exemption for the prescription drug monitoring program.—

(1) For purposes of this section, the terms used in this section have the same meanings as provided in s. 893.055.

(2) The following information of a patient or patient's agent, a health care practitioner, a dispenser, an employee of the practitioner who is acting on behalf of and at the direction of the practitioner, a pharmacist, or a pharmacy that is contained in records held by the department under s. 893.055 is confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution:

(a) Name.

(b) Address.

(c) Telephone number.

(d) Insurance plan number.

(e) Government-issued identification number.

(f) Provider number.

(g) Drug Enforcement Administration number.

(h) Any other unique identifying information or number.

(3) The department shall disclose such ~~confidential and~~

~~exempt~~ information to the following persons or entities upon request and after using a verification process to ensure the legitimacy of the request as provided in s. 893.055:

(a) A health care practitioner, or his or her designee, who certifies that the information is necessary to provide medical treatment to a current patient in accordance with ss. 893.05 and 893.055.

(b) An employee of the United States Department of Veterans Affairs, United States Department of Defense, or the Indian Health Service who provides health care services pursuant to such employment and who has the authority to prescribe controlled substances shall have access to the information in the program's system upon verification of such employment.

(c) The program manager and designated support staff for administration of the program, and to provide relevant information to the prescriber, dispenser, and appropriate law enforcement agencies, in accordance with s. 893.055.

(d) The department for investigations involving licensees authorized to prescribe or dispense controlled substances. The department may request information from the program but may not have direct access to its system. The department may provide to a law enforcement agency pursuant to ss. 456.066 and 456.073 only information that is relevant to the specific controlled substances investigation that prompted the request for the information.

(e) ~~(a)~~ The Attorney General or his or her designee when working on Medicaid fraud cases involving prescribed controlled substances ~~prescription drugs~~ or when the Attorney General has initiated a review of specific identifiers of Medicaid fraud or

specific identifiers that warrant a Medicaid investigation regarding prescribed controlled substances ~~prescription drugs~~. The Attorney General's Medicaid fraud investigators may not have direct access to the department's system ~~database~~. The Attorney General or his or her designee may disclose to a criminal justice agency, as defined in s. 119.011, only the ~~confidential and exempt~~ information received from the department that is relevant to an identified active investigation that prompted the request for the information.

~~(b) The department's relevant health care regulatory boards responsible for the licensure, regulation, or discipline of a practitioner, pharmacist, or other person who is authorized to prescribe, administer, or dispense controlled substances and who is involved in a specific controlled substances investigation for prescription drugs involving a designated person. The health care regulatory boards may request information from the department but may not have direct access to its database. The health care regulatory boards may provide to a law enforcement agency pursuant to ss. 456.066 and 456.073 only information that is relevant to the specific controlled substances investigation that prompted the request for the information.~~

(f) ~~(c)~~ A law enforcement agency that has initiated an active investigation involving a specific violation of law regarding prescription drug abuse or diversion of prescribed controlled substances and that has entered into a user agreement with the department. A law enforcement agency may request information from the department but may not have direct access to its system ~~database~~. The law enforcement agency may disclose to a criminal justice agency, as defined in s. 119.011, only

~~confidential and exempt~~ information received from the department that is relevant to an identified active investigation that prompted the request for such information.

(g) A medical examiner or associate medical examiner, as defined in s 406.06, pursuant to his or her official duties, as required by s. 406.11, to determine the cause of death of an individual. A medical examiner may request information from the department but may not have direct access to the system.

~~(f) A patient or the legal guardian or designated health care surrogate for an incapacitated patient, if applicable, making a request as provided in s. 893.055(7)(c)4.~~

(h) An impaired practitioner consultant who has been authorized in writing by a participant in, or by a referral to, the impaired practitioner program to access and review information as provided in s. 893.055(6)(e) ~~893.055(7)(c)5.~~

(i) A patient or the legal guardian or designated health care surrogate for an incapacitated patient, if applicable, making a request as provided in s. 893.055(6)(f).

(4) If the department determines consistent with its rules that a pattern of controlled substance abuse exists, the department may disclose such confidential and exempt information to the applicable law enforcement agency in accordance with s. 893.055. The law enforcement agency may disclose to a criminal justice agency, as defined in s. 119.011, only ~~confidential and exempt~~ information received from the department that is relevant to an identified active investigation that is specific to a violation of s. 893.13(7)(a)8., s. 893.13(8)(a), or s. 893.13(8)(b).

(5) Before disclosing ~~confidential and exempt~~ information

to a criminal justice agency or a law enforcement agency pursuant to this section, the disclosing person or entity must take steps to ensure the continued confidentiality of all ~~confidential and exempt~~ information. At a minimum, these steps must include redacting any nonrelevant information.

(6) An agency or person who obtains any ~~confidential and exempt~~ information pursuant to this section must maintain the confidential and exempt status of that information and may not disclose such information unless authorized by law. Information shared with a state attorney pursuant to paragraph (3)(e) ~~(3)(a)~~ or paragraph (3)(f) ~~(3)(c)~~ may be released only in response to a discovery demand if such information is directly related to the criminal case for which the information was requested. Unrelated information may be released only upon an order of a court of competent jurisdiction.

(7) A person who willfully and knowingly violates this section commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

Section 11. Paragraphs (pp) and (qq) of subsection (1) of section 458.331, Florida Statutes, are amended to read:

458.331 Grounds for disciplinary action; action by the board and department.—

(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):

(pp) Applicable to a licensee who serves as the designated physician of a pain-management clinic as defined in s. 458.3265 or s. 459.0137:

1. Registering a pain-management clinic through misrepresentation or fraud;

2. Procuring, or attempting to procure, the registration of a pain-management clinic for any other person by making or causing to be made, any false representation;

3. Failing to comply with any requirement of chapter 499, the Florida Drug and Cosmetic Act; 21 U.S.C. ss. 301-392, the Federal Food, Drug, and Cosmetic Act; 21 U.S.C. ss. 821 et seq., the Drug Abuse Prevention and Control Act; or chapter 893, the Florida Comprehensive Drug Abuse Prevention and Control Act;

4. Being convicted or found guilty of, regardless of adjudication to, a felony or any other crime involving moral turpitude, fraud, dishonesty, or deceit in any jurisdiction of the courts of this state, of any other state, or of the United States;

5. Being convicted of, or disciplined by a regulatory agency of the Federal Government or a regulatory agency of another state for, any offense that would constitute a violation of this chapter;

6. Being convicted of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction of the courts of this state, of any other state, or of the United States which relates to the practice of, or the ability to practice, a licensed health care profession;

7. Being convicted of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction of the courts of this state, of any other state, or of the United States which relates to health care fraud;

8. Dispensing any medicinal drug based upon a communication that purports to be a prescription as defined in s. 465.003(14) or s. 893.02 if the dispensing practitioner knows or has reason

to believe that the purported prescription is not based upon a valid practitioner-patient relationship; or

9. Failing to timely notify the board of the date of his or her termination from a pain-management clinic as required by s. 458.3265(3) ~~458.3265(2)~~.

(qq) Failing to timely notify the department of the theft of prescription blanks from a pain-management clinic or a breach of other methods for prescribing within 24 hours as required by s. 458.3265(3) ~~458.3265(2)~~.

Section 12. Paragraphs (rr) and (ss) of subsection (1) of section 459.015, Florida Statutes, are amended to read:

459.015 Grounds for disciplinary action; action by the board and department.—

(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):

(rr) Applicable to a licensee who serves as the designated physician of a pain-management clinic as defined in s. 458.3265 or s. 459.0137:

1. Registering a pain-management clinic through misrepresentation or fraud;

2. Procuring, or attempting to procure, the registration of a pain-management clinic for any other person by making or causing to be made, any false representation;

3. Failing to comply with any requirement of chapter 499, the Florida Drug and Cosmetic Act; 21 U.S.C. ss. 301-392, the Federal Food, Drug, and Cosmetic Act; 21 U.S.C. ss. 821 et seq., the Drug Abuse Prevention and Control Act; or chapter 893, the Florida Comprehensive Drug Abuse Prevention and Control Act;

4. Being convicted or found guilty of, regardless of

adjudication to, a felony or any other crime involving moral turpitude, fraud, dishonesty, or deceit in any jurisdiction of the courts of this state, of any other state, or of the United States;

5. Being convicted of, or disciplined by a regulatory agency of the Federal Government or a regulatory agency of another state for, any offense that would constitute a violation of this chapter;

6. Being convicted of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction of the courts of this state, of any other state, or of the United States which relates to the practice of, or the ability to practice, a licensed health care profession;

7. Being convicted of, or entering a plea of guilty or nolo contendere to, regardless of adjudication, a crime in any jurisdiction of the courts of this state, of any other state, or of the United States which relates to health care fraud;

8. Dispensing any medicinal drug based upon a communication that purports to be a prescription as defined in s. 465.003(14) or s. 893.02 if the dispensing practitioner knows or has reason to believe that the purported prescription is not based upon a valid practitioner-patient relationship; or

9. Failing to timely notify the board of the date of his or her termination from a pain-management clinic as required by s. 459.0137(3) ~~459.0137(2)~~.

(ss) Failing to timely notify the department of the theft of prescription blanks from a pain-management clinic or a breach of other methods for prescribing within 24 hours as required by s. 459.0137(3) ~~459.0137(2)~~.

Section 13. Paragraph (b) of subsection (4) of section 463.0055, Florida Statutes, is amended to read:

463.0055 Administration and prescription of ocular pharmaceutical agents.—

(4) A certified optometrist shall be issued a prescriber number by the board. Any prescription written by a certified optometrist for an ocular pharmaceutical agent pursuant to this section shall have the prescriber number printed thereon. A certified optometrist may not administer or prescribe:

(b) A controlled substance for the treatment of chronic nonmalignant pain as defined in s. 456.44(1)(f) ~~456.44(1)(e)~~.

Section 14. Paragraph (a) of subsection (1) of section 782.04, Florida Statutes, is amended to read:

782.04 Murder.—

(1)(a) The unlawful killing of a human being:

1. When perpetrated from a premeditated design to effect the death of the person killed or any human being;

2. When committed by a person engaged in the perpetration of, or in the attempt to perpetrate, any:

a. Trafficking offense prohibited by s. 893.135(1),

b. Arson,

c. Sexual battery,

d. Robbery,

e. Burglary,

f. Kidnapping,

g. Escape,

h. Aggravated child abuse,

i. Aggravated abuse of an elderly person or disabled adult,

j. Aircraft piracy,

k. Unlawful throwing, placing, or discharging of a destructive device or bomb,

l. Carjacking,

m. Home-invasion robbery,

n. Aggravated stalking,

o. Murder of another human being,

p. Resisting an officer with violence to his or her person,

q. Aggravated fleeing or eluding with serious bodily injury or death,

r. Felony that is an act of terrorism or is in furtherance of an act of terrorism, including a felony under s. 775.30, s. 775.32, s. 775.33, s. 775.34, or s. 775.35, or

s. Human trafficking; or

3. Which resulted from the unlawful distribution by a person 18 years of age or older of any of the following substances, or mixture containing any of the following substances, when such substance or mixture is proven to be the proximate cause of the death of the user:

a. A substance controlled under s. 893.03(1);

b. Cocaine, as described in s. 893.03(2)(a)4.;

c. Opium or any synthetic or natural salt, compound, derivative, or preparation of opium;

d. Methadone;

e. Alfentanil, as described in s. 893.03(2)(b)1.;

f. Carfentanil, as described in s. 893.03(2)(b)6.;

g. Fentanyl, as described in s. 893.03(2)(b)9.;

h. Sufentanil, as described in s. 893.03(2)(b)30. ~~893.03(2)(b)29.~~; or

i. A controlled substance analog, as described in s.

893.0356, of any substance specified in sub-subparagraphs a.-h.,

is murder in the first degree and constitutes a capital felony, punishable as provided in s. 775.082.

Section 15. Paragraphs (a), (c), (d), (e), (f), and (h) of subsection (1), subsection (2), paragraphs (a) and (b) of subsection (4), and subsection (5) of section 893.13, Florida Statutes, are amended to read:

893.13 Prohibited acts; penalties.—

(1)(a) Except as authorized by this chapter and chapter 499, a person may not sell, manufacture, or deliver, or possess with intent to sell, manufacture, or deliver, a controlled substance. A person who violates this provision with respect to:

1. A controlled substance named or described in s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)5. ~~(2)(c)4.~~ commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

2. A controlled substance named or described in s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., ~~(2)(c)5.,~~ (2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., (2)(c)10., (3), or (4) commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

3. A controlled substance named or described in s. 893.03(5) commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

(c) Except as authorized by this chapter, a person may not sell, manufacture, or deliver, or possess with intent to sell, manufacture, or deliver, a controlled substance in, on, or within 1,000 feet of the real property comprising a child care

facility as defined in s. 402.302 or a public or private elementary, middle, or secondary school between the hours of 6 a.m. and 12 midnight, or at any time in, on, or within 1,000 feet of real property comprising a state, county, or municipal park, a community center, or a publicly owned recreational facility. As used in this paragraph, the term "community center" means a facility operated by a nonprofit community-based organization for the provision of recreational, social, or educational services to the public. A person who violates this paragraph with respect to:

1. A controlled substance named or described in s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)5. ~~(2)(c)4.~~ commits a felony of the first degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084. The defendant must be sentenced to a minimum term of imprisonment of 3 calendar years unless the offense was committed within 1,000 feet of the real property comprising a child care facility as defined in s. 402.302.

2. A controlled substance named or described in s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., ~~(2)(c)5.,~~ (2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., (2)(c)10., (3), or (4) commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

3. Any other controlled substance, except as lawfully sold, manufactured, or delivered, must be sentenced to pay a $500 fine and to serve 100 hours of public service in addition to any other penalty prescribed by law.

This paragraph does not apply to a child care facility unless

the owner or operator of the facility posts a sign that is not less than 2 square feet in size with a word legend identifying the facility as a licensed child care facility and that is posted on the property of the child care facility in a conspicuous place where the sign is reasonably visible to the public.

(d) Except as authorized by this chapter, a person may not sell, manufacture, or deliver, or possess with intent to sell, manufacture, or deliver, a controlled substance in, on, or within 1,000 feet of the real property comprising a public or private college, university, or other postsecondary educational institution. A person who violates this paragraph with respect to:

1. A controlled substance named or described in s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)5. ~~(2)(c)4.~~ commits a felony of the first degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

2. A controlled substance named or described in s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., ~~(2)(c)5.,~~ (2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., (2)(c)10., (3), or (4) commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

3. Any other controlled substance, except as lawfully sold, manufactured, or delivered, must be sentenced to pay a $500 fine and to serve 100 hours of public service in addition to any other penalty prescribed by law.

(e) Except as authorized by this chapter, a person may not sell, manufacture, or deliver, or possess with intent to sell, manufacture, or deliver, a controlled substance not authorized

by law in, on, or within 1,000 feet of a physical place for worship at which a church or religious organization regularly conducts religious services or within 1,000 feet of a convenience business as defined in s. 812.171. A person who violates this paragraph with respect to:

1. A controlled substance named or described in s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)5. ~~(2)(c)4.~~ commits a felony of the first degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

2. A controlled substance named or described in s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., ~~(2)(c)5.,~~ (2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., (2)(c)10., (3), or (4) commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

3. Any other controlled substance, except as lawfully sold, manufactured, or delivered, must be sentenced to pay a $500 fine and to serve 100 hours of public service in addition to any other penalty prescribed by law.

(f) Except as authorized by this chapter, a person may not sell, manufacture, or deliver, or possess with intent to sell, manufacture, or deliver, a controlled substance in, on, or within 1,000 feet of the real property comprising a public housing facility at any time. As used in this section, the term "real property comprising a public housing facility" means real property, as defined in s. 421.03(12), of a public corporation created as a housing authority pursuant to part I of chapter 421. A person who violates this paragraph with respect to:

1. A controlled substance named or described in s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)5.

~~(2)(c)4.~~ commits a felony of the first degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

2. A controlled substance named or described in s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., ~~(2)(c)5.,~~ (2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., (2)(c)10., (3), or (4) commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

3. Any other controlled substance, except as lawfully sold, manufactured, or delivered, must be sentenced to pay a $500 fine and to serve 100 hours of public service in addition to any other penalty prescribed by law.

(h) Except as authorized by this chapter, a person may not sell, manufacture, or deliver, or possess with intent to sell, manufacture, or deliver, a controlled substance in, on, or within 1,000 feet of the real property comprising an assisted living facility, as that term is used in chapter 429. A person who violates this paragraph with respect to:

1. A controlled substance named or described in s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)5. ~~(2)(c)4.~~ commits a felony of the first degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

2. A controlled substance named or described in s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., ~~(2)(c)5.,~~ (2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., (2)(c)10., (3), or (4) commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

3. Any other controlled substance, except as lawfully sold, manufactured, or delivered, must be sentenced to pay a $500 fine and to serve 100 hours of public service in addition to any

other penalty prescribed by law.

(2)(a) Except as authorized by this chapter and chapter 499, a person may not purchase, or possess with intent to purchase, a controlled substance. A person who violates this provision with respect to:

1. A controlled substance named or described in s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)5. ~~(2)(c)4.~~ commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

2. A controlled substance named or described in s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., ~~(2)(c)5.,~~ (2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., (2)(c)10., (3), or (4) commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

3. A controlled substance named or described in s. 893.03(5) commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

(b) Except as provided in this chapter, a person may not purchase more than 10 grams of any substance named or described in s. 893.03(1)(a) or (1)(b), or any combination thereof, or any mixture containing any such substance. A person who violates this paragraph commits a felony of the first degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(4) Except as authorized by this chapter, a person 18 years of age or older may not deliver any controlled substance to a person younger than 18 years of age, use or hire a person younger than 18 years of age as an agent or employee in the sale or delivery of such a substance, or use such person to assist in avoiding detection or apprehension for a violation of this

chapter. A person who violates this subsection with respect to:

(a) A controlled substance named or described in s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)5. ~~(2)(c)4.~~ commits a felony of the first degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(b) A controlled substance named or described in s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., ~~(2)(c)5.,~~ (2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., (2)(c)10., (3), or (4) commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

Imposition of sentence may not be suspended or deferred, and the person so convicted may not be placed on probation.

(5) A person may not bring into this state any controlled substance unless the possession of such controlled substance is authorized by this chapter or unless such person is licensed to do so by the appropriate federal agency. A person who violates this provision with respect to:

(a) A controlled substance named or described in s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)5. ~~(2)(c)4.~~ commits a felony of the second degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(b) A controlled substance named or described in s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., ~~(2)(c)5.,~~ (2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., (2)(c)10., (3), or (4) commits a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

(c) A controlled substance named or described in s. 893.03(5) commits a misdemeanor of the first degree, punishable

as provided in s. 775.082 or s. 775.083.

Section 16. Paragraphs (c) and (f) of subsection (1) of section 893.135, Florida Statutes, are amended to read:

893.135 Trafficking; mandatory sentences; suspension or reduction of sentences; conspiracy to engage in trafficking.—

(1) Except as authorized in this chapter or in chapter 499 and notwithstanding the provisions of s. 893.13:

(c)1. A person who knowingly sells, purchases, manufactures, delivers, or brings into this state, or who is knowingly in actual or constructive possession of, 4 grams or more of any morphine, opium, hydromorphone, or any salt, derivative, isomer, or salt of an isomer thereof, including heroin, as described in s. 893.03(1)(b), (2)(a), (3)(c)3., or (3)(c)4., or 4 grams or more of any mixture containing any such substance, but less than 30 kilograms of such substance or mixture, commits a felony of the first degree, which felony shall be known as "trafficking in illegal drugs," punishable as provided in s. 775.082, s. 775.083, or s. 775.084. If the quantity involved:

a. Is 4 grams or more, but less than 14 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 3 years and shall be ordered to pay a fine of $50,000.

b. Is 14 grams or more, but less than 28 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 15 years and shall be ordered to pay a fine of $100,000.

c. Is 28 grams or more, but less than 30 kilograms, such person shall be sentenced to a mandatory minimum term of imprisonment of 25 years and shall be ordered to pay a fine of $500,000.

2. A person who knowingly sells, purchases, manufactures, delivers, or brings into this state, or who is knowingly in actual or constructive possession of, 14 grams or more of hydrocodone, as described in s. 893.03(2)(a)1.k. ~~893.03(2)(a)1.j.~~, codeine, as described in s. 893.03(2)(a)1.g., or any salt thereof, or 14 grams or more of any mixture containing any such substance, commits a felony of the first degree, which felony shall be known as "trafficking in hydrocodone," punishable as provided in s. 775.082, s. 775.083, or s. 775.084. If the quantity involved:

a. Is 14 grams or more, but less than 28 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 3 years and shall be ordered to pay a fine of $50,000.

b. Is 28 grams or more, but less than 50 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 7 years and shall be ordered to pay a fine of $100,000.

c. Is 50 grams or more, but less than 200 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 15 years and shall be ordered to pay a fine of $500,000.

d. Is 200 grams or more, but less than 30 kilograms, such person shall be sentenced to a mandatory minimum term of imprisonment of 25 years and shall be ordered to pay a fine of $750,000.

3. A person who knowingly sells, purchases, manufactures, delivers, or brings into this state, or who is knowingly in actual or constructive possession of, 7 grams or more of oxycodone, as described in s. 893.03(2)(a)1.q. ~~893.03(2)(a)1.o.~~, or any salt thereof, or 7 grams or more of any mixture

containing any such substance, commits a felony of the first degree, which felony shall be known as "trafficking in oxycodone," punishable as provided in s. 775.082, s. 775.083, or s. 775.084. If the quantity involved:

a. Is 7 grams or more, but less than 14 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 3 years and shall be ordered to pay a fine of $50,000.

b. Is 14 grams or more, but less than 25 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 7 years and shall be ordered to pay a fine of $100,000.

c. Is 25 grams or more, but less than 100 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 15 years and shall be ordered to pay a fine of $500,000.

d. Is 100 grams or more, but less than 30 kilograms, such person shall be sentenced to a mandatory minimum term of imprisonment of 25 years and shall be ordered to pay a fine of $750,000.

4.a. A person who knowingly sells, purchases, manufactures, delivers, or brings into this state, or who is knowingly in actual or constructive possession of, 4 grams or more of:

(I) Alfentanil, as described in s. 893.03(2)(b)1.;

(II) Carfentanil, as described in s. 893.03(2)(b)6.;

(III) Fentanyl, as described in s. 893.03(2)(b)9.;

(IV) Sufentanil, as described in s. 893.03(2)(b)30. ~~893.03(2)(b)29.~~;

(V) A fentanyl derivative, as described in s. 893.03(1)(a)62.;

(VI) A controlled substance analog, as described in s.

893.0356, of any substance described in sub-sub-subparagraphs (I)-(V); or

(VII) A mixture containing any substance described in sub-sub-subparagraphs (I)-(VI),

commits a felony of the first degree, which felony shall be known as "trafficking in fentanyl," punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

b. If the quantity involved under sub-subparagraph a.:

(I) Is 4 grams or more, but less than 14 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 3 years, and shall be ordered to pay a fine of $50,000.

(II) Is 14 grams or more, but less than 28 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 15 years, and shall be ordered to pay a fine of $100,000.

(III) Is 28 grams or more, such person shall be sentenced to a mandatory minimum term of imprisonment of 25 years, and shall be ordered to pay a fine of $500,000.

5. A person who knowingly sells, purchases, manufactures, delivers, or brings into this state, or who is knowingly in actual or constructive possession of, 30 kilograms or more of any morphine, opium, oxycodone, hydrocodone, codeine, hydromorphone, or any salt, derivative, isomer, or salt of an isomer thereof, including heroin, as described in s. 893.03(1)(b), (2)(a), (3)(c)3., or (3)(c)4., or 30 kilograms or more of any mixture containing any such substance, commits the first degree felony of trafficking in illegal drugs. A person who has been convicted of the first degree felony of trafficking

in illegal drugs under this subparagraph shall be punished by life imprisonment and is ineligible for any form of discretionary early release except pardon or executive clemency or conditional medical release under s. 947.149. However, if the court determines that, in addition to committing any act specified in this paragraph:

a. The person intentionally killed an individual or counseled, commanded, induced, procured, or caused the intentional killing of an individual and such killing was the result; or

b. The person's conduct in committing that act led to a natural, though not inevitable, lethal result,

such person commits the capital felony of trafficking in illegal drugs, punishable as provided in ss. 775.082 and 921.142. A person sentenced for a capital felony under this paragraph shall also be sentenced to pay the maximum fine provided under subparagraph 1.

6. A person who knowingly brings into this state 60 kilograms or more of any morphine, opium, oxycodone, hydrocodone, codeine, hydromorphone, or any salt, derivative, isomer, or salt of an isomer thereof, including heroin, as described in s. 893.03(1)(b), (2)(a), (3)(c)3., or (3)(c)4., or 60 kilograms or more of any mixture containing any such substance, and who knows that the probable result of such importation would be the death of a person, commits capital importation of illegal drugs, a capital felony punishable as provided in ss. 775.082 and 921.142. A person sentenced for a capital felony under this paragraph shall also be sentenced to

pay the maximum fine provided under subparagraph 1.

(f)1. Any person who knowingly sells, purchases, manufactures, delivers, or brings into this state, or who is knowingly in actual or constructive possession of, 14 grams or more of amphetamine, as described in s. 893.03(2)(c)2., or methamphetamine, as described in s. 893.03(2)(c)5. ~~893.03(2)(c)4.~~, or of any mixture containing amphetamine or methamphetamine, or phenylacetone, phenylacetic acid, pseudoephedrine, or ephedrine in conjunction with other chemicals and equipment utilized in the manufacture of amphetamine or methamphetamine, commits a felony of the first degree, which felony shall be known as "trafficking in amphetamine," punishable as provided in s. 775.082, s. 775.083, or s. 775.084. If the quantity involved:

a. Is 14 grams or more, but less than 28 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 3 years, and the defendant shall be ordered to pay a fine of $50,000.

b. Is 28 grams or more, but less than 200 grams, such person shall be sentenced to a mandatory minimum term of imprisonment of 7 years, and the defendant shall be ordered to pay a fine of $100,000.

c. Is 200 grams or more, such person shall be sentenced to a mandatory minimum term of imprisonment of 15 calendar years and pay a fine of $250,000.

2. Any person who knowingly manufactures or brings into this state 400 grams or more of amphetamine, as described in s. 893.03(2)(c)2., or methamphetamine, as described in s. 893.03(2)(c)5. ~~893.03(2)(c)4.~~, or of any mixture containing

amphetamine or methamphetamine, or phenylacetone, phenylacetic acid, pseudoephedrine, or ephedrine in conjunction with other chemicals and equipment used in the manufacture of amphetamine or methamphetamine, and who knows that the probable result of such manufacture or importation would be the death of any person commits capital manufacture or importation of amphetamine, a capital felony punishable as provided in ss. 775.082 and 921.142. Any person sentenced for a capital felony under this paragraph shall also be sentenced to pay the maximum fine provided under subparagraph 1.

Section 17. Paragraphs (b), (c), and (e) of subsection (3) of section 921.0022, Florida Statutes, are amended to read:

921.0022 Criminal Punishment Code; offense severity ranking chart.—

(3) OFFENSE SEVERITY RANKING CHART

(b) LEVEL 2

Florida Statute	Felony Degree	Description
379.2431 (1)(e)3.	3rd	Possession of 11 or fewer marine turtle eggs in violation of the Marine Turtle Protection Act.
379.2431 (1)(e)4.	3rd	Possession of more than 11 marine turtle eggs in violation of the Marine Turtle Protection

		Act.
403.413(6)(c)	3rd	Dumps waste litter exceeding 500 lbs. in weight or 100 cubic feet in volume or any quantity for commercial purposes, or hazardous waste.
517.07(2)	3rd	Failure to furnish a prospectus meeting requirements.
590.28(1)	3rd	Intentional burning of lands.
784.05(3)	3rd	Storing or leaving a loaded firearm within reach of minor who uses it to inflict injury or death.
787.04(1)	3rd	In violation of court order, take, entice, etc., minor beyond state limits.
806.13(1)(b)3.	3rd	Criminal mischief; damage $1,000 or more to public communication or any other public service.
810.061(2)	3rd	Impairing or impeding telephone or power to a dwelling;

		facilitating or furthering burglary.
810.09(2)(e)	3rd	Trespassing on posted commercial horticulture property.
812.014(2)(c)1.	3rd	Grand theft, 3rd degree; $300 or more but less than $5,000.
812.014(2)(d)	3rd	Grand theft, 3rd degree; $100 or more but less than $300, taken from unenclosed curtilage of dwelling.
812.015(7)	3rd	Possession, use, or attempted use of an antishoplifting or inventory control device countermeasure.
817.234(1)(a)2.	3rd	False statement in support of insurance claim.
817.481(3)(a)	3rd	Obtain credit or purchase with false, expired, counterfeit, etc., credit card, value over $300.
817.52(3)	3rd	Failure to redeliver hired

		vehicle.
817.54	3rd	With intent to defraud, obtain mortgage note, etc., by false representation.
817.60(5)	3rd	Dealing in credit cards of another.
817.60(6)(a)	3rd	Forgery; purchase goods, services with false card.
817.61	3rd	Fraudulent use of credit cards over $100 or more within 6 months.
826.04	3rd	Knowingly marries or has sexual intercourse with person to whom related.
831.01	3rd	Forgery.
831.02	3rd	Uttering forged instrument; utters or publishes alteration with intent to defraud.
831.07	3rd	Forging bank bills, checks, drafts, or promissory notes.

831.08	3rd	Possessing 10 or more forged notes, bills, checks, or drafts.
831.09	3rd	Uttering forged notes, bills, checks, drafts, or promissory notes.
831.11	3rd	Bringing into the state forged bank bills, checks, drafts, or notes.
832.05(3)(a)	3rd	Cashing or depositing item with intent to defraud.
843.08	3rd	False personation.
893.13(2)(a)2.	3rd	Purchase of any s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., ~~(2)(c)5.,~~ (2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., (2)(c)10., (3), or (4) drugs other than cannabis.
893.147(2)	3rd	Manufacture or delivery of drug paraphernalia.

(c) LEVEL 3

Florida Statute	Felony Degree	Description
119.10(2)(b)	3rd	Unlawful use of confidential information from police reports.
316.066 (3)(b)-(d)	3rd	Unlawfully obtaining or using confidential crash reports.
316.193(2)(b)	3rd	Felony DUI, 3rd conviction.
316.1935(2)	3rd	Fleeing or attempting to elude law enforcement officer in patrol vehicle with siren and lights activated.
319.30(4)	3rd	Possession by junkyard of motor vehicle with identification number plate removed.
319.33(1)(a)	3rd	Alter or forge any certificate of title to a motor vehicle or mobile home.
319.33(1)(c)	3rd	Procure or pass title on stolen vehicle.

319.33(4)	3rd	With intent to defraud, possess, sell, etc., a blank, forged, or unlawfully obtained title or registration.
327.35(2)(b)	3rd	Felony BUI.
328.05(2)	3rd	Possess, sell, or counterfeit fictitious, stolen, or fraudulent titles or bills of sale of vessels.
328.07(4)	3rd	Manufacture, exchange, or possess vessel with counterfeit or wrong ID number.
376.302(5)	3rd	Fraud related to reimbursement for cleanup expenses under the Inland Protection Trust Fund.
379.2431 (1)(e)5.	3rd	Taking, disturbing, mutilating, destroying, causing to be destroyed, transferring, selling, offering to sell, molesting, or harassing marine turtles, marine turtle eggs, or marine turtle nests in violation of the Marine Turtle Protection Act.

379.2431 (1)(e)6.	3rd	Possessing any marine turtle species or hatchling, or parts thereof, or the nest of any marine turtle species described in the Marine Turtle Protection Act.
379.2431 (1)(e)7.	3rd	Soliciting to commit or conspiring to commit a violation of the Marine Turtle Protection Act.
400.9935(4)(a) or (b)	3rd	Operating a clinic, or offering services requiring licensure, without a license.
400.9935(4)(e)	3rd	Filing a false license application or other required information or failing to report information.
440.1051(3)	3rd	False report of workers' compensation fraud or retaliation for making such a report.
501.001(2)(b)	2nd	Tampers with a consumer product or the container using

		materially false/misleading information.
624.401(4)(a)	3rd	Transacting insurance without a certificate of authority.
624.401(4)(b)1.	3rd	Transacting insurance without a certificate of authority; premium collected less than $20,000.
626.902(1)(a) & (b)	3rd	Representing an unauthorized insurer.
697.08	3rd	Equity skimming.
790.15(3)	3rd	Person directs another to discharge firearm from a vehicle.
806.10(1)	3rd	Maliciously injure, destroy, or interfere with vehicles or equipment used in firefighting.
806.10(2)	3rd	Interferes with or assaults firefighter in performance of duty.
810.09(2)(c)	3rd	Trespass on property other than

		structure or conveyance armed with firearm or dangerous weapon.
812.014(2)(c)2.	3rd	Grand theft; $5,000 or more but less than $10,000.
812.0145(2)(c)	3rd	Theft from person 65 years of age or older; $300 or more but less than $10,000.
815.04(5)(b)	2nd	Computer offense devised to defraud or obtain property.
817.034(4)(a)3.	3rd	Engages in scheme to defraud (Florida Communications Fraud Act), property valued at less than $20,000.
817.233	3rd	Burning to defraud insurer.
817.234 (8)(b) & (c)	3rd	Unlawful solicitation of persons involved in motor vehicle accidents.
817.234(11)(a)	3rd	Insurance fraud; property value less than $20,000.
817.236	3rd	Filing a false motor vehicle

		insurance application.
817.2361	3rd	Creating, marketing, or presenting a false or fraudulent motor vehicle insurance card.
817.413(2)	3rd	Sale of used goods as new.
828.12(2)	3rd	Tortures any animal with intent to inflict intense pain, serious physical injury, or death.
831.28(2)(a)	3rd	Counterfeiting a payment instrument with intent to defraud or possessing a counterfeit payment instrument.
831.29	2nd	Possession of instruments for counterfeiting driver licenses or identification cards.
838.021(3)(b)	3rd	Threatens unlawful harm to public servant.
843.19	3rd	Injure, disable, or kill police dog or horse.

860.15(3)	3rd	Overcharging for repairs and parts.
870.01(2)	3rd	Riot; inciting or encouraging.
893.13(1)(a)2.	3rd	Sell, manufacture, or deliver cannabis (or other s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., ~~(2)(c)5.,~~ (2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., (2)(c)10., (3), or (4) drugs).
893.13(1)(d)2.	2nd	Sell, manufacture, or deliver s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., ~~(2)(c)5.,~~ (2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., (2)(c)10., (3), or (4) drugs within 1,000 feet of university.
893.13(1)(f)2.	2nd	Sell, manufacture, or deliver s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., ~~(2)(c)5.,~~ (2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., (2)(c)10., (3), or (4) drugs within 1,000 feet of public housing facility.

893.13(4)(c)	3rd	Use or hire of minor; deliver to minor other controlled substances.
893.13(6)(a)	3rd	Possession of any controlled substance other than felony possession of cannabis.
893.13(7)(a)8.	3rd	Withhold information from practitioner regarding previous receipt of or prescription for a controlled substance.
893.13(7)(a)9.	3rd	Obtain or attempt to obtain controlled substance by fraud, forgery, misrepresentation, etc.
893.13(7)(a)10.	3rd	Affix false or forged label to package of controlled substance.
893.13(7)(a)11.	3rd	Furnish false or fraudulent material information on any document or record required by chapter 893.
893.13(8)(a)1.	3rd	Knowingly assist a patient, other person, or owner of an

		animal in obtaining a controlled substance through deceptive, untrue, or fraudulent representations in or related to the practitioner's practice.
893.13(8)(a)2.	3rd	Employ a trick or scheme in the practitioner's practice to assist a patient, other person, or owner of an animal in obtaining a controlled substance.
893.13(8)(a)3.	3rd	Knowingly write a prescription for a controlled substance for a fictitious person.
893.13(8)(a)4.	3rd	Write a prescription for a controlled substance for a patient, other person, or an animal if the sole purpose of writing the prescription is a monetary benefit for the practitioner.
918.13(1)(a)	3rd	Alter, destroy, or conceal investigation evidence.

944.47 (1)(a)1. & 2.	3rd	Introduce contraband to correctional facility.
944.47(1)(c)	2nd	Possess contraband while upon the grounds of a correctional institution.
985.721	3rd	Escapes from a juvenile facility (secure detention or residential commitment facility).

(e) LEVEL 5

Florida Statute	Felony Degree	Description
316.027(2)(a)	3rd	Accidents involving personal injuries other than serious bodily injury, failure to stop; leaving scene.
316.1935(4)(a)	2nd	Aggravated fleeing or eluding.
316.80(2)	2nd	Unlawful conveyance of fuel; obtaining fuel fraudulently.
322.34(6)	3rd	Careless operation of motor

		vehicle with suspended license, resulting in death or serious bodily injury.
327.30(5)	3rd	Vessel accidents involving personal injury; leaving scene.
379.365(2)(c)1.	3rd	Violation of rules relating to: willful molestation of stone crab traps, lines, or buoys; illegal bartering, trading, or sale, conspiring or aiding in such barter, trade, or sale, or supplying, agreeing to supply, aiding in supplying, or giving away stone crab trap tags or certificates; making, altering, forging, counterfeiting, or reproducing stone crab trap tags; possession of forged, counterfeit, or imitation stone crab trap tags; and engaging in the commercial harvest of stone crabs while license is suspended or revoked.
379.367(4)	3rd	Willful molestation of a commercial harvester’s spiny lobster trap, line, or buoy.

379.407(5)(b)3.	3rd	Possession of 100 or more undersized spiny lobsters.
381.0041(11)(b)	3rd	Donate blood, plasma, or organs knowing HIV positive.
440.10(1)(g)	2nd	Failure to obtain workers' compensation coverage.
440.105(5)	2nd	Unlawful solicitation for the purpose of making workers' compensation claims.
440.381(2)	2nd	Submission of false, misleading, or incomplete information with the purpose of avoiding or reducing workers' compensation premiums.
624.401(4)(b)2.	2nd	Transacting insurance without a certificate or authority; premium collected $20,000 or more but less than $100,000.
626.902(1)(c)	2nd	Representing an unauthorized insurer; repeat offender.
790.01(2)	3rd	Carrying a concealed firearm.

790.162	2nd	Threat to throw or discharge destructive device.
790.163(1)	2nd	False report of bomb, explosive, weapon of mass destruction, or use of firearms in violent manner.
790.221(1)	2nd	Possession of short-barreled shotgun or machine gun.
790.23	2nd	Felons in possession of firearms, ammunition, or electronic weapons or devices.
796.05(1)	2nd	Live on earnings of a prostitute; 1st offense.
800.04(6)(c)	3rd	Lewd or lascivious conduct; offender less than 18 years of age.
800.04(7)(b)	2nd	Lewd or lascivious exhibition; offender 18 years of age or older.
806.111(1)	3rd	Possess, manufacture, or dispense fire bomb with intent

		to damage any structure or property.
812.0145(2)(b)	2nd	Theft from person 65 years of age or older; $10,000 or more but less than $50,000.
812.015(8)	3rd	Retail theft; property stolen is valued at $300 or more and one or more specified acts.
812.019(1)	2nd	Stolen property; dealing in or trafficking in.
812.131(2)(b)	3rd	Robbery by sudden snatching.
812.16(2)	3rd	Owning, operating, or conducting a chop shop.
817.034(4)(a)2.	2nd	Communications fraud, value $20,000 to $50,000.
817.234(11)(b)	2nd	Insurance fraud; property value $20,000 or more but less than $100,000.
817.2341(1), (2)(a) & (3)(a)	3rd	Filing false financial statements, making false entries of material fact or

			false statements regarding property values relating to the solvency of an insuring entity.
2296			
	817.568(2)(b)	2nd	Fraudulent use of personal identification information; value of benefit, services received, payment avoided, or amount of injury or fraud, $5,000 or more or use of personal identification information of 10 or more persons.
2297			
	817.611(2)(a)	2nd	Traffic in or possess 5 to 14 counterfeit credit cards or related documents.
2298			
	817.625(2)(b)	2nd	Second or subsequent fraudulent use of scanning device, skimming device, or reencoder.
2299			
	825.1025(4)	3rd	Lewd or lascivious exhibition in the presence of an elderly person or disabled adult.
2300			
	827.071(4)	2nd	Possess with intent to promote any photographic material, motion picture, etc., which

		includes sexual conduct by a child.
827.071(5)	3rd	Possess, control, or intentionally view any photographic material, motion picture, etc., which includes sexual conduct by a child.
839.13(2)(b)	2nd	Falsifying records of an individual in the care and custody of a state agency involving great bodily harm or death.
843.01	3rd	Resist officer with violence to person; resist arrest with violence.
847.0135(5)(b)	2nd	Lewd or lascivious exhibition using computer; offender 18 years or older.
847.0137 (2) & (3)	3rd	Transmission of pornography by electronic device or equipment.
847.0138 (2) & (3)	3rd	Transmission of material harmful to minors to a minor by electronic device or equipment.

874.05(1)(b)	2nd	Encouraging or recruiting another to join a criminal gang; second or subsequent offense.
874.05(2)(a)	2nd	Encouraging or recruiting person under 13 years of age to join a criminal gang.
893.13(1)(a)1.	2nd	Sell, manufacture, or deliver cocaine (or other s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)5. ~~(2)(c)4.~~ drugs).
893.13(1)(c)2.	2nd	Sell, manufacture, or deliver cannabis (or other s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., ~~(2)(c)5.,~~ (2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., (2)(c)10., (3), or (4) drugs) within 1,000 feet of a child care facility, school, or state, county, or municipal park or publicly owned recreational facility or community center.

893.13(1)(d)1.	1st	Sell, manufacture, or deliver cocaine (or other s. 893.03(1)(a), (1)(b), (1)(d), (2)(a), (2)(b), or (2)(c)5. ~~(2)(c)4.~~ drugs) within 1,000 feet of university.
893.13(1)(e)2.	2nd	Sell, manufacture, or deliver cannabis or other drug prohibited under s. 893.03(1)(c), (2)(c)1., (2)(c)2., (2)(c)3., ~~(2)(c)5.,~~ (2)(c)6., (2)(c)7., (2)(c)8., (2)(c)9., (2)(c)10., (3), or (4) within 1,000 feet of property used for religious services or a specified business site.
893.13(1)(f)1.	1st	Sell, manufacture, or deliver cocaine (or other s. 893.03(1)(a), (1)(b), (1)(d), or (2)(a), (2)(b), or (2)(c)5. ~~(2)(c)4.~~ drugs) within 1,000 feet of public housing facility.
893.13(4)(b)	2nd	Use or hire of minor; deliver to minor other controlled

substance.

893.1351(1)	3rd	Ownership, lease, or rental for trafficking in or manufacturing of controlled substance.

Section 18. Except as otherwise provided in this act, this act shall take effect July 1, 2018.

THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:
Rules, *Chair*
Judiciary, *Vice Chair*
Appropriations
Appropriations Subcommittee on Transportation, Tourism, and Economic Development
Regulated Industries

JOINT COMMITTEE:
Joint Legislative Budget Commission

SENATOR LIZBETH BENACQUISTO
27th District

January 4, 2018

The Honorable Dana Young
Senate Health Policy, Chair
316 Senate Office Building
404 South Monroe Street
Tallahassee, FL 32399

RE: SB 8- An act relating to controlled substances

Dear Madam Chair:

Please allow this letter to serve as my respectful request to agenda SB 8, Relating to controlled substances, for a public hearing at your earliest convenience.

Your kind consideration of this request is greatly appreciated. Please feel free to contact my office for any additional information.

Sincerely,

Lizbeth Benacquisto
Senate District 27

Cc: Sandra Stovall

REPLY TO:
❒ 2310 First Street, Unit 305, Fort Myers, Florida 33901 (239) 338-2570
❒ 400 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5027

Senate's Website: *www.flsenate.gov*

JOE NEGRON
President of the Senate

ANITERE FLORES
President Pro Tempore

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/10/2018
Meeting Date

SB8
Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic Controlled Substance

Name Michael Jackson

Job Title Executive Vice President and CEO

Address 610 North Adams Street
Street

Phone (850) 222-2400

Tallahassee — Florida — 32301
City — *State* — *Zip*

Email mjackson@pharmview.com

Speaking: ☑ For ☐ Against ☑ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Pharmacy Association

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/10/2018
Meeting Date

8
Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic Opioid treatment

Name Min Tian

Job Title Acupuncturist

Address 362 office plaza drive
Street
Tallahassee FL 32301
City *State* *Zip*

Phone 850-980-5337

Email drmintian@yahoo

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Acupuncture Assoc

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

SB 8
Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic Controlled Substances

Name Beth Labuschagne

Job Title Consultant

Address 1400 Village Sq Blvd *Street*

Tallahassee FL 32312 *City* *State* *Zip*

Phone 850 322 7335

Email bethlabuschagne@aol.com

Speaking: [X] For [ ] Against [ ] Information

Waive Speaking: [X] In Support [ ] Against
(The Chair will read this information into the record.)

Representing Informed Families of Florida

Appearing at request of Chair: [ ] Yes [X] No

Lobbyist registered with Legislature: [X] Yes [ ] No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/10/18
Meeting Date

8
Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name Chris Niland

Job Title _____

Address 1000 Riverside Ave #240
Street

Jacksonville, FL 32204
City *State* *Zip*

Phone 904-233-3051

Email rniland@lawcad.com

Speaking: ☐ For ☐ Against ☑ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Neurosurgical Society; Florida Society of Thoracic + Cardiovascular Surgeons

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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S-001 (10/14/14)

He was one of our panelists

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/10/18
Meeting Date

SB8
Bill Number (if applicable)

Topic Controlled substances

Amendment Barcode (if applicable)

Name Mark Bishop

Job Title Associate Prof

Address 101 S. Newell Drive
Street
Gainesville FL 32610
City *State* *Zip*

Phone 352 273 6112

Email bish@ufl.edu

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Physical Therapy Association

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/10/18
Meeting Date

SB 8
Bill Number (if applicable)

Topic CONTROLLED SUBSTANCES

Amendment Barcode (if applicable)

Name BILL BUNKLEY

Job Title PRESIDENT

Address PO BOX 341644 Phone 813.264.2977
Street

TAMPA FL 33694 Email
City *State* *Zip*

Speaking: ☑ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing FLORIDA ETHICS AND RELIGIOUS LIBERTY COMMISSION

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/10/18
Meeting Date

SB 8
Bill Number (if applicable)

Topic SB 8 OPIOID BILL

Amendment Barcode (if applicable)

Name BRANDON LUSKIN MD

Job Title ORTHOPAEDIC SURGEON

Address 2828 S. Seacrest Blvd
Street
Boynton Beach FL 33435
City *State* *Zip*

Phone 561 734-5080

Email BJLMD@AOL.COM

Speaking: ☐ For ☐ Against ☒ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Medical Association, Palm Beach County Medical Society

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

1/10/18 (Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting) SB 8

Meeting Date *Bill Number (if applicable)*

Topic Opioid *Amendment Barcode (if applicable)*

Name Dr. Alan Miller

Job Title Pain Management Physician

Address 1865 Lime St. Ste 101 Phone 904 321 6500

Street

Fernandina Beach FL 32034 Email alanmiller@gmail.com

City *State* *Zip*

Speaking: ☑ For ☐ Against ☐ Information Waive Speaking: ☐ In Support ☐ Against

(The Chair will read this information into the record.)

Representing Nassau County Medical Society + Duval County Opioid Task Force

Appearing at request of Chair: ☐ Yes ☐ No Lobbyist registered with Legislature: ☐ Yes ☐ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/10/18
Meeting Date

SB 8
Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic Opioid Prescribing

Name Bryan Campbell

Job Title CEO

Address 1301 Riverplace Blvd Suite #1638
Street

Phone 904-353-7536

Jacksonville FL 32207
City *State* *Zip*

Email bcampbell@dcmsonline.org

Speaking: ☑ For ☐ Against ☐ Information

Waive Speaking: ☑ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Duval County Medical Society, Clay County Medical Society, Nassau CMS

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/10/18
Meeting Date

SB 8
Bill Number (if applicable)

Topic Controlled substances

Amendment Barcode (if applicable)

Name JoeAnne Hart

Job Title Chief Legislative Officer

Address 118 East Jefferson Street
Street

Tally FL 32301
City *State* *Zip*

Phone (850) 224-1089

Email jahart@floridadental.org

Speaking: ☐ For ☐ Against ☒ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Dental Association

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/10/18
Meeting Date

8
Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic Opioids

Name Melissa Ramba

Job Title VP Government Affairs

Address 227 S Adams St.
Street

Phone 850-570-0269

Tallahassee FL. 32301
City *State* *Zip*

Email Melissa@FRF.org

Speaking: ☑ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Retail Federation

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/10/2018
Meeting Date

8
Bill Number (if applicable)

Topic Controlled Substances

Amendment Barcode (if applicable)

Name Matt Dunagan

Job Title Deputy Director

Address 2617 Mahan Drive
Street

Phone 850-877-2165

Tallahassee FL 32308
City *State* *Zip*

Email mdunagan@flsheriffs.org

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☑ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Sheriffs Association

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

January 10, 2017
Meeting Date

8
Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic Controlled Substances

Name Barney Bishop III

Job Title President & CEO

Address 204 South Monroe Street
Street

Phone 850-510-9922

Tallahassee FL 32301
City *State* *Zip*

Email Barney@BarneyBishop.com

Speaking: ☑ For ☐ Against ☐ Information

Waive Speaking: ☑ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Smart Justice Alliance

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

10 Jan 2018 (Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting) SB 8

Meeting Date *Bill Number (if applicable)*

Topic Opioids *Amendment Barcode (if applicable)*

Name Jill Gran

Job Title Senior Policy Adviser

Address 2868 Mahan Dr Ste 3 Phone 850 251-8988
Street

Tallahassee FL 32308 Email jill@myfbha.org
City *State* *Zip*

Speaking: ☐ For ☐ Against ☐ Information Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Behavioral Health Association

Appearing at request of Chair: ☐ Yes ☒ No Lobbyist registered with Legislature: ☒ Yes ☐ No

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S-001 (10/14/14)

Duplicate

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/10/18
Meeting Date

SB 8
Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic Controlled Substances

Name Brewster Bevis

Job Title Senior Vice President

Address 516 N. Adams St
Street
Tallahassee FL 32301
City *State* *Zip*

Phone 224-7173

Email bbevis@aif.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☑ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Associated Industries of Florida

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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S-001 (10/14/14)

Florida Children's Medical Services (CMS) New Plan Model

Innovations in Care

Children's Medical Services (CMS) is transforming how it delivers care to children with medical complexity in its Title XIX and Title XXI programs. Based on feedback received from internal and external stakeholders, CMS is developing a new model that will be reflected in its upcoming Invitation to Negotiate (ITN). Of particular importance, CMS will build on its commitment to strong care coordination, even as it changes its delivery to improve care and outcomes for children. CMS' historically strong provider network, especially in pediatric primary care and sub-specialists, will continue to be a priority in the new model. CMS will focus on population health and connections with other Department of Health (DOH) activities (e.g., maternal and child health projects). CMS will maintain service delivery across TXIX and TXXI programs and improve efficiency and outreach to children with medical complexity. CMS hopes to issue an ITN in early 2018 for a January 2019 go-live date.

Foundational Goals of the CMS Plan

CMS has identified the following principles of the CMS Plan, based on the Standards for Systems of Care for Children and Youth with Special Health Care Needs Version 2.0.[1]

- Care is family-centered and participant-driven.
- Care is provided in a manner that is culturally competent, linguistically appropriate and accessible to the children and their families.
- Coverage is accessible, affordable, comprehensive and continuous.
- The program will provide evidence-based care, where possible, and evidence-informed or based on promising practice when evidence-based approaches are not available.

Program Reform Goals

CMS has identified several goals for the new program design.

- Improved outcomes for members – CMS wants the new program to meet the needs of the individuals served and demonstrate improve health outcomes.
- Stability in the marketplace – CMS wants the new program to be attractive to both providers and participants to ensure continued participation in the plan.

---

[1] Association of Maternal & Child Health Programs and the National Academy for State Health Policy. *Standards for Systems of Care for Children and Youth with Special Health Care Needs Version 2.0.*, June 2017. http://www.amchp.org/programsandtopics/CYSHCN/Documents/Standards%20for%20Systems%20of%20Care%20for%20Children%20and%20Youth%20with%20Special%20Health%20Care%20Needs%20Version%202.0.pdf

- Competitive provider payments – CMS wants flexibility to ensure it can pay its providers competitively given market conditions.

- Active oversight – CMS wants an active role in the oversight of the program to ensure quality and value are achieved.

- Streamlined model – CMS wants a contracting model with less fragmentation to increase the ease of system navigation for providers and members and potentially better leverage local partnerships.

- Efficiencies and provider incentives – CMS wants to create administrative efficiencies and improve provider incentives while remaining cost efficient.

New Vendor and CMS Role

Under the new service delivery model, CMS will contract with one statewide vendor or with a single vendor in a geographic area to improve access to specialized services, increase efficiency, improve quality of care to children with medical complexity, and reform provider payment and incentives. The goal is for the vendor(s) to hold all contracts with providers in that geographic area. CMS will consider contracting with vendor(s) that also have a direct contract with the Agency for Health Care Administration (AHCA) under the Statewide Medicaid Managed Care (SMMC) program. Many key functions will be moved to the vendor(s), such as beneficiary information, appeals, provider recruitment, provider education, and provider contracting. The vendor will perform all administrative functions, but CMS will retain control over when CMS materials are to be used or when materials must have CMS review. The vendor will comply with all business requirements to operate in Florida and be accredited by a national accrediting body recognized by AHCA.

CMS' own role in the new model will evolve to be more streamlined, allowing it to more fully leverage its experience and responsibility as the State's expert on children with medically complexity. Specifically, CMS will oversee the vendor or vendors' efforts to ensure high quality standards are met and the right care is delivered efficiently. CMS will have increased oversight of the vendor(s) with emphasis on improving quality and member experience. CMS activities will include:

- Implementing vendor performance measures specifically focused on the CMS population.

- Adopting member quality of life experience surveys to ensure enrollee outcomes improve.

- Employing regionally-based state Ombudsmen to ensure excellent care coordination and quality of care.

Phase into Risk Model

The new model will be phased in over time with the vendor receiving capitation payments for an increasingly larger number of services, along with incentives for improving outcomes in the community. The new model will start as a limited risk program, with capitation for outpatient services in year one, outpatient and pharmacy in year two and full risk for all services in year three.

Same Enrollees

Children ages 0 through 20 with a qualifying medical condition(s) who meet the financial conditions.[2]

Benefits including Value-added and In lieu of Services

The core benefits of the AHCA ITN will be covered under the CMS contract, including pharmacy. Value-added and in-lieu of services will be included to meet the unique needs of children with medical complexity. Enrollees in the CMS Plan may continue to be enrolled in one of the SMMC Managed Long-Term Care (MLTC) plans and/or receive some benefits through the FFS Medicaid program. The new ITN will emphasize expanding and improving access to high quality services by:

- Phasing-in value-based purchasing strategies for certain providers
- Expanding availability and flexibility of telemedicine
- Enhancing reimbursement for certain providers

Consistent Utilization Management and Comprehensive Data Analytics

The vendor(s) will provide enhanced utilization management, including consistency of decisions and the use of national practice guidelines for certain services (e.g., ASAM standards for substance use disorder treatment). The vendor(s) will be required to have real-time data with dashboards and hospital/emergency department reporting to improve the ability of CMS to identify gaps in care and urgent needs for its members. The vendor(s) will also offer a unified fraud and abuse program with improved data analytics and reporting capabilities.

Improved Contracting Terms

Capitated reimbursement will allow the vendor to propose and implement value-based purchasing strategies, resulting in expanded and improved access to services. The vendor will be permitted to utilize creative solutions to shortages in areas important to children with medical complexity (e.g., private duty nursing). Currently, other plans participating in the SMMC program require members to use in-network providers 90 days after transitioning into their plans. CMS has historically recruited any provider seeing a child into its network. CMS may adopt a more standardized in-network credentialing policy but will ensure out-of-network and single case agreement requirements maintain access to unique specialists and qualified second opinions, as needed by the children in the CMS Plan.

---

[2] http://www.floridahealth.gov/programs-and-services/childrens-health/cms-plan/eligibility-and-services/DH8001-CMS05.2016.pdf

Care Management Model

CMS will transform its care management model to provide more family-centered assistance to support children in the community and minimize their use of expensive medical institutions. Under the new model:

- Care management will become the responsibility of the vendor(s), and care managers will be employed by the vendor(s). CMS will help to facilitate employment transitions to the vendor(s) for care coordination staff currently employed by the State.

- The vendor(s) will be able to better utilize Patient Centered Medical Homes and specialty clinics, offering more integrated care management.

- The vendor(s) will also have incentives to utilize an inter-disciplinary team approach, focusing on improved health outcomes for children through health education, disease management and family support. This team approach will encourage the use of non-medical staff such as peers and community health workers to work with families on addressing social determinants of health.

- The vendor(s) will be required to have tiered care management and disease management levels, with prescribed minimum contact schedules for the different tiers that include in face-to-face interaction as well as telephonic contact with the child and family.

- Disease management for specialty populations served by CMS will be enhanced through the new model, with more formal incentives for providing concrete information to transition-age youth as they transition from childhood to adulthood.

- The vendor(s) will be encouraged to co-locate care managers in high volume hospitals, clinics and physician practices.

Value Based Care and the Future of CMS

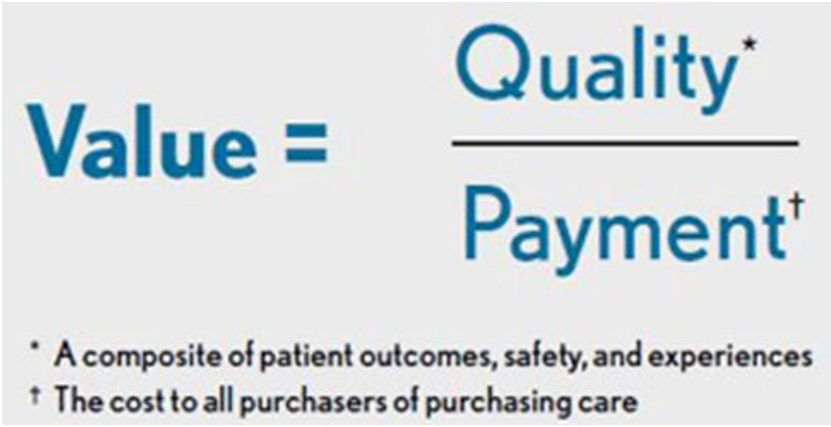
Senate Health Policy Committee

10 January 2018

OFFICE OF CHILDREN'S MEDICAL SERVICES
MANAGED CARE PLAN AND SPECIALTY PROGRAMS

Changing Health Care Landscape

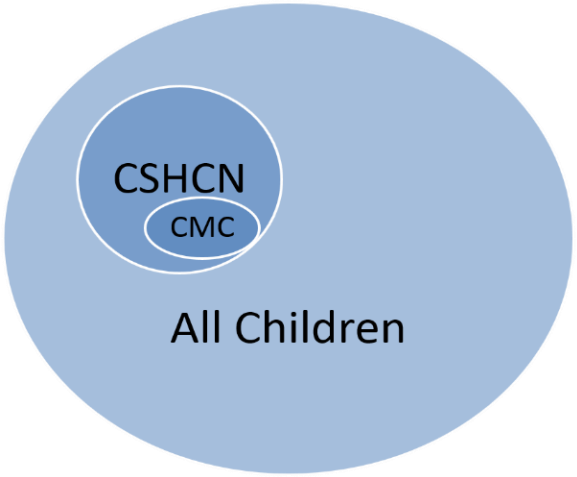
- **CS/HB 7107: Medicaid Managed Care (2011)**
  - Established Medicaid program as statewide, integrated managed care program for all covered services
- **"Value-Based Care"**
  - Physicians and organizations have flexibility to improve health of patients
    - Accountable Care Organizations
    - Bundled Payments
    - Patient-Centered Medical Homes



Burwell, S.M.; Setting Value-Based Payment Goals, HHS Efforts to Improve US Health Care, NEJM, Jan 2015

Florida's Children

- 4.1 million children - vast majority are healthy
  - Obesity, poverty, neighborhoods, schools
- 800,000 children with special health care needs
  - ADHD, asthma, and 13,000 other conditions
- 80,000 children with medical complexity (CMC)
  - Serious and chronic medical conditions
  - Multiple specialists/medical technology
  - Require tertiary/quaternary medical system-level care
  - 2% of children but 1/3 of spending
  - 40% of deaths



Reid, Keshia, Florida DOH, NSCH 2011-12
Cohen E et al Pediatrics 2017; Status Complexicus

CMC and Value-Based Care

- Value-based care models designed for adults
  - Most of the costs of the health care system
  - Adult chronic diseases more common
    - e.g. diabetes, congestive heart failure
- Children
  - Low cost (except CMC)
  - Many different conditions (13,000)
  - Fewer preventable high-cost events?
  - Scant research on quality measures

Children's Medical Services

"Office" of CMS Managed Care Plan & Specialty Programs

- Managed care organization for CMC ("the Plan")
- Specialty programs & clinics

"Division" of CMS

- Early Steps (Part C)
- Newborn Screening
- Child Protection
- Telehealth support
  - No changes

TOGETHER

- Statewide managed system of care for CSHCN
- Family-centered, comprehensive, & coordinated
  - Community-based primary health care
- Linked to multidisciplinary, regional, and tertiary pediatric care

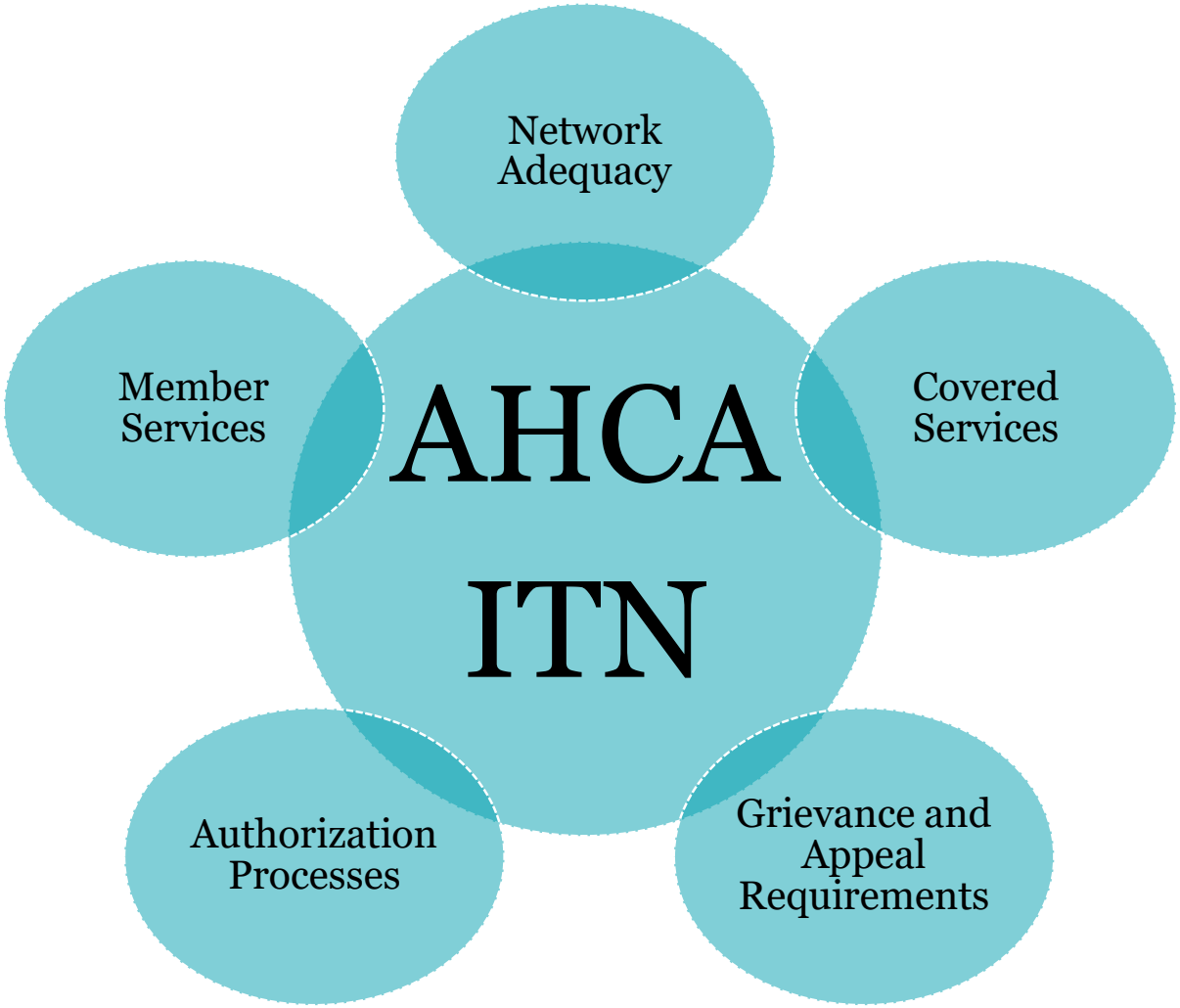
Introducing "CMS 3.0"

- CMS 1.0 (1970s to 2014)
  - Direct services through specialty clinics.
  - Care coordination to eligible children (CMC) with state health insurance.
- CMS 2.0 (Aug 2014)
  - DOH/CMS as a managed care organization.
    - Limits to what a state agency can accomplish
- CMS 3.0 (January 2019)
  - DOH/CMS oversees a managed care organization ("vendor") that operates the CMS health plan.

Transition Timeline to CMS 3.0

Target implementation timeline for the CMS Plan vendor(s)	
January 2018	Release ITN for vendor(s) to support new program design
April 2018	Proposals due from potential vendors
May 2018	Proposals evaluated and negotiated with potential vendors
June 2018	Vendor contract(s) awarded
June - November 2018	Vendor readiness and reviews
January 2019	Contract(s) begin/new model is implemented

AHCA ITN is Basis of ITN for CMS 3.0



CMS Role in New Model

CMS will continue governance to oversee the Vendor's/Vendors' efforts to ensure high quality standards are met and the right care is delivered efficiently

CMS activities will include:

- Implementing Vendor performance measures specifically focused on the CMS population
- Adopting Member Quality of Life Experience surveys to ensure enrollee outcomes improve
- Employing local state ombudsmen to ensure excellent care coordination and quality of care

How Did We Get to the New Health Plan Model?

- Stakeholder input
  - 2016–17 Public meetings, focus groups (families) and surveys
  - Spring 2017 Request for Information from vendors
  - CMS statewide leadership (Strategic Planning calls)
  - Children's hospitals, pediatric department chairs
  - Legislature, federal (MCHB) and state partners
  - Expert opinion (AMCHP, AAP, Title V)
  - Other state models (Texas, Colorado, Washington)
  - *Standards for Systems of Care for CYSHCN*
- **Today's presentation represents the best way to serve CSHCN, especially CMC, in Florida**

Stakeholders: Strengths and Challenges

- Strengths of CMS
  - Care coordinators
  - Provider network
  - CMS experience in regional and local offices
- Challenges
  - Caseloads, flexibility with staffing
  - Provider payment rates (most complex patients)
  - Multiple components of system; limited data
  - Difficulty in demonstrating quality - (e.g. HEDIS)
  - Cannot provide expanded benefits, in lieu of, etc.

Proposed Care Coordination Structure

Levels	Ratio	Components
Tier 1 Case Management • Includes children residing in a nursing facility at a minimum	1:15	• Initial and at least annual face-to-face assessments and care plans • 2 face-to-face visits monthly • 2 telephone contacts monthly • Semi-annual multidisciplinary team meetings • Monthly care plan review • Quarterly care plan updates
Tier 2 Case Management • Includes children receiving private duty nursing in the community at a minimum	1:40	• Initial and at least annual face-to-face assessments and care plans • Monthly face-to-face visits • Monthly telephone contacts • Semi-annual multidisciplinary team meetings • Monthly care plan review • Semi-annual care plan updates
Tier 3 Case Management	1:90	• Initial and at least annual face-to-face assessments and care plans • Quarterly face-to-face visits • Monthly telephone contacts • Monthly care plan review • Semi-annual care plan updates
Disease Management • For those opting out of case management	1:200	• Initial face-to-face visit • Quarterly telephonic contacts • Initial and annual assessments and care plans

Features of New Model: Expanded Access

The new ITN will emphasize expanding and improving access to high quality services by:

- Expanding availability and flexibility of telemedicine
- Permitting the Vendor(s) to negotiate reimbursement with providers
- Increasing access to clinical and specialty services

Features of New Model: Contracting

Goal: Statewide Vendor(s), including providers and partners, meeting the unique needs of various regions and local areas.

- Risk payment may be phased in over time with the Vendor(s) receiving capitation payments for an increasingly larger number of services.
- Bidders will have an option of full risk immediately or a risk phase-in.

Features of New Model: Benefits

The core benefits of the Agency for Health Care Administration (AHCA) ITN will be covered under the CMS contract, including pharmacy and the new AHCA ITN services.

In-lieu of services, Expanded Benefits and Quality Enhancements will be included to meet the unique needs of children with medical complexity (e.g. planned respite care)

CMS: Health Plan and Beyond

- CMS completes shift from providing direct services to advancing access to high-quality health care for all CSHCN, esp. CMC.

1. Continue to integrate all CMS functions (e.g. Early Steps) with other DOH programs, state agencies, community
2. Governance of the new CMS Health Plan
   a) Clinical eligibility (focus on CMC)
   b) Vendor monitoring
   c) Safeguard CMC (CMS, engaged stakeholders)
3. Quality and access for all CSHCN
   a) Defining/measuring quality (with stakeholders)
   b) R-NAQs and S-NAQs

R-NAQs and S-NAQs

- Regional Network for Access and Quality
  - Population served based on geography
  - What do CSHCN/CMC need in our region?
    - Needs assessment (with county health dept.)
  - E.g., chronic complex clinic with satellites
- Statewide Network for Access and Quality
  - Populations served based on specific medical condition (e.g., CLP, CF, HIV, congenital cardiac)

Supplemental Information

- http://www.floridahealth.gov/programs-and-services/childrens-health/cms-plan/cms-plan-invitation-to-negotiate/index.html

- Standards of Care for Children with Medical Complexity
- Value-Based Payment (VBP) Models / Alternate Payment Models for Medicaid Child Health Services
- Patient Centered Medical Homes (PCMH)
- Quality Measures
- Pediatric Quality of Life and Experience Surveys
- Materials Specific to CMS
  - "The Future of CMS" Presentation
  - CMS New Plan Model Concept Paper

Questions?

Jeffery Brosco, MD, PhD.
Deputy Secretary for Children's Medical Services
Florida Department of Health

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1-10-18
Meeting Date

presenter
Bill Number (if applicable)

Topic Children's Medical Services

Amendment Barcode (if applicable)

Name Jeffrey Brosco, MD

Job Title Deputy Secretary - Children's Medical Services

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Tallahassee FL 32399
City *State* *Zip*

Email

Speaking: ☐ For ☐ Against ☑ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing

Appearing at request of Chair: ☑ Yes ☐ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

This form is part of the public record for this meeting.

S-001 (10/14/14)

THE FLORIDA SENATE

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1/10/18
Meeting Date

Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic CMS

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Speaking: ☐ For ☐ Against ☒ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing CHILDREN

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

CourtSmart Tag Report

Room: KN 412 **Case No.:** **Type:**
Caption: **Judge:**

Started: 1/10/2018 9:06:08 AM
Ends: 1/10/2018 10:21:27 AM Length: 01:15:20

9:06:12 AM	Chair Young
9:06:19 AM	Roll Call
9:09:51 AM	Tab 2 Jeffrey Brosco, MD, PHD presentation on New Procurement of CMS
9:23:34 AM	Questions
9:23:42 AM	Sen Montford
9:26:29 AM	Discussion
9:34:29 AM	Louise St. Petery,Pediatrician and Consultant CMS Program , speaks to inform
9:50:47 AM	Jeff Brosco, MD questions and discussion
9:54:09 AM	Tab 1 SB 8
9:54:18 AM	Public Testimony
9:54:48 AM	Bryan Campbell, CEO Duval Medical Society, waive in support
9:56:15 AM	Dr. Alan Miller, Nassau Co and Duval County Opioid Task Force speaks in favor
10:01:02 AM	Dr. Brandon Luskin, Palm Beach County Medical Society, speaks to inform
10:07:29 AM	Bill Bunkley, Florida Ethics and Religous Liberty Commission, waives in support
10:09:02 AM	Mark Bishop, Florida Physical Therapy Association, speaks in support
10:09:54 AM	Chris Nuland, FloridaSociety of Cardivascular Surgeons, speaks to inform
10:10:51 AM	Min Tian, Acupuncture Association, speaks in favor
10:12:26 AM	Michael Jackson, Florida Pharmacy Association, speaks in favor and to inform
10:15:41 AM	Beth Lapasky, Informed Families of Florida, speaks to favor
10:17:57 AM	Joanne Hart, Florida Dental Association, speaks to inform
10:18:55 AM	Melissa Ramba, Florida Retail Federation, speaks in favor
10:19:49 AM	Matt Dunagan, Fl Sheriffs Association waives in support
10:20:03 AM	Brewster Bevis, Associated Industries of Florida, waives in support
10:21:16 AM	Barney Bishop, Florida Smart Justice Alliance, waives in support
10:21:20 AM	Meeting Adjourned