

Tab 1	SB 298 by Boyd ; (Identical to H 00267) Telehealth Practice Standards					
Tab 2	SB 112 by Harrell (CO-INTRODUCERS) Wright ; (Identical to H 00183) Step-therapy Protocols					
447408	A	S	RCS	HP, Harrell	Delete L.403:	02/20 05:14 PM
Tab 3	SB 218 by Harrell ; (Identical to H 00117) Genetic Counselors Using Telehealth					
Tab 4	SB 230 by Harrell ; (Similar to H 00583) Health Care Practitioner Titles and Abbreviations					
691062	D	S	RCS	HP, Harrell	Delete everything after	02/20 05:13 PM
Tab 5	SB 274 by Avila (CO-INTRODUCERS) Burgess, Osgood, Perry ; (Identical to H 00517) Nursing Education Pathway for Military Combat Medics					
Tab 6	SB 452 by Harrell ; (Similar to H 00391) Home Health Aides for Medically Fragile Children					

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

HEALTH POLICY
Senator Burton, Chair
Senator Brodeur, Vice Chair

MEETING DATE: Monday, February 20, 2023
TIME: 3:00—6:00 p.m.
PLACE: Toni Jennings Committee Room, 110 Senate Building

MEMBERS: Senator Burton, Chair; Senator Brodeur, Vice Chair; Senators Albritton, Avila, Book, Broxson, Burgess, Calatayud, Davis, Garcia, Harrell, and Osgood

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	SB 298 Boyd (Similar H 79, Identical H 267)	Telehealth Practice Standards; Revising the definition of the term “telehealth”, etc. HP 02/20/2023 Favorable BI RC	Favorable Yeas 11 Nays 0
2	SB 112 Harrell (Identical H 183)	Step-therapy Protocols; Defining the term “serious mental illness”; requiring the Agency for Health Care Administration to approve drug products for Medicaid recipients for the treatment of serious mental illness without step-therapy prior authorization under certain circumstances, etc. HP 02/20/2023 Fav/CS AHS FP	Fav/CS Yeas 11 Nays 0
3	SB 218 Harrell (Identical H 117)	Genetic Counselors Using Telehealth; Revising the definition of the term “telehealth provider” to include persons licensed as genetic counselors, etc. HP 02/20/2023 Favorable JU RC	Favorable Yeas 11 Nays 0
4	SB 230 Harrell (Similar H 583)	Health Care Practitioner Titles and Abbreviations; Defining the terms “advertisement” and “deceptive or misleading terms or false representation”; specifying which titles and abbreviations health care practitioners may use in their advertisements, communications, and personal identification; requiring health care practitioners to disclose specified information and use only authorized titles and abbreviations in their advertisements; requiring health care practitioners who treat patients in person to wear a badge or clothing that clearly discloses specified information, etc. HP 02/20/2023 Fav/CS RC	Fav/CS Yeas 10 Nays 1

COMMITTEE MEETING EXPANDED AGENDA

Health Policy

Monday, February 20, 2023, 3:00—6:00 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
5	SB 274 Avila (Identical H 517)	Nursing Education Pathway for Military Combat Medics; Revising a primary goal of the Florida Center for Nursing to provide that development of a statewide plan for nursing manpower must include the encouragement and coordination of the development of partnerships with hospitals which provide opportunities for nursing students to obtain clinical experience; requiring that the Articulation Coordinating Committee convene a workgroup to establish a process for determining postsecondary course equivalencies and the minimum postsecondary credit or career education clock hours that must be awarded in accredited nursing education programs for military training and education required for service in specified positions; authorizing the award of additional postsecondary credit or career education clock hours, etc. HE 02/08/2023 Favorable HP 02/20/2023 Favorable RC	Favorable Yeas 10 Nays 0
6	SB 452 Harrell (Similar H 391)	Home Health Aides for Medically Fragile Children; Requiring home health agencies to ensure that any tasks delegated to home health aides for medically fragile children meet specified requirements; establishing the home health aides for medically fragile children program for specified purposes; requiring the Agency for Health Care Administration, in consultation with the Board of Nursing, to approve training programs for home health aides for medically fragile children; authorizing home health aides for medically fragile children to administer certain medications under certain circumstances, etc. HP 02/20/2023 Favorable AHS FP	Favorable Yeas 10 Nays 0

Other Related Meeting Documents

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: SB 298

INTRODUCER: Senator Boyd

SUBJECT: Telehealth Practice Standards

DATE: February 17, 2023

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Brown	HP	Favorable
2.			BI	
3.			RC	

I. Summary:

SB 298 amends s. 456.47(1)(a), F.S., to revise the definition of “telehealth.” Under the bill, the use of audio-only telephone calls is no longer excluded from the definition.

The bill provides an effective date of July 1, 2023.

II. Present Situation:

Telehealth

Section 456.47, F.S., defines the term “telehealth” as the use of synchronous or asynchronous telecommunications technology by a telehealth provider to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include audio-only telephone calls, e-mail messages, or facsimile transmissions.

In a general sense, “synchronous” telehealth happens in live, real-time settings where the patient interacts with a provider, usually via phone or video. Providers and patients communicate directly, often resulting in a diagnosis, treatment plan, or prescription. Synchronous telehealth can include additional at-home devices such as a blood pressure or heart rate monitors, thermometers, oximeters, cameras, or scales to help the provider more accurately assess the patient’s health status.¹

¹ TELEHEALTH.HHS.GOV, “Synchronous direct-to-consumer telehealth,” available at <https://telehealth.hhs.gov/providers/direct-to-consumer/synchronous-direct-to-consumer-telehealth/> (last visited Feb. 20, 2023).

“Asynchronous” telehealth, also known as “store-and-forward,” is often used for patient intake or follow-up care. For example, a patient sends a photo of a skin condition that is later reviewed by a dermatologist who recommends treatment.²

Section 456.47, F.S., authorizes Florida-licensed health care providers³ to use telehealth to deliver health care services within their respective scopes of practice. The statute also authorizes out-of-state health care providers to use telehealth to deliver health care services to Florida patients if they register with the Department of Health (DOH) or the regulatory applicable board⁴ and meet certain eligibility requirements.⁵ A registered out-of-state telehealth provider may use telehealth, within the relevant scope of practice established by Florida law and rule, to provide health care services to Florida patients but is prohibited from opening an office in Florida and from providing in-person health care services to patients located in Florida without first becoming licensed by the state of Florida.

A telehealth provider is an individual who provides health care and related services to patients located in Florida and must be one of the licensed health care practitioners listed below. He or she may be either Florida licensed, licensed under a multi-state health care licensure compact of which Florida is a member state, or registered as an out-of-state telehealth provider:

- Acupuncturist;⁶
- Allopathic physicians or physician assistants;⁷
- Osteopathic physicians or physician assistants;⁸
- Chiropractic physicians, or chiropractic physician assistant;⁹
- Podiatric physicians;¹⁰
- Optometrists;¹¹
- Autonomous advance practice registered nurses ,advanced practice registered nurses, registered nurses, licensed practical nurses and certified nursing assistant;¹²
- Pharmacists;¹³
- Dentists, dental hygienist and dental laboratories;¹⁴
- Midwives;¹⁵

² TELEHEALTH.HHS.GOV, “Asynchronous direct-to-consumer telehealth,” available at <https://telehealth.hhs.gov/providers/direct-to-consumer/asynchronous-direct-to-consumer-telehealth/> (last visited Feb. 20, 2023).

³ Section 456.47(1)(b), F.S.

⁴ Under s. 456.001(1), F.S., the term “board” is defined as any board, commission, or other statutorily created entity, to the extent such entity is authorized to exercise regulatory or rulemaking functions within DOH or, in some cases, within DOH’s Division of Medical Quality Assurance (MQA).

⁵ Section 456.47(4), F.S.

⁶ Chapter 457, F.S.

⁷ Chapter 458, F.S.

⁸ Chapter 459, F.S.

⁹ Chapter 460, F.S.

¹⁰ Chapter 461, F.S.

¹¹ Chapter 463, F.S.

¹² Chapter 464, F.S.

¹³ Chapter 465, F.S.

¹⁴ Chapter 466, F.S.

¹⁵ Chapter 467, F.S.

- Speech and language pathologists;¹⁶
- Audiologists;¹⁷
- Occupational therapists;¹⁸
- Radiological Personnel;¹⁹
- Respiratory therapists;²⁰
- Dietitians and nutritionists;²¹
- Athletic trainers;²²
- Orthotists, prosthetists, and pedorthists;²³
- Electrologists;²⁴
- Massage therapists;²⁵
- Clinical laboratory personnel;²⁶
- Medical physicists;²⁷
- Opticians;²⁸
- Hearing aid specialists;²⁹
- Physical therapists;³⁰
- Psychologists and school psychologists;³¹ and
- Clinical social workers, mental health counselors and marriage and family therapists.³²

A telehealth provider has the duty to practice in a manner consistent with his or her scope of practice and the prevailing professional standard of practice for a health care professional who provides in-person health care services to patients in Florida. A telehealth provider may use telehealth to perform a patient evaluation. If a telehealth provider conducts a patient evaluation sufficient to diagnose and treat the patient, the telehealth provider is not required to research a patient's medical history or conduct a physical examination of the patient before using telehealth to provide health care services to the patient.³³

A telehealth provider may not use telehealth to prescribe a controlled substance listed in Schedule II³⁴ or s. 893.03, F.S., unless the controlled substance is prescribed for the following:

¹⁶ Part I, ch. 468, F.S.

¹⁷ *Id.*

¹⁸ Part III, ch. 468, F.S.

¹⁹ Part IV, ch. 468, F.S.

²⁰ Part V, ch. 468, F.S.

²¹ Part X, ch. 468, F.S.

²² Part XIII, ch. 468, F.S.

²³ Part XIV, ch. 468, F.S.

²⁴ Chapter 478, F.S.

²⁵ Chapter 480, F.S.

²⁶ Part I, ch. 483, F.S.

²⁷ Part II, ch. 483, F.S.

²⁸ Part I, ch. 484, F.S.

²⁹ Part II, ch. 484, F.S.

³⁰ Chapter 486, F.S.

³¹ Chapter 490, F.S.

³² Chapter 491, F.S.

³³ Section 456.47(2)(a) and (b), F.S.

³⁴ Schedule II drugs are combination products with less than 15 milligrams of hydrocodone per dosage unit (Vicodin), cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin),

- The treatment of a psychiatric disorder;
- Inpatient treatment at a hospital licensed under ch. 395, F.S.
- The treatment of a patient receiving hospice services as defined in s. 400.601, F.S.; or
- The treatment of a resident of a nursing home facility as defined in s. 400.021, F.S.³⁵

A telehealth provider must document in the patient's medical record the health care services rendered using telehealth according to the same standard as used for in-person services. Medical records, including video, audio, electronic, or other records generated as a result of providing such services, are confidential pursuant to ss. 395.3025(4) and 456.057, F.S.³⁶

The board, or the DOH if there is no board, must register a health care professional not licensed in this state as a telehealth provider if the health care professional:

- Completes a DOH application form;
- Has an active, unencumbered license that is issued by another state, the District of Columbia, or a U.S. possession or territory that is substantially similar to a license issued to a similar Florida-licensed provider;
- Has not been the subject of disciplinary action relating to his or her license during the five-year period immediately prior to the application submission;
- Designates a duly appointed registered agent for service of process in this state on a DOH prescribed form; and
- Demonstrates to the board, or the DOH if there is no board, that he or she maintains professional liability insurance coverage or financial responsibility, that includes coverage or financial responsibility for telehealth services provided to patients not located in the provider's home state, in an amount equal to, or greater than, the requirements for a licensed practitioner under ss. 456.048, 458.320, or 459.0085, F.S., as applicable.³⁷

The website of an out-of-state telehealth provider registered under s. 456.47, F.S., must prominently display a hyperlink to the DOH website, and the DOH website must publish a list of all out-of-state registrants and include the following information for each:

- Name;
- Health care occupation;
- Health care training and education, including completion dates and any certificates or degrees obtained;
- Out-of-state health care licenses, including license numbers;
- Florida telehealth provider registration number;
- Specialty, if any;
- Board certification, if any;
- Five-years of disciplinary history, including sanctions imposed and board actions;
- Medical malpractice insurance provider and policy limits, including whether the policy covers claims that arise in Florida; and

fentanyl, Dexedrine, Adderall, and Ritalin. See: United States Drug Enforcement Administration, *Drug Scheduling, Schedule II*, available at: <https://www.dea.gov/drug-information/drug-scheduling> (last visited Feb. 16, 2023).

³⁵ Section 456.47(2)(c), F.S.

³⁶ Section 456.47(3), F.S.

³⁷ Section 456.47(4)(b) and (e), F.S.

- The name and address of the registered agent designated for service of process in this state.³⁸

A health care professional may not register under s. 456.47, F.S., if his or her license to provide health care services is subject to a pending disciplinary investigation or action, or has been revoked in any state or jurisdiction. A health care professional registered under this subsection must notify the appropriate board, or the DOH if there is no board, of any restrictions placed on his or her license to practice, or any disciplinary action taken or pending against him or her, in any state or jurisdiction. The notification must be provided within five business days after the restriction is placed or disciplinary action is initiated or taken.³⁹

A health care professional registered under this subsection may not open an office in this state and may not provide in-person health care services to patients located in this state.⁴⁰

A pharmacist registered under s. 456.47, F.S., may only dispense medicinal drugs to patients located in this state using the following pharmacies:

- A pharmacy permitted under ch. 465, F.S.;
- A nonresident pharmacy registered under s. 465.0156, F.S.; or
- A nonresident pharmacy or outsourcing facility holding an active permit pursuant to s. 465.0158, F.S.⁴¹

The board, or the DOH if there is no board, may take disciplinary action against an out-of-state telehealth provider registered under s. 456.47, F.S., if the registrant:

- Fails to notify the applicable board, or the DOH if there is no board, 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 s. 456.47, F.S.; or
- Commits any act that constitutes grounds for disciplinary action under s. 456.072, F.S. or the Florida practice act that is applicable to the telehealth provider similar to Florida licensees.⁴²

Venue for a civil or administrative action initiated by the DOH, the appropriate board, or a patient who receives telehealth services from an out-of-state telehealth provider may be located in the patient's county of residence or in Leon County.⁴³ A health care professional who is not licensed to provide health care services in Florida but who holds an active license to provide health care services in another state or jurisdiction, and who provides such services using telehealth to a patient located in this state, is not subject to the registration requirement under s. 456.47, F.S., if the services are provided:

- In response to an emergency medical condition; or

³⁸ Section 456.47(4)(h), F.S.

³⁹ Section 456.47 (4)(d), F.S.

⁴⁰ Section 456.47(4)(f), F.S.

⁴¹ Section 456.47(4)(g), F.S.

⁴² Section 456.47(4)(i), F.S.

⁴³ Section 456.47(5), F.S.

- In consultation with a health care professional licensed in this state who has ultimate authority over the diagnosis and care of the patient.⁴⁴

Audio-only Telephone Calls During the State of Emergency

On March 9, 2020, Governor Ron DeSantis issued Executive Order Number 20-52⁴⁵ declaring a state of emergency related to the 2019 novel coronavirus (COVID-19). During the state of emergency, numerous statutes were set aside in order to better enable the state to respond to the emergency.

On April 3, 2020, the Agency for Health Care Administration (AHCA) issued a Statewide Medicaid Managed Care Policy Transmittal⁴⁶ that addressed Medicaid coverage of telephonic (audio-only) communications as a form of telehealth. Under the transmittal, Medicaid managed care plans were required to expand coverage of telehealth services to include telephone-only communications, only when rendered by licensed physicians (including physician extenders such as advanced practice registered nurses and physician assistants) and licensed behavioral health practitioners.

The state of emergency was extended several times before expiring on June 26, 2021.

III. Effect of Proposed Changes:

SB 298 amends s. 456.47(1)(a), F.S., to revise the definition of “telehealth.” Under the bill, the use of audio-only telephone calls is no longer excluded from the definition.

The bill provides an effective date of July 1, 2023.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

⁴⁴ Section 456.47(6), F.S.

⁴⁵ Office of the Governor, *Executive Order Number 20-52*, March 9, 2020, available at: https://www.flgov.com/wp-content/uploads/orders/2020/EO_20-52.pdf (last visited Feb. 16, 2023).

⁴⁶ Agency for Health Care Administration, *Statewide Medicaid Managed Care (SMMC) Policy Transmittal: 2020-20*, April 3, 2020, available at: https://ahca.myflorida.com/Medicaid/statewide_mc/pdf/2018-23_plan_comm/PT_2020-20_COVID-19_State-of-Emergency_Telemedicine_Services.pdf (last visited Feb. 16, 2023).

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The bill may allow patients without access to video-calling capabilities to have greater access to health care services via telehealth and may reduce out-of-pocket costs by not requiring them to travel to receive care.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 456.47 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

By Senator Boyd

20-00469A-23

2023298__

A bill to be entitled

An act relating to telehealth practice standards;
amending s. 456.47, F.S.; revising the definition of
the term "telehealth"; providing an effective date.

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

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

456.47 Use of telehealth to provide services.—

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

(a) "Telehealth" means the use of synchronous or
asynchronous telecommunications technology by a telehealth
provider to provide health care services, including, but not
limited to, assessment, diagnosis, consultation, treatment, and
monitoring of a patient; transfer of medical data; patient and
professional health-related education; public health services;
and health administration. The term does not include ~~audio-only~~
~~telephone calls~~, e-mail messages, or facsimile transmissions.

Section 2. This act shall take effect July 1, 2023.

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 298

Bill Number or Topic

Amendment Barcode (if applicable)

2/20/23
Meeting Date
HEALTH POLICY
Committee

Name NATALIE KELLY

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Tallahassee FL 32301
City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:
FLORIDA ASSOCIATION OF
MANAGING ENTITIES

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1, [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate
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SB 298

Bill Number or Topic

Amendment Barcode (if applicable)

2-20-23
Meeting Date
Health Policy
Committee

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PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

February 20, 2023

Meeting Date

Health Policy

Committee

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Tallahassee

FL

32301

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without compensation or sponsorship.

☒ I am a registered lobbyist, representing:

Florida Osteopathic Medical Association

☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate

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20 February 2023

Meeting Date

Health Policy

Committee

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Tallahassee

FL

32301

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without compensation or sponsorship.

☒ I am a registered lobbyist, representing:

Americans for Prosperity

☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

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SB 298

Bill Number or Topic

Amendment Barcode (if applicable)

Meeting Date
1/20/23
Health Policy

Committee

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FL

32308

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

Florida Medical Association

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
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SB- 0298

Bill Number or Topic

Amendment Barcode (if applicable)

02 /20/ 2023

Meeting Date

Health Policy

Committee

Name

Ivonne Fernandez - AARP

Phone

954- 850 -7262

Address

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Email

ifernandez@aarp.org

Street

Doral

FL

33178

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

AARP

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

2/20/23

Meeting Date

Health Policy

Committee

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

298

Bill Number or Topic

Amendment Barcode (if applicable)

Name

Chris Nuland

Phone

904-233-3051

Address

4427 Herschel Street

Email

nulandlaw@aol.com

Street

Jacksonville, FL

32210

City

State

Zip

Speaking:

☐

For

☐

Against

☐

Information

OR

Waive Speaking:

☒

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:☐

I am appearing without
compensation or sponsorship.

☒

I am a registered lobbyist,
representing:

☐

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

Florida Chapter, American College of Physicians

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

2/20/23

Meeting Date

Health Policy

Committee

SB 298

Bill Number or Topic

Amendment Barcode (if applicable)

Name

Amanda Fraser

Phone

850-556-1410

Address

Street

Tallahassee

FL

City

State

Zip

Speaking:

☐

For

☐

Against

☐

Information

OR

Waive Speaking:

☒

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:☐

I am appearing without
compensation or sponsorship.

☒

I am a registered lobbyist,
representing:

American Diabetes Association

☐

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
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SB 298

Bill Number or Topic

Amendment Barcode (if applicable)

2/20/2023
Meeting Date
Health Policy
Committee

Name Katie Larsen Phone 239 776 6060
Address 9800 S. HealthPark Dr Email katie.larsen@leehealth.org
Fort Myers Florida 33908
City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

Lee Memorial Health System

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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298

Amendment Barcode (if applicable)

2/20/2023
Meeting Date
Health Policy
Committee

Name CHRISTIAN CAMARATA Phone 305 608-4300
Address PO Box 122 Email _____
Tallahassee, FL 32302
City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

Institute for Justice

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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

S-001 (08/10/2021)

2/20/23

Meeting Date

Health Policy

Committee

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

SB 298

Bill Number or Topic

Amendment Barcode (if applicable)

Name **David Mica Jr.**Phone **3522228700**Address **306 E. College Ave**Email **Davidm@fha.org**

Street

Tallahassee

City

FL

State

32301

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:
☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:
The Florida Hospital Association
☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

February 20, 2023

Meeting Date

Health Policy

Committee

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

298

Bill Number or Topic

Amendment Barcode (if applicable)

Name **Barney Bishop III**Phone **850/510-9922**Address **1454 Vieux Carre Drive**Email **Barney@BarneyBishop.com**

Street

Tallahassee

City

FL

State

32308

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:
☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:
Meridian Health Serv.
☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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

S-001 (08/10/2021)



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Banking and Insurance, *Chair*
Agriculture, *Vice Chair*
Appropriations Committee on Agriculture,
Environment, and General Government
Finance and Tax
Fiscal Policy
Judiciary
Rules
Transportation

SENATOR JIM BOYD

20th District

January 26, 2023

Senator Colleen Burton
404 South Monroe Street
530 Knott Building
Tallahassee, FL 32399

Dear Madame Chair Burton:

I respectfully request Senate Bill 298: Telehealth Practice Standards, be scheduled for a hearing in the Committee on Health Policy, at your earliest convenience.

If I may be of assistance to you on this or any other matter, please do not hesitate to contact me.

Thank you for your consideration of this matter.

Best regards,

A handwritten signature in blue ink, appearing to read "Jim Boyd".

Jim Boyd

cc: Allen Brown
Anhar Al-Asadi

REPLY TO:

- ☐ 717 Manatee Avenue West, Bradenton, Florida 34205 (941) 742-6445
- ☐ 418 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5020

Senate's Website: www.flsenate.gov

KATHLEEN PASSIDOMO
President of the Senate

DENNIS BAXLEY
President Pro Tempore

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 112

INTRODUCER: Health Policy Committee; Senators Harrell; and Wright

SUBJECT: Step-therapy Protocols

DATE: February 22, 2023

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Brown	Brown	HP	Fav/CS
2.			AHS	
3.			FP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 112 creates an exception from step-therapy prior authorization requirements within the Florida Medicaid program for a drug product that is prescribed for the treatment of a serious mental illness, as that term is defined in the bill, or a medication of a similar drug class if prior authorization was previously granted for the prescribed drug and the medication was dispensed to the patient during the previous 12 months.

The bill directs the Agency for Health Care Administration (AHCA) to include the bill's rate impact on new managed care plan payment rates within Statewide Medicaid Managed Care that take effect October 1, 2023.

The bill provides an effective date of October 1, 2023.

II. Present Situation:

Florida Medicaid Program

Florida Medicaid is the health care safety net for low-income Floridians. The national Medicaid program is a partnership of federal and state governments established to provide coverage for health services for eligible persons. Florida's program is administered by the AHCA and financed through state and federal funds.¹

¹ Section 20.42, F.S.

A Medicaid state plan is an agreement between a state and the federal government describing how the state administers its Medicaid programs. The state plan establishes groups of individuals covered under the Medicaid program, services that are provided, payment methodologies, and other administrative and organizational requirements.

In order to participate in Medicaid, federal law requires states to cover certain population groups (mandatory eligibility groups) and gives states the flexibility to cover other population groups (optional eligibility groups). States set individual eligibility criteria within federal minimum standards. The AHCA may seek an amendment to the state plan as necessary to comply with federal or state laws or to implement program changes.

In Florida, the majority of Medicaid recipients receive their services through a managed care plan contracted with the AHCA under the Statewide Medicaid Managed Care (SMMC) program.² The SMMC program has three components, the Managed Medical Assistance (MMA) program, the Long-term Care program, and dental plans. Florida's SMMC offers a health care package covering acute, preventive, behavioral health, prescribed drugs, long-term care, and dental services.³ The SMMC benefits are authorized by federal authority and are specifically required in ss. 409.973 and 409.98, F.S.

The AHCA contracts with managed care plans on a regional basis to provide services to eligible recipients. The MMA program, which covers most medical and acute care services for managed care plan enrollees, was fully implemented in 2014 and was re-procured for a period beginning December 2018 and ending in 2023.⁴

Coverage of Prescribed Drugs

Section 409.91195, F.S., establishes the Pharmaceutical and Therapeutics Committee within the AHCA and tasks it with developing a Florida Medicaid Preferred Drug List (PDL). The Governor appoints the eleven committee members, including five pharmacists, five physicians, and one consumer representative.⁵ The committee must meet quarterly and must review all drug classes included in the PDL at least every 12 months.⁶ The committee may recommend additions to and deletions from the PDL, such that the PDL provides for medically appropriate drug therapies for Medicaid patients which achieve cost savings contained in the General Appropriations Act.⁷

The committee considers the amount of rebates drug manufacturers are offering if their drug is placed on the PDL.⁸ These state-negotiated supplemental rebates, along with federally negotiated rebates, can reduce the per-prescription cost of a brand name drug to below the cost of its generic

² Agency for Health Care Administration, *Senate Bill 534 Analysis* (Nov. 11, 2021) (on file with Senate Committee on Health Policy).

³ *Id.*

⁴ Agency for Health Care Administration, *Statewide Medicaid Managed Care: Overview*, available at https://ahca.myflorida.com/medicaid/statewide_mc/pdf/mma/SMMC_Overview_12042018.pdf (last visited Feb. 20, 2023).

⁵ Section 409.91195(1), F.S.

⁶ Section 409.91195(3), F.S.

⁷ Section 409.91195(4), F.S.

⁸ Section 409.91195(7), F.S.

equivalent.⁹ Florida currently collects over \$2 billion per year in federal and supplemental rebates for drugs dispensed to Medicaid recipients.¹⁰ These funds are used to offset the cost of Medicaid services.¹¹

Medicaid managed care plans are required by the AHCA to provide all prescription drugs listed on the AHCA's PDL.¹² Because of this, the managed care plans have not implemented their own plan-specific formularies or PDLs. Medicaid managed care plans are required to provide a link to the AHCA's PDL on their websites.¹³ Florida Medicaid covers all Food and Drug Administration (FDA) approved prescription medications.¹⁴ Those not included on the PDL must be prior-approved by Medicaid or the health plans.¹⁵

The AHCA also manages the federally required Florida Medicaid Drug Utilization Review Board, which meets quarterly and develops and reviews clinical prior authorization criteria, including step-therapy protocols, for certain drugs that are not on the AHCA's Medicaid PDL.¹⁶

Prescribed Drug Prior Authorization Requirements, Step-Therapy Protocols

Prior authorization means a process by which a health care provider must qualify for payment coverage by obtaining advance approval from an insurer before a specific service is delivered to the patient.¹⁷ Within the Florida Medicaid program, only care, goods, and services that are medically necessary will obtain prior authorization. The AHCA must respond to prior authorization requests for prescribed drugs within 24 hours of receipt of the request.¹⁸ Medicaid managed care plans are contractually required to respond to prior authorization requests for prescribed drugs within 24 hours of receipt of the request.

Section 409.912(5)(a)14., F.S. requires the AHCA to implement a step-therapy¹⁹ prior authorization process for prescribed drugs excluded from the PDL. The recipient must try the prescribed drug on the PDL within the 12 months before a non-PDL drug is approved. However, a non-PDL drug may be approved without meeting the step-therapy prior authorization criteria if the prescribing physician provides additional written medical documentation that the non-PDL product is medically necessary because:

- There is not a drug on the PDL to treat the disease or medical condition which is an acceptable clinical alternative;
- The alternative drugs have been ineffective in the treatment of the recipient's disease;

⁹ *Supra* note 2.

¹⁰ *Id.*

¹¹ *Id.*

¹² *Id.*

¹³ Section 409.967(2)(c)2, F.S.

¹⁴ *Supra* note 2.

¹⁵ *Id.*

¹⁶ *Id.*

¹⁷ Riley, Hannah, Gistia Healthcare, *Making Sense of Prior Authorization, What is it?* (Apr. 21, 2020) available at <https://f.hubspotusercontent00.net/hubfs/6718559/downloadables/Making%20Sense%20of%20Prior%20Authorization%20What%20is%20it%20-Gistia%20Healthcare.pdf> (last visited Feb. 20, 2023).

¹⁸ Section 409.912(5)(a)1.a., F.S.

¹⁹ Step therapy means trying less expensive options before "stepping up" to drugs that cost more. Blue Cross Blue Shield Blue Care Network of Michigan, *How does step therapy work?*, available at <https://www.bcbsm.com/index/health-insurance-help/faqs/plan-types/pharmacy/what-is-step-therapy.html> (last visited Feb. 20, 2023).

- The drug product or medication of a similar drug class is prescribed for the treatment of schizophrenia or schizotypal or delusional disorders; prior authorization has been granted previously for the prescribed drug; and the medication was dispensed to the patient during the previous 12 months; or
- Based on historic evidence and known characteristics of the patient and the drug, the drug is likely to be ineffective, or the number of doses has been ineffective.

The AHCA must work with the physician to determine the best alternative for the recipient.²⁰

Regardless of whether a drug is listed on the PDL, a Medicaid managed care plan's prior authorization criteria and protocols related to prescribed drugs cannot be more restrictive than the criteria established by the AHCA for Fee-for-Service Delivery System prior authorizations.²¹ Medicaid managed care plans must ensure that the prior authorization process for prescribed drugs is readily accessible to health care providers and must provide timely responses to providers.²²

Coverage of Prescription Drugs for Serious Mental Illnesses

Drugs treating serious mental illness accounted for over \$131 million in paid claims in the Medicaid program during 2022. Antidepressants compose one of the largest drug classes and are responsible for over \$30 million in paid claims per year.²³

Tricyclic Antidepressants

As of March 2022, 99.9 percent of the paid claims in this class were for preferred drugs. The net cost of non-preferred drugs can be 10 times greater than the net cost of preferred drugs with the same mechanism of action.²⁴

Selective Serotonin Reuptake Inhibitors (SSRI) Antidepressants:

As of June 2022, 99.3 percent of the paid claims in this class were for preferred drugs. The cost of non-preferred drugs can be 22 times greater than the cost of preferred drugs within the same therapeutic class.²⁵

Other Antidepressants

As of June 2022, 99.9 percent of the paid claims in this class were for preferred drugs. This class contains oral and injectable antidepressant drugs. The cost of oral non-preferred drugs can be 17 times greater than the cost of preferred drugs within the review class, which includes all oral antidepressants that are not tricyclic or SSRIs.²⁶

²⁰ Section 409.912(5)(a)14., F.S.

²¹ *Supra* note 2.

²² Section 409.967(2)(c)2, F.S.

²³ Agency for Health Care Administration, *2023 Agency Legislative Bill Analysis: SB 112*, Feb. 17, 2023, on file with the Senate Committee on Health Policy.

²⁴ *Id.*

²⁵ *Id.*

²⁶ *Id.*

Antipsychotics

As of September 2022, 98.3 percent of the paid claims in this class were for preferred drugs. PDL compliance results in significant savings annually in the antipsychotic class.²⁷

The Medicaid PDL includes numerous generic and brand name drugs for the treatment of serious mental illness.²⁸ If a drug is not on the PDL, the prescriber must obtain prior authorization before dispensing the medication. AHCA and Medicaid managed care plans are required to respond to prior authorization requests within 24 hours of receipt. Prior authorization requests for mental health medications are reviewed using the Psychotherapeutic Medication Guidelines established by the University of South Florida.²⁹

The AHCA maintains prior authorization criteria and automated edits.³⁰

Prescription Drugs Used in the Treatment of Schizophrenia for Medicaid Recipients

In the 2022 Regular Legislative Session, the Legislature enacted SB 534,³¹ which amended s. 409.912, F.S., to create an exception from step-therapy prior authorization requirements within the Florida Medicaid program for a drug product if the prescribing physician provides the AHCA with written medical or clinical documentation that the product is medically necessary. Under SB 534, medical necessity is created when the drug product or a medication of a similar drug class is being prescribed for the treatment of schizophrenia or schizotypal or delusional disorders, prior authorization has previously been granted to the patient for the prescribed drug, and the medication had been dispensed to the patient during the previous 12 months.

After the step therapy requirement was mitigated by the enactment of SB 534 in 2022 for the schizophrenia-related medications, the PDL compliance decreased 0.1 percent in the antipsychotic class. This decrease in compliance results in a reduction in collection of manufacturer rebates that offset the cost of Medicaid drug spending.³²

III. Effect of Proposed Changes:

Section 1 of the bill amends s. 409.901, F.S., to create a definition of the term “serious mental illness” pertaining to the Medicaid program. The bill defines that term to mean any of the following psychiatric disorders as defined by the American Psychiatric Association in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*:³³

²⁷ *Id.*

²⁸ See the PDL at https://ahca.myflorida.com/medicaid/Prescribed_Drug/preferred_drug.shtml (last visited Feb. 20, 2023).

²⁹ See the guidelines at <https://floridabhcenter.org/> (last visited Feb. 20, 2023).

³⁰ See the criteria at https://ahca.myflorida.com/medicaid/Prescribed_Drug/drug_criteria.shtml (last visited Feb. 20, 2023).

³¹ See Chapter 2022-27, Laws of Florida.

³² *Supra*, note 23.

³³ According to the American Psychiatric Association, *The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR)*, not the original Fifth Edition, is the Association’s latest version of the manual. The Association indicates that “DSM-5-TR features the most current text updates based on scientific literature with contributions from more than 200 subject matter experts. The revised version includes a new diagnosis (prolonged grief disorder), clarifying modifications to the criteria sets for more than 70 disorders, addition of *International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM)* symptom codes for suicidal behavior and nonsuicidal self-injury, and updates to descriptive text for most disorders based on extensive review of the literature. In addition, *DSM-5-TR* includes a

- Bipolar disorders, including hypomanic, manic, depressive, and mixed-feature episodes.
- Depression in childhood or adolescence.
- Major depressive disorders, including single and recurrent depressive episodes.
- Obsessive-compulsive disorders.
- Paranoid personality disorder or other psychotic disorders.
- Schizoaffective disorders, including bipolar or depressive symptoms.
- Schizophrenia.

Section 2 of the bill amends s. 409.912(5)(a), F.S., to create an exception from step-therapy prior authorization requirements within the Florida Medicaid program for a drug product that is prescribed for the treatment of a serious mental illness or a medication of a similar drug class if prior authorization was previously granted for the prescribed drug and the medication was dispensed to the patient during the previous 12 months. The bill requires that in cases involving drugs for the treatment of a serious mental illness, the exception must be approved, as opposed to the AHCA being authorized to approve the exception as in current law.

Section 3 of the bill amends s. 409.910(20)(a), F.S., to make a conforming change.

Section 4 of the bill directs the AHCA to include the bill's rate impact on new managed care plan payment rates within Statewide Medicaid Managed Care that take effect October 1, 2023.

Section 5 provides and effective date of October 1, 2023.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

comprehensive review of the impact of racism and discrimination on the diagnosis and manifestations of mental disorders. The manual will help clinicians and researchers define and classify mental disorders, which can improve diagnoses, treatment, and research.” See <https://www.psychiatry.org/psychiatrists/practice/dsm> (last visited Feb. 21, 2023).

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The AHCA reports that:³⁴

- CS/SB 112 will have an operational impact on both the Florida Medicaid fee-for-service delivery system and Statewide Medicaid Managed Care because there will need to be changes made to all coding related to drugs used to treat serious mental illness.
- In addition to the operational impact, the potential fiscal impact will be significant. Fiscally, the bill could have adverse impact on the state Medicaid budget. The Medicaid PDL includes many effective generic and brand-name medications with robust federal rebates and additional supplemental rebates offered by drug manufacturers, resulting in reduced cost to Medicaid. If numerous prescribing physicians elect to prescribe drugs that are not on the PDL under the bill, it may lead to an increase in net drug cost in therapeutic classes related to serious mental illness.
- After the enactment of SB 534 on July 1, 2022, the Medicaid program observed a relative decrease in the amount of rebates collected for the treatment of schizophrenia. A substantial decrease in rebates relative to the large number of drugs used to treat serious mental illness could be expected if CS/SB 112 takes effect as written. Antipsychotics alone are projected to result in the collection of over \$13 million in rebates in the current fiscal year, with a total spend of more than \$70 million. The loss of rebates for a class this size could increase the overall cost of pharmacy spending in Florida Medicaid.

In terms of numbers, the AHCA indicates that the fiscal impact of the bill is indeterminate, with the caveat that, according to the fiscal year 2020-2021 data, Florida Medicaid spent over \$117 million on medications for the treatment of serious mental illness. If numerous prescribing physicians elect to prescribe drugs that are not on the PDL, and the bill's provisions are applied, it may lead to an increase in drug cost in therapeutic classes related to serious mental illness due to the loss of the AHCA's bargaining power in terms of negotiating rebates. Every one-percent loss in the rate of PDL compliance could generate a \$1.1 million increase in Medicaid expenses. The extent of such noncompliance under the bill is unknown.³⁵

³⁴ *Supra*, note 23.

³⁵ *Id.*

The bill could also mitigate costs to the Medicaid program or other state expenditures in indirect ways. For example, if Medicaid recipients needing certain drugs for serious mental illness experience a delay in access to those drugs due to the step-therapy protocol, such delay could lead to the need for other costly treatments, such as the costs of involuntary evaluation during a mental health crisis.³⁶ Such impact is also indeterminate.

VI. Technical Deficiencies:

None.

VII. Related Issues:

The bill's list of psychiatric disorders as defined by the American Psychiatric Association in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition*, includes "paranoid personality disorder or other psychotic disorders." The *DSM-5* categorizes the following disorders under Schizophrenia and "other psychotic disorders":³⁷

- Schizotypal (Personality) Disorder;
- Delusional Disorder;
- Brief Psychotic Disorder;
- Schizophreniform Disorder;
- Schizophrenia;
- Schizoaffective Disorder;
- Substance/Medication-Induced Psychotic Disorder;
- Psychotic Disorder Due to Another Medical Condition;
- Catatonia;
- Other Specified Schizophrenia Spectrum and Other Psychotic Disorder; and
- Unspecified Schizophrenia Spectrum and Other Psychotic Disorder.

With the exception of schizophrenia and schizoaffective disorder, the bill includes these disorders by reference to the *DSM-5* as "other psychotic disorders" but does not list them by name. The *DSM-5* might classify other disorders as psychotic disorders that do not appear in this list.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 409.901, 409.912, and 409.910.

³⁶ See s. 394.463, F.S., within the Florida Mental Health Act.

³⁷ Wiregrass Georgia Technical College, *DSM-5: Schizophrenia Spectrum and Other Psychotic Disorders*, available at: <https://wiregrass.libguides.com/c.php?g=1044445&p=7583272> (last visited Feb. 21, 2023).

IX. Additional Information:

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

CS by Health Policy on February 20, 2023

The CS changes the effective date from July 1, to October 1, 2023, and directs AHCA to consider the bill's impact when setting capitation rates for Medicaid managed care plans for the upcoming contract year that also begins October 1, 2023.

- B. **Amendments:**

None.



447408

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/20/2023	.	
	.	
	.	
	.	

The Committee on Health Policy (Harrell) recommended the following:

Senate Amendment (with title amendment)

Delete line 403

and insert:

Section 4. The Agency for Health Care Administration is directed to include the rate impact of this act in the Medicaid managed medical assistance program and long-term care managed care program rates that become effective on October 1, 2023.

Section 5. This act shall take effect October 1, 2023.



447408

11 ===== T I T L E A M E N D M E N T =====

12 And the title is amended as follows:

13 Delete line 9

14 and insert:

15 409.910, F.S.; conforming a cross-reference; directing
16 the agency to include rate impacts resulting from the
17 act in certain rates that become effective on a
18 specified date; providing

By Senator Harrell

31-00251-23

2023112__

A bill to be entitled

An act relating to step-therapy protocols; amending s. 409.901, F.S.; defining the term "serious mental illness"; amending s. 409.912, F.S.; requiring the Agency for Health Care Administration to approve drug products for Medicaid recipients for the treatment of serious mental illness without step-therapy prior authorization under certain circumstances; amending s. 409.910, F.S.; conforming a cross-reference; providing an effective date.

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

Section 1. Present subsections (27) and (28) of section 409.901, Florida Statutes, are redesignated as subsections (28) and (29), respectively, and a new subsection (27) is added to that section, to read:

409.901 Definitions; ss. 409.901-409.920.—As used in ss. 409.901-409.920, except as otherwise specifically provided, the term:

(27) "Serious mental illness" means any of the following psychiatric disorders as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition:

(a) Bipolar disorders, including hypomanic, manic, depressive, and mixed-feature episodes.

(b) Depression in childhood or adolescence.

(c) Major depressive disorders, including single and recurrent depressive episodes.

Page 1 of 14

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

31-00251-23

2023112__

(d) Obsessive-compulsive disorders.

(e) Paranoid personality disorder or other psychotic disorders.

(f) Schizoaffective disorders, including bipolar or depressive symptoms.

(g) Schizophrenia.

Section 2. Paragraph (a) of subsection (5) of section 409.912, Florida Statutes, is amended to read:

409.912 Cost-effective purchasing of health care.—The agency shall purchase goods and services for Medicaid recipients in the most cost-effective manner consistent with the delivery of quality medical care. To ensure that medical services are effectively utilized, the agency may, in any case, require a confirmation or second physician's opinion of the correct diagnosis for purposes of authorizing future services under the Medicaid program. This section does not restrict access to emergency services or poststabilization care services as defined in 42 C.F.R. s. 438.114. Such confirmation or second opinion shall be rendered in a manner approved by the agency. The agency shall maximize the use of prepaid per capita and prepaid aggregate fixed-sum basis services when appropriate and other alternative service delivery and reimbursement methodologies, including competitive bidding pursuant to s. 287.057, designed to facilitate the cost-effective purchase of a case-managed continuum of care. The agency shall also require providers to minimize the exposure of recipients to the need for acute inpatient, custodial, and other institutional care and the inappropriate or unnecessary use of high-cost services. The agency shall contract with a vendor to monitor and evaluate the

Page 2 of 14

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

31-00251-23

2023112__

clinical practice patterns of providers in order to identify trends that are outside the normal practice patterns of a provider's professional peers or the national guidelines of a provider's professional association. The vendor must be able to provide information and counseling to a provider whose practice patterns are outside the norms, in consultation with the agency, to improve patient care and reduce inappropriate utilization. The agency may mandate prior authorization, drug therapy management, or disease management participation for certain populations of Medicaid beneficiaries, certain drug classes, or particular drugs to prevent fraud, abuse, overuse, and possible dangerous drug interactions. The Pharmaceutical and Therapeutics Committee shall make recommendations to the agency on drugs for which prior authorization is required. The agency shall inform the Pharmaceutical and Therapeutics Committee of its decisions regarding drugs subject to prior authorization. The agency is authorized to limit the entities it contracts with or enrolls as Medicaid providers by developing a provider network through provider credentialing. The agency may competitively bid single-source-provider contracts if procurement of goods or services results in demonstrated cost savings to the state without limiting access to care. The agency may limit its network based on the assessment of beneficiary access to care, provider availability, provider quality standards, time and distance standards for access to care, the cultural competence of the provider network, demographic characteristics of Medicaid beneficiaries, practice and provider-to-beneficiary standards, appointment wait times, beneficiary use of services, provider turnover, provider profiling, provider licensure history,

Page 3 of 14

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31-00251-23

2023112__

previous program integrity investigations and findings, peer review, provider Medicaid policy and billing compliance records, clinical and medical record audits, and other factors. Providers are not entitled to enrollment in the Medicaid provider network. The agency shall determine instances in which allowing Medicaid beneficiaries to purchase durable medical equipment and other goods is less expensive to the Medicaid program than long-term rental of the equipment or goods. The agency may establish rules to facilitate purchases in lieu of long-term rentals in order to protect against fraud and abuse in the Medicaid program as defined in s. 409.913. The agency may seek federal waivers necessary to administer these policies.

(5)(a) The agency shall implement a Medicaid prescribed-drug spending-control program that includes the following components:

1. A Medicaid preferred drug list, which shall be a listing of cost-effective therapeutic options recommended by the Medicaid Pharmacy and Therapeutics Committee established pursuant to s. 409.91195 and adopted by the agency for each therapeutic class on the preferred drug list. At the discretion of the committee, and when feasible, the preferred drug list should include at least two products in a therapeutic class. The agency may post the preferred drug list and updates to the list on an Internet website without following the rulemaking procedures of chapter 120. Antiretroviral agents are excluded from the preferred drug list. The agency shall also limit the amount of a prescribed drug dispensed to no more than a 34-day supply unless the drug products' smallest marketed package is greater than a 34-day supply, or the drug is determined by the

Page 4 of 14

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31-00251-23 2023112__

agency to be a maintenance drug in which case a 100-day maximum supply may be authorized. The agency may seek any federal waivers necessary to implement these cost-control programs and to continue participation in the federal Medicaid rebate program, or alternatively to negotiate state-only manufacturer rebates. The agency may adopt rules to administer this subparagraph. The agency shall continue to provide unlimited contraceptive drugs and items. The agency must establish procedures to ensure that:

a. There is a response to a request for prior authorization by telephone or other telecommunication device within 24 hours after receipt of a request for prior authorization; and

b. A 72-hour supply of the drug prescribed is provided in an emergency or when the agency does not provide a response within 24 hours as required by sub-subparagraph a.

2. A provider of prescribed drugs is reimbursed in an amount not to exceed the lesser of the actual acquisition cost based on the Centers for Medicare and Medicaid Services National Average Drug Acquisition Cost pricing files plus a professional dispensing fee, the wholesale acquisition cost plus a professional dispensing fee, the state maximum allowable cost plus a professional dispensing fee, or the usual and customary charge billed by the provider.

3. The agency shall develop and implement a process for managing the drug therapies of Medicaid recipients who are using significant numbers of prescribed drugs each month. The management process may include, but is not limited to, comprehensive, physician-directed medical-record reviews, claims analyses, and case evaluations to determine the medical

31-00251-23 2023112__

necessity and appropriateness of a patient's treatment plan and drug therapies. The agency may contract with a private organization to provide drug-program-management services. The Medicaid drug benefit management program shall include initiatives to manage drug therapies for HIV/AIDS patients, patients using 20 or more unique prescriptions in a 180-day period, and the top 1,000 patients in annual spending. The agency shall enroll any Medicaid recipient in the drug benefit management program if he or she meets the specifications of this provision and is not enrolled in a Medicaid health maintenance organization.

4. The agency may limit the size of its pharmacy network based on need, competitive bidding, price negotiations, credentialing, or similar criteria. The agency shall give special consideration to rural areas in determining the size and location of pharmacies included in the Medicaid pharmacy network. A pharmacy credentialing process may include criteria such as a pharmacy's full-service status, location, size, patient educational programs, patient consultation, disease management services, and other characteristics. The agency may impose a moratorium on Medicaid pharmacy enrollment if it is determined that it has a sufficient number of Medicaid-participating providers. The agency must allow dispensing practitioners to participate as a part of the Medicaid pharmacy network regardless of the practitioner's proximity to any other entity that is dispensing prescription drugs under the Medicaid program. A dispensing practitioner must meet all credentialing requirements applicable to his or her practice, as determined by the agency.

31-00251-23

2023112__

5. The agency shall develop and implement a program that requires Medicaid practitioners who issue written prescriptions for medicinal drugs to use a counterfeit-proof prescription pad for Medicaid prescriptions. The agency shall require the use of standardized counterfeit-proof prescription pads by prescribers who issue written prescriptions for Medicaid recipients. The agency may implement the program in targeted geographic areas or statewide.

6. The agency may enter into arrangements that require manufacturers of generic drugs prescribed to Medicaid recipients to provide rebates of at least 15.1 percent of the average manufacturer price for the manufacturer's generic products. These arrangements must ~~shall~~ require that if a generic-drug manufacturer pays federal rebates for Medicaid-reimbursed drugs at a level below 15.1 percent, the manufacturer must provide a supplemental rebate to the state in an amount necessary to achieve a 15.1-percent rebate level.

7. The agency may establish a preferred drug list as described in this subsection, and, pursuant to the establishment of such preferred drug list, negotiate supplemental rebates from manufacturers that are in addition to those required by Title XIX of the Social Security Act and at no less than 14 percent of the average manufacturer price as defined in 42 U.S.C. s. 1936 on the last day of a quarter unless the federal or supplemental rebate, or both, equals or exceeds 29 percent. There is no upper limit on the supplemental rebates the agency may negotiate. The agency may determine that specific products, brand-name or generic, are competitive at lower rebate percentages. Agreement to pay the minimum supplemental rebate percentage guarantees a

Page 7 of 14

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31-00251-23

2023112__

manufacturer that the Medicaid Pharmaceutical and Therapeutics Committee will consider a product for inclusion on the preferred drug list. However, a pharmaceutical manufacturer is not guaranteed placement on the preferred drug list by simply paying the minimum supplemental rebate. Agency decisions will be made on the clinical efficacy of a drug and recommendations of the Medicaid Pharmaceutical and Therapeutics Committee, as well as the price of competing products minus federal and state rebates. The agency may contract with an outside agency or contractor to conduct negotiations for supplemental rebates. For the purposes of this section, the term "supplemental rebates" means cash rebates. Value-added programs as a substitution for supplemental rebates are prohibited. The agency may seek any federal waivers to implement this initiative.

8.a. The agency may implement a Medicaid behavioral drug management system. The agency may contract with a vendor that has experience in operating behavioral drug management systems to implement this program. The agency may seek federal waivers to implement this program.

b. The agency, in conjunction with the Department of Children and Families, may implement the Medicaid behavioral drug management system that is designed to improve the quality of care and behavioral health prescribing practices based on best practice guidelines, improve patient adherence to medication plans, reduce clinical risk, and lower prescribed drug costs and the rate of inappropriate spending on Medicaid behavioral drugs. The program may include the following elements:

(I) Provide for the development and adoption of best

Page 8 of 14

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31-00251-23 2023112__

233 practice guidelines for behavioral health-related drugs such as
 234 antipsychotics, antidepressants, and medications for treating
 235 bipolar disorders and other behavioral conditions; translate
 236 them into practice; review behavioral health prescribers and
 237 compare their prescribing patterns to a number of indicators
 238 that are based on national standards; and determine deviations
 239 from best practice guidelines.

240 (II) Implement processes for providing feedback to and
 241 educating prescribers using best practice educational materials
 242 and peer-to-peer consultation.

243 (III) Assess Medicaid beneficiaries who are outliers in
 244 their use of behavioral health drugs with regard to the numbers
 245 and types of drugs taken, drug dosages, combination drug
 246 therapies, and other indicators of improper use of behavioral
 247 health drugs.

248 (IV) Alert prescribers to patients who fail to refill
 249 prescriptions in a timely fashion, are prescribed multiple same-
 250 class behavioral health drugs, and may have other potential
 251 medication problems.

252 (V) Track spending trends for behavioral health drugs and
 253 deviation from best practice guidelines.

254 (VI) Use educational and technological approaches to
 255 promote best practices, educate consumers, and train prescribers
 256 in the use of practice guidelines.

257 (VII) Disseminate electronic and published materials.

258 (VIII) Hold statewide and regional conferences.

259 (IX) Implement a disease management program with a model
 260 quality-based medication component for severely mentally ill
 261 individuals and emotionally disturbed children who are high

31-00251-23 2023112__

262 users of care.

263 9. The agency shall implement a Medicaid prescription drug
 264 management system.

265 a. The agency may contract with a vendor that has
 266 experience in operating prescription drug management systems in
 267 order to implement this system. Any management system that is
 268 implemented in accordance with this subparagraph must rely on
 269 cooperation between physicians and pharmacists to determine
 270 appropriate practice patterns and clinical guidelines to improve
 271 the prescribing, dispensing, and use of drugs in the Medicaid
 272 program. The agency may seek federal waivers to implement this
 273 program.

274 b. The drug management system must be designed to improve
 275 the quality of care and prescribing practices based on best
 276 practice guidelines, improve patient adherence to medication
 277 plans, reduce clinical risk, and lower prescribed drug costs and
 278 the rate of inappropriate spending on Medicaid prescription
 279 drugs. The program must:

280 (I) Provide for the adoption of best practice guidelines
 281 for the prescribing and use of drugs in the Medicaid program,
 282 including translating best practice guidelines into practice;
 283 reviewing prescriber patterns and comparing them to indicators
 284 that are based on national standards and practice patterns of
 285 clinical peers in their community, statewide, and nationally;
 286 and determine deviations from best practice guidelines.

287 (II) Implement processes for providing feedback to and
 288 educating prescribers using best practice educational materials
 289 and peer-to-peer consultation.

290 (III) Assess Medicaid recipients who are outliers in their

31-00251-23 2023112__

use of a single or multiple prescription drugs with regard to the numbers and types of drugs taken, drug dosages, combination drug therapies, and other indicators of improper use of prescription drugs.

(IV) Alert prescribers to recipients who fail to refill prescriptions in a timely fashion, are prescribed multiple drugs that may be redundant or contraindicated, or may have other potential medication problems.

10. The agency may contract for drug rebate administration, including, but not limited to, calculating rebate amounts, invoicing manufacturers, negotiating disputes with manufacturers, and maintaining a database of rebate collections.

11. The agency may specify the preferred daily dosing form or strength for the purpose of promoting best practices with regard to the prescribing of certain drugs as specified in the General Appropriations Act and ensuring cost-effective prescribing practices.

12. The agency may require prior authorization for Medicaid-covered prescribed drugs. The agency may prior-authorize the use of a product:

- a. For an indication not approved in labeling;
- b. To comply with certain clinical guidelines; or
- c. If the product has the potential for overuse, misuse, or abuse.

The agency may require the prescribing professional to provide information about the rationale and supporting medical evidence for the use of a drug. The agency shall post prior authorization, step-edit criteria and protocol, and updates to

31-00251-23 2023112__

the list of drugs that are subject to prior authorization on the agency's Internet website within 21 days after the prior authorization and step-edit criteria and protocol and updates are approved by the agency. For purposes of this subparagraph, the term "step-edit" means an automatic electronic review of certain medications subject to prior authorization.

13. The agency, in conjunction with the Pharmaceutical and Therapeutics Committee, may require age-related prior authorizations for certain prescribed drugs. The agency may preauthorize the use of a drug for a recipient who may not meet the age requirement or may exceed the length of therapy for use of this product as recommended by the manufacturer and approved by the Food and Drug Administration. Prior authorization may require the prescribing professional to provide information about the rationale and supporting medical evidence for the use of a drug.

14. The agency shall implement a step-therapy prior authorization approval process for medications excluded from the preferred drug list. Medications listed on the preferred drug list must be used within the previous 12 months before the alternative medications that are not listed. The step-therapy prior authorization may require the prescriber to use the medications of a similar drug class or for a similar medical indication unless contraindicated in the Food and Drug Administration labeling. The trial period between the specified steps may vary according to the medical indication. The step-therapy approval process must ~~shall~~ be developed in accordance with the committee as stated in s. 409.91195(7) and (8). A drug product may be approved or, in the case of a drug product for

31-00251-23

2023112__

the treatment of a serious mental illness, must be approved without meeting the step-therapy prior authorization criteria if the prescribing physician provides the agency with additional written medical or clinical documentation that the product is medically necessary because:

a. There is not a drug on the preferred drug list to treat the disease or medical condition which is an acceptable clinical alternative;

b. The alternatives have been ineffective in the treatment of the beneficiary's disease;

c. The drug product or medication of a similar drug class is prescribed for the treatment of a serious mental illness ~~schizophrenia or schizotypal or delusional disorders~~; prior authorization has been granted previously for the prescribed drug; and the medication was dispensed to the patient during the previous 12 months; or

d. Based on historical evidence and known characteristics of the patient and the drug, the drug is likely to be ineffective, or the number of doses have been ineffective.

The agency shall work with the physician to determine the best alternative for the patient. The agency may adopt rules waiving the requirements for written clinical documentation for specific drugs in limited clinical situations.

15. The agency shall implement a return and reuse program for drugs dispensed by pharmacies to institutional recipients, which includes payment of a \$5 restocking fee for the implementation and operation of the program. The return and reuse program shall be implemented electronically and in a

31-00251-23

2023112__

manner that promotes efficiency. The program must permit a pharmacy to exclude drugs from the program if it is not practical or cost-effective for the drug to be included and must provide for the return to inventory of drugs that cannot be credited or returned in a cost-effective manner. The agency shall determine if the program has reduced the amount of Medicaid prescription drugs which are destroyed on an annual basis and if there are additional ways to ensure more prescription drugs are not destroyed which could safely be reused.

Section 3. Paragraph (a) of subsection (20) of section 409.910, Florida Statutes, is amended to read:

409.910 Responsibility for payments on behalf of Medicaid-eligible persons when other parties are liable.—

(20) (a) Entities providing health insurance as defined in s. 624.603, health maintenance organizations and prepaid health clinics as defined in chapter 641, and, on behalf of their clients, third-party administrators, pharmacy benefits managers, and any other third parties, as defined in s. 409.901(28) ~~s. 409.901(27)~~, which are legally responsible for payment of a claim for a health care item or service as a condition of doing business in this ~~the~~ state or providing coverage to residents of this state, shall provide such records and information as are necessary to accomplish the purpose of this section, unless such requirement results in an unreasonable burden.

Section 4. This act shall take effect July 1, 2023.

The Florida Senate

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SB 0112

Bill Number or Topic

447408

Amendment Barcode (if applicable)

2/20/2023
Meeting Date
Senate Health Policy
Committee

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Speaking: ☒ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

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SB 112

Bill Number or Topic

Amendment Barcode (if applicable)

2/20/23
Meeting Date
Health
Committee

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Speaking: ☒ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

- ☒ I am appearing without compensation or sponsorship. ☐ I am a registered lobbyist, representing: ☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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SB 112

Bill Number or Topic

Health Policy

Committee

Amendment Barcode (if applicable)

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OR

Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without compensation or sponsorship.☐ I am a registered lobbyist, representing:☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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SB 112

Bill Number or Topic

Health Policy

Committee

Amendment Barcode (if applicable)

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Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without compensation or sponsorship.☒ I am a registered lobbyist, representing:

Memorial Health System

☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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2/20/23

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Health Policy

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Bill Number or Topic

Amendment Barcode (if applicable)

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City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:
☐ I am appearing without
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☒ I am a registered lobbyist,
representing:

The Florida Hospital Association

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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Bill Number or Topic

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Meeting Date

Health Policy

Committee

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State

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:
☐ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

Florida Chapter, American College of Physicians

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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2/20/23
Meeting Date
Senate Health Policy
Committee

The Florida Senate
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112
Bill Number or Topic

Amendment Barcode (if applicable)

Name Amy Young Phone _____

Address 3609 Washington Road Email Amylbbg@ballardpartners.com
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City West Palm Beach FL State FL Zip 33415

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without compensation or sponsorship.

☒ I am a registered lobbyist, representing:

☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

American College of OB-GYN's, District 11

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

2/20/2023
Meeting Date
Health
Committee

The Florida Senate
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SB112
Bill Number or Topic

Amendment Barcode (if applicable)

Name Andrea K. Friall (MD) Phone 850-906-0371

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City Tallahassee FL State FL Zip 32312

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without compensation or sponsorship.

☐ I am a registered lobbyist, representing:

☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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SB112 / ~~SB230~~

Bill Number or Topic

Meeting Date

Committee

Amendment Barcode (if applicable)

Name Heather Lincicome

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Lincicome3@hotmail.com

Street

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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SB- 0112

Bill Number or Topic

02 /20/ 2023

Meeting Date

Health Policy

Committee

Amendment Barcode (if applicable)

Name Ivonne Fernandez - AARP

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FL

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City

State

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Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

AARP

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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SB 112

Bill Number or Topic

Amendment Barcode (if applicable)

1/20/23
Meeting Date
Health Policy
Committee

Name Jeff Scott Phone 850 224-6494

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City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

Florida Medical Association

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

February 20, 2023

Meeting Date

Health Policy

Committee

The Florida Senate
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112

Bill Number or Topic

Amendment Barcode (if applicable)

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Tallahassee FL 32308
City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

Small Business Pharmacy

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

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SB0112

Bill Number or Topic

Amendment Barcode (if applicable)

2/20/2023
Meeting Date
Sen. Health Policy
Committee

Name Melanie Brown Woelfer, Fla. Council for Behavioral Health Phone 850-567-1946

Address 316 E Park Ave Email melanie@floridabha.org
Street
Tallahassee FL
City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

- ☐ I am appearing without compensation or sponsorship. ☐ I am a registered lobbyist, representing: ☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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

S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

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112

Bill Number or Topic

Amendment Barcode (if applicable)

February 20, 2023
Meeting Date
Health Policy
Committee

Name Chris Lyon Phone 850-222-5702

Address 106 East College Avenue, Suite 1500 Email clyon@llw-law.com
Street
Tallahassee FL 32301
City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

- ☐ I am appearing without compensation or sponsorship. ☒ I am a registered lobbyist, representing: ☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:
Florida Osteopathic Medical Association

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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

S-001 (08/10/2021)



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Appropriations Committee on Health and
Human Services, *Chair*
Environment and Natural Resources, *Vice Chair*
Appropriations
Appropriations Committee on Education
Education Postsecondary
Health Policy
Judiciary

SELECT COMMITTEE:

Select Committee on Resiliency

SENATOR GAYLE HARRELL

31st District

January 13, 2023

Senator Colleen Burton
318 Senate Building
404 South Monroe Street
Tallahassee, FL 32399

Chair Burton,

I respectfully request that SB 112 – Step Therapy Protocols be placed on the next available agenda for the Health Policy Committee Meeting.

Should you have any questions or concerns, please feel free to contact my office. Thank you in advance for your consideration.

Thank you,

A handwritten signature in blue ink that reads "Gayle".

Senator Gayle Harrell
Senate District 31

Cc: Allen Brown, Staff Director
Anhar Al-Asadi, Committee Administrative Assistant

REPLY TO:

□ 215 SW Federal Highway, Suite 203, Stuart, Florida 34994 (772) 221-4019 FAX: (888) 263-7895
□ 414 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5031

Senate's Website: www.flsenate.gov

KATHLEEN PASSIDOMO
President of the Senate

DENNIS BAXLEY
President Pro Tempore



2023 AGENCY LEGISLATIVE BILL ANALYSIS

AGENCY: Agency for Health Care Administration

BILL INFORMATION

BILL NUMBER:	Senate Bill 112
BILL TITLE:	Step Therapy Protocol: Serious Mental Illness
BILL SPONSOR:	Senate Harrell
EFFECTIVE DATE:	July 1, 2023

COMMITTEES OF REFERENCE

1) Health Policy
2) Appropriations Committee on Health and Human Services
3) Fiscal Policy
4)
5)

CURRENT COMMITTEE

Healthy Policy, 2/20/23, 3:00pm

SIMILAR BILLS

BILL NUMBER: N/A

SPONSOR: N/A

PREVIOUS LEGISLATION

BILL NUMBER:	SB 534
SPONSOR:	Harrell
YEAR:	2021
LAST ACTION:	Passed

IDENTICAL BILLS

BILL NUMBER: HB 183

SPONSOR: Representative Gonzalez Pittman

Is this bill part of an agency package?

Y ___ N _X_

BILL ANALYSIS INFORMATION

DATE OF ANALYSIS:	1/5/2023
LEAD AGENCY ANALYST:	Susan Williams Ashley Peterson
ADDITIONAL ANALYST(S):	N/A
LEGAL ANALYST:	N/A
FISCAL ANALYST:	N/A

POLICY ANALYSIS

1. EXECUTIVE SUMMARY

The bill will amend Florida Statute (F.S.) 409.901 by adding a new definition for “Serious mental illness” and s. 409.912 by adding “serious mental illness” to the step therapy prior authorization exceptions.

The bill also makes technical changes to s. 409.912 (5)(a)6, F.S., by removing the word “shall” and replacing it with “must”, s. 409.910(20)(a), F.S., related to the responsibility for payments on behalf of Medicaid eligible persons when other parties are liable, and other technical edits such as updating statutory references in s. 409.901 F.S.

The bill presents an indeterminate fiscal impact to the Florida Medicaid Program spend due to reduced rebate negotiation power for all drugs including those treating serious mental illness. The Medicaid preferred drug list includes many effective generic medications and brand medications with robust federal rebates and additional supplemental rebates offered by drug manufacturers which result in reduced costs to the state Medicaid budget. If numerous prescribing physicians elect to prescribe drugs that are not on the preferred drug list, it may lead to an increase in drug cost in therapeutic classes related to serious mental illnesses.

The bill will have an operational effect on both the Medicaid fee-for-service (FFS) delivery system and Medicaid managed care plans. For the medications prescribed for serious mental illness, reviewers would only look for the product in the patient’s history or a trial of one similar drug class trial rather than multiple drug trials of similar preferred medications. Coding changes and criteria updates taking weeks or months would be necessary to operationalize this change.

This act will take effect July 1, 2023.

2. SUBSTANTIVE BILL ANALYSIS

1. PRESENT SITUATION:

The Agency for Health Care Administration (Agency) is the single state agency responsible for the administration of the Florida Medicaid program, authorized under Title XIX of the Social Security Act. This authority includes establishing and maintaining a Medicaid state plan approved by the Centers for Medicare and Medicaid Services (CMS) and maintaining any Medicaid waivers needed to operate the Florida Medicaid program as directed by the Florida Legislature. In Florida, the majority of Medicaid recipients receive their services through a managed care plan contracted with the Agency under the Statewide Medicaid Managed Care (SMMC) program. The SMMC program has three components: Managed Medical Assistance, Long-Term Care, and Dental. Florida’s SMMC program benefits are authorized through federal waivers and are specifically required by the Florida Legislature in sections 409.973 and 409.98, F.S. The SMMC benefits are a robust health care package covering acute, preventive, behavioral health, prescribed drugs, long-term care, and dental services.

Medicaid Coverage of Prescribed Drugs

Section 409.91195, F.S., establishes the Pharmaceutical and Therapeutics (P&T) committee within the Agency for developing a Florida Medicaid Prescribed Drug List (PDL). The Governor appoints the committee members (five pharmacists, five physicians, and one consumer representative). It meets quarterly, reviews all drug classes included in the PDL at least every 12 months, and may recommend additions to and deletions from the Agency’s Medicaid PDL, such that the PDL provides

for medically appropriate drug therapies for Florida Medicaid recipients and choices for prescribers within each therapeutic class. In addition to clinical factors, the committee considers the drug manufacturers' rebate offers to have their drug included on the PDL. The Agency also manages the federally required Florida Medicaid Drug Utilization Review Board, which meets quarterly and develops and reviews clinical prior authorization criteria, including step-therapy protocols, for certain drugs that are not on the Agency's Medicaid PDL.

The P&T Committee provides diligent oversight to ensure multiple clinically appropriate and effective medications are available on the PDL to treat serious mental illness. The clinician's ability to make exceptions to step-therapy provides an avenue to alternative drug products for the patient as the judgment of the prescriber necessitates.

These State-negotiated supplemental rebates, along with federally required rebates, frequently results in the per prescription cost of a brand name drug to be less than the cost of its generic equivalent.

Medicaid managed care plans are required to provide all prescription drugs listed on the Agency's PDL. As such, the Medicaid managed care plans have not implemented their own plan-specific formularies or PDLs. Medicaid managed care plans are required to provide a link to the Agency's Medicaid PDL on their website. Medicaid covers all Food and Drug Administration (FDA) approved prescription medications. Drugs not included on the PDL must be authorized by Medicaid FFS or the health plan prior to dispensing. Parameters regarding turnaround time for an authorization are described in the next section.

Prescribed Drug Prior Authorization Requirements/Step-Therapy Protocols

For prescribed drugs, Medicaid managed care plans are contractually required to respond to prior authorization requests for prescribed drugs within 24 hours of receipt of the request. As required by state law, the Agency deploys a step-therapy prior authorization process for prescribed drugs excluded from the Florida Medicaid PDL (see s. 409.912, F.S.). The step-therapy protocol requires that the recipient try the prescribed drug on the PDL within the previous 12 months before a non-PDL drug is approved. The criteria are reviewed by the P&T committee at least annually.

Exemption to the step-therapy protocol is made when the prescribing physician provides written medical documentation that the non-PDL product is medically necessary because:

- a. There is not a drug on the PDL to treat the disease or medical condition which is an acceptable clinical alternative; or
- b. The alternative drugs have been ineffective in the treatment of the recipient's disease; or
- c. The drug product or medication of a similar drug class is prescribed for the treatment of schizophrenia or schizotypal or delusional disorders; prior authorization has been granted previously for the prescribed drug; and the medication was dispensed to the patient during the previous 12 months; or
- d. Based on historic evidence and known characteristics of the patient and the drug, the drug is likely to be ineffective, or the number of doses has been ineffective.

The Medicaid managed care plan's prior authorization criteria/protocols related to prescribed drugs (regardless of whether the drug is listed on the PDL or not) cannot be more restrictive than the criteria established by the Agency FFS prior authorizations. In accordance with s. 409.967(2)(c)2, F.S., Medicaid managed care plans must assure that the prior authorization process for prescribed drugs is readily accessible to health care providers, as well as provide timely responses to providers.

Coverage of Prescription Drugs for Serious Mental Illnesses

Drugs treating serious mental illness accounted for over \$131M in paid claims in 2022. This change may affect rebates for one of the largest drug classes, antidepressants, which is responsible for over \$30M in paid claims per year. Information below provides details regarding the PDL utilization of these drugs. As stated above, the PDL can include both name brand and generic drugs that have a lower net cost than generic drugs that are non-preferred.

Tricyclic Antidepressants: As of March 2022, 99.9% of the paid claims in this class were for preferred drugs. The nonpreferred drugs can be greater than 10 times the net cost of preferred drugs with the same mechanism of action.

Selective Serotonin Reuptake Inhibitors (SSRI) Antidepressants: As of June 2022, 99.3% of the paid claims in this class were for preferred drugs. The nonpreferred drugs can be greater than 22 times the cost of preferred drugs within the same therapeutic class.

Other Antidepressants: As of June 2022, 99.9% of the paid claims in this class were for preferred drugs. This class contains oral and injectable antidepressant drugs. The oral nonpreferred drugs can be greater than 17 times the cost of preferred drugs within the review class which includes all oral antidepressants that are not tricyclic or SSRIs.

Antipsychotics: As of September 2022, 98.3% of the paid claims in this class were for preferred drugs. PDL compliance results in significant savings annually in the antipsychotic class. The step through requirement was removed in the 2022 legislative session for the schizophrenia related medications. After the removal of the step therapy requirement for schizophrenia related drugs, the PDL compliance decreased 0.1% in the antipsychotic class. This decrease in compliance results in a reduction in collection of manufacturer rebates which offset the cost of spending.

The Medicaid PDL includes numerous generic and brand name drugs for the treatment of serious mental illness. The list of preferred medications can be found on the PDL located on the Agency's website at http://www.ahca.myflorida.com/medicaid/Prescribed_Drug/preferred_drug.shtml. If the drug is not on the PDL, the prescriber must obtain prior authorization before dispensing the medication. Prior authorization requests submitted to the Agency and managed care plans are required to be responded to within 24 hours of receipt. Prior authorization requests are reviewed using the guidelines established by the University of South Florida for mental health medications. The guidelines can be found at <https://floridabhcenter.org/>. These guidelines are included on the criteria for antipsychotic medications.

Prior authorization criteria and automated edits can be found on the Agency's website at [Drug Criteria \(myflorida.com\)](http://www.ahca.myflorida.com/medicaid/Prescribed_Drug/preferred_drug.shtml).

2. EFFECT OF THE BILL:

Section one defines "Serious Mental Illness" in Section 409.901 (27), Florida Statute (F.S.).

"Serious mental illness" means any of the following psychiatric disorders as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition:

- (a) Bipolar disorders, including hypomanic, manic, depressive, and mixed-feature episodes.
- (b) Depression in childhood or adolescence.
- (c) Major depressive disorders, including single and recurrent depressive episodes.

- (d) Obsessive-compulsive disorders.
- (e) Paranoid personality disorder or other psychotic disorders.
- (f) Schizoaffective disorders, including bipolar or depressive symptoms.
- (g) Schizophrenia.

Section one will have no impact on Florida Medicaid since it does not alter 409.912, F.S. and adds a definition of “serious mental illness”.

Section two amends s. 409.912(5)(a)6 and s. 409.912(5)(a)14.

Section 409.912 (5)(a)6, F.S., is amended by removing the word “shall” and replacing it with “must” in requiring that if a generic-drug manufacturer pays federal rebates for Medicaid-reimbursed drugs at a level below 15.1 percent, the manufacturer must provide a supplemental rebate to the state in an amount necessary to achieve a 15.1-percent rebate level. The manufacturers are already accustomed to submitting rebates so this may have a minimal positive impact on rebate collections.

Section 409.912 (5)(a)14, F.S., is amended by removing the word “shall” and replacing it with “must” in relation to the development of a step-protocol process in accordance with the Pharmaceutical and Therapeutics (P&T) committee as stated in s. 409.91195(7) and (8). This will have no impact because the committee currently reviews criteria at least annually at the P&T committee meetings.

Section 409.912 (5)(a)14, F.S., is further amended by adding “serious mental illness” to the step therapy prior authorization exceptions. The definition of step therapy in s. 409.912 (5)(a)14, F.S., is being amended by adding “or, in the case of a drug product for the treatment of serious mental illness, shall be approved” without meeting the step-therapy prior authorization criteria if the prescribing physician provides the agency with additional written medical or clinical documentation that the product is medically necessary because of subsections a-d.

Subsection “c” of s. 409.912(5)(a)14, F.S., is amended by deleting “schizophrenia or schizotypal or delusional disorders” and replacing it with “a serious mental illness” in the list of exceptions to the step therapy prior authorization criteria. If the prescribing physician submits written medical or clinical documentation that the product is medically necessary and the drug product or medication of a similar drug class has been prescribed to treat a serious mental illness which has been previously authorized and dispensed to the patient in the previous 12 months, the drug does not have to meet the step-therapy prior authorization criteria.

The addition of “serious mental illness” to the list of exceptions to step-therapy will have an operational impact on the Medicaid fee-for-service (FFS) delivery system and Statewide Medicaid Managed Care (SMMC) Plans. Criteria and automated prior authorizations process for all medications to treat serious mental illness would need to be updated to reflect the provisions of the bill. Currently, medications used to treat serious mental illness listed on the preferred drug list (PDL) do not require a prior authorization or have an automated prior authorization in place. Medicaid managed care plans are contractually required to follow the Medicaid Preferred Drug List (PDL) and to follow the step-therapy exceptions listed in s. 409.912(5)(a)14, F.S.

Section three amends s. 409.910(20)(a), F.S., related to the responsibility for payments on behalf of Medicaid eligible persons when other parties are liable. The bill updates a cross-reference for s. 409.901(27) to s. 409.901(28). A reference to “the” state is changed to “this” state. These technical edits will have no impact on Florida Medicaid since it does not alter Chapter 409.912 related to Medicaid.

Section four: The effective date is July 1, 2023.

In summary, the bill will have an operational impact on both the Florida Medicaid FFS delivery system and Medicaid managed care plans as there will need to be changes made to all coding related to drugs used to treat serious mental illness. In addition to the operational impact, the potential fiscal impact will be significant.

Operationally, Medicaid managed care plans are already contractually required to follow s. 490.912, F.S. The Florida Medicaid FFS PBM and managed care plans currently review prior authorization request exceptions. This change proposed in this bill would require that FFS and managed care reviewers evaluate the written medical and clinical documentation from the prescriber related to medications for the treatment serious mental illness to determine if the drug requested has been tried in the previous 12 months or a similar drug has been tried. If so, the requested drug would be approved. If a prescriber submits an exception request, an override will have to be entered by the reviewer for any edits related to serious mental illness. Similar operational updates were done in 2022 as a result of Senate Bill 534 when schizophrenia related drugs were added to the list of exceptions to step-therapy protocol in s. 409.912(5)(a)14c.

Fiscally, the bill could have adverse impact on the state Medicaid budget. The Medicaid PDL includes many effective generic medications and brand medications with robust federal rebates and often additional supplemental offered by drug manufacturers which result in reduced cost to Medicaid. If numerous prescribing physicians elect to prescribe drugs that are not on the PDL, it may lead to an increase in drug cost in therapeutic classes related to serious mental illness. After the addition of the schizophrenia drugs to the step-therapy exceptions listed in s. 409.912(5)(a)14c in 2022, the Agency did observe a relative decrease in the amount of rebates collected for the treatment of schizophrenia. A substantial decrease in rebates relative to the large number of drugs used to treat serious mental illness could be expected should the changes in this bill go into effect as written. Antipsychotics alone are projected to collect over \$13M in rebates this year with a total spend of more than \$70M. Rebates are used to offset cost and are factored into the State's Medicaid budget, the potential loss of rebates for a class this size could increase the overall cost of pharmacy spending in the Florida Medicaid Program.

3. DOES THE BILL DIRECT OR ALLOW THE AGENCY/BOARD/COMMISSION/DEPARTMENT TO DEVELOP, ADOPT, OR ELIMINATE RULES, REGULATIONS, POLICIES, OR PROCEDURES? Y ___ N _X_

If yes, explain:	N/A
Is the change consistent with the agency's core mission?	Y ___ N ___ N/A
Rule(s) impacted (provide references to F.A.C., etc.):	N/A

4. WHAT IS THE POSITION OF AFFECTED CITIZENS OR STAKEHOLDER GROUPS?

Proponents and summary of position:	Unknown
Opponents and summary of position:	Unknown

5. ARE THERE ANY REPORTS OR STUDIES REQUIRED BY THIS BILL? Y ___ N _X_

If yes, provide a description:	N/A
Date Due:	N/A

Bill Section Number(s):	N/A
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6. ARE THERE ANY GUBERNATORIAL APPOINTMENTS OR CHANGES TO EXISTING BOARDS, TASK FORCES, COUNCILS, COMMISSION, ETC.? REQUIRED BY THIS BILL? Y ___ N _X_

Board:	N/A
Board Purpose:	N/A
Who Appointments:	N/A
Appointee Term:	N/A
Changes:	N/A
Bill Section Number(s):	N/A

FISCAL ANALYSIS

1. DOES THE BILL HAVE A FISCAL IMPACT TO LOCAL GOVERNMENT? Y ___ N _X_

Revenues:	N/A
Expenditures:	N/A
Does the legislation increase local taxes or fees? If yes, explain.	N/A
If yes, does the legislation provide for a local referendum or local governing body public vote prior to implementation of the tax or fee increase?	N/A

2. DOES THE BILL HAVE A FISCAL IMPACT TO STATE GOVERNMENT? Y _X_ N ___

Revenues:	N/A
Expenditures:	Indeterminate. According to the FY2020-21 CMS data, Florida Medicaid spent over \$117 Million on medications for the treatment of "serious mental illness". If numerous prescribing physicians elect to prescribe drugs that are not on the PDL, it may lead to an increase in drug cost in therapeutic classes related to serious mental illness due to the loss of bargaining power. Every 1% loss could generate a \$1.1 million increase in overall Medicaid program costs.
Does the legislation contain a State Government appropriation?	No
If yes, was this appropriated last year?	N/A

3. DOES THE BILL HAVE A THE FISCAL IMPACT TO THE PRIVATE SECTOR? Y ___ N _X_

Revenues:	N/A
Expenditures:	N/A
Other:	N/A

4. DOES THE BILL INCREASE OR DECREASE TAXES, FEES, OR FINES? Y ___ N _X_

If yes, explain impact.	N/A
Bill Section Number:	N/A

TECHNOLOGY IMPACT

1. DOES THE BILL IMPACT THE AGENCY'S TECHNOLOGY SYSTEMS (I.E. IT SUPPORT, LICENSING SOFTWARE, DATA STORAGE, ETC.)? Y ___ N _X_

If yes, describe the anticipated impact to the agency including any fiscal impact.	N/A
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FEDERAL IMPACT

1. DOES THE BILL HAVE A FEDERAL IMPACT (I.E. FEDERAL COMPLIANCE, FEDERAL FUNDING, FEDERAL AGENCY INVOLVEMENT, ETC.)? Y ___ N _X_

If yes, describe the anticipated impact including any fiscal impact.	N/A
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ADDITIONAL COMMENTS

N/A

LEGAL – GENERAL COUNSEL'S OFFICE REVIEW

Issues/concerns/comments:	N/A
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The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: SB 218

INTRODUCER: Senator Harrell

SUBJECT: Genetic Counselors Using Telehealth

DATE: February 17, 2023

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Brown	HP	Favorable
2.	_____	_____	JU	_____
3.	_____	_____	RC	_____

I. Summary:

SB 218 amends the definition of a telehealth provider in s. 456.47, F.S., to allow licensed genetic counselors to provide health care and related services using telehealth.

The bill provides an effective date of July 1, 2023.

II. Present Situation:

Telehealth

Section 456.47, F.S., defines the term “telehealth” as the use of synchronous or asynchronous telecommunications technology by a telehealth provider to provide health care services, including, but not limited to, assessment, diagnosis, consultation, treatment, and monitoring of a patient; transfer of medical data; patient and professional health-related education; public health services; and health administration. The term does not include audio-only telephone calls, e-mail messages, or facsimile transmissions.

In a general sense, “synchronous” telehealth happens in live, real-time settings where the patient interacts with a provider, usually via phone or video. Providers and patients communicate directly, often resulting in a diagnosis, treatment plan, or prescription. Synchronous telehealth can include additional at-home devices such as a blood pressure or heart rate monitors, thermometers, oximeters, cameras, or scales to help the provider more accurately assess the patient’s health status.¹

¹ TELEHEALTH.HHS.GOV, “Synchronous direct-to-consumer telehealth,” available at <https://telehealth.hhs.gov/providers/direct-to-consumer/synchronous-direct-to-consumer-telehealth/> (last visited Feb. 1, 2023).

“Asynchronous” telehealth, also known as “store-and-forward,” is often used for patient intake or follow-up care. For example, a patient sends a photo of a skin condition that is later reviewed by a dermatologist who recommends treatment.²

Section 456.47, F.S., also authorizes out-of-state health care providers to use telehealth to deliver health care services to Florida patients if they register with the Department of Health (DOH) or the applicable board³ and meet certain eligibility requirements.⁴ A registered out-of-state telehealth provider may use telehealth, within the relevant scope of practice established by Florida law and rule, to provide health care services to Florida patients but is prohibited from opening an office in Florida and from providing in-person health care services to patients located in Florida without first becoming licensed by the state of Florida.

A telehealth provider may not use telehealth to prescribe a controlled substance listed in Schedule II⁵ or s. 893.03, F.S., unless the controlled substance is prescribed for the following:

- The treatment of a psychiatric disorder;
- Inpatient treatment at a hospital licensed under ch. 395, F.S.;
- The treatment of a patient receiving hospice services as defined in s. 400.601, F.S.; or
- The treatment of a resident of a nursing home facility as defined in s. 400.021, F.S.⁶

A telehealth provider must document in the patient’s medical record the health care services rendered using telehealth according to the same standard as used for in-person services. Medical records, including video, audio, electronic, or other records generated as a result of providing such services, are confidential pursuant to ss. 395.3025(4), and 456.057, F.S.⁷

The website of an out-of-state telehealth provider registered under s. 456.47, F.S., must prominently display a hyperlink to the DOH’s website, and the DOH’s website must publish a list of all out-of-state registrants and include the following information for each:

- Name;
- Health care occupation;

² TELEHEALTH.HHS.GOV, “Asynchronous direct-to-consumer telehealth,” available at <https://telehealth.hhs.gov/providers/direct-to-consumer/asynchronous-direct-to-consumer-telehealth/> (last visited Feb. 1, 2023).

³ Under s. 456.001(1), F.S., the term “board” is defined as any board, commission, or other statutorily created entity, to the extent such entity is authorized to exercise regulatory or rulemaking functions within DOH or, in some cases, within DOH’s Division of Medical Quality Assurance (MQA).

⁴ Section 456.47(4), F.S.

⁵ Schedule II drugs, substances, or chemicals are defined as drugs with a high potential for abuse, with use potentially leading to severe psychological or physical dependence. These drugs are also considered dangerous. Some examples of Schedule II drugs are: combination products with less than 15 milligrams of hydrocodone per dosage unit (Vicodin), cocaine, methamphetamine, methadone, hydromorphone (Dilaudid), meperidine (Demerol), oxycodone (OxyContin), fentanyl, Dexedrine, Adderall, and Ritalin. United States Drug Enforcement Administration, Drug Scheduling, *Schedule II*, available at <https://www.dea.gov/drug-information/drug-scheduling> (last visited Feb. 16, 2023).

⁶ Section 456.47(2)(c), F.S.

⁷ Section 456.47(3), F.S.

- Health care training and education, including completion dates and any certificates or degrees obtained;
- Out-of-state health care licenses, including license numbers;
- Florida telehealth provider registration number;
- Specialty, if any;
- Board certification, if any;
- Five-years of disciplinary history, including sanctions imposed and board actions;
- Medical malpractice insurance provider and policy limits, including whether the policy covers claims that arise in Florida; and
- The name and address of the registered agent designated for service of process in this state.⁸

A health care professional may not register under s. 456.47, F.S., if his or her license to provide health care services is subject to a pending disciplinary investigation or action; or has been revoked in any state or jurisdiction. A health care professional registered under this subsection must notify the appropriate board, or the DOH if there is no board, of any restrictions placed on his or her license to practice, or any disciplinary action taken or pending against him or her, in any state or jurisdiction. The notification must be provided within five business days after the restriction is placed or disciplinary action is initiated or taken.⁹

The board, or the DOH if there is no board, may take disciplinary action against an out-of-state telehealth provider registered under s. 456.47, F.S., if the registrant:

- Fails to notify the applicable board, or the DOH if there is no board, 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 s. 456.47, F.S.; or
- Commits any act that constitutes grounds for disciplinary action under s. 456.072, F.S, or the applicable practice act for similarly licenses Florida providers.¹⁰

Venue for civil or administrative actions initiated by the DOH, the appropriate board, or a patient who receives telehealth services from an out-of-state telehealth provider may be located in the patient's county of residence or in Leon County.¹¹ A health care professional who is not licensed to provide health care services in Florida, but who holds an active license to provide health care services in another state or jurisdiction, and who provides such services using telehealth to a patient located in Florida, is not subject to the registration requirement under s. 456.47, F.S., if the services are provided:

- In response to an emergency medical condition; or
- In consultation with a health care professional licensed Florida who has ultimate authority over the diagnosis and care of the patient.¹²

⁸ Section 456.47(4)(h), F.S.

⁹ Section 456.47 (4)(d), F.S.

¹⁰ Section 456.47(4)(i), F.S.

¹¹ Section 456.47(5), F.S.

¹² Section 456.47(6), F.S.

Genetic Counselors

In 2021 the Legislature created a new licensed and regulated profession, genetic counseling, within the DOH in Part III. Ch. 483, F.S., and authorized the new practice act to be cited as the “Genetic Counseling Workforce Act” (Act). Section 456.001, F.S., was also amended to include genetic counselors in the definition of a health care practitioner.¹³

The Act provides legislative intent and findings to establish a new profession. It defines the scope of practice of genetic counseling as a process of advising an individual or a family affected by or at risk of genetic disorders, including:

- Obtaining and evaluating individual, family, and medical histories to determine the genetic risk for genetic or medical conditions and diseases in a patient, his or her offspring, and other family members;
- Discussing the features, natural history, means of diagnosis, genetic and environmental factors, and management of risk for genetic or medical conditions and diseases;
- Identifying, ordering, and coordinating genetic laboratory tests and other diagnostic studies as appropriate for a genetic assessment;
- Integrating genetic laboratory test results and other diagnostic studies with personal and family medical history to assess and communicate risk factors for genetic or medical conditions and diseases;
- Explaining the clinical implications of genetic laboratory tests and other diagnostic studies and their results;
- Evaluating the client’s or family’s responses to the condition or risk of recurrence and providing client-centered counseling and anticipatory guidance;
- Identifying and using community resources that provide medical, educational, financial, and psychosocial support and advocacy;
- Providing written documentation of medical, genetic, and counseling information for families and health care professionals; and
- Referring patients to a physician for diagnosis and treatment.

A person desiring to be licensed as a genetic counselor must apply to the DOH, and the DOH must issue a two-year license to each applicant who:

- Is of good moral character;
- Provides satisfactory documentation of having earned:
 - A master’s degree from a genetic counseling training program or its equivalent as determined by the Accreditation Council of Genetic Counseling or its successor or an equivalent entity; or
 - A doctoral degree from a medical genetics training program accredited by the American Board of Medical Genetics and Genomics or the Canadian College of Medical Geneticists;
- Has passed the examination for certification as:

¹³ Genetic counselling is not listed as one of the DOH divisions in s. 20.43, F.S., under which the DOH derives its general regulatory authority.

- A genetic counselor by the American Board of Genetic Counseling, Inc., the American Board of Medical Genetics and Genomics, or the Canadian Association of Genetic Counsellors; or
- A medical or clinical geneticist by the American Board of Medical Genetics and Genomics or the Canadian College of Medical Geneticists.

The Act also establishes grounds for disciplinary action and penalties and creates exemptions from genetic counseling regulation for:

- Commissioned medical officers of the U.S. Armed Forces or Public Health Service while on active duty; and
- Health care practitioners as defined in s. 456.001, F.S., other than genetic counselors, who are practicing within the scope of their education, training, and licensure.

The Act includes a “conscience clause” allowing a genetic counselor to refuse to participate in counseling that conflicts with his or her deeply held moral or religious beliefs. The license of a genetic counselor may not be contingent upon participation in such counseling. A genetic counselor’s refusal to participate in counseling that conflicts with his or her deeply held moral or religious beliefs may also not form the basis for any claim of damages or for any disciplinary action against a genetic counselor, provided:

- The genetic counselor informs the patient that he or she will not participate in such counseling; and
- Offers to direct the patient to the online health care practitioner license verification database maintained by the DOH.

III. Effect of Proposed Changes:

SB 218 amends the definition of a telehealth provider in s. 456.47, F.S., to include licensed genetic counselors so that they may practice their profession using telehealth.

The bill provides an effective date of July 1, 2023.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The bill may reduce the costs to patients receiving genetic counseling services by not requiring patients to travel long distances to receive test results and follow-up counseling.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

Genetic counseling is not listed as one of the DOH divisions in s. 20.43, F.S., under which the DOH derives its general regulatory authority from the Legislature. This may create a technical issue as to whether or not the DOH has been given authority by the Legislature to regulate genetic counselling.

VIII. Statutes Affected:

This bill substantially amends section 456.47 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

By Senator Harrell

31-00610-23

2023218__

A bill to be entitled

An act relating to genetic counselors using telehealth; amending s. 456.47, F.S.; revising the definition of the term "telehealth provider" to include persons licensed as genetic counselors; providing an effective date.

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

Section 1. Paragraph (b) of subsection (1) of section 456.47, Florida Statutes, is amended to read:

456.47 Use of telehealth to provide services.—

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

(b) "Telehealth provider" means any individual who provides health care and related services using telehealth and who is licensed or certified under s. 393.17; part III of chapter 401; chapter 457; chapter 458; chapter 459; chapter 460; chapter 461; chapter 463; chapter 464; chapter 465; chapter 466; chapter 467; part I, part III, part IV, part V, part X, part XIII, or part XIV of chapter 468; chapter 478; chapter 480; part I, ~~or~~ part II, or part III of chapter 483; chapter 484; chapter 486; chapter 490; or chapter 491; who is licensed under a multistate health care licensure compact of which Florida is a member state; or who is registered under and complies with subsection (4).

Section 2. This act shall take effect July 1, 2023.

The Florida Senate
APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

20 February 2023
Meeting Date
Health Policy
Committee

218

Bill Number or Topic

Amendment Barcode (if applicable)

Name Chris Stranburg Phone 813-767-9667
Address 107 E College Ave Email cstranburg@afphg.org
Street
Tallahassee FL 32301
City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:
Americans for
Prosperity

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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

S-001 (08/10/2021)

February 20, 2023

Meeting Date

Health Policy

Committee

The Florida Senate

APPEARANCE RECORD

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218

Bill Number or Topic

Amendment Barcode (if applicable)

Name Barney Bishop III Phone 850/510-9922
Address 1454 Vieux Carre Drive Email Barney@BarneyBishop.com
Street
Tallahassee FL 32308
City State Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

Meridian Health Serv.

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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

S-001 (08/10/2021)

2/20/2023

Meeting Date

Health Policy

Committee

Name

Robby Holroyd

Phone

954-803-0231

Address

205 S. Adams St.

Email

REH@trippscott.com

Street

Tallahassee

FL

32301

City

State

Zip

Speaking:

☐

For

☐

Against

☐

Information

OR

Waive Speaking:

☒

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐

I am appearing without compensation or sponsorship.

☒

I am a registered lobbyist, representing:

☐

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

Florida Association of Genetic Counselors

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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

S-001 (08/10/2021)

2/20/2023

Meeting Date

Health Policy

Committee

Name

CHRISTIAN CAHARA

Phone

(305) 608-4300

Address

PO Box 122

Email

Street

Tallahassee, FL

32301

City

State

Zip

Speaking:

☐

For

☐

Against

☐

Information

OR

Waive Speaking:

☒

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐

I am appearing without compensation or sponsorship.

☐

I am a registered lobbyist, representing:

☐

I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

INSTITUTE FOR JUSTICE

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Appropriations Committee on Health and
Human Services, *Chair*
Environment and Natural Resources, *Vice Chair*
Appropriations
Appropriations Committee on Education
Education Postsecondary
Health Policy
Judiciary

SELECT COMMITTEE:

Select Committee on Resiliency

SENATOR GAYLE HARRELL

31st District

February 8, 2023

Senator Colleen Burton
318 Senate Building
404 South Monroe Street
Tallahassee, FL 32399

Chair Burton,

I respectfully request that SB 218 – Genetic Counselors Using Telehealth be placed on the next available agenda for the Health Policy Committee Meeting.

Should you have any questions or concerns, please feel free to contact my office. Thank you in advance for your consideration.

Thank you,

A handwritten signature in blue ink that reads "Gayle".

Senator Gayle Harrell
Senate District 31

Cc: Allen Brown, Staff Director
Anhar Al-Asadi, Committee Administrative Assistant

REPLY TO:

□ 215 SW Federal Highway, Suite 203, Stuart, Florida 34994 (772) 221-4019 FAX: (888) 263-7895
□ 414 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5031

Senate's Website: www.flsenate.gov

KATHLEEN PASSIDOMO
President of the Senate

DENNIS BAXLEY
President Pro Tempore

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: CS/SB 230

INTRODUCER: Health Policy Committee and Senator Harrell

SUBJECT: Health Care Practitioner Titles and Abbreviations

DATE: February 22, 2023

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto Van Winkle	Brown	HP	Fav/CS
2.			RC	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 230 creates s. 456.0651, F.S., for health care practitioner titles and designations. The bill defines “advertisement,” “educational degree,” “misleading, deceptive, or fraudulent representation,” and “profession.” The bill provides that if someone other than an allopathic or osteopathic physician attaches to his or her name any of the titles or designations listed in the bill, in an advertisement or in a manner that is misleading, deceptive, or fraudulent, the person is practicing medicine or osteopathic medicine without a license and is subject to the provisions of s. 456.065, F.S., relating to the unlicensed practice of a health care profession. The bill provides exceptions for certain professions and certain titles, and provides that practitioners may use titles and specialty designations authorized under their respective practice acts.

The bill amends s. 456.072(1)(t), F.S., to provide that a practitioner’s failure to wear a name tag, which must include his or her name and profession, when treating or consulting with a patient, is grounds for discipline unless he or she is in his or her office where the practitioner’s license is prominently displayed in a conspicuous area, and the practitioner must verbally identify himself or herself to all new patients by name and profession.

The bill further amends s. 456.072(1)(t), F.S., to provide that any advertisement naming a practitioner must include the practitioner's profession and educational degree and to require practitioner regulatory boards,¹ or the Department of Health (DOH) if there is no board, to adopt rules to determine how their practitioners must comply with this paragraph of statute.

The bill provides an effective date of July 1, 2023.

II. Present Situation:

Licensure and Regulation of Health Care Practitioners

The Division of Medical Quality Assurance (MQA), within the DOH, has general regulatory authority over health care practitioners.² The MQA works in conjunction with 22 regulatory boards and four councils to license and regulate seven types of health care facilities and more than 40 health care professions.³ Each profession is regulated by an individual practice act and by ch. 456, F.S., which provides general regulatory and licensure authority for the MQA. The MQA is statutorily responsible for the following boards and professions established within the division:⁴

- The Board of Acupuncture, created under ch. 457, F.S.;
- The Board of Medicine, created under ch. 458, F.S.;
- The Board of Osteopathic Medicine, created under ch. 459, F.S.;
- The Board of Chiropractic Medicine, created under ch. 460, F.S.;
- The Board of Podiatric Medicine, created under ch. 461, F.S.;
- Naturopathy, as provided under ch. 462, F.S.;
- The Board of Optometry, created under ch. 463, F.S.;
- The Board of Nursing, created under part I of ch. 464, F.S.;
- Nursing assistants, as provided under part II of ch. 464, F.S.;
- The Board of Pharmacy, created under ch. 465, F.S.;
- The Board of Dentistry, created under ch. 466, F.S.;
- Midwifery, as provided under ch. 467, F.S.;
- The Board of Speech-Language Pathology and Audiology, created under part I of ch. 468, F.S.;
- The Board of Nursing Home Administrators, created under part II of ch. 468, F.S.;
- The Board of Occupational Therapy, created under part III of ch. 468, F.S.;

¹ Under s. 456.001(1), F.S., the term “board” is defined as any board, commission, or other statutorily created entity, to the extent such entity is authorized to exercise regulatory or rulemaking functions within DOH or, in some cases, within DOH's Division of Medical Quality Assurance (MQA).

² Pursuant to s. 456.001(4), F.S., health care practitioners are defined to include acupuncturists, physicians, physician assistants, chiropractors, podiatrists, naturopaths, dentists, dental hygienists, optometrists, nurses, nursing assistants, pharmacists, midwives, speech language pathologists, nursing home administrators, occupational therapists, respiratory therapists, dietitians, athletic trainers, orthotists, prosthetists, electrologists, massage therapists, clinical laboratory personnel, medical physicists, genetic counselors, dispensers of optical devices or hearing aids, physical therapists, psychologists, social workers, counselors, and psychotherapists, among others.

³ Florida Department of Health, Division of Medical Quality Assurance, *Annual Report and Long-Range Plan, Fiscal Year 2021-2022*, p. 5, <https://www.floridahealth.gov/licensing-and-regulation/reports-and-publications/annual-reports.html> (last visited Feb. 10, 2023).

⁴ Section 456.001(4), F.S.

- Respiratory therapy, as provided under part V of ch. 468, F.S.;
- Dietetics and nutrition practice, as provided under part X of ch. 468, F.S.;
- The Board of Athletic Training, created under part XIII of ch. 468, F.S.;
- The Board of Orthotists and Prosthetists, created under part XIV of ch. 468, F.S.;
- Electrolysis, as provided under ch. 478, F.S.;
- The Board of Massage Therapy, created under ch. 480, F.S.;
- The Board of Clinical Laboratory Personnel, created under part I of ch. 483, F.S.;
- Medical physicists, as provided under part II of ch. 483, F.S.;
- Genetic Counselors as provided under part III of ch. 483, F.S.;
- The Board of Opticianry, created under part I of ch. 484, F.S.;
- The Board of Hearing Aid Specialists, created under part II of ch. 484, F.S.;
- The Board of Physical Therapy Practice, created under ch. 486, F.S.;
- The Board of Psychology, created under ch. 490, F.S.;
- School psychologists, as provided under ch. 490, F.S.;
- The Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling, created under ch. 491, F.S.; and
- Emergency medical technicians and paramedics, as provided under part III of ch. 401, F.S.

The DOH and the practitioner boards have different roles in the regulatory system. Boards establish practice standards by rule, pursuant to statutory authority and directives. The DOH receives and investigates complaints about practitioners and prosecutes cases for disciplinary action against practitioners.

The DOH, on behalf of the professional boards, investigates complaints against practitioners.⁵ Once an investigation is complete, the DOH presents the investigatory findings to the boards. The DOH recommends a course of action to the appropriate board's probable cause panel which may include:⁶

- Issuing an Emergency Order;
- Having the file reviewed by an expert;
- Issuing a closing order; or
- Filing an administrative complaint.

The boards determine the course of action and any disciplinary action to take against a practitioner under the respective practice act.⁷ For professions for which there is no board, the DOH determines the action and discipline to take against a practitioner and issues the final orders.⁸ The DOH is responsible for ensuring that licensees comply with the terms and penalties

⁵ Department of Health, *Investigative Services*, <http://www.floridahealth.gov/licensing-and-regulation/enforcement/admin-complaint-process/isu.html> (last visited Feb. 10, 2023).

⁶ Department of Health, *Prosecution Services*, <http://www.floridahealth.gov/licensing-and-regulation/enforcement/admin-complaint-process/psu.html> (last visited Feb. 10, 2023).

⁷ Section 456.072(2), F.S.

⁸ Professions which do not have a board include naturopathy, nursing assistants, midwifery, respiratory therapy, dietetics and nutrition, electrolysis, medical physicists, genetic counselors, and school psychologists.

imposed by the boards.⁹ If a case is appealed, DOH attorneys defend the final actions of the boards before the appropriate appellate court.¹⁰

The DOH and board rules apply to all statutory grounds for discipline against a practitioner. Under current law, the DOH takes on the disciplinary functions of a board relating to violations of a practice act only for practitioner types that do not have a board. The DOH itself takes no final disciplinary action against practitioners for which there is a board.

The Unlicensed Activity Unit

The Unlicensed Activity (ULA) Unit protects Florida residents and visitors from the potentially serious and dangerous consequences of receiving medical and health care services from an unlicensed person. The ULA unit investigates and refers for prosecution all unlicensed health care activity complaints and allegations.

The ULA unit works in conjunction with law enforcement and the state attorney's offices to prosecute individuals practicing without a license. In many instances, unlicensed activity is a felony level criminal offense. More importantly, receiving health care from unlicensed persons is dangerous and could result in further injury, disease or even death.¹¹

The Unlicensed Activity Investigation Process

The DOH assigns all ULA complaints a computer-generated complaint number for tracking purposes. If the allegations are determined to be legally sufficient, the matter will be forwarded to a ULA investigator whose office is geographically closest to the location where the alleged unlicensed activity is occurring. In cases where the person making the allegation has provided their identifying information, a ULA investigator will contact him or her to verify the allegations. The investigator may also ask for more detailed information concerning certain aspects of the complaint. He or she may also ask to meet with the complainant in person for a formal interview. All ULA investigators are empowered to take sworn statements.

After discussing the allegations with the complainant, the ULA investigator will pursue all appropriate investigative steps (gather documents, conduct surveillance, question witnesses, etc.) in order to make a determination concerning the likelihood that the offense(s) took place in the manner described by the complainant. In the event that a licensed health care provider is alleged to be somehow involved with the unlicensed activity, the ULA investigator will also coordinate his/her investigation with the Investigative Services Unit (ISU) regulatory investigator assigned to investigate the licensee.

If the complainant's allegations can be substantiated, the ULA investigation will conclude with one or more of the following outcomes:

- The subject(s) will be issued a Cease and Desist Agreement.

⁹ *Supra*, note 6.

¹⁰ *Id.*

¹¹ The Department of Health, Licensing and Regulation, enforcement, Unlicensed Activity, *Reporting Unlicensed Activity*, available at <https://www.floridahealth.gov/licensing-and-regulation/enforcement/report-unlicensed-activity/index.html> (last visited Feb. 21, 2023).

- The subject(s) will be issued a Uniform Unlicensed Activity Citation (fine).
- The subject(s) will be arrested by law enforcement.

If the investigation determines that the alleged acts either did not take place or if they did occur but all actions were lawful and proper, the investigation will be closed as unfounded. In the event that the allegation(s) cannot be clearly proved or disproved, the matter will be closed as unsubstantiated. In any case, a detailed investigative report will be prepared by the ULA investigator supporting the conclusions reached by the investigation.

Under s. 456.065, F.S., investigations involving the unlicensed practice of a healthcare profession are criminal investigations that require the development of sufficient evidence (probable cause) to present to law enforcement or file charges with the State Attorney's Office in the county of occurrence. While ULA investigators are non-sworn, many have law enforcement experience gained from prior careers as police officers and detectives. ULA investigators work cooperatively with many law enforcement agencies in joint investigations that are either initiated by the DOH or the agency concerned.¹²

Health Care Specialties and Florida Licensure

The DOH does not license health care practitioners by specialty or subspecialty. A health care practitioner's specialty area of practice is acquired through the practitioner acquiring additional education, training, or experience in a particular area of health care practice. Practitioners who have acquired additional education, training, or experience in a particular area may also elect to become board-certified in that specialty by private, national specialty boards, such as the American Board of Medical Specialties (ABMS), the Accreditation Board for Specialty Nursing Certification, and the American Board of Dental Specialties.¹³ Board certification is not required to practice a medical or osteopathic specialty.

Current Law Title Prohibitions

Current law limits which health care practitioners may hold themselves out as board-certified specialists. An allopathic physician may not hold himself or herself out as a board-certified specialist unless he or she has received formal recognition as a specialist from a specialty board of the ABMS or other recognizing agency¹⁴ approved by the Board of Medicine.¹⁵ Similarly, an osteopathic physician may not hold himself or herself out as a board-certified specialist unless he or she has successfully completed the requirements for certification by the American Osteopathic Association (AOA) or the Accreditation Council on Graduate Medical Education (ACGME) and

¹² The Department of Health, Licensing and Regulation, enforcement, Unlicensed Activity, *Investigate Complaints*, available at <https://www.floridahealth.gov/licensing-and-regulation/enforcement/report-unlicensed-activity/investigate-complaints.html> (last visited Feb. 21, 2023).

¹³ Examples of specialties include dermatology, emergency medicine, ophthalmology, pediatric medicine, certified registered nurse anesthetist, clinical nurse specialist, cardiac nurse, nurse practitioner, endodontics, orthodontics, and pediatric dentistry.

¹⁴ The Board of Medicine has approved the specialty boards of the ABMS as recognizing agencies. See Fla. Admin. Code. R. 64B8-11.001(1)(f), (2022).

¹⁵ Section 458.3312, F.S.

is certified as a specialist by a certifying agency¹⁶ approved by the board.¹⁷ In addition, an allopathic physician may not hold himself or herself out as a board-certified specialist in dermatology unless the recognizing agency, whether authorized in statute or by rule, is triennially reviewed and reauthorized by the Board of Medicine.¹⁸

A podiatric physician also may not advertise that he or she is board certified unless the organization is approved by the Board of Podiatric Medicine (BPM) for the purposes of advertising only and the name of the organization is identified in full in the advertisement. In order for an organization to obtain the BPM approval it must be the American Podiatric Medical Association, the National Council of Competency Assurance, or an organization that must:

- Be composed of podiatric physicians interested in a special area of practice demonstrated through successful completion of examinations or case reports;
- Subscribe to a code of ethics;
- Have rules and procedures for maintaining a high level of professional conduct and discipline among its membership;
- Have an active membership of at least seventy-five (75);
- Sponsor annual meeting and courses in Board approved continuing education; and
- Be a national organization in scope and give a certification examination at least once a year before the podiatric physician can advertise possession of the certification.¹⁹

A dentist may not hold himself or herself out as a specialist, or advertise membership in or specialty recognition by an accrediting organization, unless the dentist has completed a specialty education program approved by the American Dental Association and the Commission on Dental Accreditation and the dentist is:²⁰

- Eligible for examination by a national specialty board recognized by the American Dental Association; or
- Is a diplomate of a national specialty board recognized by the American Dental Association.

If a dentist announces or advertises a specialty practice for which there is not an approved accrediting organization, the dentist must clearly state that the specialty is not recognized or that the accrediting organization has not been approved by the American Dental Association or the Florida Board of Dentistry.²¹

By rule, the Board of Chiropractic Medicine (BCM) prohibits chiropractors from using deceptive, fraudulent, and misleading advertising. However, the BCM permits chiropractors to advertise that he or she has attained diplomate status in a chiropractic specialty area recognized by the BCM. BCM specialties include those which are recognized by the Councils of the

¹⁶ The osteopathic board has approved the specialty boards of the ABMS and AOA as recognizing agencies. Fla. Admin. Code R. 64B15-14.001(h),(2022).

¹⁷ Section 459.0152, F.S.

¹⁸ *Id.*

¹⁹ Fla. Admin. Code R. 64B18-14.004 (2022).

²⁰ Section 466.0282, F.S. A dentist may also hold himself or herself out as a specialist if the dentist has continuously held himself or herself out as a specialist since December 31, 1964, in a specialty recognized by the American Dental Association.

²¹ Section 466.0282(3), F.S.

American Chiropractic Association, the International Chiropractic Association, the International Academy of Clinical Neurology, or the International Chiropractic Pediatric Association.²²

Most other health care practitioner practice acts, and/or board rules, contain prohibitions against false, deceptive, or misleading advertising or fraudulent representations in the practice, or both.²³

Health Care Practitioners: Specialty Designations

Section 456.072, F.S., authorizes a regulatory board, or the DOH if there is no board, to discipline a health care practitioner's licensure for a number of offenses, including but not limited to:

- Making misleading, deceptive, or fraudulent representations in or related to the practice of the licensee's profession; or
- Failing to identify through writing or orally to a patient the type of license under which the practitioner is practicing.

If a board or the DOH finds that a licensee committed a violation of a statute or rule, the board or the DOH may:²⁴

- Refuse to certify, or to certify with restrictions, an application for a license;
- Suspend or permanently revoke a license;
- Place a restriction on the licensee's practice or license;
- Impose an administrative fine not to exceed \$10,000 for each count or separate offense; if the violation is for fraud or making a false representation, a fine of \$10,000 must be imposed for each count or separate offense;
- Issue a reprimand or letter of concern;
- Place the licensee on probation;
- Require a corrective action plan;
- Refund fees billed and collected from the patient or third party on behalf of the patient; or
- Require the licensee to undergo remedial education.

III. Effect of Proposed Changes:

Section 1 of the bill creates s. 456.0651, F.S., and defines the following terms as used in that section of statute:

- "Advertisement" means any printed, electronic, or oral, statement that:
 - Is communicated or disseminated to the general public;
 - Is prepared, communicated, or disseminated under the control of the practitioner or with the practitioner's consent; and
 - Is intended to encourage a person to use a practitioner's professional services or to promote those services or the practitioner in general; or, for commercial purposes, names

²² Fla. Admin. Code R. 64B2-15.001(2)(e), (2022). Examples of chiropractic specialties include chiropractic acupuncture, chiropractic internist, chiropractic and clinical nutrition, radiology chiropractic, and pediatric chiropractors.

²³ See *Pharmacist*, Fla. Admin. Code R. 64B16-3001(2)(u), (2022); *Acupuncture*, Fla. Admin. Code R. 64B1-9.001(d) and (k), (2022); *Athletic Trainer*, Fla. Admin. Code R. 64B33-5.001(4)(a) and (e), (2022).

²⁴ Section 456.072(2), F.S.

- a practitioner in connection with the practice, profession, or institution in which the practitioner is employed, volunteers, or provides health care services.
- “Educational degree” means a degree awarded to a practitioner by a college or university relating to the practitioner’s profession or specialty designation which may be referenced in an advertisement by name or acronym.
 - “Misleading, deceptive, or fraudulent representation” means any information that misrepresents or falsely describes a practitioner’s profession, skills, training, expertise, educational degree, board certification, or licensure.
 - “Profession” means the name or title of a practitioner’s profession that is regulated by the DOH in the Division of Medical Quality Assurance and which is allowed to be used by an individual due to his or her license, license by endorsement, certification, or registration issued by a board or the DOH. The term does not include a practitioner’s license or educational degree.

The bill provides that, for purposes of s. 456.065, F.S., relating to the unlicensed practice of a health care profession, in addition to the definitions of the “practice of medicine”²⁵ and the “practice of osteopathic medicine”²⁶ found in their corresponding practice acts, those terms also include attaching to one’s name, alone or in combination, or in connection with other words, any of the following titles or abbreviations in an advertisement or in a manner that constitutes a misleading, deceptive, or fraudulent representation:

- Doctor of medicine.
- M.D.
- Doctor of osteopathy.
- D.O.
- Physician.
- Emergency physician.
- Family practice physician.
- Interventional pain physician.
- Medical doctor.
- Osteopath.
- Osteopathic medical physician.
- Surgeon.
- Anesthesiologist.
- Cardiologist.
- Dermatologist.
- Endocrinologist.
- Gastroenterologist.
- Gynecologist.
- Hematologist.
- Internist.
- Laryngologist.
- Nephrologist.
- Neurologist.

²⁵ See s. 458.305, F.S.

²⁶ See s. 459.003, F.S.

- Obstetrician.
- Oncologist.
- Ophthalmologist.
- Orthopedic surgeon.
- Orthopedist.
- Otologist.
- Otolaryngologist.
- Otorhinolaryngologist.
- Pathologist.
- Pediatrician.
- Primary care physician.
- Proctologist.
- Psychiatrist.
- Radiologist.
- Rheumatologist.
- Rhinologist.
- Urologist.

Exceptions

The bill authorizes a licensed practitioner to use any name or title of his or her profession, and any corresponding designation or initials, authorized under his or her practice act to describe himself or herself, and his or her practice. If the licensed practitioner also has a specialty area of practice authorized under his or her practice act, he or she may use the following format to identify himself or herself or describe his or her practice: “...(name or title of the practitioner’s profession)...., specializing in ...(name of the practitioner’s specialty)....”

The bill allows a chiropractor licensed under ch. 460, F.S., to use the titles “chiropractic physician” and “doctor of chiropractic medicine,” and other titles or designations authorized under his or her practice act.

The bill allows a podiatrist licensed under ch. 461, F.S., to use the titles and abbreviations “podiatric physician,” “podiatric surgeon,” and other titles or abbreviations authorized under his or her practice act.

The bill authorizes a dentist licensed under ch. 466, F.S., to use the following titles and abbreviations as applicable to his or her license, specialty, and certification, and any other titles or abbreviations authorized under his or her practice act:

- Doctor of medicine in dentistry.
- Doctor of dental medicine.
- D.M.D.
- Doctor of dental surgery.
- D.D.S.
- Oral and maxillofacial surgeon.
- O.M.S., and
- Oral radiologist.

The bill provides that an anesthesiologist assistant licensed under ch. 458 or 459, F.S., to use only the titles “anesthesiologist assistant” or “certified anesthesiologist assistant” and the abbreviation “C.A.A.”

Grounds for Discipline

The bill amends s. 456.072(1)(t), F.S., to specify that the following acts constitute grounds for disciplinary actions:

- A practitioner’s failure, when treating or consulting with a patient, to identify through the wearing of a name tag the practitioner’s name and profession, as defined in s. 456.0651, F.S. The information on the name tag must be consistent with the specifications of s. 456.0651(2), F.S., such that it does not constitute the unlicensed practice of medicine or osteopathic medicine.
- The failure of any advertisement for health care services naming a practitioner to identify the profession under which the practitioner is practicing and the practitioner’s educational degree in relation to the services featured in the advertisement.

The name tag requirement does not apply if the practitioner is providing services in his or her own office that houses his or her practice or group practice. In such a case:

- In lieu of a name tag, the practitioner must prominently display a copy of his or her license in a conspicuous area of the practice so that it is easily visible to patients. The copy of the license must be no smaller than the original license.
- The practitioner must also verbally identify himself or herself to a new patient by name and profession, and this identification must be consistent with the specifications of s. 456.0651(2), F.S., such that it does not constitute the unlicensed practice of medicine or osteopathic medicine.

The bill requires each board, or the DOH if there is no board, to adopt rules to determine how its practitioners must comply with s. 456.072(1)(t), F.S., as amended by the bill.

Section 3 of the bill provides an effective date of July 1, 2023.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

To the extent persons violate the bill's provisions, the bill could have a potential workload increase and an increase in costs for the DOH, ULA Unit, of an indeterminate amount.

VI. Technical Deficiencies:

The bill defines the term "profession" as used in s. 456.0651, F.S. which is created by the bill. However, the bill's definition of that term differs somewhat from the preexisting definition of "profession" found in s. 456.001, F.S., which pertains to the entire ch. 456, F.S. In this way, the bill creates a dual definition for that term within the newly created s. 456.0651, F.S. An amendment to correct this issue should be considered.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 456.072(1)(t), of the Florida Statutes.

This bill creates section 456.0651 of the Florida Statutes.

IX. Additional Information:

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

CS by Health Policy on February 20, 2023:

The CS replaces the entire contents of the underlying bill. The CS creates s. 456.0651, F.S., for health care practitioner titles and designations and defines “advertisement,” “educational degree,” “misleading, deceptive, or fraudulent representation,” and “profession.”

The bill provides that if someone other than an allopathic or osteopathic physician attaches to his or her name any of the titles or designations listed in the bill, in an advertisement or in a manner that is misleading, deceptive, or fraudulent, the person is practicing medicine or osteopathic medicine without a license and is subject to the provisions of s. 456.065, F.S., relating to the unlicensed practice of a health care profession. The bill provides exceptions for certain professions and certain titles, and provides that practitioners may use titles and specialty designations authorized under their respective practice acts.

The bill amends s. 456.072(1)(t), F.S., to provide that a practitioner’s failure to wear a name tag, which must include his or her name and profession, when treating or consulting with a patient, is grounds for discipline unless he or she is in his or her office where the practitioner’s license is prominently displayed in a conspicuous area, and the practitioner must verbally identify himself or herself to all new patients by name and profession.

The bill further amends s. 456.072(1)(t), F.S., to provide that any advertisement naming a practitioner must include the practitioner’s profession and educational degree and to require practitioner regulatory boards, or the Department of Health (DOH) if there is no board, to adopt rules to determine how their practitioners must comply with this paragraph of statute.

- B. **Amendments:**

None.



691062

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
02/20/2023	.	
	.	
	.	
	.	

The Committee on Health Policy (Harrell) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Section 456.0651, Florida Statutes, is created
to read:

456.0651 Health care practitioner titles and designations.—

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

(a) "Advertisement" means any printed, electronic, or oral
statement that:



691062

11 1. Is communicated or disseminated to the general public;

12 2.a. Is intended to encourage a person to use a
13 practitioner's professional services or to promote those
14 services or the practitioner in general; or

15 b. For commercial purposes, names a practitioner in
16 connection with the practice, profession, or institution in
17 which the practitioner is employed, volunteers, or provides
18 health care services; and

19 3. Is prepared, communicated, or disseminated under the
20 control of the practitioner or with the practitioner's consent.

21 (b) "Educational degree" means the degree awarded to a
22 practitioner by a college or university relating to the
23 practitioner's profession or specialty designation which may be
24 referenced in an advertisement by name or acronym.

25 (c) "Misleading, deceptive, or fraudulent representation"
26 means any information that misrepresents or falsely describes a
27 practitioner's profession, skills, training, expertise,
28 educational degree, board certification, or licensure.

29 (d) "Profession" means the name or title of a
30 practitioner's profession that is regulated by the department in
31 the Division of Medical Quality Assurance and which is allowed
32 to be used by an individual due to his or her license, license
33 by endorsement, certification, or registration issued by a board
34 or the department. The term does not include a practitioner's
35 license or educational degree.

36 (2) For purposes of this section and s. 456.065, in
37 addition to the definition of "practice of medicine" in s.
38 458.305 and the definition of "practice of osteopathic medicine"
39 in s. 459.003, the practice of medicine or osteopathic medicine



691062

also includes attaching to one's name, either alone or in combination, or in connection with other words, any of the following titles or designations, if used in an advertisement or in a manner that constitutes a misleading, deceptive, or fraudulent representation:

- (a) Doctor of medicine.
- (b) M.D.
- (c) Doctor of osteopathy.
- (d) D.O.
- (e) Physician.
- (f) Emergency physician.
- (g) Family practice physician.
- (h) Interventional pain physician.
- (i) Medical doctor.
- (j) Osteopath.
- (k) Osteopathic medical physician.
- (l) Surgeon.
- (m) Anesthesiologist.
- (n) Cardiologist.
- (o) Dermatologist.
- (p) Endocrinologist.
- (q) Gastroenterologist.
- (r) Gynecologist.
- (s) Hematologist.
- (t) Internist.
- (u) Laryngologist.
- (v) Nephrologist.
- (w) Neurologist.
- (x) Obstetrician.



691062

(y) Oncologist.

(z) Ophthalmologist.

(aa) Orthopedic surgeon.

(bb) Orthopedist.

(cc) Otologist.

(dd) Otolaryngologist.

(ee) Otorhinolaryngologist.

(ff) Pathologist.

(gg) Pediatrician.

(hh) Primary care physician.

(ii) Proctologist.

(jj) Psychiatrist.

(kk) Radiologist.

(ll) Rheumatologist.

(mm) Rhinologist.

(nn) Urologist.

(3) Notwithstanding subsection (2):

(a) A licensed practitioner may use the name or title of his or her profession which is authorized under his or her practice act, and any corresponding designations or initials so authorized, to describe himself or herself and his or her practice.

(b) A licensed practitioner who has a specialty area of practice authorized under his or her practice act may use the following format to identify himself or herself or describe his or her practice: "... (name or title of the practitioner's profession) ..., specializing in ... (name of the practitioner's specialty)"

(c) A chiropractic physician licensed under chapter 460 may



691062

use the titles "chiropractic physician" and "doctor of chiropractic medicine" and other titles or designations authorized under his or her practice act.

(d) A podiatric physician licensed under chapter 461 may use the following titles and abbreviations as applicable to his or her license, specialty, and certification: "podiatric physician," "podiatric surgeon," and other titles or abbreviations authorized under his or her practice act.

(e) A dentist licensed under chapter 466 may use the following titles and abbreviations as applicable to his or her license, specialty, and certification: "doctor of medicine in dentistry," "doctor of dental medicine," "D.M.D.," "doctor of dental surgery," "D.D.S.," "oral and maxillofacial surgeon," "O.M.S.," "oral radiologist," and any other titles or abbreviations authorized under his or her practice act.

(f) An anesthesiologist assistant licensed under chapter 458 or chapter 459 may use only the titles "anesthesiologist assistant" or "certified anesthesiologist assistant" and the abbreviation "C.A.A."

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

456.072 Grounds for discipline; penalties; enforcement.—

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

(t) 1. A practitioner's failure, when treating or consulting with a patient, ~~Failing to identify through written notice,~~ ~~which may include~~ the wearing of a name tag the practitioner's name and, ~~or orally to a patient~~ the profession, as defined in



691062

s. 456.0651, ~~type of license~~ under which the practitioner is practicing. The information on the name tag must be consistent with the specifications of s. 456.0651(2) such that it does not constitute the unlicensed practice of medicine or osteopathic medicine.

2. The failure of any advertisement for health care services naming the practitioner to ~~must~~ identify the profession, as defined in s. 456.0651, under which the practitioner is practicing and the practitioner's educational degree, as defined in s. 456.0651, in relation to the services featured in the advertisement ~~type of license the practitioner holds.~~

3. Subparagraph 1. This paragraph does not apply to a practitioner while the practitioner is providing services in his or her own office that houses his or her practice or group practice. In such a case, in lieu of a name tag, the practitioner must prominently display a copy of his or her license in a conspicuous area of the practice so that it is easily visible to patients. The copy of the license must be no smaller than the original license. The practitioner must also verbally identify himself or herself to a new patient by name and identify the profession, as defined in s. 456.0651, under which the practitioner is practicing. Such verbal identification must be consistent with the specifications of s. 456.0651(2) such that it does not constitute the unlicensed practice of medicine or osteopathic medicine ~~a facility licensed under chapter 394, chapter 395, chapter 400, or chapter 429.~~

4. Each board, or the department if ~~where~~ there is no board, shall ~~is authorized~~ by rule ~~to~~ determine how its



691062

practitioners must ~~may~~ comply with this paragraph disclosure
~~requirement~~.

Section 3. This act shall take effect July 1, 2023.

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete everything before the enacting clause
and insert:

A bill to be entitled

An act relating to health care practitioner titles and
designations; creating s. 456.0651, F.S.; defining
terms; providing that, for specified purposes, the use
of specified titles or designations in connection with
one's name constitutes the practice of medicine or the
practice of osteopathic medicine; providing
exceptions; amending s. 456.072, F.S.; revising
grounds for disciplinary action relating to a
practitioner's use of such titles or designations in
identifying himself or herself or in advertisements
for health care services; revising applicability;
requiring certain health care practitioners to
prominently display a copy of their license in a
conspicuous area of their practices; requiring that
the copy of the license be a specified size; requiring
health care practitioners to verbally identify
themselves in a specified manner to new patients;
requiring, rather than authorizing, certain boards, or
the Department of Health if there is no board, to
adopt certain rules; providing an effective date.

By Senator Harrell

31-00299B-23

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1 A bill to be entitled
 2 An act relating to health care practitioner titles and
 3 abbreviations; creating s. 456.0393, F.S.; defining
 4 the terms "advertisement" and "deceptive or misleading
 5 terms or false representation"; specifying which
 6 titles and abbreviations health care practitioners may
 7 use in their advertisements, communications, and
 8 personal identification; requiring health care
 9 practitioners to disclose specified information and
 10 use only authorized titles and abbreviations in their
 11 advertisements; prohibiting health care practitioners
 12 from using deceptive or misleading terms or false
 13 representations in their advertisements; requiring
 14 health care practitioners who treat patients in person
 15 to wear a badge or clothing that clearly discloses
 16 specified information; requiring certain health care
 17 practitioners to prominently display a copy of their
 18 license in a conspicuous area of their practices;
 19 requiring that the copy of the license be a specified
 20 size; providing for denial of licensure and
 21 disciplinary action; requiring certain boards, and the
 22 Department of Health when there is no board, to adopt
 23 rules; providing an effective date.
 24
 25 Be It Enacted by the Legislature of the State of Florida:
 26
 27 Section 1. Section 456.0393, Florida Statutes, is created
 28 to read:
 29 456.0393 Health care practitioner titles and abbreviations;

Page 1 of 6

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

31-00299B-23

2023230__

30 advertisements, communications, and personal identification.-
 31 (1) As used in this section, the term:
 32 (a) "Advertisement" means any communication, printed,
 33 electronic, or oral, that names a health care practitioner and
 34 the practice, profession, or institution in which the
 35 practitioner is employed, volunteers, or otherwise provides
 36 health care services. The term includes business cards,
 37 identification badges, letterhead, patient brochures, e-mails,
 38 Internet websites or platforms, audio and video communications,
 39 text messages, and any other form of communication.
 40 (b) "Deceptive or misleading terms or false representation"
 41 means the use of titles, terms, or other words that misstate,
 42 falsely describe, falsely hold out, or falsely detail the health
 43 care practitioner's professional skills, training, expertise,
 44 education, board certification, or licensure, and includes the
 45 misappropriation of medical titles and medical specialty titles
 46 by nonphysicians.
 47 (2) Health care practitioners may use titles and
 48 abbreviations in their advertisements, communications, and
 49 personal identification, only as follows:
 50 (a) Physicians licensed under chapter 458 or chapter 459
 51 may use any of the following titles and abbreviations only as
 52 applicable to their license, specialties, and certifications:
 53 "M.D.," "D.O.," "doctor," "doctor of medicine," "medical
 54 doctor," "doctor of osteopathic medicine," "physician,"
 55 "surgeon," "general surgeon," "neurosurgeon," "orthopedic
 56 surgeon," "medical resident," "resident physician," "medical
 57 intern," "anesthesiologist," "cardiologist," "dermatologist,"
 58 "endocrinologist," "gastroenterologist," "general practitioner,"

Page 2 of 6

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

31-00299B-23

2023230

59 "gynecologist," "hematologist," "hospitalist," "intensivist,"
 60 "internist," "interventional pain medicine physician,"
 61 "laryngologist," "nephrologist," "neurologist," "obstetrician,"
 62 "oncologist," "ophthalmologist," "orthopedic surgeon,"
 63 "orthopedist," "osteopath," "otologist," "otolaryngologist,"
 64 "otorhinolaryngologist," "pathologist," "pediatrician," "primary
 65 care physician," "proctologist," "psychiatrist," "radiologist,"
 66 "rheumatologist," "rhinologist," and "urologist," or any other
 67 title, word, abbreviation, description of services, or
 68 designation, alone or in combination with any other title, to
 69 indicate or induce others to believe that he or she is licensed
 70 to practice medicine.

71 1. Chiropractic physicians licensed under chapter 460 may
 72 use the titles "chiropractic physician" and "doctor of
 73 chiropractic medicine" and may use the abbreviation "D.C." A
 74 chiropractic physician who has attained diplomate status in a
 75 chiropractic specialty area recognized by the American
 76 Chiropractic Association, the International Chiropractic
 77 Association, or the International Academy of Clinical Neurology
 78 before July 1, 2025, may use the applicable titles in this
 79 paragraph in conjunction with his or her name and title to
 80 reflect such specialty area.

81 2. Podiatric physicians licensed under chapter 461 may use
 82 any of the following titles and abbreviations only as applicable
 83 to their license, specialties, and certifications: "podiatric
 84 physician," "doctor of podiatric medicine," "D.P.M.,"
 85 "podiatrist," "podiatric surgeon," "Fellow in the American
 86 College of Foot and Ankle Surgeons," and "F.A.C.F.A.S."

87 3. Dentists licensed under chapter 466 may use any of the

31-00299B-23

2023230

88 following titles and abbreviations only as applicable to their
 89 license, specialties, and certifications: "doctor of medicine in
 90 dentistry," "doctor of dental medicine," "D.M.D.," "doctor of
 91 dental surgery," "D.D.S.," "oral and maxillofacial surgeon,"
 92 "O.M.S.," "periodontist," "prosthodontist," "endodontist,"
 93 "pediatric dentist," "orthodontist," "oral pathologist," and
 94 "oral radiologist." A dentist who has completed a dental
 95 anesthesiology residency recognized by the American Dental Board
 96 of Anesthesiology before July 1, 2025, may use the applicable
 97 titles in this paragraph in conjunction with his or her name and
 98 title to reflect such residency training.

99 (b) Registered nurses licensed under part I of chapter 464
 100 may use only the title "registered nurse" and the abbreviation
 101 "R.N."

102 (c) Licensed practical nurses licensed under part I of
 103 chapter 464 may use only the title "licensed practical nurse"
 104 and the abbreviation "L.P.N."

105 (d) Advanced practice registered nurses licensed under part
 106 I of chapter 464 may use only the title "advanced practice
 107 registered nurse" or abbreviation "A.P.R.N." and the following
 108 role titles and abbreviations, as applicable:

109 1. "Certified registered nurse anesthetist," "nurse
 110 anesthetist," and "C.R.N.A."

111 2. "Clinical nurse specialist" and "C.N.S."

112 3. "Certified nurse practitioner" and "C.N.P."

113 4. "Certified nurse midwife" and "C.N.M."

114 5. "Certified psychiatric nurse," "psychiatric mental
 115 health advanced practice nurse," and "C.P.N."

116 6. "Autonomous advanced practice registered nurse" and "A.-

31-00299B-23

2023230__

A.P.R.N."

(e) Physician assistants licensed under chapter 458 or chapter 459 may use only the title "physician assistant" and the abbreviations "P.A." or "P.A.-C."

(f) Anesthesiologist assistants licensed under chapter 458 or chapter 459 may use only the titles "anesthesiologist assistant" or "certified anesthesiologist assistant" and the abbreviation "C.A.A."

(g) All other health care practitioners may use only the titles and abbreviations authorized by their respective practice acts and this paragraph. Any nonphysician health care practitioner who has obtained a doctoral degree under the profession governed by the applicable practice act may use the letter "D." in front of the abbreviations authorized by the health care practitioner's respective practice act. However, a nonphysician health care practitioner may not use the title "doctor" in any form of advertisement, telehealth interaction, text message, or verbal communication without clearly identifying himself or herself as a "doctor" of a specific profession, citing the applicable chapter under which the health care practitioner is licensed.

(3) (a) Any advertisement by a health care practitioner must disclose the type of license under which the health care practitioner is authorized to provide services and must use only those titles and abbreviations authorized under subsection (2). Only physicians may include titles and abbreviations or medical specialties in their advertisements, as specified in paragraph (2) (a).

(b) Health care practitioners may not use deceptive or

31-00299B-23

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misleading terms or false representation in their advertisements.

(4) Health care practitioners who treat patients in person must wear a name badge or other form of identification on their clothing that clearly discloses the practitioner's name, the practitioner's staff position, if applicable, and the type of license, registration, or certification held by the practitioner. Any title or abbreviation used in such identification must be consistent with the requirements of this section.

(5) If a health care practitioner treats patients in a setting other than a health care facility licensed under chapter 395 or chapter 400, the health care practitioner must prominently display a copy of his or her license in a conspicuous area of the practice so that it is easily visible to patients. The copy of the license must be no smaller than the original license.

(6) Any violation of this section constitutes grounds for denial of a license or disciplinary action as specified in the health care practitioner's respective practice act and as specified in s. 456.072(2).

(7) Each board, or the department where there is no board, shall adopt rules pursuant to ss. 120.536(1) and 120.54 to implement this section.

Section 2. This act shall take effect July 1, 2023.

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

2/20/2023

Meeting Date

HEALTH CARE

Committee

230

Bill Number or Topic

691062 DE

Amendment Barcode (if applicable)

Name

DAVID RAMBA

Phone

850-727-7087

Address

120 S. MONROE ST.

Email

david@rambalaw.com

Street

TALLAHASSEE

FL

32301

City

State

Zip

Speaking:

☐ For☐ Against☐ Information

OR

Waive Speaking:

☐ In Support☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐

I am appearing without
compensation or sponsorship.

☒

I am a registered lobbyist,
representing:

FLORIDA OPTOMETRIC ASSOCIATION

☐

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022JointRules.pdf \(flsenate.gov\)](https://www.flsenate.gov/2020-2022JointRules.pdf)

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

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
Senate professional staff conducting the meeting

2-20-23

Meeting Date

Health Policy

Committee

SB 230

Bill Number or Topic

691062 DE

Amendment Barcode (if applicable)

Name

ALLISON CARVAJAL

Phone

850-727-7087

Address

120 S. MONROE ST.

Email

allison@rambaconsulting.com

Street

TALL.

City

FL

State

32301

Zip

Speaking:

☐ For☒ Against☐ Information

OR

Waive Speaking:

☐ In Support☒ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐

I am appearing without
compensation or sponsorship.

☒

I am a registered lobbyist,
representing:

Florida Nurse Practitioner Network

☐

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022JointRules.pdf \(flsenate.gov\)](https://www.flsenate.gov/2020-2022JointRules.pdf)

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

S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD
Deliver both copies of this form to
Senate professional staff conducting the meeting

2/20/23
Meeting Date
Health Policy
Committee

230
Bill Number or Topic
Amendment 691062
Amendment Barcode (if applicable)

Name Joe Anne Hart Phone 850-224-1089

Address 118 E. Jefferson St
Street
Tallah FL 32311
City State Zip

Speaking: ☒ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

- ☐ I am appearing without compensation or sponsorship.
- ☒ I am a registered lobbyist, representing:
Florida Dental Association
- ☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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S-001 (08/10/2021)

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2/20/23
Meeting Date
Health Policy
Committee

230
Bill Number or Topic
691062
Amendment Barcode (if applicable)

Name Brence Sell Phone (850) 556-2897

Address 4770 Buckhead Court
Street
Tallahassee FL 32309
City State Zip

Speaking: ☒ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

- ☒ I am appearing without compensation or sponsorship.
- ☐ I am a registered lobbyist, representing:
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S-001 (08/10/2021)

2/20/2023

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SB230

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Bill Number or Topic

Health

Committee

Amendment Barcode (if applicable)

Name

Andrea K. Friau, MD ACOG

Phone

850-906-0371

Address

1401 Centerville Road Suite 202

Email

andrea.friau@comcast.net

Street

Jacksonville

FL

32308

City

State

Zip

Speaking:



For



Against



Information

OR

Waive Speaking:



In Support



Against

PLEASE CHECK ONE OF THE FOLLOWING:



I am appearing without
compensation or sponsorship.



I am a registered lobbyist,
representing:



I am not a lobbyist, but received
something of value for my appearance
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S-001 (08/10/2021)

2/20/23

Meeting Date

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230

Bill Number or Topic

Committee

Name

Chris Nuland

Phone

904-233-3051

Address

4427 Herschel St

Email

nulandlaw@aol.com

Street

Jacksonville, FL 32210

City

State

Zip

Speaking:



For



Against



Information

OR

Waive Speaking:



In Support



Against

PLEASE CHECK ONE OF THE FOLLOWING:



I am appearing without
compensation or sponsorship.



I am a registered lobbyist,
representing:



I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

Florida Society of Plastic Surgeons
Florida Society of Dermatologists

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S-001 (08/10/2021)

THE FLORIDA SENATE
APPEARANCE RECORD

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20 FEB 2023
Meeting Date

SB 230
Bill Number (if applicable)

Topic PHYSICIAN TITLES

Amendment Barcode (if applicable)

Name JACK HEBERT

Job Title GOVT. AFFAIRS DIRECTOR

Address 30 REMINGTON RD, STE 1
Street

Phone 727-560-3323

City OAKLAND FL 34787
City State Zip

Email JACK@FCACHIRO.ORG

Speaking: ☒ For ☐ Against ☐ Information

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

Representing FLORIDA CHIROPRACTIC ASSOCIATION

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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S-001 (10/14/14)

2/20/23
Meeting Date

The Florida Senate
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230

Bill Number or Topic

Committee

Name Amy Young

Phone 561-310-8137

Address 3609 Washington Rd
Street

Email amylobby@ballard
partners.com

West Palm Beach FL 33405
City State Zip

Amendment Barcode (if applicable)

Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

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compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

Florida Society of Ophthalmology

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S-001 (08/10/2021)

February 20, 2023

Meeting Date

Health Policy

Committee

The Florida Senate
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230

Bill Number or Topic

Amendment Barcode (if applicable)

Name **Chris Lyon**

Phone **850-222-5702**

Address **106 East College Avenue, Suite 1500**

Email **clyon@llw-law.com**

Street

Tallahassee

FL

32301

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

**Florida Osteopathic Medical
Association**

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate

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SB 230

Bill Number or Topic

Amendment Barcode (if applicable)

1/20/23
Meeting Date
Health Policy
Committee

Name **Jeff Scott**

Phone **850 227-6496**

Address **1430 Piedmont Dr. E.**

Email **j.scott@flmedical.org**

Street

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

Florida Medical Association

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)

The Florida Senate
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Meeting Date 2/20/2023 Bill Number or Topic Strike through SB 230

Committee Health Amendment Barcode (if applicable)

Name JACK COOK Phone 850 893-0997

Address 730 E. 9th St Email JACKCOOK@PACONSULTING.COM

City Tallahassee State FL Zip 32309

Speaking: ☒ For ☒ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

- ☐ I am appearing without compensation or sponsorship.
- ☒ I am a registered lobbyist, representing: Florida Nursing Assn
- ☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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S-001 (08/10/2021)

The Florida Senate
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Meeting Date 2/20/2023 Bill Number or Topic SB 230

Committee Health Policy Amendment Barcode (if applicable)

Name Katie Larsen Phone 239 776 6060

Address 9800 S. HealthPark Dr. Email Katie.Larsen@leehealth.org

City Fort Myers State FL Zip 33908

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

- ☐ I am appearing without compensation or sponsorship.
- ☒ I am a registered lobbyist, representing: Lee Memorial Health System
- ☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

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2/20/23

Meeting Date

SB230

Bill Number or Topic

Health

Committee

Amendment Barcode (if applicable)

Name

Hester Lincicome

Phone

850-728-9223

Address

1616 Physicians Drive

Email

Hester.Lincicome@fmh.org

Street

Tallahassee

City

FL

State

32308

Zip

Speaking:

☐

For

☐

Against

☐

Information

OR

Waive Speaking:

☒

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒

I am appearing without
compensation or sponsorship.

☐

I am a registered lobbyist,
representing:

☐

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

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S-001 (08/10/2021)



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

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Military and Veterans Affairs, Space,
and Domestic Security, *Vice Chair*
Appropriations Subcommittee on Health and
Human Services
Children, Families, and Elder Affairs
Finance and Tax

SELECT COMMITTEE:

Select Committee on Pandemic
Preparedness and Response

SENATOR GAYLE HARRELL

25th District

February 10, 2023

Senator Burton
530 Knott Building
404 South Monroe Street
Tallahassee, FL 32399

Chair Burton,

I respectfully request that **SB 230 – Health Care Practitioner Titles** be placed on the next available agenda for the Transportation Committee Meeting.

Should you have any questions or concerns, please feel free to contact my office. Thank you in advance for your consideration.

Thank you,

A handwritten signature in blue ink that reads "Gayle".

Senator Gayle Harrell
Senate District 25

Cc: Allen Brown, Staff Director
Anhar Al-Asadi, Committee Administrative Assistant

REPLY TO:

□ 215 SW Federal Highway, Suite 203, Stuart, Florida 34994 (772) 221-4019 FAX: (888) 263-7895
□ 310 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5025

Senate's Website: www.flsenate.gov

WILTON SIMPSON
President of the Senate

AARON BEAN
President Pro Tempore

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: SB 274

INTRODUCER: Senator Avila

SUBJECT: Nursing Education Pathway for Military Combat Medics

DATE: February 17, 2023

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Jahnke	Bouck	HE	Favorable
2.	Rossitto-Van Winkle	Brown	HP	Favorable
3.			RC	

I. Summary:

SB 274 creates the “Pathway for Military Combat Medics Act.” The bill expands the award of postsecondary credit for military training and education courses to promote uniformity in the application of military combat medic training and education toward postsecondary credit (credit) or career education clock hours (clock hours) by public postsecondary educational institutions. Specifically, the bill requires:

- The Department of Education’s Articulation Coordinating Committee (ACC) to convene a workgroup to establish a process for prioritizing and determining postsecondary course equivalencies and the minimum credit or clock hours that must be awarded in an accredited nursing education program for military training and education required for service in specified positions. The process must be approved by the Board of Governors of the State University System (BOG) and the State Board of Education (SBE).
- The ACC to approve a list of postsecondary course equivalencies and credit and clock hours awarded for such courses and training, which must be approved by the BOG and SBE in the statewide articulation agreement.
- State universities, Florida College System (FCS) institutions, and career centers to award credit or clock hours based on the approved list.

Additionally, the bill revises a primary goal of the Florida Center for Nursing (Center) to provide that, under its strategic statewide plan for nursing manpower, the encouragement and coordination of the development of partnerships must include partnerships with hospitals that provide opportunities for nursing students to obtain clinical experience.

The bill takes effect upon becoming law.

II. Present Situation:

Postsecondary Credit for Military Training and Education Courses

The BOG and SBE, in consultation with the Florida Department of Veterans' Affairs, are required to adopt regulations and rules, respectively, to create a system for the uniform award of credit or clock hours based on military training and education.¹

The ACC must approve a prioritized list of postsecondary course equivalencies and the minimum credit or clock hours that must be awarded for courses taken or occupations held by individuals during their service in the military. The list must then be adopted in the statewide articulation agreement by the BOG and SBE. The list must be updated annually.²

The current list includes credit or clock hour equivalencies for 46 military occupations, which include Practical Nurse, Combat Medic Specialist, and Special Operations Combat Medic.³ The American Council on Education (ACE) Military Guide⁴ was used as a foundation to determine equivalences, including courses for military occupations. For example, military veterans that served as a Combat Medic Specialist can currently receive a minimum of 29 credit hours for courses in the system such as Medical Emergencies (3 credit hours), Advanced Pre-Hospital Trauma (4 credit hours), and Fundamentals of Nursing (7 credit hours).⁵

State universities, FCS institutions, and career centers operated by school districts must award credit or clock hours, as applicable, for approved courses and occupations included in the list, if the credit or clock hours are applicable to the student's degree or certificate. Institutions may also grant additional credit or clock hours, if appropriate. Credit awarded on these bases is guaranteed to transfer to other public postsecondary institutions as if the credit was earned at the receiving institution.⁶

Articulation Coordinating Committee

The Commissioner of Education, in consultation with the Chancellor of the State University System, establishes the ACC, whose primary role is to recommend statewide articulation policies.⁷ Specifically, the ACC must monitor articulation between education systems, propose guidelines for articulation agreements, publish lists of general education and common prerequisite courses, establish dual enrollment course equivalencies to high school credit, and annually review the Statewide Articulation Agreement.⁸ The Office of K-20 Articulation within the Florida Department of Education provides administrative support to the ACC.⁹

¹ Section 1004.096, F.S.; *see also* Board of Governors Regulation 6.013 and Fla. Admin. Code R. 6A-10.024, (2022).

² *Id.*

³ Articulation Coordinating Committee, *Credit or Clock Hour for Military Experience Equivalency List* (Sept. 2022), available at <https://www.fldoe.org/core/fileparse.php/5421/urlt/MilExpEquiv.pdf> (last visited Feb. 20, 2023).

⁴ American Council on Education, *The ACE Military Guide*, available at <https://www.acenet.edu/Programs-Services/Pages/Credit-Transcripts/Military-Guide-Online.aspx> (last visited Feb. 20, 2023).

⁵ Board of Governors, *2023 Legislative Bill Analysis for SB 274* (Feb. 1, 2023).

⁶ *Supra* note 3.

⁷ Section 1007.01(3), F.S.

⁸ Section 1007.01(3)(a) and (b), F.S.

⁹ Section 1007.01(3), F.S.; s. 20.15(3)(h), F.S.

Statewide Articulation Agreement

The SBE and the BOG are required to enter into a statewide articulation agreement, which the SBE must adopt by rule.¹⁰ The agreement must preserve Florida's "2+2" system of articulation and facilitate the seamless articulation of student credit across and among Florida's educational entities. Specifically, the statewide articulation agreement includes provisions that govern:

- Articulation between secondary and postsecondary education;
- The admission of associate in arts degree graduates to the upper division of a state university;
- Articulation of career credit to academic credit programs;
- The application of acceleration mechanisms to postsecondary credit; and
- General education requirements.

Florida Postsecondary Nursing Education Programs

Florida's postsecondary education institutions offer a variety of nursing education programs that prepare students for varying levels of licensure. Licensed practical nurse (LPN) clock-hour programs are offered at 28 career centers and 13 FCS institutions, while all 28 FCS institutions offer associate of science in nursing (ASN) and bachelor of science in nursing (BSN) programs. Ten state universities offer 20 pre-licensure nursing education programs. Seventeen of the 30 Independent Colleges and Universities of Florida (ICUF) member institutions offer nursing education programs.¹¹

Approved versus Accredited Nursing Education Programs

Educational institutions that wish to conduct a program in the state of Florida for the prelicensure education of professional or practical nurses must meet specified requirements to be approved by the Florida Board of Nursing (BON).¹²

An "approved" nursing education program is a program for the prelicensure education of professional or practical nurses which is conducted in the state of Florida at an educational institution and which is approved and regulated by the state of Florida.¹³

An "accredited" nursing education program is a program for the prelicensure education of professional or practical nurses that is conducted in the United States at an educational institution, whether in Florida, another state, or the District of Columbia, and that is accredited by a specialized nursing accrediting agency that is nationally recognized by the United States Secretary of Education to accredit nursing education programs.¹⁴ Accredited programs do not

¹⁰ Section 1007.23(1), F.S. See also Rule 6A-10.024, F.A.C.

¹¹ Staff of the Florida House of Representatives, *Legislative Bill Analysis for CS/HB 5201 (2022)*.

¹² Section. 464.019, F.S. and Florida Board of Nursing, *Education and Training Programs*, <https://floridasnursing.gov/education-and-training-programs/> (last visited Feb. 20, 2023).

¹³ Section 464.019, F.S. and s. 464.003(4), F.S.

¹⁴ Section 464.003(1), F.S. Eligible nursing associations are: Accreditation Commission for Education in Nursing (ACEN), Commission on Collegiate Nursing Education (CCNE) or National League for Nursing Commission for Nursing Education Accreditation (NLN CNEA). Florida Board of Nursing, *What is the difference between an "approved" and an "accredited" prelicensure nursing education program in Florida?* <https://floridasnursing.gov/help-center/what-is-the-difference-between-an-approved-and-an-accredited-pre-licensure-nursing-education-program-in-florida/> (last visited Feb. 20, 2023).

have to meet requirements related to program application, approval, or submission of annual reports to the BON.¹⁵

All approved and accredited programs must meet accountability requirements related to graduate passage rate on the National Council of State Boards of Nursing Licensing Examination.

All approved nursing programs, except those specifically excluded,¹⁶ must seek accreditation within five years of enrolling the program's first students.¹⁷

Florida Center for Nursing

The Center was established by the Legislature in 2001, to address the issues of supply and demand for nursing, including the recruitment, retention, and utilization of nurse workforce resources.¹⁸ The Center's primary goals are to:¹⁹

- Develop a strategic statewide plan for nursing manpower in this state by:
 - Conducting a statistically valid biennial data-driven gap analysis of the supply and demand of the healthcare workforce. Demand must align with the Labor Market Estimating Conference.
 - Developing recommendations to increase nurse faculty and clinical preceptors, support nurse faculty development, and promote advanced nurse education.
 - Developing best practices in the academic preparation and continuing education needs of qualified nurse educators, nurse faculty, and clinical preceptors.
 - Collecting data on nurse faculty, employment, distribution, and retention.
 - Piloting innovative projects to support the recruitment, development, and retention of qualified nurse faculty and clinical preceptors.
 - Encouraging and coordinating the development of academic-practice partnerships to support nurse faculty employment and advancement.
 - Developing distance learning infrastructure for nursing education and advancing faculty competencies in the pedagogy of teaching and the evidence-based use of technology, simulation, and distance learning techniques.
- Enhance and promote recognition, reward, and renewal activities for nurses in the state by:
 - Promoting nursing excellence programs such as magnet recognition by the American Nurses Credentialing Center.
 - Proposing and creating additional reward, recognition, and renewal activities for nurses.
 - Promoting media and positive image-building efforts for nursing.

University of South Florida V-CARE Program

In 2013 the University of South Florida (USF) College of Nursing received a grant from Health Resources and Services Administration of the U.S. Department of Health and Human Services to create the Veteran to Bachelor of Science in Nursing (VBSN). Originally, VBSN was an

¹⁵ Section 464.019(9), F.S.

¹⁶ Excluded institutions are those exempt from licensure by the Commission of Independent Education under s. 1005.06(1), F.S. Section 464.019(11)(d), F.S.

¹⁷ Section 464.019(11)(a)-(d), F.S.

¹⁸ Chapter 2001-277, s. 97, Laws of Fla. and s. 464.0195, F.S.

¹⁹ Section 464.0195, F.S.

accelerated four-semester program that shortened the time needed for degree completion while maintaining the academic rigor, clinical quality, and high National Council Licensure Examination (NCLEX)²⁰ pass rates. In 2019, when the grant ended, USF continued the program and funded it through different revenue sources.

The VBSN program gradually evolved into the current V-CARE program which is a highly selective program for military medics and corpsmen that builds upon their military health care education, training, and experience, and provides a more efficient pathway and education ladder from veteran, to student, to baccalaureate prepared nursing professional. The pathway is a student-centered program tailored to each veteran that fills a gap in the education needs of veterans who are serving or have served as medics or corpsmen in the Armed Forces and who wish to pursue BSN coursework and continue their health care careers as nurses.

To date, 138 veteran students have enrolled in the V-CARE pathway, and 132 have graduated. Currently, 22 veteran students are enrolled. Upon graduation, approximately 37 percent of graduates have returned to active duty and been commissioned as officers in their respective nurse corps (Army, Navy, Air Force, and Coast Guard), 42 percent have accepted positions in hospitals in the civilian sector, and 21 percent have accepted positions in Veteran Administration Hospitals. Roughly one-fourth of the graduates have earned master's and/or doctoral degrees in nursing at USF, as well as other universities across the country. Almost 50 percent of all V-CARE graduates have remained in Florida at least one year post graduation. The V-CARE pathway NCLEX pass rate is 92 percent. As of December 16, 2022, the national benchmark is 82.95 percent, and the Florida pass rate is 83.16 percent.²¹

III. Effect of Proposed Changes:

Postsecondary Credit for Military Training and Education Courses

SB 274 creates the “Pathway for Military Combat Medics Act.” The bill expands s. 1004.096, F.S., to promote uniformity in the application of military combat medic training and education toward creditor clock hours by public postsecondary educational institutions. The bill establishes a process similar to those established for the award of postsecondary credit for military training and education and for law enforcement training.

The bill requires the ACC to, by July 15, 2023, convene a workgroup to establish a process for determining postsecondary course equivalencies and the minimum credit or clock hours that must be awarded in an accredited nursing education program for military training and education required for service in as an Army Combat Medic Specialist, a Navy or Fleet Marine Force Hospital Corpsman, an Air Force or Space Force Aerospace Medical Service Technician, or a Coast Guard Health Services Technician.

The workgroup must consist of the following 13 members:

- The chair of the ACC, or his or her designee, serving as chair;

²⁰ The National Council of State Boards of Nursing develops the NCLEX exam to test the competency of nursing school graduates in the U.S. and Canada.

²¹ University of South Florida, College of Nursing, *USF V- CARE Pathway Program Overview* (on file with the Senate Committee on Health Policy).

- Four members representing academic affairs administrators and faculty from state universities, appointed by the chair of the BOG;
- Four members representing academic affairs administrators and faculty from FCS institutions, appointed by the chair of the SBE;
- Two members representing faculty from career centers, appointed by the SBE; and
- Two members representing veterans, appointed by the executive director of the Florida Department of Veterans Affairs.

The Office of K-20 Articulation must provide administrative support for the workgroup.

The workgroup must ensure that the award of credit or clock hours does not impair an accredited program's ability to comply with requirements relating to the state approval of nursing education programs. The workgroup must provide recommendations regarding the determination process for awarding credit or clock hours to the BOG and the SBE by December 1, 2023, for approval at each board's next meeting that allows for adequate public notice.

Upon the BOG and the SBE approval of the workgroup's process recommendations, the ACC must facilitate a review of military training and education for the specified military occupations to determine postsecondary course equivalencies and the minimum credit or clock hours that must be awarded.

Within one year after BOG and SBE approval of the ACC workgroup recommended process, the ACC must approve a prioritized list of postsecondary course equivalencies and the minimum credit or clock hours that must be awarded in an accredited program for such military training and education. The list must then be adopted in the statewide articulation agreement by the BOG and SBE at the next meeting of each board allowing for adequate public notice. The list must be updated annually.

The bill requires state universities, FCS institutions, and career centers to award credit or clock hours, as applicable, for such military training and education based on the adopted list, if the credit or clock hours are applicable to the student's degree or certificate. Institutions may also grant additional credit or clock hours, if appropriate. Credit or clock hours awarded on these bases are guaranteed to transfer from one state university, FCS institution, or career center to another.

Florida Center for Nursing

The bill modifies s. 464.0195, F.S., by revising a primary goal of the Center to provide that, under its strategic statewide plan for nursing manpower, the encouragement and coordination of the development of academic-practice partnerships must include partnerships with hospitals that provide opportunities for nursing students to obtain clinical experience.

The bill takes effect upon becoming law.

IV. Constitutional Issues:**A. Municipality/County Mandates Restrictions:**

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

Should the workgroup process result in identifying additional equivalencies for military training and experience, students may be eligible to receive postsecondary credit toward an accredited pre-licensure nursing program. Credits from this experience may save the student time and the cost of receiving a nursing degree at a state university.²²

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

Section 2 of the bill relating to the Florida Center of Nursing could be viewed as a different subject than the rest of the bill or the bill's title (which is an act relating to nursing education pathway for military combat medics). Section 2 directs the Center to facilitate partnerships with

²² Board of Governors, 2023 *Legislative Bill Analysis for SB 274* (Feb. 1, 2023).

hospitals to provide opportunities for *all* nursing students, in general, to obtain clinical experience, not specifically for students who are or were military combat medics.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 464.019 and 1004.096.

IX. Additional Information:

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

None.

- B. Amendments:

None.

This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

By Senator Avila

39-00236B-23

2023274__

1 A bill to be entitled
 2 An act relating to nursing education pathway for
 3 military combat medics; providing a short title;
 4 amending s. 464.0195, F.S.; revising a primary goal of
 5 the Florida Center for Nursing to provide that
 6 development of a statewide plan for nursing manpower
 7 must include the encouragement and coordination of the
 8 development of partnerships with hospitals which
 9 provide opportunities for nursing students to obtain
 10 clinical experience; amending s. 1004.096, F.S.;
 11 defining the term "accredited program"; requiring that
 12 the Articulation Coordinating Committee convene a
 13 workgroup to establish a process for determining
 14 postsecondary course equivalencies and the minimum
 15 postsecondary credit or career education clock hours
 16 that must be awarded in accredited nursing education
 17 programs for military training and education required
 18 for service in specified positions; providing for the
 19 composition of and the provision of administrative
 20 support to the workgroup; requiring that the workgroup
 21 ensure that the award of credit for military training
 22 and education does not impair a nursing education
 23 program's ability to comply with requirements relating
 24 to the approval of nursing education programs;
 25 requiring the workgroup to provide, by a specified
 26 date, recommendations regarding the determination
 27 process to the Board of Governors and State Board of
 28 Education for approval; requiring that, upon approval
 29 of the recommendations, the Articulation Coordinating

Page 1 of 6

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

39-00236B-23

2023274__

30 Committee facilitate the review of military training
 31 and education received by individuals who served in
 32 specified positions and the determination of minimum
 33 postsecondary credit or career education clock hours
 34 awarded for specified military training and education;
 35 requiring that the Articulation Coordinating
 36 Committee, within a specified timeframe and annually
 37 thereafter, approve a prioritized list of
 38 postsecondary course equivalencies and the minimum
 39 postsecondary credit or career education clock hours
 40 that must be awarded for such training and education;
 41 requiring the Board of Governors and State Board of
 42 Education to adopt the prioritized list; requiring
 43 that the minimum postsecondary credit or career
 44 education clock hours be delineated in a required
 45 statewide articulation agreement; requiring state
 46 universities, Florida College System institutions, and
 47 career centers to award postsecondary credit or career
 48 education clock hours in nursing education programs
 49 based on the prioritized list; authorizing the award
 50 of additional postsecondary credit or career education
 51 clock hours; providing that such postsecondary credit
 52 or career education clock hours are transferable;
 53 providing an effective date.

54
 55 Be It Enacted by the Legislature of the State of Florida:

56
 57 Section 1. This act may be cited as the "Pathway for
 58 Military Combat Medics Act."

Page 2 of 6

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

39-00236B-23

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Section 2. Paragraph (a) of subsection (2) of section 464.0195, Florida Statutes, is amended to read:

464.0195 Florida Center for Nursing; goals.—

(2) The primary goals for the center shall be to:

(a) Develop a strategic statewide plan for nursing manpower in this state by:

1. Conducting a statistically valid biennial data-driven gap analysis of the supply and demand of the health care workforce. Demand must align with the Labor Market Estimating Conference created in s. 216.136. The center shall:

a. Establish and maintain a database on nursing supply and demand in the state, to include current supply and demand.

b. Analyze the current and future supply and demand in the state and the impact of this state's participation in the Nurse Licensure Compact under s. 464.0095.

2. Developing recommendations to increase nurse faculty and clinical preceptors, support nurse faculty development, and promote advanced nurse education.

3. Developing best practices in the academic preparation and continuing education needs of qualified nurse educators, nurse faculty, and clinical preceptors.

4. Collecting data on nurse faculty, employment, distribution, and retention.

5. Piloting innovative projects to support the recruitment, development, and retention of qualified nurse faculty and clinical preceptors.

6. Encouraging and coordinating the development of academic-practice partnerships, including partnerships with hospitals which provide opportunities for nursing students to

39-00236B-23

2023274__

obtain clinical experience, to support nurse faculty employment and advancement.

7. Developing distance learning infrastructure for nursing education and advancing faculty competencies in the pedagogy of teaching and the evidence-based use of technology, simulation, and distance learning techniques.

Section 3. Subsection (3) is added to section 1004.096, Florida Statutes, to read:

1004.096 Postsecondary credit for military training and education courses.—

(3) (a) For purposes of this subsection, the term "accredited program" has the same meaning as in s. 464.003.

(b) By July 15, 2023, the Articulation Coordinating Committee shall convene a workgroup that is responsible for establishing a process for determining postsecondary course equivalencies and the minimum postsecondary credit or career education clock hours that must be awarded in an accredited program for military training and education required for service as an Army Combat Medic Specialist, a Navy or Fleet Marine Force Hospital Corpsman, an Air Force or Space Force Aerospace Medical Service Technician, or a Coast Guard Health Services Technician.

1. The composition of the workgroup and the provision of administrative support to the workgroup must be as provided in paragraphs (2) (a) and (b). The workgroup shall ensure that the award of postsecondary credit or career education clock hours does not impair an accredited program's ability to comply with the requirements identified in s. 464.019.

2. The workgroup shall provide its recommendations regarding the process for awarding postsecondary credit or

39-00236B-23

2023274

career education clock hours to the Board of Governors and the State Board of Education by December 1, 2023, for approval at the next meeting of each board to allow for adequate public notice.

3.a. Upon approval of the workgroup's recommendations by the Board of Governors and the State Board of Education, the Articulation Coordinating Committee shall facilitate the review of the military training and education received by individuals who served as an Army Combat Medic Specialist, a Navy or Fleet Marine Force Hospital Corpsman, an Air Force or Space Force Aerospace Medical Service Technician, or a Coast Guard Health Services Technician for postsecondary course equivalencies and the minimum postsecondary credit or career education clock hours that must be awarded for that training and education.

b. Within 1 year after such approval, the Articulation Coordinating Committee shall approve a prioritized list of postsecondary course equivalencies, and the minimum postsecondary credit or career education clock hours that must be awarded in an accredited program for such military training and education. The list must be updated annually. The Board of Governors and the State Board of Education shall adopt the list approved by the Articulation Coordinating Committee at their next respective meetings. For the purpose of statewide application, postsecondary course equivalencies and the minimum postsecondary credit or career education clock hours that must be awarded in an accredited program for such military training and education must be delineated by the State Board of Education and the Board of Governors in the statewide articulation agreement required by s. 1007.23(1).

39-00236B-23

2023274

4. State universities, Florida College System institutions, and career centers shall award postsecondary credit or career education clock hours for such military training and education based on the list adopted pursuant to sub-subparagraph 3.b. if the credit or career education clock hours are applicable toward the student's degree or certificate and may award additional postsecondary credit or career education clock hours as appropriate. Postsecondary credit or career education clock hours awarded under this subsection are transferable from one state university, Florida College System institution, or career center to another.

Section 4. This act shall take effect upon becoming a law.

February 20, 2023

The Florida Senate

APPEARANCE RECORD

SB 0274

Meeting Date

Health Policy

Deliver both copies of this form to
Senate professional staff conducting the meeting

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name **Bob Asztalos**

Phone **850-487-1533**

Address **400 S. Monroe St. Suite 2105 the Capitol**

Email **BZTALOSB@FDVA.STATE.FL.US**

Street

Tallahassee

FL

32399

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

FL Dept. of Veterans' Affairs

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

274

Meeting Date

Deliver both copies of this form to
Senate professional staff conducting the meeting

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name **Chris Stranburg**

Phone **813-767-9667**

Address **107 E College Ave**

Email **cstranburg@afphg.org**

Street

Tallahassee

FL

32301

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

**Americans For
Prosperity**

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

2/20/23

Meeting Date

Health Policy

Committee

Name David Mica Jr.

Phone 3522228700

Address 306 E. College Ave

Email Davidm@fha.org

Street

Tallahassee

FL

32301

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without compensation or sponsorship.☒ I am a registered lobbyist, representing:

The Florida Hospital Association

☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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SB 274

Bill Number or Topic

Amendment Barcode (if applicable)

Name Katie Larsen

Phone 239 776 6060

Address 9800 S. HEALTHPARK DR.

Email katie.larsen@leehealth.org

Street

FORT MYERS

FL

33908

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without compensation or sponsorship.☒ I am a registered lobbyist, representing:Lee Memorial
Health System☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate
APPEARANCE RECORD

274

Meeting Date

Deliver both copies of this form to
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Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name

Jules Kariher

Phone

850-206-9495

Address

1208 W Gregory St.

Email

jules.kariher@ascension.org

Street

Pensacola

FL

32502

City

State

Zip

Speaking:

☐

For

☐

Against

☐

Information

OR

Waive Speaking:

☒

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐

I am appearing without
compensation or sponsorship.

☒

I am a registered lobbyist,
representing:

Ascension Sacred Heart
Ascension St. Vincent's

☐

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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

S-001 (08/10/2021)

From: [Ruiz, Judith](#)
To: [Burton, Colleen](#)
Cc: [Medley, Lara](#); [Brown, Allen](#); [Al-Asadi, Anhar](#)
Subject: SB 274 Nursing Education Pathway for Military Combat Medics Agenda Request
Date: Wednesday, February 8, 2023 10:36:15 AM
Attachments: [image001.png](#)
[image002.png](#)

Honorable Senator Colleen Burton
Chair
Committee on Health Policy
Honorable Chair Burton,

I respectfully request SB 274 Nursing Education Pathway for Military Combat Medics be placed on the next committee agenda.

Nursing Education Pathway for Military Combat Medics; Revising a primary goal of the Florida Center for Nursing to provide that development of a statewide plan for nursing manpower must include the encouragement and coordination of the development of partnerships with hospitals which provide opportunities for nursing students to obtain clinical experience. Requiring that the Articulation Coordinating Committee convene a workgroup to establish a process for determining postsecondary course equivalencies and the minimum postsecondary credit or career education clock hours that must be awarded in accredited nursing education programs for military training and education required for service in specified positions; authorizing the award of additional postsecondary credit or career education clock hours.

Sincerely,



Senator Bryan Avila
Florida Senate, District 39

CC: Allen Brown, Staff Director
Anhar Al-Asadi, Committee Administrative Assistant
Lara Medley, Legislative Assistant

Judith M. Ruiz
Chief Legislative Aide
Senator Bryan Avila, District 39

Hialeah Gardens City Hall
10001 NW. 87 Avenue

Hialeah Gardens, Florida 33016
305-364-3073

326 Senate Building
404 South Monroe Street
Tallahassee, Florida 32399-1100
850-487-5039



----- Original message -----

From: "Ruiz, Judith" <Ruiz.Judith@flsenate.gov>

Date: 2/13/23 6:12 PM (GMT-05:00)

To: "Brown, Allen" <Brown.Allen@flsenate.gov>

Subject: Question

Good Afternoon Allen,

Senator Avila has asked Senator Burgess to present SB 274 Nursing Pathways to Military Medics in Committee on Health Policy Meeting that scheduled for February 20th.

I am also sending an excusal letter since he won't be in town.

Thank you in advanced for all your help and assistance.

Judith

Judith M. Ruiz

Chief Legislative Aide

Senator Bryan Avila, District 39

The Florida Senate
BILL ANALYSIS AND FISCAL IMPACT STATEMENT

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

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

BILL: SB 452

INTRODUCER: Senator Harrell

SUBJECT: Home Health Aides for Medically Fragile Children

DATE: February 17, 2023

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	Favorable
2.			AHS	
3.			FP	

I. Summary:

SB 452 creates the Home Health Aides for Medically Fragile Children program to help ameliorate the impact of the shortage of health care workers on medically fragile children. The bill requires the Agency for Health Care Administration (AHCA), in consultation with the Board of Nursing (BON), to approve any training program created by a Home Health Agency (HHA) that meets the federal standards¹ for a nurse aide training program and which is meant to train family caregivers as home health aides for medically fragile children (aide).

The bill requires that such a program consist of at least 85 hours of training in specified topics and allows a HHA to employ a family caregiver as an aide if he or she has completed the training program and met other specified criteria, including being background screened. The bill also requires an aide to complete HIV/AIDS and Cardiopulmonary Resuscitation (CPR) training and requires the employing HHA to ensure that the aide has 12 hours of in-service training every 12 months. The bill grants civil immunity to a HHA that terminates or denies employment to an aide who fails to maintain the requirements of the section or whose name appears on a criminal screening report.

The bill allows the AHCA, in consultation with the BON, to adopt rules to implement the bill and requires the AHCA to assess the program annually and to modify the Medicaid state plan and implement any federal waivers necessary to implement the program.

The provisions of the bill are effective upon becoming law.

¹ 42 C.F.R. 483.151-483.154 and 484.80

II. Present Situation:

Home Health Agencies

A “home health agency” is an organization that provides home health services.² Home health services comprise health and medical services and supplies furnished to an individual in the individual’s home or place of residence.³

Home health aides⁴ and certified nursing assistants⁵ (CNAs) are unlicensed health care workers employed by a home health agency to provide personal care⁶ to patients and assist them with the following activities of daily living:

- Ambulation;
- Bathing;
- Dressing;
- Eating;
- Personal hygiene;
- Toileting;
- Physical transferring;
- Assistance with self-administered medication; and
- Administering medications.⁷

Florida’s Medicaid Model Waiver

Florida’s Model Waiver is an existing waiver designed to delay or prevent institutionalization and allow recipients to maintain stable health while living at home or in their community. The waiver’s purpose is to provide medically necessary services to eligible children under 21 years of age who have degenerative spinocerebellar disease and are living at home or in their community or who are medically fragile and have resided in a skilled nursing facility for at least 60 consecutive days prior to entrance on the waiver. For the purposes of the waiver, “Medically Fragile” is defined as an individual who is medically complex and technologically dependent on medical apparatus or procedures to sustain life, or is dependent on a heightened level of medical supervision to sustain life, and without such services is likely to expire without warning.

The Model Waiver provides the following services to eligible recipients:

² s. 400.462(12), F.S.

³ s. 400.462(15), F.S., home health services include the following: nursing care; physical, occupational, respiratory, or speech therapy; home health aide services; dietetics and nutrition practice and nutrition counseling; and medical supplies, restricted to drugs and biologics prescribed by a physician.

⁴ s. 400.462(14), F.S., a home health aide is a person who is trained or qualified, as provided by rule, and who provides hands-on personal care, performs simple procedures as an extension of therapy or nursing services, assists in ambulation or exercises, assists in administering medications as permitted in rule and for which the person has received training established by the agency, or performs tasks delegated to him or her under ch. 464, F.S.

⁵ s. 464.201(3), F.S., a CNA is a person who meets the qualifications of part II of ch. 464, F.S., and who is certified by the Board of Nursing as a certified nursing assistant.

⁶ s. 400.462(23), F.S., defines “personal care” as assistance to a patient in the activities of daily living, such as dressing, bathing, eating, or personal hygiene, and assistance in physical transfer, ambulation, and in administering medications as permitted by rule.

⁷ Rule 59A-8.002(3), F.A.C.

- Respite care;
- Environmental accessibility adaptations; and
- Transition Case Management.

The Model Waiver has a maximum capacity of twenty recipients and a reserved capacity for fifteen children transitioning into the community from a skilled nursing facility.⁸

Private Duty Nursing Services

Currently, federal law allows Medicaid to reimburse for private duty nursing (PDN) services. 42 C.F.R. 440.80 defines PDN services as nursing services for beneficiaries who require more individual and continuous care than is available from a visiting nurse or routinely provided by the nursing staff of the hospital or skilled nursing facility. These services are provided:

- By a registered nurse or a licensed practical nurse;
- Under the direction of the beneficiary's physician; and
- To a beneficiary in one or more of the following locations at the option of the state:
 - His or her own home;
 - A hospital; or
 - A skilled nursing facility

Florida Medicaid allows PDN to be provided to recipients under the age of 21 years who require such services, and PDN can be provided by a HHA, a licensed practical nurse (LPN), or a registered nurse (RN).^{9, 10} If the PDN is provided by a parent or legal guardian of the recipient, Medicaid will reimburse for up to 40 hours per week, per recipient, so long as the parent or guardian has a valid LPN or RN license and is employed by a HHA.¹¹ However, other than those mentioned above, services furnished by relatives as defined in s. 429.02(18), F.S., household members, or any person with custodial or legal responsibility for the recipient are specifically not covered under the PDN policy.¹²

Family Caregiver Programs in Other States

Currently, five states have family caregiver programs: Arizona, Colorado, New Hampshire, Pennsylvania, and Indiana.¹³ Although each state has different specific criteria, the criteria are all similar in that the eligible relative must be under 21 years of age, qualify for the state's Medicaid program, and be medically fragile or medically complex. Each state also requires the caregiver to be trained and/or licensed as a CNA or that state's equivalent. Once the caregiver has achieved his or her training or licensure, he or she is required to obtain employment with an HHA and, at

⁸ Application for a §1915(c) Home and Community Based Services Waiver, Florida AHCA, Jul 1, 2020, available at https://ahca.myflorida.com/medicaid/hcbs_waivers/docs/Model_Waiver_Document_2020.pdf (last visited Feb. 16, 2023).

⁹ 59G-4.261, F.A.C.

¹⁰ Florida Medicaid, Private Duty Nursing Services Coverage Policy, AHCA, Nov. 2016 available at https://ahca.myflorida.com/medicaid/review/Specific/59G-4-261_Private_Duty_Nursing_Services_Coverage_Policy.pdf (last visited Feb. 16, 2023).

¹¹ Id.

¹² Id.

¹³ Team Select Home Care, Program Locations, available at <https://tshc.com/states-where-the-program-is-available/> (last visited Feb. 20, 2023).

that point, is eligible to be compensated by the state's Medicaid program for services they render to their family member.¹⁴

III. Effect of Proposed Changes:

SB 452 creates s. 400.4765, F.S., to establish the Home Health Aides for Medically Fragile Children program. The bill amends s. 400.462, F.S., to define the following terms:

- “Approved Training Program” to mean “a course of training approved by the AHCA, in consultation with the BON, under s. 400.4765, F.S., to train family caregivers as home health aides for medically fragile children.”
- “Eligible Relative” to mean “with respect to the home health aide for medically fragile children program under s. 400.4765, F.S., a person 21 years of age or younger who is eligible to receive continuous skilled nursing or skilled nursing respite care services under the Medicaid program and is a relative of a home health aide for medically fragile children.”
- “Family Caregiver” to mean “a person providing or intending to provide significant personal care and assistance to an eligible relative 21 years of age or younger who has an underlying physical or cognitive condition that prevents him or her from safely living independently.”
- “Home Health Aide for Medically Fragile Children” to mean “a family caregiver who meets the qualifications specified in s. 400.4765, F.S.; performs tasks delegated to him or her under chapter 464, F.S., while caring for an eligible relative; and provides care and assistance to an eligible relative relating to:
 - Activities of daily living, such as those associated with personal care, maintaining mobility, nutrition and hydration, toileting and elimination, assistive devices, and safety and cleanliness.
 - Data gathering.
 - Reporting abnormal signs and symptoms.
 - Patient socialization and reality orientation.
 - Cardiopulmonary resuscitation and emergency care.
 - Residents’ or patients’ rights.
 - Documentation of services.
 - End-of-life care.
 - Postmortem care.”

The bill requires the AHCA, in consultation with the BON, to approve a training program created by a HHA that meets federal requirements¹⁵ and that will train family caregivers as aides to provide trained nursing services to eligible relatives. The program must require a family caregiver to complete 85 hours of training, including, but not limited to:

- A minimum of 40 hours of theoretical instruction, offered in various formats and times of day, in nursing, including, but not limited to, instruction on all of the following:
 - Person-centered care.
 - Communication and interpersonal skills.
 - Infection control.
 - Safety and emergency procedures.
 - Assistance with activities of daily living.

¹⁴ Supra n. 13

¹⁵ Supra n. 1

- Mental health and social service needs.
- Care of cognitively impaired individuals.
- Basic restorative care and rehabilitation.
- Patient rights and confidentiality of personal information and medical records.
- Relevant legal and ethical issues.
- A minimum of 20 hours of skills training on basic nursing skills, including, but not limited to:
 - Hygiene, grooming, and toileting.
 - Skin care and pressure sore prevention.
 - Nutrition and hydration.
 - Measuring vital signs, height, and weight.
 - Safe lifting, positioning, and moving of patients.
 - Wound care.
 - Portable oxygen use and safety and other respiratory procedures.
 - Tracheostomy care.
 - Enteral care and therapy.
 - Peripheral intravenous assistive activities and alternative feeding methods.
 - Urinary catheterization and ostomy care.
- At least 16 hours of clinical training under direct supervision of a licensed registered nurse.

The bill prohibits an HHA from requiring an aide to repay or reimburse the HHA for costs associated with the training program and exempts family caregivers who have graduated from an accredited nursing school but have not yet taken the state licensure exam from the requirement to take the training.

In addition to the required training, a family caregiver must care for an eligible relative; demonstrate a minimum competency to read and write; pass a background screening pursuant to s. 400.215, F.S., except that the AHCA must waive this requirement if the family caregiver has passed a background screening pursuant to ss. 400.215 or 400.809, F.S., within the previous 90 days and the caregiver's results are not retained in the clearinghouse.¹⁶

After becoming an aide, he or she must complete an HIV/AIDS training course and maintain a certificate in CPR. Additionally, the HHA employing the aide must ensure that he or she completes 12 hours of in-service training during each 12-month period as a condition of employment. The bill specifies that the HIV/AIDS training may count toward the 12 hours of training and that the HHA must maintain documentation demonstrating compliance with this requirement.

If a family caregiver allows 24 consecutive months to pass without performing any nursing-related services for an eligible relative, the family caregiver must recomplete the training program prior to serving as an aide.

The bill grants civil immunity to a HHA for terminating or denying employment to an aide who fails to maintain the requirements of the bill or whose name appears on a criminal screening report of the Florida Department of Law Enforcement. The bill also grants immunity from a

¹⁶ Created pursuant to s. 435.12, F.S.

cause of action and monetary liability to any licensed facility or the facility's governing board, medical staff, disciplinary board, agents, investigators, witnesses, employees, or any other person for any action taken in good faith to comply with the section.

The bill also specifies that a HHA, or its agent, may not use criminal records or juvenile records relating to vulnerable adults for any purpose other than determining if the person meets the requirements of the section and that the HHA must maintain the confidentiality of any such records or information it obtains that is confidential and exempt from public records laws.

The bill requires the AHCA to conduct an annual assessment of the program. The assessment must include caregiver satisfaction with the program, identify additional supports that may be needed by aides, and assess the rate and extent of hospitalization of children who are attended by aides compared to those in home health services without such an aide. The AHCA must report its findings to the Governor and the Legislature by January 1 of each year beginning in 2025.

The bill also requires the AHCA to modify the Medicaid state plan and implement any federal waivers necessary to implement the program. The AHCA is required to establish a Medicaid fee schedule for HHAs employing aides at \$25 per hour with no more than 8 hours per day.

The bill amends several sections of law to include home health aides for medically fragile children along with certified nursing assistants and home health aides in allowing tasks to be delegated to the aide, including the administration of medication, and requiring that an HHA ensure that any tasks delegated to the aide meet state law requirements and that the aide is properly trained.

The bill makes several cross-reference changes to conform to the changes made in the bill.

The bill provides that the act is effective upon becoming law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

V. Fiscal Impact Statement:**A. Tax/Fee Issues:**

None.

B. Private Sector Impact:

SB 452 may have an indeterminate positive fiscal impact on family caregivers who are trained as aides able to be reimbursed for their time caring for their family member under the bill.

C. Government Sector Impact:

SB 452 may have an indeterminate negative fiscal impact on the AHCA due to additional Medicaid expenditures that will be required to be spent to reimburse family caregivers who become trained as aides. As of this writing, the AHCA has not provided an estimate of the bill's fiscal impact.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 400.462, 400.464, 400.476, 400.489, 400.490, 768.38, and 768.381.

This bill creates the following sections of the Florida Statutes: 400.4765 and 400.54.

IX. Additional Information:**A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

By Senator Harrell

31-00381A-23

2023452__

1 A bill to be entitled
 2 An act relating to home health aides for medically
 3 fragile children; amending s. 400.462, F.S.; defining
 4 terms; amending s. 400.464, F.S.; requiring home
 5 health agencies to ensure that any tasks delegated to
 6 home health aides for medically fragile children meet
 7 specified requirements; amending s. 400.476, F.S.;
 8 requiring home health agencies to ensure that home
 9 health aides for medically fragile children employed
 10 by or under contract with them are adequately trained
 11 to perform the tasks they will be delegated; providing
 12 certain individuals an exemption from costs associated
 13 with specified training; creating s. 400.4765, F.S.;
 14 establishing the home health aides for medically
 15 fragile children program for specified purposes;
 16 requiring the Agency for Health Care Administration,
 17 in consultation with the Board of Nursing, to approve
 18 training programs for home health aides for medically
 19 fragile children; specifying minimum requirements for
 20 the training programs; authorizing home health
 21 agencies to employ certain persons as home health
 22 aides for medically fragile children if they meet
 23 specified criteria; requiring home health aides for
 24 medically fragile children to complete an approved
 25 training program again under certain circumstances;
 26 requiring home health aides for medically fragile
 27 children to complete additional training in HIV/AIDS
 28 and maintain a certificate in cardiopulmonary
 29 resuscitation; requiring home health agencies to

Page 1 of 14

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31-00381A-23

2023452__

30 ensure that home health aides for medically fragile
 31 children whom they employ complete certain inservice
 32 training during each 12-month period; requiring home
 33 health agencies to maintain documentation
 34 demonstrating compliance with such training
 35 requirements; exempting home health agencies from
 36 civil liability for terminating or denying employment
 37 to a home health aide for medically fragile children
 38 under certain circumstances; extending the exemption
 39 to certain agents of the home health agencies;
 40 prohibiting home health agencies and their agents from
 41 using certain criminal records or juvenile records
 42 other than for a specified purpose; requiring the
 43 agency to maintain confidentiality of certain
 44 confidential and exempt records; authorizing the
 45 agency, in consultation with the board, to adopt
 46 rules; amending s. 400.489, F.S.; authorizing home
 47 health aides for medically fragile children to
 48 administer certain medications under certain
 49 circumstances; requiring such home health aides for
 50 medically fragile children to complete additional
 51 inservice training annually to continue administering
 52 such medications; requiring the agency, in
 53 consultation with the board, to establish certain
 54 standards and procedures by rule for home health aides
 55 for medically fragile children who administer
 56 medications to patients; amending s. 400.490, F.S.;
 57 authorizing home health aides for medically fragile
 58 children to perform certain tasks delegated by a

Page 2 of 14

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31-00381A-23

2023452__

registered nurse; creating s. 400.54, F.S.; requiring the agency to conduct an annual assessment related to the home health aides for medically fragile children program; specifying requirements for the assessment; requiring the agency to submit a report to the Governor and the Legislature by a specified date each year, beginning on a specified date; directing the agency to modify any state Medicaid plans and implement any federal waivers necessary to implement the act; directing the agency to establish a certain Medicaid fee schedule at a specified rate and subject to a specified utilization cap; amending ss. 768.38 and 768.381, F.S.; conforming cross-references; providing an effective date.

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

Section 1. Present subsections (5) through (10), (11), (12), (13), (14), and (15) through (29) of section 400.462, Florida Statutes, are redesignated as subsections (6) through (11), (13), (15), (16), (17), and (19) through (33), respectively, new subsections (5), (12), (14), and (18) are added to that section, and subsection (1) and present subsection (10) of that section are amended, to read:

400.462 Definitions.—As used in this part, the term:

(1) "Administrator" means a direct employee, as defined in subsection (10) ~~(9)~~, who is a licensed physician, physician assistant, or registered nurse licensed to practice in this state or an individual having at least 1 year of supervisory or

31-00381A-23

2023452__

administrative experience in home health care or in a facility licensed under chapter 395, under part II of this chapter, or under part I of chapter 429.

(5) "Approved training program" means a course of training approved by the agency, in consultation with the Board of Nursing, under s. 400.4765 to train family caregivers as home health aides for medically fragile children.

(11)(10) "Director of nursing" means a registered nurse who is a direct employee, as defined in subsection (10) (9), of the agency and who is a graduate of an approved school of nursing and is licensed in this state; who has at least 1 year of supervisory experience as a registered nurse; and who is responsible for overseeing the professional nursing and home health aid delivery of services of the agency.

(12) "Eligible relative" means, with respect to the home health aide for medically fragile children program under s. 400.4765, a person 21 years of age or younger who is eligible to receive continuous skilled nursing or skilled nursing respite care services under the Medicaid program and is a relative of a home health aide for medically fragile children.

(14) "Family caregiver" means a person providing or intending to provide significant personal care and assistance to an eligible relative 21 years of age or younger who has an underlying physical or cognitive condition that prevents him or her from safely living independently.

(18) "Home health aide for medically fragile children" means a family caregiver who meets the qualifications specified in s. 400.4765; performs tasks delegated to him or her under chapter 464 while caring for an eligible relative; and provides

31-00381A-23

2023452__

care and assistance to an eligible relative relating to:

(a) Activities of daily living, such as those associated with personal care, maintaining mobility, nutrition and hydration, toileting and elimination, assistive devices, and safety and cleanliness.

(b) Data gathering.

(c) Reporting abnormal signs and symptoms.

(d) Patient socialization and reality orientation.

(e) Cardiopulmonary resuscitation and emergency care.

(f) Residents' or patients' rights.

(g) Documentation of services.

(h) End-of-life care.

(i) Postmortem care.

Section 2. Subsection (5) of section 400.464, Florida Statutes, is amended to read:

400.464 Home health agencies to be licensed; expiration of license; exemptions; unlawful acts; penalties.—

(5) If a licensed home health agency authorizes a registered nurse to delegate tasks, including medication administration, to a certified nursing assistant pursuant to chapter 464 or to a home health aide or a home health aide for medically fragile children pursuant to s. 400.490, the licensed home health agency must ensure that such delegation meets the requirements of this chapter and chapter 464 and the rules adopted thereunder.

Section 3. Subsection (3) of section 400.476, Florida Statutes, is amended to read:

400.476 Staffing requirements; notifications; limitations on staffing services.—

Page 5 of 14

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31-00381A-23

2023452__

(3) TRAINING.—A home health agency shall ensure that each certified nursing assistant employed by or under contract with the home health agency and each home health aide and home health aide for medically fragile children employed by or under contract with the home health agency is adequately trained to perform the tasks of a home health aide in the home setting. A parent, guardian, or family member who seeks the training required under s. 464.4765 to become a home health aide for medically fragile children may not be required to repay or reimburse the home health agency for the costs associated with the training program.

Section 4. Section 400.4765, Florida Statutes, is created to read:

400.4765 Home health aides for medically fragile children program.—The home health aides for medically fragile children program is hereby established in response to the shortage of health care workers in this state and the impact that the shortage has on medically fragile children and their caregivers. The program is designed to decrease hospitalization and institutionalization of medically fragile children, reduce state expenditures, and provide an opportunity for affected family caregivers to receive training and gainful employment.

(1) The agency, in consultation with the Board of Nursing, shall approve a training program created by a home health agency in accordance with 42 C.F.R. ss. 483.151-483.154 and 484.80 to train family caregivers as home health aides for medically fragile children to increase the health care workforce in this state and to authorize persons to provide trained nursing services to eligible relatives. The program must consist of at

Page 6 of 14

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31-00381A-23 2023452__

175 least 85 hours of training, including, but not limited to, all
 176 of the following:

177 (a) A minimum of 40 hours of theoretical instruction in
 178 nursing, including, but not limited to, instruction on all of
 179 the following:

- 180 1. Person-centered care.
- 181 2. Communication and interpersonal skills.
- 182 3. Infection control.
- 183 4. Safety and emergency procedures.
- 184 5. Assistance with activities of daily living.
- 185 6. Mental health and social service needs.
- 186 7. Care of cognitively impaired individuals.
- 187 8. Basic restorative care and rehabilitation.
- 188 9. Patient rights and confidentiality of personal
 189 information and medical records.
- 190 10. Relevant legal and ethical issues.

191
 192 Such instruction must be offered in various formats, and any
 193 interactive instruction must be provided during various times of
 194 the day.

195 (b) A minimum of 20 hours of skills training on basic
 196 nursing skills, including, but not limited to:

- 197 1. Hygiene, grooming, and toileting.
- 198 2. Skin care and pressure sore prevention.
- 199 3. Nutrition and hydration.
- 200 4. Measuring vital signs, height, and weight.
- 201 5. Safe lifting, positioning, and moving of patients.
- 202 6. Wound care.
- 203 7. Portable oxygen use and safety and other respiratory

31-00381A-23 2023452__

204 procedures.

205 8. Tracheostomy care.

206 9. Enteral care and therapy.

207 10. Peripheral intravenous assistive activities and
 208 alternative feeding methods.

209 11. Urinary catheterization and ostomy care.

210 (c) At least 16 hours of clinical training under direct
 211 supervision of a licensed registered nurse.

212 (2) A home health agency may employ as a home health aide
 213 for medically fragile children any person 18 years of age or
 214 older who meets all of the following criteria:

215 (a) Is a family caregiver of an eligible relative who is 21
 216 years of age or younger and is eligible to receive continuous
 217 skilled nursing or skilled nursing respite care services under
 218 the Medicaid program.

219 (b) Demonstrates a minimum competency to read and write.

220 (c) Completes a training program approved under this
 221 section or has graduated from an accredited school of nursing
 222 and has not yet taken the state exam for licensure in this
 223 state.

224 (d) Successfully passes the required background screening
 225 pursuant to s. 400.215. If the person has successfully passed
 226 the required background screening pursuant to s. 400.215 or s.
 227 408.809 within 90 days before applying for a certificate to
 228 practice and the person's background screening results are not
 229 retained in the clearinghouse created under s. 435.12, the
 230 agency must waive the requirement that the applicant
 231 successfully pass an additional background screening pursuant to
 232 s. 400.215.

31-00381A-23

2023452

(3) If a home health aide for medically fragile children allows 24 consecutive months to pass without performing any nursing-related services for an eligible relative, the family caregiver must again complete an approved training program before serving as a home health aide for medically fragile children.

(4) All home health aides for medically fragile children must complete an HIV/AIDS training course and are required to obtain and maintain a current certificate in cardiopulmonary resuscitation.

(5) A home health agency that employs a home health aide for medically fragile children must ensure that the aide completes 12 hours of inservice training during each 12-month period as a condition of employment. The HIV/AIDS training and cardiopulmonary training required under subsection (4) may count toward meeting the 12 hours of inservice training. The home health agency shall maintain documentation demonstrating compliance with this subsection.

(6) If a home health agency terminates or denies employment to a home health aide for medically fragile children who fails to maintain the requirements of this section or whose name appears on a criminal screening report of the Department of Law Enforcement, the home health agency is not civilly liable for such termination and a cause of action may not be brought against the home health agency for damages. There may not be any monetary liability on the part of, and a cause of action for damages may not arise against, any licensed facility or its governing board or members thereof, medical staff, disciplinary board, agents, investigators, witnesses, employees, or any other

31-00381A-23

2023452

person for any action taken in good faith, without intentional fraud, to comply with this section.

(7) A home health agency, or an agent thereof, may not use criminal records or juvenile records relating to vulnerable adults for any purpose other than determining if the person meets the requirements of this section. The agency shall maintain the confidentiality of any such records and information it obtains which are confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

(8) The agency, in consultation with the Board of Nursing, may adopt rules to implement this section.

Section 5. Section 400.489, Florida Statutes, is amended to read:

400.489 Administration of medication by a home health aide or home health aide for medically fragile children; staff training requirements.—

(1) A home health aide or home health aide for medically fragile children may administer oral, transdermal, ophthalmic, otic, rectal, inhaled, enteral, or topical prescription medications if the home health aide or home health aide for medically fragile children has been delegated such task by a registered nurse licensed under chapter 464, has satisfactorily completed an initial 6-hour training course approved by the agency, and has been found competent to administer medication to a patient in a safe and sanitary manner. The training, determination of competency, and initial and annual validations required in this section shall be conducted by a registered nurse licensed under chapter 464 or a physician licensed under chapter 458 or chapter 459.

31-00381A-23

2023452

291 (2) ~~A Home health aides and home health aides for medically~~
 292 ~~fragile children aide~~ must annually and satisfactorily complete
 293 a 2-hour inservice training course approved by the agency in
 294 medication administration and medication error prevention. The
 295 inservice training course ~~is shall be~~ in addition to the annual
 296 inservice training hours required by agency rules.

297 (3) The agency, in consultation with the Board of Nursing,
 298 shall establish by rule standards and procedures that a home
 299 health aide and home health aide for medically fragile children
 300 must follow when administering medication to a patient. Such
 301 rules must, at a minimum, address qualification requirements for
 302 trainers, requirements for labeling medication, documentation
 303 and recordkeeping, the storage and disposal of medication,
 304 instructions concerning the safe administration of medication,
 305 informed-consent requirements and records, and the training
 306 curriculum and validation procedures.

307 Section 6. Section 400.490, Florida Statutes, is amended to
 308 read:

309 400.490 Nurse-delegated tasks.—A certified nursing
 310 assistant, ~~or~~ home health aide, or home health aide for
 311 medically fragile children may perform any task delegated by a
 312 registered nurse as authorized in this part and in chapter 464,
 313 including, but not limited to, medication administration.

314 Section 7. Section 400.54, Florida Statutes, is created to
 315 read:

316 400.54 Annual assessment of home health aides for medically
 317 fragile children program.—The agency shall conduct an annual
 318 assessment of the home health aides for medically fragile
 319 children program established under s. 400.4765. The assessment

Page 11 of 14

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31-00381A-23

2023452

320 must report caregiver satisfaction with the program, identify
 321 additional supports that may be needed by home health aides for
 322 medically fragile children, and assess the rate and extent of
 323 hospitalization of children in home health services who are
 324 attended by a home health aide for medically fragile children
 325 compared to those in home health services without a home health
 326 aid for medically fragile children. By January 1 of each year,
 327 beginning January 1, 2025, the agency shall report its findings
 328 to the Governor, the President of the Senate, and the Speaker of
 329 the House of Representatives.

330 Section 8. The Agency for Health Care Administration shall
 331 modify any state Medicaid plans and implement any federal
 332 waivers necessary to implement this act. The agency shall
 333 establish a Medicaid fee schedule for home health agencies
 334 employing a home health aide for medically fragile children at
 335 \$25 per hour with a utilization cap of no more than 8 hours per
 336 day.

337 Section 9. Paragraph (e) of subsection (2) of section
 338 768.38, Florida Statutes, is amended to read:

339 768.38 Liability protections for COVID-19-related claims.—

340 (2) As used in this section, the term:

341 (e) "Health care provider" means:

342 1. A provider as defined in s. 408.803.

343 2. A clinical laboratory providing services in this state
 344 or services to health care providers in this state, if the
 345 clinical laboratory is certified by the Centers for Medicare and
 346 Medicaid Services under the federal Clinical Laboratory
 347 Improvement Amendments and the federal rules adopted thereunder.

348 3. A federally qualified health center as defined in 42

Page 12 of 14

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31-00381A-23 2023452__

U.S.C. s. 1396d(1)(2)(B), as that definition exists on the effective date of this act.

4. Any site providing health care services which was established for the purpose of responding to the COVID-19 pandemic pursuant to any federal or state order, declaration, or waiver.

5. A health care practitioner as defined in s. 456.001.

6. A health care professional licensed under part IV of chapter 468.

7. A home health aide as defined in s. 400.462 ~~s. 400.462(15)~~.

8. A provider licensed under chapter 394 or chapter 397 and its clinical and nonclinical staff providing inpatient or outpatient services.

9. A continuing care facility licensed under chapter 651.

10. A pharmacy permitted under chapter 465.

Section 10. Paragraph (f) of subsection (1) of section 768.381, Florida Statutes, is amended to read:

768.381 COVID-19-related claims against health care providers.—

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

(f) "Health care provider" means any of the following:

1. A provider as defined in s. 408.803.

2. A clinical laboratory providing services in this state or services to health care providers in this state, if the clinical laboratory is certified by the Centers for Medicare and Medicaid Services under the federal Clinical Laboratory Improvement Amendments and the federal rules adopted thereunder.

3. A federally qualified health center as defined in 42

Page 13 of 14

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31-00381A-23 2023452__

U.S.C. s. 1396d(1)(2)(B), as that definition existed on the effective date of this act.

4. Any site providing health care services which was established for the purpose of responding to the COVID-19 pandemic pursuant to any federal or state order, declaration, or waiver.

5. A health care practitioner as defined in s. 456.001.

6. A health care professional licensed under part IV of chapter 468.

7. A home health aide as defined in s. 400.462 ~~s. 400.462(15)~~.

8. A provider licensed under chapter 394 or chapter 397 and its clinical and nonclinical staff providing inpatient or outpatient services.

9. A continuing care facility licensed under chapter 651.

10. A pharmacy permitted under chapter 465.

Section 11. This act shall take effect upon becoming a law.

Page 14 of 14

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The Florida Senate

APPEARANCE RECORD

SB 452

Meeting Date

Bill Number or Topic

Deliver both copies of this form to
Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

Name Katie LarsenPhone 239 776 6060Address 9800 S. HealthPark DrEmail Katie.Larsen@lehealth.org

Street

City Fort MyersState FLZip 33908Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.☒ I am a registered lobbyist,
representing:Lee Memorial
Health System☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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

S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

452

Meeting Date

Bill Number or Topic

Deliver both copies of this form to
Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

Name Bill Szczepanski - Team Select Home CarePhone 501-650-2744Address 2999 N. 44th St Suite 100Email wszczepanski@TSHC.com

Street

City PhoenixState AZZip 85054Speaking: ☒ For ☐ Against ☒ Information

OR

Waive Speaking: ☐ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒ I am appearing without
compensation or sponsorship.☐ I am a registered lobbyist,
representing:☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

2/20/23

The Florida Senate
APPEARANCE RECORD

452

Meeting Date

Bill Number or Topic

Health Policy

Deliver both copies of this form to
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Committee

Amendment Barcode (if applicable)

Name Bobby Lolley, Executive Director-Home Care Association of Florida

Phone 850-222-8967

Address 2236 Capital Circle NE, Suite 206

Email blolley@homecarefla.org

Street

Tallahassee

FL

32308

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☐ I am a registered lobbyist,
representing:

☒ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

HCAF

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate

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Meeting Date

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name TANYA C. JACKSON

Phone 850-445-0107

Address 110 E. College Ave.

Email Tanya@PinPointResults.com

Street

Tallahassee

FL

32301

City

State

Zip

Speaking: ☒ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without
compensation or sponsorship.

☒ I am a registered lobbyist,
representing:

Angels of Care

☐ I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

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2/20/2023

Meeting Date

Health Policy

Committee

JB452

Bill Number or Topic

Amendment Barcode (if applicable)

Name

Nancy Lawther, Ph.D.

Phone

407 855-7601

Address

1747 Orlando Central Pkwy

Email

legislation@florida
pta.org

Street

Orlando FL 32809

City

State

Zip

Speaking:

☐ For☐ Against☐ Information

OR

Waive Speaking:

☒ In Support☐ Against

PLEASE CHECK ONE OF THE FOLLOWING:

☐

I am appearing without
compensation or sponsorship.

☐

I am a registered lobbyist,
representing:

☒

I am not a lobbyist, but received
something of value for my appearance
(travel, meals, lodging, etc.),
sponsored by:

Florida PTA

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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

S-001 (08/10/2021)



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Transportation, *Chair*
Military and Veterans Affairs, Space,
and Domestic Security, *Vice Chair*
Appropriations Subcommittee on Health and
Human Services
Children, Families, and Elder Affairs
Finance and Tax

SELECT COMMITTEE:

Select Committee on Pandemic
Preparedness and Response

SENATOR GAYLE HARRELL

25th District

February 10, 2023

Senator Burton
530 Knott Building
404 South Monroe Street
Tallahassee, FL 32399

Chair Burton,

I respectfully request that **SB 452 – Home Health Aides for Medically Fragile Children** be placed on the next available agenda for the Transportation Committee Meeting.

Should you have any questions or concerns, please feel free to contact my office. Thank you in advance for your consideration.

Thank you,

A handwritten signature in blue ink that reads "Gayle".

Senator Gayle Harrell
Senate District 25

Cc: Allen Brown, Staff Director
Anhar Al-Asadi, Committee Administrative Assistant

REPLY TO:

☐ 215 SW Federal Highway, Suite 203, Stuart, Florida 34994 (772) 221-4019 FAX: (888) 263-7895
☐ 310 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5025

Senate's Website: www.flsenate.gov

WILTON SIMPSON
President of the Senate

AARON BEAN
President Pro Tempore



USF V- CARE Pathway Program

Overview of the V-CARE Pathway Program:

The University of South Florida (USF) College of Nursing Veteran to Bachelor of Science in Nursing (VBSN) V-CARE pathway is a highly selective program for military medics and corpsmen that builds upon their military healthcare education, training, and experience, and provides a more efficient pathway and education ladder from veteran, to student, to baccalaureate prepared nursing professional. The pathway is a student-centered program tailored to each veteran that fills a gap in the education needs of veterans who are serving or have served as medics or corpsmen in the Armed Forces and who wish to pursue BSN coursework and continue their health care careers as nurses.

The pathway was created in 2013 with VBSN grant support from the Health Resources and Services Administration of the U.S. Department of Health and Human Services. V-CARE was originally an accelerated four-semester program that shortened the time to degree completion while maintaining the academic rigor, clinical quality, and high NCLEX pass rates.

When the grant support ended in 2019, USF continued the program and funded it through different revenue sources such as E&G. The new operating budget for this program decreased and we could no longer pay for a dedicated pathway director and academic advisor. Not having a dedicated director and advisor can have a significant negative impact on the success of veterans who are transitioning into the role of student veteran, so to sustain the high student outcomes with less resources, the number of veterans selected to the pathway program was reduced. However, a steady interest in this pathway has remained.

V-CARE Pathway Outcomes:

To date, 138 veteran students (eight cohorts from 2014-2020) have enrolled in the V-CARE pathway—and **132 have graduated**. Currently, 22 veteran students are enrolled — 10 in the 2021 cohort and 12 in the 2022 cohort. Upon graduation, approximately 37% of graduates have returned to active duty and been commissioned as officers in their respective nurse corps (Army, Navy, Air Force, and Coast Guard), 42% have accepted positions in hospitals in the civilian sector, and 21% have accepted positions in Veteran Administration Hospitals—this is especially compelling as it exemplifies the “veteran serving veteran” concept. Roughly one-fourth of the graduates have gone on to earn master’s and/or doctoral degrees in nursing at USF, as well as other universities across the country. Almost 50% of all V-CARE graduates have remained in Florida at least one year post graduation.

Overall, the V-CARE pathway NCLEX pass rate is 92%. As of December 16, 2022, the national benchmark is 82.95%; the Florida pass rate is 83.16%.

Barriers to Enrollment:

In preparation for launching the VBSN V-CARE pathway in 2013, focus groups were conducted with medic and corpsmen stakeholders to better understand their experiences. Many of these servicemembers and veterans expressed frustration with what they perceived as barriers to access to nursing education, including:

- The inability to obtain academic credit for military training and experience.
- Difficulty transferring college credit earned while on active duty.
- Lower GPAs from college courses taken prior to active duty or while working full time in the military.
- Lack of support/understanding of reintegration stressors by professors which impacts ability to successfully complete courses.
- Lack of mechanisms to deal with disruptions in program plans for Reserve/National Guard members caused by deployments or training requirements.

- Uncertainty involved in applying to an upper division pathway and the associated risks of non-admission even after completing prerequisites (and using a large portion of GI Bill educational benefits).



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

SENATOR BRYAN AVILA
39th District

COMMITTEES:
Governmental Oversight and Accountability, *Chair*
Appropriations
Appropriations Committee on Education
Appropriations Committee on Health and
Human Services
Education Pre-K -12
Ethics and Elections
Health Policy

SELECT COMMITTEE:
Select Committee on Resiliency

JOINT COMMITTEE:
Joint Select Committee on Collective Bargaining,
Alternating Chair

February 13, 2023

The Honorable Colleen Burton
Chair
Committee on Health Policy

REF: COMMITTEE MEETING EXCUSAL

Honorable Chair Burton,

Please excuse my absence from Committee on Health and Human Services on Thursday, February 20, 2023. I have a prior district commitment that cannot be re-scheduled.

Please feel free to contact me with any questions.

Sincerely,

A handwritten signature in blue ink that reads "Bryan Avila".

Bryan Avila
Senator
District 39

CC: Allen Brown, Staff Director
Anhar Al-Asadi, Administrative Assistant
Jeremy Hudak, Legislative Analyst, Senate Majority Office
Megan Ramba, Administrative Assistant – Senate Presidents Office

CourtSmart Tag Report

Room: SB 110

Case No.:

Type:

Caption: Senate Committee on Health Policy

Judge:

Started: 2/20/2023 3:00:21 PM

Ends: 2/20/2023 4:12:45 PM

Length: 01:12:25

3:00:28 PM Chair Burton calls meeting to order
3:00:46 PM Attendance Roll call. Quorum is present
3:00:59 PM Chair Burton recognizes Senator Avila is excused from today's meeting
3:01:29 PM Chair Burton takes up Tab 1 SB 298 Telehealth Practice Standards
3:01:38 PM Chair Burton recognizes Senator Boyd to explain SB 298
3:02:44 PM Chair Burton asks for questions on bill
3:02:50 PM Chair Burton Recognizes Senator Davis
3:03:04 PM Question by Senator Davis
3:03:11 PM Answer by Senator Boyd
3:03:47 PM Question by Senator Osgood
3:04:03 PM Answer by Senator Boyd
3:04:16 PM Chair Burton asks for additional questions
3:04:24 PM Appearance by Natalie Kelly of Florida Association of Managing Entities
3:04:36 PM Appearance by Joy Ryan
3:04:50 PM Appearance by Chris Lyon of Florida Osteopathic Medical Association
3:04:58 PM Appearance by Chris Stranburg of Americans for Prosperity
3:05:07 PM Appearance by Jeff Scott of Florida Medical Association
3:05:15 PM Appearance by Ivonne Fernandez of AARP
3:05:30 PM Appearance by Chris Nuland of American College of Physicians (Florida Chapter)
3:05:32 PM Appearance by Amanda Fraser of American Diabetes Association
3:05:47 PM Appearance by Katie Larsen of Lee Memorial Health System
3:05:50 PM Appearance by Christian Camara of Institue for Justice
3:05:57 PM Appearance by David Mica of The Florida Hospital Association
3:05:58 PM Appearance by Barney Bishop of Meridian Health Service
3:06:06 PM Chair Burton asks for debate
3:06:10 PM Comment by Senator Harrell
3:06:29 PM Comment by Senator Osgood
3:07:13 PM Comment by Senator Brodeur
3:07:37 PM Chair Burton recognizes Senator Boyd to close on SB 298
3:08:05 PM Roll Call SB 298
3:08:15 PM Vote Recorded
3:08:57 PM Chair Burton takes up tab 2 SB 112 Step-Therapy Protocols
3:09:15 PM Chair Burton recognizes Senator Harrell to explain bill
3:12:27 PM Chair Burton asks for questions on the bill
3:12:34 PM Question by Senator Davis
3:13:02 PM Answer by Senator Harrell
3:13:12 PM Question by Senator Davis
3:13:49 PM Answer by Senator Harrell
3:14:23 PM Question by Senator Davis
3:14:30 PM Answer by Senator Harrell
3:14:44 PM Question by Senator Osgood
3:15:53 PM Answer by Senator Harrell
3:17:04 PM Question by Senator Osgood
3:17:24 PM Answer by Senator Harrell
3:17:52 PM Question by Senator Osgood
3:17:59 PM Answer by Senator Harrell
3:18:28 PM Chair Burton asks for additional questions
3:18:35 PM Take up Amendment Barcode 447408
3:18:51 PM Chair Burton recognizes Senator Harrell to explain the amendment
3:19:13 PM Appearance by Melanie Brown Woofert of FL Council of Behavioral Health
3:19:48 PM Chair Burton asks for debate on the amendment
3:19:57 PM Chair Burton asks for questions on bill

3:20:55 PM Public Testimony by Dr. Ted Bosi
3:24:02 PM Public Testimony by Dr. Sujatha Prabrakaran
3:29:18 PM Appearance by Katie Larsen of Lee Memorial Health System
3:29:26 PM Appearance by David Mica of The Florida Hospital Association
3:29:29 PM Appearance by Chris Nuland of American College of Physicians (Florida Chapter)
3:29:33 PM Appearance by Amy Young of American College of OGYN's
3:29:42 PM Appearance by Dr. Andrea Friall
3:29:51 PM Appearance by Heather Linicome
3:30:07 PM Appearance by Ivonne Fernandez of AARP
3:30:14 PM Appearance by Barney Bishop of Small Business Pharmacy
3:30:19 PM Appearance by Jeff Scott of Florida Medical Association
3:30:19 PM Appearance by Chris Lyon of Florida Osteopathic Medical Association
3:30:26 PM Appearance by Melanie Brown Woofert of FL Council for Behavioral Health
3:30:39 PM Chair Burton asks for debate on bill
3:30:46 PM Chair Burton recognizes Senator Harrell to close on SB 112
3:31:12 PM Roll Call SB 112
3:31:33 PM Vote Recorded
3:31:49 PM Chair Burton takes up Tab 3 SB 218 Genetic Counselors Using Telehealth
3:32:00 PM Chair Burton recognizes Senator Harrell to explain SB 218
3:32:53 PM Chair Burton asks for questions
3:32:56 PM Appearance by Chris Stranburg of Americans for Prosperity
3:33:03 PM Appearance by Barney Bishop of Meridian Health Services
3:33:08 PM Appearance by Christian Camara of Institute for Justice
3:33:22 PM Appearance by Robby Holroyd of Florida Associations of Genetic Counselors
3:33:28 PM Chair recognizes Senator Harrell to close on SB 218
3:33:39 PM Roll Call SB 218
3:34:03 PM Vote recorded
3:34:09 PM Chair Burton takes up tab 4 SB 230 Health Care Practitioner Titles and Abbreviations
3:34:28 PM Chair Burton takes up amendment barcode 691062
3:35:48 PM Chair Burton recognizes Senator Harrell to explain amendment
3:39:07 PM Chair Burton asks for Questions
3:39:16 PM Appearance by Brence Sell
3:39:27 PM Appearance by JoAnne Hart of Florida Dental Association
3:39:35 PM Appearance by David Ramba of Florida Optometric Association
3:39:42 PM Appearance by Allison Carvajal of FL Nurse Practitioner Network
3:39:47 PM Chair Burton calls for debate
3:40:01 PM Comment by Senator Book
3:40:14 PM Chair recognizes Senator Harrell to close on the Amendment
3:40:41 PM Question by Senator Osgood
3:41:14 PM Answer by Senator Harrell
3:41:28 PM Question by Senator Osgood
3:42:30 PM Answer by Senator Harrell
3:43:05 PM Question by Senator Davis
3:44:12 PM Answer by Senator Harrell
3:44:30 PM Question by Senator Davis
3:44:47 PM Answer by Senator Harrell
3:45:26 PM Question by Senator Davis
3:45:34 PM Answer Senator Harrell
3:46:16 PM Question by Senator Davis
3:46:27 PM Answer by Senator Harrell
3:46:37 PM Appearance by Dr. Andrea Friau
3:46:51 PM Appearance by Chris Nuland FL Society Plastic Surgeries/ FL Society of Dermatologists
3:47:43 PM Public Testimony by Jack Hebert of Florida Chiropractic Association
3:48:13 PM Appearance by Amy Young of Florida Society of Ophthalmology
3:48:50 PM Appearance by Jeff Scott of Florida Medical Association
3:48:56 PM Appearance by Chris Lyon of Florida Osteopathic Medical Association
3:49:13 PM Public Testimony by Jack Cory of Florida Nursing Association
3:51:32 PM Question by Senator Book
3:52:01 PM Answer by Jack Cory
3:52:08 PM Question by Senator Book
3:52:22 PM Appearance by Heather Lincicome
3:52:34 PM Appearance by Katie Larsen of Lee Memorial Health

3:52:39 PM Chair Burton asks for debate
3:52:54 PM Comment by Senator Davis
3:53:30 PM Chair Burton asks for additional debate
3:54:17 PM Chair Burton recognizes Senator Harrell to close on SB 230
3:56:23 PM Roll Call SB 230
3:56:58 PM Vote recorded
3:57:04 PM Chair Burton takes up tab 5 SB 274 Nursing Education Pathway for Military Combat Medics
3:57:10 PM Chair Burton recognizes Senator Burgess to explain SB 274 by Senator Avila
3:58:24 PM Chair Burton asks for questions
3:58:33 PM Appearance by Chris Stranburg of American for Prosperity
3:58:38 PM Appearance by Bob Asztalos of FL Dept of Veterans Affairs
3:58:45 PM Appearance by David Mica of The Florida Hospital Association
3:58:50 PM Appearance by Katie Larsen of Lee Memorial Health
3:59:03 PM Appearance by Jules Kariher of Ascension Sacred Heart
3:59:17 PM Chair Burton asks for debate
3:59:29 PM Comment by Senator Harrell
4:00:04 PM Comment by Senator Calatayud
4:00:45 PM Chair recognizes Senator Burgess to close on SB 274
4:01:14 PM Roll Call SB 274
4:01:53 PM Vote recorded
4:01:57 PM Chair Burton takes up Tab 6 SB 452 Home Health Aides for Medically Fragile Children
4:02:22 PM Chair recognizes Senator Harrell to explain SB 452
4:04:34 PM Question by Senator Davis
4:05:05 PM Answer by Senator Harrell
4:05:49 PM Question by Senator Davis
4:06:33 PM Answer by Senator Harrell
4:06:45 PM Question by Senator Osgod
4:06:52 PM Answer by Senator Harrell
4:06:59 PM Appearance by Katie Larsen of Lee Memorial Health
4:07:07 PM Appearance by Bill Sczeponski of Team Select Home Care
4:07:23 PM Appearance by Tanya Jackson of Angels of Care
4:07:33 PM Appearance by Dr. Nancy Lawther of Florida PTA
4:07:46 PM Appearance by Bobby Lolley of Home Care Associates of Floirda
4:07:57 PM Comment by Senator Davis
4:08:15 PM Comment by Senator Broxson
4:09:58 PM Comment by Senator Garcia
4:10:21 PM Chair Burton recognizes Senator Harrell to close on SB 452
4:11:35 PM Roll call SB 452
4:12:07 PM Vote Recorded
4:12:13 PM No further business, Senator Garcia moves to adjourn
4:12:30 PM Meeting adjourned