

THE FLORIDA SENATE
2015 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

SB 94 — Closing the Gap Grant Program

by Senators Joyner and Abruzzo

The bill (Chapter 2015-10, L.O.F.) expands the focus of Closing the Gap projects to include sickle cell disease. The “Closing the Gap” program provides grants for activities designed to reduce racial and ethnic health disparities.

If approved by the Governor, these provisions take effect July 1, 2015.

Vote: Senate 38-0; House 115-0

THE FLORIDA SENATE
2015 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/SB 144 — Public Records/Impaired Practitioner Consultants

by Health Policy Committee and Senator Bean

The bill (Chapter 2015-37, L.O.F.) proposes to enhance the safety of impaired practitioner consultants and specified employees, and the spouses and children of both, by creating a public records exemption for certain personal identification and location information. The impaired practitioner program assists the Department of Health and the Department of Business and Professional Regulation in determining whether licensees who have experienced a substance abuse or mental or physical health impairment are safe to practice. Currently, there are two impaired practitioner consultants who are retained by the Department of Health and the Department of Business and Professional Regulation to provide services.

The exemption is subject to the Open Government Sunset Review Act and will stand repealed on October 2, 2020, unless reviewed and reenacted by the Legislature.

The bill contains a public necessity statement as required by the Florida Constitution.

If approved by the Governor, these provisions take effect upon becoming law.

Vote: Senate 38-0; House 118-0

THE FLORIDA SENATE
2015 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 243 — Vital Statistics

by Health Quality Subcommittee and Rep. Roberson and others (CS/CS/SB 640 by Fiscal Policy Committee; Health Policy Committee; and Senator Detert)

The bill amends several sections of ch. 382, F.S., to facilitate the electronic generation and filing of burial-transit permits and death certificates with the Department of Health through the electronic death registration system (EDRS).

The bill defines “burial transit permit” and specifies that a funeral director must provide a burial-transit permit generated electronically from the EDRS, or a manually produced permit, to the person in charge of the place of final disposition. The bill allows subregistrars to produce and maintain burial transit permits, rather than only receive such permits, and makes the subregistrar responsible for producing and maintaining manually filed paper death records.

The bill allows death certificates and fetal death certificates to be filed electronically with the Department of Health (DOH) on the EDRS and eliminates language allowing the recording of aliases on the back of a death certificate. The bill also requires the DOH to make arrangements with the United States Social Security Administration for the electronic notification of deaths and clarifies that the personal information for the decedent on the death certificate may be provided by persons listed in s. 497.005, F.S.

If approved by the Governor, these provisions take effect July 1, 2015.

Vote: Senate 40-0; House 115-0

THE FLORIDA SENATE
2015 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 269 — Experimental Treatments for Terminal Conditions

by Insurance and Banking Subcommittee; Health Innovation Subcommittee; and Rep. Pilon and others (CS/CS/SB 1052 by Fiscal Policy Committee; Health Policy Committee; and Senators Brandes and Sobel)

The bill creates the “Florida Right to Try Act” (Act), which provides a framework in which an eligible patient with a terminal condition may access investigational drugs, biological products, and devices from the manufacturer after phase one clinical trials. A terminal condition is specifically defined under the Act as a progressive disease or medical or surgical condition that causes significant functional impairment, is not considered by a treating physician to be reversible even with the administration of available treatment options currently approved by the United States Food and Drug Administration, and, without the administration of life-sustaining procedures, will result in death within 1 year after diagnosis if the condition runs its normal course.

The Act also defines and requires written informed consent by the patient, the parent of a minor patient, a patient’s court-appointed guardian or the patient’s health care surrogate. The written, informed consent document must include:

- An explanation of the currently approved products and treatments for the patient’s terminal condition;
- An attestation that the patient concurs with his or her physician in believing that all currently approved products and treatments are unlikely to prolong the patient’s life;
- Identification of the specific investigational drug, biological product, or device (investigational product) that the patient is seeking to use;
- A realistic description of the most likely outcome of using the investigational product;
- A statement that the patient’s health plan or third party administrator and physician are not obligated to pay for care or treatment consequent to the use of the investigational product unless required to do so by law or contract;
- A statement that the patient’s eligibility for hospice may be withdrawn if the patient begins treatment with the investigational product and that hospice care may be reinstated if the treatment ends and the patient meets hospice eligibility requirements; and
- A statement that the patient understands he or she is liable for all expenses consequent to the use of the investigational product and that liability extends to the patient’s estate, unless a contract between the patient and the manufacturer of the investigational product states otherwise.

The bill prohibits actions against a physician’s license based solely on his or her recommendation regarding access to or treatment with an investigational product under this Act.

The bill does not create a private cause of action against the manufacturer of an investigational product against a person or entity involved in the care of an eligible patient who is using the investigational product if the manufacturer or other person or entity complies in good faith with this Act and exercises reasonable care.

This summary is provided for information only and does not represent the opinion of any Senator, Senate Officer, or Senate Office.
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If approved by the Governor, these provisions take effect July 1, 2015.
Vote: Senate 39-1; House 113-0

THE FLORIDA SENATE
2015 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 279 — Pharmacy

by Health Innovation Subcommittee; and Rep. Pigman and others (CS/SB 792 by Health Policy Committee and Senator Bean)

The bill authorizes a registered pharmacy intern to administer certain immunizations or vaccines to adults under the supervision of a pharmacist who is certified to administer vaccines when the intern is acting within the framework of a protocol under a supervising physician. A registered intern who administers an immunization or vaccine must be supervised by a certified pharmacist at a ratio of one pharmacist to one registered intern. Prior to administering vaccines, a pharmacy intern will need to obtain certification which is based on at least 20 hours of coursework that has been approved by the Board of Pharmacy.

The bill also expands the specified list of vaccines that a pharmacist may administer, which may also be administered by a registered intern. This includes immunizations or vaccines listed in schedules established by the United States Centers for Disease Control and Prevention for adults or international travel, any additional updates to those lists which are authorized by rules of the Board of Pharmacy, and immunizations or vaccines approved by the board in response to a state of emergency declared by the Governor.

If approved by the Governor, these provisions take effect July 1, 2015.

Vote: Senate 39-0; House 112-2

THE FLORIDA SENATE
2015 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/CS/SB 296 — Diabetes Advisory Council

by Fiscal Policy Committee; Governmental Oversight and Accountability Committee; Health Policy Committee; and Senators Garcia and Joyner

The bill (Chapter 2015-45, L.O.F.) creates a process for ongoing assessment of the state's diabetes-related activities. Specifically, the bill directs the Diabetes Advisory Council, in conjunction with the Department of Health, the Agency for Health Care Administration, and the Department of Management Services, to prepare a report regarding the impact of diabetes on state-funded or operated programs, including Medicaid, the State Group Insurance Program, and public health programs. Required components of the report include: the health consequences and financial impact of diabetes; the effectiveness of diabetes programs implemented by each agency; a description of the coordination among the agencies; and the development and ongoing revision of an action plan for reducing and controlling the incidence of diabetes.

The report is due to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 10 of each odd-numbered year.

The bill also modifies the composition of the Diabetes Advisory Council, and adds a representative of the American Association of Diabetes to the list of possible members.

If approved by the Governor, these provisions take effect July 1, 2015.

Vote: Senate 36-0; House 114-0

THE FLORIDA SENATE
2015 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 309 — Patient Admission Status Notification

by Health Care Appropriations Subcommittee; and Rep. Harrison and others (CS/SB 768 by Health Policy Committee and Senator Gaetz)

The bill requires a hospital to document the placement of a patient on observation status, rather than inpatient status, in that patient's discharge papers. The bill requires that the patient or his or her proxy be notified of the observation status through the discharge papers and allows the facility to also notify the patient through brochures, signage, or other forms of communication.

If approved by the Governor, these provisions take effect July 1, 2015.

Vote: Senate 40-0; House 118-0

THE FLORIDA SENATE
2015 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 321 — HIV Testing

by Health and Human Services Committee; Health Quality Subcommittee; and Reps. Avila, Edwards, and others (CS/CS/SB 512 by Fiscal Policy Committee; Health Policy Committee; and Senators Thompson and Soto)

The bill differentiates between the notification and informed consent procedures for performing a human immunodeficiency virus (HIV) test in “health care” and “nonhealth care” settings. The bill requires that before performing an HIV test in a health care setting, the person to be tested must be *notified* that an HIV test is planned and that the test may be declined. Before performing an HIV test in a nonhealth care setting, a provider must obtain *informed consent* from the person to be tested. A test subject in either setting must be informed that a positive HIV test result will be reported to the county health department with sufficient information to identify the test subject. A test subject must also be informed of the availability and location of sites that perform anonymous testing.

The bill repeals the requirement that hospitals licensed under ch. 395, F.S., must have written informed consent for an HIV test in order to release HIV test results contained in hospital medical records to conform to the notification procedures authorized for health care settings.

The bill revises and clarifies procedures for HIV testing when a significant exposure has occurred to medical personnel and nonmedical personnel.

The bill excludes hospitals (as well as clinical laboratories, acupuncturists, medical physicians, osteopathic physicians, chiropractors, podiatrists, dentists, and midwives) from having to register with the DOH for HIV testing, if the HIV testing is part of routine medical care or if the HIV testing is not specifically advertised to the general public.

If approved by the Governor, these provisions take effect July 1, 2015.

Vote: Senate 39-0; House 119-0

THE FLORIDA SENATE
2015 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

SB 332 — Nursing Home Facility Pneumococcal Vaccination Requirements

by Senator Grimsley

The bill (Chapter 2015-16, L.O.F.) removes the requirement that nursing homes vaccinate eligible new admissions with the pneumococcal polysaccharide vaccination and instead allows eligible new admissions to be vaccinated with any pneumococcal vaccination that is recommended by the Centers for Disease Control and Prevention. Each resident is required to be assessed for eligibility for vaccination within five business days after admission and, if indicated and not exempted, vaccinated within 60 days after admission.

If approved by the Governor, these provisions take effect July 1, 2015.

Vote: Senate 37-0; House 115-0

THE FLORIDA SENATE
2015 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 335 — Psychiatric Nurses

by Health and Human Services Committee; Health Quality Subcommittee; and Reps. Plasencia, Campbell, and others (CS/SB 476 by Health Policy Committee and Senator Grimsley)

The bill revises the definition of a psychiatric nurse under the Florida Mental Health Act, also known as, the Baker Act. A psychiatric nurse must be an advanced registered nurse practitioner who has an advanced degree in psychiatric nursing, holds a national advanced practice certification as a psychiatric-mental health advanced practice nurse, and has 2 years of post-master's clinical experience under the supervision of a physician.

A psychiatric nurse is authorized to examine a patient for whom involuntary examination has been initiated at a receiving facility under the Baker Act. The bill authorizes a psychiatric nurse to release a patient from involuntary examination in a receiving facility only if the receiving facility is owned or operated by a hospital or health system and the psychiatric nurse is performing within the framework of an established protocol with a psychiatrist.

A psychiatric nurse is authorized to release a patient whose involuntary examination was initiated by a psychiatrist only upon approval by that psychiatrist.

If approved by the Governor, these provisions take effect July 1, 2015.

Vote: Senate 39-0; House 116-2

THE FLORIDA SENATE
2015 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

HB 441 — Regulation of Health Care Facilities and Services

by Rep. R. Rodrigues and others (CS/SB 816 by Fiscal Policy Committee and Senator Grimsley)

The bill (Chapter 2015-33, L.O.F.) amends s. 400.474, F.S., to eliminate the requirement for a home health agency (HHA) to provide a quarterly report to the Agency for Health Care Administration (AHCA) which details:

- The number of insulin-dependent diabetic patients receiving insulin injection services;
- The number of patients receiving both home health services from the HHA and a hospice services;
- The number of patients receiving HHA services; and
- The name and license number of nurses whose primary job responsibility is to provide home health services to patients and who received remuneration from the HHA in excess of \$25,000 during the quarter.

In place of the quarterly report, a HHA, when renewing its license biennially, is required to submit to the AHCA the number of patients who received home health services from the HHA on the day that the licensure renewal application is filed.

The bill also amends s. 408.036, F.S., to create a new exemption from the certificate of need (CON) process for applicants for initial licensure as health care facilities who:

- Were licensed as a health care facility within the past 21 days and which required an initial CON;
- Failed to submit a renewal application and whose license expired on or after January 1, 2015;
- Do not have a license denial or revocation action pending;
- Are applying for licensure as the same service type; in the same district, service area, and site; and for the same number of beds, if applicable, as the expired license;
- Agree to the same conditions previously imposed on the initial CON; and
- Applies for a new license within 21 days after the exemption request is approved.

An exemption granted under these provisions expires on the 22nd day after the exemption is approved. A health care facility whose license expired between January 1, 2015, and the effective date of the act may apply for the exemption, notwithstanding the 21 day time limit from the time when the health care facility's license expired, if such health care facility applies for the exemption within 30 days of the act becoming law.

If approved by the Governor, these provisions take effect upon becoming law.

Vote: Senate 38-0; House 106-0

THE FLORIDA SENATE
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Committee on Health Policy

SB 450 — Pain Management Clinics

by Senators Benacquisto and Gaetz

The bill (Chapter 2015-49, L.O.F.) saves the regulation of pain management clinics from repeal on January 1, 2016.

Sections 458.3265 and 459.0137, F.S., are scheduled to expire on January 1, 2016. Section 458.3265, F.S., prohibits a medical doctor from practicing in a pain management clinic that is not registered with the Department of Health (DOH). Section 459.0137, F.S., outlines the same requirements for osteopathic physicians. These statutes also provide minimum requirements for the operation of pain management clinics and require that each clinic be inspected on an annual basis by the DOH. Each clinic must have a designated physician that is responsible for the operations of the clinic. The designated physician is also responsible for quarterly reporting to the DOH data which describes the number of patients discharged for drug abuse and/or drug diversion and the number of patients whose domicile is not in the state of Florida. These statutes also provide grounds for which the DOH may revoke the pain management clinic registration.

There are exceptions to the registration requirements found in ss. 458.3265 and 459.0137, F.S., for hospital facilities, medical school clinics, non-profit corporations, clinics primarily providing surgical services and clinics operated by certain board-certified physicians.

If approved by the Governor, these provisions take effect upon becoming law.

Vote: Senate 37-0; House 117-1

THE FLORIDA SENATE
2015 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 541 — Athletic Trainers

by Health Quality Subcommittee; and Rep. Plasencia and others (CS/SB 1526 by Health Policy Committee and Senator Legg)

The bill updates the regulation of athletic trainers. The bill authorizes the practice of athletic training, under the direction of a physician, which is communicated through an oral or written prescription or protocols rather than only pursuant to a protocol with a supervising physician. An allopathic, osteopathic, or chiropractic physician will make the determination as to the appropriate method for communicating his or her direction for the provision of services and care by the athletic trainer. The board of athletic training is directed to adopt rules pertaining to mandatory requirements and guidelines for the communication.

The bill revises the legislative intent relating to athletic trainers, updates definitions, and revises the requirements for licensure as an athletic trainer. Applicants must pass the national examination to be certified by the Board of Certification. Background screening requirements for new applicants, applicants whose licenses have expired, and licensees undergoing disciplinary action go into effect on July 1, 2016.

If approved by the Governor, these provisions take effect January 1, 2016.

Vote: Senate 40-0; House 115-0

THE FLORIDA SENATE
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Committee on Health Policy

HB 633 — Informed Patient Consent

by Rep. Sullivan and others (CS/SB 724 by Fiscal Policy Committee and Senators Flores and Gaetz)

The bill amends s. 390.0111, F.S., to require that the information currently required to be presented by a physician to a pregnant woman in order to obtain informed consent from the pregnant woman before performing an abortion must be presented while in the same room as the woman and at least 24 hours before the procedure. The bill allows a physician to perform an abortion less than 24 hours after presenting the required information upon request of the pregnant woman if she presents a restraining order, police report, medical record, or other court order or documentation evidencing she is obtaining the abortion because she is a victim of rape, incest, domestic violence, or human trafficking.

If approved by the Governor, these provisions take effect July 1, 2015.

Vote: Senate 26-13; House 77-41

THE FLORIDA SENATE
2015 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 655 — Clinical Laboratories

by Health and Human Services Committee; Health Quality Subcommittee; and Rep. Roberson (CS/SB 738 by Health Policy Committee and Senators Grimsley and Soto)

The bill amends ss. 483.041 and 483.181, F.S., to require a clinical laboratory to offer its services to licensed allopathic and osteopathic physicians, chiropractors, podiatrists, naturopaths, optometrists, advanced registered nurse practitioners, dentists, dental hygienists, consultant pharmacists, and doctors of pharmacy without charging different prices for services based on the license of the practitioner and adds consultant pharmacists and doctors of pharmacy to the definition of “licensed practitioner.”

The bill also strikes the limitation on the conditions under which a clinical laboratory may refuse a specimen. Under current law, the only reason for which a clinical laboratory may deny testing a specimen is based on a history of nonpayment for services by the practitioner submitting the specimen. This bill allows a clinical laboratory to decline testing for other reasons as well.

If approved by the Governor, these provisions take effect upon becoming law.

Vote: Senate 39-0; House 113-0

THE FLORIDA SENATE
2015 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 697 — Public Health Emergencies

by Health Quality Subcommittee and Rep. Gonzalez (CS/SB 950 by Health Policy Committee and Senator Hukill)

The bill amends provisions relating to the Department of Health's (DOH) authority to initiate and enforce quarantine orders for persons, animals, and premises. The DOH is authorized to isolate individuals in the same manner as existing authority for a quarantine. The bill defines "isolation" to mean the separation of an individual who is reasonably believed to be infected with a communicable disease from individuals who are not infected, to prevent the possible spread of the disease. The bill defines "quarantine" to mean the separation of an individual reasonably believed to have been exposed to a communicable disease, but who is not yet ill, from individuals who not been so exposed, to prevent the possible spread of the disease.

The bill requires law enforcement to assist the DOH in enforcing orders (as well as rules and laws) adopted under ch. 381, F.S., related to public health, and makes any DOH isolation or quarantine order immediately enforceable by law enforcement. Quarantine and isolation orders are imposed through order by the State Surgeon General or by the director of a county health department or his or her designee.

The bill amends s. 817.50, F.S., to prohibit a person from willfully and intentionally making a fraudulent claim during a declared public health emergency that he or she has contracted a communicable disease to a health care provider in order to obtain, or attempt to obtain, goods, products, merchandise, or services. The bill also prohibits a person from falsely reporting to a law enforcement officer that he or she has a communicable disease. Both of these actions are punishable as a misdemeanor of the second degree.

The bill also includes a legislative finding that the act fulfills an important state interest.

If approved by the Governor, these provisions take effect July 1, 2015.

Vote: Senate 39-0; House 114-0

THE FLORIDA SENATE
2015 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 751 — Emergency Treatment for Opioid Overdose

by Civil Justice Subcommittee; and Reps. Gonzalez, Stevenson, and others (CS/CS/SB 758 by Appropriations Committee; Health Policy Committee; and Senator Evers)

The bill establishes the “Emergency Treatment and Recovery Act” (Act). The Act encourages the prescription of opioid antagonists by authorized health care practitioners for the emergency treatment of known or suspected opioid overdoses when a health care practitioner is not available.

The bill authorizes health care practitioners to prescribe and dispense opioid antagonists to patients, caregivers, and first responders. A caregiver is defined as a family member, friend, or a person in a position to have recurring contact with a person at risk of experiencing an opioid overdose.

Pharmacists are authorized to dispense an appropriately labeled opioid antagonist based on a prescription that has been issued in the name of a patient or caregiver. The patient or caregiver may store and possess a dispensed opioid antagonist for later administration, when a physician is not available, to a person he or she believes in good faith to be experiencing an opioid overdose, regardless of whether that person has a prescription for an opioid antagonist.

Emergency responders, including but not limited to, law enforcement officers, paramedics, and emergency medical technicians are authorized to possess, store, and administer emergency opioid antagonists as clinically indicated.

Civil liability protection is extended to any person, including health care practitioners, pharmacists, and first responders who possess, administer, or store an approved opioid antagonist in accordance with the Act. A health care practitioner acting in good faith and exercising reasonable care is not subject to discipline under the applicable professional licensure statute and is also immune from civil or criminal liability for prescribing or dispensing an opioid antagonist in accordance with the Act.

This Act does not create a duty or standard of care for a person to prescribe or administer an opioid antagonist.

If approved by the Governor, these provisions take effect upon becoming law.

Vote: Senate 39-0; House 118-1

THE FLORIDA SENATE
2015 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/SB 904 — Home Health Services

by Health Policy Committee and Senator Bean

The bill (Chapter 2015-66, L.O.F.) amends ss. 400.462 and 400.506, F.S., to allow a nurse registry to operate one or more satellite offices within the same health service planning district as the registry's licensed operational site. The nurse registry may store supplies and records, register and process contractors, and conduct business by telephone at the satellite site as well as advertise the location of the satellite site to the public. However, the nurse registry must use the operational site for all administrative functions and to store all original records.

The bill requires the nurse registry to notify the Agency for Health Care Administration of a change of address of its operational site and when opening a satellite office. Before relocating its operational site or opening a satellite office, the nurse registry must submit evidence of its legal right to use the proposed property and proof that the proposed property is in an area zoned for use as a nurse registry.

The bill also amends s. 400.464, F.S., to allow home health agencies to operate one or more related offices in the health service planning district, rather than in the same county, as the agency's main office without requiring an additional license for each related office.

If approved by the Governor, these provisions take effect July 1, 2015.

Vote: Senate 37-0; House 118-0

THE FLORIDA SENATE
2015 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 951 — Dietetics and Nutrition

by Health Quality Subcommittee; and Rep. Magar and others (CS/SB 1208 by Health Policy Committee and Senator Bean)

The bill revises the Dietetics and Nutrition Practice Act. Specifically, the bill:

- Authorizes qualified individuals to use specified titles and designations including, Certified Nutrition Specialist, and Diplomat of the American Clinical Board of Nutrition;
- Requires the Board of Medicine to waive the licensure examination requirement for an applicant who meets statutory qualifications and who is:
 - A registered dietitian/nutritionist who is registered with the Commission on Dietetic Registration; or
 - A certified nutrition specialist who is certified by the Certification Board for Nutrition Specialists or a Diplomat of the American Clinical Board of Nutrition; and
- Authorizes a licensed dietician/nutritionist to independently order a therapeutic diet if otherwise authorized to order such a diet in this state.

If approved by the Governor, these provisions take effect July 1, 2015.

Vote: Senate 39-0; House 115-0

THE FLORIDA SENATE
2015 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 1001 — Assisted Living Facilities

by Health and Human Services Committee; Health Care Appropriations Subcommittee; and Rep. Ahern and others (CS/CS/SB 382 by Appropriations Committee; Health Policy Committee; and Senators Sobel, Gaetz, and Gibson)

The bill strengthens the enforcement of current regulations for assisted living facilities (ALF) by clarifying existing enforcement tools, revising the Agency for Health Care Administration's (AHCA) ability to impose administrative penalties, and requiring an additional inspection for facilities having significant violations. The bill:

- Clarifies the responsibilities of an ALF and of mental health care services providers regarding community living support plans for ALF mental health residents.
- Revises the duties of the long-term care ombudsmen when conducting complaint investigations, including conducting an exit consultation.
- Revises the licensing criteria for limited nursing services (LNS) and extended congregate care (ECC) ALF sublicenses and creates a provisional license process for newly created ALFs that wish to receive an ECC license.
- Requires an ALF that serves any mental health residents to obtain a limited mental health sublicense.
- Focuses AHCA inspections on ALFs with multiple serious violations by reducing the number of monitoring visits required for LNS and ECC specialty licensed facilities while requiring an additional full inspection for any ALF with one class I or three or more class II violations within a 60-day period.
- Clarifies the criteria under which the AHCA must revoke or deny a facility's license.
- Requires the AHCA to impose an immediate moratorium on an ALF that fails to allow access to the facility or to records.
- Allows ALF staff members to assist residents with the self-administration of additional types of procedures including, but not limited to, using a nebulizer, using a glucometer, and assisting with putting on and taking off antiembolism stockings.
- Adds certain responsible parties and AHCA personnel to the list of people who must report abuse or neglect to the Department of Children and Families' central abuse hotline.
- Requires new ALF staff members to attend a two hour employee preservice orientation course beginning October 1, 2015.
- Requires the AHCA to add certain content to its website by November 1, 2015, to help consumers select an ALF.

If approved by the Governor, these provisions take effect July 1, 2015.

Vote: Senate 38-0; House 114-0

THE FLORIDA SENATE
2015 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 1049 — Practice of Pharmacy

by Health and Human Services Committee; Health Quality Subcommittee; and Rep. Peters and others (CS/CS/SB 1180 by Regulated Industries Committee; Health Policy Committee; and Senators Latvala, Soto, and Diaz de la Portilla)

The bill amends ch. 465, F.S., the Florida Pharmacy Act (the act), to provide that the act and rules adopted under the act do not prohibit a Florida-licensed veterinarian from administering a compounded drug to any animal under the veterinarian's care or dispensing a compounded drug to the animal's owner or caretaker. The bill clarifies that this provision does not affect the regulation of the practice of pharmacy.

The bill also creates s. 465.1862, F.S., to require certain provisions in a contract between a pharmacy benefits manager and a pharmacy. A pharmacy benefits manager is an entity which contracts to administer or manage prescription drug benefits on behalf of a health insurance plan. The contract must require the pharmacy benefits manager to update maximum allowable cost pricing information at least every seven calendar days and to maintain a process that will eliminate drugs from maximum allowable costs list or modify drug prices to remain consistent with changes in pricing data and product availability on a timely basis. Maximum allowable cost is defined as the per-unit amount that a pharmacy benefits manager reimburses a pharmacist for a prescription drug, excluding dispensing fees, and prior to any copayments, coinsurances, and other cost-sharing charges.

If approved by the Governor, these provisions take effect July 1, 2015.

Vote: Senate 38-0; House 118-0

THE FLORIDA SENATE
2015 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

HB 1305 — Home Medical Equipment Providers

by Rep. Eagle and others (SB 996 by Senator Richter)

The bill amends s. 400.93, F.S., to exempt physicians licensed to practice medicine, osteopathic medicine, or chiropractic medicine, who sell or rent electrostimulation medical equipment or supplies to their patients in the course of their practice from the requirement that they be licensed as a home medical equipment provider.

If approved by the Governor, these provisions take effect July 1, 2015.

Vote: Senate 40-0; House 117-0

THE FLORIDA SENATE
2015 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

SB 7032 — Public Records/Reports of a Deceased Child
by Health Policy Committee

The bill reenacts and amends the public records and public meetings exemptions for certain identifying information held by the State Child Abuse Death Review Committee or a local child abuse death review committee and for portions of meetings of such committees where such information is discussed. The changes to the exemptions reflect changes to the child welfare laws enacted during the 2014 Session. Specifically, the bill extends the exemption to cases reviewed by a committee where the death was determined not to be the result of abuse or neglect and limits the exemption for cases involving verified abuse or neglect to only exempt the information of surviving siblings. The bill also authorizes release of confidential information to a governmental agency in furtherance of its duties or a person or entity for research or statistical purposes.

The exemption is subject to the Open Government Sunset Review Act and will stand repealed on October 2, 2020, unless reviewed and reenacted by the Legislature.

The bill contains a public necessity statement as required by the Florida Constitution.

If approved by the Governor, these provisions take effect upon becoming law.

Vote: Senate 38-0; House 116-0