

THE FLORIDA SENATE
2019 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 19 — Prescription Drug Importation Programs

by Health and Human Services Committee and Rep. Leek and others (CS/CS/SB 1528 by Appropriations Committee; Health Policy Committee; and Senators Bean and Gruters)

The bill establishes two programs to import prescription drugs approved by the federal Food and Drug Administration (FDA) into the state, contingent on federal approval:

- The Canadian Prescription Drug Importation Program (CPDI Program) established by the Agency for Health Care Administration (AHCA) and the International Prescription Drug Importation Program (IPDI Program) established by the Department of Business and Professional Regulation (DBPR) in collaboration with the Department of Health (DOH).
- The CPDI Program focuses on providing savings and options for specific public programs identified in the bill:
 - o Recipients in the Medicaid program;
 - o Clients of free clinics and county health departments;
 - o Inmates in the custody of the Department of Corrections;
 - o Clients treated in developmental disability centers; and
 - o Patients treated in certain state mental health facilities.
- The bill establishes eligibility criteria for the types of prescription drugs which may be imported and the requirements for entities that may export or import prescription drugs. The eligibility criteria cover:
 - o Importation process;
 - o Safety standards;
 - o Testing requirements;
 - o Drug distribution requirements; and
 - o Penalties for violations of program requirements.
- Both programs must also adhere to federal product tracing requirements known as *track and trace* as described in Title II of the Drug Quality and Security Act, Drug Supply Chain Security Act, 21 U.S.C. 351 et seq. The bill includes a testing process with random sampling and batch testing of drugs as they enter the state under either program.
- Bond requirements and other financial responsibility requirements provisions were added for the following program contractors with their program noted:
 - o Vendors (CPDI Program);
 - o Pharmacy permittees (IPDI Program);
 - o Wholesale distributor permittees (IPDI);
 - o Nonresident prescription drug manufacturer licensees or permittees (IPDI); and
 - o International prescription drug wholesale distribution permittees (IPDI).

The fees for the new licenses and permits that are created under this bill are handled in a separate fee bill as required by the State Constitution. The specific financial requirements for each of these licenses or permits will be set by rule by the AHCA and DBPR.

- Both programs have an immediate suspension provision allowing either the AHCA or the DBPR to immediately suspend the importation of a specific drug or the importation of

drugs by a specific importer if either a specific drug or a specific importer is in violation of any provision of the bill or any federal or state law or regulation. The suspension may be lifted if, after conducting an investigation, the AHCA or DBPR determines that the public is adequately protected from counterfeit or unsafe drugs being imported into the state.

- The bill requires federal approval, followed by state legislative review of an implementation and funding plan, before either program can begin. The IPDI Program requires specific federal approval as there is not any current federal legislation authorizing such a program.
- CS/HB 19 is linked to HB 7073, which authorizes DBPR and DOH to charge fees relating to new permits created in this bill for the IPDI Program.

If approved by the Governor, these provisions take effect July 1, 2019.

Vote: Senate 27-13; House 93-20

THE FLORIDA SENATE
2019 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 21 — Hospital Licensure

by Health Market Subcommittee and Rep. Fitzenhagen (CS/CS/SB 1712 by Appropriations Committee; Health Policy Committee; and Senator Harrell)

The bill amends various provisions of law related to the requirement that a hospital must obtain a certificate of need (CON) as a prerequisite to licensure.

Effective July 1, 2019, the bill:

- Eliminates the requirement to obtain a CON prior to establishing a general acute care or long-term acute care hospital; and
- Eliminates the requirement that a hospital must obtain a CON prior to offering a new tertiary service.
- o Tertiary services include: pediatric cardiac catheterization; pediatric open-heart surgery; organ transplantation; neonatal intensive care units; comprehensive rehabilitation; medical or surgical services which are experimental or developmental in nature to the extent that the provision of such services is not yet contemplated within the commonly accepted course of diagnosis or treatment for the condition addressed by a given service; heart, kidney, liver, bone marrow, lung transplantation, pancreas and islet cells, and heart/lung transplantation; adult open heart surgery; and neonatal and pediatric cardiac and vascular surgery.
- o The bill specifies that the Agency for Health Care Administration (AHCA) may continue to use the CON rules for the regulation of a tertiary service until such time as the AHCA adopts licensure rules for such services.
- o The bill also requires the Legislature's Office of Program Policy Analysis and Government Accountability to study federal requirements and other state requirements for tertiary services and report to the Legislature by November 1, 2019. The report must include best practices for licensure requirements for tertiary services, including volume requirements.

Effective July 1, 2021, the bill eliminates the requirement to obtain a CON prior to establishing a new class II, III, or IV hospital.

- Class II hospitals include children's and women's hospitals;
- Class III hospitals include specialty medical, rehabilitation, and psychiatric, and substance abuse hospitals; and
- Class IV hospitals are specialty hospitals restricted to offering Intensive Residential Treatment Facility Services for Children.

If approved by the Governor, the bill's provisions take effect July 1, 2019, except as otherwise provided.

Vote: Senate 23-17; House 81-34

THE FLORIDA SENATE
2019 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 23 — Telehealth

by Health and Human Services Committee; Ways and Means Committee; and Rep. Yarborough and others (CS/SB 1526 by Appropriations Committee and Senator Harrell)

The bill establishes a regulatory framework for telehealth under a new section of law, s. 456.47, F.S., including the following components:

- Establishing standards of practice for telehealth providers;
- Creating a registration process and requirements for out-of-state telehealth providers;
- Authorizing the prescribing of controlled substances in certain situations by telehealth;
- Providing record-keeping requirements for providers;
- Requiring the Department of Health (DOH) to create and maintain an informational website of out-of-state registered telehealth providers;
- Authorizing a disciplinary process for registered out-of-state telehealth providers;
- Establishing venue requirements for a civil or administrative action initiated by DOH, the appropriate health practitioner regulatory board, or a patient who receives telehealth services from an out-of-state telehealth provider;
- Providing rulemaking authority to administer these new requirements; and
- Creating insurance and health maintenance organization (HMO) contracting requirements relating to the voluntary acceptance of payment rates for telehealth services to ensure that telehealth providers are aware of the reimbursement provisions through initialing any specific telehealth payment terms, if different from in-person services, effective January 1, 2020.

The bill defines telehealth as the use of synchronous or asynchronous telecommunication technology to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of a medical data; patient and professional health-related education; public health services; and health administration. The definition does not include audio-only telephone call, e-mail messages, or facsimile transmissions.

The DOH is required to publish specific information about all out-of-state registrants via a public website. The required information includes the following information for each registrant:

- Name;
- Health care occupation;
- Completed health care training and education, including completion dates and any dates and certificates or degrees obtained;
- Out-of-state health care license with the license number;
- Florida telehealth provider registration number;
- Specialty;
- Board certification;
- Five-year disciplinary history, including sanctions and board actions;

- Medical malpractice insurance provider and policy limits, including whether the policy covers claims that arise in this state; and
- Name and address of the provider's registered agent designated for service of process in this state.

The definition of a telehealth provider includes any individual who provides health care and related services using telehealth and who is licensed or certified under one of 27 professions or occupations or is a member of a multi-state health care licensure compact of which Florida is a member state.

Disciplinary action against an out-of-state telehealth registrant will be taken by the appropriate board, or the DOH if there is no board. Action may be taken if the registrant:

- Fails to notify the appropriate entity of any adverse actions taken against his or her license;
- Has restrictions placed on or disciplinary action taken against his or her license in any state or jurisdiction;
- Violates any of the requirements of the telehealth provider statutory provisions; or
- Commits any act that constitutes grounds for disciplinary action under s. 456.072(1), F.S., the general provisions for discipline with penalties and enforcement.

The bill creates mechanisms for discipline of a telehealth provider registrant which may include a suspension or revocation of his or her registration or issuance of a reprimand or letter of concern. A corrective action plan could also be issued with a suspension which could require successful completion before reinstatement based on the rules that may be adopted by the respective board or the DOH. Florida-licensed providers who deliver medical services through telehealth are still subject to the review and discipline of their respective professional or occupational boards or the DOH through their Florida license.

The bill also directs the DOH to conduct an annual review of registration fees collected under the bill and determine the sufficiency of the fees for DOH and the boards to implement s. 456.47, F.S. A separate fee bill, HB 7067, imposes an initial out-of-state telehealth provider registration fee of \$150 and a biennial renewal fee of \$150.

For state fiscal year 2019-2020, \$261,389 in recurring funds and \$15,000 in non-recurring funds are appropriated from the Medical Quality Assurance Trust Fund and four full-time equivalent positions with an associated salary rate of \$145,870, are authorized for the implementation of the bill.

If approved by the Governor, these provisions take effect July 1, 2019, except as otherwise provided.

Vote: Senate 30-9; House 113-0

THE FLORIDA SENATE
2019 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/CS/SB 182 — Medical Use of Marijuana

by Rules Committee; Innovation, Industry, and Technology Committee; Health Policy Committee; and Senators Brandes and Stewart

The bill (Chapter 2019-1, L.O.F.) amends various sections of the Florida Statutes related to the medical use of marijuana.

The bill:

- Removes language from the definition of “medical use” of marijuana (cannabis) indicating that medical use does not include the possession, use, or administration of marijuana in a form for smoking or the possession, use, or administration of marijuana flower except for flower in a sealed, tamper-proof receptacle for vaping. This eliminates the prohibition against the smoking of medical marijuana.
- Specifies that low-THC cannabis may not be smoked in public and prohibits the medical use of marijuana by smoking in an “enclosed indoor workplace,” as defined in the Florida Clean Indoor Air Act.
- Permits a qualified patient and his or her caregiver to purchase and possess delivery devices for the medical use of marijuana by smoking from a vendor that is not a medical marijuana treatment center (MMTC).
- Requires a physician who certifies a patient to use smokable marijuana to submit specified documentation to the Board of Medicine or the Board of Osteopathic Medicine, as applicable. Each board must review the documentation submitted and establish practice standards for the certification of smokable marijuana in rule by July 1, 2021.
- Prohibits the certification of marijuana for medical use by smoking to patients under the age of 18 unless such patient is diagnosed with a terminal condition.
 - o For terminal patients under the age of 18, the bill requires a qualified physician to certify that smoking is the most effective means of administering medical marijuana to the patient, and a second physician, who is a board-certified pediatrician, must concur with this determination.
 - o The certifying physician must also obtain written informed consent from the patient’s parent or legal guardian and must use a standardized consent form adopted in rule by the applicable board.
- Requires that the risks specifically associated with smoking marijuana must be included in the informed consent each patient must sign prior to being certified to receive medical marijuana.
- Specifies that a physician may not certify more than six 35-day supplies of marijuana in a form for smoking.
 - o A 35-day supply may not exceed 2.5 ounces, and a patient may not possess more than four total ounces at any one time. A physician may request the DOH to authorize an exception to the supply and possession limits.
- Provides an exception to the one-to-one caregiver-to-patient limit for patients that are participating in a research program established at a teaching nursing home. The bill also requires the Consortium for Medical Marijuana Clinical Outcomes Research to

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collaborate with teaching nursing homes and allows the consortium to award funds to a teaching nursing home for research on the medical use of marijuana to alleviate conditions related to chronic disease and aging.

- Restricts wrapping papers sold by an MMTC from being made from tobacco or hemp, specifies packaging and warning label requirements for medical marijuana intended for smoking, and also requires the DOH to establish requirements for marijuana delivery devices sold from an MMTC.
- Provides that s. 381.986, F.S., does not impair the ability of a private party to restrict or limit smoking or vaping on his or her private property and does not prohibit the medical use of marijuana in a nursing home, hospice, or assisted living facility if the facility's policies do not prohibit the medical use of marijuana.
- Renames the "Coalition for Medical Marijuana Research and Education" as the "Consortium for Medical Marijuana Clinical Outcomes Research." The Consortium is to be housed in a state university designated by the consortium's board of governors and must annually adopt a plan for medical marijuana research. The plan must organize a program of research that:
 - o Contributes to the body of scientific knowledge on the effects of the medical use of marijuana, and
 - o Informs both policy and medical practice related to the treatment of debilitating medical conditions with marijuana.
- Provides the following appropriations:
 - o \$1.5 million in recurring general revenue to fund the Consortium for Medical Marijuana Clinical Outcomes Research.
 - o \$391,333 in nonrecurring funds from the Grants and Donations Trust Fund for FY 18-19 and \$705,331 in recurring funds from the Grants and Donations Trust Fund to the DOH for implementing the provisions of the bill.

These provisions were approved by the Governor and take effect March 18, 2019.

Vote: Senate 34-4; House 101-11

THE FLORIDA SENATE
2019 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 213 — Immunization Registry

by Health and Human Services Committee and Rep. Massullo and others (CS/SB 354 by Education Committee and Senator Montford)

The bill amends s. 381.003, F.S., relating to programs for the prevention and control of vaccine-preventable diseases within the Department of Health (DOH), including programs to immunize school children and the development of an automated, electronic, and centralized database and registry of immunizations.

Regarding statutory provisions allowing a child's parent or guardian to refuse to have his or her child included in the immunization registry, the bill provides that:

- For a child from birth through 17 years of age, a consent-to-treatment form must contain a notice that the parent or guardian may refuse to have the child included in the immunization registry;
- A parent or guardian wishing to opt-out of the registry must provide an opt-out form to the health care practitioner or the entity administering the vaccination upon administration of the vaccination, and such health care practitioner or entity must submit the form to the DOH;
- Such a parent or guardian may also submit the opt-out form directly to the DOH; and
- Any records or identifying information pertaining to the child must be removed from the registry if the child's parent or guardian has refused to have his or her child included in the immunization registry.

Regarding a college or university student aged 18 years of age to 23 years of age who obtains a vaccination from a college or university student health center or clinic, the bill provides that:

- A student may refuse to be included in the DOH immunization registry by signing a form obtained from the DOH, health center, or clinic indicating that the student does not wish to be included in the registry;
- A student wishing to opt-out must provide an opt-out form to the health center or clinic upon administration of the vaccination, and the health center or clinic must submit the form to the DOH;
- A student wishing to opt-out may also submit the opt-out form directly to the DOH; and
- Any records or identifying information pertaining to the student must be removed from the registry if the student has refused to be included in the registry.

The bill provides that a health care practitioner licensed under chs. 458 or 459, F.S. (a physician or physician assistant) or under ch. 464, F.S. (a nurse or related practitioner) who administers vaccinations or causes vaccinations to be administered to children from birth through 17 years of age, is required to report vaccination data to the DOH immunization registry, unless a parent or guardian of a child has refused to have the child included in the registry. Such a health care practitioner who administers vaccinations or causes vaccinations to be administered to college or university students from 18 years of age to 23 years of age at a college or university student

health center or clinic, is required to report vaccination data to the immunization registry, unless the student has refused to be included in the registry.

The bill provides that the DOH must make immunization records “electronically available” to entities that are required by law to have such records, as opposed to current law that requires DOH to “electronically transfer” the records. The bill provides that such entities include, but are not limited to, schools and licensed child care facilities, as opposed to current law specifying that such entities also include any other entity that is required by law to obtain proof of a child's immunizations.

The bill deletes language from current law providing authorization for such a practitioner who complies with rules adopted by the DOH to access the immunization registry and, through the immunization registry, to directly access immunization records and update a child's immunization history or exchange immunization information with another authorized practitioner, entity, or agency involved in a child's care.

The bill amends the DOH’s rulemaking authority to adopt rules to implement s. 381.003, F.S., by specifying that such rules must be adopted pursuant to ss. 120.536(1) and 120.54, F.S. The bill deletes from s. 381.003(2), F.S., specific authority for such rules to include the following:

- Procedures for investigating disease, timeframes for reporting disease, definitions, procedures for managing specific diseases, requirements for follow-up reports of known or suspected exposure to disease, and procedures for providing access to confidential information necessary for disease investigations; and
- For purposes of the immunization registry, procedures for a health care practitioner to obtain authorization to use the immunization registry, methods for a parent or guardian to elect not to participate in the immunization registry, and procedures for a health care practitioner described above to access and share electronic immunization records with other entities allowed by law to have access to the records.

The bill also amends s. 1003.22, F.S., relating to school-entry health examinations, immunization against communicable diseases, exemptions, and duties of the DOH.

The bill requires each district school board and the governing authority of each private school to establish and enforce a policy requiring that, prior to admittance to or attendance in a public or private school, grades kindergarten through 12, or any other initial entrance into a Florida public or private school, each child is required to have on file with the DOH immunization registry a certification of immunization for the prevention of those communicable diseases for which immunization is required by the DOH. The bill deletes the current-law allowance for such a child to “present to” or have such certification on file with his or her school.

However, the bill provides that any child who is excluded from participation in the immunization registry pursuant to s. 381.003, F.S., must present or have on file with his or her school such certification of immunization.

The bill also requires each district school board and the governing authority of each private school to establish and enforce a policy to require the screening of students for scoliosis at the appropriate age, as opposed to at “the proper age” as under current law.

If approved by the Governor, these provisions take effect January 1, 2021.

Vote: Senate 38-0; House 111-2

THE FLORIDA SENATE
2019 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/SB 366 — Infectious Disease Elimination Programs

by Appropriations Committee; Health Policy Committee; and Senators Braynon, Pizzo, Book, Stewart, and Rader

CS/CS/SB 366 creates the *Infectious Disease Elimination Act (IDEA)*.

The bill defines an “exchange program” as a sterile needle and syringe exchange program established under the IDEA. An exchange program must offer the free exchange of clean, unused needles and hypodermic syringes for used needles and hypodermic syringes as a means to prevent the transmission of HIV, AIDS, viral hepatitis, or other blood-borne diseases among intravenous drug users and their sexual partners and offspring.

The IDEA uses the current University of Miami pilot program as a model to authorize voluntary exchange programs statewide, provided such programs operate under the approval and authority of a county commission at one or more fixed locations or through a mobile unit in the applicable county. The bill provides that the overall goal of any exchange program established under the IDEA is the prevention of disease transmission.

Before a county commission can establish an exchange program, the county commission must:

- Authorize the program under a county ordinance;
- Execute a letter of agreement with the Department of Health (DOH) in which the county commission agrees to operate the program in accordance with the IDEA’s statutory requirements;
- Enlist the local county health department (CHD) to provide ongoing advice, consultation, and recommendations for program operations; and
- Contract with one of the following entities to operate the county program:
 - o A hospital licensed under chapter 395;
 - o A health care clinic licensed under part X of chapter 400;
 - o A medical school in Florida accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation;
 - o A licensed addictions receiving facility as defined in s. 397.311(26)(1), F.S., or
 - o A 501(c)(3) HIV/AIDS service organization.

The bill includes other programmatic requirements for a county’s exchange program:

- Development of an oversight and accountability system which meets the approval of the county commission, ensures compliance with statutory and contractual requirements, including measurable objectives and a tracking mechanism, application of consequences for noncompliance, and a requirement for routine reporting;
- Provision for maximum security at sites where needles and syringes are exchanged or equipment is used;
- A requirement that educational materials must be offered wherever needles and syringes are exchanged;

- Provision of on-site counseling and referrals for drug abuse prevention, education, and treatment;
- Provision of on-site HIV and viral hepatitis screening and referrals for such screening, or if not able to test and screen on-site, provide a referral where a test can occur within 72 hours in rural areas;
- Provision of emergency opioid antagonist kits or referral to a program that can provide such kits; and
- Collection of data as statutorily required for reporting to the CHD, county commission, and the state.

The bill also provides for immunity from civil liability for any law enforcement officer who arrests or charges a person in good faith who is thereafter determined to be immune from prosecution as provided under the IDEA.

The bill prohibits state, county, or municipal funds to be used to operate an exchange program. An exchange program may only be funded through grants and donations from private resources.

The original Miami-Dade needle and syringe pilot program established under chapter 2016-68, Laws of Florida, is authorized to continue to operate under that chapter until the Miami-Dade Board of County Commissioners establishes an IDEA-compliant exchange program, or until July 1, 2021, whichever occurs first.

A severability clause is included in the bill, providing that if any provision of the IDEA or its application to any person or circumstances is held invalid, the invalidity would not affect the other provisions or application of those other provisions of the IDEA which can be given effect without the invalid provision or application.

If approved by the Governor, these provisions take effect July 1, 2019.

Vote: Senate 40-0; House 111-3

THE FLORIDA SENATE
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Committee on Health Policy

CS/CS/HB 375 — Prescription Drug Monitoring Program

by Health and Human Services Committee; Health Quality Subcommittee; and Rep. Pigman and others (CS/SB 592 by Appropriations Committee and Senator Albritton)

The bill:

- Exempts prescribers and dispensers from the requirement to check the prescription drug monitoring program (PDMP) database if the patient to whom the drug is being prescribed or dispensed has been admitted to hospice;
- Defines the term “electronic health recordkeeping system”;
- Allows the Department of Health to enter into reciprocal contracts or agreements to share PDMP information with the United States Department of Veteran Affairs, the United States Department of Defense, or the Indian Health Service; and
- Makes other conforming changes.

If approved by the Governor, these provisions take effect July 1, 2019.

Vote: Senate 39-0; House 114-0

THE FLORIDA SENATE
2019 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 411 — Nonemergency Medical Transportation Services

by Health Market Reform Subcommittee and Rep. Perez (CS/CS/SB 302 by Rules Committee; Health Policy Committee; and Senator Brandes)

The bill amends s. 316.87, F.S., to authorize a transportation network company, subject to compliance with state and federal Medicaid requirements, to provide nonemergency medical transportation services to a Medicaid recipient via the following arrangements:

- Under contract with a Medicaid managed care plan,
- Under contract with a transportation broker that is under contract with a Medicaid managed care plan,
- Under contract with a transportation broker that is under contract with the Agency for Health Care Administration (AHCA), or
- By referral from a transportation broker contracting with Medicaid managed care plans or the AHCA.

The bill provides that transportation network company drivers and prospective drivers must undergo a Level I background screening pursuant to s. 435.03, F.S., or functionally equivalent procedures, as determined by the AHCA.

By October 1, 2019, the AHCA is directed to update any regulations, policies, and other guidance, including the Non-Emergency Transportation Services Coverage Policy handbook, as necessary, to reflect the bill's authorizations. Requirements for transportation network companies and their drivers under the bill may not exceed the requirements under s. 627.748, F.S., except as necessary to conform to applicable state and federal Medicaid transportation requirements administered by the AHCA.

The bill stipulates that its provisions may not be construed to:

- Expand or limit the existing transportation benefit provided to Medicaid recipients or to require a Medicaid managed care plan to contract with a transportation network company or a transportation broker.
- Exempt any person, firm, corporation, association, or governmental entity that engages in the business or service of basic life support or advanced life support transportation from licensure requirements provided in s. 401.25, F.S.

If approved by the Governor, these provisions take effect July 1, 2019.

Vote: Senate 40-0; House 114-0

THE FLORIDA SENATE
2019 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 451 — Nonopioid Alternatives

by Health and Human Services Committee; Health Quality Subcommittee; and Rep. Plakon and others (CS/SB 630 by Health Policy Committee and Senators Perry and Baxley)

The bill amends s. 456.44, F.S., to establish legislative findings that every competent adult has the right of self-determination regarding healthcare decisions, including the right to refuse treatment with a Schedule II opioid controlled substance.

The bill requires the Department of Health (DOH) to develop and publish on its website an educational pamphlet regarding the use of nonopioid alternatives for the treatment of pain. The pamphlet must include:

- Information on available nonopioid alternatives for the treatment of pain, including nonopioid medicinal drugs or drug products and nonpharmacological therapies; and
- The advantages and disadvantages of the use of nonopioid alternatives.

Additionally, the bill requires a health care practitioner, except a health care practitioner licensed under ch. 465, F.S., (the practice of pharmacy), prior to providing anesthesia or ordering, administering, dispensing or prescribing a Schedule II opioid drug to a patient in a nonemergency situation, to:

- Inform the patient of available nonopioid alternatives for the treatment of pain, which may include nonopioid medicinal drugs or drug products, interventional procedures or treatments, acupuncture, chiropractic treatments, massage therapy, physical therapy, occupational therapy, or any other appropriate therapy as determined by the health care practitioner;
- Discuss the advantages and disadvantages of the use of nonopioid alternatives, including whether the patient is at a high risk of, or has a history of, controlled substance abuse or misuse and the patient's personal preferences;
- Provide the patient with the educational pamphlet developed by the DOH; and
- Document the nonopioid alternatives considered in the patient's record.

If approved by the Governor, these provisions take effect July 1, 2019.

Vote: Senate 40-0; House 113-1

THE FLORIDA SENATE
2019 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 501 — Alternative Treatment Options for Veterans

by Health and Human Services Committee; Health Market Reform Subcommittee; Rep. Ponder and others (CS/CS/SB 1518 by Appropriations Committee; Health Policy Committee; and Senators Wright, Book, and Cruz)

The bill authorizes the Florida Department of Veterans' Affairs (FDVA) to contract with one state university or Florida College System institution to furnish "alternative treatment options" for veterans who have been certified by the U.S. Department of Veterans Affairs or any branch of the U.S. Armed Forces as having posttraumatic stress disorder or a traumatic brain injury. To be eligible, a veteran:

- Must have been diagnosed with service-connected posttraumatic stress disorder or a traumatic brain injury by a health care practitioner;
- Must voluntarily agree to such alternative treatment; and
- Must demonstrate having previously sought services for traumatic brain injury or posttraumatic stress disorder through the federal Veterans Affairs service delivery system or through private health insurance, if such coverage is available to the veteran.

The bill provides the following definitions:

- "Posttraumatic stress disorder" means a mental health disorder that is developed after having experienced or witnessed a life-threatening event, including, but not limited to, military sexual trauma.
- "Traumatic brain injury" means an acquired injury to the brain. The term does not include brain dysfunction caused by congenital or degenerative disorders or birth trauma.

Alternative treatment options that may be provided under the bill include:

- Accelerated resolution therapy;
- Equine therapy;
- Hyperbaric oxygen therapy, which must be provided at a registered hyperbaric oxygen facility;
- Music therapy; and
- Service animal training therapy.

The provision of the alternative treatment services must be under the direction and supervision of an individual licensed under Florida law as an allopathic or osteopathic physician, a physician assistant, a chiropractor, a certified nurse midwife, a certified nurse practitioner, a certified registered nurse anesthetist, a clinical nurse specialist, a psychiatric nurse, a licensed practical nurse, a registered nurse, a certified nursing assistant, a general advanced practice registered nurse, a psychologist, a clinical social worker, a marriage and family therapist, or a mental health counselor.

Supervising practitioners must agree to cooperate with FDVA to provide data sufficient to assess the efficacy of alternative treatment modalities.

The bill requires the FDVA to compile specified data into a report by January 1 of each year, beginning in 2020, for submission to the Governor, the President of the Senate, and the Speaker of the House of Representatives. The bill authorizes the FDVA to adopt rules for purpose of implementing the bill.

If approved by the Governor, these provisions take effect July 1, 2019.

Vote: Senate 40-0; House 114-0

THE FLORIDA SENATE
2019 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

HB 549 — Continuing Education for Dentists

by Rep. Sirois (SB 648 by Senators Mayfield, Perry, and Stewart)

The bill amends s. 466.0135, F.S., the dental practice act, to require that dentists complete two hours of dental continuing education on the safe and effective prescribing of controlled substances during every biennial license renewal period, as part of the 30 hours in general dental subjects currently required by law.

If approved by the Governor, these provisions take effect July 1, 2019.

Vote: Senate 36-0; House 113-0

THE FLORIDA SENATE
2019 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/SB 732 — Office Surgery

by Appropriations Committee; Health Policy Committee; and Senator Flores

The bill authorizes the Department of Health to register and regulate office surgeries. The bill creates ss. 458.328 and 459.0138, F.S., which both require an office in which a physician performs any of the following procedures to register with the department unless they are licensed under chs. 390 and 395, F.S.: a liposuction procedure in which more than 1,000 cc. of fat is removed; a Level II office surgery; or a Level III office surgery.

As a condition of registration, each office must demonstrate, and maintain, a level of financial responsibility that meets the same level of financial responsibility applicable to physicians under ss. 458.320 and 459.0085, F.S. Each physician practicing at a registered office must also meet the financial responsibility requirements of s. 458.320, F.S., or s. 459.0085, F.S.

The department must inspect a registered office annually to ensure compliance with these provisions, unless the office is accredited by a nationally-recognized accrediting agency approved by the Board of Medicine or the Board of Osteopathic Medicine, as applicable. The inspection of a registered office may be unannounced, unless the office is specifically exempted from unannounced inspections. The actual costs of registration and inspection must be paid by the person seeking to register the office. The Board of Medicine and the Board of Osteopathic Medicine are authorized to adopt rules to administer the registration, inspection, accreditation and safety of office surgery centers and the standards of practice for physicians who perform office surgery.

Each registered office must designate a physician to be responsible for the office's compliance with the health and safety requirements under these sections. The designated physician must have a full, active, and unencumbered license and must practice at the office where he or she has assumed responsibility. Within 10 days after the termination of a designated physician, the office must notify the department of the designation of another physician to serve as the designated physician. The department may suspend the office registration if the office fails to comply with this requirement. Each physician practicing at a registered office must also advise his or her board within 10 days of beginning or ending his or her practice at a registered office.

The department may suspend or revoke the registration of an office for failure of any of its physicians, owners, or operators to comply with these provisions. If an office's registration is revoked, the department may deny any person named in the registration, including owners and operators of the office, from registering an office for five years after the revocation. The department may also impose any penalty set forth in s. 456.072(2), F.S., against the designated physician for failure of the office to operate in compliance with the health and safety requirements. The board must also impose a fine of \$5,000 per day on a physician who performs a procedure or surgery in an office that is not registered.

If approved by the Governor, these provisions take effect January 1, 2020.

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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Vote: Senate 37-0; House 114-0

THE FLORIDA SENATE
2019 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 831 — Electronic Prescribing

by Health and Human Services Committee and Rep. Mariano (CS/CS/SB 1192 by Appropriations Committee; Health Policy Committee; and Senators Bean, Baxley, and Rouson)

The bill amends s. 456.42, F.S., to require health care practitioners who maintain an electronic health records (EHR) system or who own, are employed by, or under contract with, a health care facility or practice that maintains such a system, to electronically transmit prescriptions for medicinal drugs upon renewal of the health care practitioner's license or by July 1, 2021, whichever is earlier.

The bill provides the following exceptions. The requirement does not apply if:

- The practitioner and the dispenser are the same entity;
- The prescription cannot be transmitted electronically under the most recently implemented version of the National Council for Prescription Drug Programs SCRIPT Standard;
- The practitioner has been issued a waiver by the DOH, not to exceed one year, due to a demonstrated economic hardship, technological limitations not reasonably within the practitioner's control, or other exceptional circumstances;
- The practitioner determines that it is impractical for a patient to obtain in a timely manner a drug electronically prescribed and the delay would adversely impact the patient's medical condition;
- The practitioner is prescribing a drug under a research protocol;
- The prescription is for a drug for which the federal Food and Drug Administration requires the prescription to contain elements that may not be included in electronic prescribing;
- The prescription is issued to an individual receiving hospice care or who is a resident of a nursing home facility; or
- The practitioner or patient determines that it is in the best interest of the patient to compare prescription drug prices among area pharmacies. In such instance, the determination must be documented in the patient's medical record.

Practitioners who do not have access, in their practice or employment, to an EHR system may continue to provide written prescriptions to their patients for medicinal drugs.

The bill makes numerous conforming amendments to related statutory provisions.

If approved by the Governor, these provisions take effect January 1, 2020.

Vote: Senate 39-0; House 104-8

THE FLORIDA SENATE
2019 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 843 — Health Care

by Health and Human Services Committee and Rep. Rodriguez, A.M. and others (CS/SB 7078
by Appropriations Committee and Health Policy Committee)

The bill provides the following revisions to health care and health insurance law:

Dental Services

The bill provides legislative intent regarding oral health and dental services. The bill:

- Re-creates the Dental Student Loan Repayment Program under s. 381.4019, F.S., for Florida-licensed dentists who practice in specific public health programs located in federally-designated dental health professional shortage areas or medically underserved areas.
- Creates the Donated Dental Services Program under s. 381.40195, F.S., to establish a network of voluntary dentists and other dental providers for the purpose of providing comprehensive dental services at no cost to eligible individuals.

Implementation of each of these programs by the Department of Health is subject to legislative appropriation.

Hospital Quality Report Cards

The bill amends s. 395.1012, F.S., to require hospitals to provide patients, or a patient's proxy, with written information and quality measures pertaining to quality of care for that hospital and the statewide average for those quality measures. Such information must be easily understandable and include an explanation of the relationship between patient safety and the hospital's data for quality measures.

Physician Access in a Hospital Setting

The bill creates s. 395.1052, F.S., to facilitate the involvement of a patient's primary care physician and specialists in a hospital setting:

- Hospitals must notify each patient's primary care provider within 24 hours after the patient is admitted and after discharge.
- Hospitals must also inform a patient that he or she may request the hospital's treating physician to consult with the patient's primary care doctor and/or specialist when developing the patient's plan of care. If such request is made, the treating physician is required to make reasonable efforts to do so.
- Hospitals must also provide the patient's discharge summary to the patient's primary care doctor within 14 days after the discharge summary is completed.

Ambulatory Surgical Centers

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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The bill amends s. 395.002, F.S., to allow a patient to stay in an ambulatory surgical center for up to 24 hours and deletes the current-law requirement that a patient be admitted and discharged on the same working day without staying overnight. The bill also amends s. 395.1055, F.S., to require the Agency for Health Care Administration (AHCA) to adopt rules to ensure the safe and effective delivery of care to children in ambulatory surgical centers.

Pediatric Cardiac Technical Advisory Panel

The bill amends s. 395.1055, F.S., to add three alternate at-large members to the existing Pediatric Cardiac Technical Advisory Panel established under AHCA. The bill also:

- Authorizes the AHCA Secretary to request announced or unannounced site visits to pediatric cardiac surgical centers for inspections by the panel and provides parameters for those inspections;
- Authorizes the AHCA Secretary to request recommendations from the panel for in-state physician experts to conduct on-site visits, and permits the Secretary to appoint up to two out-of-state physician experts for such visits;
- Authorizes the panel to present an advisory opinion and suggested actions for correction to the AHCA Secretary, as warranted;
- Authorizes AHCA to reimburse panel members for travel expenses; and
- Provides that panel members are agents of the state and are subject to sovereign immunity laws while conducting their duties in good faith.

Hospital Observation Status

The bill amends s. 395.301, F.S., to require that when a hospital places a patient on observation status instead of inpatient status, the hospital must immediately provide written notification to the patient. The bill requires the notice be given to Medicare patients through a Medicare form and to non-Medicare patients through a form adopted by AHCA rule.

Definition of Clinics

The bill amends s. 400.9905, F.S., to provide that the definition of “clinic” does not include providers certified by the federal Centers for Medicare & Medicaid services under the federal Clinical Laboratory Improvement Amendments and federal rules adopted thereunder.

Health Care Restrictive Covenants

Effective upon becoming law, the bill creates s. 542.336, F.S., to provide that certain restrictive covenants relating to health care practitioners are void and unenforceable until certain conditions are met.

Direct Health Care Agreements

The bill amends s. 624.27, F.S., relating to direct primary care agreements and expands the statute's effects to include any medical services provided by physicians, chiropractors, nurses, and dentists instead of solely primary care services.

Step-Therapy Protocols

Effective January 1, 2020, the bill creates s. 627.42393, F.S., to prohibit certain health insurance policies from requiring an insured to undergo a step-therapy protocol before approving a covered prescription drug if the patient has already been approved to receive the drug through the completion of a step-therapy protocol under previous health coverage in the past 90 days. The bill also creates an identical prohibition for certain health maintenance organization contracts by amending s. 641.31, F.S.

Office of Program Policy Analysis and Governmental Accountability (OPPAGA) Review

The bill directs OPPAGA to research and analyze the Interstate Medical Licensure Compact and the relevant provisions of Florida's general laws and Constitution and submit a report and recommendations to the Governor and the Legislature addressing Florida's prospective entrance into the Compact in a way that remains consistent with Florida's laws and Constitution. The report is due October 1, 2019.

If approved by the Governor, these provisions take effect July 1, 2019, except as otherwise provided.

Vote: Senate 39-0; House 115-0

THE FLORIDA SENATE
2019 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

HB 1045 — Closing the Gap Grant Proposals

by Rep. Brown and others (CS/SB 1436 by Appropriations Committee and Senator Gibson)

The bill amends s. 381.7355, F.S., to expand the priority areas eligible for a Closing the Gap grant award to include Alzheimer's disease and dementia.

The bill also amends s. 381.7354, F.S., to eliminate the requirement that up to 20 percent of any grants awarded under the program be set aside for projects related to Front Porch Florida

Communities. The bill also prohibits the Department of Health (DOH) from establishing a minimum or maximum award amount, requires the DOH to determine grant award amounts based on the merit of the application, and requires the DOH to award grants in various regions of the state.

Finally, the bill provides that, subject to the availability of state and federal funds in the DOH HIV/AIDS program, DOH must promote synergistic initiatives between the Closing the Gap grant program and the HIV/AIDS program to leverage the expertise of the Closing the Gap grant program. These initiatives may include the establishment of a supplemental grant program whereby persons, entities, or organizations eligible for a Closing the Gap grant may submit to DOH a grant proposal, pursuant to the application process for the Closing the Gap program, to promote innovative prevention, treatment, and awareness initiatives for minority populations in metropolitan areas which have a higher prevalence of HIV/AIDS for the purposes of reducing the incidence of the HIV infection in such communities and prioritizing the identification of individuals, in a manner consistent with the clinical guidelines of the federal Health Resources and Services Administration, who are not yet aware of their HIV status.

If approved by the Governor, these provisions take effect July 1, 2019

Vote: Senate 40-0; House 110-0

THE FLORIDA SENATE
2019 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 1253 — Prescription Drug Monitoring Program

by Health and Human Services Committee; Health Quality Subcommittee; and Rep. Mariano and others (CS/SB 1700 by Health Policy Committee and Senator Lee)

The bill amends ss. 893.055 and 893.0551, F.S., to:

- Define the term “electronic health recordkeeping system”;
- Require the Department of Health (DOH) to assign a unique identifying number for each patient for whom a record exists in the prescription drug monitoring program database (PDMP);
- Allow the DOH to provide to the Attorney General (AG) a patient’s unique identifying number, year of birth, county, city, and zip code if:
 - o The AG is pursuing an active investigation or pending civil or criminal litigation;
 - o A trial court has granted a motion or petition which specifically identifies the matter being pursued. The court must grant such a petition or motion when the information requested appears reasonably calculated to lead to the discovery of admissible evidence;
 - o The AG ensures that information obtained from the system is not used for any purpose other than the specific matter stated in the petition;
- Require that if the motion or petition is granted and the requested information is provided, the AG must maintain a log of each person with whom the information is shared to document chain of custody and must execute a confidentiality agreement or protective order agreement with each such person that requires that the person to return or destroy all information shared upon the final resolution of the matter for which it was requested and upon penalty of perjury;
- Allow the AG to introduce information released pursuant to the above provisions as evidence in civil, criminal, or administrative actions against a dispenser, manufacturer, or a pharmacy. The PDMP program manager and authorized persons who participate in preparing, reviewing, issuing, or other activity related to the management of the system may be called to testify for the purposed of authenticating the record introduced;
- Make other conforming changes; and
- Establish that the provisions in the bill are repealed on June 30, 2021, unless reviewed and saved from repeal by the Legislature.

If approved by the Governor, these provisions take effect July 1, 2019

Vote: Senate 39-0; House 111-0

THE FLORIDA SENATE
2019 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/SB 1460 — Stroke Centers

by Appropriations Committee; Health Policy Committee; and Senators Book and Powell

The bill revises the method by which a hospital may qualify as a stroke center that the Agency for Health Care Administration (AHCA) must list on its website and provide to the Department of Health (DOH). The bill also adds a new type of stroke center, the thrombectomy-capable stroke center (TSC), to the current types of stroke centers referenced in the Florida Statutes.

The bill requires a hospital to submit documentation verifying its certification as a stroke center, which may include offering and performing mechanical endovascular therapy consistent with standards identified by a nationally-recognized, guidelines-based organization approved by the AHCA. The bill prohibits a hospital from advertising that it is a state-listed stroke center unless the hospital has submitted the required verifying documentation to the AHCA. If a hospital chooses not to be certified, or has not attained certification, the hospital must notify the AHCA and the agency must immediately remove the hospital from the stroke center list.

The bill directs the DOH to include data from TSCs in its annual list of stroke centers to be provided to the medical directors of licensed emergency medical service providers and directs the medical directors to develop protocols which must consider the capability of an emergency receiving facility to improve outcomes for patients suspected of having an emergent large vessel occlusion.

If approved by the Governor, these provisions take effect July 1, 2019.

Vote: Senate 39-0; House 114-0

THE FLORIDA SENATE
2019 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

HB 7003 — OGSR/Alzheimer's Disease Research Grant Advisory Board

by Oversight, Transparency and Public Management Subcommittee and Rep. Pigman (SB 7002 by Health Policy Committee)

The bill amends s. 381.82(3)(d), F.S., to save from repeal the public records exemptions for information related to the Alzheimer's Disease Research Grant Advisory Board's (board) receipt and review of research grant applications. The documents received, and those generated by the board during the review process, except final recommendations, are designated as confidential and exempt but may be disclosed with the written consent of the person to whom the information pertains, or the person's legally authorized representative, or by court order upon a showing of good cause.

Section 381.82(3)(d), F.S., also exempts from the public meetings laws those portions of the board's meetings at which the grant applications are discussed.

The exemptions are subject to the Open Government Sunset Review Act and will stand repealed on October 2, 2019, unless reviewed and reenacted by the Legislature.

If approved by the Governor, these provisions take effect October 1, 2019.

Vote: Senate 40-0; House 110-0

THE FLORIDA SENATE
2019 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

HB 7009 — OGSR/Identification and Location Information/Department of Health

by Oversight, Transparency and Public Management Subcommittee and Rep. Good (SB 7004 by Health Policy Committee)

The bill amends s. 119.071(4)(d)2.o., F.S., a public records exemption for certain personal identification and location information of the Department of Health personnel, their spouses, and children. The exemption applies to records of personnel whose duties include, or result in, the determination or adjudication of eligibility for social security disability benefits, the investigation or prosecution of complaints against health care practitioners, or the inspection of health care practitioners or health care facilities.

The exemption is subject to the Open Government Sunset Review Act and will stand repealed on October 2, 2019, unless saved from repeal by the Legislature.

If approved by the Governor, these provisions take effect October 1, 2019.

Vote: Senate 40-0; House 108-0

THE FLORIDA SENATE
2019 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 7099 — Child Welfare

by Health and Human Services Committee; Children, Families and Seniors Subcommittee; and Rep. Stevenson and others (CS/CS/SB 1650 by Children, Families, and Elder Affairs Committee; Health Policy Committee; and Senator Albritton)

The bill makes a number of changes to Florida child welfare laws under ch. 39, F.S., and related statutes, primarily to ensure compliance with federal regulations for implementation of the federal Family First Prevention Services Act and to align with the federal Title IV-E and the Guardianship Assistance Program (GAP) requirements. Specifically, the bill:

- Provides that guardianship assistance benefits under the GAP will be terminated if the guardian is no longer providing support for the child.
- Clarifies provisions relating to the extended foster care program, including requiring a young adult participating in the program to provide specified documentation of eligibility.
- Amends provisions relating to judicial reviews for young adults who are leaving and re-entering extended foster care.
- Clarifies provisions relating to financial assistance and other benefits available to children and young adults.
- Amends requirements relating to the licensure of family foster homes, residential child-caring agencies, and child-placing agencies, to either meet federal requirements or to streamline requirements for Level I licensing for foster homes under s. 409.175, F.S.
- Reduces from three months to 60 days the period of time for a court review following a child's placement in a residential treatment program.
- Provides the Department of Children and Families (DCF) with rulemaking authority to administer the extended foster care and GAP programs.

The bill amends s. 39.402, F.S., to provide that, in the provision of psychotropic medications to a child in the custody of the DCF, a psychiatric nurse as defined under s. 394.455, F.S., may perform certain medical, psychiatric, and psychological examinations of and provide treatment to children in care, and may perform physical, mental, and substance abuse examinations of a person with or requesting child custody services.

The bill creates s. 402.57, F.S., to require the DCF to establish a direct-support organization to support the Florida Children and Youth Cabinet.

The bill amends ss. 39.201(2) and 39.303(4), F.S., to provide new requirements for reports of child abuse and neglect related to children who are being treated in medical facilities in the state.

If approved by the Governor, these provisions take effect July 1, 2019.

Vote: Senate 39-0; House 114-0