

THE FLORIDA SENATE
2018 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 21 — Controlled Substances

by Health and Human Services Committee; Health Quality Subcommittee; and Rep. Boyd and others (CS/SB 8 by Health Policy Committee; and Senators Benacquisto, Perry, Stargel, Bean, Passidomo, and Young)

CS/CS/HB 21 amends various sections of law to increase the regulation, training, and reporting required when controlled substances are prescribed and dispensed. The bill:

- Requires all prescribing practitioners who are authorized to prescribe controlled substances to complete a two-hour training course prior to biennial licensure renewal on the safe and effective prescribing of controlled substances, unless such practitioner is already required to take such a course by his or her practice act.
- Defines “acute pain” as the normal, predicted, physiological, and time-limited response to an adverse chemical, thermal, or mechanical stimulus associated with surgery, trauma, or acute illness. The term specifically does not include pain related to:
 - o Cancer;
 - o A terminal condition;
 - o Palliative care to provide relief of symptoms related to an incurable, progressive illness or injury; or
 - o A serious traumatic injury with an Injury Severity Score of 9 or greater.
- Provides restrictions on certain prescriptions written to treat acute pain by:
 - o Requiring applicable health care regulatory boards to create guidelines for prescribing controlled substances for the treatment of acute pain.
 - o Limiting a prescription for an opioid listed in Schedule II to no more than three days if prescribed to treat acute pain as defined. This limit is increased to seven days if determined to be medically necessary by the prescribing practitioner and with proper documentation.
 - o Requiring a prescriber to co-prescribe an opioid antagonist when prescribing controlled substances for serious traumatic injury.
- Requires clinics that are exempt from the requirement to register as a pain management clinic to obtain and maintain a certificate of exemption from the Department of Health (DOH). These provisions take effect January 1, 2019.
- Requires pharmacists and dispensing practitioners to verify a patient’s identity prior to dispensing controlled substances.
- Confirms an exemption allowing health care practitioners to dispense controlled substances in connection with a surgical procedure to the limits on prescribing established for Schedule II opioid medications.
- Creates an exemption to allow a physician to dispense Schedule II and III controlled substances approved by the United States Food and Drug Administration (FDA) for the medication-assisted treatment (MAT) of his or her own patients.
- Explicitly authorizes electronic prescriptions for 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:
 - o Including Schedule V controlled substances in the list of drugs that must be reported to the PDMP;
 - o Requiring prescribing practitioners to consult the PDMP before prescribing controlled substances with certain exceptions;
 - o Allowing the DOH to coordinate and share Florida's PDMP data with other states' PDMPs and to enter into contracts to establish secure connections between the PDMP and prescribing or dispensing health care practitioner's electronic health records; and
 - o Allowing prescribers and dispensers with Veterans' Affairs, the military, and the Indian Health Services, and Florida medical examiners access to data in the PDMP.
- Increases the penalty from a 3rd degree felony to a 2nd degree felony for a patient or health care practitioner who knowingly obtains or provides a controlled substance that is not medically necessary.
- Creates a new 3rd degree felony for unlawfully possessing and using tableting or encapsulation machines.

The bill also provides appropriations for the Fiscal Year 2018-2019 as follows:

- \$27,035,532 in nonrecurring funds is appropriated from the Federal Grants Trust Fund to the Department of Children and Families (DCF) for expenditures related to the second year of the State Targeted Response to the Opioid Crisis grant.
- \$14,626,911 in recurring general revenue funds is appropriated to the DCF for community-based services to address the opioid crisis, including, but not limited to MAT.
- \$5,000,000 in recurring general revenue funds is appropriated to the DOH for the purchase of emergency opioid antagonists to be made available to first responders.
- \$6,000,000 in recurring general revenue is appropriated to the Office of State Court Administrator for MAT of substance abuse disorders related to the criminal justice system.
- \$873,089 in recurring and \$117,700 in nonrecurring general revenue funds are appropriated to the DOH for improvements to the PDMP.

If approved by the Governor, and except as otherwise provided in the act, these provisions take effect July 1, 2018.

Vote: Senate 37-0; House 99-0

THE FLORIDA SENATE
2018 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 41 — Pregnancy Support and Wellness Services

by Health and Human Services Committee; and Rep. Toledo and others (CS/SB 444 by Health Policy Committee; and Senators Bean, Steube, Baxley, and Mayfield)

The bill codifies a program to provide pregnancy support and wellness services, such as direct client services, program awareness activities, and communication activities, through a statewide alliance of community organizations. The bill directs the Department of Health to contract with the Florida Pregnancy Care Network, Inc., (network) and specifies contract deliverables for the program, including financial reports, staffing requirements, and timeframes for achieving obligations. At least 90 percent of the contract funds must be used for pregnancy support and wellness services.

The network is to subcontract only with providers that exclusively promote and support childbirth. The network must monitor services provided by subcontractors and impose sanctions as appropriate for noncompliance with the terms of the subcontract. Informational materials provided to a client must be current and accurate and must cite the reference source of any medical statements included in the materials. Services must be provided in a noncoercive manner and may not include any religious content.

If approved by the Governor, these provisions take effect July 1, 2018.

Vote: Senate 21-12; House 73-29

THE FLORIDA SENATE
2018 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

HB 283 — Cardiac Programs

by Rep. Raschein (SB 408 by Senator Flores)

HB 283 exempts from certain patient volume requirements a hospital seeking to establish a Level 1 adult cardiovascular services program if that hospital is located more than 100 road miles from the closest Level II adult cardiovascular services program. The hospital must demonstrate that it has, for the most recent 12-month period, provided a minimum of 100 adult inpatient and outpatient diagnostic cardiac catheterizations or that, for the most recent 12-month period, it has discharged or transferred at least 300 patients with the principal diagnosis of ischemic heart disease. A Level 1 adult cardiovascular services program provides diagnostic and therapeutic cardiac catheterization procedures, but does not perform open heart surgery.

If approved by the Governor, these provisions take effect July 1, 2018.

Vote: Senate 35-0; House 114-0

THE FLORIDA SENATE
2018 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 351 — Prescription Drug Pricing Transparency

by Health and Human Services Committee; Health Innovation Subcommittee; and Rep. Santiago and others (CS/CS/CS/SB 1494 by Appropriations Committee; Banking and Insurance Committee; Health Policy Committee; and Senators Montford, Grimsley, Powell, Broxson, and Gainer)

The bill requires a pharmacist, or his or her employee, to inform customers of a less expensive generically equivalent prescription drug and if the customer's cost sharing obligation exceeds the retail price of the drug in the absence of prescription drug coverage.

Effective January 1, 2019, the bill requires pharmacy benefit managers (PBMs) to register with the Office of Insurance Regulation (OIR). The bill defines a PBM as a person or entity doing business in this state which contracts to administer prescription drug benefits on behalf of a health insurer or a health maintenance organization to residents of this state. The registration process requires a nonrefundable fee not to exceed \$500, submission of a copy of certain corporate documents, and a completed registration form. Registration and registration renewal certificates are valid for two years and are nontransferable. Registrants must report any change in the registration information within 60 days of the change to the OIR. Total fees may not exceed the cost of administering the program. The Financial Services Commission is authorized to adopt rules to implement these requirements.

The bill repeals s. 465.1862, F.S., relating to pharmacy benefit manager contracts under the Florida Pharmacy Act and moves these provisions to the insurance code under the jurisdiction of the OIR. The bill also defines maximum allowable costs (MAC) and requires contracts between health insurers or health maintenance organizations (HMOs) and PBMs to require the PBM to:

- Update MAC pricing at least every seven calendar days;
- Maintain a process that will eliminate drugs from the MAC lists or modify drug prices in a timely manner to remain consistent with changes in pricing data; and
- Prohibit the PBM from limiting a pharmacist's ability to disclose whether the cost-sharing obligation exceeds the retail price for a covered prescription drug, and the availability of a more affordable alternative drug, pursuant to state law.

The contract between a health insurer or HMO and a PBM must also prohibit the PBM from requiring an insured to pay for a prescription drug at the point of sale in an amount that exceeds the lesser of:

- The applicable cost sharing amount; or
- The retail price of the drug in the absence of prescription drug coverage.

The changes to the contracts between the health insurer or HMO and the PBM are applicable to contracts entered into or renewed on or after July 1, 2018.

If approved by the Governor, these provisions take effect July 1, 2018.

Vote: Senate 37-0; House 115-0

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THE FLORIDA SENATE
2018 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 429 — Donation and Transfer of Human Tissue

by Health and Human Services Committee; Health Quality Subcommittee; and Rep. Pigman
(CS/SB 514 by Health Policy Committee and Senator Young)

The bill requires the Department of Health to develop and publish on its website an educational pamphlet on the risks and benefits of the transplantation of human cells, tissue, and cellular and tissue-based products. At a minimum, the pamphlet must include:

- An overview of the risk of infectious disease transmission;
- An overview of the standards for donor testing and screening;
- An overview of processing methods intended to reduce the risk of disease or bacterial transmission in donated human cells, tissue, or cellular or tissue-based products;
- The importance of providing limited recipient transplant information to the supplier of the human cells, tissue, or cellular or tissue-based products; and
- Information about the generosity of the donor who provided the human cells, tissue, or cellular or tissue-based products.

The department must electronically notify physicians when the pamphlet is available.

If approved by the Governor, these provisions take effect July 1, 2018.

Vote: Senate 36-0; House 114-0

THE FLORIDA SENATE
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Committee on Health Policy

CS/CS/SB 510 — Reporting of Adverse Incidents in Planned out-of-hospital Births

by Rules Committee; Health Policy Committee; and Senators Young and Mayfield

The bill requires, beginning July 1, 2018, physicians, certified advanced registered nurse midwives (ARNP-CNMs), and licensed midwives (LMs) to report to the Department of Health (department) adverse incidents occurring as a result of an attempted or completed, planned birthing center or out-of-hospital birth. The bill defines an adverse incident and requires the reporting of the adverse incident, along with a medical summary of the events, within 15 days after the occurrence of the adverse incident.

The bill defines the term “adverse incident” to mean an event:

- Over which a physician, ARNP-CNM, or LM could exercise control; and
- Which is associated with a planned out-of-hospital birth, whether completed or attempted, that results in:
 - o A maternal death that occurs during delivery or within 42 days after delivery;
 - o The transfer of a maternal patient to a hospital intensive care unit;
 - o A maternal patient who experiences hemorrhagic shock or who requires a transfusion of more than 4 units of blood or blood products;
 - o A fetal or newborn death, including a stillbirth, associated with an obstetrical delivery;
 - o A transfer of a newborn to a neonatal intensive care unit due to a traumatic physical or neurological birth injury, including any degree of a brachial plexus injury;
 - o A transfer of a newborn to a neonatal intensive care unit within the first 72 hours after birth if the newborn remains in such unit for more than 72 hours; or
 - o Any other injury as determined by department rule.

The bill requires the department to review each incident report to determine whether the incident involves conduct by a practitioner which subjects the practitioner to disciplinary action by the appropriate board or, if there is no board, the department. The applicable board, or the department if no such board exists, is required to take disciplinary action, if appropriate. The department must adopt rules to implement the law and develop a form for the reporting of adverse incidents.

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

Vote: Senate 37-0; House 114-0

THE FLORIDA SENATE
2018 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

HB 513 — Distributing Pharmaceutical Drugs and Devices

by Rep. Rommel (CS/SB 1252 by Health Policy Committee and Senator Passidomo)

HB 513 exempts the third-party logistics providers of prescription drug manufacturers from the requirements of ch. 465, F.S., (related to pharmacy) to the extent the third-party logistics provider is engaged in the manufacture or distribution of certain dialysate, drugs, or devices necessary to perform home renal dialysis on patients with chronic kidney failure.

The bill also clarifies that the current law exemption applies to a prescription drug manufacturer to the extent the manufacturer is engaged in the manufacture or distribution of such dialysate, drugs, or devices and no longer requires that the manufacturer be solely engaged in such activity in order to qualify for the exemption.

If approved by the Governor, these provisions take effect July 1, 2018.

Vote: Senate 36-0; House 114-0

THE FLORIDA SENATE
2018 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 551 — Public Records/Health Care Facilities

by Health Innovation Subcommittee; Oversight, Transparency, and Administration Subcommittee; and Rep. Burton and others (CS/SB 906 by Health Policy Committee and Senator Young)

This bill expands the public record exemption for building plans, blue prints, schematic drawings, and diagrams for certain facilities to include health care facilities and provides that the public record exemption applies to building plans and the related documents held by an agency before, on, or after the effective date of this bill.

For purposes of the public record exemption, the term “health care facility” means a hospital, ambulatory surgical center, nursing home, hospice, or intermediate care facility for the developmentally disabled.

The bill provides that the public record exemption is subject to the Open Government Sunset Review Act and will stand repealed on October 2, 2023, unless saved from repeal through reenactment by the Legislature.

This bill provides a public necessity statement to justify the exemption as required by the Florida Constitution, which states the building plans could be used by criminals or terrorists to examine the physical plant for vulnerabilities. In addition, information contained in the documents could aid in the planning, training, and execution of criminal actions including infant abduction, cyber-crime, arson, and terrorism.

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

Vote: Senate 36-0; House 110-0

THE FLORIDA SENATE
2018 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/SB 622 — Health Care Facility Regulation

by Rules Committee; Appropriations Committee; and Senators Grimsley, Bean, and Campbell

The bill amends numerous provisions related to the regulation of health care facilities by the Agency for Health Care Administration (AHCA or agency). The bill's substantive provisions include:

- Specifying that any facility owned or operated by a public health trust and located within the boundaries of a municipality is under the exclusive jurisdiction of the county creating the public health trust and not within the municipality's jurisdiction. (*Section 2*).
- Allowing a cancer center to participate in Tier 3 of the Florida Consortium of National Cancer Institute Centers Program for six years, rather than five years. (*Section 10*).
- Requiring that any birthing center that performs laboratory tests on its patients must be federally certified by the federal Centers for Medicare & Medicaid Services (CMS) (*Section 17*), and repealing s. 383.335, F.S., which provides obsolete exemptions (*Section 18*).
- Repealing obsolete provisions related to mobile surgical facilities and rural hospitals. (*Sections 23, 24, 25, 28, 29, 38, 41, 61, and 124*).
- Allowing hospitals to perform "alternate-site testing" defined as any laboratory testing done under the administrative control of a hospital, but performed out of the physical or administrative confines of the hospital's central laboratory. (*Section 27*).
- Eliminating the requirement that health care facility risk managers be licensed by the state. Risk managers are still required and must still demonstrate competence in specified areas, but competence will be determined by each health care facility individually. (*Sections 30, 33, 34, 35, 37, 94, and 117*).
- Repealing redundant complaint investigation procedures related to the Emergency Medical Treatment and Labor Act. (*Section 31*).
- Requiring the AHCA to adopt rules to ensure that all hospitals providing organ transplantation, neonatal intensive care services, inpatient psychiatric services, inpatient substance abuse services, or comprehensive medical rehabilitation meet the minimum licensure requirements adopted by the agency. (*Section 32*).
- Amending the pediatric cardiovascular technical advisory panel to add nonvoting members and to require additional reports. The bill also requires hospitals providing pediatric cardiology services to abide by certain guidelines. (*Section 32*).
- Requiring the AHCA to contract with the Society of Thoracic Surgeons and the American college of Cardiology to obtain certain data for publication on the AHCA's website in a manner that will allow consumers to be informed of the aggregate data and to compare pediatric cardiac programs. (*Section 63*).
- Expanding an exemption for certain hospital assessments to hospitals operated by the Department of Children and Families. (*Sections 42 and 66*).
- Preventing nursing homes from accepting clinical laboratory tests in lieu of routine examinations and requiring the AHCA to post certain nursing home survey information in its nursing home guide. (*Section 44 and 45*).

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- Revising provisions related to home health agencies (HHA) to:
 - o Require that any license issued for a home health agency on or after July 1, 2018, must specify the services that the home health agency is authorized to perform and eliminate a grace period for ceasing unlicensed HHA activity. (*Section 46*).
 - o Require application for a change of ownership or for the addition of skilled services. (*Section 47*).
 - o Clarify that a licensed HHA must provide the services specified in the written agreement with the patient except in emergency situations that are beyond the provider's control that make it impossible to provide the services. (*Sections 47 and 48*).
 - o Require a home health agency that provides skilled nursing care to have a director of nursing. (*Section 49*).
 - o Tying HHA violations to the general licensing provisions for health care facilities in part II of ch. 408, F.S. (*Section 50*).
- Revising provisions related to nurse registries to:
 - o Eliminate a 10-day grace period for the cessation of unlicensed activity after receiving notification of such from the AHCA.
 - o Remove the prohibitions on a nurse registry providing remuneration to a case manager, discharge planner, facility based staff member, third party vendor, physician, member of the physician's office staff, or an immediate family member of a physician for referrals.
 - o Clarify that a nurse registry may not monitor, supervise, manage or train a caregiver or a registered nurse, licensed practical nurse, certified nursing assistant, companion or homemaker, or home health aide referred for contract under ch. 400, F.S.
 - o Restrict nurse registries from monitoring, supervising, managing, or training a caregiver and specify that a caregiver referred by a nurse registry is not considered an employee of the nurse registry under any chapter. (*Section 52*).
- Eliminating a duplicative requirement that applicants for hospice licensure that are existing health care providers submit a profit-loss statement and the most recent licensure inspection report. (*Section 53*).
- Requiring home medical equipment providers to provide certain notifications to the AHCA within timeframes under the general licensing provisions. (*Section 55*).
- Making a certificate of exemption from licensure as a health care clinic valid for up to two years, instead of indefinitely. (*Section 59*).
- Eliminating obsolete provisions related to obtaining a certificate of need for adult cardiovascular services and exempting certain hospitals from patient volume requirements necessary to be licensed to provide Level I adult cardiovascular services. (*Sections 61 and 62*).
- Repealing the subscriber assistance program. (*Section 67*).
- Revising certain general licensure provisions for all health care facilities. (*Sections 69-73*).
- Revising certain provisions related to background screening. (*Sections 76 and 89*).
- Revising provisions related to Assisted Living Facilities (ALF) to:
 - o Exempt certain facilities from licensure as an ALF. (*Section 80*).

- o Create a 3rd degree felony for renting or maintaining a building or property that operated or maintains an unlicensed ALF. (*Section 81*).
- o Prohibit an ALF from operating for more than 120 consecutive days without an administrator who has completed the core educational requirements. (*Section 82*).
- o Specify that new services added to a resident's contract for which the resident was not previously charged do not require a 30-day written notice of rate increase. (*Section 84*).
- o Clarify and revise certain resident bill of rights provisions. (*Sections 85 and 87*).
- o Conform the requirement that ALFs provide copies of medical records to the provisions requiring nursing homes to provide such records. (*Section 86*).
- o Specify that an ALF administrator must complete staff training, including passing the competency test, within 90 days of the date of employment. (*Section 88*).
- Repealing state licensure of clinical laboratories in favor of deferring to federal requirements. (*Sections 91, 97, and 99 with numerous other conforming changes made throughout the bill*).
- Eliminating statewide and district Managed Care Ombudsman Committees. (*Sections 118-123*).

If approved by the Governor, these provisions take effect July 1, 2018.

Vote: Senate 36-0; House 112-0

THE FLORIDA SENATE
2018 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 675 — Pharmacies

by Health and Human Services Committee and Rep. Brodeur (CS/SB 1128 by Health Policy Committee and Senator Stargel)

The bill establishes a Class III institutional pharmacy permit. A Class III institutional pharmacy may dispense, distribute, compound, fill prescriptions, and prepare prepackaged drug products, for an affiliated hospital and entities under common control that hold permits issued under the Florida Pharmacy Act or the Florida Drug and Cosmetic Act. A Class III institutional pharmacy is exempt from permitting under the Florida Drug and Cosmetic Act.

The bill exempts from the definition of wholesale distribution under the Florida Drug and Cosmetic Act:

- A hospital arranging for a prescription drug wholesale distributor to distribute prescription drugs that were purchased by the hospital under s. 340B of the Public Health Services Act directly to a contract pharmacy; and
- The dispensing or distribution of a medicinal (prescription) drug by a Class III institutional pharmacy.

The bill expands the pharmacists eligible for two seats on the Board of Pharmacy to include pharmacists engaged in the practice of pharmacy in a Class III institutional pharmacy.

If approved by the Governor, these provisions take effect July 1, 2018.

Vote: Senate 38-0; House 113-0

THE FLORIDA SENATE
2018 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 735 — Mammography

by Health and Human Services Committee; Health Innovation Subcommittee; and Rep. Harrell and others (CS/CS/SB 164 by Rules Committee; Health Policy Committee; and Senator Grimsley)

The bill codifies federal definitions of facility and mammography and requires that each facility that performs mammography must send a summary of a patient's mammography report to each patient.

If a facility determines that a patient has dense breasts, the facility has the additional requirement to include a specific notice to the patient that the mammogram shows that the patient's breast tissue is dense, which makes it more difficult to detect some abnormalities in the breast, and dense breasts may also be associated with an increased risk of breast cancer. This information is provided to raise the patient's awareness. The notice also advises the patient that additional screenings may not be covered by the patient's insurance.

The bill provides that no additional duty, standard of care, or other legal obligation is created beyond the duty to provide the notice under this act.

This act is repealed June 30, 2023.

If approved by the Governor, these provisions take effect July 1, 2018.

Vote: Senate 37-0; House 114-0

THE FLORIDA SENATE
2018 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 937 — Perinatal Mental Health

by Health Care Appropriations Subcommittee; Health Innovation Subcommittee; and Rep. Nunez and others (CS/SB 138 by Appropriations Committee; and Senators Book, Hutson, Perry, and Young)

The bill creates the Florida Families First Act, which requires the Department of Health (department), by January 1, 2019, to provide perinatal mental health information through its toll-free hot line, the Family Health Line. The bill requires the hotline to provide basic information on postpartum depression, and may:

- Recommend that a caller be further evaluated by a qualified health care provider; and
- Refer a caller to an appropriate health care provider in the caller's local area.

The bill expands the components of a birth center's postpartum evaluation and follow-up care, to include:

- A mental health screening;
- Information on postpartum depression; and
- The telephone number of the Family Health Line.

The bill appropriates \$104,320 recurring General Revenue funds and \$21,600 nonrecurring General Revenue funds to the department to implement the provisions in the bill.

If approved by the Governor, these provisions take effect July 1, 2018.

Vote: Senate 36-0; House 113-0

THE FLORIDA SENATE
2018 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

HB 1009 — Closing the Gap Grant Program

by Rep. Brown and others (SB 1184 by Senator Gibson)

The bill expands the current list of nine priority health areas that are eligible for funding under the “Closing the Gap” grant program to include lupus.

Lupus is a chronic, autoimmune disease that triggers inflammation in bodily tissues. The body’s immune system attacks its own tissues and organs and the resulting inflammation can impact a person’s joints, skin, kidneys, blood cells, brain, heart, and lungs. Symptoms of lupus include fatigue, fever, stiff, swollen and painful joints, skin lesions, rash, chest pain, headaches, and memory loss. Certain ethnic groups have a greater chance of developing lupus than others. Lupus affects one in 537 young African American women and African American women are more likely to have organ involvement, develop lupus at a younger age, have more serious complications, and have a higher mortality rate due to lupus.

The “Closing the Gap” program provides state grants for activities designed to reduce racial and ethnic health disparities in the designated priority areas. Grants are provided to community and neighborhood-based projects to improve the health outcomes of racial and ethnic populations within Florida counties. The program is administered by the Florida Department of Health.

If approved by the Governor, these provisions take effect July 1, 2018.

Vote: Senate 37-0; House 112-0

THE FLORIDA SENATE
2018 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 1055 — Public Records/Addiction Treatment Facility Personnel

by Oversight, Transparency and Administration Subcommittee; and Rep. DuBose and others
(CS/SB 1364 by Health Policy Committee and Senator Rader)

The bill exempts from public record requirements personal identifying information about certain persons who work in addiction treatment facilities and their families. It exempts home addresses, telephone numbers, dates of birth, and photographs of current or former directors, managers, supervisors, nurses, and clinical employees of addiction treatment facilities. The bill also exempts from public record requirements the home addresses, telephone numbers, photographs, dates of birth, and places of employment of the spouses and children of the above persons. Additionally, the bill exempts from public record requirements the names and locations of schools and day care facilities attended by the children of those persons.

The bill defines an addiction treatment facility as a county government, or agency thereof, which is licensed pursuant to s. 397.401, F.S., as a substance abuse service provider and provides substance abuse prevention, intervention, or clinical treatment.

The statement of public necessity, required by the Florida Constitution, provides that some clients of addiction treatment facilities may become disgruntled with the assistance provided or the recommendations or decisions of such personnel and may seek revenge against these personnel or family members. Accordingly, the harm that may result from the release of such identifying and location information outweighs the public benefit that may be derived from the disclosure of such information.

The bill also provides for repeal of the exemption on October 2, 2023, unless reviewed and saved from repeal through reenactment by the Legislature.

If approved by the Governor, these provisions take effect July 1, 2018.

Vote: Senate 36-0; House 105-9

THE FLORIDA SENATE
2018 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 1165 — Trauma Services

by Health and Human Services Committee; Health Quality Subcommittee; and Rep. Trumbull and others (CS/CS/CS/SB 1876 by Rules Committee; Appropriations Committee; Health Policy Committee; and Senator Young)

The bill redesigns the state's trauma system. The bill reduces the number of Trauma Service Areas (TSA) from 19 to 18, by revising the composition of certain TSAs and limits the number of trauma centers in each TSA and the total number of trauma centers in the state to 35.

The bill revises the process for selecting and approving new trauma centers. If need is established, as determined by the Department of Health (DOH), the DOH will accept applications, which will be assessed in an initial review and approval process. A successful applicant may proceed with preparation to operate and must be ready to operate within one year. However, the applicant may not begin operating until the DOH approves the applicant through the initial and in-depth review stages. Within the next year, a team of out-of-state experts will assess the operations of the provisional trauma center for compliance with applicable trauma center standards. Based on the recommendation of the review team, the DOH must approve for designation a trauma center that is in compliance with trauma center standards.

The bill restricts the DOH from designating a Level II trauma center as a pediatric trauma center or Level I trauma center in a TSA that already has a Level I trauma center or pediatric trauma center and restricts who may bring a legal challenge to a DOH decision related to the trauma system to trauma center applicants and existing trauma centers in the same TSA or a contiguous TSA.

The bill provides a process for approving trauma centers in excess of the individual statutory cap in each TSA and the statewide cap based upon current population, trauma caseload, and expected population growth in the TSA. The DOH is required to analyze the trauma system every three years beginning August 31, 2020, to determine if additional trauma centers are needed.

The bill grandfathers into the new system all currently verified and certain provisionally approved trauma centers.

The bill eliminates the state's trauma registry under the DOH and requires trauma centers to participate in the National Trauma Data Bank. Trauma centers and acute care hospitals must continue to report all transfers and outcomes of trauma patients to the DOH. The bill requires hospital discharge data reported to the Agency for Health Care Administration to be used instead of trauma registry data, when required by statute.

The bill creates a 12-member Florida Trauma System Advisory Council (FTSAC), with all members appointed by the Governor. The council must hold its first meeting by June 1, 2018, and is authorized to submit recommendations to the DOH on how to maximize existing resources

to achieve an inclusive trauma system. Members must serve without compensation or reimbursement for per diem or travel expenses.

The bill also requires the FTSAC to study and evaluate the laws, rules, regulations, standards, and guidelines for the designation of pediatric trauma centers in this state, as compared to the requirements, rules, regulations, standards, and guidelines for verification of pediatric trauma centers by a national trauma center accreditation body that certifies compliance with published standards for the administration of trauma care and the treatment of injured patients. The bill specifies areas that the study must consider and requires the FTSAC to report its findings and recommendations to the Governor and the Legislature by December 31, 2018. The section establishing the study expires on January 31, 2019.

The bill contains a non-severability clause that if the provisions related to the grandfathering of certain trauma centers is determined to be invalid, then the remaining provisions of the act are deemed to be void.

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

Vote: Senate 34-0; House 110-0

THE FLORIDA SENATE
2018 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 1337 — Nursing

by Health and Human Services Committee; Health Quality Subcommittee; and Rep. Pigman (CS/SB 1594 by Health Policy Committee; and Senators Brandes and Campbell)

The bill changes the title of “advanced registered nurse practitioner” (ARNP) to “advanced practice registered nurse” (APRN) throughout the Florida Statutes. Instead of being certified to practice in this state as currently required for ARNPs, the bill requires APRNs to be licensed.

The bill repeals the clinical nurse specialist (CNS) certification as a separate license and incorporates the CNS specialty certification into APRN licensure. All authorizations granted to, and requirements of, APRNs will be applicable to a CNS, including but not limited to, the authority to prescribe controlled substances under certain conditions and to maintain medical malpractice insurance.

One of the requirements for licensure and licensure renewal is certification by an appropriate specialty board. The bill identifies the acceptable categories of certifications to include certified nurse midwife (CNM), certified nurse practitioner (CNP), certified registered nurse anesthetist (CRNA), CNS, or psychiatric nurse. The bill authorizes the Board of Nursing (board), by rule, to provide for provisional state licensure of all five categories of specialization to allow for passing the national certification examination. The bill specifies practice parameters for each category of APRN.

The bill adds a new requirement for the initial licensure of a CNM or CNS as an APRN. Proof of graduation from a master’s degree program is required if the applicant graduated on or after October 1, 1998, and is seeking licensure as a CNM or if the applicant graduated on or after July 1, 2007, and is seeking licensure as a CNS.

The bill requires the Department of Health and the board to establish a transition plan for converting a certificate holder in good standing to a licensee. The bill authorizes an ARNP or a CNS holding a certificate to practice that is in good standing on September 30, 2018, to continue practicing with all rights, authorizations, and responsibilities under the bill for licensure as an APRN and to use the new title after September 30, 2018, (the effective date of the act) while the transition is completed. Applicable departmental or board disciplinary authority or enforcement responsibilities for ensuring safe nursing practice are preserved. This subsection of law relating to the transition expires on October 1, 2020.

If approved by the Governor, these provisions take effect October 1, 2018.

Vote: Senate 37-0; House 114-0

THE FLORIDA SENATE
2018 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

HB 6049 — Medical Marijuana Growers

by Reps. Jones, Newton, and others (CS/CS/CS/SB 1134 by Rules Committee; Appropriations Committee; Health Policy Committee; and Senators Rouson, Bradley, and Young)

Under s. 381.986, F.S., preexisting law requires one medical marijuana treatment center license to be awarded to an applicant that is:

- A recognized class member of *Pigford v. Glickman*, 185 F.R.D. 82 (D.D.C. 1999) or *In Re Black Farmers Litig.*, 856 F. Supp. 2d 1 (D.D.C. 2011) and;
- A member of the Black Farmers and Agriculturalists Association, Florida Chapter.

HB 6049 repeals the requirement that the applicant be a member of the Black Farmers and Agriculturalists Association, Florida Chapter. The bill also requires that such an applicant be a registered Florida business for five consecutive years prior to applying and repeals an obsolete date.

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

Vote: Senate 34-1; House 113-1

THE FLORIDA SENATE
2018 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

HB 7059 — Optometry

by Health and Human Services Committee and Rep. Cummings (CS/CS/SB 520 by Rules Committee; Health Policy Committee; and Senators Young and Campbell)

The bill authorizes the Department of Health to accept proof of a passing score on a licensure examination within three years before or after the submission of an application for an optometrist license. This process applies to a new licensee in the practice of optometry as well as to a person who is licensed to practice optometry in another state who seeks licensure in Florida.

The bill eliminates the requirement in current law that any person seeking an optometry license in Florida must file an application for licensure and subsequently take and successfully pass the licensure exam.

The bill requires the Board of Optometry to approve the licensure examination and clarifies that the board may, by rule, offer a practical examination in addition to a written examination. The bill also makes a conforming change to optometric faculty certificate requirements.

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

Vote: Senate 34-0; House 110-0