The Florida Senate

COMMITTEE MEETING EXPANDED AGENDA

HEALTH POLICY
Senator Bean, Chair
Senator Sobel, Vice Chair

MEETING DATE: Tuesday, March 31, 2015
TIME: 10:00 a.m.—12:00 noon
PLACE: *Pat Thomas Committee Room,* 412 Knott Building

MEMBERS: Senator Bean, Chair; Senator Sobel, Vice Chair; Senators Braynon, Flores, Gaetz, Galvano, Garcia, Grimsley, and Joyner

TAB	OFFICE and APPOINTMENT (HOME CITY)	FOR TERM ENDING	COMMITTEE ACTION
	Senate Confirmation Hearing: A public hearing will be held for consideration of the below-named executive appointment to the office indicated.		
	Secretary of Health Care Administration		
1	Dudek, Elizabeth (Tallahassee)	Pleasure of Governor	Recommend Confirm Yeas 7 Nays 0

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
2	**SB 146** Ring (Similar H 23)	Autism; Requiring a physician, to whom a parent or legal guardian reports observing symptoms of autism exhibited by a minor child, to refer the minor to an appropriate specialist for screening for autism spectrum disorder under certain circumstances; requiring that certain insurers and health maintenance organizations provide direct patient access for a minimum number of visits to an appropriate specialist for screening for, or evaluation or diagnosis of, autism spectrum disorder, etc. HP 03/31/2015 Favorable BI AGG FP	Favorable Yeas 6 Nays 1
3	**SB 548** Clemens (Identical H 671)	Use of Tobacco Products in Motor Vehicles; Prohibiting a person from smoking a tobacco product in a motor vehicle in which a child under 13 years of age is present; providing penalties, etc. RI 03/11/2015 Favorable HP 03/31/2015 Favorable RC	Favorable Yeas 5 Nays 1

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	**SB 7066** Regulated Industries	Low-THC Cannabis; Revising the illnesses and symptoms for which a physician may order a patient the medical use of low-THC cannabis in certain circumstances; providing that a physician who improperly orders low-THC cannabis is subject to specified disciplinary action; revising the duties of the Department of Health; requiring the department to allow specified persons engaged in research to access the compassionate use registry, etc. HP 03/31/2015 Fav/CS RC	Fav/CS Yeas 8 Nays 0
5	**SB 926** Sobel (Similar H 795)	Underwater Pool Lighting Safety; Providing that underwater lighting inspections are not exempt from supervision or regulation; requiring county health departments to inspect underwater lighting in public pools; creating the "Calder Sloan Swim in Safety Act"; requiring the seller to provide a disclosure summary to a prospective purchaser upon sale of certain residential property of the dangers associated with underwater lighting in swimming pools, etc. HP 03/23/2015 Not Considered HP 03/31/2015 Fav/CS CA FP	Fav/CS Yeas 8 Nays 0
6	**SB 724** Flores (Identical H 633)	Termination of Pregnancies; Revising conditions for the voluntary and informed consent to a termination of pregnancy; reenacting provisions relating to Agency for Health Care Administration rules regarding medical screening and evaluation of abortion clinic patients, to incorporate the amendment made by this act to s. 390.0111, F.S., in a reference thereto, etc. HP 03/31/2015 Favorable JU FP	Favorable Yeas 5 Nays 3
7	**SB 532** Grimsley (Similar CS/H 281)	Ordering of Medication; Revising the term "prescription" to exclude an order for drugs or medicinal supplies by a licensed practitioner that is dispensed for certain administration; revising the term "administer" to include the term "administration"; authorizing a licensed practitioner to authorize a licensed physician assistant or advanced registered nurse practitioner to order controlled substances for a specified patient under certain circumstances, etc. HP 03/31/2015 Fav/CS AHS AP	Fav/CS Yeas 8 Nays 0

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
8	**CS/SB 860** Banking and Insurance / Garcia (Similar CS/H 555)	Pharmacy; Providing requirements for contracts between pharmacy benefit managers and contracted pharmacies; requiring a pharmacy benefit manager to ensure that a prescription drug has met certain requirements to be placed on a maximum allowable cost pricing list; requiring the pharmacy benefit manager to disclose certain information to a plan sponsor, etc. BI 03/23/2015 Fav/CS HP 03/31/2015 Fav/CS AP	Fav/CS Yeas 8 Nays 0

Other Related Meeting Documents

Amended

RICK SCOTT
GOVERNOR

RECEIVED
15 FEB 25 PM 1:18
ELECTIONS
SECRETARY OF STATE

February 24, 2015

Secretary Kenneth W. Detzner
Department of State
State of Florida
R. A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, Florida 32399-0250

Dear Secretary Detzner:

Please be advised I have amended the following reappointment under the provisions of Section 20.42, Florida Statutes:

Secretary Elizabeth Dudek
4617 Killimore Lane
Tallahassee, Florida 32309

as of the Secretary of Health Care Administration, subject to confirmation by the Senate. This appointment is effective January 6, 2015, for a term ending at the pleasure of the Governor.

Sincerely,

Rick Scott
Governor

RS/vh

OATH OF OFFICE

(Art. II. § 5(b), Fla. Const.)

15 JAN 30 AM

SECRETARY OF S

STATE OF FLORIDA

County of LEON

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

SECRETARY of the AGENCY for HEALTH CARE ADMINISTRATION

(Title of Office)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." *See* § 92.52, Fla. Stat.]

Elizabeth Dudek

Signature

Sworn to and subscribed before me this 29th *day of* January 2015.

ALICIA RUMLIN
MY COMMISSION # EE 853345
EXPIRES November 20, 2016
Bonded thru Troy Fain-Insurance
NOTARY PUBLIC STATE OF FLORIDA

Signature of Officer Administering Oath or of Notary Public

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known ☑ ***OR*** *Produced Identification* ☐

Type of Identification Produced _____

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: ☐ Home ☑ Office

2727 MAHAN DR, MAIL STOP 1

Street or Post Office Box

TALLAHASSEE, FL 32308

City, State, Zip Code

ELIZABETH DUDEK

Print name as you desire commission issued

Elizabeth Dudek

Signature

DS-DE 56 (Rev. 02/10)

CERTIFICATION

STATE OF FLORIDA
COUNTY OF Leon

Before me, the undersigned Notary Public of Florida, personally appeared Elizabeth Dudek,
who, after being duty sworn, say: (1) that he/she has carefully and personally prepared or read the answers to the foregoing questions; (2) that the information contained in said answers is complete and true; and (3) that he/she will, as an appointee, fully support the Constitutions of the United States and of the State of Florida.

Elizabeth Dudek
Signature of Applicant-Affiant

Sworn to and subscribed before me this 29th day of January, 2015.

ALICIA RUMLIN
MY COMMISSION EXPIRES
November 20, 2016
#EE 853345
Bonded thru
Troy Fain Insurance
NOTARY PUBLIC, STATE OF FLORIDA

Signature of Notary Public-State of Florida

(Print, Type, or Stamp Commissioned Name of Notary Public)

My commission expires: 11/20/2016

Personally Known ☑ **OR** Produced Identification ☐

Type of Identification Produced _____

(seal)

2015 Regular Session

The Florida Senate

Committee Notice Of Hearing

IN THE FLORIDA SENATE
TALLAHASSEE, FLORIDA

IN RE: Executive Appointment of

Elizabeth Dudek

Secretary of Health Care Administration

NOTICE OF HEARING

TO: Ms. Elizabeth Dudek

YOU ARE HEREBY NOTIFIED that the Committee on Health Policy of the Florida Senate will conduct a hearing on your executive appointment on Tuesday, March 31, 2015, in the Pat Thomas Committee Room, 412 Knott Building, commencing at 10:00 a.m., pursuant to Rule 12.7(1) of the Rules of the Florida Senate.

Please be present at the time of the hearing.
DATED this the 26th day of March, 2015

Committee on Health Policy

Aaron Bean

Senator Aaron Bean
As Chair and by authority of the committee

cc: Members, Committee on Health Policy
Office of the Sergeant at Arms

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

Bill Number (if applicable)

Topic Confirmation

Amendment Barcode (if applicable)

Name Elizabeth Dudek

Job Title Secretary

Address 2727 Mahan St
Street

Phone

Tallahassee FL 32308
City *State* *Zip*

Email

Speaking: ☐ For ☐ Against ☒ Information

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

Representing Agency for Health Care Admin

Appearing at request of Chair: ☒ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/13/2015
Meeting Date

Topic Secretary of AHCA Bill Number Senate confirmation *(if applicable)*

Name BRIAN PITTS Amendment Barcode _____ *(if applicable)*

Job Title TRUSTEE

Address 1119 NEWTON AVNUE SOUTH *Street* Phone 727-897-9291

SAINT PETERSBURG *City* FLORIDA *State* 33705 *Zip* E-mail JUSTICE2JESUS@YAHOO.COM

Speaking: ☐ For ☐ Against ☑ Information

Representing JUSTICE-2-JESUS

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

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

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

S-001 (10/20/11)

The Florida Senate

COMMITTEE RECOMMENDATION ON EXECUTIVE APPOINTMENT

COMMITTEE: Committee on Health Policy
MEETING DATE: Tuesday, March 31, 2015
TIME: 10:00 a.m.—12:00 noon
PLACE: Pat Thomas Committee Room, 412 Knott Building

TO: The Honorable Andy Gardiner, President

FROM: Committee on Health Policy

The committee was referred the following executive appointment subject to confirmation by the Senate:

Office: Secretary of Health Care Administration

Appointee: Dudek, Elizabeth

Term: 1/6/2015-Pleasure of Governor

After inquiry and due consideration, the committee recommends that the Senate **confirm** the aforesaid executive appointment made by the Governor.

REPORTING INSTRUCTION: With Chair's approval, file 1 copy with Secretary of the Senate (303 Capitol) and 2 copies with the Committee on Ethics and Elections

THE FLORIDA SENATE

COMMITTEE WITNESS OATH

CHAIR:

Please raise your right hand and be sworn in as a witness.

Do you swear or affirm that the evidence you are about to give will be the truth, the whole truth, and nothing but the truth?

WITNESS'S NAME: Elizabeth Dudek

ANSWER: I do.

Pursuant to §90.605(1), *Florida Statutes*: "The witness's answer shall be noted in the record."

COMMITTEE NAME: Health Policy

DATE: 03/31/15

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 146
INTRODUCER:	Senators Ring and Sachs
SUBJECT:	Autism
DATE:	March 25, 2015
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Lloyd	Stovall	HP	**Favorable**
2.			BI	
3.			AGG	
4.			FP	

I. Summary:

SB 146 requires licensed physicians, except those providing emergency services and care, to screen a minor for autism spectrum disorder (ASD) if the parent or legal guardian believes the minor exhibits ASD symptoms. The physician is required to make a referral to an appropriate specialist for a diagnostic evaluation if the physician determines it is medically necessary. If the physician determines the referral is not medically necessary, he or she must inform the parent or legal guardian about direct access for screening, evaluation, or diagnosis from the Early Steps program or another specialist for at least three visits per policy year.

Health insurance and health maintenance organization (HMO) policies must include these same coverage for their policyholders to have direct access to an appropriate specialist at least three times per policy year effective with policies issued or renewed on or after January 1, 2016. A definition for direct patient access to an appropriate specialist is also provided.

The bill is effective July 1, 2015.

II. Present Situation:

What is Autism?

Autism spectrum disorder (ASD) is a development disorder that can cause significant social, communication and behavioral challenges. Individuals with ASD may communicate, interact, behave, and learn in ways that are different from other people. Some individuals with ASD may need a lot of assistance in their daily lives; others may need very little.[1]

[1] Centers for Disease Control and Prevention, *Facts about ASD*, http://www.cdc.gov/ncbddd/autism/facts.html (last visited Mar. 26, 2015).

About one in 68 children have been identified with ASD according to estimates from the Centers for Disease Control's (CDC) Autism Developmental Disabilities Monitoring (ADDM) Network.[2] The estimates are based on surveys of 8-year-old children living in 11 communities in the United States in 2010.[3] Boys are five times more likely than girls to be identified with ASD and white children are more likely to be identified than black or Hispanic children. Less than half of those identified with ASD were evaluated for developmental concerns by the time they were 3 years old.[4]

The ASD diagnosis once included Autistic Disorder, Asperger Syndrome, Pervasive Developmental Disorder Not Otherwise Specified, and Disintegrative Disorder. However in June 2013 when the fifth edition of the Diagnostic and Statistical Manual of Mental Disorder (DSM-5) was published, several changes were made impacting ASD including the elimination of all these subdiagnoses. The DSM is the standard classification of mental disorders used by mental health professionals in the United States and the fifth edition is the most current edition.[5]

Under DSM-5, the umbrella term "autism spectrum disorder" is used instead and distinctions are made according to severity levels. The severity levels are based on the amount of support a person needs due to challenges with social communication, repetitive behaviors, and restrictive interests.[6] The previous criteria was geared towards identifying school-aged children with autism-related disorders and was found not to be as useful in identifying younger children with ASD.[7]

Children or adults with ASD might exhibit some of the following behaviors:

- Not point at objects to show interest (for example, not point at an airplane flying over);
- Repeat actions over and over;
- Not look at objects when another person points at them;
- Have trouble relating to others or not have an interest in other people at all;
- Avoid eye contact and want to be alone;
- Have trouble understanding other people's feelings or talking about their own feelings;
- Prefer not to be held or cuddled, or might cuddle only when they want to;
- Appear to be unaware when people talk to them, but respond to other sounds;
- Be very interested in people, but not know how to talk, play, or relate to them;
- Repeat or echo words or phrases said to them, or repeat words or phrases in place of normal language;
- Have trouble expressing their needs using typical words or motions;
- Not play "pretend" games (for example, not pretend to "feed" a doll);

---

[2] Centers for Disease Control and Prevention, *Data and Statistics*, http://www.cdc.gov/ncbddd/autism/data.html (last visited: Mar. 26, 2015).
[3] Centers for Disease Control and Prevention, *10 Things You Need to Know about CDC's Latest Report from The Autism and Developmental Disabilities Monitoring Network*, http://www.cdc.gov/features/dsautismdata/index.html (last visited: Mar. 26, 2015).
[4] Id.
[5] American Psychiatric Association, *DSM*, http://www.psychiatry.org/practice/dsm (last visited Mar. 25, 2015).
[6] Autism Research Institute, *DSM-V: What Changes May Mean*, http://www.autism.com/news_dsmV (last visited Mar. 26, 2015).
[7] American Psychiatric Association, *DSM-5 Updates - Autism Spectrum Disorder*, http://www.dsm5.org/Documents/Autism%20Spectrum%20Disorder%20Fact%20Sheet.pdf (last visited Mar. 26, 2015).

- Have trouble adapting when a routine changes;
- Have unusual reactions to the way things smell, taste, look, feel, or sound; and
- Lose skills they once had (for example, stop saying words they were using).[8]

Florida law has also defined autism in several locations. Section 393.063(3), F.S., defines autism as "a pervasive, neurologically based developmentally based disability of extended duration which causes severe learning, communication, and behavior disorders with age of onset during infancy or childhood, individuals with autism exhibit impairment in reciprocal social interaction, impairment in verbal and non-verbal communication and imaginative ability, and markedly restrictive repertoire of activities and interests." This definition is provided under the developmental disabilities chapter of the Florida Statutes.

A second definition for insurance policies and HMO policies relating to coverage for autism services is provided under ss. 641.31098(2)(b) and 627.6686(2)(b), F.S. Both sections define "autism spectrum disorder" as any of the following disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association:

- Autistic disorder;
- Asperger's syndrome; and
- Pervasive developmental disorder not otherwise specified.

State law also requires certain insurance coverage for diagnostic screening, intervention, and treatment of ASD for eligible individuals and defines an eligible individual as:

> *…an individual under 18 years of age or an individual 18 years of age or older who is in high school who has been diagnosed as having a developmental disability at 8 years of age or younger.*[9]

Diagnosis of Autism Spectrum Disorder

There are no medical tests for ASD. Instead, physicians review a child's behavior and development to determine whether a child meets the ASD criteria. Under the DSM-5 criteria, the diagnosis is based on symptoms in two areas: social communication/interaction and repetitive behaviors.[10] ASD can sometimes be detected at 18 months or younger; however, many children do not receive a diagnosis until they are much older.[11] Some parents or even providers may believe that their children or patients will catch up with their peers and will delay the diagnosis.[12] To receive the ASD diagnosis, the symptoms must cause functional impairment.[13]

---

[8] *Supra* note 1.
[9] Sections 627.6686(2)(c) and 641.31098(2)(c), F.S.
[10] Susan L Hyman, M.D., FAAP, *New DSM-5 Includes Changes to Autism Criteria*, AAP.NEWS.ORG, June 4, 2013 http://aapnews.aappublications.org/content/early/2013/06/04/aapnews.20130604-1 (last visited Mar. 26, 2015).
[11] *Supra* note 1.
[12] National Institute of Mental Health, *Autism Spectrum of Mental Health - What is Autism Spectrum Disorder?*, http://www.nimh.nih.gov/health/topics/autism-spectrum-disorders-asd/index.shtml (last visited Mar. 26, 2015).
[13] *Supra* note 7.

Diagnosis is often a two-step process starting with a general developmental screening during a well-child check-up with a pediatrician or an early childhood health care provider. Children that show signs of developmental issues are then referred by the provider for further evaluation by a team of doctors or other professionals.[14]

Specialists who may conduct the evaluation include:

- Developmental Pediatricians (doctors who have special training in child development and children with special needs);
- Child Neurologists (doctors who work on the brain, spine and nerves); and
- Child Psychologists (doctors who know about the human mind).[15]

Some of the screening instruments used by these health care professionals for younger children include:

- Checklist of Autism in Toddlers (CHAT);
- Modified Checklist for Autism in Toddlers (M-CHAT);
- Screening Tool for Autism in 2-Year-Olds (STAT);
- Social Communication Questionnaire (SCQ); and
- Communication and Symbolic Behavior Scales (CSBS).[16]

Other tools are also available to screen for milder forms of ASD in older children and these include:

- Autism Spectrum Screening Questionnaire (ASSQ);
- Australian Scale for Asperger's Syndrome; (ASAS); and
- Childhood Asperger Syndrome Test (CAST).[17]

The CDC also has examples of available screening tools on its website for different age groups and development.[18] Some tools are interview based tools to assist teachers with talking with a parent or are parent completed questionnaires. The CDC does not recommend or endorse specific evaluation tools.

Treatment Approaches

While there are no medications or cures for ASD or its symptoms, there are medications that can help individuals with ASD function better. The only medications prescribed specifically for ASD are the anti-psychotics risperidone (Risperdal) and aripripazole (Abilify).[19] These drugs can address a child with ASD's irritability or aggression, or threat to perform self-harming acts.

---

[14] Supra note 12.
[15] Centers for Disease Control and Prevention, *Screening and Diagnosis* http://www.cdc.gov/ncbddd/autism/screening.html (last visited Mar. 26, 2015).
[16] Supra note 12.
[17] Id.
[18] *See* Centers for Disease Control and Prevention, *Screening and Diagnosis for Healthcare Providers*, http://www.cdc.gov/ncbddd/autism/hcp-screening.html (last visited Mar. 26, 2015).
[19] National Institute of Mental Health, *supra* note 12.

Early intervention treatment services for children under age 3 can also greatly improve a child's development.[20] Services can help a child talk, walk, and interact with others. Even a child that has not yet been diagnosed with ASD, but that may be at risk for developmental delays, may be eligible for early intervention treatment services through the Individuals with Disabilities Education Act (IDEA).[21] IDEA funds screenings and evaluations for both school-aged children (Part B) and for babies and toddlers (Part C).

In Florida, Part C services are provided by the Department of Health (department) through the Early Steps program. Children who exhibit symptoms of ASD may be referred to or enrolled in the department's Children's Medical Services or Early Steps program and receive services. Screenings are generally first conducted in the child's medical home by the child's primary care physician in accordance with the guidelines of the American Academy of Pediatrics. Early Steps must ensure that appropriate early intervention services are available to all eligible infants and toddlers in the state. There are no charges for Early Steps services, or services will be covered by Medicaid or insurance, if applicable.[22]

The different types of treatment can be broken down into general categories related to:

- Behavior and communication approaches;
- Dietary approaches;
- Medication; and
- Complementary and alternative medicine.

In behavior and communication, the approaches that help children with ASD are those that provide structure, direction, and organization and increase family participation.[23] Applied Behavior Analysis (ABA) is the process of systematically applying interventions based upon the principles of learning theory to improve socially significant behaviors to a meaningful degree, and to demonstrate that interventions employed are responsible for the improvements on behavior.[24] Socially significant behaviors include activities like reading, academics, social skills, communicating, and living skills.

Other behavioral and communication approaches include therapies that assist individuals with living on their own or communicating with other people. Examples of these approaches are:

- Occupational therapy - teaches an individual how to live as independently as possible through life skills such as dressing, eating, bathing, and relating to people.
- Sensory integration therapy - helps an individual who may be sensitive to lights, sounds, and smells or who may not like to be touched.

[20] Centers for Disease Control and Prevention, *Treatment*, http://www.cdc.gov/ncbddd/autism/treatment.html (last visited: Mar. 26. 2015).
[21] Id.
[22] Supra note 20.
[23] Centers for Disease Control and Prevention, *Treatment*, http://www.cdc.gov/ncbddd/autism/treatment.html (last visited Mar. 26, 2015).
[24] The Center for Autism and Related Disorders, *What is ABA?* http://www.centerforautism.com/aba-therapy.aspx (last visited Mar. 26, 2015).

- Speech therapy - improves a person's communications skills or to learn verbal communication skills. For some, using gestures or picture boards may be more realistic.[25]

Dietary treatments for ASD have been developed, but many do not have the scientific support for widespread recommendation. An Arizona State University (ASU) professor, a researcher in autism and the director of the ASU Autism/Asperger's Researcher, published a paper in 2013 summarizing dietary, nutritional, and medical treatments for autism based on over 150 published research studies.[26]

A final treatment category includes complementary or alternative treatment options such as special diets, chelation (a treatment to remove heavy metals from the body), biologicals (e.g. secretin)[27], or body-based systems (like deep pressure). The CDC estimates that up to one-third of parents of ASD children may have tried a complementary or alternative treatment and up to 10 percent may have tried a potentially dangerous treatment.[28]

Health Insurance Coverage for Autism Spectrum Disorders in Florida

In 2008, the Legislature passed CS/CS/SB 2654, which included the *Steven A. Geller Autism Coverage Act*.[29]

All insurers and HMOs are subject to the requirements of the *Steven A. Geller Autism Coverage Act*. The Act requires insurers, including the state group health insurance plan, to provide coverage for well-baby and child screening for diagnosing the presence of autism and to cover the treatment of autism through applied behavioral analysis and assistant services, physical therapy, speech therapy, and occupational therapy.[30] The insurance coverage is limited to $36,000 annually with $200,000 total lifetime benefit. Beginning January 1, 2011, the coverage maximum increase annually with inflation.

State Group Health Insurance Program

The Division of State Group Health Insurance of the Department of Management Services (DMS) offers health insurance benefits for state and political subdivision employees.[31] The DMS implemented the *Steven A. Geller Autism Coverage Act* on January 1, 2010, which required the comprehensive coverage for the screening, diagnosis, and treatment for ASD.

---

[25] Centers for Disease Control and Prevention, *Treatment*, http://www.cdc.gov/ncbddd/autism/treatment.html (last visited Mar. 26, 2015).
[26] James B. Adams, Ph.D., *Summary of Dietary, Nutritional, and Medical Treatments for Autism*, Arizona State University, Autism/Asperger's Research Program http://ariconference.com/enews/treatment.pdf (last visited Mar. 26, 2015).
[27] A secretin test measures the ability of the pancreas to hold the hormone secretin. The small intestines produce secretin in the presence of partially digested food. *See* Cleveland Clinic, *Diseases & Conditions*, http://my.clevelandclinic.org/health/diseases_conditions/hic_Pancreas_Function_Tests (last visited Mar. 26, 2015).
[28] Centers for Disease Control and Prevention, *Treatment*, http://www.cdc.gov/ncbddd/autism/treatment.html (last visited Mar. 26, 2015).
[29] *see* Ch. 2008-30, Laws of Fla.
[30] Section 627.6686 and 641.31098, F.S.
[31] *See* s. 110.123(3)(b), F.S.

The Preferred Provider Plan (PPO) and the HMO plans include coverage for the diagnosis and limited medical treatment, including prescription drugs, for ASD. Currently, members under the PPO plan have direct access to in-and out-of-network providers without a referral from a primary care physician.[32] Four out of the six HMOs have direct access to in-network physician providers while the remaining two HMOs require a referral to most specialist network physician providers.[33]

Patient Protection and Affordable Care Act

In March 2010, the Congress passed and the President signed the Patient Protection and Affordable Care Act (PPACA).[34] The PPACA required the Secretary of Health and Human Services to, among other things, establish a minimum package of essential health benefits (EHB) for individual and small group health insurance.[35] The EHB package must cover benefits across ten general categories from preventive services, maternity care, and hospital services to prescription drugs.[36] Florida selected as its EHB package its largest small group product which does not specifically include coverage for ASD.[37]

Section 1311(d)(3)(B) of the PPACA, allows a state to require qualified health plans to cover additional benefits above those required under the EHB; however, the law also directs the state or the issuer to offset the costs of those supplemental benefits to the enrollee.[38]

In addition to these provisions, under the PPACA, certain plans received "grandfather status." A grandfathered health plan is a plan that existed on March 23, 2010, the date that the PPACA was enacted, and that at least one person had been continuously covered for 1 year.[39] Some consumer protection elements do not apply to grandfathered plans that were part of the PPACA but others are applicable, regardless of the type of plan. Providing the essential health benefits are also not required of grandfathered health plans.[40] A grandfathered plan can lose its status if significant changes to benefits or cost sharing changes are made to the plan since attaining its grandfathered status.[41] Grandfathered plans are required to disclose their status to their enrollees every time

---

[32] Department of Management Services, *Senate Bill 146 Analysis* (Dec. 8, 2014) pg. 2, (on file with the Senate Committee on Health Policy).
[33] Id.
[34] Pub. Law No. 111-148, H.R. 3590, 111th Cong. (Mar. 23, 2010).
[35] Ibid.
[36] Center for Consumer Information and Insurance Oversight, *Essential Health Benefits Coverage Bulletin*, (1), (Dec. 16, 2011) https://www.cms.gov/CCIIO/Resources/Files/Downloads/essential_health_benefits_bulletin.pdf (last visited Mar. 26, 2015).
[37] Centers for Medicare and Medicaid Services, *Florida's EHB Benchmark Plan,* https://www.cms.gov/CCIIO/Resources/Data-Resources/Downloads/florida-ehb-benchmark-plan.pdf (last visited Mar. 26, 2015).
[38] 78 Fed. Reg. 12838, 12865 (Feb. 25, 2013), available at: http://www.gpo.gov/fdsys/pkg/FR-2013-02-25/pdf/2013-04084.pdf (last visited Mar. 26, 2015).
[39] Healthcare.gov, *Grandfathered Health Plans,* https://www.healthcare.gov/glossary/grandfathered-health-plan/ (last visited Mar. 26, 2015).
[40] Sarah Barr, *FAQ: Grandfathered Health Plans* (Dec. 2012), http://www.kaiserhealthnews.org/stories/2012/december/17/grandfathered-plans-faq.aspx (last visited Mar. 26, 2015).
[41] Department of Health and Human Services, *Health Insurance Reforms Under the Affordable Care Act,* https://www.cms.gov/CCIIO/Resources/Files/Downloads/are_you_in_a_grandfathered_health_plan_04072011.pdf (last visited Mar. 27, 2015).

plan materials are distributed and to identify the consumer protections that are not available as a grandfathered plan. Even though exempt from the EHB, a grandfathered plan could still be required to meet a new requirement under state law if otherwise required under state requirements.[42]

The federal law further prohibited the imposition of annual and lifetime benefit limits, except for certain grandfathered plans, effective January 1, 2014. These protections went into effect for children earlier, September 23, 2010, and apply to grandfathered group health insurance plans.

Florida Mandates

A "mandate" is usually defined as required health coverage for specific types of treatments, benefits, providers or categories of dependents.[43] In Florida, health insurance coverage mandates are found throughout the insurance statutes depending on the coverage type and insurance product. In addition, some types of health insurance coverage are exempt from state mandates, such as self-funded or ERISA plans.[44,45] As a result, specific mandates may not be applicable to all insured persons as not all benefits are applicable to all insurance coverage types.[46] Florida has at least 52 different "mandates" across the small group, individual or large group health insurance market, including health maintenance organizations (HMOs).[47]

Required Study by Advocates

Section 624.215, F.S., requires every person or organization seeking consideration of a legislative proposal that would mandate specific health coverage to submit to the Agency for Health Care Administration and the appropriate legislative committee a report reviewing the social and financial impacts of the proposed coverage. The statute lists twelve components for assessment, if available:

- To what extent is the treatment or service generally used by a significant portion of the population?
- To what extent is the insurance coverage generally available?
- If the insurance coverage is not generally available, to what extent does the lack of coverage result in persons avoiding necessary health care treatment?
- If the coverage is not generally available, to what extent does the lack of coverage result in unreasonable financial hardship?
- The level of public demand for the treatment or service.
- The level of public demand for insurance coverage of the treatment or service.

---

[42] 75 Fed. Reg. 34, 538, 34,540 (June 17, 2010).
[43] National Conference of State Legislatures, *Mandated Health Insurance Benefits and State Laws*, (January 2014) http://www.ncsl.org/issues-research/health/mandated-health-insurance-benefits-and-state-laws.aspx
[44] Florida Department of Financial Services, *Insurance Library*, available at http://www.myfloridacfo.com/consumers/insuranceLibrary/Insurance/L_and_H/Health_Care/Self-Funded_Medical_Plans/Self-Funded_-_Regulation.htm (last visited Mar. 28, 2015).
[45]Federal Employee Retirement Income Act of 1974 (ERISA) governs self-insured health plans.
[46] Florida Department of Financial Services, *Insurance Library*, available at http://www.myfloridacfo.com/consumers/insuranceLibrary/Insurance/L_and_H/Health_General/MandatedHealthInsAndHMOBenefits.pdf (last visited Mar. 28, 2015).
[47] Ibid.

- The level of interest of collective bargaining agents in negotiating for the inclusion of this coverage in group contracts.
- To what extent will the coverage increase or decrease the cost of the treatment or service?
- To what extent will the coverage increase the appropriate uses of the treatment or service?
- To what extent will the coverage increase or decrease the administrative expenses of insurance companies and the premium and administrative expenses of policyholders?
- The impact of this coverage on the total cost of health care.

The Senate Committee on Health Policy has not received the study pursuant to this statute.

III. Effect of Proposed Changes:

Section 1 creates s. 381.988, F.S., requiring a physician licensed under chs. 458 or 459, F.S., to screen a minor for the autism spectrum disorder if the minor's parent or legal guardian believes the minor exhibits symptoms of the disorder. The screening shall be in accordance with the guidelines of the American Academy of Pediatrics. The physician is required to refer the minor to an appropriate specialist if the physician determines from the screening that a referral is medically necessary.

If the physician determines that a referral to a specialist is not medically necessary, the physician is required to inform the parent or guardian about the Early Steps program at the department and the availability of direct patient access under certain health insurance coverage. The minor may receive screening, evaluation, or diagnosis from the Early Steps program. In addition, as required in this bill, health insurance policies and HMO contracts must cover up to three visits per policy year without a referral.

The physician screening requirement for the autism spectrum disorder does not apply to physicians providing emergency services and care under s. 395.1041, F.S.

Under this section, an "appropriate specialist": is defined as a licensed, qualified professional in the evaluation of autism spectrum disorder and who has training in validated diagnostic tools. The term includes, but is not limited to:

- A psychologist;
- A psychiatrist;
- A neurologist; or
- A developmental or behavioral pediatrician.

The requirement for a screening by a non-emergency services physicians with a required referral, where appropriate, may lead to a new disciplinary cause of action against physicians. Sections 456.072(l), 458331(g) and 459(g), F.S., provide that failure of a physician or licensee of the department to perform a statutory or legal obligation is grounds for disciplinary action.

Sections 2 and **Section 3** amends ss. 627.6686 and 641.31098, F.S., to require health insurance policies and HMO contracts provide coverage for direct patient access to an appropriate specialist, as defined by the bill in s. 381.988, F.S., for a minimum of three visits per policy year for screening, evaluation, or diagnosis of ASD.

The changes would be effective for health insurance and HMO policies issued or renewed on or after January 1, 2016.

The bill defines "direct patient access" as the ability of an insured to obtain services from a contracted provider without a referral or other authorization before receiving services.

Section 4 provides an effective date for the bill of July 1, 2015.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

The bill may increase the total number and cost of claims incurred by insurers and HMOs for evaluations because more minors may be referred for screenings or specialist referrals. With direct access up to three visits per policy year, this may also increase medical costs. If so, the bill may cause health insurance costs to increase by an indeterminate amount.

C. Government Sector Impact:

Agency for Health Care Administration
No fiscal impact to the Agency.[48]

Department of Health
The bill could impact local school districts due to additional children being referred for Pre-K evaluations and subsequently found eligible for services. However, the fiscal impact is indeterminate.[49]

[48] Agency for Health Care Administration, *No Impact Statement - SB 146* (Dec. 19. 2014) (On file with the Senate Committee on Health Policy).
[49] Department of Health, *Senate Bill 146 Analysis* (Nov. 25, 2014) (on file with the Senate Committee on Health Policy).

Additionally, this bill could result in additional children requiring screening, evaluation, or diagnosis of autism spectrum diagnosis from the department's Early Steps Program, which would increase program costs. The IDEA, Part C, provides federal funding for state early intervention programs, such as Early Steps, based on census figures of children, birth to two years old, in the general population. The federal funding is a fixed amount; therefore, any increase in cost would need to be covered through a state appropriation.[50]

The department also advises that the IDEA funding is contingent upon compliance with timelines for screening, evaluation, eligibility determination, and service delivery. An increased number of referrals might jeopardize compliance with these timelines based on the information in this bill.

The exact fiscal amount is not known because of the number of factors involved, such as the prevalence of autism, the interest level of parents, age levels of when children may be diagnosed, and the number of children who may receive services with a developmental delay but not have an autism diagnosis.[51]

Department of Management Services
The DMS is not able to determine a fiscal impact to the State Employees' Health Insurance Trust Fund. However, the bill might increase or duplicate services, increasing medical claims data.[52]

Office of Insurance Regulation
This is a revision to an existing mandate. The United States Department of Health and Human Services may need to be contacted to inquire if additional specialist visits for screenings and evaluations would be considered a "new" mandate that would fall under the financial responsibility of the state. If so, the state would be financially responsible for paying for the cost of this new mandate for those individuals who receive federal subsidies from the Affordable Care Act.[53]

VI. Technical Deficiencies:

Section 1 defines the term "appropriate specialist" in part with the phrase "has training in validated diagnostic tools." However, the term "validated diagnostic tools" is defined neither in the bill nor in existing Florida law, leaving ambiguous the standard by which a diagnostic tool may be considered "validated."

[50] Id.
[51] Id.
[52] Department of Management Services, *Senate Bill 146 Analysis* (Dec. 8, 2014) (on file with the Senate Committee on Health Policy).
[53] Office of Insurance Regulation, *Senate Bill 146 Analysis* (Dec. 16, 2014) (on file with the Senate Committee on Health Policy).

VII. Related Issues:

In June 2013, the American Psychiatric Association published the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-5). The DSM is the standard classification of mental disorders used by mental health professional in the United States and the fifth edition is the most current edition.[54] Under DSM-5, the diagnosis no longer includes subdiagnoses, such as Autistic Disorder, Asperger Syndrome, and Pervasive Developmental Disorder Not Otherwise Specified.[55] These subdiagnoses are currently recognized in ss. 627.6686 and 641.31098, F.S. To be consistent with current nomenclature, it may be appropriate to also modify the definition of "autism spectrum disorder" to match the DSM-5 diagnostic criteria.

Section 624.215, F.S., requires every person or organization seeking consideration of a legislative proposal mandating health coverage to submit to the Agency for Health Care Administration and the appropriate legislative committees having jurisdiction a report assessing the social and financial impacts of the proposed coverage. The Senate Committee on Health Policy has not received a report analyzing the proposed mandated coverage for direct patient access to an appropriate specialist for a minimum of three visits per policy year as created by the bill.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 627.6686, 641.31098.

This bill creates section 381.988 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.

[54] American Psychiatric Association, *DSM*, http://www.psychiatry.org/practice/dsm (last visited: Mar. 25, 2015).
[55] Id.

By Senator Ring

29-00046-15 2015146__

A bill to be entitled

An act relating to autism; creating s. 381.988, F.S.; requiring a physician, to whom a parent or legal guardian reports observing symptoms of autism exhibited by a minor child, to refer the minor to an appropriate specialist for screening for autism spectrum disorder under certain circumstances; authorizing the parent or legal guardian to have direct access to screening for, or evaluation or diagnosis of, autism spectrum disorder for the minor child from the Early Steps program or another appropriate specialist in autism under certain circumstances; defining the term "appropriate specialist"; amending ss. 627.6686 and 641.31098, F.S.; defining the term "direct patient access"; requiring that certain insurers and health maintenance organizations provide direct patient access for a minimum number of visits to an appropriate specialist for screening for, or evaluation or diagnosis of, autism spectrum disorder; providing an effective date.

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

Section 1. Section 381.988, Florida Statutes, is created to read:

381.988 Screening for autism spectrum disorder.—

(1) If the parent or legal guardian of a minor believes that the minor exhibits symptoms of autism spectrum disorder and reports his or her observation to a physician licensed under

chapter 458 or chapter 459, the physician shall screen in accordance with the guidelines of the American Academy of Pediatrics. If the physician determines that referral to a specialist is medically necessary, the physician shall refer the minor to an appropriate specialist to determine whether the minor meets diagnostic criteria for autism spectrum disorder. If the physician determines that referral to a specialist is not medically necessary, the physician shall inform the parent or legal guardian that the parent or legal guardian may have direct access to screening for, or evaluation or diagnosis of, autism spectrum disorder for the minor from the Early Steps program or another appropriate specialist in autism without a referral for at least three visits per policy year. This section does not apply to a physician providing care under s. 395.1041.

(2) As used in this section, the term "appropriate specialist" means a qualified professional licensed in this state who is experienced in the evaluation of autism spectrum disorder and has training in validated diagnostic tools. The term includes, but is not limited to:

(a) A psychologist;

(b) A psychiatrist;

(c) A neurologist; or

(d) A developmental or behavioral pediatrician.

Section 2. Section 627.6686, Florida Statutes, is amended to read:

627.6686 Coverage for individuals with autism spectrum disorder required; exception.—

(1) This section and s. 641.31098 may be cited as the "Steven A. Geller Autism Coverage Act."

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

(a) "Applied behavior analysis" means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including, but not limited to, the use of direct observation, measurement, and functional analysis of the relations between environment and behavior.

(b) "Autism spectrum disorder" means any of the following disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association:

1. Autistic disorder.

2. Asperger's syndrome.

3. Pervasive developmental disorder not otherwise specified.

(c) "Direct patient access" means the ability of an insured to obtain services from a contracted provider without a referral or other authorization before receiving services.

(d) ~~(c)~~ "Eligible individual" means an individual under 18 years of age or an individual 18 years of age or older who is in high school who has been diagnosed as having a developmental disability at 8 years of age or younger.

(e) ~~(d)~~ "Health insurance plan" means a group health insurance policy or group health benefit plan offered by an insurer which includes the state group insurance program provided under s. 110.123. The term does not include any health insurance plan offered in the individual market, any health insurance plan that is individually underwritten, or any health

insurance plan provided to a small employer.

(f) ~~(e)~~ "Insurer" means an insurer providing health insurance coverage~~,~~ which is licensed to engage in the business of insurance in this state and is subject to insurance regulation.

(3) A health insurance plan issued or renewed on or after January 1, 2016, must ~~April 1, 2009, shall~~ provide coverage to an eligible individual for:

(a) Direct patient access to an appropriate specialist, as defined in s. 381.988, for a minimum of three visits per policy year for screening for, or evaluation or diagnosis of, autism spectrum disorder.

(b) ~~(a)~~ Well-baby and well-child screening for diagnosing the presence of autism spectrum disorder.

(c) ~~(b)~~ Treatment of autism spectrum disorder through speech therapy, occupational therapy, physical therapy, and applied behavior analysis. Applied behavior analysis services must ~~shall~~ be provided by an individual certified pursuant to s. 393.17 or an individual licensed under chapter 490 or chapter 491.

(4) The coverage required pursuant to subsection (3) is subject to the following requirements:

(a) Except as provided in paragraph (3)(a), coverage must ~~shall~~ be limited to treatment that is prescribed by the insured's treating physician in accordance with a treatment plan.

(b) Coverage for the services described in subsection (3) must ~~shall~~ be limited to $36,000 annually and may not exceed $200,000 in total lifetime benefits.

(c) Coverage may not be denied on the basis that provided

services are habilitative in nature.

(d) Coverage may be subject to other general exclusions and limitations of the insurer's policy or plan, including, but not limited to, coordination of benefits, participating provider requirements, restrictions on services provided by family or household members, and utilization review of health care services, including the review of medical necessity, case management, and other managed care provisions.

(5) The coverage required pursuant to subsection (3) may not be subject to dollar limits, deductibles, or coinsurance provisions that are less favorable to an insured than the dollar limits, deductibles, or coinsurance provisions that apply to physical illnesses that are generally covered under the health insurance plan, except as otherwise provided in subsection (4).

(6) An insurer may not deny or refuse to issue coverage for medically necessary services, refuse to contract with, or refuse to renew or reissue or otherwise terminate or restrict coverage for an individual because the individual is diagnosed as having a developmental disability.

(7) The treatment plan required pursuant to subsection (4) must ~~shall~~ include all elements necessary for the health insurance plan to appropriately pay claims. These elements include, but are not limited to, a diagnosis, the proposed treatment by type, the frequency and duration of treatment, the anticipated outcomes stated as goals, the frequency with which the treatment plan will be updated, and the signature of the treating physician.

(8) The maximum benefit under paragraph (4)(b) shall be adjusted annually on January 1 of each calendar year to reflect

any change from the previous year in the medical component of the then current Consumer Price Index for All Urban Consumers, published by the Bureau of Labor Statistics of the United States Department of Labor.

(9) This section does ~~may~~ not limit ~~be construed as limiting~~ benefits and coverage otherwise available to an insured under a health insurance plan.

Section 3. Section 641.31098, Florida Statutes, is amended to read:

641.31098 Coverage for individuals with developmental disabilities.—

(1) This section and s. 627.6686 may be cited as the "Steven A. Geller Autism Coverage Act."

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

(a) "Applied behavior analysis" means the design, implementation, and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce socially significant improvement in human behavior, including, but not limited to, the use of direct observation, measurement, and functional analysis of the relations between environment and behavior.

(b) "Autism spectrum disorder" means any of the following disorders as defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association:

1. Autistic disorder.

2. Asperger's syndrome.

3. Pervasive developmental disorder not otherwise specified.

(c) "Direct patient access" means the ability of an insured to obtain services from an in-network provider without a referral or other authorization before receiving services.

(d) ~~(c)~~ "Eligible individual" means an individual under 18 years of age or an individual 18 years of age or older who is in high school who has been diagnosed as having a developmental disability at 8 years of age or younger.

(e) ~~(d)~~ "Health maintenance contract" means a group health maintenance contract offered by a health maintenance organization. This term does not include a health maintenance contract offered in the individual market, a health maintenance contract that is individually underwritten, or a health maintenance contract provided to a small employer.

(3) A health maintenance contract issued or renewed on or after January 1, 2016, must ~~April 1, 2009, shall~~ provide coverage to an eligible individual for:

(a) Direct patient access to an appropriate specialist, as defined in s. 381.988, for a minimum of three visits per policy year for screening for, or evaluation or diagnosis of, autism spectrum disorder.

(b) ~~(a)~~ Well-baby and well-child screening for diagnosing the presence of autism spectrum disorder.

(c) ~~(b)~~ Treatment of autism spectrum disorder through speech therapy, occupational therapy, physical therapy, and applied behavior analysis services. Applied behavior analysis services must ~~shall~~ be provided by an individual certified pursuant to s. 393.17 or an individual licensed under chapter 490 or chapter 491.

(4) The coverage required pursuant to subsection (3) is

subject to the following requirements:

(a) Except as provided in paragraph (3)(a), coverage must ~~shall~~ be limited to treatment that is prescribed by the subscriber's treating physician in accordance with a treatment plan.

(b) Coverage for the services described in subsection (3) must ~~shall~~ be limited to $36,000 annually and may not exceed $200,000 in total benefits.

(c) Coverage may not be denied on the basis that provided services are habilitative in nature.

(d) Coverage may be subject to general exclusions and limitations of the subscriber's contract, including, but not limited to, coordination of benefits, participating provider requirements, and utilization review of health care services, including the review of medical necessity, case management, and other managed care provisions.

(5) The coverage required pursuant to subsection (3) may not be subject to dollar limits, deductibles, or coinsurance provisions that are less favorable to a subscriber than the dollar limits, deductibles, or coinsurance provisions that apply to physical illnesses that are generally covered under the subscriber's contract, except as otherwise provided in subsection (3).

(6) A health maintenance organization may not deny or refuse to issue coverage for medically necessary services, refuse to contract with, or refuse to renew or reissue or otherwise terminate or restrict coverage for an individual solely because the individual is diagnosed as having a developmental disability.

(7) The treatment plan required pursuant to subsection (4) must ~~shall~~ include, but need ~~is~~ not be limited to, a diagnosis, the proposed treatment by type, the frequency and duration of treatment, the anticipated outcomes stated as goals, the frequency with which the treatment plan will be updated, and the signature of the treating physician.

(8) The maximum benefit under paragraph (4)(b) shall be adjusted annually on January 1 of each calendar year to reflect any change from the previous year in the medical component of the then current Consumer Price Index for All Urban Consumers, published by the Bureau of Labor Statistics of the United States Department of Labor.

Section 4. This act shall take effect July 1, 2015.

THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:
Governmental Oversight and Accountability, *Chair*
Appropriations Subcommittee on Finance and Tax, *Vice Chair*
Appropriations
Appropriations Subcommittee on Transportation, Tourism, and Economic Development
Banking and Insurance
Commerce and Tourism
Judiciary
Rules

JOINT COMMITTEE:
Joint Legislative Auditing Committee

SENATOR JEREMY RING
29th District

January 5, 2015

Honorable Senator Aaron Bean
Committee on Health Policy
530 Knott Building
404 South Monroe Street
Tallahassee, FL 32399

Dear Chairman Bean,

I am writing to respectfully request your cooperation in placing Senate Bill 146, relating to Autism, on the Health Policy agenda at your earliest convenience. I would greatly appreciate the opportunity to discuss the bill at greater length before your committee.

Thank you in advance for your assistance. As always, please do not hesitate to contact me with any questions or comments you may have.

Very Truly Yours,

Jeremy Ring

Jeremy Ring
Senator District 29

cc: Sandra Stovall, Staff Director
Celia Georgiades, Committee Administrative Assistant

REPLY TO:
❒ 5790 Margate Boulevard, Margate, Florida 33063 (954) 917-1392 FAX: (954) 917-1394
❒ 405 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5029

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

ENTERED

DON GAETZ
President of the Senate

GARRETT RICHTER
President Pro Tempore

THE FLORIDA SENATE

APPEARANCE RECORD

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

Ring Autism SB146

Meeting Date

Bill Number (if applicable)

Topic Autism

Amendment Barcode (if applicable)

Name Susan Goldstein

Job Title Parent / advocate

Address 3158 Inverness
Street

Weston, FL 33332
City *State* *Zip*

Phone

Email

Speaking: ☑ For ☐ Against ☐ Information

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

Representing

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

SB 146
Bill Number (if applicable)

Topic Autism

Amendment Barcode (if applicable)

Name Larry Gonzalez

Job Title General Counsel

Address 227 S Gadsden St.
Street

Phone 570-6307

City *State* *Zip*

Email lawgon2@comcast.net

Speaking: ☑ For ☐ Against ☐ Information

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

Representing Florida Occupational Therapy Assn

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

SB 146
Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic Autism

Name Ron Watson

Job Title Parent

Address 3738 Mundon Way
Street
Tallahassee FL 32309
City *State* *Zip*

Phone (850) 567-1202

Email watson.strategies@comcast.net

Speaking: ☐ For ☐ Against ☐ Information

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

Representing myself

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/2015
Meeting Date

Topic _____ Bill Number 146 *(if applicable)*

Name BRIAN PITTS Amendment Barcode _____ *(if applicable)*

Job Title TRUSTEE

Address 1119 NEWTON AVNUE SOUTH Phone 727-897-9291
Street

SAINT PETERSBURG FLORIDA 33705 E-mail JUSTICE2JESUS@YAHOO.COM
City *State* *Zip*

Speaking: ☐ For ☐ Against ☑ Information

Representing JUSTICE-2-JESUS

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

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

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

S-001 (10/20/11)

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 548
INTRODUCER:	Senators Clemens and Gaetz
SUBJECT:	Use of Tobacco Products in Motor Vehicles
DATE:	March 26, 2015
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Oxamendi	Imhof	RI	**Favorable**
2.	Harper	Stovall	HP	**Favorable**
3.			RC	

I. Summary:

SB 548 prohibits smoking tobacco in a motor vehicle in which a child under 13 years of age is present.

A violation of this prohibition results in a nonmoving traffic citation. The total amount of the fine, court costs, and other fees for a nonmoving violation varies by jurisdiction. For example, in Leon County, a nonmoving violation is a $116 citation; in the City of Tallahassee, a nonmoving violation is a $123 citation; and in Miami-Dade County a nonmoving violation is a $129 citation.

The bill defines the term "smoking" as having the same meaning as under the Florida Clean Indoor Air Act.

The bill provides an effective date of October 1, 2015.

II. Present Situation:

Florida Uniform Traffic Control Law

The purpose of the "Florida Uniform Traffic Control Law" in ch. 316, F.S., is to make uniform traffic laws to apply throughout the state and its several counties and uniform traffic ordinances to apply in all municipalities.[1]

Section 316.003(21), F.S., defines the term "motor vehicle" as a self-propelled vehicle not operated upon rails or guideway. The definition does not include bicycles, motorized scooters, electric personal assistive mobility devices, swamp buggies, or mopeds.

[1] Section 316.002, F.S.

The fine for a nonmoving traffic violation is $30.[2] However, in addition to the stated fine, court costs and other fees must also be paid.[3] The court cost for a nonmoving traffic infraction is $18.[4] The total amount of fine, court costs, and other fees varies by jurisdiction. For example, in Leon County, a nonmoving violation is a $116 citation; in the City of Tallahassee, a nonmoving violation is $123 citation;[5] and in Miami-Dade County a nonmoving violation is a $129 citation.[6]

Prohibiting Smoking in Privately Owned Vehicles while Children are Present

Seven states[7] and the Commonwealth of Puerto Rico have prohibited smoking in privately owned vehicles while children are present. The ages range from under 8 (Vermont) to under 18 (California and Oregon).[8]

According to the American Lung Association's affiliate in Oregon, the Environmental Protection Agency classifies secondhand smoke as a Group A carcinogen which causes cancer in humans.[9] It also indicated that the U.S. Surgeon General's 2006 Report revealed that children exposed to secondhand smoke are at an increased risk for acute respiratory infections, ear problems, and more severe asthma.[10]

Florida's Smoking Bans

Florida Constitution

On November 5, 2002, the voters of Florida approved Amendment 6 to the Florida Constitution, which prohibits tobacco smoking in enclosed indoor workplaces.

Codified as article X, section 20 of the Florida Constitution, the amendment defines an "enclosed indoor workplace," in part, as "any place where one or more persons engages in work, and which place is predominantly or totally bounded on all sides and above by physical barriers … without regard to whether work is occurring at any given time."

The amendment defines "work" as "any persons providing any employment or employment-type service for or at the request of another individual or individuals or any public or private entity, whether for compensation or not, whether full or part-time, whether legally or not."

---

[2] Section 318.18(2), F.S.
[3] See ss. 318.18(11) - (22), F.S
[4] Section 318.18 (11)(a), F.S.
[5] Leon County Clerk of the Circuit Court and Comptroller, Frequently Asked Questions, *How do I figure out what I owe on my ticket?* (last modified March 24, 2015) *available at* http://www.clerk.leon.fl.us/index.php?section=204&server&page=clerk_services/faqs/index.php&division=traffic (last visited Mar. 25, 2015).
[6] Miami-Dade County Clerk of Courts, *Fee Schedule* (July 1, 2014) *available at* http://www.miami-dadeclerk.com/service_fee_schedule.asp#traffic (last visited Mar. 25, 2015).
[7] Arkansas, California, Louisiana, Maine, Oregon, Utah, and Vermont.
[8] Campaign for Tobacco-Free Kids, *Secondhand Smoke, Kids and Cars* (June 2014) *available at* www.tobaccofreekids.org/research/factsheets/pdf/0334.pdf (last visited Mar. 25, 2015).
[9] American Lung Association in Oregon, *Smoke-free Cars, Frequently Asked Questions* (September 2013) *available at* http://www.lung.org/associations/states/oregon/assets/docs/smokefree-cars-for-kids.pdf (last visited Mar. 25, 2015).
[10] *Id.*

The amendment provides limited exceptions for private residences "whenever they are not being used commercially to provide child care, adult care, or health care, or any combination thereof," retail tobacco shops, designated smoking guest rooms at hotels and other public lodging establishments, and stand-alone bars.

Florida's Clean Indoor Air Act

The Florida Clean Indoor Air Act (act) in part II of ch. 386, F.S., regulates tobacco smoking in Florida. The legislative purpose of the act is to protect people from the health hazards of secondhand tobacco smoke and to implement the Florida health initiative in article X, section 20 of the Florida Constitution.[11]

The Legislature implemented the constitutional smoking ban by enacting Chapter 2003-398, Laws of Fla, effective July 1, 2003, which amended part II of ch. 386, F.S., and created s. 561.695, F.S., of the Beverage Law. The act, as amended, implements the constitutional amendment's prohibition. Specifically, s. 386.204, F.S., prohibits smoking in an enclosed indoor workplace, unless the act provides an exception. The act adopts and implements the amendment's definitions and adopts the amendment's exceptions for private residences whenever not being used for certain commercial purposes;[12] stand-alone bars;[13] designated smoking rooms in hotels and other public lodging establishments;[14] and retail tobacco shops, including businesses that manufacture, import, or distribute tobacco products and tobacco loose leaf dealers.[15]

Section 386.203(10), F.S., defines "smoking" to mean:

> inhaling, exhaling, burning, carrying, or possessing any lighted tobacco product, including cigarettes, cigars, pipe tobacco, and any other lighted tobacco product.

Section 386.207, F.S., provides for enforcement of the act by the Department of Health (DOH) and the Department of Business and Professional Regulation (DBPR) within each department's specific areas of regulatory authority. Sections 386.207(1) and 386.2125, F.S., grant rulemaking authority to the DOH and the DBPR and require that the departments consult with the State Fire Marshal during the rulemaking process.

Section 386.207(3), F.S., provides penalties for violations of the act by proprietors or persons in charge of an enclosed indoor workplace.[16] The penalty for a first violation is a fine of not less than $250 and not more than $750. The act provides fines for subsequent violations in the amount of not less than $500 and not more than $2,000. Penalties for individuals who violate the act are provided in s. 386.208, F.S., which provides for a fine in the amount of not more than $100 for a first violation and not more than $500 for a subsequent violation. The penalty range

[11] Section 386.202, F.S.
[12] Section 386.2045(1), F.S. *See also* definition of the term "private residence" in s. 386.203(1), F.S.
[13] Section 386.2045(4), F.S. *See also* definition of the term "stand-alone bar" in s. 386.203(11), F.S.
[14] Section 386.2045(3), F.S. *See also* definition of the term "designated guest smoking room" in s. 386.203(4), F.S.
[15] Section 386.2045(2), F.S. *See also* definition of the term "retail tobacco shop" in s. 386.203(8), F.S.
[16] The applicable penalties for violations by designated stand-alone bars are set forth in s. 561.695(8), F.S.

for an individual violation is identical to the penalties for violations of the act before the implementation of the constitutional smoking prohibition.

Smoking Prohibited Near School Property

Section 386.212(1), F.S., prohibits smoking by any person under 18 years of age in, on, or within 1,000 feet of the real property comprising a public or private elementary, middle, or secondary school between the hours of 6 a.m. and midnight. The prohibition does not apply to any person occupying a moving vehicle or within a private residence.

Section 386.212(2), F.S., authorizes law enforcement officers to issue citations in the form as prescribed by a county or municipality to any person violating the provisions of s. 386.212, F.S., and prescribes the information that must be included in the citation. Such citation constitutes a civil infraction punishable by a maximum civil penalty not to exceed $25, or 50 hours of community service or, where available, successful completion of a school-approved anti-tobacco "alternative to suspension" program.[17]

If a person fails to comply with the directions on the citation, the person waives his or her right to contest the citation and an order to show cause may be issued by the court.[18]

Regulation of Smoking Preempted to State

Section 386.209, F.S., provides that the act expressly preempts regulation of smoking to the state and supersedes any municipal or county ordinance on the subject. However, an exception to the state's preemption of smoking regulation permits school districts to further restrict smoking by persons on school district property.

III. Effect of Proposed Changes:

The bill creates s. 316.6136, F.S., to prohibit persons from smoking tobacco in a motor vehicle in which a child under 13 years of age is present. This prohibition is not limited to the driver of the vehicle. It applies to all persons in the vehicle.

The bill provides that a person who violates this section commits a nonmoving violation, punishable as provided in ch. 318, F.S., the Florida Uniform Disposition of Traffic Infractions Act.

The bill does not specify whether a violation of this section will be enforced as a primary offense or a secondary offense. Ordinarily, if a traffic violation is not specified in law as a secondary offense, it is treated as a primary offense.

The bill defines the term "smoking" as having the same meaning as in s. 386.203, F.S., of the Florida Clean Indoor Air Act.

The bill provides an effective date of October 1, 2015.

[17] Section 386.212(3), F.S.
[18] Section 386.212(4), F.S.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Persons who violate the prohibition against smoking in a motor vehicle in which a child under 13 years of age is present may be subject to a nonmoving traffic citation. The total amount of the fine, court costs, and other fees for a nonmoving violation vary by jurisdiction. For example, in Leon County, a nonmoving violation is a $116 citation; in the City of Tallahassee, a nonmoving violation is $123 citation; and in Miami-Dade County a nonmoving violation is a $129 citation.[19]

C. Government Sector Impact:

Local governments may have an indeterminate increase in revenue from fines, court costs, and other fees collected from nonmoving violations arising from the prohibition in this bill.

The Department of Highway Safety and Motor Vehicles (DHSMV) estimates that 110 programming hours will be required for implementation, exclusive of planning and testing time. The 110 programming hours is estimated to have a fiscal impact to the DHSMV of $4,400, in full-time equivalent resources.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

[19] *Supra* notes 5 and 6.

VIII. Statutes Affected:

This bill creates section 316.6136 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 Clemens

27-00539-15 2015548__

A bill to be entitled

An act relating to the use of tobacco products in motor vehicles; creating s. 316.6136, F.S.; prohibiting a person from smoking a tobacco product in a motor vehicle in which a child under 13 years of age is present; providing penalties; providing an effective date.

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

Section 1. Section 316.6136, Florida Statutes, is created to read:

316.6136 Smoking in vehicle in which a child under 13 years of age is present; prohibition.—A person smoking a tobacco product in a motor vehicle in which a child under 13 years of age is present commits a nonmoving violation, punishable as provided in chapter 318. As used in this section, the term "smoking" has the same meaning as defined in s. 386.203.

Section 2. This act shall take effect October 1, 2015.

THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:
Appropriations Subcommittee on Transportation, Tourism, and Economic Development, *Vice Chair*
Banking and Insurance
Criminal Justice
Education Pre-K-12
Ethics and Elections
Fiscal Policy

SENATOR JEFF CLEMENS
27th District

March 16, 2015

Senator Aaron Bean, Chair
Committee on Health Policy
530 Knott Building
404 S. Monroe Street
Tallahassee, FL 32399-1100

Chair Bean:

I respectfully request that SB 548 – Use of Tobacco in Motor Vehicles be added to the agenda for the next Committee on Health Policy meeting.

SB 548 will make it unlawful to smoke cigarettes and other tobacco products in a car with a person under the age of 13. The bill is the result of a "There Ought To Be A Law" competition that I host in the District among high school students. The students spend a few weeks developing a proposal, making sure to document all relevant research, which they then present to me and a few other local community leaders and elected officials.

The "Law "competition provides students with an opportunity to be a part of the legislative process and a hands-on experience in to how their government works. In the past, I have arranged for the students to travel to Tallahassee to present their bill. We were able to do the same this year and arranged for the students of Palm Beach Lakes High School to present the bill to the Committee on Regulated Industries last week.

Please feel free to contact me with any questions. Thank you, in advance, for your consideration.

Sincerely,

Senator Jeff Clemens
Florida Senate District 27

REPLY TO:
☐ 508 Lake Avenue, Unit C, Lake Worth, Florida 33460 (561) 540-1140 FAX: (561) 540-1143
☐ 226 Senate Office Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5027

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

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

548
Bill Number (if applicable)

Topic Use of Tobacco Products in Motor Vehicles *Amendment Barcode (if applicable)*

Name Laura Fellman

Job Title Florida PTA Legislative Committee Member

Address 7654 Solimar Cir. *Street*

Phone

Boca Raton FL 33433
City *State* *Zip*

Email

Speaking: ☐ For ☐ Against ☐ Information

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

Representing Florida PTA

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/2015
Meeting Date

Topic _____ Bill Number 548 *(if applicable)*

Name BRIAN PITTS Amendment Barcode _____ *(if applicable)*

Job Title TRUSTEE

Address 1119 NEWTON AVNUE SOUTH Phone 727-897-9291
Street

SAINT PETERSBURG FLORIDA 33705 E-mail JUSTICE2JESUS@YAHOO.COM
City *State* *Zip*

Speaking: ☐ For ☐ Against ☑ Information

Representing JUSTICE-2-JESUS

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

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

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

S-001 (10/20/11)

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 7066
INTRODUCER:	Health Policy Committee and Regulated Industries Committee
SUBJECT:	Low-THC Cannabis
DATE:	March 31, 2015 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
	Kraemer/Oxamendi	Imhof		**RI Submitted as Committee Bill**
1.	Looke	Stovall	HP	**Fav/CS**
2.			RC	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 7066 significantly revises the provisions of s. 381.986, F.S., related to the compassionate use of low-THC cannabis.

The bill amends provisions related to the use of low-THC cannabis by:

- Increasing the number of conditions for which a physician may order the use of low-THC cannabis. The new list of conditions includes human immunodeficiency virus, acquired immune deficiency syndrome, epilepsy, amyotrophic lateral sclerosis, multiple sclerosis, Crohn's disease, Parkinson's disease, paraplegia, quadriplegia, and terminal illness;
- Permitting the use of low-THC cannabis to treat the listed conditions, symptoms of those conditions, and symptoms created by treatments for those conditions;
- Requiring a physician to register a patient's legal representative with the compassionate use registry in order for that person to be authorized to assist the patient with his or her use of low-THC cannabis;
- Requiring a dispensing organization (DO) to verify the identity of the person being dispensed low-THC cannabis before dispensing; and
- Restricting the locations where low-THC cannabis may be used.

The bill amends provisions related to the cultivation, processing, and dispensing of low-THC cannabis by:

- Increasing the number of DOs that the Department of Health (DOH) is required to license from 5 to 20;

- Requiring the DOH to choose which applicants to license by lottery if more than 20 qualified applicants apply and specifying a timeline for the licensure of DOs;
- Specifying an application fee of $50,000, a licensure fee of $125,000, and a licensure renewal fee of $125,000;
- Reducing the performance and compliance bond from $5 million to $1 million;
- Significantly revising and expanding the criteria required for an applicant to qualify for licensure;
- Preempting regulation of DO cultivation and processing facilities to the state and allowing municipalities and counties to choose by ordinance the number and location of any DO retail facilities authorized in that municipality or the unincorporated area of that county, respectively;
- Requiring DO vehicles to be permitted by the DOH;
- Authorizing the DOH to inspect DO premises and facilities. The DOH is required to perform an inspection of all DO facilities before such facilities become operational and at licensure renewal;
- Allowing the DOH to fine a DO up to $10,000 or to revoke, suspend, or deny a DO's license for listed violations including failure to maintain the qualifications for licensure and endangering the health, safety, and welfare of a qualified patient; and
- Requiring DOs to have all low-THC cannabis and low-THC cannabis product tested by an independent testing laboratory before dispensing it. The DO must determine that the tests results show that the low-THC cannabis or product meets the applicable definition, is free from contaminants, and is safe for human consumption. Licensed laboratories and their employees are exempt from provisions in ch. 893, F.S., for the possession of cannabis for the purpose of testing such cannabis.

The bill also amends provisions related to the study of the safety and efficacy of low-THC cannabis by the University of Florida (UF) by requiring the UF College of Pharmacy (UFCP) to create a research program that includes a fully integrated electronic information system. The bill allows UF researchers to access the compassionate use registry, the prescription drug monitoring program database (PDMP), and Medicaid records[1] for qualified patients in order to conduct research required by the bill. The bill also requires physicians to submit requested medical records for qualifying patients to the UFCP.

The bill exempts the rules of the DOH under this act from the rule ratification requirements of s. 120.541(3), F.S.

The bill is effective upon becoming law.

[1] To the extent allowed by Federal law.

II. Present Situation:

Compassionate Medical Cannabis Act of 2014

Patient Treatment with Low-THC Cannabis

The Compassionate Medical Cannabis Act of 2014[2] (act) legalized a low tetrahydrocannabinol (THC) and high cannabidiol (CBD) form of cannabis (low-THC cannabis)[3] for the medical use[4] by patients suffering from cancer or a physical medical condition that chronically produces symptoms of seizures or severe and persistent muscle spasms. The act provides that a Florida licensed allopathic or osteopathic physician who has completed the required training[5] and has examined and is treating such a patient may order low-THC cannabis for that patient to treat a disease, disorder, or condition or to alleviate its symptoms, if no other satisfactory alternative treatment options exist for that patient. In order to meet the requirements of the act all of the following conditions must apply:

- The patient is a permanent resident of Florida;
- The physician determines that the risks of ordering low-THC cannabis are reasonable in light of the potential benefit for that patient;[6]
- The physician registers as the orderer of low-THC cannabis for the patient on the compassionate use registry (registry) maintained by the DOH and updates the registry to reflect the contents of the order;
- The physician maintains a patient treatment plan that includes the dose, route of administration, planned duration, and monitoring of the patient's symptoms and other indicators of tolerance or reaction to the low-THC cannabis;
- The physician submits the patient treatment plan quarterly to the UF College of Pharmacy for research on the safety and efficacy of low-THC cannabis on patients; and
- The physician obtains the voluntary informed consent of the patient or the patient's legal guardian to treatment with low-THC cannabis after sufficiently explaining the current state of knowledge in the medical community of the effectiveness of treatment of the patient's condition with low-THC cannabis, the medically acceptable alternatives, and the potential risks and side effects.

---

[2] *See* ch. 2014-157, L.O.F., and s. 381.986, F.S.

[3] The act defined "low-THC cannabis," as the dried flowers of the plant *Cannabis* which contain 0.8 percent or less of tetrahydrocannabinol and more than 10 percent of cannabidiol weight for weight, or the seeds, resin, or any compound, manufacture, salt, derivative, mixture, or preparation of the plant or its seeds or resin. *See* s. 381.986(1)(b), F.S. Eleven states allow limited access to marijuana products (low-THC and/or high CBD-cannabidiol): Alabama, Florida, Iowa, Kentucky, Mississippi, Missouri, North Carolina, South Carolina, Tennessee, Utah, and Wisconsin. Twenty-three states, the District of Columbia, and Guam have laws that permit the use of marijuana for medicinal purposes. See infra note 28. *See* http://www.ncsl.org/research/health/state-medical-marijuana-laws.aspx (Tables 1 and 2), (last visited on March 27, 2015).

[4] Pursuant to s. 381.986(1)(c), F.S., "medical use" means administration of the ordered amount of low-THC cannabis; and the term does not include the possession, use, or administration by smoking, or the transfer of low-THC cannabis to a person other than the qualified patient for whom it was ordered or the qualified patient's legal representative. Section 381.986(1)(e), F.S., defines "smoking" as burning or igniting a substance and inhaling the smoke; smoking does not include the use of a vaporizer.

[5] Section 381,986(4), F.S., requires such physicians to successfully complete an 8-hour course and examination offered by the Florida Medical Association or the Florida Osteopathic Medical Association that encompasses the clinical indications for the appropriate use of low-THC cannabis, appropriate delivery mechanisms, contraindications for such use, and the state and federal laws governing its ordering, dispensing, and processing

[6] If a patient is younger than 18 years of age, a second physician must concur with this determination, and such determination must be documented in the patient's medical record.

A physician who orders low-THC cannabis for a patient without a reasonable belief that the patient is suffering from a required condition and any person who fraudulently represents that he or she has a required condition to a physician for the purpose of being ordered low-THC cannabis commits a misdemeanor of the first degree. The DOH is required to monitor physician registration and ordering of low-THC cannabis in order to take disciplinary action as needed.

The act creates exceptions to existing law to allow qualified patients[7] and their legal representatives to purchase, acquire, and possess low-THC cannabis (up to the amount ordered) for that patient's medical use, and to allow DOs, and their owners, managers, and employees, to acquire, possess, cultivate, and dispose of excess product in reasonable quantities to produce low-THC cannabis and to possess, process, and dispense low-THC cannabis. DOs and their owners, managers, and employees are not subject to licensure and regulation under ch. 465, F.S., relating to pharmacies.[8]

Dispensing Organizations

The act requires the DOH to approve five DOs with one in each of the following regions: northwest Florida, northeast Florida, central Florida, southeast Florida and southwest Florida.[9] In order to be approved as a DO, an applicant must possess a certificate of registration issued by the Department of Agriculture and Consumer Services for the cultivation of more than 400,000 plants, be operated by a nurseryman, and have been operating as a registered nursery in this state for at least 30 continuous years. Applicants are also required to demonstrate:

- The technical and technological ability to cultivate and produce low-THC cannabis.
- The ability to secure the premises, resources, and personnel necessary to operate as a DO.
- The ability to maintain accountability of all raw materials, finished products, and any byproducts to prevent diversion or unlawful access to or possession of these substances.
- An infrastructure reasonably located to dispense low-THC cannabis to registered patients statewide or regionally as determined by the department.
- The financial ability to maintain operations for the duration of the 2-year approval cycle, including the provision of certified financials to the department;
- That all owners and managers have been fingerprinted and have successfully passed a level 2 background screening pursuant to s. 435.04, F.S; and
- The employment of a medical director, who must be a physician and have successfully completed a course and examination that encompasses appropriate safety procedures and knowledge of low-THC cannabis.[10]

Upon approval, a DO must post a $5 million performance bond. The DOH is authorized to charge an initial application few and a licensure renewal fee, but is not authorized to charge an initial licensure fee.[11] An approved DO must also maintain all approval criteria at all times.

[7] *See* s. 381.986(1)(d), F.S., which provides that a "qualified patient" is a Florida resident who has been added by a physician licensed under ch. 458, F.S., or ch. 459, F.S., to the compassionate use registry to receive low-THC cannabis from a DO.
[8] *See* s. 381.986(7)(c), F.S.
[9] *See* s. 381.986(5)(b), F.S.
[10] Id.
[11] Id.

The Compassionate Use Registry

The act requires the DOH to create a secure, electronic, and online registry for the registration of physicians and patients and for the verification of patient orders by DOs, which is accessible to law enforcement. The registry must allow DOs to record the dispensation of low-THC cannabis, and must prevent an active registration of a patient by multiple physicians. Physicians must register qualified patients with the registry and DOs are required to verify that the patient has an active registration in the registry, that the order presented matches the order contents as recorded in the registry, and that the order has not already been filled before dispensing any low-THC cannabis. DOs are also required to record in the registry the date, time, quantity, and form of low-THC cannabis dispensed. The DOH has indicated that the registry is built and ready to move to the operational phase.[12]

The Office of Compassionate Use and Research on Low-THC Cannabis

The act requires the DOH to establish the Office of Compassionate Use under the direction of the deputy state health officer to administer the act. The Office of Compassionate Use is authorized to enhance access to investigational new drugs for Florida patients through approved clinical treatment plans or studies, by:

- Creating a network of state universities and medical centers recognized for demonstrating excellence in patient-centered coordinated care for persons undergoing cancer treatment and therapy in this state.[13]
- Making any necessary application to the United States Food and Drug Administration or a pharmaceutical manufacturer to facilitate enhanced access to compassionate use for Florida patients; and
- Entering into agreements necessary to facilitate enhanced access to compassionate use for Florida patients.[14]

The act includes several provisions related to research on low-THC cannabis and cannabidiol including:

- Requiring physicians to submit quarterly patient treatment plans to the UFCP for research on the safety and efficacy of low-THC cannabis;
- Authorizing state universities to perform research on cannabidiol and low-THC cannabis and exempting them from the provisions in ch. 893, F.S., for the purposes of such research; and
- Appropriating $1 million to the James and Esther King Biomedical Research Program for research on cannabidiol and its effects on intractable childhood epilepsy.

Challenges to Proposed DOH Rules

Beginning on July 7, 2014, the DOH held several rule workshops intended to write and adopt rules implementing the provisions of s. 381.986, F.S., and the DOH put forward a proposed rule on September 9, 2014. This proposed rule was challenged by multiple organizations involved in the rulemaking workshops and was found to be an invalid exercise of delegated legislative authority by the Administrative Law Judge on November 14, 2014.[15] Afterward, the DOH held a

[12] Conversation with Jennifer Tschetter, Chief of Staff (DOH) (March 20, 2015).
[13] *See* s. 381.925, F.S.
[14] *See* s. 385.212, F.S.
[15] *See* https://www.doah.state.fl.us/ROS/2014/14004296.pdf (last accessed March 27, 2015).

negotiated rulemaking workshop in February of 2015, which resulted in a new proposed rule being published on February 6, 2015. The new proposed rule has also been challenged and a hearing is scheduled for April 14, 2015.[16] The challenge on the February 6, 2015, rule includes, among other things, a challenge of the DOH's statement of estimated regulatory costs (SERC) and the DOH's conclusion that the rule will not require legislative ratification.

Section 120.541, F.S., requires legislative ratification of rules that are likely to have an adverse impact on economic growth, private sector job creation or employment, or private sector investment in excess of $1 million in the aggregate within 5 years after the implementation of the rule. The DOH has estimated a 5-year regulatory cost totaling $750,000 on the five DOs. The Joint Administrative Procedures Committee has raised several questions regarding the DOH's estimate, including additional impacts for nurseries that are approved for more than one region, and the cost of the biennial renewal. If a rule exceeds the threshold amount, the rule may not take effect until it is ratified by the Legislature.

Treatment of Marijuana in Florida

Florida law defines cannabis as "all parts of any plant of the genus *Cannabis*, whether growing or not; the seeds thereof; the resin extracted from any part of the plant; and every compound, manufacture, salt, derivative, mixture, or preparation of the plant or its seeds or resin,"[17] and places it, along with other sources of THC, on the list of Schedule I controlled substances.[18] The definition of cannabis was amended by the act to exclude "low-THC cannabis" as defined in s. 381.986, F.S., if manufactured, possessed, sold, purchased, delivered, distributed, or dispensed, in conformance with that section. Schedule I controlled substances are substances that have a high potential for abuse and no currently accepted medical use in the United States. As a Schedule I controlled substance, possession and trafficking in cannabis carry criminal penalties that vary from a first degree misdemeanor[19] up to a first degree felony with a mandatory minimum sentence of 15 years in state prison and a $200,000 fine.[20] Paraphernalia[21] that is sold, manufactured, used, or possessed with the intent to be used to plant, propagate, cultivate, grow, harvest, manufacture, compound, convert, produce, process, prepare, test, analyze, pack, repack, store, contain, conceal, inject, ingest, inhale, or otherwise introduce into the human body a controlled substance, is also prohibited and carries criminal penalties ranging from a first degree misdemeanor to a third degree felony.[22]

[16] E-mail from Marjorie Holladay, Chief Attorney, Joint Administrative Procedures Committee, to Patrick Imhof, Staff Director, Senate Committee on Regulated Industries (March 19, 2015) (on file with the Senate Committee on Regulated Industries).
[17] Section 893.02(3), F.S.
[18] Section 893.03(1)(c)7. and 37., F.S.
[19] This penalty is applicable to possession or delivery of less than 20 grams of cannabis. *See* s. 893.13(3) and (6)(b), F.S.
[20] Trafficking in more than 25 pounds, or 300 plants, of cannabis is a first degree felony with a mandatory minimum sentence that varies from 3 to 15 years in state prison depending on the quantity of the cannabis possessed, sold, etc. *See* s. 893.135(1)(a), F.S.
[21] This term is defined in s. 893.145, F.S.
[22] Section 893.147, F.S.

Medical Marijuana in Florida: The Necessity Defense

Despite the fact that the use, possession, and sale of marijuana are prohibited by state law, Florida courts have found that circumstances can necessitate medical use of marijuana and circumvent the application of criminal penalties. The necessity defense was successfully applied in a marijuana possession case in *Jenks v. State*[23] where the First District Court of Appeal found that "section 893.03 does not preclude the defense of medical necessity" for the use of marijuana if the defendant:

- Did not intentionally bring about the circumstance which precipitated the unlawful act;
- Could not accomplish the same objective using a less offensive alternative available; and
- The evil sought to be avoided was more heinous than the unlawful act.

In the cited case, the defendants, a married couple, were suffering from uncontrollable nausea due to AIDS treatment and had testimony from their physician that he could find no effective alternative treatment. Under these facts, the court found that the defendants met the criteria to qualify for the necessity defense and ordered an acquittal of the charges of cultivating cannabis and possession of drug paraphernalia.

Medical Marijuana Laws in Other States

Currently, 23 states, the District of Columbia, and Guam[24] have some form of law that permits the use of marijuana for medicinal purposes. These laws vary widely in detail but most are similar in that they touch on several recurring themes. Most state laws include the following in some form:

- A list of medical conditions for which a practitioner can recommend the use of medical marijuana to a patient.
  - Nearly every state that permits the use of marijuana for medicinal purposes has a list of applicable medical conditions, though the particular conditions vary from state to state. Most states also include a way to expand the list either by allowing a state agency or board to add medical conditions to the list or by including a "catch-all" phrase.[25] Most states require that the patient receive certification from at least one, but often two, physicians designating that the patient has a qualifying condition before the patient may be issued an identification card needed for the acquisition of medical marijuana.
- Provisions for the patient to designate one or more caregivers who can possess the medical marijuana and assist the patient in preparing and using the medical marijuana.
  - The number of caregivers allowed and the qualifications to become a caregiver vary from state to state. Most states allow one or two caregivers and require that they be at least

[23] *Jenks v. State*, 582 So.2d 676 (Fla. 1st DCA 1991), *review denied*, 589 So.2d 292 (Fla. 1991)

[24] These states include: Alaska, Arizona, California, Colorado, Connecticut, Delaware, Hawaii, Illinois, Maine, Maryland, Massachusetts, Michigan, Minnesota, Montana, Nevada, New Hampshire, New Jersey, New Mexico, New York, Oregon, Rhode Island, Vermont, and Washington. California was the first to establish a medical marijuana program in 1996 and New York was the most recent state to pass medical marijuana legislation in June 2014. The New York legislation became effective July 5, 2014. Eleven states allow limited access to marijuana products (low-THC and/or high CBD-cannabidiol). Alabama, Florida, Iowa, Kentucky, Mississippi, Missouri, North Carolina, South Carolina, Tennessee, Utah, and Wisconsin. *See* http://www.ncsl.org/research/health/state-medical-marijuana-laws.aspx (last visited on March 27, 2015).

[25] An example is California's law that includes "any other chronic or persistent medical symptom that either: Substantially limits the ability of the person to conduct one or more major life activities as defined in the Americans with Disabilities Act of 1990, or if not alleviated, may cause serious harm to the patient's safety or physical or mental health."

21 years of age and, typically, cannot be the patient's physician. Caregivers are generally allowed to purchase or grow marijuana for the patient, be in possession of the allowed quantity of marijuana, and aid the patient in using the marijuana, but are strictly prohibited from using the marijuana themselves.

- A required identification card for the patient, caregiver, or both that is typically issued by a state agency.
- A registry of people who have been issued an identification card.
- A method for registered patients and caregivers to obtain medical marijuana.
  - There are two general methods by which patients can obtain medical marijuana. They must either self-cultivate the marijuana in their homes or the state allows specified marijuana points-of-sale or dispensaries. The regulations governing such dispensaries vary widely.
- General restrictions on where medical marijuana may be used.
  - Typically, medical marijuana may not be used in public places, such as parks and on buses, or in areas where there are more stringent restrictions placed on the use of drugs, such as in or around schools or in prisons.

Most states with low-THC cannabis laws similar to s. 381.986, F.S., specify that the use of such low-THC cannabis is reserved for patients with epileptic or seizure disorders. Of the 11 states with such laws, only Florida allows the treatment of cancer with low-THC cannabis. Additionally, the definition of low-THC cannabis differs from state to state. Iowa has the highest THC level allowed in such states at 3 percent and most other states have the level of THC restricted to below 1 percent. CBD levels are generally required to be high with most states requiring at least 10 percent CBD.[26]

State Medical Marijuana Laws and Their Interaction with the Federal Government

The Federal Controlled Substances Act lists Marijuana as a Schedule 1 drug with no accepted medical uses. Under federal law possession, manufacturing, and distribution of marijuana is a crime.[27] Although a state's medical marijuana laws protect patients from prosecution for the legitimate use of marijuana under the guidelines established in that state, such laws do not protect individuals from prosecution under federal law if the federal government decides to enforce those laws.

In August 2013, the United States Justice Department (USDOJ) issued a publication entitled "Smart on Crime: Reforming the Criminal Justice System for the 21st Century."[28] This document details the federal government's current stance on low-level drug crimes and contains the following passage:

> … the Attorney General is announcing a change in Department of Justice charging policies so that certain people who have committed low-level, nonviolent drug offenses, who have no ties to large-scale organizations,

[26] Supra note 24, table 2.
[27] The punishments vary depending on the amount of marijuana and the intent with which the marijuana is possessed. *See* http://www.fda.gov/regulatoryinformation/legislation/ucm148726.htm#cntlsbd. (last visited on March 27, 2015).
[28] *See* http://www.justice.gov/ag/smart-on-crime.pdf. (last visited on March 27, 2015).

> gangs, or cartels, will no longer be charged with offenses that impose draconian mandatory minimum sentences. Under the revised policy, these people would instead receive sentences better suited to their individual conduct rather than excessive prison terms more appropriate for violent criminals or drug kingpins.

In addition, the USDOJ published, on August 29, 2013, a memorandum with the subject "Guidance Regarding Marijuana Enforcement." This memorandum makes clear that the USDOJ considers small-scale marijuana use to be a state matter which states may choose to punish or not, and, while larger operations would fall into the purview of the USDOJ, those operations that adhere to state laws legalizing marijuana in conjunction with robust regulatory systems would be far less likely to come under federal scrutiny.[29] These announcements generally indicate the USDOJ's current unwillingness to prosecute such cases and its inclination to leave such prosecutions largely up to state authorities.

Tetrahydrocannabinol

THC is the major psychoactive constituent of marijuana. The potency of marijuana, in terms of psychoactivity, is dependent on THC concentration and is usually expressed as a percent of THC per dry weight of material.

The average THC concentration in marijuana is 1 percent to 5 percent; the form of marijuana known as *sinsemilla* is derived from the unpollinated female cannabis plant and is preferred for its high THC content (up to 17 percent THC). Recreational doses are highly variable and users often concentrate their own dose. A single intake of smoke from a pipe or joint is called a hit (approximately 1/20th of a gram). The lower the potency or THC content the more hits are needed to achieve the desired effects.[30]

Marinol is a currently-approved drug[31] that consists of a man-made form of THC known as dornabinol.[32] Marinol is used to treat anorexia associated with weight loss in patients with AIDS and nausea and vomiting associated with cancer chemotherapy in patients who have failed to adequately respond to conventional antiemetic treatments. Marinol has a variety of side-effects including a cannabinoid dose-related "high."[33]

Cannabidiol

CBD is another cannabinoid that is found in marijuana and, although THC has psychoactive effects, CBD and other cannabinoids are not known to cause intoxication.[34] Some evidence

---

[29] *See* USDOJ memo on "Guidance Regarding Marijuana Enforcement," (August 29, 2013) *available at* http://www.justice.gov/iso/opa/resources/3052013829132756857467.pdf (last visited on March 27, 2015).
[30] Drugs and Human Performance Fact Sheet for Cannabis / Marijuana, National Highway Traffic Safety Administration (April 2014) *available at* http://www.nhtsa.gov/people/injury/research/job185drugs/cannabis.htm (last visited on March 27, 2015).
[31] The drug is approved by the US Food and Drug Administration.
[32] *See* http://www.marinol.com/about-marinol.cfm (last visited on March 27, 2015).
[33] For Marinol prescribing information, *see* http://www.rxabbvie.com/pdf/marinol_PI.pdf (last visited on March 27, 2015).
[34] This information is from GW Pharmaceuticals, *see* http://www.gwpharm.com/FAQ.aspx (last visited on March 27, 2015).

shows that CBD is effective in treating seizure disorders,[35,36] although much of this evidence is anecdotal. Currently, the drug Epidiolex, which is a liquid form of highly purified CBD extract, was approved by the FDA in November 2013, as an orphan drug[37] that may be used to treat Dravet syndrome.[38,39]

Dravet Syndrome

Also known as Severe Myoclonic Epilepsy of Infancy (SMEI), Dravet syndrome is a rare form of intractable epilepsy that begins in infancy.[40] Initial seizures are most often prolonged events and, in the second year of life, other seizure types begin to emerge. Individuals with Dravet syndrome face a higher incidence of SUDEP (sudden unexplained death in epilepsy) and typically have associated conditions that also need to be properly treated and managed. These conditions include:

- Behavioral and developmental delays;
- Movement and balance issues;
- Orthopedic conditions;
- Delayed language and speech issues;
- Growth and nutrition issues;
- Sleeping difficulties;
- Chronic infections;
- Sensory integration disorders; and
- Disruptions of the autonomic nervous system (which regulates bodily functions such as temperature regulation and sweating).

Individuals with Dravet syndrome do not outgrow the condition. Current treatment options are extremely limited and constant care and supervision are typically required.

III. Effect of Proposed Changes:

CS/SB 7066 significantly revises the provisions of s. 381.986, F.S., related to the compassionate use of low-THC cannabis.

---

[35] *See* Saundra Young, *Marijuana Stops Child's Severe Seizures*, CNN (August 7, 2013) *available at* http://www.cnn.com/2013/08/07/health/charlotte-child-medical-marijuana/ (last visited on March 27, 2015).
[36] *See* also the presentation to the Florida House Criminal Justice Subcommittee on the Charlotte's Web strain of marijuana on January 9, 2014.
[37] An orphan drug is defined as a drug that is intended for the safe and effective treatment, diagnosis, or prevention of rare diseases/disorders that affect fewer than 200,000 people in the U.S., or that affect more than 200,000 persons but are not expected to recover the costs of developing and marketing a treatment drug. *See* http://www.fda.gov/forindustry/DevelopingProductsforrareDiseasesConditions/default.htm. (last visited on March 27, 2015).
[38] *See* http://www.gwpharm.com/LGS%20Orphan%20Designation.aspx (last visited on March 27, 2015).
[39] National Institute of Neurological Disorders and Stroke, *Dravet Syndrome Information Page*. *See* http://www.ninds.nih.gov/disorders/dravet_syndrome/dravet_syndrome.htm (last visited on March 27, 2015).
[40] Dravet Syndrome Foundation, *What is Dravet Syndrone?* http://www.dravetfoundation.org/dravet-syndrome/what-is-dravet-syndrome (last visited on March 27, 2015).

Patient Use of Low-THC Cannabis

The bill revises the conditions for which low-THC cannabis may be ordered for a qualified patient's medical use. A physical medical condition that chronically produces symptoms of seizures or severe and persistent muscle spasms no longer qualifies as an eligible condition. Along with cancer, the following additional conditions qualify for the ordering of low-THC cannabis to qualified patients:[41]

- Human immunodeficiency virus;
- Acquired immune deficiency syndrome;
- Epilepsy;
- Amyotrophic lateral sclerosis;
- Multiple sclerosis;
- Crohn's disease;
- Parkinson's disease;
- Paraplegia;
- Quadriplegia; or
- Terminal illness.

The bill also revises the definition of "medical use" of low-THC cannabis to exclude the use of or administration of low-THC cananbis:

- On any form of public transportation;
- In any public place;
- In a registered qualified patient's place of work, if restricted by his or her employer;
- In a correctional facility;
- On the grounds of any preschool, primary school, or secondary school; or
- On a school bus.

The bill provides that low-THC cannabis may be ordered to treat a listed disease, disorder, or condition; to alleviate symptoms of such disease, disorder, or condition; or to alleviate symptoms caused by a treatment for such disease, disorder, or condition.

Requirements for Physicians

The bill requires that the physician register the patient and the patient's legal representative, if requested by the patient, with the compassionate use registry established by the DOH. If the patient is a minor, the physician must register a legal representative with the registry.

The bill also requires physicians to submit all requested medical records to the UFCP for research on the safety and efficacy of low-THC cannabis on patients, in addition to the patient treatment plan currently required.

A physician who improperly orders low-THC cannabis is subject to disciplinary action under the applicable practice act and under s. 456.072(1)(k), F.S., addressing grounds for discipline. The

[41] Anyone who fraudulently represents to a physician that he or she has at least one of the above conditions for the purpose of being ordered low-THC cannabis commits a first degree misdemeanor, which is punishable as provided in s. 775.082, F.S., or s. 775.083, F.S.; a sentence of a term of imprisonment up to 1 year may be imposed, along with a fine not to exceed $1,000.

bill also conforms the criminal penalties to the change in listed conditions required to qualify for low-THC cannabis for physicians and patients who fraudulent order or attempt to receive low-THC cannabis.

Duties and Powers of the Department

The bill increases the number of DO licenses from 5 to 20 and requires, if more than 20 applicants meet the licensure criteria, that the DOH must determine the licensees by lottery.

The bill amends s. 381.986(5)(b), F.S., to provide the following time frame for the issuance of DO licenses:

- Seven days after the effective date of the act the DOH must begin to accept applications for licensure and to review the applications to determine compliance with the license criteria;
- Within 10 days of receiving an application, the DOH must notify the applicant of any errors in the application;
- Applications for licensure must be filed with the DOH no later than 30 days after the effective date of this act; and
- All applications must be complete no later than 60 days after the effective date of this act.

The DOH must also use the same timeframes for the issuance of any additional licenses. The bill exempts the issuance of DO licenses by the DOH from s. 120.60, F.S., which provides the procedure for the issuance of licenses by the DOH and requires that a license application that is not approved or denied within 90 days of receipt of the completed license application is deemed approved.

Beginning March 15, 2016, and every six months thereafter, if all 20 licenses are not issued during the initial licensing period, the bill requires the DOH to issue additional licenses to qualified applicants up to the 20-organization maximum. If more applicants meet the licensure criteria than remaining available licenses, the DOH must determine the licensees by lottery.

The bill deletes the requirement that the DOH must approve five DOs with one in northwest Florida, one in northeast Florida, one in central Florida, one in southeast Florida, and one in southwest Florida. It also deletes the license criteria in current law.

Section 381.986(5)(c), F.S., specifies the identifying information that must be included in the initial licensure or renewal application.

Section 381.986(5)(d), F.S., provides the following fees:

- Initial application fee of $50,000.
- Initial license fee of $125,000.
- Biennial renewal fee of $125,000.

Section 381.986(5)(e), F.S., requires the DOH to inspect each DO's properties, cultivation facilities, processing facilities, and retail facilities before they begin operations. The DOH must conduct inspections at least once every 2 years after licensure, but may conduct additional announced or unannounced inspections, including follow-up inspections, at reasonable hours in order to ensure that such property and facilities maintain compliance with all applicable

requirements. The DO must make all facility premises, equipment, documents, low-THC cannabis, and low-THC cannabis products available to the DOH upon inspection. The DOH may test any low-THC cannabis or low-THC cannabis product in order to ensure that it is safe for human consumption and meets the testing requirements in s. 381.986(7), F.S.

Section 381.986(5)(f), F.S., provides the grounds for revoking, suspending, denying, or refusing to renew a license, and for imposing an administrative penalty not to exceed $10,000, including a violation of any provision in s. 381.986, F.S., failure to maintain the qualifications for a license, and endangering the health, safety, and welfare of a qualified patient.

Section 381.986(5)(g), F.S., requires the DOH to create a permitting process for all vehicles used by DOs to transport low-THC cannabis and low-THC products.

Dispensing Organization Applications

The bill amends ss. 381.986(6)(a)-(b), F.S., to detail the criteria for the issuance or renewal of a DO license. It requires the DOH to review all applications for completeness and to inspect the applicant's property and facilities to verify the authenticity of the information provided in, or in connection with, the application. It provides that an applicant authorizes the DOH to inspect his or her property and facilities for licensure by applying for the license.

The applicant must also have a $1 million performance and compliance bond, or other means of security deemed equivalent by the DOH, such as an irrevocable letter of credit or a deposit in a trust account or financial institution. The bond must be payable to the DOH, and posted once the applicant is approved as a DO. The purpose of the bond is to secure payment of any administrative penalties imposed by the DOH and any fees and costs incurred by the DOH regarding the DO license, such as the DO failing to pay 30 days after the fine or costs become final.

The DOs must also employ a medical director who is a physician licensed under ch. 458, F.S., or ch. 459, F.S., to supervise the activities of the DO.

An approved DO is required to maintain compliance with the license criteria at all times.

Dispensing Low-THC Cannabis and Products

Section 381.986(6)(c), F.S., requires DOs to verify the identity of the qualified patient or the legal representative before dispensing low-THC cannabis or low-THC product by requiring the person to produce a government issued identification.

Section 381.986(6)(d), F.S., permits DOs to have cultivation facilities, processing facilities, and retail facilities.

The bill preempts to the state all matters regarding the location of cultivation facilities and processing facilities. It requires that cultivation facilities and processing facilities must be closed to the public, and low-THC cannabis may not be dispensed on the premises of such facilities.

The bill requires that a municipality or county determine by ordinance the criteria for the number, location, and other permitting requirements for all retail facilities located within that municipality or the unincorporated area of that county, respectively. A retail facility may only be established after a municipality or county has adopted such an ordinance. The bill states that retail facilities must have all utilities and resources necessary to store and dispense low-THC cannabis and low-THC cannabis products and that retail facilities must be secured and have theft-prevention systems including an alarm system, cameras, and 24-hour security personnel.

Section 381.986(6)(e), F.S., requires that a DO provide the DOH with the following information within 15 days of such information becoming available:

- The location of any new or proposed facilities;
- Updated contact information for all DO facilities;
- Registration information for any vehicles used for the transportation of low-THC cannabis and low-THC cannabis product; and
- A plan for the recall of any or all low-THC cannabis or low-THC cannabis product.

Section 381.986(6)(f), F.S., requires that all vehicles used to transport all low-THC cannabis or low-THC cannabis products must have a permit issued by the DOH. The cost of the permit is $5. The permit must be in the vehicle whenever low-THC cannabis or low-THC cannabis products is being transported. The vehicle must be driven by the person identified in the permit. By acceptance of a DO license and the use of the vehicles, the licensee agrees that the vehicle shall always be subject to be inspected and searched without a search warrant, for the purpose of ascertaining that the licensee is complying with all provisions of the act. The inspection may be made during business hours or other times the vehicle is being used to transport low-THC cannabis or low-THC cannabis products.

Testing and Labeling of Low-THC Cannabis

The bill creates s. 381.986(7), F.S., to require that all low-THC cannabis and low-THC cannabis products must be tested by an independent testing laboratory before the DO may dispense it. The independent testing laboratory shall provide the lab results to the DO, and the DO must determine that the lab results indicate that the low-THC cannabis or low-THC cannabis products meet the definition of low-THC cannabis or low-THC cannabis product, is safe for human consumption, and is free from harmful contaminants before it can be given to a patient.

The bill requires that all low-THC cannabis and low-THC cannabis products must be labeled before dispensing, and specifies the information that must be included on the label, including the batch and harvest numbers.

Safety and Efficacy Research for Low-THC Cannabis

The bill creates s. 381.986(8), F.S., to require the UFCP to establish and maintain a safety and efficacy research program for the use of low-THC cannabis or low-THC cannabis products to treat qualifying conditions and symptoms. The bill requires that the DOH provide the UFCP with access to information from the compassionate use registry and the PDMP database, established in s. 893.055, F.S., as needed to conduct research. The Agency for Healthcare Administration

must also provide access to registered patient Medicaid records, to the extent allowed under federal law, as needed to conduct research.

Exemptions to Other Laws

The bill amends s. 381.986(9), F.S., to exempt the following persons from the prohibition against the possession of the controlled substance cannabis in ss. 893.13, 893.135, and 893.147, F.S., or any other provision of law:

- The patient's qualified representative who is registered with the DOH on the compassionate use registry as a condition to having legal possession of low-THC cannabis;
- The owners, managers, and employees of contractors of a DO who have direct contact with low-THC cannabis or low-THC cannabis products; and
- A licensed laboratory and its employees who receive and possess low-THC cannabis for the sole purpose of testing to ensure compliance.

The bill clarifies that nothing in s. 381.986, F.S., exempts any person form the prohibition against driving under the influence in s. 326. 193, F.S.

Legislative Ratification

The bill creates s. 381.986(10), F.S., to exempt rules of the DOH under this section from the ratification requirements of s. 120.541(3), F.S.

Public Records Exceptions

The bill revises the public records exemption relating to the compassionate use registry in s. 381.987, F.S., to permit UF employees to have access to the compassionate use registry for the purpose of maintaining the registry and periodic reporting or disclosure of information that has been redacted to exclude personal identifying information. It also permits persons engaged in research at the UF pursuant to s. 381.986(8), F.S., to have access to the registry.

The bill amends the public records exemption for the PDMP in ss. 893.055 and 893.0551, F.S., to permit persons engaged in research at the UF pursuant to s. 381.986(8), F.S., to have access to information in the prescription drug monitoring program's database which relates to qualified patients as defined in s. 381.986(1), F.S., for the purpose of conducting research.

Effective Date

The bill 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.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

Persons who apply for a DO license will incur costs in the preparation of the application. A DO must pay the fees required for applying for and obtaining a license.
Section 381.986(5)(d), F.S., provides the following fees:

- Initial application fee of $50,000;
- Initial license fee of $125,000; and
- Biennial renewal fee of $125,000.

Section 381.986(6)(f), F.S., requires that all vehicles used to transport all low-THC cannabis or low-THC cannabis products must have a permit issued by the DOH, and the permit cost is $5.

B. Private Sector Impact:

CS/SB 7066 requires that all persons who have a direct or indirect interest in the DO and the applicant's managers, employees, and contractors who directly interact with low-THC cannabis or low-THC cannabis products must be fingerprinted and successfully pass a level 2 background screening pursuant to s. 435.04, F.S. The amount of the fee for fingerprinting varies by vendor. For example, the Department of Business and Professional Regulation assesses a total fee of $54.50, which includes a $40.50 payment to the Florida Department of Law Enforcement and the Federal Bureau of Investigation to process the fingerprints, and an additional $14.00 processing charge to have the fingerprints scanned and submitted electronically.

DOs may incur regulatory costs once licensed including costs for any violations for which they may be fined and costs for testing low-THC cannabis and low-THC cannabis product. A DO is also required to post a $1 million bond which will cover the costs of fines incurred from cited violations.

C. Government Sector Impact:

The DOH must accept and review applications for approval of licensure as a DO. Depending on the number of qualified applicants, a lottery may be needed to determine the selection of the qualified applicants for the 20 available licenses to be issued to DOs. The DOH may also incur costs for rulemaking and for the requirement to inspect DO facilities at least once every 2 years.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 381.986, 381.987, 893.055, and 893.0551.

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 March 31, 2015:
The CS incorporates a number of amendments which:

- Allow municipalities to determine by ordinance the number and location of retail facilities within the municipality's boundaries and allow counties to determine the number and location of retail facilities within unincorporated areas of the county;
- Clarify that the DOH must use the same timeframes for future DO licensing cycles and lotteries as will be used for the first licensure cycle;
- Clarify that retail facilities must have all utilities and resources necessary to store and dispense low-THC cannabis and low-THC cannabis products and that retail facilities must be secured and have certain theft-prevention systems;
- Clarify that all law enforcement officials may stop and inspect permitted dispensing organization vehicles;
- Clarify that patients using low-THC cannabis must adhere to laws regarding driving under the influence; and
- Make several technical amendments including:
  - Correcting a drafting error so that a dispensing organization is run by a nurseryman and has been operated as a nursery for 30 years; and
  - Correcting a reference to low-THC cannabis.

B. Amendments:

None.

427268

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/31/2015	.	
	.	
	.	
	.	

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

Senate Amendment

Delete line 153
and insert:
3. The use or administration of low-THC cannabis or low-THC cannabis product:

977392

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/31/2015	.	
	.	
	.	
	.	

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

Senate Amendment

Delete line 309
and insert:
maximum. The department shall use the same timeframes as set forth in subparagraphs 1.-3., beginning 75 days before the date specified for issuing additional licenses. If the number of qualified applicants under this


137656

LEGISLATIVE ACTION

Senate	.	House
Comm: WD	.	
03/31/2015	.	
	.	
	.	
	.	

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

Senate Amendment

Delete lines 459 - 462
and insert:
to s. 581.131 and the applicant's land is operated by a nurseryman as defined in s. 581.011.

937496

LEGISLATIVE ACTION

Senate	.	House
Comm: WD	.	
03/31/2015	.	
	.	
	.	
	.	

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

Senate Substitute for Amendment (137656)

Delete lines 460 - 461

and insert:

is operated by a nurseryman as defined in s. 581.011, and has been operated as a registered

269896

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/31/2015	.	
	.	
	.	
	.	

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

Senate Amendment

Delete lines 460 - 461
and insert:
is operated by a nurseryman as defined in s. 581.011, and has been operated as a registered

388422

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/31/2015	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Delete lines 610 - 613

and insert:

2. A municipality must determine by ordinance the criteria for the number, location, and other permitting requirements for all retail facilities located within its municipal boundaries. A retail facility may be established in a municipality only after such an ordinance has been created. A county must determine by ordinance the criteria for the number, location, and other

388422

permitting requirements for all retail facilities located within the unincorporated areas of that county. A retail facility may be established in the unincorporated areas of a county only after such an ordinance has

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

And the title is amended as follows:

Delete line 58

and insert:

and retail facilities; authorizing a retail facility to be established in a municipality only after such an ordinance has been created; authorizing a retail facility to be established in the unincorporated areas of a county only after such an ordinance has been created; requiring a dispensing

279030

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/31/2015	.	
	.	
	.	
	.	

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

Senate Amendment

Delete lines 614 - 615
and insert:
been created. Retail facilities must have all utilities and resources necessary to store and dispense low-THC cannabis and low-THC cannabis products. Retail facilities must be secured and have theft-prevention systems including an alarm system, cameras, and 24-hour security personnel. Retail facilities may not sell, or

468704

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/31/2015	.	
	.	
	.	
	.	

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

Senate Amendment

Delete line 665
and insert:
sheriffs, deputy sheriffs, police officers, or other law enforcement officers to determine that

763240

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/31/2015	.	
	.	
	.	
	.	

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

Senate Amendment

Delete line 723
and insert:
ordered for the patient. Nothing in this section exempts any person from the prohibition against driving under the influence provided in s. 316.193.

By the Committee on Regulated Industries

580-02818-15 20157066__

A bill to be entitled

An act relating to low-THC cannabis; amending s. 381.986, F.S.; defining terms; revising the illnesses and symptoms for which a physician may order a patient the medical use of low-THC cannabis in certain circumstances; providing that a physician who improperly orders low-THC cannabis is subject to specified disciplinary action; revising the duties of the Department of Health; requiring the department to create a secure, electronic, and online compassionate use registry; requiring the department to begin to accept applications for licensure as a dispensing organization according to a specified application process; requiring the department to review all applications, notify applicants of deficient applications, and request any additional information within a specified period; requiring an application for licensure to be filed and complete by specified dates; providing for a lottery for licensure as a dispensing organization in certain circumstances; authorizing the department to issue additional licenses to qualified applicants in certain circumstances; providing an exemption for the application process; requiring the department to use an application form that requires specified information from the applicant; requiring the department to impose specified application fees; requiring the department to inspect each dispensing organization’s properties, cultivation facilities,

processing facilities, and retail facilities before those facilities may operate; authorizing followup inspections at reasonable hours; providing that licensure constitutes permission for the department to enter and inspect the premises and facilities of any dispensing organization; authorizing the department to inspect any licensed dispensing organization; requiring dispensing organizations to make all facility premises, equipment, documents, low-THC cannabis, and low-THC cannabis products available to the department upon inspection; authorizing the department to test low-THC cannabis or low-THC cannabis products; authorizing the department to suspend or revoke a license, deny or refuse to renew a license, or impose a maximum administrative penalty for specified acts or omissions; requiring the department to create a permitting process for vehicles used for the transportation of low-THC cannabis or low-THC cannabis products; authorizing the department to adopt rules as necessary for implementation of specified provisions and procedures, and to provide specified guidance; providing procedures and requirements for an applicant seeking licensure as a dispensing organization or the renewal of its license; requiring the dispensing organization to verify specified information of specified persons in certain circumstances; authorizing a dispensing organization to have cultivation facilities, processing facilities, and retail facilities; requiring a dispensing

organization to provide the department with specified updated information within a specified period; authorizing a dispensing organization to transport low-THC cannabis or low-THC cannabis products in vehicles in certain circumstances; requiring such vehicles to be operated by specified persons in certain circumstances; requiring a fee for a vehicle permit; requiring the signature of the designated driver with a vehicle permit application; providing for expiration of the permit in certain circumstances; requiring the department to cancel a vehicle permit upon the request of specified persons; providing that the licensee authorizes the inspection and search of his or her vehicle without a search warrant by specified persons; requiring all low-THC cannabis and low-THC cannabis products to be tested by an independent testing laboratory before the dispensing organization may dispense it; requiring the independent testing laboratory to provide the lab results to the dispensing organization for a specified determination; requiring all low-THC cannabis and low-THC cannabis products to be labeled with specified information before dispensing; requiring the University of Florida College of Pharmacy to establish and maintain a specified safety and efficacy research program; providing program requirements; requiring the department to provide information from the prescription drug monitoring program to the University of Florida as needed; requiring the Agency for Health

Care Administration to provide access to specified patient records under certain circumstances; authorizing specified individuals to manufacture, possess, sell, deliver, distribute, dispense, and lawfully dispose of reasonable quantities of low-THC cannabis; authorizing a licensed laboratory and its employees to receive and possess low-THC cannabis in certain circumstances; providing that specified rules adopted by the department are exempt from the requirement to be ratified by the Legislature; amending s. 381.987, F.S.; requiring the department to allow specified persons engaged in research to access the compassionate use registry; amending s. 893.055, F.S.; providing that persons engaged in research at the University of Florida shall have access to specified information; amending s. 893.0551, F.S.; providing a specified public records exemption for persons engaged in research at the University of Florida; providing an effective date.

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

Section 1. Section 381.986, Florida Statutes, is amended to read:

381.986 Compassionate use of low-THC cannabis.—

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

(a) "Applicant" means a person that has submitted an application to the department for licensure or renewal as a dispensing organization.

(b) "Batch" means a specific quantity of low-THC cannabis product that is intended to have uniform character and quality, within specified limits, and is produced at the same time from one or more harvests.

(c) "Dispensing organization" means an applicant licensed ~~organization approved~~ by the department to cultivate, process, and dispense low-THC cannabis pursuant to this section.

(d) "Harvest" means a specifically identified and numbered quantity of low-THC cannabis cultivated using the same herbicides, pesticides, and fungicides and harvested at the same time from a single facility.

(e) ~~(b)~~ "Low-THC cannabis" means a plant of the genus *Cannabis*, the dried flowers of which contain 0.8 percent or less of tetrahydrocannabinol and more than 10 percent of cannabidiol weight for weight; the seeds thereof; the resin extracted from any part of such plant; or any compound, manufacture, salt, derivative, mixture, or preparation of such plant or its seeds or resin that is dispensed only from a dispensing organization.

(f) "Low-THC cannabis product" means any product derived from low-THC cannabis, including the resin extracted from any part of such plant or any compound, manufacture, salt, derivative, mixture, or preparation of such plant or its seeds or resin which is dispensed from a dispensing organization. Low-THC cannabis products include, but are not limited to, oils, tinctures, creams, encapsulations, and food products. All low-THC cannabis products must maintain concentrations, weight for weight, of 0.8 percent or less of tetrahydrocannabinol and more than 10 percent of cannabidiol.

(g) ~~(c)~~ "Medical use" means administration of the ordered

amount of low-THC cannabis. The term does not include:

1. The possession, use, or administration by smoking; ~~.~~

2. ~~The term also does not include~~ The transfer of low-THC cannabis to a person other than the qualified patient for whom it was ordered or the qualified patient's legal representative who is registered in the compassionate use registry on behalf of the qualified patient; or ~~.~~

3. The use or administration of medical-grade marijuana:

a. On any form of public transportation.

b. In any public place.

c. In a registered qualified patient's place of work, if restricted by his or her employer.

d. In a correctional facility.

e. On the grounds of any preschool, primary school, or secondary school.

f. On a school bus.

(h) ~~(d)~~ "Qualified patient" means a resident of this state who has been added to the compassionate use registry by a physician licensed under chapter 458 or chapter 459 to receive low-THC cannabis from a dispensing organization.

(i) ~~(e)~~ "Smoking" means burning or igniting a substance and inhaling the smoke. Smoking does not include the use of a vaporizer.

(2) PHYSICIAN ORDERING.—

(a) ~~Effective January 1, 2015,~~ A physician licensed under chapter 458 or chapter 459 who has examined and is treating a patient suffering from cancer, human immunodeficiency virus, acquired immune deficiency syndrome, epilepsy, amyotrophic lateral sclerosis, multiple sclerosis, Crohn's disease,

Parkinson's disease, paraplegia, quadriplegia, or terminal illness ~~a physical medical condition that chronically produces symptoms of seizures or severe and persistent muscle spasms~~ may order for the patient's medical use low-THC cannabis to treat such disease, disorder, or condition; ~~or~~ to alleviate symptoms of such disease, disorder, or condition;~~,~~ or to alleviate symptoms caused by a treatment for such disease, disorder, or condition if no other satisfactory alternative treatment options exist for that patient and all of the following ~~conditions~~ apply:

1.~~(a)~~ The patient is a permanent resident of this state.

2.~~(b)~~ The physician determines that the risks of ordering low-THC cannabis are reasonable in light of the potential benefit for that patient. If a patient is younger than 18 years of age, a second physician must concur with this determination, and such determination must be documented in the patient's medical record.

3.~~(c)~~ The physician registers the patient, the patient's legal representative if requested by the patient, and himself or herself as the orderer of low-THC cannabis for the named patient on the compassionate use registry maintained by the department and updates the registry to reflect the contents of the order. If the patient is a minor, the physician must register a legal representative on the compassionate use registry. The physician shall deactivate the patient's registration when treatment is discontinued.

4.~~(d)~~ The physician maintains a patient treatment plan that includes the dose, route of administration, planned duration, and monitoring of the patient's symptoms and other indicators of

tolerance or reaction to the low-THC cannabis.

5.~~(e)~~ The physician submits the patient treatment plan, as well as any other requested medical records, quarterly to the University of Florida College of Pharmacy for research on the safety and efficacy of low-THC cannabis on patients pursuant to subsection (8).

6.~~(f)~~ The physician obtains the voluntary informed consent of the patient or the patient's legal guardian to treatment with low-THC cannabis after sufficiently explaining the current state of knowledge in the medical community of the effectiveness of treatment of the patient's conditions or symptoms ~~condition~~ with low-THC cannabis, the medically acceptable alternatives, and the potential risks and side effects.

(b) A physician who improperly orders low-THC cannabis is subject to disciplinary action under the applicable practice act and under s. 456.072(1)(k).

(3) PENALTIES.—

(a) A physician commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083, if the physician orders low-THC cannabis for a patient without a reasonable belief that the patient is suffering from at least one of the conditions listed in subsection (2).~~:~~

~~1. Cancer or a physical medical condition that chronically produces symptoms of seizures or severe and persistent muscle spasms that can be treated with low-THC cannabis; or~~

~~2. Symptoms of cancer or a physical medical condition that chronically produces symptoms of seizures or severe and persistent muscle spasms that can be alleviated with low-THC cannabis.~~

(b) Any person who fraudulently represents that he or she has at least one condition listed in subsection (2) ~~cancer or a physical medical condition that chronically produces symptoms of seizures or severe and persistent muscle spasms~~ to a physician for the purpose of being ordered low-THC cannabis by such physician commits a misdemeanor of the first degree, punishable as provided in s. 775.082 or s. 775.083.

(4) PHYSICIAN EDUCATION.—

(a) Before ordering low-THC cannabis for use by a patient in this state, the appropriate board shall require the ordering physician licensed under chapter 458 or chapter 459 to successfully complete an 8-hour course and subsequent examination offered by the Florida Medical Association or the Florida Osteopathic Medical Association that encompasses the clinical indications for the appropriate use of low-THC cannabis, the appropriate delivery mechanisms, the contraindications for such use, as well as the relevant state and federal laws governing the ordering, dispensing, and possessing of this substance. The first course and examination shall be presented by October 1, 2014, and shall be administered at least annually thereafter. Successful completion of the course may be used by a physician to satisfy 8 hours of the continuing medical education requirements required by his or her respective board for licensure renewal. This course may be offered in a distance learning format.

(b) The appropriate board shall require the medical director of each dispensing organization approved under subsection (5) to successfully complete a 2-hour course and subsequent examination offered by the Florida Medical

Association or the Florida Osteopathic Medical Association that encompasses appropriate safety procedures and knowledge of low-THC cannabis.

(c) Successful completion of the course and examination specified in paragraph (a) is required for every physician who orders low-THC cannabis each time such physician renews his or her license. In addition, successful completion of the course and examination specified in paragraph (b) is required for the medical director of each dispensing organization each time such physician renews his or her license.

(d) A physician who fails to comply with this subsection and who orders low-THC cannabis may be subject to disciplinary action under the applicable practice act and under s. 456.072(1)(k).

(5) DUTIES AND POWERS OF THE DEPARTMENT. ~~By January 1, 2015, The department shall:~~

(a) The department shall create a secure, electronic, and online compassionate use registry for the registration of physicians and patients as provided under this section. The registry must be accessible to law enforcement agencies and to a dispensing organization in order to verify patient authorization for low-THC cannabis and record the low-THC cannabis dispensed. The registry must prevent an active registration of a patient by multiple physicians.

(b)1. Beginning 7 days after the effective date of this act, the department shall accept applications for licensure as a dispensing organization. The department shall review each application to determine whether the applicant meets the criteria in subsection (6) and qualifies for licensure.

2. Within 10 days after receiving an application for licensure, the department shall examine the application, notify the applicant of any apparent errors or omissions, and request any additional information the department is allowed by law to require. An application for licensure must be filed with the department no later than 5 p.m. on the 30th day after the effective date of this act, and all applications must be complete no later than 5 p.m. on the 60th day after the effective date of this act.

3. If fewer than 20 applicants meet the criteria specified in subsection (6), the department shall, by the 75th day after the effective date of this act, license each such applicant. If more than 20 applicants meet these criteria, licensure shall be determined by lottery.

4. Beginning March 15, 2016, and every 6 months thereafter, if fewer than 20 dispensing organization licenses have been issued in this state, the department may issue additional licenses to qualified applicants up to the 20-organization maximum. If the number of qualified applicants under this subparagraph exceeds the number of dispensing organization licenses available for issuance, licensure shall be determined by lottery.

5. This section is exempt from s. 120.60 ~~Authorize the establishment of five dispensing organizations to ensure reasonable statewide accessibility and availability as necessary for patients registered in the compassionate use registry and who are ordered low-THC cannabis under this section, one in each of the following regions: northwest Florida, northeast Florida, central Florida, southeast Florida, and southwest Florida~~.

(c) The department shall use ~~develop~~ an application form that requires the applicant to state:

1. Whether the application is for initial licensure or renewal licensure;

2. The name, the physical address, the mailing address, the address listed on the Department of Agriculture and Consumer Services certificate required in paragraph (6)(b), and the contact information for the applicant and for the nursery that holds the Department of Agriculture and Consumer Services certificate, if different from the applicant;

3. The name, address, and contact information for the operating nurseryman of the organization that holds the Department of Agriculture and Consumer Services certificate;

4. The name, address, license number, and contact information for the applicant's medical director; and

5. All information required to be included by subsection (6).

(d) The department shall ~~and~~ impose an initial application fee of $50,000, an initial licensure fee of $125,000, and a biennial renewal fee of $125,000 ~~that is sufficient to cover the costs of administering this section~~. ~~An applicant for approval as a dispensing organization must be able to demonstrate:~~

~~1. The technical and technological ability to cultivate and produce low-THC cannabis. The applicant must possess a valid certificate of registration issued by the Department of Agriculture and Consumer Services pursuant to s. 581.131 that is issued for the cultivation of more than 400,000 plants, be operated by a nurseryman as defined in s. 581.011, and have been operated as a registered nursery in this state for at least 30~~

~~continuous years.~~

~~2. The ability to secure the premises, resources, and personnel necessary to operate as a dispensing organization.~~

~~3. The ability to maintain accountability of all raw materials, finished products, and any byproducts to prevent diversion or unlawful access to or possession of these substances.~~

~~4. An infrastructure reasonably located to dispense low-THC cannabis to registered patients statewide or regionally as determined by the department.~~

~~5. The financial ability to maintain operations for the duration of the 2-year approval cycle, including the provision of certified financials to the department. Upon approval, the applicant must post a $5 million performance bond.~~

~~6. That all owners and managers have been fingerprinted and have successfully passed a level 2 background screening pursuant to s. 435.04.~~

~~7. The employment of a medical director who is a physician licensed under chapter 458 or chapter 459 to supervise the activities of the dispensing organization.~~

(e) The department shall inspect each dispensing organization's properties, cultivation facilities, processing facilities, and retail facilities before they begin operations and at least once every 2 years thereafter. The department may conduct additional announced or unannounced inspections, including followup inspections, at reasonable hours in order to ensure that such property and facilities maintain compliance with all applicable requirements in subsections (6) and (7) and to ensure that the dispensing organization has not committed any

other act that would endanger the health, safety, or security of a qualified patient, dispensing organization staff, or the community in which the dispensing organization is located. Licensure under this section constitutes permission for the department to enter and inspect the premises and facilities of any dispensing organization. The department may inspect any licensed dispensing organization, and a dispensing organization must make all facility premises, equipment, documents, low-THC cannabis, and low-THC cannabis products available to the department upon inspection. The department may test any low-THC cannabis or low-THC cannabis product in order to ensure that it is safe for human consumption and that it meets the requirements in this section.

(f) The department may suspend or revoke a license, deny or refuse to renew a license, or impose an administrative penalty not to exceed $10,000 for the following acts or omissions:

1. A violation of this section or department rule.

2. Failing to maintain qualifications for licensure.

3. Endangering the health, safety, or security of a qualified patient.

4. Improperly disclosing personal and confidential information of the qualified patient.

5. Attempting to procure a license by bribery or fraudulent misrepresentation.

6. Being convicted or found guilty of, or entering a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction which directly relates to the business of a dispensing organization.

7. Making or filing a report or record that the licensee

knows to be false.

8. Willfully failing to maintain a record required by this section or rule of the department.

9. Willfully impeding or obstructing an employee or agent of the department in the furtherance of his or her official duties.

10. Engaging in fraud or deceit, negligence, incompetence, or misconduct in the business practices of a dispensing organization.

11. Making misleading, deceptive, or fraudulent representations in or related to the business practices of a dispensing organization.

12. Having a license or the authority to engage in any regulated profession, occupation, or business that is related to the business practices of a dispensing organization revoked, suspended, or otherwise acted against, including the denial of licensure, by the licensing authority of any jurisdiction, including its agencies or subdivisions, for a violation that would constitute a violation under state law. A licensing authority's acceptance of a relinquishment of licensure or a stipulation, consent order, or other settlement, offered in response to or in anticipation of the filing of charges against the license, shall be construed as an action against the license.

13. Violating a lawful order of the department or an agency of the state, or failing to comply with a lawfully issued subpoena of the department or an agency of the state.

(g) The department shall create a permitting process for all dispensing organization vehicles used for the transportation

of low-THC cannabis or low-THC cannabis products.

(h) ~~(c)~~ The department shall monitor physician registration and ordering of low-THC cannabis for ordering practices that could facilitate unlawful diversion or misuse of low-THC cannabis and take disciplinary action as indicated.

(i) ~~(d)~~ The department shall adopt rules as necessary to implement this section.

(6) DISPENSING ORGANIZATION.—

(a) An applicant seeking licensure as a dispensing organization, or the renewal of its license, must submit an application to the department. The department must review all applications for completeness, including an appropriate inspection of the applicant's property and facilities to verify the authenticity of the information provided in, or in connection with, the application. An applicant authorizes the department to inspect his or her property and facilities for licensure by applying under this subsection.

(b) In order to receive or maintain licensure as a dispensing organization, an applicant must provide proof that:

1. The applicant, or a separate entity that is owned solely by the same persons or entities in the same ratio as the applicant, possesses a valid certificate of registration issued by the Department of Agriculture and Consumer Services pursuant to s. 581.131 for the cultivation of more than 400,000 plants, the applicant's land is operated by a nurseryman as defined in s. 581.011, and the land has been operated as a registered nursery in this state for at least 30 continuous years.

2. The personnel on staff or under contract for the applicant have experience cultivating and introducing multiple

varieties of plants in this state, including plants that are not native to Florida; experience with propagating plants; and experience with genetic modification or breeding of plants.

3. The personnel on staff or under contract for the applicant include at least one person who:

a. Has at least 5 years' experience with United States Department of Agriculture Good Agricultural Practices and Good Handling Practices;

b. Has at least 5 years' experience with United States Food and Drug Administration Good Manufacturing Practices for food production;

c. Has a doctorate degree in organic chemistry or microbiology;

d. Has at least 5 years of experience with laboratory procedures which includes analytical laboratory quality control measures, chain of custody procedures, and analytical laboratory methods;

e. Has experience with cannabis cultivation and processing, including cannabis extraction techniques and producing cannabis products;

f. Has experience and qualifications in chain of custody or other tracking mechanisms;

g. Works solely on inventory control; and

h. Works solely for security purposes.

4. The persons who have a direct or indirect interest in the dispensing organization and the applicant's managers, employees, and contractors who directly interact with low-THC cannabis or low-THC cannabis products have been fingerprinted and have successfully passed a level 2 background screening

pursuant to s. 435.04.

5. The applicant owns, or has at least a 2-year lease of, all properties, facilities, and equipment necessary for the cultivation and processing of low-THC cannabis. The applicant must provide a detailed description of each facility and its equipment, a cultivation and processing plan, and a detailed floor plan. The description must include proof that:

a. The applicant is capable of sufficient cultivation and processing to serve at least 15,000 patients with an assumed daily use of 1,000 mg per patient per day of low-THC cannabis or low-THC cannabis product;

b. The applicant has arranged for access to all utilities and resources necessary to cultivate or process low-THC cannabis at each listed facility; and

c. Each facility is secured and has theft-prevention systems including an alarm system, cameras, and 24-hour security personnel.

6. The applicant has diversion and tracking prevention procedures, including:

a. A system for tracking low-THC material through cultivation, processing, and dispensing, including the use of batch and harvest numbers;

b. An inventory control system for low-THC cannabis and low-THC cannabis products;

c. A vehicle tracking and security system; and

d. A cannabis waste-disposal plan.

7. The applicant has recordkeeping policies and procedures in place.

8. The applicant has a facility emergency management plan.

9. The applicant has a plan for dispensing low-THC cannabis throughout the state. This plan must include planned retail facilities and a delivery plan for providing low-THC cannabis and low-THC cannabis products to qualified patients who cannot travel to a retail facility.

10. The applicant has financial documentation, including:

a. Documentation that demonstrates the applicant's financial ability to operate. If the applicant's assets, credit, and projected revenues meet or exceed projected liabilities and expenses and the applicant provides independent evidence that the funds necessary for startup costs, working capital, and contingency financing exist and are available as needed, the applicant has demonstrated the financial ability to operate. Financial ability to operate must be documented by:

I. The applicant's audited financial statements. If the applicant is a newly formed entity and does not have a financial history of business upon which audited financial statements may be submitted, the applicant must provide audited financial statements for the separate entity that is owned solely by the same persons or entities in the same ratio as the applicant that possesses the valid certificate of registration issued by the Department of Agriculture and Consumer Services;

II. The applicant's projected financial statements, including a balance sheet, an income and expense statement, and a statement of cash flow for the first 2 years of operation, which provides evidence that the applicant has sufficient assets, credit, and projected revenues to cover liabilities and expenses; and

III. A statement of the applicant's estimated startup costs

and sources of funds, including a break-even projection and documentation demonstrating that the applicant has the ability to fund all startup costs, working capital costs, and contingency financing requirements.

All documents required under this sub-subparagraph shall be prepared in accordance with generally accepted accounting principles and signed by a certified public accountant. The statements required by sub-sub-subparagraph II. and III. may be presented as a compilation.

b. A list of all subsidiaries of the applicant;

c. A list of all lawsuits pending and completed within the past 7 years of which the applicant was a party; and

d. Proof of a $1 million performance and compliance bond, or other equivalent means of security deemed equivalent by the department, such as an irrevocable letter of credit or a deposit in a trust account or financial institution, payable to the department, which must be posted once the applicant is approved as a dispensing organization. The purpose of the bond is to secure payment of any administrative penalties imposed by the department and any fees and costs incurred by the department regarding the dispensing organization license, such as the dispensing organization failing to pay 30 days after the fine or costs become final. The department may make a claim against such bond or security until 1 year after the dispensing organization’s license ceases to be valid or until 60 days after any administrative or legal proceeding authorized in this section involving the dispensing organization concludes, including any appeal, whichever occurs later.

11. The employment of a medical director who is a physician licensed under chapter 458 or chapter 459 to supervise the activities of the dispensing organization.

(c) An approved dispensing organization shall maintain compliance with the criteria in paragraphs (b), (d), and (e) and subsection (7) ~~demonstrated for selection and approval as a dispensing organization under subsection (5)~~ at all times. Before dispensing low-THC cannabis or low-THC cannabis products to a qualified patient or to the qualified patient's legal representative, the dispensing organization shall verify the identity of the qualified patient or the qualified patient's legal representative by requiring the qualified patient or the qualified patient's legal representative to produce a government-issued identification card and shall verify that the qualified patient and the qualified patient's legal representative have ~~has~~ an active registration in the compassionate use registry, that the order presented matches the order contents as recorded in the registry, and that the order has not already been filled. Upon dispensing the low-THC cannabis, the dispensing organization shall record in the registry the date, time, quantity, and form of low-THC cannabis dispensed.

(d) A dispensing organization may have cultivation facilities, processing facilities, and retail facilities.

1. All matters regarding the location of cultivation facilities and processing facilities are preempted to the state. Cultivation facilities and processing facilities must be closed to the public, and low-THC cannabis may not be dispensed on the premises of such facilities.

2. A county must determine by ordinance the criteria for the number, location, and other permitting requirements for all retail facilities located within that county. A retail facility may be established in a county only after such an ordinance has been created. Retail facilities must meet the requirements in subparagraphs (b)5. and (b)7. Retail facilities may not sell, or contract for the sale of, anything other than low-THC cannabis or low-THC cannabis products on the property of the retail facility. Before a retail facility may dispense low-THC cannabis or a low-THC cannabis product, the dispensing organization must have a computer network compliant with the federal Health Insurance Portability and Accountability Act of 1996 which is able to access and upload data to the compassionate use registry and which shall be used by all retail facilities.

(e) Within 15 days of such information becoming available, a dispensing organization must provide the department with updated information, as applicable, including:

1. The location and a detailed description of any new or proposed facilities.

2. The updated contact information, including electronic and voice communication, for all dispensing organization facilities.

3. The registration information for any vehicles used for the transportation of low-THC cannabis and low-THC cannabis product, including confirmation that all such vehicles have tracking and security systems.

4. A plan for the recall of any or all low-THC cannabis or low-THC cannabis product.

(f)1. A dispensing organization may transport low-THC

cannabis or low-THC cannabis products in vehicles departing from their places of business only in vehicles that are owned or leased by the licensee or by a person designated by the dispensing organization, and for which a valid vehicle permit has been issued for such vehicle by the department.

2. A vehicle owned or leased by the dispensing organization or a person designated by the dispensing organization and approved by the department must be operated by such person when transporting low-THC cannabis or low-THC products from the licensee's place of business.

3. A vehicle permit may be obtained by a dispensing organization upon application and payment of a fee of $5 per vehicle to the department. The signature of the person designated by the dispensing organization to drive the vehicle must be included on the vehicle permit application. Such permit remains valid and does not expire unless the licensee or any person designated by the dispensing organization disposes of his or her vehicle, or the licensee's license is transferred, canceled, not renewed, or is revoked by the department, whichever occurs first. The department shall cancel a vehicle permit upon request of the licensee or owner of the vehicle.

4. By acceptance of a license issued under this section, the licensee agrees that the licensed vehicle is, at all times it is being used to transport low-THC cannabis or low-THC cannabis products, subject to inspection and search without a search warrant by authorized employees of the department, sheriffs, deputy sheriffs, or police officers to determine that the licensee is transporting such products in compliance with this section.

(7) TESTING AND LABELING OF LOW-THC CANNABIS.—

(a) All low-THC cannabis and low-THC cannabis products must be tested by an independent testing laboratory before the dispensing organization may dispense them. The independent testing laboratory shall provide the dispensing organization with lab results. Before dispensing, the dispensing organization must determine that the lab results indicate that the low-THC cannabis or low-THC cannabis product meets the definition of low-THC cannabis or low-THC cannabis product, is safe for human consumption, and is free from harmful contaminants.

(b) All low-THC cannabis and low-THC cannabis products must be labeled before dispensing. The label must include, at a minimum:

1. A statement that the low-THC cannabis or low-THC cannabis product meets the requirements in paragraph (a);

2. The name of the independent testing laboratory that tested the low-THC cannabis or low-THC cannabis product;

3. The name of the cultivation and processing facility where the low-THC cannabis or low-THC cannabis product originates; and

4. The batch number and harvest number from which the low-THC cannabis or low-THC cannabis product originates.

(8) SAFETY AND EFFICACY RESEARCH FOR LOW-THC CANNABIS.—The University of Florida College of Pharmacy must establish and maintain a safety and efficacy research program for the use of low-THC cannabis or low-THC cannabis products to treat qualifying conditions and symptoms. The program must include a fully integrated electronic information system for the broad monitoring of health outcomes and safety signal detection. The

electronic information system must include information from the compassionate use registry; provider reports, including treatment plans, adverse event reports, and treatment discontinuation reports; patient reports of adverse impacts; event-triggered interviews and medical chart reviews performed by University of Florida clinical research staff; information from external databases, including Medicaid billing reports and information in the prescription drug monitoring database for registered patients; and all other medical reports required by the University of Florida to conduct the research required by this subsection. The department must provide access to information from the compassionate use registry and the prescription drug monitoring database, established in s. 893.055, as needed by the University of Florida to conduct research under this subsection. The Agency for Health Care Administration must provide access to registered patient Medicaid records, to the extent allowed under federal law, as needed by the University of Florida to conduct research under this subsection.

(9)~~(7)~~ EXCEPTIONS TO OTHER LAWS.—

(a) Notwithstanding s. 893.13, s. 893.135, s. 893.147, or any other ~~provision of~~ law, but subject to the requirements of this section, a qualified patient and the qualified patient's legal representative who is registered with the department on the compassionate use registry may purchase and possess for the patient's medical use up to the amount of low-THC cannabis ordered for the patient.

(b) Notwithstanding s. 893.13, s. 893.135, s. 893.147, or any other provision of law, but subject to the requirements of

this section, an approved dispensing organization and its owners, managers, ~~and~~ employees and the owners, managers, and employees of contractors who have direct contact with low-THC cannabis or low-THC cannabis product may manufacture, possess, sell, deliver, distribute, dispense, and lawfully dispose of reasonable quantities, as established by department rule, of low-THC cannabis. For purposes of this subsection, the terms "manufacture," "possession," "deliver," "distribute," and "dispense" have the same meanings as provided in s. 893.02.

(c) An approved dispensing organization and its owners, managers, and employees are not subject to licensure or regulation under chapter 465 or chapter 499 for manufacturing, possessing, selling, delivering, distributing, dispensing, or lawfully disposing of reasonable quantities, as established by department rule, of low-THC cannabis.

(d) Notwithstanding s. 893.13, s. 893.135, s. 893.147, or any other law, but subject to the requirements of this section, a licensed laboratory and its employees may receive and possess low-THC cannabis for the sole purpose of testing the low-THC cannabis to ensure compliance with this section.

(10) Rules adopted by the department under this section are exempt from the requirement that they be ratified by the Legislature pursuant to s. 120.541(3).

Section 2. Paragraph (g) is added to subsection (3) of section 381.987, Florida Statutes, to read:

381.987 Public records exemption for personal identifying information in the compassionate use registry.—

(3) The department shall allow access to the registry, including access to confidential and exempt information, to:

(g) Persons engaged in research at the University of Florida pursuant to s. 381.986(8).

Section 3. Paragraph (b) of subsection (7) of section 893.055, Florida Statutes, is amended to read:

893.055 Prescription drug monitoring program.—

(7)

(b) A pharmacy, prescriber, or dispenser shall have access to information in the prescription drug monitoring program's database which relates to a patient of that pharmacy, prescriber, or dispenser in a manner established by the department as needed for the purpose of reviewing the patient's controlled substance prescription history. Persons engaged in research at the University of Florida pursuant to s. 381.986(8) shall have access to information in the prescription drug monitoring program's database which relates to qualified patients as defined in s. 381.986(1) for the purpose of conducting such research. Other access to the program's database shall be limited to the program's manager and to the designated program and support staff, who may act only at the direction of the program manager or, in the absence of the program manager, as authorized. Access by the program manager or such designated staff is for prescription drug program management only or for management of the program's database and its system in support of the requirements of this section and in furtherance of the prescription drug monitoring program. Confidential and exempt information in the database shall be released only as provided in paragraph (c) and s. 893.0551. The program manager, designated program and support staff who act at the direction of or in the absence of the program manager, and any individual who

has similar access regarding the management of the database from the prescription drug monitoring program shall submit fingerprints to the department for background screening. The department shall follow the procedure established by the Department of Law Enforcement to request a statewide criminal history record check and to request that the Department of Law Enforcement forward the fingerprints to the Federal Bureau of Investigation for a national criminal history record check.

Section 4. Paragraph (h) is added to subsection (3) of section 893.0551, Florida Statutes, to read:

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

(3) The department shall disclose such confidential and exempt information to the following persons or entities upon request and after using a verification process to ensure the legitimacy of the request as provided in s. 893.055:

(h) Persons engaged in research at the University of Florida pursuant to s. 381.986(8).

Section 5. This act shall take effect upon becoming a law.

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

7066
Bill Number (if applicable)

427268
Amendment Barcode (if applicable)

Topic _____

Name Jodi James

Job Title Exec Director

Address 1375 Cypress Ave
Street

Phone 321 253 3673

Melbourne FL 32935
City *State* *Zip*

Email jjamesflorida@gmail.com

Speaking: ☐ For ☐ Against ☒ Information

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

Representing FLORIDA Cannabis Action Network

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3-31-15
Meeting Date

7061
Bill Number (if applicable)

937496
Amendment Barcode (if applicable)

Topic Medical Marijuana

Name Latresa Wilson

Job Title VP - FLBFAA, MD

Address 3330 NW 2nd Ave
Street

Ocala FL 34475
City *State* *Zip*

Phone 352

Email lawilson2@gmail.com

Speaking: ☐ For ☒ Against ☐ Information

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

Representing FL Black Farmers & Agriculturalists Ass

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3-31-15
Meeting Date

7066
Bill Number (if applicable)

937496
Amendment Barcode (if applicable)

Topic MEDICAL MARIJUANA

Name ROY L. ROLLE, JR

Job Title PAST PRES. FLORIDA BLACK FARMERS

Address 655 SE 58TH AVE, OCALA FL 34480
Street

Phone 352 694 4393

OCALA FL 34488
City *State* *Zip*

Email

Speaking: ☐ For ☒ Against ☐ Information

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

Representing BLACK FARMER & AGRICULTURIST ASSOCIATION

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

7066
Bill Number (if applicable)

937496
Amendment Barcode (if applicable)

Topic Medical Marijuana

Name Howard Gunn Jr.

Job Title Pres. FL. Black Farmer

Address 2801 S.W. 15th ST
Street

Ocala FL 34474
City *State* *Zip*

Phone 352-572-1063

Email HGunn Jr. AOL

Speaking: ☐ For ☒ Against ☐ Information

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

Representing FL Black Farmer Assoc.

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3-31-15
Meeting Date

7066
Bill Number (if applicable)

937496
Amendment Barcode (if applicable)

Topic Medical Marijuana Not here

Name SAM HARRIS III

Job Title CEO U GROW

Address 10006 Cross Creek Blvd
Street

Phone 813 510 0982

Tampa FL 33647
City *State* *Zip*

Email

Speaking: ☐ For ☒ Against ☐ Information

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

Representing U GROW

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

March 31st, 2015
Meeting Date

7066
Bill Number (if applicable)

937496
Amendment Barcode (if applicable)

Topic Medical Marijuana

Name Jonathan Carr

Job Title Director of operations

Address 841 Prudential Drive, Ste 1217
Street

Phone 321-442-0288

Jacksonville FL 32207
City *State* *Zip*

Email Connect@CURL.us

Speaking: ☐ For ☒ Against ☐ Information

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

Representing Cannabis University of Florida

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

SB 7066
Bill Number (if applicable)

388422
Amendment Barcode (if applicable)

Topic Low THC Cannabis

Name RYAN PADGETT

Job Title Asst. General Counsel

Address PO Box 1752
Street

Phone 850-701-3616

Tallahassee FL 32311
City *State* *Zip*

Email rpadgett@fl.cities.com

Speaking: ☑ For ☐ Against ☐ Information

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

Representing Fla. League of Cities

Appearing at request of Chair: ☐ Yes ☑ ~~No~~

Lobbyist registered with Legislature: ☑ ~~Yes~~ ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3.31.15
Meeting Date

Bill Number (if applicable)

388422
Amendment Barcode (if applicable)

Topic LOW THC MARIJUANA

Name LAURA YOUMANS (YO-MANS)

Job Title LEG. ADVOCATE

Address 100 N. MONROE ST
Street

Phone 294-1930

TAL FL 32301
City *State* *Zip*

Email LYOUMANS@FLCOUNTIES.COM

Speaking: ☐ For ☐ Against ☐ Information

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

Representing FLORIDA ASSOCIATION OF COUNTIES

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

7066
Bill Number (if applicable)

763240
Amendment Barcode (if applicable)

Topic _____

Name Jodi James

Job Title Exec Director

Address 1375 Cypress Ave
Street

Phone 321 253 3673

_____
City *State* *Zip*

Email Jodi@FLCAN.org

Speaking: ☐ For ☐ Against ☒ Information

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

Representing FLORIDA CAN

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

7066
Bill Number (if applicable)

Topic MEDICAL CANNABIS

Amendment Barcode (if applicable)

Name JOFF SHARKEY

Job Title PRES. CAB

Address 106 E College Ave
Street

TLH FL 32301
City *State* *Zip*

Phone 850 224 1660

Email JSHARKEY5142K@gmail.com

Speaking: ☒ For ☐ Against ☐ Information

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

Representing MEDICAL MARIJUANA BUSINESS ASSOCIATION

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3-31-15
Meeting Date

7016
Bill Number (if applicable)

Topic Remove Cap from THC

Amendment Barcode (if applicable)

Name Tara Thrift

Job Title mom & Advocate

Address 2107 Willesdon Dr. East
Street

Phone 904-428-2720

Jacksonville FL 32246
City *State* *Zip*

Email tara.ehlers@yahoo.com

Speaking: ☑ For ☐ Against ☐ Information

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

Representing Son - Caleb Thrift

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

Meeting Date	Bill Number (if applicable)
	7066

Amendment Barcode (if applicable)

Topic CANNABIS

Name LOUIS ROTUNDO

Job Title

Address 302 PINESTRAW Circle (Street)

Phone 407-699-9361

Altamonte Springs FL 32714 (City / State / Zip)

Email LGR5002@AOL.com

Speaking: ☑ For ☐ Against ☐ Information

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

Representing Florida Medical Cannabis Association

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3-31-15
Meeting Date

7066
Bill Number (if applicable)

Topic Low-THC Cannabis

Amendment Barcode (if applicable)

Name Christopher Cano

Job Title Executive Director

Address 1529 W. River LN
Street

Phone 813-762-5295

Tampa FL 33603
City *State* *Zip*

Email Cccano@mail.usf.edu

Speaking: ☐ For ☐ Against ☑ Information

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

Representing Central Florida NORML

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

SB 7066
Bill Number (if applicable)

Topic KIT Low THC Cannabis

Amendment Barcode (if applicable)

Name Barney Bishop

Job Title President & CEO

Address 204 S. Monroe St. Suite 201
Street

Phone

Tallahassee FL 32301
City *State* *Zip*

Email

Speaking: ☑ For ☐ Against ☐ Information

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

Representing The Florida Smart Justice Alliance

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

SB 7066
Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic Medical Cannabis

Name Ron Watson

Job Title Lobbyist

Address 3738 Mundon Way
Street

Tallahassee FL 32309
City *State* *Zip*

Phone (850) 567-1202

Email watson.strategies@comcast.net

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

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

Representing FLMCA, Mary's Medicinals + AltMed

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

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

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

03/31/2015 (Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting) 706
Meeting Date *Bill Number (if applicable)*

Topic Action For Florida

Amendment Barcode (if applicable)

Name Samuel D. Harris III

Job Title UGrow - CEO

Address 10006 Cross Creek Blvd Phone 813-510-0982
Street

Tampa FL 33647 Email Sam@ugrowFlorida.com
City *State* *Zip*

Speaking: ☑ For ☐ Against ☐ Information

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

Representing UGrow, INC

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

7066
Bill Number (if applicable)

Topic MEDICAL MARIJUANA BILL

Amendment Barcode (if applicable)

Name JAMES EATON

Job Title

Address P.O. BOX 1713
Street

Phone 850-224-6789

TALLAHASSEE FL 32302
City *State* *Zip*

Email jimeaton53e
aol.com

Speaking: ☑ For ☐ Against ☐ Information

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

Representing CANOPY GROW / THREE BOYS FARMS

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

Cannabis 7066

Meeting Date

Bill Number (if applicable)

Topic Medical Cannabis

Amendment Barcode (if applicable)

Name Susan Goldstein

Job Title Parent / advocate / lobbyist

Address 3158 Inverness
Street

Phone 954 830 6300

Weston FL 33332
City *State* *Zip*

Email skgoldstein@hotmail

Speaking: ☑ For ☐ Against ☐ Information

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

my daughter Stephie

Representing Myself, JDThornton, Innovation Industries

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3-31-15
Meeting Date

7064
Bill Number (if applicable)

Topic 7066

Amendment Barcode (if applicable)

Name Anneliese Clark

Job Title mom

Address 1336 Hideaway Dr S
Street

Phone 904-8135228

Saint Johns FL 32259
City *State* *Zip*

Email anneliseclark@gmail.com

Speaking: ☑ For ☐ Against ☐ Information

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

Representing Daughter Christina

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3-31-15
Meeting Date

SB 7066
Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic Medical Cannabis

Name Dr. Jeffrey Block

Job Title physician (M.D.)

Address 7299 S.W. 79 Ct
Street

Miami, FL
City *State* *Zip*

Phone 305 · 793-9222

Email docblock@bellsouth.net

Speaking: ☑ For ☐ Against ☐ Information

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

Representing (Independent physician expert)

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/2015
Meeting Date

7066
Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic COMPASSIONATE USE

Name DENNIS DECKERHOFF

Job Title PARENT / PATIENT ADVOCATE

Address 5704 VICTOR BROWN TR.
Street

TALL FL 32303
City *State* *Zip*

Phone (850)567-0405

Email dennis@deckerhoff.com

Speaking: ☑ For ☐ Against ☐ Information

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

Representing BARRETT DECKERHOFF

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/2015
Meeting Date

SB 7066
Bill Number (if applicable)

Topic Low THC Cannabis

Amendment Barcode (if applicable)

Name RYAN PADGETT

Job Title Assistant General Counsel

Address PO Box 1757
Street

Phone 850-701-3616

Tallahassee FL 32302
City *State* *Zip*

Email rpadgett@flcities.com

Speaking: ☐ For ☑ Against ☐ Information

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

Representing FLORIDA LEAGUE OF CITIES

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

7066
Bill Number (if applicable)

Topic Low THC MMJ

Amendment Barcode (if applicable)

Name Jeffrey Milley R.Ph

Job Title Pharmacist

Address 3820 Gulf blvd # 1201
Street

St Pete Beach FL 33706
City *State* *Zip*

Phone 727-417-8783

Email jmilley2@Tampabay.RR.com

Speaking: ☐ For ☐ Against ☒ Information

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

Representing Independant

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/2015
Meeting Date

Topic _____ Bill Number 7066 *(if applicable)*

Name BRIAN PITTS Amendment Barcode _____ *(if applicable)*

Job Title TRUSTEE

Address 1119 NEWTON AVNUE SOUTH Phone 727-897-9291
Street

SAINT PETERSBURG FLORIDA 33705 E-mail JUSTICE2JESUS@YAHOO.COM
City *State* *Zip*

Speaking: ☐ For ☐ Against ☑ Information

Representing JUSTICE-2-JESUS

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

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

This form is part of the public record for this meeting. S-001 (10/20/11)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

7066
Bill Number (if applicable)

Topic 7066

Amendment Barcode (if applicable)

Name Jodi James

Job Title Exec Director

Address 1375 Cypress Ave
Street

Phone 3212533673

Melbourne FL 32935
City *State* *Zip*

Email JJamesflorida@gmail.com

Speaking: ☐ For ☒ Against ☐ Information

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

Representing FLORIDA CAN

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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

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

S-001 (10/14/14)

Central Florida Chapter

Of The

National Organization for the Reform of Marijuana Laws

2015 Legislative Session Research & Talking Points

The Disaster Of CBD-Only 'Medical Marijuana' Legislation

theweedblog.com/the-disaster-of-cbd-only-medical-marijuana-legislation/

Russ Belville

Since the premiere of Dr. Sanjay Gupta's documentary "Weed" back in August, the general public has quickly come to understand the miraculous healing power of cannabidiol, or CBD. The political perception of medical marijuana changed forever when parents saw little Charlotte Figi, the girl with intractable epilepsy, go from hundreds of seizures a week to just one or two, thanks to CBD treatments.

(photo credit: hempista.com)

But that change in perception isn't a good one. For now there are two types of medical marijuana – CBD-Only and "euphoric marijuana", as New Jersey Gov. Chris Christie calls medical marijuana that contains THC. Just as "We're Patients, Not Criminals" cast non-patients as criminals, the lobbying for these new CBD-Only laws relies heavily on pointing out that CBD is a "medicine that doesn't get you high", which casts THC at best as a medicine with an undesirable side effect and at worst as not a medicine but a drug of abuse.

This is a disaster both politically and medically; let's begin with the former. Politically, whole plant medical marijuana (the kind with THC in it) began in 1996 in California and from that point, it took eleven years before there were a dozen whole plant medical marijuana states in America. CBD-Only medical marijuana began in March in Utah and from that point, it's taken only four months to put us on the brink of a dozen CBD-Only medical marijuana states.

Also consider that of those first dozen whole plant states, eight of them were passed by citizen ballot initiative. All twelve of the CBD-Only laws were passed by state legislatures, often by unanimous or near-unanimous votes. Every legislature that has taken up the issue of CBD-Only medical marijuana has seen the legislation fly through the committees and both chambers (except Georgia, and that state was only derailed by some parliamentary shenanigans by one legislator). Take North Carolina this week as an example.

On Tuesday, a committee of the North Carolina House of Representatives cancelled a meeting to discuss a CBD-Only bill. No rescheduled date for the meeting was announced. Local newspapers on Wednesday posted headlines that the bill's passage was unlikely. The Senate wasn't likely to pass the bill in this short session that ends next week. There would be no good reason for the House to move forward with the bill.

But on Wednesday afternoon, the meeting was suddenly rescheduled and the CBD-Only bill passed unanimously. This morning (Thursday) the bill was heard by a second committee and passed immediately. This afternoon it was heard and amended on the House floor where it passed 111-2. It now awaits passage by the state Senate.

By the end of this week, it seems North Carolina could become the 12th CBD-Only state, joining Alabama, Florida, Iowa, Kentucky, Mississippi, Missouri (awaiting governor's signature), New York (governor's executive order), South Carolina, Tennessee, Utah, and Wisconsin. Why are legislators so fast to pass these CBD-Only bills? It's fair to assume politicians are moved by the plight of epileptic children. With CBD-Only, there's no downside of being the guy or gal who voted for legalizing something that "gets you high". But even so, how do these bills move so fast and

garner little to no opposition?

Because CBD-Only bills are political cover. Voting for the CBD-Only bill allows the politicians to say they're sympathetic to the plight of sick people and want to help patients get any medicine that will ease their suffering. But they can also still play the "tough on drugs" game and maintain their support from law enforcement and prison lobbies. Their vote garners headlines that a politician formerly considered "anti-medical marijuana" has "changed his mind" or "altered her stance" on medical marijuana. Best of all, it gets the sick kids and their parents out of the legislative galleries and off the evening news. For the politicians in these conservative states, it makes the medical marijuana issue go away, or at least puts the remaining advocates in the "we want the marijuana that gets you high" frame where they are more easily dismissed.

Medically, the CBD-Only laws are also a disaster. Cannabidiol is just one constituent of cannabis and by itself, it doesn't work as well as it does with the rest of the plant. Dr. Raphael Machoulem, the Israeli researcher who discovered THC (the cannabinoid that "gets you high"), called it "the entourage effect", the concept of many cannabinoids and other constituents working in concert, synergistically. To make an overly-simple analogy, it's as if we discovered oranges have vitamin C in them, but banned oranges completely and only allowed people with scurvy to eat vitamin C pills. Yes, those pills can help you if you're vitamin deficient, but any nutritionist will tell you eating the whole orange will not only allow your body to absorb the vitamin C better, the fiber from the orange is also good for your body, and oranges taste delicious, which makes you a little happier. Plus, if oranges are in your diet, you're not going to get scurvy in the first place.

The authors of these CBD-Only bills aren't writing them for optimal medical efficacy, however, they're writing them for political cover. The parents treating their children in Colorado with CBD oil will tell you that it takes quite a bit of tinkering with the ratio of CBD to THC in the oil to find what works best for their child's type of seizures. Some of these kids need a higher dose of THC. But the legislators write the laws mostly to ensure that the THC "that gets you high" is nearly non-existent.

The North Carolina law, for instance, mandates that the oil contains at least 10 percent CBD and less than 0.3 percent THC. That's a CBD:THC ratio of at least 34:1. For comparison, an article by Pure Analytics, a California cannabis testing lab, discusses the high-CBD varietals most in demand by patients are "strains with CBD:THC ratios of 1:1, 2:1, and 20:1." The article explains how a breeding experiment with males and females with 2:1 ratios produced 20:1 ratio plants about one-fourth of the time. It also describes a strain called "ACDC" that "consistently exhibited 16-20% CBD and 0.5-1% THC by weight." That's one variety with a range of 16:1 to 40:1. But you must only use the ones that are 34:1 or higher.

In another indicator that politicians are more interested in political cover than helping sick kids, many of these laws are written with no mechanism for in-state production and distribution of the CBD oil. Some expressly protect the parent who goes out of state to acquire the oil (likely from Colorado) and brings it back home. So parents are given hope for their kids, but they have to go to Colorado, establish three months residency to qualify for a medical marijuana card, clear the hurdles necessary to get their child signed up for the card, purchase the high-CBD oil, break Colorado law by taking it out of state, and break federal law by being an interstate drug trafficker.

Then back home, the parents are safe, assuming the oil they purchased in Colorado meets the CBD:THC ratio mandated by law. The ratio listed on the label or mentioned by the provider is no guarantee. At The Werc Shop, a cannabis testing lab in Los Angeles, an intern writes about how she was sold a strain promised to be 15 percent CBD and 0.6 percent THC, a 25:1 ratio that would be illegal in North Carolina if processed into oil. When she ran liquid chromatography tests on the sample, it turned out to be 9.63 percent CBD to 6.11 percent THC, a 1.6:1 ratio.

CBD-Only isn't just a political and medical disaster in the states that adopt it. These laws also have a detrimental effect on the process of passing whole plant medical marijuana in other states. Every medical marijuana state since California has enacted increasing restrictions on its access based on the need to keep out the illegitimate marijuana users – the ones who just want to get high. First, qualifying conditions were restricted. Then, home cultivation of

marijuana was eliminated. Now, medical marijuana laws are being debated and passed that ban all marijuana smoking and allow no access to the plant itself, just pills, oils, and tinctures.

Thus, it is no surprise that as Wisconsin, New York, and Florida are hotly debating and likely to pass whole plant medical marijuana laws, the legislatures and governors of those two states rushed to pass CBD-Only laws first. It's reminiscent of then-Govenor Arnold Schwarzenegger rushing to sign a marijuana decriminalization bill in summer of 2010 to take the talking point of California arrests for personal possession away from Prop 19's campaign to legalize marijuana. Every press conference and public debate about the CBD-Only bills will emphasize "it doesn't have the THC that gets you high", forcing whole plant advocates into a defense of THC's medical efficacy in spite of the "high" even more than they're already forced to.

This is why any fight to allow patients to grow whole plant medical marijuana with the high-inducing THC in it must now pivot to the support of all adults' right to grow marijuana if they want to get high. Every new restriction on medical marijuana, whole plant or CBD-Only, arises from the perceived need to keep the healthy high-seekers out of the medical marijuana. Eventually, pharmaceutical companies will perfect the CBD:THC ratios and dosages in sprays, tinctures, and inhalers that will surpass the consistency and efficacy of the plant with its natural variety. Those companies will be glad to supply the 34:1 CBD oil North Carolina requires and whatever ratio any other state requires, for a hefty profit, of course.

Source: International Cannabis Business Conference

CBD Misconceptions

By Martin A. Lee
February 18, 2015

It doesn't get you high, but it's causing quite a buzz among medical scientists and patients. The past year has seen a surge of interest in cannabidiol (CBD), a non-intoxicating cannabis compound with significant therapeutic properties. Numerous commercial start-ups and internet retailers have jumped on the CBD bandwagon, touting CBD derived from industrial hemp as the next big thing, a miracle oil that can shrink tumors, quell seizures, and ease chronic pain—without making people feel "stoned." But along with a growing awareness of cannabidiol as a potential health aide there has been a proliferation of misconceptions about CBD.

1. **"CBD is medical. THC is recreational."** Project CBD receives many inquiries from around the world and oftentimes people say they are seeking "CBD, the medical part" of the plant, "not THC, the recreational part" that gets you high. Actually, THC, "The High Causer," has awesome therapeutic properties. Scientists at the Scripps Research Center in San Diego reported that THC inhibits an enzyme implicated in the formation of beta-amyloid plaque, the hallmark of Alzheimer's-related dementia. The federal government recognizes single-molecule THC as an anti-nausea compound and appetite booster, deeming it a Schedule III drug, a category reserved for medicinal substances with little abuse potential. But whole plant marijuana, the only natural source of THC, continues to be classified as a dangerous Schedule I drug with no medical value.
2. **"THC is the bad cannabinoid. CBD is the good cannabinoid."** The drug warrior's strategic retreat: Give ground on CBD while continuing to demonize THC. Diehard marijuana prohibitionists are exploiting the good news about CBD to further stigmatize high-THC cannabis, casting tetrahydrocannabinol as the bad cannabinoid, whereas CBD is framed as the good cannabinoid. Why? Because CBD doesn't make you high like THC does. Project CBD categorically rejects this moralistic, reefer madness dichotomy in favor of whole plant cannabis therapeutics.
3. **"CBD is most effective without THC."** THC and CBD are the power couple of cannabis compounds—they work best together. Scientific studies have established that CBD and THC interact synergistically to enhance each other's therapeutic effects. British researchers have shown that **CBD potentiates THC's anti-inflammatory properties** in an animal model of colitis. Scientists at the California Pacific Medical Center in San Francisco determined that a combination of CBD and THC has a more potent anti-tumoral effect than either compound alone when tested on **brain cancer** and **breast cancer** cell lines. And extensive clinical research has demonstrated that CBD combined with THC is more beneficial for **neuropathic pain** than either compound as a single molecule.
4. **"Single-molecule pharmaceuticals are superior to 'crude' whole plant medicinals."** According to the federal government, specific components of the marijuana plant (THC, CBD) have medical value, but the plant itself does not have medical value. Uncle Sam's single-molecule blinders reflect a cultural and political bias that privileges Big Pharma products. Single-molecule medicine is the predominant corporate way, the FDA-approved way, but it's not the only way, and it's not necessarily the optimal way to benefit from cannabis therapeutics. Cannabis contains several hundred compounds, including various flavonoids, aromatic terpenes, and many minor cannabinoids in addition to THC and CBD. Each of these compounds has specific healing

attributes, but when combined they create what scientists refer to as a holistic "entourage effect," so that the therapeutic impact of the whole plant is greater than the sum of its single-molecule parts. The Food and Drug Administration, however, isn't in the business of approving plants as medicine.

5. **"Psychoactivity is inherently an adverse side effect."** According to politically correct drug war catechism, the marijuana high is an unwanted side effect. Big Pharma is keen on synthesizing medically active marijuana-like molecules that don't make people high—although it's not obvious why mild euphoric feelings are intrinsically negative for a sick person or a healthy person, for that matter. In ancient Greece, the word euphoria meant "having health," a state of well-being. The euphoric qualities of cannabis, far from being an unwholesome side effect, are deeply implicated in the therapeutic value of the plant. "We should be thinking of cannabis as a medicine first," said Dr. Tod Mikuriya, "that happens to have some psychoactive properties, as many medicines do, rather than as an intoxicant that happens to have a few therapeutic properties on the side."
6. **"CBD is legal in all 50 states."** Purveyors of imported, CBD-infused hemp oil claim it's legal to market their wares anywhere in the United States as long as the oil contains less than 0.3 percent THC. Actually, it's not so simple. Federal law prohibits U.S. farmers from growing hemp as a commercial crop, but the sale of imported, low-THC, industrial hemp products is permitted in the United States as long as these products are derived from the seed or stalk of the plant, not from the leaves and flowers. Here's the catch: Cannabidiol can't be pressed or extracted from hempseed. CBD can be extracted from the flower, leaves, and, only to a very minor extent, from the stalk of the hemp plant. Hemp oil start-ups lack credibility when they say their CBD comes from hempseed and stalk. Congress may soon vote to exempt industrial hemp and CBD from the definition of marijuana under the Controlled Substances Act. Such legislation would not be necessary if CBD derived from foreign-grown hemp was already legal throughout the United States.
7. **"'CBD-only' laws adequately serve the patient population."** Eleven U.S. state legislatures have passed "CBD only" (or, more accurately, "low THC") laws, and other states are poised to follow suit. Some states restrict the sources of CBD-rich products and specify the diseases for which CBD can be accessed; others do not. Ostensibly these laws allow the use of CBD-infused oil derived from hemp or cannabis that measures less than 0.3 percent THC. But a CBD-rich remedy with little THC doesn't work for everyone. Parents of epileptic children have found that adding some THC (or THCA, the raw unheated version of THC) helps with seizure control in many instances. For some epileptics, THC-dominant strains are more effective than CBD-rich products. The vast majority of patients are not well served by CBD-only laws. They need access to a broad spectrum of whole plant cannabis remedies, not just the low THC medicine. One size doesn't fit all with respect to cannabis therapeutics, and neither does one compound or one product or one strain.
8. **"CBD is CBD – It doesn't matter where it comes from."** Yes it does matter. The flower-tops and leaves of some industrial hemp strains may be a viable source of CBD (legal issues notwithstanding), but hemp is by no means an optimal source of cannabidiol. Industrial hemp typically contains far less cannabidiol than CBD-rich cannabis. Huge amounts of industrial hemp are required to extract a small amount of CBD, thereby raising the risk of toxic contaminants because hemp is a "bio-accumulator" that draws heavy metals from the soil. Single-molecule CBD synthesized in a lab or extracted and refined from industrial hemp lacks critical medicinal terpenes and secondary cannabinoids found in cannabis strains. These compounds interact with CBD and THC to enhance their therapeutic benefits.

Martin A Lee is the director of Project CBD and the author of Smoke Signals: A Social History of Marijuana—Medical, Recreational and Scientific.

Post comment

Interview With CBD Expert Jason David of Weed Wars

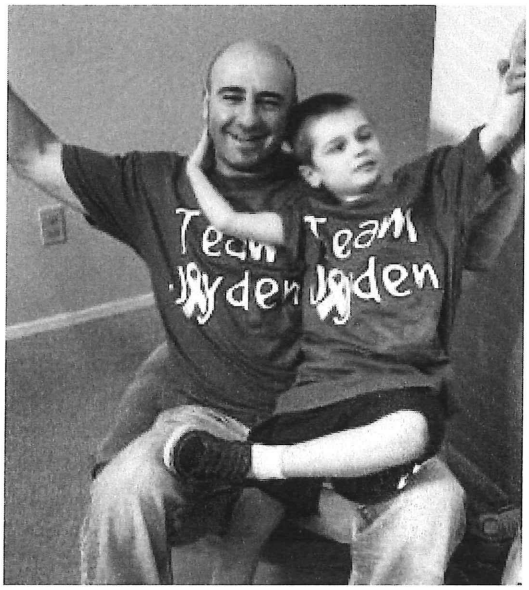
By: Mitchell ColbertNovember 19, 2014

For the next installment in my ongoing series on Charlotte's Web, I interviewed Jason David, a CBD expert and star of the Discovery Channel show Weed Wars, which profiled Harborside Health Center. Harborside and Steephill Labs, along with Fred Gardner of Project CBD, were instrumental in the rediscovery of CBD back in 2009/2010. Thanks to their testing and tracking down of CBD-rich mother plants, we now have Jamaican Lion, Harlequin, ACDC, and numerous other CBD-rich strains available across the country. Jason came to Harborside right after they completed their project to breed CBD back into cannabis and was able to reap the benefits for his son Jayden.

How is Jayden currently doing and what medicines is he currently taking?

Jason: He's my life. He is doing well thanks to being on the right medicine. Currently he is taking the Jayden's Juice MCT oil that Harborside sells, the stuff that is rich in CBD and CBG. He is also using THCa rich medicine. [Writers Note: Jayden's Juice contains a whopping 12.5mg of CBG and over 16mg of CBD per milliliter and four active terpenoids.] He doesn't need THC anymore but THC was crucial during the weaning process, without it Jayden would have died. The withdrawals from benzodiazepines is like a heroin withdrawal and the only thing that would get rid of the withdrawal symptoms was THC. One thing that needs to change is that, currently, I can get pharmaceuticals for

my child from a pharmacy on any street corner, but they will only make his seizures worse. I have to drive over two hours to get the medicine he needs to actually get better, for some parents it is even further. It's our God-given right to use this plant, there is no reason it should be this difficult.



Jason and Jayden

You mention that Jayden would not have survived the weaning process off of pharmaceuticals and onto natural cannabis medicine without THC, was there an ideal ratio or product you used?

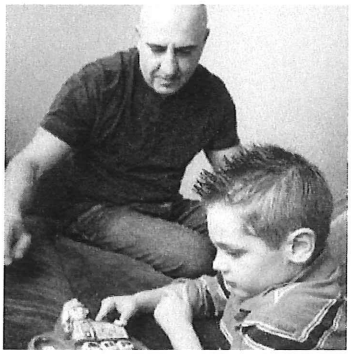
Jason: Definitely, there is no way to wean with just CBD, I tried it and it just made the withdrawal symptoms worse. [Writers Note: Cannabidiol inhibits CYP450 and related liver enzymes, which are needed process drugs as normal, without them toxicity builds up in the liver.] THC actually relaxes the stress on the brain from the benzodiazepine withdrawals Jayden was going through. The best product I found was the full extract cannabis oil that Harborside sells, the 1-1 ratio of CBD to THC. The CBD makes the psychoactive effects of the THC more mild. We experimented with different ratios. There is no one size fits all because we are all different, thankfully we found what worked for Jayden early on. It's all trial and error until you find the right ratio of cannabinoids; that is what I find great about Harborside, they have so many options to choose from you're bound to find something helpful.

Most parents who begin using CBD-rich cannabis to treat seizures find out about it through someone else, these days, more often than not that person is you. How did you first find out about CBD as a medicine? Do you feel that CBD alone is enough?

Jason: Jayden was dying, I didn't even know if he had a week left. I felt suicidal because the pharmaceuticals were making him crazy. I could tell that the pills were making him worse but I didn't know what to do. I heard on the news about a kid who got kicked out of highschool for smoking cannabis and I began doing some research on it. I found that the federal government had a patent on the use of cannabidiol for epilepsy, now I knew I had found something. At this point I went into Harborside to get my first CBD-rich cannabis for Jayden, you can watch Weed Wars to see more

about that. This was 2011, CBD was a totally new thing and no one was testing for ratios yet. Even without knowing the exact ratio, the cannabis I got for Jayden worked and he had his first day seizure free. It was amazing.

The first batch I got lasted four months and worked great. The next batch didn't work nearly as well. That was when we started paying attention to the CBD/THC ratio, this was when I got in touch with Dr. William Courtney. I found out that the first batch I was using had a 6-1 CBD/THC ratio, the second batch only had a 3-1 ratio which didn't seem to be enough to help Jayden. It was nine months after I started treating Jayden with CBD that Paige, Charlotte's mother, got in touch with me asking for help with Charlotte.



So Charlotte's parents first heard about CBD-rich medicine through you?

Jason: They contacted me and asked for help, specifically her mom Paige. Charlotte had been having three months of constant seizures and they were desperate for help but neither one of them had a cannabis recommendation. I got in touch with a dispensary in Colorado, but without a recommendation they would not help the Figi's. That dispensary did give me the phone number for someone who vended medicine to them. That vender didn't have any CBD-rich medicine but did have some THC-rich lollypops. I told Angel to get them one as soon as possible. Paige contacted me later and told me that, while not perfect, that THC-rich lollypop gave Charlotte her first day seizure free in weeks.

Have you ever tried Charlotte's Web for Jayden? How well did it work for him?

Jason: I did very briefly and Charlotte's Web made his seizures the worse they ever were, over fifteen seizures a day. I've talked to lots of parents, I have people contacting me every day from all over, and many others have had the same experience with their children. While it may work for some kids, Charlotte's Web doesn't work for everyone and it didn't work for Jayden. Some of these parents have told me they're given up on cannabis and going back to pharmaceuticals, others who made the move for Charlotte's Web are moving back home, disheartened because that one strain didn't work. There are a lot of other CBD-rich options out there, I know because I have been using them for years. I also know that a lot of these parents, just like me and Jayden, have been using THC and THCa-rich medicine as well as CBD, they just aren't talking about it. You need different cannabinoids for different things and at different phases in the weaning and healing process.

What are your thoughts about the proposed Charlotte's Web Act of 2014, the federal CBD and "therapeutic hemp" legalization bill?

Jason: Cannabis legalization has never been about just one component, one strain, or one method. There are thousands of methods, over a hundred cannabinoids, and countless strains. This bill isn't even going to help 1% of patients out there. A lot of people just believe what they see and hear on TV rather than doing their own research. Unfortunately, what people see on TV isn't telling the whole truth about cannabis. This bill is like if you have over a hundred different pharmaceuticals you can use for epilepsy but you're being told you can only use one and if it doesn't work then you're screwed. Why should we limit it to just one cannabinoid or just one strain? It isn't just children with seizures, we have tons of veterans coming back home with Post Traumatic Stress who are using THC-rich cannabis to get off their pills. Cancer and HIV/AIDs patients both need THC-rich medicine for relief of nausea. Just like CBD, THC also controls the growth and spread of tumors. THC has been shown to help glaucoma, fibromyalgia, depression, wasting syndrome, and countless other conditions.

People talk about getting 'high' on pot, what are your thoughts on this and what terminology do you prefer?

Jason: Using the word high, talking about getting high on pot, is a scare tactic that is used to keep cannabis illegal and obscure the truth about THC. Parents call me all the time asking about weaning their children onto cannabis but they're afraid of THC because it will make their child high. I tell them that their children are already high on the pharmaceuticals, they would be less high and much better off using cannabis, even THC-rich cannabis. Most people say they get medicated on pharmaceuticals, but really they are getting high, in reality cannabis is what gets you medicated. Most people have it backwards. I prefer to talk about using natural medicine.

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 926
INTRODUCER:	Health Policy Committee and Senator Sobel
SUBJECT:	Underwater Pool Lighting Safety
DATE:	March 31, 2015 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Lloyd	Stovall	HP	**Fav/CS**
2.			CA	
3.			FP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 926 creates the Calder Sloan Swimming Pool Electrical-Safety Task Force within the Florida Building Commission. The task force will make recommendations to the Governor, the President of the Senate, and the Speaker of the House of Representatives for statutory revisions relating to grounding, bonding, lighting, wiring, and all electrical aspects for safety in and around public and private pools.

The 10-member task force's report is due by October 1, 2015, and the task force will dissolve on December 31, 2015.

The act is effective July 1, 2015.

II. Present Situation:

The Department of Health (department) is responsible for the oversight and regulation of water quality and safety of certain swimming pools in Florida under ch. 514, F.S. Inspections and permitting for swimming pools are conducted by the county health departments. Sanitation and safety standards for public pools have been adopted by rule under Chapter 64E-9 of the Florida Administrative Code.

Current construction rules for public pools require that written approval must be received from the department before construction can begin.[1] Plans are required that show the pool layout, tile markings, size of the pool ladder, gutter heights and if night swimming is permitted, an engineer in Florida must provide certification that the underwater lighting meets the requirements of Rule 64E-9.006(2)(c)3 of the Florida Administrative Code, which sets the maximum lighting at 15 volts. The rule also permits all underwater lighting requirements to be waived if overhead lighting provides at least 15 foot candles of illumination at the pool water surface and wet pool deck.[2]

Electrical equipment and wiring must meet national standards relating to the grounding of pool components. The standards that are incorporated into the rule as those of the National Fire Protection Association 70, National Electrical Code (NEC), 2008 Edition, and with any applicable local code. Finally, as part of the plan approval, the electrical contractor or electrical inspector must certify as to a pool's compliance, on the form designated by the department.[3]

The United States Consumer Product Union issued a Safety Alert in August 2012 recommending the installation of ground-fault circuit interrupter (GFCI) protections for pools, spas, and hot tubs for protection against electrocution hazards involving electrical circuits and underwater lighting circuits in and around pools, spas, and hot tubs.[4]

The Safety Alert noted that pools older 30 years may not have the proper GFCI protection as the NEC provisions for spas only became effective in 1981. Underwater pool lighting electrical incidents happened more frequently than any other consumer product used in or around pools, spas, or hot tubs.

Several news stories in South Florida in the past year have also highlighted the issue. Three children were shocked in a Hialeah condominium community pool in April 2014. The building inspector's report found that the pool pump was not properly grounded.[5] During the same month in North Miami, a 7 year old boy, Calder Sloan, was electrocuted in his family's North Miami swimming from faulty wiring.[6]

III. Effect of Proposed Changes:

The Calder Sloan Swimming Pool Electrical-Safety Task is created within the Florida Building Commission (commission) as an undesignated section of law. The task force is required to provide a report to the Governor, the President of the Senate, and the Speaker of the House of

[1] Rule 64E-9.005, F.A.C.
[2] Rule 64E-9.006(2)(c)3, F.AC.
[3] Rule 64E-9.006(2)(d), F.A.C.
[4] U.S. Product Safety Commission, *Safety Alert, CPSC Document #5059* (August 14, 2012) *available at* http://www.cpsc.gov//PageFiles/118868/5039.pdf (last visited: March 19, 2015).
[5] Roger Lohse, *Shoddy Electrical Work Lead to 3 Kids' Injuries at a Pool in Hialeah, Policy Say,* LOCAL 10.COM, May 8, 2014 *available at* http://www.local10.com/news/police-photos-show-shoddy-electrical-work-at-pool-that-caused-three-kids-to-be-shocked/25861796. (last visited Mar. 19, 2015).
[6] Roger Lohse, *South Fla. Boy Electrocuted by Pool Light While Swimming*, LOCAL10.COM, April 17, 2014, *available at* http://www.local10.com/news/south-fla-boy-electrocuted-by-pool-light-while-swimming/25538944 (last visited Mar. 19, 2015).

Representatives by October 1, 2015, with statutory recommendations relating to grounding, bonding, lighting, and all electrical aspects for safety in and around public and private pools.

The bill provides for a 10-member task force which includes the chair of the commission or his or her designee, the State Surgeon General or his or her designee, and the following eight other members appointed by the commission chair:

- An electrical contractor certified to do business in this state and actively engaged in the profession, who has experience with swimming pools;
- A general contractor certified to do business in this state and actively engaged in the profession, who has experience with swimming pools;
- A swimming pool contractor licensed to do business in this state and actively engaged in the profession;
- An electric utility provider doing business in this state;
- A county building code inspector;
- A licensed real estate broker;
- An owner of a public swimming pool as defined in s. 514.011, F.S.; and
- An owner of a private swimming pool as defined in s. 514.011, F.S.

The task force members will elect the chair. Staff, information and other assistance that is reasonably necessary for the task force to perform its responsibilities shall be provided by the commission. No compensation is provided to task force members; however, members may receive reimbursement under s. 112.061, F.S., for travel and other necessary expenses incurred as part of their official duties.

CS/SB 926 directs the task force to meet as often as necessary to fulfill its responsibilities and permits meetings via conference call, teleconference or similar technology.

The task force will expire on December 31, 2015.

The act is effective July 1, 2015.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Members of the private sector may participate on the task force and provide input on the recommendations for statutory changes pertaining to grounding, bonding, lighting, wiring, and any other electrical aspect relating to safety in and around public and private pools. Final action on any recommendations would be the decision of the Legislature.

C. Government Sector Impact:

Members of the public sector may participate on the task force and provide input on the recommendations for statutory changes pertaining to grounding, bonding, lighting, wiring, and any other electrical aspect relating to safety in and around public and private pools. Final action on any recommendations would be the decision of the Legislature.

The bill may also cause an indeterminate negative fiscal impact on the Florida Building Commission due to the creation of the Calder Sloan Swimming Pool Electrical-Safety Task Force and the requirement that the commission support and assist the task force.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates an undesignated section 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.)

CS by Health Policy - March 31, 2015:
The committee substitute:

- Deletes the requirement for the Department of Health to conduct underwater electrical lighting inspections on all public pools every 5 years;
- Deletes the requirement for certain disclosures to residential real estate buyers of homes with a pool be provided an underwater pool lighting summary prior to execution of a sale contract;

- Deletes modifications to the Florida Building Code to require updated installation standards in new or existing residential or public swimming pools; and
- Creates the Calder Sloan Swimming Pool Electrical-Safety Task Force to study and recommend proposed statutory revisions concerning standards pertaining to grounding, bonding, lighting, wiring and all electrical aspects for safety in and around public and private swimming pools.

B. Amendments:

None.

146462

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/31/2015	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Delete everything after the enacting clause and insert:

Section 1. Calder Sloan Swimming Pool Electrical-Safety Task Force.—There is established within the Florida Building Commission a Calder Sloan Swimming Pool Electrical-Safety Task Force, which is a task force as defined in s. 20.03, Florida Statutes.

(1) The primary purpose of the task force is to study and

146462

report to the Governor, the President of the Senate, and the Speaker of the House of Representatives on recommended revisions to the Florida Statutes concerning standards pertaining to grounding, bonding, lighting, wiring, and all electrical aspects for safety in and around public and private swimming pools. The task force report is due by October 1, 2015.

(2) The task force shall consist of 10 members, including the chair of the Florida Building Commission or her or his designee, the State Surgeon General or her or his designee, and 8 members who are appointed by the chair of the Florida Building Commission. Each appointed member must be or represent one of the following:

(a) An electrical contractor certified to do business in this state and actively engaged in the profession, who has experience with swimming pools.

(b) A general contractor certified to do business in this state and actively engaged in the profession, who has experience with swimming pools.

(c) A swimming pool contractor licensed to do business in this state and actively engaged in the profession.

(d) An electric utility provider doing business in this state.

(e) A county building code inspector.

(f) A licensed real estate broker.

(g) An owner of a public swimming pool as defined in s. 514.011, F.S.

(h) An owner of a private swimming pool as defined in s. 514.011, F.S.

(3) The members of the task force shall elect the chair.

146462

(4) The Florida Building Commission shall provide such staff, information, and other assistance as is reasonably necessary to assist the task force in carrying out its responsibilities.

(5) Members of the task force shall serve without compensation, but may receive reimbursement as provided in s. 112.061, Florida Statutes, for travel and other necessary expenses incurred in the performance of their official duties.

(6) The task force shall meet as often as necessary to fulfill its responsibilities and meetings may be conducted by conference call, teleconferencing, or similar technology.

(7) This section expires December 31, 2015.

Section 2. This act shall take effect July 1, 2015.

========== 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 the Calder Sloan Swimming Pool Electrical-Safety Task Force; creating the Calder Sloan Swimming Pool Electrical-Safety Task Force within the Florida Building Commission; specifying the purpose of the task force; providing for membership; requiring members of the task force to elect the chair; requiring the Florida Building Commission to provide staff, information, and other assistance to the task force; authorizing the reimbursement of task

146462

force members for certain expenses; requiring a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives by a specified date; providing for future repeal of the task force; providing an effective date.

By Senator Sobel

33-00576A-15 2015926__

A bill to be entitled

An act relating to underwater pool lighting safety; amending s. 514.0115, F.S.; providing that underwater lighting inspections are not exempt from supervision or regulation; amending s. 514.025, F.S.; requiring county health departments to inspect underwater lighting in public pools; amending ss. 515.21, 515.33, and 515.35, F.S.; conforming provisions to changes made by the act; creating s. 515.51, F.S.; providing a short title; creating s. 515.52, F.S.; providing legislative findings and intent; creating s. 515.53, F.S.; requiring the seller to provide a disclosure summary to a prospective purchaser upon sale of certain residential property of the dangers associated with underwater lighting in swimming pools; amending s. 553.73, F.S.; requiring the Florida Building Code to contain underwater lighting standards for residential and public swimming pools; creating s. 553.881, F.S.; requiring the Florida Building Code to prohibit the installation of or replacement with underwater lights of greater than a specified voltage in new or existing residential or public swimming pools; providing an effective date.

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

Section 1. Subsections (1), (2), and (4) of section 514.0115, Florida Statutes, are amended to read:

514.0115 Exemptions from supervision or regulation;

variances.—

(1) Private pools and water therapy facilities connected with facilities connected with hospitals, medical doctors' offices, and licensed physical therapy establishments are ~~shall be~~ exempt from supervision under this chapter, except for underwater electrical lighting inspections.

(2)(a) Pools serving no more than 32 condominium or cooperative units which are not operated as a public lodging establishment are ~~shall be~~ exempt from supervision under this chapter, except for water quality and underwater electrical lighting inspections.

(b) Pools serving condominium or cooperative associations of more than 32 units and whose recorded documents prohibit the rental or sublease of the units for periods of less than 60 days are exempt from supervision under this chapter, except that the condominium or cooperative owner or association must file applications with the department and obtain construction plans approval and receive an initial operating permit. The department shall inspect the swimming pools at such places annually, at the fee set forth in s. 514.033(3), or upon request by a unit owner, to determine compliance with department rules relating to water quality and lifesaving equipment. However, such pools are subject to underwater electrical lighting inspections. The department may not require compliance with rules relating to swimming pool lifeguard standards.

(4) Any pool serving a residential child care agency registered and exempt from licensure pursuant to s. 409.176 is ~~shall be~~ exempt from supervision or regulation under this chapter related to construction standards if the pool is used

exclusively by the facility's residents and if admission may not be gained by the public. However, such pool is subject to underwater electrical lighting inspections.

Section 2. Present subsection (3) of section 514.025, Florida Statutes, is redesignated as subsection (4), and a new subsection (3) is added to that section, to read:

514.025 Assignment of authority to county health departments.—

(3) County health departments shall inspect each public pool every 5 years to ensure the safety of electrical underwater lighting, including voltage, grounding, and wiring.

Section 3. Section 515.21, Florida Statutes, is amended to read:

515.21 Short title.—Sections 515.21-515.37 ~~This chapter~~ may be cited as the "Preston de Ibern/McKenzie Merriam Residential Swimming Pool Safety Act."

Section 4. Section 515.33, Florida Statutes, is amended to read:

515.33 Information required to be furnished to buyers.—A licensed pool contractor, on entering into an agreement with a buyer to build a residential swimming pool, or a licensed home builder or developer, on entering into an agreement with a buyer to build a house that includes a residential swimming pool, must give the buyer a document containing the requirements of ss. 515.27-515.31 ~~this chapter~~ and a copy of the publication produced by the department under s. 515.31 that provides information on drowning prevention and the responsibilities of pool ownership.

Section 5. Section 515.35, Florida Statutes, is amended to

read:

515.35 Rulemaking authority.—The department shall adopt rules pursuant to the Administrative Procedure Act establishing the fees required to attend drowning prevention education programs and setting forth the information required under ss. 515.27-515.33 ~~this chapter~~ to be provided by licensed pool contractors and licensed home builders or developers.

Section 6. Section 515.51, Florida Statutes, is created to read:

515.51 Short title.—Sections 515.51-515.53 may be cited as the "Calder Sloan Swim in Safety Act."

Section 7. Section 515.52, Florida Statutes, is created to read:

515.52 Legislative findings and intent.—The Legislature recognizes that this state has the second highest number of residential swimming pools per capita in the United States. The Legislature further recognizes that, according to the United States Consumer Product Safety Commission, electrical incidents involving underwater pool lighting are more numerous than those involving any other consumer product used in or around pools. The Legislature finds that serious bodily injury and death by electrocution can occur when underwater lighting in residential pools is faulty. Therefore, it is the intent of the Legislature that owners of residential swimming pools be adequately informed about the potential dangers associated with underwater lighting.

Section 8. Section 515.53, Florida Statutes, is created to read:

515.53 Notification on real estate documents.— Before a prospective purchaser executes the contract for sale and

purchase of a residential property having a pool, the seller must present him or her with a disclosure summary in substantially the following form:

UNDERWATER POOL LIGHTING

Faulty underwater pool lighting has caused and can cause grave bodily injury or death. In particular, pools may have 120 volts of electricity going to their lights, may not be sufficiently grounded, or may have faulty wiring. Newer pools may need to be inspected to ensure proper voltage, wiring, and grounding. Additional information regarding underwater pool lighting may be obtained from your county health department or licensed electrician.

If the disclosure summary is not included in the contract for sale and purchase, the seller must attach a separate disclosure summary to the contract.

Section 9. Subsection (2) of section 553.73, Florida Statutes, is amended to read:

553.73 Florida Building Code.—

(2) The Florida Building Code must ~~shall~~ contain provisions or requirements for public and private buildings, structures, and facilities relative to structural, mechanical, electrical, plumbing, energy, and gas systems, existing buildings, historical buildings, manufactured buildings, elevators, coastal construction, lodging facilities, food sales and food service facilities, health care facilities, including assisted living facilities, adult day care facilities, hospice residential and inpatient facilities and units, and facilities for the control of radiation hazards, public or private educational facilities,

swimming pools, and correctional facilities and enforcement of and compliance with such provisions or requirements. The Florida Building Code must contain installation standards for underwater electrical lighting in residential and public swimming pools as defined in s. 515.25. Further, the Florida Building Code must provide for uniform implementation of ss. 515.25, 515.27, and 515.29 by including standards and criteria for residential swimming pool barriers, pool covers, latching devices, door and window exit alarms, and other equipment required therein, which are consistent with the intent of s. 515.23. Technical provisions to be contained within the Florida Building Code are restricted to requirements related to the types of materials used and construction methods and standards employed in order to meet criteria specified in the Florida Building Code. Provisions relating to the personnel, supervision or training of personnel, or any other professional qualification requirements relating to contractors or their workforce may not be included within the Florida Building Code, and subsections (4), (6), (7), (8), and (9) are not to be construed to allow the inclusion of such provisions within the Florida Building Code by amendment. This restriction applies to both initial development and amendment of the Florida Building Code.

Section 10. Section 553.881, Florida Statutes, is created to read:

553.881 Underwater swimming pool lighting.—The Florida Building Code must prohibit the installation of or replacement with underwater electrical lights of greater than 15 volts in new or existing residential or public swimming pools.

Section 11. This act shall take effect July 1, 2015.

GEORGIADES.CELIA

From: GRAHAM.NICOLE
Sent: Wednesday, March 04, 2015 5:17 PM
To: BEAN.AARON
Cc: STOVALL.SANDRA; GEORGIADES.CELIA
Subject: Health Policy Agenda Request SB 926 Underwater Pool Lighting Safety

March 4, 2015

Senator Aaron Bean, Chair
Health Policy
302 Senate Office Building
404 South Monroe Street
Tallahassee, Florida 32399

Dear Chair Bean:

This letter is to request that **SB 926 "Underwater Pool Lighting Safety"** be placed on the agenda of the next scheduled meeting of the committee.

SB 926 is in memory of seven-year-old Calder Sloan, who was violently electrocuted while swimming in his family's pool. SB 926 aims to increase pool safety and awareness of the electrical dangers by requiring inspections, sale disclosures and setting the maximum underwater pool light voltage at 15 volts.

Thank you for your consideration of this request.

Respectfully,

Eleanor Sobel
State Senator, 33rd District

Cc: Sandra Stovall, Staff Director, Celia Georgiades, Committee Administrative Assistant

Nicole Graham, Esq.
Legislative Aide
Senator Eleanor Sobel
District Office- 954-924-3693
Capital Office- 850-487-5033
Graham.Nicole@flsenate.gov

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

SB 924
Bill Number (if applicable)

Topic Underwater Pool Lighting

146462
Amendment Barcode (if applicable)

Name Jennifer Hatfield

Job Title

Address 729 Ocean Inlet Dr.
Street

Phone 941-345-3263

Boynton Beach FL 33435
City *State* *Zip*

Email jen@jhatfieldandassociates.com

Speaking: ☑ For ☐ Against ☐ Information

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

Representing FL Swimming Pool Assoc.

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

SB 926
Bill Number (if applicable)

14 04 02
Amendment Barcode (if applicable)

Topic Underwater Pool Lighting Safety

Name Bruce Kershner

Job Title

Address 231 West Bay Ave
Street

Longwood FL 32750
City *State* *Zip*

Phone 407 830 1882

Email RBKershner@att.net

Speaking: ☐ For ☐ Against ☐ Information

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

Representing United Pool & Spa Assn

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/2015
Meeting Date

Topic _____ Bill Number 926 *(if applicable)*

Name BRIAN PITTS Amendment Barcode _____ *(if applicable)*

Job Title TRUSTEE

Address 1119 NEWTON AVNUE SOUTH Phone 727-897-9291
Street

SAINT PETERSBURG FLORIDA 33705 E-mail JUSTICE2JESUS@YAHOO.COM
City *State* *Zip*

Speaking: ☐ For ☐ Against ☑ Information

Representing JUSTICE-2-JESUS

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

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

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

S-001 (10/20/11)

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 724
INTRODUCER:	Senators Flores and Gaetz
SUBJECT:	Termination of Pregnancies
DATE:	March 25, 2015
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Stovall	HP	**Favorable**
2.			JU	
3.			FP	

I. Summary:

SB 724 amends s. 390.0111, F.S., to require that the information currently required to be presented by a physician to a pregnant woman in order to obtain informed consent[1] from the pregnant woman before performing an abortion must be presented while in the same room as the woman and at least 24 hours before the procedure.

The provisions in the bill take effect on July 1, 2015.

II. Present Situation:

Abortion in Florida

Under Florida law, abortion is defined as the termination of a human pregnancy with an intention other than to produce a live birth or to remove a dead fetus.[2] A termination of pregnancy must be performed by a physician[3] licensed under ch. 458, F.S., or ch. 459, F.S., or a physician practicing medicine or osteopathic medicine in the employment of the United States.[4]

A termination of pregnancy may not be performed in the third trimester or if a physician determines that the fetus has achieved viability unless there is a medical necessity. Florida law defines the third trimester to mean the weeks of pregnancy after the 24th week and defines viability to mean the state of fetal development when the life of a fetus is sustainable outside the

[1] The physician must inform the woman of the nature and risks of undergoing or not undergoing the proposed procedure that a reasonable patient would consider material to making a knowing and willful decision of whether to terminate a pregnancy and the probable gestational age of the fetus, verified by an ultrasound, at the time the termination of pregnancy is to be performed.
[2] Section 390.011(1), F.S.
[3] Section 390.0111(2), F.S.
[4] Section 390.011(8), F.S.

womb through standard medical measures.[5] Specifically, an abortion may not be performed after viability or within the third trimester unless two physicians certify in writing that, to a reasonable degree of medical probability, the termination of pregnancy is necessary to save the life or avert a serious risk of substantial irreversible physical impairment of a major bodily function of the pregnant woman other than a psychological condition. If a second physician is not available, one physician may certify in writing to the medical necessity for legitimate emergency medical procedures for termination of the pregnancy.[6]

Sections 390.0111(4) and 390.01112(3), F.S., provide that if a termination of pregnancy is performed during the third trimester or after viability, the person who performs or induces the termination of pregnancy must use that degree of professional skill, care, and diligence to preserve the life and health of the fetus, which such person would be required to exercise in order to preserve the life and health of any fetus intended to be born and not aborted. However, the woman's life and health constitute an overriding and superior consideration to the concern for the life and health of the fetus when such concerns are in conflict. Such a termination of pregnancy must be performed in a hospital.[7]

Case Law on Abortion

Federal Case Law

In 1973, the U.S. Supreme Court issued the landmark *Roe v. Wade* decision.[8] Using strict scrutiny, the court determined that a woman's right to terminate a pregnancy is part of a fundamental right to privacy guaranteed under the Due Process Clause of the Fourteenth Amendment of the U.S. Constitution.[9] Further, the court reasoned that state regulation limiting the exercise of this right must be justified by a compelling state interest, and must be narrowly drawn.[10]

In 1992, in *Planned Parenthood of Southeastern Pennsylvania v. Casey*, the U.S. Supreme Court relaxed the standard of review in abortion cases involving adult women from strict scrutiny to unduly burdensome, while still recognizing that the right to an abortion emanates from the constitutional penumbra of privacy rights.[11] In *Planned Parenthood*, the Court determined that, prior to fetal viability, a woman has the right to an abortion without being unduly burdened by government interference.[12] The Court concluded that the state may regulate the abortion as long as the regulation does not impose an undue burden on a woman's decision to choose an abortion.[13] If the purpose of a provision of law is to place substantial obstacles in the path of a woman seeking an abortion before viability, it is invalid; however, after viability the state may

[5] Sections 390.011(11) and (12), F.S.
[6] Sections 390.0111(1) and 390.01112(1), F.S.
[7] Sections 797.03(3), F.S.
[8] 410 U.S. 113 (1973).
[9] *Id.*
[10] *Id.*
[11] 505 U.S. 833, 876-79 (1992).
[12] *Id.*
[13] *Id*.

restrict abortions if the law contains exceptions for pregnancies endangering a woman's life or health.[14]

Florida Case Law

Article I, section 23 of the State Constitution provides an express right to privacy. The Florida Supreme Court has recognized that this constitutional right to privacy "is clearly implicated in a woman's decision whether or not to continue her pregnancy."[15] The Florida Supreme Court held in *In re T.W.*,[16] and later reaffirmed in *North Florida Women's Health and Counseling Services, Inc. v. State of Florida*,[17] that the undue burden standard expressed in *Planned Parenthood v. Casey* does not apply in Florida. The Florida Supreme Court determined that, as the privacy right is a fundamental right in Florida, any restrictions on privacy warrant a strict scrutiny review, rather than that of an undue burden.[18]

The Women's Right to Know Act

The Women's Right to Know Act (act) was enacted by the Florida Legislature in 1997.[19] The act required the voluntary and informed written consent of the pregnant woman prior to a termination of pregnancy being performed. The act also specified that consent was only voluntary and informed if the physician informed the woman, in person, of the nature and risks of undergoing the abortion or carrying the pregnancy to term and the probable gestational age of the fetus. In 2011, the Florida Legislature passed ch. 2011-224, L.O.F., which added the requirement that the gestational age of the fetus be verified by an ultrasound and that the pregnant woman must be offered the opportunity to view the live ultrasound images and hear an explanation of them.

Litigation of the Woman's Right to Know Act

Shortly after the enactment of the act, its validity was challenged under the Florida and federal constitutions. The plaintiff physicians and clinics successfully enjoined the enforcement of the act pending the outcome of the litigation, and the injunction was upheld on appeal.[20] Thereafter, the plaintiffs were successful in obtaining a summary judgment against the State on the grounds that the act violated the right to privacy under article I, section 23 of the Florida Constitution and was unconstitutionally vague under the federal and state constitutions. This decision was also upheld on appeal.[21] The State appealed this decision to the Florida Supreme Court.[22]

The Florida Supreme Court addressed two issues raised by the plaintiffs. With regard to whether the act violated a woman's right to privacy, the Court determined that the information required to be provided to women in order to obtain informed consent was comparable to those informed

---

[14] *Id.*
[15] *See In re T.W.*, 551 So. 2d 1186, 1192 (Fla. 1989) (holding that a parental consent statute was unconstitutional because it intrudes on a minor's right to privacy).
[16] 551 So. 2d 1186, 1192 (Fla. 1989).
[17] *North Florida Women's Health and Counseling Services, Inc., et al., v. State of Florida*, 866 So. 2d 612 (Fla. 2003)
[18] Id.
[19] Ch. 97-151, L.O.F.
[20] *Florida v. Presidential Women's Center*, 707 So. 2d 1145 (Fla. 4th Dist. Ct. App. 1998).
[21] *Florida v. Presidential Women's Center*, 884 So. 2d 526 (Fla. 4th Dist. Ct. App. 2004).
[22] *Florida v. Presidential Women's Center*, 937 So. 2d 114 (Fla. 2006).

consent requirements established in common law and by Florida statutory law[23] applicable to other medical procedures.[24] Accordingly, the Court determined that the act was not an unconstitutional violation of a woman's right to privacy.[25]

Second, the Supreme Court addressed the allegation that the term "reasonable patient," and the act's reference to information about "risks" were unconstitutionally vague. The plaintiffs argued it was unclear whether the act requires patients to receive information about "non-medical" risks, such as social, economic or other risks.[26] The Court rejected these arguments and held that "…the act constitutes a neutral informed consent statute that is comparable to the common law and to informed consent statutes implementing the common law that exist for other types of medical procedures..."[27]

Counseling and Waiting Periods for Abortions in Other States

Currently, 26 states require a waiting period between abortion counselling and the actual abortion taking place. Most states' waiting periods are 24 hours but Alabama's waiting period is 48 hours and Missouri's, South Dakota's, and Utah's waiting period is 72 hours. Of the states with waiting periods, 11 require pre-abortion counselling to be provided in person which necessitates two separate trips to the facility before an abortion can be performed.[28] Under the undue burden standard adopted by the United States Supreme Court in *Planned Parenthood*, while "24–hour waiting period[s] may make some abortions more expensive and less convenient, it cannot be said that [they are] invalid…"[29]

III. Effect of Proposed Changes:

SB 724 amends s. 390.0111, F.S., to require that a physician inform his or her pregnant patient who is planning on having an abortion of the nature and risks of undergoing or not undergoing the proposed procedure and the probable gestational age of the fetus, verified by an ultrasound, at the time the termination of pregnancy is to be performed while in the same room as the woman and at least 24 hours before the procedure. The physician who is required to provide this information is the referring physician or the one who is to perform the abortion. Because of the 24-hour waiting period, a pregnant woman will need to make two trips to obtain an abortion.

The bill also republishes s. 390.012, F.S., for the purpose of incorporating the amendment made to s. 390.0111, F.S.

---

[23] *Presidential Women's Center*, 937 So. 2d at 117-118. Section 766.103, F.S., is a general informed consent law for the medical profession, which requires that a patient receive information that would provide a "a reasonable individual" with a general understanding of the procedure he or she will undergo, medically acceptable alternative procedures or treatments, and the substantial potential risks or hazards associated with the procedure. The court also refers to s. 458.324, F.S. (informed consent for patients who may be in high risk of developing breast cancer); s. 458.325, F.S. (informed consent for patients receiving electroconvulsive and psychosurgical procedures); and s. 945.48, F.S. (express and informed consent requirements for inmates receiving psychiatric treatment).
[24] *Id.*
[25] *Presidential Women's Center*, 937 So. 2d at 118, 120.
[26] *Presidential Women's Center*, 937 So. 2d at 118-119.
[27] *Id.* at 120.
[28] Counseling and Waiting Periods for Abortion, Guttmacher Institute, March 1, 2015, available at http://www.guttmacher.org/statecenter/spibs/spib_MWPA.pdf, (Last visited on March 26, 2015).
[29] Supra note 11, at 838.

The provisions in the bill take effect on July 1, 2015.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. Other Constitutional Issues:

If SB 724 becomes law and is challenged, it is uncertain how a Florida court would rule because the provisions in the bill will likely be subject to a strict scrutiny review rather than that of an undue burden test (see *Florida Case Law* above).

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends section 390.0111 of the Florida Statutes.

The bill republishes s. 390.012, F.S., for the purpose of incorporating the amendment made to s. 390.0111, F.S.

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.

231828

LEGISLATIVE ACTION

Senate	.	House
Comm: UNFAV	.	
03/31/2015	.	
	.	
	.	
	.	

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

Senate Amendment

Delete lines 22 - 34
and insert:
(a) Except in the case of a medical emergency, consent to a termination of pregnancy is voluntary and informed only if:
1. The physician who is to perform the procedure, or the referring physician, has, at a minimum, orally or electronically, ~~in person,~~ informed the woman of:
a. The nature and risks of undergoing or not undergoing the

231828

proposed procedure that a reasonable patient would consider material to making a knowing and willful decision of whether to terminate a pregnancy, at least 24 hours before the procedure.

b. The probable gestational age of the fetus, verified by an ultrasound, at the time the termination of pregnancy is to be performed.

By Senator Flores

37-00574A-15 2015724__

A bill to be entitled

An act relating to termination of pregnancies; amending s. 390.0111, F.S.; revising conditions for the voluntary and informed consent to a termination of pregnancy; reenacting s. 390.012(3)(d), F.S., relating to Agency for Health Care Administration rules regarding medical screening and evaluation of abortion clinic patients, to incorporate the amendment made by this act to s. 390.0111, F.S., in a reference thereto; providing an effective date.

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

Section 1. Paragraph (a) of subsection (3) of section 390.0111, Florida Statutes, is amended to read:

390.0111 Termination of pregnancies.—

(3) CONSENTS REQUIRED.—A termination of pregnancy may not be performed or induced except with the voluntary and informed written consent of the pregnant woman or, in the case of a mental incompetent, the voluntary and informed written consent of her court-appointed guardian.

(a) Except in the case of a medical emergency, consent to a termination of pregnancy is voluntary and informed only if:

1. The physician who is to perform the procedure, or the referring physician, has, at a minimum, orally, <u>while physically present in the same room, and at least 24 hours before the procedure</u> ~~in person~~, informed the woman of:

a. The nature and risks of undergoing or not undergoing the proposed procedure that a reasonable patient would consider

material to making a knowing and willful decision of whether to terminate a pregnancy.

b. The probable gestational age of the fetus, verified by an ultrasound, at the time the termination of pregnancy is to be performed.

(I) The ultrasound must be performed by the physician who is to perform the abortion or by a person having documented evidence that he or she has completed a course in the operation of ultrasound equipment as prescribed by rule and who is working in conjunction with the physician.

(II) The person performing the ultrasound must offer the woman the opportunity to view the live ultrasound images and hear an explanation of them. If the woman accepts the opportunity to view the images and hear the explanation, a physician or a registered nurse, licensed practical nurse, advanced registered nurse practitioner, or physician assistant working in conjunction with the physician must contemporaneously review and explain the images to the woman before the woman gives informed consent to having an abortion procedure performed.

(III) The woman has a right to decline to view and hear the explanation of the live ultrasound images after she is informed of her right and offered an opportunity to view the images and hear the explanation. If the woman declines, the woman shall complete a form acknowledging that she was offered an opportunity to view and hear the explanation of the images but that she declined that opportunity. The form must also indicate that the woman’s decision was not based on any undue influence from any person to discourage her from viewing the images or

hearing the explanation and that she declined of her own free will.

(IV) Unless requested by the woman, the person performing the ultrasound may not offer the opportunity to view the images and hear the explanation and the explanation may not be given if, at the time the woman schedules or arrives for her appointment to obtain an abortion, a copy of a restraining order, police report, medical record, or other court order or documentation is presented which provides evidence that the woman is obtaining the abortion because the woman is a victim of rape, incest, domestic violence, or human trafficking or that the woman has been diagnosed as having a condition that, on the basis of a physician's good faith clinical judgment, would create a serious risk of substantial and irreversible impairment of a major bodily function if the woman delayed terminating her pregnancy.

c. The medical risks to the woman and fetus of carrying the pregnancy to term.

2. Printed materials prepared and provided by the department have been provided to the pregnant woman, if she chooses to view these materials, including:

a. A description of the fetus, including a description of the various stages of development.

b. A list of entities that offer alternatives to terminating the pregnancy.

c. Detailed information on the availability of medical assistance benefits for prenatal care, childbirth, and neonatal care.

3. The woman acknowledges in writing, before the

termination of pregnancy, that the information required to be provided under this subsection has been provided.

Nothing in this paragraph is intended to prohibit a physician from providing any additional information which the physician deems material to the woman's informed decision to terminate her pregnancy.

Section 2. For the purpose of incorporating the amendment made by this act to section 390.0111, Florida Statutes, in a reference thereto, paragraph (d) of subsection (3) of section 390.012, Florida Statutes, is reenacted to read:

390.012 Powers of agency; rules; disposal of fetal remains.—

(3) For clinics that perform or claim to perform abortions after the first trimester of pregnancy, the agency shall adopt rules pursuant to ss. 120.536(1) and 120.54 to implement the provisions of this chapter, including the following:

(d) Rules relating to the medical screening and evaluation of each abortion clinic patient. At a minimum, these rules shall require:

1. A medical history including reported allergies to medications, antiseptic solutions, or latex; past surgeries; and an obstetric and gynecological history.

2. A physical examination, including a bimanual examination estimating uterine size and palpation of the adnexa.

3. The appropriate laboratory tests, including:

a. Urine or blood tests for pregnancy performed before the abortion procedure.

b. A test for anemia.

c. Rh typing, unless reliable written documentation of blood type is available.

d. Other tests as indicated from the physical examination.

4. An ultrasound evaluation for all patients. The rules shall require that if a person who is not a physician performs an ultrasound examination, that person shall have documented evidence that he or she has completed a course in the operation of ultrasound equipment as prescribed in rule. The rules shall require clinics to be in compliance with s. 390.0111.

5. That the physician is responsible for estimating the gestational age of the fetus based on the ultrasound examination and obstetric standards in keeping with established standards of care regarding the estimation of fetal age as defined in rule and shall write the estimate in the patient's medical history. The physician shall keep original prints of each ultrasound examination of a patient in the patient's medical history file.

Section 3. This act shall take effect July 1, 2015.

The Florida Senate

Committee Agenda Request

To: Senator Aaron Bean, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: February 16, 2015

I respectfully request that **Senate Bill #724**, relating to Termination of Pregnancies, be placed on the:

☐ committee agenda at your earliest possible convenience.

☒ next committee agenda.

Anitere Flores

Senator Anitere Flores
Florida Senate, District 37

ENTERED

File signed original with committee office

S-020 (03/2004)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/2015
Meeting Date

724
Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name Brian Pitts

Job Title Trustee

Address 1119 Newton Ave S
Street

Phone 727/897-9291

St Petersburg FL 33705
City *State* *Zip*

Email justice2jesus@yahoo.com

Speaking: ☑ For ☐ Against ☐ Information

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

Representing Justice-2-Jesus

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3-31-15
Meeting Date

SB 724
Bill Number (if applicable)

Topic Informed Patient Consent

Amendment Barcode (if applicable)

Name Mark Phillips

Job Title Leg Affairs

Address 1101 Victoria Dr. *Street*

Dunedin FL 34698
City *State* *Zip*

Phone 813-532-5023

Email mphillipswfla@yahoo.com

Speaking: ☒ For ☐ Against ☐ Information

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

Representing FL Family Policy Council + FL Family Action

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

SB 724
Bill Number (if applicable)

Topic SB 724

Amendment Barcode (if applicable)

Name Kimberly Nelson

Job Title Peer Counselor

Address 919 W. Pensacola
Street

Tallahassee FL 32304
City *State* *Zip*

Phone 850-251-7027

Email Kimberly9277@aol.com

Speaking: ☐ For ☐ Against ☐ Information

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

Representing A Women's Pregnancy Center

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

Meeting Date	Bill Number (if applicable)
	SB 724

Topic 24HR Reflection

Amendment Barcode (if applicable)

Name Pam Olsen

Job Title

Address PO Box 14017 (Street)

Phone 850-906-9170

TLH (City) FL (State) 32312 (Zip)

Email

Speaking: ☒ For ☐ Against ☐ Information

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

Representing

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

Meeting Date	Bill Number (if applicable)
	SB 724

Amendment Barcode (if applicable)

Topic 24 hour waiting period

Name Jamie Brown

Job Title Executive Director / A Women's Pregnancy Center

Address 919 W Pensacola St Phone 297 1174
Street

Tallahassee FL 32304 Email jamie@awpc.cc
City State Zip

Speaking: ☐ For ☐ Against ☐ Information

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

Representing A Women's Pregnancy Center

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

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3-31-2015
Meeting Date

SB 724
Bill Number (if applicable)

Topic SB 724 - TERMINATION OF PREGNANCY

Amendment Barcode (if applicable)

Name Teresa Ward

Job Title Attorney, Florida Right to Life, Inc.

Address 230 N. Jefferson St.
Street

Phone 850-544-5771

Monticello FL 32344
City *State* *Zip*

Email teresacooperward@gmail.com

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

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

Representing FLORIDA RIGHT TO LIFE, INC.

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

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

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3-31-15
Meeting Date

S 724
Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic 24-hour waiting period

Name Julie Costas

Job Title —

Address 3094 O'Brien Drive
Street

Phone 850-524-3600

Tallahassee FL 32309
City *State* *Zip*

Email yesmanjulie@aol.com

Speaking: (For) Against Information

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

would like to speak

Representing Self

Appearing at request of Chair: Yes No

Lobbyist registered with Legislature: Yes (No)

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3.31.15
Meeting Date

724
Bill Number (if applicable)

Topic TERMINATION of PREGNANCIES

Amendment Barcode (if applicable)

Name BILL BUNKLEY

Job Title PRESIDENT

Address PO BOX 340288
Street

TAMPA FL 33694
City *State* *Zip*

Phone 813.264.2925

Email

Speaking: ☑ For ☐ Against ☐ Information

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

Representing FLORIDA ETHICS AND RELIGIOUS LIBERTY COMMISSION

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

2/3/15
Meeting Date

724
Bill Number (if applicable)

Topic Families & Babies

Amendment Barcode (if applicable)

Name Greg Pound

Job Title

Address 9166 Sunrise Dr
Street

Largo Fla
City *State* *Zip*

Phone

Email

Speaking: ☐ For ☐ Against ☒ Information

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

Representing Florida Families

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

SB 724
Bill Number (if applicable)

Topic SB 724

Amendment Barcode (if applicable)

Name Sherri Daume

Job Title Director of Client Services

Address 919 W. Pensacola
Street
Tallahassee FL 32304
City *State* *Zip*

Phone 850.297.1174
567.4624

Email Sherri@awpcc

Speaking: ☑ For ☐ Against ☐ Information

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

Representing A Women's Pregnancy Center

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

SB724
Bill Number (if applicable)

Topic 24 hour waiting period

Amendment Barcode (if applicable)

Name Lisa J. Adams

Job Title

Address 2015 E. Pinetree Blvd A7 Phone 229 393 8468
Street

Thomasville GA 31792 Email lisaadams61@yahoo.com
City *State* *Zip*

Speaking: ☒ For ☐ Against ☐ Information

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

Representing Self

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

SB 724
Bill Number (if applicable)

Topic 24 Hour Reflection - Informed Patient Consent

Amendment Barcode (if applicable)

Name Marcia Daniel

Job Title Executive Director

Address 3530 Lake Center Dr
Street

Mount Dora FL 32757
City *State* *Zip*

Phone 352-978-0686

Email lifeschoiceslake@gmail.com

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

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

Representing PAFRA (Pregnancy and Family Resource Alliance

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

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

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

3/31/2015
Meeting Date

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

724
Bill Number (if applicable)

Topic 24 hour reflection Period - Informed Patient Consent

Amendment Barcode (if applicable)

Name Beth Harrison

Job Title Personal Trainer

Address 734 Magnolia Ave.
Street

Tavares, FL 32778
City *State* *Zip*

Phone (352) 348-4055

Email bharrison1981@gmail.com

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

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

Representing Self

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

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

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3-31-15
Meeting Date

SB 724
Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic Reproductive Rights - 24 hour Abortion Delay

Name Dianne Krumel

Job Title President Democratic Women's Club of Escambia County

Address 2470 Bluffs Circle
Street

Phone 850-572-8235

Pensacola
City *State* *Zip*

Email dkrumel@cox.net

Speaking: ☐ For ☐ Against ☐ Information

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

Representing DWCF

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

724
Bill Number (if applicable)

Topic Termination of Pregnancies

Amendment Barcode (if applicable)

Name Ingrid Delgado

Job Title Associate for Social Concerns & Respect Life

Address 201 W Park Ave
Street

Phone

Tallahassee FL 32301
City *State* *Zip*

Email

Speaking: ☑ For ☐ Against ☐ Information

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

Representing Florida Conference of Catholic Bishops

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

SB 724
Bill Number (if applicable)

Topic REPRODUCTIVE RIGHTS 24 HR ABORTION

Amendment Barcode (if applicable)

Name EDNA WALLS

Job Title DEMOCRATIC WOMEN'S CLUB OF FLA

Address 5710 LENOX # 124
Street

Phone (904) 755-2603

JAX FL 32205
City *State* *Zip*

Email MZEMWALLS @ AOL.COM

Speaking: ☐ For ☐ Against ☐ Information

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

Representing DWCF + DWIN

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3-31-15
Meeting Date

SB 724
24 hr. Abortion Delay
Bill Number (if applicable)

Topic Reproductive Rights - 24 Hr Abortion Delay
Amendment Barcode (if applicable)

Name Milly Krause

Job Title DWCF Leg. Chair

Address 800 S. Brevard Ave.
Street

Cocoa Beach, FL. 32931
City *State* *Zip*

Phone 321-412-0914

Email millyERA@gmail.com

Speaking: ☐ For ☑ Against ☐ Information

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

Representing DWCF

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

03/31/2015 (Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting) SB 724

Meeting Date *Bill Number (if applicable)*

Topic 24-Hour Abortion Delay *Amendment Barcode (if applicable)*

Name Ingrid Elvellen

Job Title Chair, Diversity Development Democratic Women's Club Florida

Address 8291 Dames Point Crossing Blvd #5107 Phone (904) 235-4242

Street

Jacksonville FL 32277 Email President.democratic win@gmail.com

City *State* *Zip*

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

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

Representing Democratic Women's Club of Florida

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

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3-31-15
Meeting Date

SB 724
Bill Number (if applicable)

Topic Termination of Pregnancies

Amendment Barcode (if applicable)

Name Amy Datz

Job Title Mother

Address 1130 Crestview Ave.
Street

Tallahassee FL 32303
City *State* *Zip*

Phone 850 322-7599

Email amaliedatz@mac.com

Speaking: ☐ For ☐ Against ☐ Information

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

Representing Self.

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3-31-15
Meeting Date

724
Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name Susan Smith

Job Title _____

Address 16111 Vanderbilt Drive
Street

Phone 813-926-2768

Odessa, FL 33556
City *State* *Zip*

Email _____

Speaking: ☐ For ☐ Against ☐ Information

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

Representing Self

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/3/15
Meeting Date

724
Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic SB 724

Name Nikki Barnes

Job Title State Legislative Director

Address 287 Revell Rd
Street

Crawfordville FL 32327
City *State* *Zip*

Phone

Email

Speaking: ☐ For ☒ Against ☐ Information

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

Representing Unite Women FL

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3-31-2015
Meeting Date

724
Bill Number (if applicable)

Topic ABORTION

Amendment Barcode (if applicable)

Name DIANE B. GUTHRIE

Job Title RETIRED

Address 10200 122ND AVE #4201
Street

Phone 727-587-0454

CLEAR FL 33773
City *State* *Zip*

Email DIANE 33720@YAHOO.COM

Speaking: ☐ For ☒ Against ☐ Information

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

Representing DEM. WOMEN'S CLUB OF MID-PINELLAS.

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

724
Bill Number (if applicable)

Topic 24 Hours Delay

Amendment Barcode (if applicable)

Name Diana Alarcon

Job Title FLORIDA Field Coordinator National Latina Institute for Reproductive Health

Address 8207 NW 191 LN
Street

Phone 7865717973

Miami FL 33015
City *State* *Zip*

Email Diana@latinainstitute.org

Speaking: ☐ For ☑ Against ☐ Information

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

Representing National Latina Institute for Reproductive Health

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

SB 724
Bill Number (if applicable)

Topic SB 724

Amendment Barcode (if applicable)

Name Dr. Christopher Estes

Job Title Chief Medical Officer

Address 2300 N. FL Mango Rd.
Street

West Palm Beach FL. 33489
City *State* *Zip*

Phone 407.433.6360

Email Christopher.estes@ppsofla.org

Speaking: ☐ For ☑ Against ☐ Information

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

Representing Planned Parenthood

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

724
Bill Number (if applicable)

Topic 24 Hour Delay

Amendment Barcode (if applicable)

Name Gabriel Garcia-Vera

Job Title FL Feild Coordinator

Address 550 NE 94 St
Street

Phone

N. Shores, FL 33138
City *State* *Zip*

Email

Speaking: ☐ For ☑ Against ☐ Information

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

Representing National Latina Institute for Reproductive Health

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

724
Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic Termination of Pregnancies

Name Melissa Madera, PhD

Job Title Founder, The Abortion Diary

Address 1263 NW 123 AVE.
Street

Pembroke Pines, FL 33026
City *State* *Zip*

Phone 646 300 0702

Email dr.melissamadera@gmail.com

Speaking: ☐ For ☒ Against ☐ Information

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

Representing

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/2015
Meeting Date

SB 724
Bill Number (if applicable)

Topic Termination of Pregnancies

Amendment Barcode (if applicable)

Name Laila Abdelaziz

Job Title Legislative Director

Address 8076 N 56th Street
Street

Tampa FL 33617
City *State* *Zip*

Phone 813 519 1414

Email labdelaziz@cair.com

Speaking: ☐ For ☒ Against ☐ Information

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

Representing CAIR FLORIDA

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3-31-15
Meeting Date

724
Bill Number (if applicable)

Topic Abortion

Amendment Barcode (if applicable)

Name Barbara Devane

Job Title Ms.

Address 625 E. Brevard St
Street

Phone 850-222-3969

Tallahassee FL 32308
City *State* *Zip*

Email barbaradevane12@yahoo.com

Speaking: ☐ For ☑ Against ☐ Information

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

Representing FL NOW

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

724
Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name Toni Van Pelt

Job Title _____

Address 1280 Freedom Ct
Street

Seminole FL 33772
City *State* *Zip*

Phone 727 278 8446

Email TVanPelt@ISHN.NET

Speaking: ☐ For ☑ Against ☐ Information

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

Representing West Pinellas Now, Past President Florida Now

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

SB 724
Bill Number (if applicable)

Topic 24-hour abortion delay

Amendment Barcode (if applicable)

Name Michelle Richardson

Job Title Director of Public Policy

Address 4500 Biscayne Blvd #340
Street

Phone 786-363-2700

Miami FL 33137
City *State* *Zip*

Email mrichardson@aclufl.org

Speaking: ☐ For ☑ Against ☐ Information

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

Representing ACLU of Florida

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

SB 724
Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic Pregnancy Termination

Name Terri O Wonder, Ph.D.

Job Title Social Scientist

Address 312 Bryn Mawr Island
Street
Bradenton FL 34207
City *State* *Zip*

Phone 941 465 0087

Email terriwonder2014@gmail.com

Speaking: ☐ For ☒ Against ☐ Information

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

Representing Democratic Women of Manatee County

Appearing at request of Chair: ☒ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

3/30/2015 (Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting) SB 724

Meeting Date *Bill Number (if applicable)*

Topic Reproductive Rights

Amendment Barcode (if applicable)

Name Anette Boddie

Job Title DWCF / Legislative Liaison Duval County

Address 3851 Chuckwood Ct Phone 904 379-1939

Street

Jacksonville FL 32277 Email anetboddie@aol.com

City *State* *Zip*

Speaking: ☐ For ☑ Against ☐ Information

Waive Speaking: ☐ In Support ☑ Against

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

Representing

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☐ Yes ☑ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

SB 724
Bill Number (if applicable)

Topic 24 hr. waiting period

Amendment Barcode (if applicable)

Name Gina Burrell

Job Title DWCFL

Address 27 Seminole Dr.
Street

St. Aug FL 32084
City *State* *Zip*

Phone 904-825-6746

Email gibur32@gmail.com

Speaking: ☐ For ☒ Against ☐ Information

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

Representing Dem Wm. Club of FL

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

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

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

S-001 (10/14/14)

The Florida Senate

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 532
INTRODUCER:	Health Policy Committee and Senator Grimsley
SUBJECT:	Ordering of Medication
DATE:	April 1, 2015
REVISED:	

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Harper/Stovall	Stovall	HP	**Fav/CS**
2.			AHS	
3.			AP	

I. Summary:

CS/SB 532 provides express authority for an advanced registered nurse practitioner to order any medication for administration to a patient in a hospital, ambulatory surgical center, or mobile surgical facility within the framework of an established protocol. The bill provides express authority in ch. 893, F.S., the Florida Comprehensive Drug Abuse Prevention and Control Act, for a supervisory physician to authorize a physician assistant or an advanced registered nurse practitioner to order controlled substances for administration to a patient in a hospital, ambulatory surgical center, or mobile surgical facility.

The bill also makes a number of changes in ch. 212, F.S., relating to tax exemptions, ch. 465, F.S., relating to pharmacy, and ch. 893, F.S., relating to drug abuse prevention and control, to clarify the distinction between a prescription and an order for administration.

II. Present Situation:

Regulation of Physician Assistants in Florida

Chapter 458, F.S., sets forth the provisions for the regulation of the practice of medicine by the Board of Medicine. Chapter 459, F.S., similarly sets forth the provisions for the regulation of the practice of osteopathic medicine by the Board of Osteopathic Medicine. Physician assistants (PAs) are regulated by both boards. Licensure of PAs is overseen jointly by the boards through the Council on Physician Assistants.[1]

[1] The council consists of three physicians who are members of the Board of Medicine; one physician who is a member of the Board of Osteopathic Medicine; and a physician assistant appointed by the State Surgeon General. (*See* ss. 458.347(9) and 459.022(9), F.S.)

Physician assistants are trained and required by statute to work under the supervision and control of medical physicians or osteopathic physicians.[2] The Board of Medicine and the Board of Osteopathic Medicine have adopted rules that set out the general principles a supervising physician must use in developing the scope of practice of the PA under both direct[3] and indirect[4] supervision. A supervising physician's decision to permit a PA to perform a task or procedure under direct or indirect supervision must be based on reasonable medical judgment regarding the probability of morbidity and mortality to the patient. The supervising physician must be certain that the PA is knowledgeable and skilled in performing the tasks and procedures assigned.[5] Each physician or group of physicians supervising a licensed PA must be qualified in the medical areas in which the PA is to perform and must be individually or collectively responsible and liable for the performance and the acts and omissions of the PA.[6]

Current law allows a supervisory physician to delegate to a licensed PA the authority to prescribe or dispense any medication used in the physician's practice, except controlled substances, general anesthetics, and radiographic contrast materials.[7] However, Florida law does allow a supervisory physician to delegate authority to a PA to order any medication, which would include controlled substances, general anesthetics, and radiographic contrast materials, for a patient of the physician during the patient's stay in a facility licensed under ch. 395, F.S.[8]

Regulation of Advanced Registered Nurse Practitioners in Florida

Chapter 464, F.S., governs the licensure and regulation of nurses in Florida. Nurses are licensed by the Department of Health and are regulated by the Board of Nursing.[9]

An advanced registered nurse practitioner (ARNP) is a licensed nurse who is certified in advanced or specialized nursing.[10] Florida recognizes three types of ARNP: nurse practitioner

[2] Sections 458.347(4) and 459.022(4), F.S.
[3] "Direct supervision" requires the physician to be on the premises and immediately available. (*See* Rules 64B8-30.001(4) and 64B15-6.001(4), F.A.C.)
[4] "Indirect supervision" refers to the easy availability of the supervising physician to the physician assistant, which includes the ability to communicate by telecommunications, and requires the physician to be within reasonable physical proximity. (*See* Rules 64B8-30.001(5) and 64B15-6.001(5), F.A.C.)
[5] Rules 64B8-30.012(2) and 64B15-6.010(2), F.A.C.
[6] Sections 458.347(3) and 459.022(3), F.S.
[7] Sections 458.347(4)(e) and (f)1. and 459.022(4)(e)., F.S.
[8] *See* s. 395.002(16), F.S. The facilities licensed under ch. 395, F.S., are hospitals, ambulatory surgical centers, and mobile surgical facilities.
[9] The Board of Nursing is comprised of 13 members appointed by the Governor and confirmed by the Senate who serve 4-year terms. Seven of the 13 members must be nurses who reside in Florida and have been engaged in the practice of professional nursing for at least 4 years. Of those seven members, one must be an advanced registered nurse practitioner, one a nurse educator at an approved nursing program, and one a nurse executive. Three members of the BON must be licensed practical nurses who reside in the state and have engaged in the practice of practical nursing for at least 4 years. The remaining three members must be Florida residents who have never been licensed as nurses and are in no way connected to the practice of nursing, any health care facility, agency, or insurer. Additionally, one member must be 60 years of age or older. (*See* s. 464.004(2), F.S.)
[10] "Advanced or specialized nursing practice" is defined as the performance of advanced-level nursing acts approved by the Board of Nursing which, by virtue of postbasic specialized education, training and experience, are appropriately performed by an advanced registered nurse practitioner. (*See* s. 464.003(2), F.S.)

(NP), certified registered nurse anesthetist (CRNA), and certified nurse midwife (CNM).[11] To be certified as an ARNP, a nurse must hold a current license as a registered nurse[12] and submit proof to the Board of Nursing that he or she meets one of the following requirements:[13]

- Satisfactory completion of a formal postbasic educational program of specialized or advanced nursing practice;
- Certification by an appropriate specialty board;[14] or
- Graduation from a master's degree program in a nursing clinical specialty area with preparation in specialized practitioner skills.

Advanced or specialized nursing acts may only be performed under protocol of a supervising physician. Within the established framework of the protocol, an ARNP may:[15]

- Monitor and alter drug therapies.
- Initiate appropriate therapies for certain conditions.
- Order diagnostic tests and physical and occupational therapy.

The statute further describes additional acts that may be performed within an ARNP's specialty certification (CRNA, CNM, and NP).[16]

Advanced registered nurse practitioners must meet financial responsibility requirements, as determined by rule of the Board of Nursing, and the practitioner profiling requirements.[17] The Board of Nursing requires professional liability coverage of at least $100,000 per claim with a minimum annual aggregate of at least $300,000 or an unexpired irrevocable letter of credit in the same amounts payable to the ARNP.[18]

Florida does not allow ARNPs to prescribe controlled substances.[19] However, s. 464.012(4)(a), F.S., provides express authority for a CRNA to order certain controlled substances "to the extent authorized by established protocol approved by the medical staff of the facility in which the anesthetic service is performed."

Definitions related to the Ordering of Medicinal Drugs

Chapter 464, F.S., does not contain a definition of the terms "order" or "prescribe." Chapter 465, F.S., relating to pharmacy, defines "prescription" as "any order for drugs or medicinal supplies

[11] Section 464.003(3), F.S. Florida certifies clinical nurse specialists as a category distinct from advanced registered nurse practitioners. (*See* ss. 464.003(7) and 464.0115, F.S.)
[12] Practice of professional nursing. (See s. 464.003(20), F.S.)
[13] Section 464.012(1), F.S.
[14] Specialty boards expressly recognized by the Board of Nursing include: Council on Certification of Nurse Anesthetists, or Council on Recertification of Nurse Anesthetists; American College of Nurse Midwives; American Nurses Association (American Nurses Credentialing Center); National Certification Corporation for OB/GYN, Neonatal Nursing Specialties; National Board of Pediatric Nurse Practitioners and Associates; National Board for Certification of Hospice and Palliative Nurses; American Academy of Nurse Practitioners; Oncology Nursing Certification Corporation; American Association of Critical-Care Nurses Adult Acute Care Nurse Practitioner Certification. (*See* Rule 64B9-4.002(2), F.A.C.)
[15] Section 464.012(3), F.S.
[16] Section 464.012(4), F.S.
[17] Sections 456.0391 and 456.041, F.S.
[18] Rule 64B9-4.002(5), F.A.C.
[19] Sections 893.02(21) and 893.05(1), F.S.

written or transmitted by any means of communication by a duly licensed practitioner authorized by the laws of the state to prescribe such drugs or medicinal supplies and intended to be dispensed by a pharmacist.[20] "Dispense" is defined as "the transfer of possession of one or more doses of a medicinal drug by a pharmacist to the ultimate consumer or her or his agent."[21] "Administration" is defined as "the obtaining and giving of a single dose of medicinal drugs by a legally authorized person to a patient for her or his consumption."[22] Chapter 893, F.S., relating to drug abuse prevention and control, contains similar definitions.[23]

ARNP Petition for Declaratory Statement

On January 22, 2014, a petition for declaratory statement[24] was filed with the Board of Nursing which asked "Can ARNPs legally order narcotics for patients we treat in the institution with written protocols from our attending Doctors [sic]?"[25] The petition noted that prior to January 1, 2014, ARNPs ordered controlled substances for patients. Effective January 1, 2014, the hospital disallowed the practice and required all ARNPs to get an order from a physician. The hospital cited passage of legislation in 2013 which clarified the authority of physician assistants to order controlled substances, but did not address the authority of ARNPs.[26] The Board of Nursing dismissed the petition finding that it failed to comply with the requirements of chapter 120 and that it sought an opinion regarding the scope of practice of a category of licensees based on an employer's policies.

Drug Enforcement Agency Registration

An individual practitioner[27] who is an agent or employee of another practitioner (other than a mid-level practitioner[28]) registered to dispense controlled substances, may, when acting in the normal course of business or employment, administer or dispense (other than by issuance of a prescription) controlled substances if and to the extent authorized by state law, under the registration of the employer or principal practitioner in lieu of being registered himself or herself.[29]

Health care practitioners who are agents or employees of a hospital or other institution, may, when acting in the usual course of business or employment, administer, dispense, or prescribe

[20] Section 465.003(14), F.S.
[21] Section 465.003(6), F.S.
[22] Section 465.003(1), F.S.
[23] See ss. 893.02(1), 893.02(7), and 893.02(22), F.S.
[24] A declaratory statement is an agency's opinion regarding the applicability of a statutory provision, rule, or agency order to a petitioner's set of circumstances. (*See* s. 120.565(1), F.S.)
[25] Petition for Declaratory Statement filed by Carolann Robley ARNP, MSN, BC, FNP (on file with the Senate Committee on Health Policy).
[26] *See* ch. 2013-127, Laws of Fla.
[27] "Practitioner" means a physician, dentist, veterinarian, scientific investigator, pharmacy, hospital, or other person licensed, registered, or otherwise permitted, by the United States of the jurisdiction in which he practices or does research, to distribute, dispense, conduct research with respect to, administer, or use in teaching or chemical analysis, a controlled substance in the course of professional practice or research. (21 U.S.C. s.802(21))
[28] Examples of mid-level practitioners include, but are not limited to: nurse practitioners, nurse midwives, nurse anesthetists, clinical nurse specialists, and physician assistants.
[29] 21 C.F.R. 1301.22.

controlled substances under the registration of the hospital or other institution in which he or she is employed, in lieu of individual registration, provided that:

- The dispensing, administering, or prescribing is in the usual course of professional practice;
- The practitioner is authorized to do so by the state in which he or she practices;
- The hospital or other institution has verified that the practitioner is permitted to administer, dispense, or prescribe controlled substances within the state;
- The practitioner acts only within the scope of employment in the hospital or other institution;
- The hospital or other institution authorizes the practitioner to administer, dispense, or prescribe under its registration and assigns a specific internal code number for each practitioner; and
- The hospital or other institution maintains a current list of internal codes and the corresponding practitioner.[30]

Tax Exemption for the Sale of Medicinal Drugs

Section 465.187, F.S., makes the sale of drugs dispensed "upon the order of a practitioner" exempt from sales tax as provided in s. 212.08, F.S. Section 212.08(2)(a), F.S., exempts from taxation "medical products and supplies or medicine dispensed according to an individual prescription or prescriptions written by a prescriber authorized by law to prescribe medicinal drugs …." Subparagraph (b)4. of that subsection defines "prescription" using language that is virtually identical to the language in the definition of "prescription" in s. 465.003(14), F.S.

Currently, the Department of Revenue construes the provision in s. 212.08, F.S., as exempting the sale of medicine that is dispensed for outpatient use or administration within a licensed healthcare facility.[31]

III. Effect of Proposed Changes:

CS/SB 532 provides express authority for an ARNP to order any medication for administration to a patient in a hospital, ambulatory surgical center, or mobile surgical facility within the framework of an established protocol. The bill also provides express authority in ch. 893, F.S., for a supervisory physician to authorize a PA or ARNP to order controlled substances for administration to a patient in a hospital, ambulatory surgical center, or mobile surgical facility. (**Sections 4 and 8)**

The bill clarifies the distinction between a prescription and an order for administration by amending the definition of "prescription" in chs 465 and 893, F.S., to exclude an order that is dispensed for administration and making conforming changes in s. 893.04, F.S. The bill also revises the definition of "administer" in ch. 893, F.S. to include the term "administration." **(Sections 5, 6, and 7)**

The bill amends s. 212.08, F.S., related to medical sales tax exemptions, to conform to changes made elsewhere in the bill. The bill revises the definition of "prescription" and clarifies that any

[30] *Id.*; *See also* U.S. Department of Justice, Drug Enforcement Administration, *Practitioner's Manual*, 27 (2006), *available at* http://www.deadiversion.usdoj.gov/pubs/manuals/pract/pract_manual012508.pdf (last visited Mar. 27, 2015).
[31] Conversation with Mark Zych, Director of Technical Assistance and Dispute Resolution, Florida Department of Revenue (Jan. 20, 2015).

medical products and supplies or medicine dispensed according to "an order for administration" are exempt from sales tax under ch. 212, F.S. These technical changes do not alter the current exemption status of medical products and supplies or medicine as described in s. 212.08, F.S. **(Section 1)**

The bill conforms ss. 458.347(4)(g) and 459.022(4)(f), F.S., related to the authority of a PA to order medications, to changes made elsewhere in the act, but does not alter the authority of supervisory physicians or PAs. **(Sections 2 and 3)**

The bill reenacts various sections of Florida law as required to incorporate amendments made thereto. **(Sections 9 - 14)**

The bill takes effect July 1, 2015.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

Physicians who utilize ARNPs to serve hospitalized patients or physicians who supervise ARNPs with a hospital practice, and hospitals that employ ARNPs may see increased efficiencies if ARNPs can order controlled substances without the need for obtaining a physician order. These efficiencies would include time savings for the practitioners because the ARNP could write the order directly versus spending time to locate the physician so that the physician can write and transmit the order, and better utilization of potentially limited space, such as emergency room beds where patients might otherwise wait while a supervisory physician is located.

C. Government Sector Impact:

The impact would be the same as described for the private sector for public hospitals and employed physicians in public hospitals.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 212.08, 458.347, 459.022, 464.012, 465.003, 893.02, 893.04, and 893.05.

This bill reenacts the following sections of the Florida Statutes: 112.0455(5)(i), 381.986(7)(b), 400.462(26), 401.445(1), 409.906(18), 409.9201(1)(a), 440.102(1)(l), 458.331(1)(pp), 459.015(1)(rr), 465.014(1), 465.015(2)(c), 465.015(3), 465.016(1)(s), 465.022(5)(j), 465.023(1)(h), 465.1901, 499.003(43), 499.0121(14), 766.103(3), 768.36(1)(b), 810.02(3)(f), 812.014(2)(c), 831.30(1), 856.015(1)(c), 893.0551(3)(d), 893.0551(3)(e), 944.47(1)(a), 951.22(1), 985.711(1)(a), 1003.57(1)(i), and 1006.09(8).

IX. Additional Information:

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

CS by Health Policy on March 31, 2015:
The committee substitute amends s. 212.08, F.S., related to medical sales tax exemptions, to conform to changes made elsewhere in the bill. The CS revises the definition of "prescription" and clarifies that any medical products and supplies or medicine dispensed according to "an order for administration" are exempt from sales tax under ch. 212, F.S.

B. Amendments:

None.

243856

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/31/2015	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Between lines 231 and 232
insert:

Section 8. Paragraphs (a) and (b) of subsection (2) of section 212.08, Florida Statutes, are amended to read:

212.08 Sales, rental, use, consumption, distribution, and storage tax; specified exemptions.—The sale at retail, the rental, the use, the consumption, the distribution, and the storage to be used or consumed in this state of the following

243856

are hereby specifically exempt from the tax imposed by this chapter.

(2) EXEMPTIONS; MEDICAL.—

(a) There shall be exempt from the tax imposed by this chapter any medical products and supplies or medicine dispensed according to an individual prescription or prescriptions or an order for administration, written by a prescriber authorized by law to prescribe medicinal drugs; hypodermic needles; hypodermic syringes; chemical compounds and test kits used for the diagnosis or treatment of human disease, illness, or injury; and common household remedies recommended and generally sold for internal or external use in the cure, mitigation, treatment, or prevention of illness or disease in human beings, but not including cosmetics or toilet articles, notwithstanding the presence of medicinal ingredients therein, according to a list prescribed and approved by the Department of Business and Professional Regulation, which list shall be certified to the Department of Revenue from time to time and included in the rules promulgated by the Department of Revenue. There shall also be exempt from the tax imposed by this chapter artificial eyes and limbs; orthopedic shoes; prescription eyeglasses and items incidental thereto or which become a part thereof; dentures; hearing aids; crutches; prosthetic and orthopedic appliances; and funerals. In addition, any items intended for one-time use which transfer essential optical characteristics to contact lenses shall be exempt from the tax imposed by this chapter; however, this exemption shall apply only after $100,000 of the tax imposed by this chapter on such items has been paid in any calendar year by a taxpayer who claims the exemption in such

year. Funeral directors shall pay tax on all tangible personal property used by them in their business.

(b) For the purposes of this subsection:

1. "Prosthetic and orthopedic appliances" means any apparatus, instrument, device, or equipment used to replace or substitute for any missing part of the body, to alleviate the malfunction of any part of the body, or to assist any disabled person in leading a normal life by facilitating such person's mobility. Such apparatus, instrument, device, or equipment shall be exempted according to an individual prescription or prescriptions written by a physician licensed under chapter 458, chapter 459, chapter 460, chapter 461, or chapter 466, or according to a list prescribed and approved by the Department of Health, which list shall be certified to the Department of Revenue from time to time and included in the rules promulgated by the Department of Revenue.

2. "Cosmetics" means articles intended to be rubbed, poured, sprinkled, or sprayed on, introduced into, or otherwise applied to the human body for cleansing, beautifying, promoting attractiveness, or altering the appearance and also means articles intended for use as a compound of any such articles, including, but not limited to, cold creams, suntan lotions, makeup, and body lotions.

3. "Toilet articles" means any article advertised or held out for sale for grooming purposes and those articles that are customarily used for grooming purposes, regardless of the name by which they may be known, including, but not limited to, soap, toothpaste, hair spray, shaving products, colognes, perfumes, shampoo, deodorant, and mouthwash.

243856

4. "Prescription" includes any order for drugs or medicinal supplies written or transmitted by any means of communication by a ~~duly~~ licensed practitioner authorized by the laws of this ~~the~~ state to prescribe such drugs or medicinal supplies and intended to be dispensed by a pharmacist, except for an order that is dispensed for administration. The term also includes an orally transmitted order by the lawfully designated agent of such practitioner;~~. The term also includes~~ an order written or transmitted by a practitioner licensed to practice in a jurisdiction other than this state, but only if the pharmacist called upon to dispense such order determines, in the exercise of his or her professional judgment, that the order is valid and necessary for the treatment of a chronic or recurrent illness; and~~. The term also includes~~ a pharmacist's order for a product selected from the formulary created pursuant to s. 465.186. A prescription may be retained in written form, or the pharmacist may cause it to be recorded in a data processing system, provided that such order can be produced in printed form upon lawful request.

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

And the title is amended as follows:

Between lines 23 and 24

insert:

amending s. 212.08, F.S., conforming the provisions for prescribing and ordering medical products in the medical exemption from sales tax; redefining terms;

By Senator Grimsley

21-00400-15 2015532__

A bill to be entitled

An act relating to the ordering of medication; amending ss. 458.347 and 459.022, F.S.; revising the authority of a licensed physician assistant to order medication under the direction of a supervisory physician for a specified patient; amending s. 464.012, F.S.; authorizing an advanced registered nurse practitioner to order medication for administration to a specified patient; amending s. 465.003, F.S.; revising the term "prescription" to exclude an order for drugs or medicinal supplies by a licensed practitioner that is dispensed for certain administration; amending s. 893.02, F.S.; revising the term "administer" to include the term "administration"; revising the term "prescription" to exclude an order for drugs or medicinal supplies by a licensed practitioner that is dispensed for certain administration; amending s. 893.04, F.S.; conforming provisions to changes made by act; amending s. 893.05, F.S.; authorizing a licensed practitioner to authorize a licensed physician assistant or advanced registered nurse practitioner to order controlled substances for a specified patient under certain circumstances; reenacting ss. 400.462(26), 401.445(1), 409.906(18), and 766.103(3), F.S., to incorporate the amendments made to ss. 458.347 and 459.022, F.S., in references thereto; reenacting ss. 401.445(1) and 766.103(3), F.S., to incorporate the amendment made to s. 464.012, F.S., in references thereto; reenacting ss.

409.9201(1)(a), 458.331(1)(pp), 459.015(1)(rr), 465.014(1), 465.015(2)(c), 465.016(1)(s), 465.022(5)(j), 465.023(1)(h), 465.1901, 499.003(43), and 831.30(1), F.S., to incorporate the amendment made to s. 465.003, F.S., in references thereto; reenacting ss. 112.0455(5)(i), 381.986(7)(b), 440.102(1)(l), 458.331(1)(pp), 459.015(1)(rr), 465.015(3), 465.016(1)(s), 465.022(5)(j), 465.023(1)(h), 499.0121(14), 768.36(1)(b), 810.02(3)(f), 812.014(2)(c), 856.015(1)(c), 944.47(1)(a), 951.22(1), 985.711(1)(a), 1003.57(1)(i), and 1006.09(8), F.S., to incorporate the amendment made to s. 893.02, F.S., in references thereto; reenacting s. 893.0551(3)(e), F.S., to incorporate the amendment made to s. 893.04, F.S., in a reference thereto; reenacting s. 893.0551(3)(d), F.S., to incorporate the amendment made to s. 893.05, F.S., in a reference thereto; providing an effective date.

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

Section 1. Paragraph (g) of subsection (4) of section 458.347, Florida Statutes, is amended to read:

458.347 Physician assistants.—

(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

(g) A supervisory physician may delegate to a licensed physician assistant the authority to<u>, and the licensed physician assistant acting under the direction of the supervisory physician may,</u> order <u>any medication</u> ~~medications~~ for

administration to the supervisory physician's patient ~~during his or her care~~ in a facility licensed under chapter 395~~, notwithstanding any provisions in chapter 465 or chapter 893 which may prohibit this delegation~~. ~~For the purpose of this paragraph, an order is not considered a prescription. A licensed physician assistant working in a facility that is licensed under chapter 395 may order any medication under the direction of the supervisory physician.~~

Section 2. Paragraph (f) of subsection (4) of section 459.022, Florida Statutes, is amended to read:

459.022 Physician assistants.—

(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

(f) A supervisory physician may delegate to a licensed physician assistant the authority to, and the licensed physician assistant acting under the direction of the supervisory physician may, order any medication ~~medications~~ for administration to the supervisory physician's patient ~~during his or her care~~ in a facility licensed under chapter 395~~, notwithstanding any provisions in chapter 465 or chapter 893 which may prohibit this delegation~~. ~~For the purpose of this paragraph, an order is not considered a prescription. A licensed physician assistant working in a facility that is licensed under chapter 395 may order any medication under the direction of the supervisory physician.~~

Section 3. Paragraph (a) of subsection (3) of section 464.012, Florida Statutes, is amended to read:

464.012 Certification of advanced registered nurse practitioners; fees.—

(3) An advanced registered nurse practitioner shall perform

those functions authorized in this section within the framework of an established protocol that is filed with the board upon biennial license renewal and within 30 days after entering into a supervisory relationship with a physician or changes to the protocol. The board shall review the protocol to ensure compliance with applicable regulatory standards for protocols. The board shall refer to the department licensees submitting protocols that are not compliant with the regulatory standards for protocols. A practitioner currently licensed under chapter 458, chapter 459, or chapter 466 shall maintain supervision for directing the specific course of medical treatment. Within the established framework, an advanced registered nurse practitioner may:

(a) Monitor and alter drug therapies and order any medication for administration to a patient in a facility licensed under chapter 395.

Section 4. Subsection (14) of section 465.003, Florida Statutes, is amended to read:

465.003 Definitions.—As used in this chapter, the term:

(14) "Prescription" includes any order for drugs or medicinal supplies written or transmitted by any means of communication by a ~~duly~~ licensed practitioner authorized by the laws of this ~~the~~ state to prescribe such drugs or medicinal supplies and intended to be dispensed by a pharmacist, except for an order that is dispensed for administration. The term also includes an orally transmitted order by the lawfully designated agent of such practitioner;~~. The term also includes~~ an order written or transmitted by a practitioner licensed to practice in a jurisdiction other than this state, but only if the pharmacist

called upon to dispense such order determines, in the exercise of her or his professional judgment, that the order is valid and necessary for the treatment of a chronic or recurrent illness; and~~. The term "prescription" also includes~~ a pharmacist's order for a product selected from the formulary created pursuant to s. 465.186. Prescriptions may be retained in written form or the pharmacist may cause them to be recorded in a data processing system, provided that such order can be produced in printed form upon lawful request.

Section 5. Subsections (1) and (22) of section 893.02, Florida Statutes, are amended to read:

893.02 Definitions.—The following words and phrases as used in this chapter shall have the following meanings, unless the context otherwise requires:

(1) "Administer" or "administration" means the direct application of a controlled substance, whether by injection, inhalation, ingestion, or any other means, to the body of a person or animal.

(22) "Prescription" ~~means and~~ includes any ~~an~~ order for drugs or medicinal supplies which is written~~, signed,~~ or transmitted by any ~~word of mouth, telephone, telegram, or other~~ means of communication by a ~~duly~~ licensed practitioner authorized ~~licensed~~ by the laws of this ~~the~~ state to prescribe such drugs or medicinal supplies, is issued in good faith and in the course of professional practice, is intended to be ~~filled, compounded, or~~ dispensed by a ~~another~~ person authorized ~~licensed~~ by the laws of this ~~the~~ state to do so, and meets ~~meeting~~ the requirements of s. 893.04.

(a) The term also includes an order for drugs or medicinal

supplies ~~so~~ transmitted or written by a physician, dentist, veterinarian, or other practitioner licensed to practice in a state other than Florida, but only if the pharmacist called upon to fill such an order determines, in the exercise of his or her professional judgment, that the order was issued pursuant to a valid patient-physician relationship, that it is authentic, and that the drugs or medicinal supplies ~~so~~ ordered are considered necessary for the continuation of treatment of a chronic or recurrent illness.

(b) The term does not include an order that is dispensed for administration by a licensed practitioner authorized by the laws of this state to administer such drugs or medicinal supplies.

(c) ~~However,~~ If the physician writing the prescription is not known to the pharmacist, the pharmacist shall obtain proof to a reasonable certainty of the validity of the ~~said~~ prescription.

(d) A prescription ~~order~~ for a controlled substance may ~~shall~~ not be issued on the same prescription blank with another prescription ~~order~~ for a controlled substance that ~~which~~ is named or described in a different schedule or with another~~, nor shall any prescription order for a controlled substance be issued on the same prescription blank as a~~ prescription ~~order~~ for a medicinal drug, as defined in s. 465.003(8), that is ~~which does~~ not ~~fall within the definition of~~ a controlled substance ~~as defined in this act~~.

Section 6. Paragraphs (a), (d), and (f) of subsection (2) of section 893.04, Florida Statutes, are amended to read:

893.04 Pharmacist and practitioner.—

(2)(a) A pharmacist may not dispense a controlled substance listed in Schedule II, Schedule III, or Schedule IV to any patient or patient's agent without first determining, in the exercise of her or his professional judgment, that the prescription ~~order~~ is valid. The pharmacist may dispense the controlled substance, in the exercise of her or his professional judgment, when the pharmacist or pharmacist's agent has obtained satisfactory patient information from the patient or the patient's agent.

(d) Each ~~written~~ prescription written ~~prescribed~~ by a practitioner in this state for a controlled substance listed in Schedule II, Schedule III, or Schedule IV must include ~~both~~ a written and a numerical notation of the quantity of the controlled substance prescribed and a notation of the date in numerical, month/day/year format, or with the abbreviated month written out, or the month written out in whole. A pharmacist may, upon verification by the prescriber, document any information required by this paragraph. If the prescriber is not available to verify a prescription, the pharmacist may dispense the controlled substance, but may insist that the person to whom the controlled substance is dispensed provide valid photographic identification. If a prescription includes a numerical notation of the quantity of the controlled substance or date, but does not include the quantity or date written out in textual format, the pharmacist may dispense the controlled substance without verification by the prescriber of the quantity or date if the pharmacy previously dispensed another prescription for the person to whom the prescription was written.

(f) A pharmacist may not knowingly dispense ~~fill~~ a

prescription that has been forged for a controlled substance listed in Schedule II, Schedule III, or Schedule IV.

Section 7. Subsection (1) of section 893.05, Florida Statutes, is amended to read:

893.05 Practitioners and persons administering controlled substances in their absence.—

(1)(a) A practitioner, in good faith and in the course of his or her professional practice only, may prescribe, administer, dispense, mix, or otherwise prepare a controlled substance, or the practitioner may cause the controlled substance ~~same~~ to be administered by a licensed nurse or an intern practitioner under his or her direction and supervision only.

(b) Pursuant to s. 458.347(4)(g), s. 459.022(4)(f), or s. 464.012(3), as applicable, a practitioner who supervises a licensed physician assistant or advanced registered nurse practitioner may authorize the licensed physician assistant or advanced registered nurse practitioner to order controlled substances for administration to a patient in a facility licensed under chapter 395.

(c) A veterinarian may ~~so~~ prescribe, administer, dispense, mix, or prepare a controlled substance for use on animals only, and may cause the controlled substance ~~it~~ to be administered by an assistant or orderly under the veterinarian's direction and supervision only.

(d) A certified optometrist licensed under chapter 463 may not administer or prescribe a controlled substance listed in Schedule I or Schedule II of s. 893.03.

Section 8. Subsection (26) of s. 400.462, subsection (1) of

s. 401.445, subsection (18) of s. 409.906, and subsection (3) of s. 766.103, Florida Statutes, are reenacted for the purpose of incorporating the amendments made by this act to ss. 458.347 and 459.022, Florida Statutes, in references thereto.

Section 9. Subsection (1) of s. 401.445 and subsection (3) of s. 766.103, Florida Statutes, are reenacted for the purpose of incorporating the amendment made by this act to s. 464.012, Florida Statutes, in references thereto.

Section 10. Paragraph (a) of subsection (1) of s. 409.9201, paragraph (pp) of subsection (1) of s. 458.331, paragraph (rr) of subsection (1) of s. 459.015, subsection (1) of s. 465.014, paragraph (c) of subsection (2) of s. 465.015, paragraph (s) of subsection (1) of s. 465.016, paragraph (j) of subsection (5) of s. 465.022, paragraph (h) of subsection (1) of s. 465.023, s. 465.1901, subsection (43) of s. 499.003, and subsection (1) of s. 831.30, Florida Statutes, are reenacted for the purpose of incorporating the amendments made by this act to s. 465.003, Florida Statutes, in references thereto.

Section 11. Paragraph (i) of subsection (5) of s. 112.0455, paragraph (b) of subsection (7) of s. 381.986, paragraph (l) of subsection (1) of s. 440.102, paragraph (pp) of subsection (1) of s. 458.331, paragraph (rr) of subsection (1) of s. 459.015, subsection (3) of s. 465.015, paragraph (s) of subsection (1) of s. 465.016, paragraph (j) of subsection (5) of s. 465.022, paragraph (h) of subsection (1) of s. 465.023, subsection (14) of s. 499.0121, paragraph (b) of subsection (1) of s. 768.36, paragraph (f) of subsection (3) of s. 810.02, paragraph (c) of subsection (2) of s. 812.014, paragraph (c) of subsection (1) of s. 856.015, paragraph (a) of subsection (1) of s. 944.47,

subsection (1) of s. 951.22, paragraph (a) of subsection (1) of s. 985.711, paragraph (i) of subsection (1) of s. 1003.57, and subsection (8) of s. 1006.09, Florida Statutes, are reenacted for the purpose of incorporating the amendments made by this act to s. 893.02, Florida Statutes, in references thereto.

Section 12. Paragraph (e) of subsection (3) of s. 893.0551, Florida Statutes, is reenacted for the purpose of incorporating the amendments made by this act to s. 893.04, Florida Statutes, in a reference thereto.

Section 13. Paragraph (d) of subsection (3) of s. 893.0551, Florida Statutes, is reenacted for the purpose of incorporating the amendments made by this act to s. 893.05, Florida Statutes, in a reference thereto.

Section 14. This act shall take effect July 1, 2015.

The Florida Senate

Committee Agenda Request

To: Senator Aaron Bean, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: February 4, 2015

I respectfully request that **Senate Bill #476**, relating to Florida Mental Health Act, and **Senate Bill #532**, relating to Ordering of Medication be placed on the:

☐ committee agenda at your earliest possible convenience.

☒ next committee agenda.

Senator Denise Grimsley
Florida Senate, District 21

ENTERED

File signed original with committee office

S-020 (03/2004)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

SB 532
Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name Chris Nuland

Job Title _____

Address 1000 Riverside Ave
Street

Jax FL 32204
City *State* *Zip*

Phone 904-233-3051

Email nulandlaw@aol.com

Speaking: ☑ For ☐ Against ☐ Information

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

Representing Florida Chapter, American College of Physicians

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

532
Bill Number (if applicable)

Topic Relating to Ordering of Medication *Amendment Barcode (if applicable)*

Name Melody Selis

Job Title Govt Affairs Manager

Address 307 West Park Ave *Street*

Phone 850-224-3907

TLH *City* FL *State* 32302 *Zip*

Email mselis@fhca.org

Speaking: ☐ For ☐ Against ☐ Information

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

Representing Florida Health Care Association

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

537
Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic Ordering Medications

Name Barbara Humphrey

Job Title Consultant

Address 468 Green Spring Cir
Street

Winter Springs FL 32708
City *State* *Zip*

Phone 407 227-7707

Email barbara_humphrey@bellsouth.net

Speaking: ☐ For ☐ Against ☐ Information

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

Representing Baptist Health South Florida

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/30/15
Meeting Date

532
Bill Number (if applicable)

Topic Ordering of Medications

Amendment Barcode (if applicable)

Name Chris Floyd

Job Title Consultant

Address _____ Phone 813-624-5117
Street

_____ Email _____
City *State* *Zip*

Speaking: ☐ For ☐ Against ☐ Information

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

Representing FL Assoc. of Nurse Practitioners

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

March 31, 2015
Meeting Date

SB 532
Bill Number (if applicable)

Topic Ordering of Medication

Amendment Barcode (if applicable)

Name Vanessa Charles

Job Title

Address 108 E. Jefferson Street
Street

Phone (850) 681-0257

Tallahassee FL 32301
City *State* *Zip*

Email

Speaking: ☐ For ☐ Against ☐ Information

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

Representing Florida Nurses Association

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3-31-15
Meeting Date

SB 532
Bill Number (if applicable)

Topic ORDERING MEDICATIONS

Amendment Barcode (if applicable)

Name Allison Carvajal

Job Title Consultant

Address 120 S. Monroe St.
Street

Phone 727-7087

Tally FL. 32303
City *State* *Zip*

Email

Speaking: ☐ For ☐ Against ☐ Information

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

Representing Florida Nurse Practitioner Network WAIVE IN Support

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

2/31/15
Meeting Date

532
Bill Number (if applicable)

Topic MEDICATION

Amendment Barcode (if applicable)

Name JACK McCRAY

Job Title

Address 200 W. COLLEGE ST., # 304
Street

Phone 850-577-5187

TLH FL 32301
City *State* *Zip*

Email jmcray@aarp.org

Speaking: ☑ For ☐ Against ☐ Information

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

Representing AARP

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/2015
Meeting Date

SB 532
Bill Number (if applicable)

Topic Ordering of Medication

Amendment Barcode (if applicable)

Name Melissa Fause

Job Title Policy Analyst

Address 200 W. College Ave., Ste 113
Street

Phone 850-408-1218

Tallahassee FL 32301
City *State* *Zip*

Email MFause@afphq.org

Speaking: ☐ For ☐ Against ☐ Information

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

Representing Americans for Prosperity

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

SB 532
Bill Number (if applicable)

Topic Ordering Medication

Amendment Barcode (if applicable)

Name Michael Anway

Job Title

Address 315 S. Calhoun
Street

Tallahassee FL
City *State* *Zip*

Phone

Email

Speaking: ☐ For ☐ Against ☐ Information

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

Representing Florida Chamber of Commerce

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

3/31/2015 (Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting) 532

Meeting Date Bill Number (if applicable)

Topic Ordering of Medication Amendment Barcode (if applicable)

Name Stan White Halon

Job Title Chairman

Address 6294 NW Tolleyt Pkwy Phone 850-545-8301

Street

Bristol FL 32321 Email Stanwh.ite@aol.com

City State Zip

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

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

Representing Florida Association of Nurse Practitioners

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

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3-31-15
Meeting Date

532
Bill Number (if applicable)

Topic Ordering Medications

Amendment Barcode (if applicable)

Name Martha DeCastro

Job Title Vice President for Nursing

Address 306 E College Ave
Street

TLH FL 01
City *State* *Zip*

Phone (850) 222 9800

Email martha@fha.org

Speaking: ☑ For ☐ Against ☐ Information

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

WAIVE

Representing Florida Hospital Association

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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

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

S-001 (10/14/14)

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/CS/SB 860
INTRODUCER:	Health Policy Committee, Banking and Insurance Committee and Senator Garcia
SUBJECT:	Pharmacy
DATE:	April 2, 2015 REVISED:

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Johnson	Knudson	BI	**Fav/CS**
2.	Lloyd	Stovall	HP	**Fav/CS**
3.			AP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/CS/SB 860 creates s. 465.1862, F.S., within the Florida Pharmacy Act, to regulate activities and contracts of pharmacy benefit managers (PBMs). A PBM contracts with health insurance plans, such as a health maintenance organization or insurer, to manage the cost and quality of the plans' drug benefits and may provide a variety of related services. The maximum-allowable cost (MAC) is the payment for the unit ingredient costs for off-patent prescription drugs (generics). The PBM, an insurer, or a health maintenance organization may develop a MAC list based on a proprietary survey of wholesale prices and other factors.

The bill defines the terms, "maximum allowable cost," "pharmacy benefit manager," and "health insurance plan." For a PBM to place a particular generic drug on a MAC list, the drug must be generally available for purchase by pharmacies in this state from a national or regional wholesaler and not be obsolete. The bill requires disclosures and conditions for contracts between a PBM and a pharmacy related to drug pricing. The bill also requires that each contract between a PBM and a contracted pharmacy include a process for appeal, investigation, and resolution of disputes regarding MAC pricing.

According to the Division of State Group Insurance of the Department of Management Services, the implementation of this bill, as originally filed, would negatively affect the State Employees' Health Insurance Trust Fund by approximately $3 million for Fiscal Year 2015-2016. An updated fiscal impact is not available for the CS/CS/SB 860. According to the Agency for Health Care Administration, the CS has no direct impact on Medicaid. The impact on local governments

is indeterminate. The impact on insurers and private sector employers that use PBMs for providing drug benefits is indeterminate.

II. Present Situation:

Advances in pharmaceuticals have transformed health care over the last several decades. In 2013, retail prescription drug spending totaled $272.2 which was an increase of 3.3 percent from 2012.[1] This increase in 2013 was attributable to price increases for brand name and specialty drugs, increased spending on new medicines, and increased utilization. The projected growth for prescription drug spending in 2014 was 6.8 percent and 6.4 percent for 2015.[2]

Regulation of Pharmacies and Pharmacy Benefit Management Companies

Pharmacies and pharmacists are regulated under the Florida Pharmacy Act (act) in ch. 465, F.S. The Board of Pharmacy (board), created under the Department of Health (DOH), adopts rules to implement provisions of the act and takes other actions according to duties conferred on it by the act.[3] Each pharmacy is subject to inspection by the DOH and disciplined for violations of applicable laws relating to a pharmacy.[4]

Pharmacy benefit managers (PBMs) administer the prescription drug part of health plans on behalf of plan sponsors, such as self-insured employers, insurers, and health maintenance organizations (HMOs). Currently, PBMs are not subject to regulation in Florida. Some states, such as Connecticut, Georgia, Kansas, Louisiana, Maryland and South Dakota, require PBMs to either register with state insurance regulators or be licensed as third-party administrators.[5]

Although PBMs are not subject to licensure in Florida, a PBM may obtain accreditation from various impartial, external organizations (accrediting bodies) that determine if certain national standards are being met. Accreditation is an evaluative, rigorous, transparent, and comprehensive process in which a health care organization undergoes an examination of its systems, processes, and performance by an impartial external organization (accrediting body) to ensure that it is conducting business in a manner that meets predetermined criteria and is consistent with national standards. CVS/caremark, the PBM for the State Group Insurance program holds URAC[6] accreditation in the following areas: pharmacy benefit management, drug therapy management, mail service pharmacy, specialty pharmacy, and call center.[7]

---

[1] Centers for Medicare and Medicaid Services, *National Health Expenditure Projections 2013-2023,* http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/Proj2013.pdf (last visited: Mar. 27, 2015).
[2] Id.
[3] Sections 465.005 and 465.022, F.S.
[4] Sections 465.015 and 465.016, F.S.
[5] Joanne Wojcik, *States Try to Regulate Pharmacy Benefit Managers*, Business Insurance, August 22, 2010, *available at* http://www.businessinsurance.com/article/20100822/ISSUE07/308229997
[6] See URAC website at: https://www.urac.org/accreditation-and-measurement/accreditation-programs/ (last visited Mar. 27, 2015).
[7] Department of Management Services correspondence, March 19, 2015 (on file with the Senate Banking and Insurance Committee).

Pharmacy Benefit Managers and Pharmacies

While PBMs provide pharmacy claims processing and mail-order pharmacy services to their customers, many provide additional services, including rebate negotiations with drug manufacturers, development of pharmacy networks, formulary management, prospective and retrospective drug utilization reviews, generic drug substitutions, and disease management programs. The decision of plan sponsors to use PBMs to control pharmacy benefit costs, however, can shift business away from retail pharmacies.

MAC Pricing List

Contracts between a PBM and health plan sponsors specify how much the health plan sponsors will pay PBMs for brand name and generic drugs. These prices are typically set as a discount off the average wholesale price (AWP)[8] for brand-name drugs and at a MAC[9] for generic drugs (and sometimes brand drugs that have generic versions), plus a dispensing fee. The MAC represents the upper limit price that a plan will pay or reimburse for generic drugs and sometimes brand drugs that have generic versions available (multisource brands). A MAC pricing list creates a standard reimbursement amount for identical products. A MAC pricing list is a common cost management tool that is developed from a proprietary survey of wholesale prices existing in the marketplace, taking into account market share, inventory, reasonable profits margins, and other factors.

The federal Medicare Part D program and 45 state Medicaid programs use some type of MAC price lists to reduce costs.[10] The MAC price lists are used by many private employer prescription drug plans for retail generic prescriptions.

The purpose of the MAC pricing list is to ensure that the pharmacy or their buying groups are motivated to seek and purchase generic drugs at the lowest price in the marketplace. If a pharmacy procures a higher-priced product, the pharmacy may not make as much profit or in some instances may lose money on that specific purchase. If a pharmacy purchases generic drugs at a more favorable price, they will be more likely to make a profit.

In addition to negotiating rebates with drug manufacturers, PBMs negotiate with retail pharmacies to obtain various discounts on prescription drug prices. Additionally, PBMs try to assure adequate access for patients enrolled in the various health plans to obtain their prescription drugs. A PBM may also be responsible for the development and management of a drug formulary, which is a list of drugs that a health plan uses to make reimbursement decisions.

Many PBMs offer incentives to their enrollees to select generic instead of brand-name drugs since the generics are less costly than their brand-name counterparts. The use of generic drugs has saved consumers an estimated $1.2 trillion over a decade, but it has adversely affected

[8] AWP is the retail list price (sticker price) or the average price that manufacturers recommend wholesalers sell to physicians, pharmacies and others, such as hospitals.
[9] MAC is a price set for generic drugs and is the maximum amount that the plan sponsor will pay for a specific drug.
[10] Medicaid Drug Pricing in State Maximum Allowable Cost Programs, Office of Inspector General, OEI-03-11-00640, August 2013 *available at* https://oig.hhs.gov/oei/reports/oei-03-11-00640.asp (last visited Mar. 27, 2015).

independent pharmacists according to recent news articles.[11] In 2005, about 50 percent of U.S. retail prescription drug sales were generics. In 2010, generics represented about 71 percent of the market.[12] The increasing use of generics is pushing the dollar volume of prescription-drug sales down. In response, drugstores have advocated legislation requiring the PBMs to share pricing information that would help drugstores negotiate bigger reimbursements and avoid dispensing drugs that are not financially feasible.[13]

In November, U.S. Senator Bernie Sanders (I-Vt.) led a Senate hearing about recent pricing spikes in some generic drugs. The hearing followed a joint investigation Senator Sanders led with U.S. Representative Elijah Cummings (D-Md.).[14] One of the comments made during the hearing quoted that a small percentage of certain generic drugs increased more than 1,000 percent in the past year.[15] Included in the hearing materials was data showing that one half of generic medicines went up between last summer and this summer with some common medicines rising by over 500 percent.[16] In such an environment, a static MAC list could result in inadequate reimbursement to the pharmacy despite best efforts to purchase from the lowest cost source.

Federal Pharmacy Benefits Managers Transparency Requirements

On March 23, 2010, President Obama signed into law Public Law No. 111-148, the Patient Protection and Affordable Care Act (PPACA), and on March 30, 2010, President Obama signed into law Public Law No. 111-152, the Health Care and Education Affordability Reconciliation Act of 2010, amending PPACA. The law[17] requires Medicare Part D plans and qualified health plan issuers who have their own PBM or contract with a PBM to report to the U.S. Department of Health and Human Services (HHS) aggregate information about rebates, discounts, or price concessions that are passed through to the plan sponsor or retained by the PBM. In addition, the plans must report the difference between the amount the plan pays the PBM and the amount that the PBM pays its suppliers (spread pricing). The reported information is confidential, subject to certain limited exceptions.

State Group Health Insurance Program and the PBM Contract

Under the authority of s. 110.123, F.S., the Department of Management Services (DMS), through the Division of State Group Insurance (DSGI), administers the state group insurance program

---

[11] Generic Pharmaceutical Association, Generic Drug Savings in the U.S., 2013 (on file with the Senate Banking and Insurance Committee).
[12] US Pharm. 2013;38(6)(Generic Review suppl):6-10. Accessible at http://www.uspharmacist.com/content/s/253/c/41309/ (last visited March 27, 2015).
[13] Timothy W. Martin, *Drugstores Press for Pricing Data,* Wall Street Journal, March 27, 2013.
[14] Senator Sanders and Representative Cummings have also filed legislation that would require drugmakers to extend rebates to Medicaid when drugmakers raise prices greater than inflation. This is the current federal law for brand-name drugs. *see http://www.sanders.senate.gov/newsroom/press-releases/drugmakers-mum-on-huge-price-hikes*
[15] Ed Silverman, *Should Generic Drug Makers Pay Medicaid Rebates Tied to Inflation?* Wall Street Journal Pharmalot (Nov. 24, 2014) http://blogs.wsj.com/pharmalot/2014/11/24/should-generic-drug-makers-pay-medicaid-rebates-tied-to-inflation/ (last visited: Mar. 27, 2015).
[16] U.S. Senate Subcommittee on Primary Health and Aging, Senate Committee on Health, Education, Labor and Pensions, *Ranking Member Cummings and Chairman Sanders Investigate Staggering Price Increases for Generic Drugs* (Oct. 2, 2014) http://www.sanders.senate.gov/download/face-sheet-on-generic-drug-price-increases?inline=file (last visited: Mar. 27, 2015).
[17] 42 U.S.C. s. 1320b-23.

providing employee benefits such as health, life, dental, and vision insurance products under a cafeteria plan consistent with Section 125, Internal Revenue Code.

As part of the state group health insurance program, the DMS contracts with a pharmacy benefits manager (PBM), CaremarkPCS Health, L.L.C. (CVS/caremark), to administer the state employees' prescription drug program. The DMS and the State of Florida are not a party to the private business contracts between the PBM and its retail pharmacies. According to DMS, the MAC is the payment for the unit ingredient costs for off-patent drugs (generics) developed by a PBM or an insurance plan. The DMS has a contractual provision to require CVS/caremark to provide, upon request, the most recent MAC list.[18]

III. Effect of Proposed Changes:

The bill creates s. 465.1862, F.S., titled "Pharmacy benefit managers," under ch. 465, F.S., the Florida Pharmacy Act.

The bill defines the following terms under this new section:

- "Maximum allowable cost" means the upper limit or maximum amount that a health insurance plan will pay for generic or brand-name prescription drugs that have available generic versions available, which are included on a list of products generated by a pharmacy benefit manager.
- "Pharmacy benefit manager" means a person entity doing business in this state which contracts to administer or manage prescription drug benefits on behalf of a health insurance plan that provides prescription drug benefits to residents of this state.
- "Health insurance plan" means the same as "health insurance" under s. 627.6482(6), F.S. Section 627.6482(6), F.S., defines health insurance as any hospital and medical expense incurred policy, minimum premium plan, stop-loss coverage, health maintenance organization contract, prepaid health clinic contract, multiple-employer welfare arrangement contract, or fraternal benefit society health benefits contract, whether sold as an individual or group policy or contract. The term does not include any policy covering medical coverage or personal injury protection coverage in a motor vehicle policy, coverage issued as a supplement to liability insurance, or workers' compensation.

The bill provides that in each contract between a PBM and a pharmacy, the contract must:

- Require the PBM to update MAC pricing information at least every seven business days;
- Establish a reasonable process for notice within one business day after the pricing information is updated through either electronic, print or telephonic format; and
- Maintain a procedure to eliminate products in a timely manner from the MAC pricing information to remain consistent with marketplace changes.

Before placing a prescription drug on the MAC list, the PBM must ensure a drug is:

- Generally available for purchase from a national or regional wholesaler by pharmacies in this state; and
- Not obsolete.

[18] Department of Management Services, *2015 Legislative Bill Analysis - SB-860(March 6, 2015)* (on file with the Senate Banking and Insurance Committee).

The bill requires that contracts between PBMs and pharmacies contain a process for appealing, investigating, and resolving disputes regarding MAC pricing. The process must limit the right to appeal to 30-calendar days following the initial claim; require the resolution of the dispute within seven business days after an appeal is received by the PBM; and require the PBM to provide contact information of the person who is responsible for processing the appeal.

If an appeal is denied, the PBM must provide the reason and identify the national drug code of an alternative prescription drug that may be purchased at a price at or below the MAC, as determined by the PBM. If an appeal is upheld, the PBM must make an adjustment to the MAC pricing within one business day after the date the appeal is upheld and make the adjustment effective for all similarly situated network pharmacies.

The bill is effective date on July 1, 2015.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. Other Constitutional Issues:

Under article VII, section 18(a) of the Florida Constitution, a mandate includes a general bill requiring counties or municipalities to spend funds. Counties and municipalities are not bound by a general law to spend funds or take an action unless the Legislature has determined that such a law fulfills an important state interest and one of the specific exceptions specified in the state constitution applies. The implementation of this bill may require counties and municipalities to spend funds or take actions regarding health insurance programs for their employees because of a decreased number of prescription drugs being capable of being placed on a maximum allowable cost (MAC) pricing list. One of those mandate exceptions is that the law applies to all persons similarly situated, including the state and local governments. This bill may apply to all similarly situated persons, including the state and local governments. Therefore, a finding by the Legislature that the bill fulfills an important state interest would remove the bill from the purview of the constitutional provision.

The new contracting requirements could be an impairment of contracts if any contracts between a PBM and a pharmacy are multi-year contracts. The United States Constitution and the Florida Constitution prohibit the state from passing any law impairing the

obligation of contracts.[19] The courts will subject state actions that impact state-held contracts to an elevated form of scrutiny when the Legislature passes laws that impact such contracts. *Cf. Chiles v. United Faculty of Fla.*, 615 So.2d 671 (Fla. 1993). "[T]he first inquiry must be whether the state law has, in fact, operated as a substantial impairment of a contractual relationship. The severity of the impairment measures the height of the hurdle the state legislation must clear."[20]

If a law does impair contracts, the courts will assess whether the law is deemed reasonable and necessary to serve an important public purpose.[21] The court will also consider three factors when balancing the impairment of contracts with the important public purpose:

- Whether the law was enacted to deal with a broad economic or social problem;
- Whether the law operates in an area that was already subject to state regulation at the time the contract was entered into; and,
- Whether the effect on the contractual relationship is temporary; not severe, permanent, immediate, and retroactive.[22]

A law that is deemed to be an impairment of contract will be deemed to be invalid as it applies to any contracts entered into prior to the effective date of the Act.

V. Fiscal Impact Statement:

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

CS/CS/SB 860 may result in a reduction in the number of drugs subject to the MAC list pricing of a PBM if the drugs are not generally available. As a result:

- A pharmacist may receive a higher reimbursement for dispensed drugs that are removed from the maximum allowable cost (MAC) list.
- Employers and insurers may incur indeterminate additional costs for drugs that are removed from the MAC list. These costs could be shifted to policyholders as an increase in copayments for drugs removed from the MAC list.

C. Government Sector Impact:

According to the Division of State Group Insurance (DSGI) of the Department of Management Services, the implementation of the original bill was estimated to result in a

[19] U.S. Const. art. I, ch. 10; art. I, s. 10, Fla. Const.
[20] *Pomponio v. Claridge of Pompano Condominium, Inc.,* 378 So.2d 774 (Fla. 1980). *See also General Motors Corp. v. Romein,* 503 U.S. 181 (1992).
[21] *Park Benzinger & Co. v. Southern Wine & Spirits, Inc.,* 391 So.2d 681 (Fla. 1980); *Yellow Cab C., v. Dade County,* 412 So. 2d 395 (Fla. 3rd DCA 1982). *See also Exxon Corp. v. Eagerton,* 462 U.S. 176 (1983).
[22] *Pomponio v. Cladridge of Pompanio Condo., Inc.,* 378 So.2d 774 (Fla. 1980).

negative $3 million fiscal impact to the State Employees' Health Insurance Trust Fund.[23] Any costs incurred by a PBM to administer the provisions of this bill may be passed to the DMS as increased administrative fees. Limiting the generic drugs that can be subject to MAC pricing and affecting the aggressiveness of MAC pricing within pharmacy contracts could increase prescription drug costs for the program. An updated fiscal impact on the CS/CS/SB 860 was not available at the time of publication of this analysis.

Medicaid

There is no direct impact on Medicaid.[24]

Division of Risk Management/Department of Financial Services

According to the Division of Risk Management (DRM) of the Department of Financial Services (DFS), the CS/CS/SB 860 results in no fiscal impact on prescription drug costs for injured state workers.[25]

VI. Technical Deficiencies:

The bill creates a new section in ch. 465, F.S., relating to pharmacies. It is unclear whether the Board of Pharmacy or the Department of Health would have the authority to enforce the provisions of the bill. Currently, the Board of Pharmacy and the Department of Health have no regulatory authority over PBMs.

To avoid any issue as to the application of the mandate provision of the state constitution, consideration should be given to adding a statement to the bill that it fulfills an important state interest.

The definition of "health insurance plan" cross references s. 627.6482(6), F.S. This section of law is scheduled for repeal effective October 1, 2015.[26] Once repealed, this definition will not have a reference point.

Section 465.1862(3), F.S., refers to placing a prescription drug on a list of products. For clarity, it should identify the list of products subject to the maximum allowable cost pricing. Also in this subsection, the bill refers to a prescription drug as not obsolete. It is not apparent what obsolete means in this context. Does it mean discontinued, withdrawn from the market, or some other meaning?

Section 465.1862(4)(a)1 refers to the appeal process and the right to limit an appeal to "after the initial claim." This phrase needs a more defined reference point, such as after claim submission or after claim adjudication.

---

[23] Department of Management Services, *Senate Bill 860 Analysis* (March 6, 2015) (on file with the Senate Committee on Banking and Insurance).
[24] Agency for Health Care Administration correspondence, (March 19, 2015) (on file with the Senate Committee on Banking and Insurance).
[25] Email from Patty Cromartie, Department of Financial Services, relaying information from Molly Merry of the Division of Risk Management (April 1, 2015) (on file with the Senate Committee on Health Policy),
[26] *see* Ch. 2013-101, s. 20, Laws of Florida

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 465.1862 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/CS by Health Policy on March 31, 2015
The committee substitute:

- Removes the definition for "contracted pharmacy" and "plan sponsor;"
- Adds definition for "health insurance plan" through a cross reference to s. 627.6482(6), F.S.;
- Modifies the time standard for updating MAC cost pricing information from at least every 7 calendar days to every 7 business days and permits review of such information by contracted pharmacies via electronic, print or telephonic formats within one business day after an update at no cost to the contracted pharmacy;
- Requires the PBM to maintain a procedure to eliminate products subject to MAC pricing in a timely manner in order to remain consistent with marketplace changes;
- Revises requirements for MAC pricing to require that in order to place a prescription drug on a list, the PBM must ensure it is generally available from a national or regional wholesaler and not obsolete;
- Removes MAC price listing requirements related to significant cost differences and the need for at least two therapeutically or pharmaceutically equivalents;
- Deletes disclosure requirements for differences in MAC pricing in retail versus mail order;
- Modifies the investigation and resolution process to require investigation and resolution within seven business days after an appeal is received by the PBM rather than within 14 days;
- Revises pricing after appeal denial to add "as determined by the PBM"; and
- Modifies the appeal provision to require the PBM to make an adjustment to the MAC pricing within one business day after the date the appeal is upheld rather than retroactive to the date the claim was adjudicated.

CS by Banking and Insurance on March 23, 2015:
The CS provides the following changes:

- Eliminates the requirement for a pharmacy benefit manager (PBM) to maintain a procedure to eliminate products from the maximum allowable cost (MAC) list or to modify the MAC pricing within 3 days after a change if such products no longer meet the requirements of this section.
- Deletes the requirement that a PBM promptly change the MAC pricing list to reflect any change in the marketplace that affects the cost of a drug.

- Requires a drug have at least two, instead of three, nationally available, therapeutically equivalent, multiple-source generic drugs that meet other specified criteria before it can be placed on the MAC list.
- Removes the requirement that a PBM disclose to a plan sponsor the methodology used to establish a MAC pricing.
- Revises mandatory provisions required for contracts between a pharmacy and a PBM regarding the appeal, investigation, and resolution of MAC pricing disputes.

B. Amendments:

None.

955292

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
03/31/2015	.	
	.	
	.	
	.	

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

Senate Amendment (with title amendment)

Delete everything after the enacting clause and insert:

Section 1. Section 465.1862, Florida Statutes, is created to read:

465.1862 Pharmacy benefit managers.—

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

(a) "Maximum allowable cost" means the upper limit or maximum amount that a health insurance plan will pay for generic


955292

prescription drugs or brand name prescription drugs that have available generic versions which are included on a list of products generated by the pharmacy benefit manager.

(b) "Pharmacy benefit manager" means a person or entity doing business in this state which contracts to administer or manage prescription drug benefits on behalf of a health insurance plan that provides prescription drug benefits to residents of this state.

(c) "Health insurance plan" has the same meaning as the term "health insurance" as defined in s. 627.6482(6).

(2) In each contract between a pharmacy benefit manager and a pharmacy, the pharmacy shall have the right to obtain from the pharmacy benefit manager a current list of the sources used to determine the maximum allowable cost pricing. The pharmacy benefit manager must:

(a) Update the maximum allowable cost pricing information at least every 7 business days and provide a means by which a contracted pharmacy may promptly review current pricing information in an electronic, print, or telephonic format that is readily available to a contracted pharmacy within 1 business day after the pricing information is updated at no cost to the contracted pharmacy.

(b) Maintain a procedure to eliminate products from the list of products subject to maximum allowable cost pricing in a timely manner in order to remain consistent with changes in the marketplace.

(3) To place a prescription drug on a list of products, a pharmacy benefit manager must ensure that the prescription drug is generally available for purchase by pharmacies in this state

955292

from a national or regional wholesaler and is not obsolete.

(4)(a) Each contract between a pharmacy benefit manager and a pharmacy must include a process for appeal, investigation, and resolution of disputes regarding maximum allowable cost pricing. The process must:

1. Limit the right to appeal to 30 calendar days after the initial claim.

2. Require investigation and resolution by the pharmacy benefit manager of a dispute within 7 business days after an appeal is received by the pharmacy benefit manager.

3. Include a telephone number at which a contracted pharmacy may contact the pharmacy benefit manager regarding an appeal.

4. Require that the pharmacy benefit manager provide a reason for a denial of an appeal and identify the National Drug Code of a prescription drug that may be purchased by the contracted pharmacy at a price at or below the maximum allowable cost as determined by the pharmacy benefit manager.

(b) If an appeal is upheld, the pharmacy benefit manager shall make an adjustment to the maximum allowable cost pricing within 1 business day after the date the appeal is upheld. The pharmacy benefit manager shall make the price adjustment applicable to all similarly situated contracted pharmacies.

Section 2. This act shall take effect July 1, 2015.

================ 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:

955292

A bill to be entitled

An act relating to pharmacy; creating s. 465.1862, F.S.; defining terms; requiring a pharmacy in a contract between a pharmacy benefit manager and the pharmacy to have the right to obtain from the manager a list of sources used to determine maximum allowable cost pricing; requiring a pharmacy benefit manager to periodically update maximum allowable cost pricing information and to provide a means for pharmacies to review such information within a specified time; requiring a pharmacy benefit manager to maintain a procedure to eliminate certain products from the list of products subject to maximum allowable cost pricing; specifying requirements for a pharmacy benefit manager to place a prescription drug on a list of products; requiring contracts between a pharmacy benefit manager and a pharmacy to include a specified process for appeal; requiring a pharmacy benefit manager to make adjustments to the maximum allowable cost price within a specified period if an appeal is upheld; providing an effective date.

By the Committee on Banking and Insurance; and Senator Garcia

597-02736-15 2015860c1

A bill to be entitled

An act relating to pharmacy; creating s. 465.1862, F.S.; defining terms; providing requirements for contracts between pharmacy benefit managers and contracted pharmacies; requiring a pharmacy benefit manager to ensure that a prescription drug has met certain requirements to be placed on a maximum allowable cost pricing list; requiring the pharmacy benefit manager to disclose certain information to a plan sponsor; requiring a contract between a pharmacy benefit manager and a pharmacy to include an appeal process; providing an effective date.

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

Section 1. Section 465.1862, Florida Statutes, is created to read:

465.1862 Pharmacy benefit managers.—

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

(a) "Contracted pharmacy" means a pharmacy or network of pharmacies which has executed a contract that includes maximum allowable cost pricing requirements with a pharmacy benefit manager that acts on behalf of a plan sponsor.

(b) "Maximum allowable cost" means the upper limit or maximum amount that a plan sponsor will pay for a generic prescription drug or a brand-name prescription drug with an available generic version, which is included on a list of products generated by the pharmacy benefit manager.

(c) "Pharmacy benefit manager" means a person, business, or

other entity that provides administrative services related to processing and paying prescription claims for pharmacy benefit and coverage programs. Such services may include, but are not limited to, contracting with a pharmacy or network of pharmacies; establishing payment levels for pharmacies; dispensing prescription drugs to plan sponsor beneficiaries; negotiating discounts and rebate arrangements with drug manufacturers; developing and managing prescription formularies, preferred drug lists, and prior authorization programs; ensuring audit compliance; and providing management reports.

(d) "Plan sponsor" means a health maintenance organization, an insurer, except for an insurer that issues casualty insurance as defined in s. 624.605, a Medicaid managed care plan as defined in s. 409.962(9), a prepaid limited health service organization, or other entity contracting for pharmacy benefit manager services.

(2) A contract between a pharmacy benefit manager and a contracted pharmacy must require the pharmacy benefit manager to update the maximum allowable cost pricing information at least every 7 calendar days and must establish a reasonable process for the prompt notification of any pricing update to the contracted pharmacy.

(3) A pharmacy benefit manager, to place a prescription drug on a maximum allowable cost pricing list, at a minimum, must ensure that the drug has at least two or more nationally available, therapeutically equivalent, multiple-source generic drugs that:

(a) Have a significant cost difference.

(b) Are listed as therapeutically and pharmaceutically

equivalent or "A" or "AB" rated in the Orange Book: Approved Drug Products with Therapeutic Equivalence Evaluations published by the United States Food and Drug Administration as of July 1, 2015.

(c) Are available for purchase from national or regional wholesalers without limitation by all pharmacies in the state.

(d) Are not obsolete or temporarily unavailable.

(4) In a contract between a pharmacy benefit manager and a plan sponsor, the pharmacy benefit manager must disclose to the plan sponsor whether the pharmacy benefit manager uses a maximum allowable cost pricing list for drugs dispensed at retail but does not use such a list for drugs dispensed by mail order. If such practice is adopted after a contract is executed, the pharmacy benefit manager shall disclose such practice to the plan sponsor within 21 business days after implementation of the practice.

(5)(a) Each contract between a pharmacy benefit manager and a contracted pharmacy must include a process for appeal, investigation, and resolution of disputes regarding maximum allowable cost pricing. The process must:

1. Limit the right to appeal to 30 calendar days after an initial claim is made by the contracted pharmacy.

2. Require investigation and resolution of a dispute within 14 days after an appeal is received by the pharmacy benefit manager.

3. Include a telephone number at which a contracted pharmacy may contact the pharmacy benefit manager regarding an appeal.

(b) If an appeal is denied, the pharmacy benefit manager

shall provide the reasons for denial and shall identify the national drug code for the prescription drug that may be purchased by the contracted pharmacy at a price at or below the disputed maximum allowable cost pricing.

(c) If an appeal is upheld, the pharmacy benefit manager shall adjust the maximum allowable cost pricing retroactive to the date that the claim was adjudicated. The pharmacy benefit manager shall apply the adjustment retroactively to any similarly situated contracted pharmacy.

Section 2. This act shall take effect July 1, 2015.

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

SB 860
Bill Number (if applicable)

Topic MAC Pricing

Amendment Barcode (if applicable)

Name Larry Gonzalez

Job Title General Counsel

Address 223 S. Gadsden ST
Street

Phone 570-6307

Tallahassee, FL 32301
City *State* *Zip*

Email lawgonz@earthlink.net

Speaking: ☑ For ☐ Against ☐ Information

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

Representing Florida Society of Health-System Pharmacists

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/2015
Meeting Date

860
Bill Number (if applicable)

Amendment Barcode (if applicable)

Topic MAC Pricing

Name Jorge Chamizo

Job Title Attorney

Address 108 South Monroe Street
Street
Tallahassee, FL 32301
City *State* *Zip*

Phone (850) 681-0024

Email jorge@flapartners.com

Speaking: ☐ For ☐ Against ☐ Information

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

Representing Independent Pharmacy cooperation

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

7/31
Meeting Date

860
Bill Number (if applicable)

Topic Pharmacy

Amendment Barcode (if applicable)

Name Carlos Cruz

Job Title

Address 110 East Jefferson
Street

Tallahassee FL 32301
City *State* *Zip*

Phone

Email

Speaking: ☐ For ☐ Against ☐ Information

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

Representing Walgreens

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

March 31, 2015
Meeting Date

CS/SB 860
Bill Number (if applicable)

955292
Amendment Barcode (if applicable)

Topic PBM Contracts - MAC Pricing

Name Michael Jackson

Job Title Executive Vice President and CEO

Address 610 North Adams Street
Street

Phone 850 222-2400

Tallahassee | Florida | 32301
City | *State* | *Zip*

Email mjackson@pharmview.com

Speaking: ☑ For ☐ Against ☐ Information

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

Representing Florida Pharmacy Association

Appearing at request of Chair: ☐ Yes ☑ No

Lobbyist registered with Legislature: ☑ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

860
Bill Number (if applicable)

955292
Amendment Barcode (if applicable)

Topic Pharmacy

Name Ron Pickens

Job Title

Address 108 E Jefferson Suite A
Street
Tall FL 32301
City *State* *Zip*

Phone 8505908555

Email Rpickens@buy-rite drugs.com

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

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

Representing EPIC RX

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

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

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3/31/15
Meeting Date

860
Bill Number (if applicable)

Topic Pharmacy

strike-all 955292
Amendment Barcode (if applicable)

Name Cynthia Henderson

Job Title

Address 108 E. Jefferson St. Suite A
Street

Phone 850 559 0755

Tall
City

FL
State

32303
Zip

Email cyhenderson@me.com

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

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

Representing Epic Rx

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

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

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

	860
Meeting Date	*Bill Number (if applicable)*
	955292
	Amendment Barcode (if applicable)

Topic SB 860 - Amendment

Name Claudia Davant

Job Title

Address _____ Phone _____
Street

_____ Email _____
City *State* *Zip*

Speaking: ☐ For ☐ Against ☐ Information

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

Representing Florida Pharmacy Assoc

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

3/31/2015 (Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting) SB860

Meeting Date *Bill Number (if applicable)*

Topic Pharmacy

Amendment Barcode (if applicable)

Name Joy Ryan

Job Title

Address 325 W. College Phone 425-4000

Street

32301 Email joy@meenanlawfirm.com

City *State* *Zip*

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against

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

Representing America's Health Insurance Plans & Prime Therapeutics

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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

3 / 31 / 2015
Meeting Date

Topic _____ Bill Number 860 *(if applicable)*

Name BRIAN PITTS Amendment Barcode _____ *(if applicable)*

Job Title TRUSTEE

Address 1119 NEWTON AVNUE SOUTH *Street* Phone 727-897-9291

SAINT PETERSBURG *City* FLORIDA *State* 33705 *Zip* E-mail JUSTICE2JESUS@YAHOO.COM

Speaking: ☐ For ☐ Against ☑ Information

Representing JUSTICE-2-JESUS

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

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

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

S-001 (10/20/11)

The Florida Senate

State Senator René García

38th District

Please reply to:

District Office:

1490 West 68 Street
Suite # 201
Hialeah, FL. 33014
Phone# (305) 364-3100

March 31, 2015

The Honorable Senator Aaron Bean
Chair, Committee on Health Policy
430 Knott Building
404 S. Monroe Street
Tallahassee, FL 32399-1100

Dear Chairman Bean:

Please excuse my absence from the Health Policy Committee today, I had an unexpected traveling arrangement arise. Please permit my Legislative Aide, Jesus Tundidor, to present ***SB 860: Pharmacy Benefit Managers*** to your committee today.

Sincerely,

State Senator René García
District 38
RG:JT

CC: Sandra Stovall, Staff Director

CourtSmart Tag Report

Room: KN 412 **Case:** **Type:**
Caption: Senate Health Policy Committee **Judge:**

Started: 3/31/2015 10:05:14 AM
Ends: 3/31/2015 12:00:09 PM Length: 01:54:56

10:05:40 AM Sen. Bean, Chair
10:06:36 AM Roll Call
10:07:07 AM Quorum Present
10:07:23 AM Chair
10:07:26 AM TAB 1: Senate Confirmation Hearing
10:07:38 AM Elizabeth Dudek, Secretary, Agency for Health Care Admin.
10:10:43 AM Chair
10:10:48 AM Elizabeth Dudek responds
10:11:24 AM Chair
10:11:25 AM Elizabeth Dudek responds
10:11:38 AM Chair
10:12:07 AM Elizabeth Dudek responds
10:12:21 AM Chair
10:12:29 AM Elizabeth Dudek responds
10:13:15 AM Chair
10:14:15 AM Sen. Sobel, Vice Chair
10:14:22 AM Elizabeth Dudek responds
10:15:09 AM Vice Chair
10:16:12 AM Elizabeth Dudek responds
10:16:41 AM Chair
10:16:43 AM Public Testimony
10:16:46 AM Brian Pitts, Trustee, Justice-2-Jesus
10:18:13 AM Chair
10:19:23 AM Vice Chair
10:19:29 AM Motion to Confirm Sec. Dudek
10:20:03 AM Chair
10:20:10 AM Roll Call on Recommended Confirmation of Sec. Dudek
10:20:31 AM Confirmation of Sec. Dudek is Recommended Favorably
10:20:47 AM Chair
10:20:51 AM TAB 2: SB 146 by Ring; Autism
10:21:50 AM Chair
10:22:11 AM Public Appearances
10:22:14 AM Ron Watson, Parent, waives in support
10:22:15 AM Show Larry Gonzalez, General Counsel, FL Occupational Therapy Association, waiving in support (Appearance Form Handed in Late)
10:22:18 AM Brian Pitts, Trustee, Justice-2-Jesus, speaks on bill
10:23:07 AM Chair
10:23:16 AM Vice Chair
10:24:00 AM Sen. Ring responds
10:24:52 AM Chair
10:25:08 AM Debate on bill
10:25:11 AM Sen. Joyner
10:26:55 AM Chair
10:27:01 AM Roll Call on SB 146
10:27:15 AM SB 146 reported favorably
10:27:32 AM Chair
10:27:33 AM TAB 3: SB 548 by Clemens; Use of Tobacco Products in Motor Vehicles
10:27:56 AM Public Testimony
10:28:00 AM Laura Fellman, FL PTA Legislative Committee Member, Representing FL PTA, waives in support
10:28:10 AM Brian Pitts, Trustee, Justice-2-Jesus, speaks on bill
10:29:32 AM Chair
10:29:34 AM Debate on bill

10:29:36 AM Sen. Joyner
10:31:57 AM Chair
10:32:00 AM Sen. Gaetz
10:33:05 AM Chair
10:33:10 AM Sen. Clemens recognized to close
10:33:25 AM Chair
10:33:32 AM Roll Call on SB 548
10:33:37 AM SB 548 reported favorably
10:33:54 AM Chair
10:34:02 AM TAB 5: SB 926 by Sobel; Underwater Pool Lighting Safety
10:34:25 AM AM 146462
10:34:56 AM AM 146462 is adopted
10:35:02 AM On bill as amended
10:35:11 AM Public Testimony
10:35:15 AM Jennifer Hatfield, FL Swimming Pool Association, waives in support
10:35:25 AM Bruce Kershner, United Pool and Spa Association, waives in support
10:35:29 AM Brian Pitts, Trustee, Justice-2-Jesus, speaks on bill
10:36:37 AM Chair
10:36:47 AM Debate on Bill
10:36:50 AM Vice Chair recognized to close
10:37:13 AM Roll Call on CS for SB 926
10:37:32 AM CS for SB 926 reported favorably
10:37:47 AM TAB 4: SB 7066 by RI; Low-THC Cannabis
10:38:09 AM Vice Chair Sobel takes over Chair
10:38:29 AM Sen. Bradley recognized to explain bill
10:41:41 AM Sen. Sobel in Chair
10:41:42 AM Questions on bill
10:41:45 AM Sen. Joyner
10:42:22 AM Sen. Bradley responds
10:45:26 AM Sen. Joyner follow-up
10:45:29 AM Sen. Bradley responds
10:46:39 AM Sen. Sobel in Chair
10:46:43 AM AM 427268 by Galvano
10:47:06 AM Sen. Bradley recognized to explain AM 427268
10:47:27 AM Sen. Sobel in Chair
10:47:33 AM Jodi James, Exec. Director, FL Cannabis Action Network, speaks on AM 427268
10:49:19 AM Sen. Sobel in Chair
10:50:21 AM AM 427268 is adopted
10:50:32 AM AM 977392 by Galvano
10:50:39 AM Sen. Bradley
10:50:52 AM AM 977392 is adopted
10:51:08 AM AM 137656 by Braynon
10:51:19 AM Sen. Braynon
10:52:04 AM Sen. Sobel in Chair
10:52:31 AM Sen. Gaetz
10:52:55 AM Substitute AM 937496
10:53:07 AM Sen. Galvano
10:53:26 AM AM 937496 is withdrawn
10:53:40 AM Jonathan Carr, Director of Operations, Cannabis University of Florida, speaks in opposition of AM
10:55:47 AM Sen. Sobel in Chair
10:55:49 AM Howard Gunn Jr., President, FL Black Farmers Association, speaks in opposition of AM
10:56:36 AM Roy L. Rolle, Jr., Past President, FL Black Farmers Association, speaks in oppositon of AM
10:57:10 AM Latrese Wilson, VP, FL Black Farmers Association, speaks in opposition of AM
10:57:47 AM Sen. Sobel in Chair
10:57:56 AM Sen. Bradley
10:59:37 AM Sen. Sobel in Chair
10:59:46 AM Sen. Joyner recognized
11:02:04 AM Sen. Sobel in Chair
11:03:06 AM Sen. Braynon
11:04:20 AM AM 137656 is withdrawn
11:04:28 AM Sen. Sobel in Chair
11:04:33 AM AM 269896 by Galvano

11:04:40 AM Sen. Bradley
11:04:48 AM Sen. Sobel in Chair
11:04:53 AM AM 269896 is adopted
11:05:05 AM AM 279030 by Galvano
11:05:11 AM Sen. Bradley
11:05:20 AM Sen. Sobel in Chair
11:05:24 AM AM 279030 is adopted
11:05:38 AM AM 468704 by Galvano
11:05:44 AM Sen. Bradley
11:05:48 AM Sen. Sobel in Chair
11:06:01 AM Sen. Joyner
11:06:17 AM Sen. Bradley responds
11:06:37 AM Sen. Sobel in Chair
11:06:41 AM AM 468704 is adopted
11:06:57 AM AM 763240 by Galvano
11:07:03 AM Sen. Bradley
11:07:09 AM Sen. Sobel in Chair
11:07:21 AM Jodi James, Exec. Director, FL Cannabis, speaks on AM 763240
11:08:44 AM Sen. Sobel in Chair
11:08:51 AM AM 763240 is adopted
11:09:08 AM AM 388422 by Sobel
11:09:13 AM Chair given to Sen. Gaetz
11:09:20 AM Sen. Sobel
11:09:37 AM Sen. Gaetz
11:09:43 AM Sen. Galvano
11:09:52 AM Sen. Gaetz
11:09:55 AM Sen. Bradley
11:10:29 AM Sen. Gaetz
11:10:34 AM Ryan Padgett, Asst. General Counsel, FL League of Cities, speaks in favor of AM 388422
11:11:23 AM Sen. Gaetz
11:11:56 AM Sen. Sobel waives close
11:12:01 AM AM 388422 is adopted
11:12:05 AM Chair returned to Sen. Sobel
11:12:11 AM Back on bill as amended
11:12:22 AM Barney Bishop, President and CEO, The FL Smart Justice Alliance, speaks in favor of bill
11:14:57 AM Sen. Sobel in Chair
11:15:08 AM Christopher Cano, Executive Director, Central FL NORML, speaks on bill
11:17:33 AM Louis Rotundo, FL Medical Cannabis Association, speaks in favor of bill
11:20:38 AM Chair returned to Sen. Bean
11:20:53 AM Sen. Galvano
11:21:01 AM Motion to limit debate for a time-certain vote at 11:30
11:21:18 AM Objection by Sen. Joyner
11:21:34 AM Chair
11:21:44 AM Sen. Joyner removes objection
11:21:55 AM Motion is adopted
11:22:03 AM Jodi James, Exec. Director, FL Cannabis, waives in opposition
11:22:23 AM Ron Watson, Lobbyist, FLMCA, speaks in favor of bill
11:23:18 AM Chair
11:23:24 AM Tera Thrift, Mom and Advocate, Representing son Caleb Thrift, waives in support
11:23:33 AM Jeff Sharkey, President, CAG, Representing Medical Marijuana Business Association, waives in support
11:23:41 AM Anneliese Clark, Mom, Representing Daughter Christina, speaks in favor of bill
11:24:59 AM Chair
11:25:01 AM Jeffrey Milley, Pharmacist, speaks on bill
11:25:45 AM Chair
11:25:46 AM Ryan Padgett, Assistant General Counsel, FL League of Cities, waives in support
11:26:05 AM Dennis Deckernoff, Parent/Patient Advocate, Representing Barrett Deckernoff, speaks in favor of bill
11:26:53 AM Chair
11:26:54 AM Dr. Jeffrey Block, Physician, speaks on bill
11:27:43 AM Chair
11:27:45 AM Susan Goldstein , Parent/Advocate/Lobbyist, Representing Daughter Stephie and Innovation Industries, speaks on bill
11:28:51 AM Samuel D. Harris III, UGrow-CEO, speaks in favor of bill

11:29:26 AM Brian Pitts, Trustee, Justice-2-Jesus, speaks on bill
11:30:22 AM Sen. Bradley waives close
11:30:32 AM Roll Call on SB 7066
11:30:41 AM SB 7066 reported favorably
11:30:57 AM TAB 7: SB 532 by Grimsley; Ordering of Medication
11:31:10 AM AM 243856
11:31:16 AM Sen. Grimsley
11:31:19 AM Chair
11:31:29 AM AM 243856 adopted
11:31:36 AM On bill as amended
11:31:48 AM Melissa Fausz, Policy Analyst, Americans for Prosperity, waives in support
11:31:53 AM Jack McRay, AARP, waives in support
11:31:58 AM Sen. Braynon
11:32:01 AM Sen. Joyner
11:32:21 AM Sen. Grimsley responds
11:33:06 AM Sen. Joyner follow-up
11:33:15 AM Sen. Grimsley
11:33:44 AM Vice Chair
11:33:56 AM Sen. Grimsley responds
11:33:59 AM Chair
11:34:05 AM Allison Carvajal, Consultant, FL Nurse Practitioner Network, waives in support
11:34:10 AM Vanesa Charles, FL Nurses Association, waives in support
11:34:15 AM Chris Floyd, Consultant, FL Association of Nurse Practitioners, waives in support
11:34:20 AM Barbara Lumpkin, Consultant, Baptist Health South Florida, waives in support
11:34:24 AM Martha DeCastro, VP for Nursing, FL Hospital Association, waives in support
11:34:28 AM Melody Selis, Govt. Affairs Manager, FL Health Care Association, waives in support
11:34:34 AM Chris Ruland, FL Chapter, American College of Physicians, speaks on bill
11:35:12 AM Michael Anway, FL Chamber of Commerce, waives in support
11:35:15 AM Stan Whittaker, Chairman, FL Association of Nurse Practitioners, waives in support
11:35:23 AM Roll Call on CS for SB 532
11:35:36 AM CS for SB 532 reported favorably
11:36:07 AM TAB 8: CS/SB 860 by BI, Garcia; Pharmacy
11:36:08 AM Presented by Aide
11:36:15 AM Chair
11:36:24 AM Sen. Joyner
11:36:27 AM Aide Responds
11:36:47 AM Sen. Joyner
11:36:50 AM Aide responds
11:36:52 AM Chair
11:36:59 AM Late File AM 955292
11:37:12 AM Aide explains AM 955292
11:37:34 AM Chair
11:37:48 AM AM 955292 is adopted
11:37:54 AM Public Testimony
11:38:01 AM Joy Ryan, America's Health Insurance Plans and Prime Therapeutics, speaks in opposition of bill
11:38:54 AM Chair
11:39:02 AM Claudia Davant, FL Pharmacy Association, waives in support
11:39:08 AM Cynthia Henderson, Epic Rx, waives in support
11:39:12 AM Ron Pickens, Epic Rx, waives in support
11:39:15 AM Michael Jackson, Executive VP and CEO, FL Pharmacy Association, waives in support
11:39:20 AM Carlos Cruz, Walgreens, waives in support
11:39:25 AM Jorge Chamizo, Attorney, Independent Pharmacy Cooperation, waives in support
11:39:29 AM Larry Gonzalez, General Counsel, FL Society of Health-System Pharmacists, waives in support
11:39:34 AM Brian Pitts, Trustee, Justice-2-Jesus, speaks on bill
11:40:23 AM Chair
11:40:27 AM Aide waives close
11:40:31 AM Roll Call on CS for SB 860
11:40:40 AM CS for SB 860 reported favorably
11:40:55 AM TAB 6: SB 724 by Flores; Termination of Pregnancies
11:41:15 AM Vice Chair
11:41:35 AM Sen. Joyner recognized
11:41:45 AM Sen. Flores responds

11:42:10 AM Sen. Joyner follow-up
11:42:16 AM Sen. Flores responds
11:43:14 AM Sen. Joyner
11:43:19 AM Sen. Flores responds
11:43:55 AM Sen. Joyner
11:43:59 AM Sen. Flores responds
11:44:29 AM Sen. Joyner
11:44:48 AM Sen. Flores responds
11:45:53 AM Sen. Joyner
11:46:08 AM Chair
11:46:21 AM Late File AM 231828
11:46:30 AM Vice Chair
11:48:11 AM Chair
11:48:17 AM Debate on AM 231828
11:48:28 AM Sen. Flores
11:48:36 AM Vice Chair closes on AM 231828
11:49:48 AM Chair
11:49:50 AM AM 231828 is not adopted
11:50:33 AM Sen. Gaetz motions for a time-certain 11:58 vote
11:50:45 AM Motion adopted
11:50:59 AM Edna Nalls, Democratic Women's Club of FL, waives in opposition
11:51:09 AM Milly Krause, DWCF Leg. Chair, DWCF, waives in opposition
11:51:13 AM Ingrid Fluellen, Chair, Democratic Women's Club of FL, waives in oppostion
11:51:23 AM Amy Datz, Mother, waives in opposition
11:51:26 AM Susan Smith, waives in opposition
11:51:30 AM Nikki Barnes, State Legislative Director, UniteWomen FL, waives in opposition
11:51:39 AM Diane B. Guthrie, Retired, Dem. Women's Club of Mid-Pinellas, waives in opposition
11:51:52 AM Dian Alarcon, FL Field Coordinator, National Latina Institute for Reproductive Health, shown in opposition
11:52:05 AM Brian Pitts, Trustee, Justice-2-Jesus, waives in support
11:52:11 AM Mark Phillips, Legislative Affairs, FL Family Policy Council and FL Family Action, waives in support
11:52:20 AM Kimberly Nelson, Peer Counselor, A Women's Pregnancy Center, waives in support
11:52:26 AM Pam Olsen, waives in support
11:52:32 AM Jamie Brown, Executive Director, A Women's Pregnancy Center, waives in support
11:52:39 AM Teresa Ward, Attorney, FL Right to Life, Inc., waives in support
11:52:45 AM Julie Costas, speaks in favor of bill
11:54:15 AM Chair
11:54:17 AM Dr. Christopher Estes, Planned Parent, speaks in opposition
11:55:38 AM Chair
11:55:55 AM Gabriel Garcia-Vera, FL Field Coordinator, National Latina Institute for Reproductive Health, shown in opposition
11:55:58 AM Melissa Madera, PhD, Founder, The Abortion Diary, shown in oppositon
11:56:05 AM Laila Abdelaziz, Legislative Director, CAIR FL, shown in opposition
11:56:09 AM Barbara DeVane, FL NOW, shown in opposition
11:56:14 AM Toni Van Pelt, West Pinellas NOW, Past President of FL NOW, shown in opposition
11:56:27 AM Michelle Richardson, Director of Public Policy, ACLU, shown in opposition
11:56:32 AM Terri Wonder, Social Scientist, Democratic Women of Manatee County, shown in opposition
11:56:40 AM Annette Boddie, DWCF/Legislative Liaison Duval County, shown in opposition
11:56:45 AM Following appearance records not read due to time-limitations
11:56:46 AM Dianne Krumel, President Democratic Women's Club of Escambia County, DWCF (Position not stated)
11:56:46 AM Greg Pound, Representing Florida Families, shown in support
11:56:46 AM Ingrid Delgado, Associate for Social Concerns and Respect Life, FL Conference of Catholic Bishops, shown in support
11:56:46 AM Bill Bunkley, President, FL Ethics and Religious Liberty Commission, shown in support
11:56:46 AM Beth Harrison, Personal Trainer, Representing Self, shown in support
11:56:46 AM Sherri Davme, Director of Client Services, A Women's Pregnancy Center, shown in support
11:56:46 AM Lisa J. Adams, shown in support
11:56:46 AM Marcia Daniel, Executive Director, PAFRA, shown in support
11:56:51 AM Debate
11:56:59 AM Sen. Joyner
11:59:03 AM Chair
11:59:12 AM Roll Call on SB 724
11:59:23 AM SB 724 reported favorably

11:59:46 AM Sen. Gaetz requests to be shown in affirmative on SB 146
11:59:56 AM Sen. Galvano moves to adjourn
12:00:02 PM Meeting Adjourned