

THE FLORIDA SENATE
2017 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 101 — Certificates of Nonviable Birth

by Health and Human Services Committee; Health Quality Subcommittee; and Rep. Cortes, B. and others (SB 672 by Senator Bean)

The bill creates the “Grieving Families Act” which enables a parent to obtain, in certain situations, a certificate of nonviable birth following a miscarriage. The bill defines a “nonviable birth” as an unintentional, spontaneous fetal demise occurring after the completion of the 9th week of gestation but prior to the 20th week of gestation of a pregnancy that has been verified by a health care practitioner.

The bill requires certain health care practitioners who attend or diagnose a nonviable birth, or the health care facility at which it occurs, to advise the parent:

- That the parent may request the preparation of a certificate of nonviable birth;
- That the parent may obtain a certificate of nonviable birth by contacting the Department of Health’s Office of Vital Statistics;
- How the parent may contact the Office of Vital Statistics to request the certificate of nonviable birth; and
- That certain information on the certificate of nonviable birth is available as a public record.

The Office of Vital Statistics must establish a process for registering nonviable births pursuant to information submitted by certain health care practitioners and facilities in response to a parent’s request for such submission and for issuing a certificate of nonviable birth upon the parent’s request. The bill provides that the fee for a new certificate of nonviable birth must be at least \$3 but no more than \$5.

The bill prohibits using a certificate of nonviable birth in the calculation of live birth statistics.

The bill specifies that the provisions in this act may not be used as a basis to establish, bring, or support a civil cause of action seeking damages against any person or entity for bodily injury, personal injury, or wrongful death for a nonviable birth.

If approved by the Governor, these provisions take effect July 1, 2017.

Vote: Senate 36-0; House 115-1

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Committee on Health Policy

CS/HB 103 — Pub. Rec./Nonviable Birth Records

by Health and Human Services Committee; and Rep. Cortes, B. and others (CS/CS/SB 674 by Governmental Oversight and Accountability Committee; Health Policy Committee; and Senator Bean)

The bill creates a public records exemption for information relating to the cause of death and parentage, marital status, and medical information in all nonviable birth records. Accordingly, the Department of Health's Office of Vital Statistics may not release this information pursuant to a public records request.

The bill includes a constitutionally required public necessity statement. The exemption will stand repealed on October 2, 2022, pursuant to the Open Government Sunset Review Act unless it is reenacted.

If approved by the Governor, these provisions take effect on the same date that CS/CS/HB 101 takes effect.

Vote: Senate 37-0; House 114-0

THE FLORIDA SENATE
2017 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 209 — Medical Faculty and Medical Assistant Certification

by Health and Human Services Committee; Health Quality Subcommittee; and Reps. Miller, A., Diamond, and others (CS/CS/SB 496 by Education Committee; Health Policy Committee; and Senators Brandes and Passidomo)

The bill expands the criteria under which the Department of Health (DOH) may issue a medical faculty certificate to include a medical physician who has accepted a full time faculty position at a specialty-licensed children's hospital that is affiliated with any accredited medical school and its affiliated clinics. A medical faculty certificate authorizes a physician to practice medicine in Florida without sitting for and passing a medical examination, but the medical practice may be in conjunction with the faculty position only.

The bill corrects the name of the Mayo Clinic College of Medicine and Science in Jacksonville, Florida, and adds the Johns Hopkins All Children's Hospital, in St. Petersburg, Florida, to the list of programs of medicine for which a medical faculty certificate may be issued to a full time faculty appointee.

The bill authorizes the DOH to process an application for a temporary certificate for a visiting physician for the limited purpose of providing educational training for medical or surgical residents up to five days in a year, using a unique personal identification number if the physician does not have a social security number, but otherwise meets the credentialing criteria.

The bill requires a medical assistant to obtain a certificate from a certification program accredited by the National Commission for Certifying Agencies, a national or state medical association, or an entity approved by the Board of Medicine, to be credentialed as a certified medical assistant. Under the bill, such certification may be used to qualify for employment as a medical assistant at a multiphasic health testing center.

If approved by the Governor, these provisions take effect July 1, 2017.

Vote: Senate 37-0; House 116-0

THE FLORIDA SENATE
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Committee on Health Policy

CS/CS/HB 229 — Health Care Practitioner Licensure

by Health and Human Services Committee; Health Quality Subcommittee; Rep. Byrd and others (CS/CS/SB 876 by Appropriations Committee; Health Policy Committee; and Senators Young, Bean, Rouson, and Campbell)

The bill updates the operation of the impaired practitioner program (IPP). The IPP assists health care practitioners who are impaired or potentially impaired as a result of the misuse or abuse of alcohol or drugs, or of a mental or physical condition which could affect the ability to practice with skill and safety.

The bill authorizes the Department of Health (DOH) to retain one or more consultants to operate the IPP. The DOH must establish the terms and conditions of the program by contract with any IPP consultant retained by the department. The contracts must require the consultants to accept referrals, arrange for evaluations and treatment of practitioners, and monitor their progress to determine if they are able to safely return to practice. The consultants does not directly evaluate, treat, or provide any patient care or treatment.

The bill allows certain licensed practitioners to report practitioners having, or suspected of having, an impairment to a consultant rather than to the DOH. To encourage self-referral, the bill prohibits a consultant from providing information to the DOH about a self-referring participant if the consultant is not aware of a pending action against the practitioner and the participant is complying and making progress with the terms of the IPP contract, unless authorized by the participant.

A program referral or participant must enter into a participant contract with the consultant which provides the consultant's requirements for the participant to successfully complete the IPP and monitoring plan. If a participant fails to complete, or is terminated from, the IPP for any reason other than successful completion, a consultant must notify the DOH for disciplinary action. If a consultant concludes that a practitioner's impairment constitutes an immediate, serious danger to public health, the consultant must notify the DOH.

The bill authorizes the consultant to release information to a participant, referral, or legal representative of a participant or referral. If the consultant discloses information to the DOH, the participant, referral, or legal representative of the participant or referral may obtain a copy of the consultant's file from either the consultant or the DOH.

The consultant, and the consultant's directors, officers, employees and agents are deemed agents of the DOH while acting within the scope of the consultant's contract with the DOH for purposes of sovereign immunity.

The provisions of the IPP also apply to other state agencies, medical schools, or educational institutions preparing students for licensure as a health care practitioner that contract with a consultant for IPP services.

Under the bill, the DOH may not refer a licensed emergency medical technician or paramedic who is employed by a governmental entity to a consultant if the practitioner has already been referred by the employer to an employee assistance program, unless the practitioner fails to satisfactorily complete the employee assistance program.

The bill exempts from the denial of initial licensure or license renewal individuals who were arrested or charged with a disqualifying felony offense before July 1, 2009, when the licensure disqualification law was enacted. The bill authorizes the DOH to issue or renew the license of an individual who is convicted of or enters a plea of guilty or nolo contendere to a disqualifying felony if the applicant successfully completes a pretrial diversion program and the plea has been withdrawn or the charges have been dismissed.

If approved by the Governor, these provisions take effect upon becoming law, except where otherwise provided.

Vote: Senate 37-0; House 119-0

THE FLORIDA SENATE
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CS/CS/HB 249 — Drug Overdoses

by Health and Human Services Committee; Health Quality Subcommittee; and Reps. Rommel, Lee, and others (CS/CS/CS/SB 588 by Rules Committee; Criminal Justice Committee; Health Policy Committee; and Senator Passidomo)

The bill requires hospitals with emergency departments to develop best practice policies that focus upon the prevention of unintentional drug overdoses. The bill defines “overdose” and provides parameters for the contents of a hospital’s overdose prevention policy.

The bill authorizes the voluntary reporting of a suspected or actual overdose of a controlled substance to the Department of Health (DOH) by basic and advanced life support service providers that treat and release, or transport, a person in response to an emergency call. If a report is made, it must contain specified demographic information, whether an emergency opioid antagonist was administered, whether the overdose was fatal or non-fatal, and the suspected controlled substances involved, if permitted by the reporting mechanism. Reporters must use best efforts to make the report within 120 hours.

The DOH must make the data received available to law enforcement, public health, fire rescue, and EMS agencies in each county within 120 hours after receipt. The DOH must provide quarterly, summarized reports, to the Statewide Drug Policy Advisory Council, the Department of Children and Families, and the Florida Fusion Center, which may be used to maximize the utilization of funding programs for licensed basic and advanced life support service providers, and to disseminate available federal, state and, private funds for local substance abuse treatment services.

The bill provides that no new cause of action is created by requiring hospitals with emergency departments to develop policies to promote the prevention of unintentional overdoses. A reporter is also exempt from civil or criminal liability for reporting, if the report is made in good faith. The bill provides that failing to make a report is not grounds for licensure discipline.

If approved by the Governor, these provisions take effect October 1, 2017.

Vote: Senate 37-0; House 117-0

THE FLORIDA SENATE
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Committee on Health Policy

CS/CS/SB 474 — Hospice Care

by Children, Families, and Elder Affairs Committee; Health Policy Committee; and Senator Grimsley

The bill amends and creates a section of the Florida Statutes related to the provision of hospice care. The bill:

- Requires the Department of Elder Affairs and the Agency for Health Care Administration to adopt federal guidelines and survey data for hospice outcome measures by December 31, 2019, and to develop a system for reporting national hospice outcome measures and survey data to consumers;
- Creates new requirements for hospices that assist in the disposal of prescribed controlled substances after a patient's death; and
- Provides additional parameters under which a hospice is authorized to release a patient's medical records.

If approved by the Governor, these provisions take effect July 1, 2017.

Vote: Senate 38-0; House 119-0

THE FLORIDA SENATE
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Committee on Health Policy

CS/CS/HB 543 — Regulation of Health Care Practitioners

by Health and Human Services Committee; Health Innovation Subcommittee; and Rep. Pigman and others (CS/SB 328 by Health Policy Committee; and Senators Grimsley, Perry, and Campbell)

The bill modifies provisions pertaining to nursing education programs and amends several chapters of the Florida Statutes relating to health care practitioners.

The bill authorizes the Board of Nursing (BON) to adopt rules relating to nursing curriculum, including rules addressing the use and limitations of simulation technology, and to conduct on-site evaluations of applicants for nursing education programs. The bill changes the method for calculating the examination passage rate for nursing education programs to include all first time test takers, rather than only those individuals who take the examination within six months of graduation. The bill removes a requirement that a nursing student who does not take the licensure examination within six months of graduation must successfully complete a licensure examination preparatory course.

The bill authorizes the BON to grant a one-year extension to a nursing education program that is on probation for failure to meet the graduate passage rate if the program shows progress. A program, whether accredited or non-accredited, that is on probation must notify its students and applicants of that status and its implications in writing. The bill prohibits a nursing education program that was terminated or closed from reapplying for approval for three years.

The bill eliminates requirements for certain reporting and tasks by the Office of Program Policy Analysis and Government Accountability (OPPAGA) relating to nursing education programs and places those responsibilities on the Florida Center for Nursing. Additionally, the Florida Center for Nursing is required to annually assess approved nursing programs for compliance with accreditation requirements and report on each program's status toward accreditation.

Additional changes in the bill to the practice of nursing include:

- Removing an obsolete pathway for certification as an advanced registered nurse practitioner (ARNP);
- Removing the joint committee as the entity that determines minimum standards for ARNP protocols;
- Requiring an ARNP protocol to be maintained where the ARNP practices rather than filing it with the BON; and
- Requiring an ARNP to have a supervisory protocol with at least one of the physicians when practicing within a physician group practice.

The bill creates s. 465.1893, F.S., which authorizes a pharmacist who meets certain education requirements and acts within an established protocol with a physician, to administer at the direction of the physician an injection of long-acting antipsychotropic medication to a patient.

The bill requires orthotists and prosthetists to complete a one-hour board approved course on the prevention of medical errors for initial licensure and as part of the required continuation education for license renewal.

The bill provides an additional pathway for a physical therapist assistant to obtain licensure if he or she was enrolled in an accredited physical therapist assistant school in this state between July 1, 2014, and July 1, 2016, and has graduated, or is eligible to graduate, by July 1, 2018, and passes the board examination.

If approved by the Governor, these provisions take effect upon becoming law, except as otherwise expressly provided in the act.

Vote: Senate 38-0; House 116-1

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CS/CS/HB 557 — Controlled Substance Prescribing

by Health and Human Services Committee; Health Quality Subcommittee; and Reps. Duran, Silvers, and others (CS/CS/CS/SB 840 by Rules Committee; Governmental Oversight and Accountability Committee; Health Policy Committee; and Senator Clemens)

The bill amends provisions relating to the Prescription Drug Monitoring Program (PDMP). The PDMP uses a comprehensive electronic database to monitor the prescribing and dispensing of certain controlled substances.

The bill requires dispensers to report the dispensing of a controlled substance to the PDMP by the close of the next business day, rather than seven days, after the controlled substance is dispensed. This expedited timeframe for reporting is effective January 1, 2018. The bill also requires the dispenser to report via the department-approved electronic system.

The bill clarifies an exemption from reporting to the PDMP for rehabilitative hospitals, assisted living facilities, or nursing homes dispensing controlled substances, as needed, to a patient as ordered by the patient's treating physician. The dispensing must occur while the patient is present and receiving care in the facility in order for the dispensing to be exempt from mandatory reporting.

A patient's personal identifying information in the PDMP is confidential, and access to information in the PDMP is limited by law. The bill authorizes an employee of the U.S. Department of Veterans Affairs, who is authorized to prescribe controlled substances but who may not be licensed to practice his or her profession under Florida law, to access the PDMP for the purpose of reviewing his or her patient's controlled substance prescription history. Health care practitioners licensed under Florida law and authorized to prescribe controlled substances have similar authorization to review their patients' controlled substance prescription history.

If approved by the Governor, these provisions take effect July 1, 2017, except where otherwise provided.

Vote: Senate 28-0; House 119-0

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HB 589 — Prescription Drug Price Transparency

by Rep. Yarborough and others (SB 888 by Senator Bean)

The bill requires the Agency for Health Care Administration (AHCA) to list on its Internet website retail drug prices, by pharmacy, for a 30-day supply of the 300 most frequently prescribed medications. Currently, the AHCA lists 150 medications, although the statute only requires 100 medications to be listed. The bill requires the AHCA to update the prices monthly, rather than quarterly.

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

Vote: Senate 38-0; House 114-0

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CS/CS/CS/HB 785 — Stroke Centers

by Health and Human Services Committee: Health Care Appropriations Subcommittee; Health Quality Subcommittee; and Rep. Magar and others (CS/CS/SB 1406 by Appropriations Committee; Health Policy Committee; and Senators Powell, Passidomo, and Baxley)

The bill requires the Agency for Health Care Administration (AHCA) to add “acute ready stroke center” as a new entry in the types of stroke centers that is made available to licensed emergency medical services providers. The bill removes language instructing the AHCA to base stroke center rules on criteria established solely by the Joint Commission and requires rule criteria to be substantially similar to any nationally recognized accrediting organization.

The Department of Health (DOH) is directed to contract with a private entity to establish and maintain a statewide stroke registry, subject to the availability of funds. The contract provider must use a nationally recognized platform to collect data on nationally recognized stroke performance measures and provide regular reports to the DOH. Each stroke center is required to regularly report to the statewide stroke registry information specified by the DOH. The bill provides that the registry’s purpose is to ensure that the data are maintained and available to improve or modify the stroke care system, ensure compliance with standards, and monitor stroke patient outcomes. The bill provides that no liability of any kind shall be created or enforced against any acute ready stroke center, primary stroke center, or comprehensive stroke center by reason of having provided such information to the statewide stroke registry.

If approved by the Governor, these provisions take effect July 1, 2017.

Vote: Senate 37-0; House 117-0

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CS/HB 863 — Hospice Services

by Health and Human Services Committee; and Reps. Roth and Silvers (CS/CS/SB 414 by Children, Families, and Elder Affairs Committee; Health Policy Committee; and Senator Grimsley)

The bill creates a new exemption from the certificate of need process for the establishment of a hospice program meeting certain criteria. The exemption is available to an entity that shares a controlling interest with a not-for-profit retirement community that offers independent living, assisted living, and nursing home services at a teaching nursing home that has been designated as a teaching nursing home for at least five years. The bill specifies that only one hospice program may be established per teaching nursing home under the exemption. Additionally, the hospice program established pursuant to this exemption may only serve patients residing in communities located within the not-for-profit retirement community.

If approved by the Governor, these provisions take effect July 1, 2017.

Vote: Senate 37-0; House 119-0

THE FLORIDA SENATE
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Committee on Health Policy

HB 883 — Memory Disorder Clinics

by Reps. Miller, M., Plakon, and others (SB 1050 by Senator Simmons)

The bill establishes a memory disorder clinic at Florida Hospital in Orange County.

There are 15 state-funded Memory Disorder Clinics in the state of Florida that provide comprehensive assessments, diagnostic services, and treatments to individuals that show signs of Alzheimer’s disease and related memory disorders. The Memory Disorder Clinics are also required to conduct specific research in coordination with the Department of Elder Affairs. The clinics are established at medical schools, teaching hospitals, and public and private, not-for-profit hospitals.

Florida Hospital in Central Florida opened a self-funded memory disorder program in 2012. The Florida Hospital Maturing Minds Clinic serves patients with Alzheimer’s disease and related disorders in Orange, Seminole, and Osceola counties. The state designation as a memory disorder clinic will assist the clinic in seeking national and local grants.

If approved by the Governor, these provisions take effect July 1, 2017.

Vote: Senate 35-0; House 119-0

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CS/HB 1041 — Laboratory Screening

by Health and Human Services Committee and Rep. Raschein (CS/SB 1144 by Health Policy Committee and Senator Montford)

The bill amends several provisions relating to public health within the jurisdiction of the Department of Health (DOH).

Human Immunodeficiency Virus (HIV) - The bill maintains the statutory requirement for providers in nonhealth care settings to inform persons to be tested for HIV that a positive test result will be reported to the county health department with sufficient information to identify the test subject and provide test subjects with information on the location of sites where anonymous testing is available. The bill removes such requirements for HIV tests conducted in health care settings. A nonhealth care setting is a site that conducts HIV testing for the sole purpose of identifying HIV infection; it does not provide medical treatment. A nonhealth care setting may include community-based organizations, outreach settings, county health department HIV testing programs, and mobile vans.

Laboratory testing for other states - The bill authorizes the DOH to perform laboratory testing related to public health for other states on a fee-for-service basis.

Lead Poisoning Prevention Screening and Education Act - The bill revises the definition of “elevated blood-lead level” and the requirement for the State Surgeon General to adopt rules regarding the reporting of elevated blood-lead levels and screening results to comport with established national guidelines and recommendations developed by the Council of State and Territorial Epidemiologists and the Centers for Disease Control and Prevention. The bill requires the DOH to maintain records of screenings that indicate an elevated blood-lead level while removing the requirement for the DOH to maintain records of all screenings conducted. The bill requires the health care provider who conducted or ordered the screening to report the results to the individual who was screened or to the individual’s parent or legal guardian if the individual is a minor. The bill modernizes provisions for distributing information about childhood lead poisoning to allow for culturally and linguistically appropriate information and distribution methods that are not solely paper-based.

Newborn Screening - The bill authorizes the results of a newborn’s hearing and metabolic tests or screenings to be provided to the parent, legal guardian, personal representative, or to a person designated by the newborn’s parent or legal guardian. The bill expands the duties of the DOH to promote the availability of genetic studies, services, and counseling, even when medical treatment may not yet exist, to benefit family members through detection and knowledge of the condition. The composition of the Genetics and Newborn Screening Advisory Council is clarified.

If approved by the Governor, these provisions take effect July 1, 2017.

Vote: Senate 38-0; House 117-0

THE FLORIDA SENATE
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Committee on Health Policy

CS/CS/SB 1124 — Newborn Screenings

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

The bill creates requirements for the Department of Health (DOH) relating to the newborn screening program.

The newborn screening program is established within the DOH to promote the screening of all newborns born in Florida for metabolic, hereditary, and congenital disorders known to result in significant impairment of health or intellect as screening tests and medical treatment to ameliorate the condition that are accepted by current medical practice become available.

The bill requires the Genetics and Newborn Screening Advisory Council (Advisory Council) to evaluate within one year after a condition is added to the federal Recommended Uniform Screening Panel (RUSP) whether the condition should be included under the state's screening program.

The bill requires the DOH to adopt by rule the process for testing any condition that was included on the RUSP which the Advisory Council recommends should be included under the state's screening program. The bill further requires that once the Advisory Council recommends a condition be included, the DOH must submit a legislative budget request for funding to add testing for the condition to the newborn screening program. The DOH is required to expand statewide screening of newborns for the condition within 18 months if a test for the condition that meets certain guidelines is available. If a test is not available within this timeframe, the bill requires the DOH to implement the screening as soon as a test is available.

If approved by the Governor, these provisions take effect July 1, 2017.

Vote: Senate 38-0; House 117-0

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Committee on Health Policy

CS/HB 1253 — Rights and Responsibilities of Patients

by Health and Human Services Committee and Rep. Harrison (CS/SB 1206 by Health Policy Committee and Senator Montford)

The bill amends the Florida Patient's Bill of Rights and Responsibilities to include the right for a patient to bring any person of his or her choosing to the patient-accessible areas of a health care facility or provider's office while the patient is receiving inpatient or outpatient treatment or is consulting with his or her health care provider, with certain limitations. A patient may not bring another person if doing so would risk the health of the patient, other patients, or staff of the facility or office or doing so cannot be reasonably accommodated by the facility. The bill also requires this right to be added to the summary of rights and responsibilities that health care providers must make available to patients.

If approved by the Governor, these provisions take effect July 1, 2017.

Vote: Senate 38-0; House 117-0

THE FLORIDA SENATE
2017 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 1307 — Physician Assistant Workforce Surveys

by Health and Human Services Committee; Health Quality Subcommittee; and Rep. Plasencia and others (CS/SB 732 by Health Policy Committee; and Senators Steube and Artiles)

The bill requires a physician assistant (PA), as a part of the biennial licensure renewal process, to respond to a workforce survey to collect information regarding the PA's practice. The Department of Health must issue a nondisciplinary citation to a PA who fails to complete the survey within 90 days after the renewal of his or her license. The citation must notify the PA who fails to complete the required survey that his or her licensure will not be subsequently renewed unless the PA completes the survey.

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

Vote: Senate 36-0; House 118-0

THE FLORIDA SENATE
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HB 6021 — Home Health Agency Licensure

by Rep. Rommel (SB 1056 by Senators Garcia and Campbell)

The bill removes a prohibition on the Agency for Health Care Administration from issuing an initial home health agency license to an applicant that shares common controlling interest with another licensed home health agency that is located in the same county and within 10 miles of the applicant.

A home health agency provides home health services and staffing services. Home health services include health and medical services and medical supplies provided to an individual in his or her home, such as nursing care, physical and occupational therapy, and hands-on personal care.

If approved by the Governor, these provisions take effect July 1, 2017.

Vote: Senate 36-0; House 119-0

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Committee on Health Policy

SB 7004 — OGSR/Peer Review Panels/Department of Health
by Health Policy Committee and Senator Campbell

The bill (Chapter 2017-9, L.O.F.) continues the existing public records and public meetings exemptions for biomedical research grant applications provided to peer review panels for the James and Esther King Biomedical Research Program and the William G. “Bill” Bankhead, Jr., and David Coley Cancer Research Program. Records generated by these programs’ peer review panels relating to the review of biomedical research grant applications, and that portion of meetings of peer review panels in which biomedical research program grant applications are discussed, are confidential and exempt from ss. 119.07(1), and 381.922, F.S., and Art. I, ss. 24(a) and (b), State Constitution.

If approved by the Governor, these provisions take effect October 1, 2017.

Vote: Senate 37-0; House 117-0

THE FLORIDA SENATE
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Committee on Health Policy

HB 7097 — Direct Support Organization of the Prescription Drug Monitoring Program

by Health Quality Subcommittee and Rep. Fine (SB 7006 by Health Policy Committee and Senator Benacquisto)

HB 7097 extends the scheduled repeal date of the direct support organization (DSO) of the Florida Prescription Drug Monitoring Program (PDMP) to October 1, 2027. At that time, if not reenacted by the Legislature, the DSO will be repealed.

A DSO is a private entity created to assist or support a governmental entity in carrying out its duties. In 2014, the Legislature conducted a review of the existing relationships between DSOs and their governmental partners. One of the results of that review was legislation that established operational requirements and standards for DSOs with an automatic review and repeal date for each organization.

The Florida PDMP Foundation, Inc., (Foundation) was created as a DSO in 2009 for the prescription drug monitoring program. The PDMP uses an electronic database to track the prescribing and dispensing of certain controlled substances to patients. The mission of the Foundation is twofold: to fundraise for the benefit of the PDMP, in order to reduce prescription drug abuse and diversion, and to educate licensed health care providers and law enforcement providers on how to utilize the database in the management of controlled substances in patient care and active law enforcement investigations.

If approved by the Governor, these provisions take effect July 1, 2017.

Vote: Senate 37-0; House 117-0