

THE FLORIDA SENATE
2022 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 5 — Reducing Fetal and Infant Mortality

by Health Care Appropriations Subcommittee and Reps. Grall, Persons-Mulicka, and others
(SB 146 by Senators Stargel, Bradley, Rodrigues, Burgess and Gruters)

The bill amends several sections of law relating to reducing fetal and infant mortality.

Provisions Relating to Abortion

The bill prohibits a physician from performing an abortion after the fetus has reached 15 weeks of gestational age and redefines the term “gestation” to measure gestational age as the time period starting on the first day of the pregnant woman’s last menstrual period.

The bill applies exceptions found in preexisting law to the 15-week provision, i.e. to save the pregnant woman’s life or to prevent a serious risk of substantial and irreversible physical impairment of a major bodily function, which must be certified in writing by two physicians, or by one physician in the case of an emergency if a second physician is not available. The bill also adds a new exception to the 15-week provision that applies if two physicians certify in writing that the fetus has a fatal fetal abnormality and has not reached viability. The bill defines “fatal fetal abnormality” as a terminal condition that, in reasonable medical judgement, regardless of the provision of life-saving medical treatment, is incompatible with life outside the womb and will result in death upon birth or imminently thereafter.

Additionally, the bill amends provisions related to the reporting of abortions to the Agency for Health Care Administration (AHCA). The bill requires the AHCA, the Board of Medicine, and the Board of Osteopathic Medicine to adopt by rule a form for reporting abortions. The form must include information that is required to be reported under preexisting law as well as additional information, specifically:

- The number of drug regimens dispensed or prescribed for a medical abortion, defined under the bill as the administration or use of an abortion-inducing drug to induce an abortion; and
- If a woman has provided evidence of human trafficking under a separate provision of law, human trafficking must be reported on the form as a reason for the abortion.

Other Provisions

The bill adds a requirement to the Comprehensive Statewide Tobacco Education and Use Prevention Program to target information towards pregnant women and women who may become pregnant; requires the Department of Health (DOH) to contract with local Healthy Start coalitions to establish fetal and infant mortality review committees (FIMR) in all regions of the state and appropriates \$1,602,000 in recurring funds for State Fiscal Year 2022-23 for this purpose; and requires all hospitals that provide birthing services to participate in at least two quality initiatives developed in collaboration with the Florida Perinatal Quality Collaborative within the University of South Florida College of Public Health.

Specific to the FIMRs, the bill requires that each FIMR:

- Review and analyze rate trends, causes, and other data related to fetal and infant mortality and morbidity in a geographic area.
- Develop findings and recommendations for interventions and policy changes to reduce fetal and infant mortality and morbidity rates.
- Engage with local communities and stakeholders to implement recommended policies and procedures to reduce fetal and infant mortality and morbidity.

The bill also requires that each local Healthy Start coalition report the findings and recommendations developed by each FIMR to the DOH annually and that, beginning on October 1, 2023, the DOH must compile the findings and recommendations into a report that must be submitted to the Governor and to the Legislature each year.

The bill makes other technical and conforming changes.

If approved by the Governor, these provisions take effect July 1, 2022.

Vote: Senate 23-15; House 78-39

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CS/SB 292 — Newborn Screenings

by Appropriations Committee and Senators Polsky and Book

The bill amends s. 383.145, F.S., to require a hospital or other state-licensed birthing facility to test a newborn for congenital cytomegalovirus (CMV) if the newborn has failed his or her hearing screening, before the newborn is 21 days old or before discharge, whichever occurs earlier.

For home births and births in a licensed birth center, if a newborn fails a hearing test, the bill requires that the newborn's primary health care provider must refer the newborn to be tested for CMV and changes the timeframe in which a referral for appointment for a newborn hearing screening must occur, to within seven days after delivery, rather than 30 days.

Additionally, the bill requires that the results of any newborn screening test to be reported to the Department of Health within seven days of receipt of the results.

If approved by the Governor, these provisions take effect January 1, 2023.

Vote: Senate 38-0; House 118-0

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SB 312 — Telehealth

by Senator Diaz

The bill amends s. 456.47, F.S., to provide that a telehealth provider may not use telehealth to prescribe a controlled substance listed in Schedule II of s. 893.03, F.S., unless the Schedule II controlled substance is prescribed for the following:

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

In practice, the bill allows a telehealth provider to issue a renewal prescription for a controlled substance listed in Schedule III, IV, or V of s. 893.03, F.S., through telehealth, within the scope of his or her practice and in accordance with other state and federal laws. Under preexisting law, Florida's telehealth providers were prohibited from prescribing any controlled substances through telehealth unless the prescription met one of the exceptions listed above. The bill narrows this prohibition to the prescribing of Schedule II controlled substances through telehealth, except under those specific circumstances.

If approved by the Governor, these provisions take effect July 1, 2022.

Vote: Senate 37-0; House 114-0

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CS/HB 469 — Patient Care in Health Care Facilities

by Finance and Facilities Subcommittee and Rep. Trabulsy and others (CS/CS/SB 718 by Rules Committee; Health Policy Committee; and Senator Bradley)

The bill amends two sections of the Florida Statutes regarding authorization for unlicensed persons to assist patients or residents in the self-administration of medication in home health settings and in assisted living facilities (ALF), respectively. The bill amends s. 400.488, F.S., to allow an unlicensed person in a home health setting to assist a patient with the same kinds of self-administration of medication tasks that are allowed in an ALF under preexisting law. Additionally, the bill reorganizes several of the items currently listed under the self-administration of medication into a new category labeled as “other tasks” in both ss. 400.488 and 429.256, F.S.

The bill makes changes to several sections of the Florida Statutes regarding the treatment of prefilled insulin syringes or pens to allow unlicensed persons to bring such syringe or pen to a patient or resident from where it is stored in a home health setting or in an ALF, and to allow registered nurses to delegate the administration of insulin which is prefilled into such syringe or pen to a certified nursing assistant (CNA) or home health aide and to delegate the administration of specified medication to a CNA or home health aide in a local county detention facility.

The bill also amends several sections of the Florida Statutes relating to the transport of patients by Basic Life Support and Advanced Life Support services to require that permitted Advanced Life Support ambulances must be occupied by at least two specified medical personnel when conducting inter-facility transfers of patients and to make conforming changes.

If approved by the Governor, these provisions take effect July 1, 2022.

Vote: Senate 38-0; House 118-0

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SB 534 — Prescription Drugs Used in the Treatment of Schizophrenia for Medicaid Recipients

by Senator Harrell

The bill amends s. 409.912, F.S., to create an exception from step-therapy prior authorization requirements within the Florida Medicaid program for a drug product if the prescribing physician provides the Agency for Health Care Administration with written medical or clinical documentation that the product is medically necessary. Under the bill, medical necessity is created when the drug product or a medication of a similar drug class is being prescribed for the treatment of schizophrenia or schizotypal or delusional disorders, prior authorization has previously been granted to the patient for the prescribed drug, and the medication was dispensed to the patient during the previous 12 months.

If approved by the Governor, these provisions take effect July 1, 2022.

Vote: Senate 38-0; House 112-0

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HB 539 — Nursing Home Financial Reporting

by Rep. Trumbull (SB 1324 by Senator Burgess)

The bill amends s. 408.061, F.S., to specify that when a nursing home or the home office of a nursing home reports its actual financial experience for a fiscal year to the Agency for Health Care Administration, as required under preexisting law, the actual financial experience must be the nursing home's or the home office's audited actual experience.

If approved by the Governor, these provisions take effect July 1, 2022.

Vote: Senate 37-0; House 114-0

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CS/CS/CS/HB 543 — Uterine Fibroid Research and Education

By Health and Human Services Committee; Appropriations Committee; Professions and Public Health Committee; and Rep. Omphroy and others (CS/CS/SB 1010 by Appropriations Committee; Health Policy Committee; and Senator Gibson)

The bill requires the Department of Health (DOH) to develop and maintain an electronic database of information related to uterine fibroids. The purpose of the database is to encourage research relating to the diagnosis and treatment of uterine fibroids and to ensure that women are provided with the relevant information and health care necessary to prevent and treat uterine fibroids.

The bill requires specified health care providers to submit information to the DOH regarding the diagnosis or treatment of women with uterine fibroids for inclusion in the database. The bill defines health care providers as physicians or physician assistants licensed under chs. 458 or 459, F.S., and advanced practice registered nurses licensed under ch. 464, F.S.

The database must include, but need not be limited to:

- Incidence and prevalence of women diagnosed with uterine fibroids in the state.
- Demographic attributes of women diagnosed with uterine fibroids in the state.
- Treatments and procedures for uterine fibroids used by health care providers in the state.

The bill prohibits the database from including personal identifying information. The bill requires the DOH to develop and include information related to uterine fibroids in its women's health care educational materials made available to the public under preexisting law. Such information in the materials must include possible risk factors for developing uterine fibroids and the range of available treatment options that are considered alternatives to a hysterectomy.

The bill appropriates \$121,852 in recurring funds and \$681,048 in nonrecurring funds from the General Revenue Fund and one full-time equivalent position to the DOH for the purpose of implementing the bill.

If approved by the Governor, these provisions take effect July 1, 2022.

Vote: Senate 37-0; House 113-0

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CS/SB 544 — Drug-related Overdose Prevention

by Appropriations Committee and Senators Boyd and Rouson

The bill amends s. 381.887, F.S., to expand access to emergency opioid antagonists by:

- Allowing pharmacists to order, as well as dispense, emergency opioid antagonists with an auto-injection delivery system or intranasal delivery system;
- Providing that specified persons who are authorized to possess, store, and administer emergency opioid antagonists are immune from civil or criminal liability resulting from the administration of such emergency opioid antagonists; and
- Adding specified personnel of a law enforcement agency or other agencies to the list of persons who are authorized to possess, store, and administer emergency opioid antagonists.

The bill amends s. 395.1041, F.S., to require hospital emergency departments and urgent care centers to report the treatment of actual or suspected overdose victims treated at those facilities who were not transported to the hospital or urgent care center by a transport service.

The bill amends s. 381.981, F.S., requiring the Florida Public Health Institute, Inc., to include emergency opioid antagonists as part of substance abuses in its statutorily-required health awareness campaigns.

Additionally, the bill amends s. 1002.20, F.S., to allow a public school to purchase a supply of naloxone from a wholesale distributor or enter into an agreement with a wholesale distributor or manufacturer to receive naloxone at fair-market, free, or reduced prices. The naloxone must be maintained in a secure location on the public school's premises. The bill also exempts a school district employee from civil liability if he or she administers an approved opioid antagonist to a student in compliance with s. 381.887, F.S., relating to emergency treatment for suspected opioid overdose and s. 768.13, F.S., relating to the Good Samaritan Act.

If approved by the Governor, these provisions take effect July 1, 2022.

Vote: Senate 38-0; House 114-0

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CS/SB 566 — Mental Health Professional Licensure

by Health Policy Committee and Senator Gruters

The bill amends the minimum education requirements for licensure as a clinical social worker, marriage and family therapist, or a mental health counselor in s. 491.005, F.S.

The bill addresses an unintended consequence of ch. 2020-133, L.O.F., by allowing marriage and family therapy applicants who graduated from a program not accredited by the Commission on Accreditation for Marriage and Family Therapy Education (CAMFTE), or from a Florida university program accredited by the Council for Accreditation of Counseling and Related Educational Programs (CACREP), on or after July 1, 2020, when ch. 2020-133, L.O.F., took effect, to apply for licensure.

Under the bill, marriage and family therapy graduates will have until September 1, 2027, to complete one of three options to meet the minimum education requirements for licensure by earning a master's degree:

- In marriage and family therapy from a program accredited by the CAMFTE;
- With a major emphasis in marriage and family therapy or a closely related field from a university program accredited by the CACREP and graduate courses approved by the Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling; or
- With a major emphasis in marriage and family therapy or a closely related field, with a degree conferred before September 1, 2027, from an institutionally accredited college or university.

The bill updates the education requirements for marriage and family therapists in reference to accreditation by the Commission on Recognition of Postsecondary Accreditation (CORPA), which was dissolved in 1997. The bill amends the statute to reference CORPA's successor organization, the Council for Higher Education Accreditation, or its successors.

The bill also amends the minimum education requirements for licensure as a mental health counselor to include a master's degree from a program accredited by the Masters in Psychology and Counseling Accreditation Council, or an equivalent accrediting body, as a degree that qualifies an applicant for licensure.

The bill deletes obsolete provisions regarding purchases of examinations by the Department of Health for clinical social workers and marriage and family therapists. The bill revises the nomenclature for the accrediting authorities for marriage and family therapists and mental health counselors from a "regional" accrediting body to an "institutional" accrediting body, in order to align with the U.S. Department of Education's current vernacular and eliminate any perceived differences between regional and national accrediting bodies.

If approved by the Governor, these provisions take effect upon becoming law.
Vote: Senate 37-0; House 113-0

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HB 593 — Telecommunicator Cardiopulmonary Resuscitation

by Reps. Trabusly, McClure and others (SB 890 by Senators Burgess and Pizzo)

The bill amends s. 401.465, F.S., to require that all 911 public safety telecommunicators (PST) who make telephone calls and provide dispatch functions for emergency medical conditions must complete telecommunicator cardiopulmonary resuscitation (TCR) training and continuing education every two years. The bill defines TCR training and allows a public safety agency (PSA), or any other agency that receives or dispatches calls for emergency medical conditions, to enter into a reciprocal agreement with another PSA, a dedicated telephone line, or a call center to provide TCR as long as the PSA or other agency receiving the call has PSTs who are trained in TCR.

If approved by the Governor, these provisions take effect July 1, 2022.

Vote: Senate 39-0; House 105-0

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CS/SB 632 — Occupational Therapy

by Health Policy Committee and Senator Bradley

The bill expands the scope of practice of the occupational therapist and the occupational therapy assistant in ch. 468, Part III, F.S.

The bill replaces the current definition of “occupational therapy” with a new definition that introduces the concepts of the therapeutic use of occupations through habilitation, rehabilitation, and the promotion of health and wellness with individuals, groups, or populations, along with their families or organizations, to support participation, performance, and function in the home, at school, in the workplace, in the community, and in other settings for clients who have, or are at risk of developing, an illness, injury, disease, disorder, condition, impairment, disability, activity limitation, or participation restriction.

The bill creates new terms and definitions for occupational therapy.

The bill deletes a list of “occupational therapy services” from current law, makes reference to “the practice of occupational therapy” instead of “occupational therapy,” and adds the following services to the practice of occupational therapy:

- The assessment, treatment, and education of or consultation with individuals, groups, and populations whose abilities to participate safely in occupations, including activities of daily living, instrumental activities of daily living, rest and sleep, education, work, play, leisure, and social participation, are impaired or have been identified as being at risk for impairment due to issues related to, but not limited to, developmental deficiencies, the aging process, learning disabilities, physical environment and sociocultural context, physical injury or disease, cognitive impairments, or psychological and social disabilities;
- Methods or approaches to determine abilities and limitations related to performance of occupations, including, but not limited to, the identification of physical, sensory, cognitive, emotional, or social deficiencies; and
- Specific occupational therapy techniques used for treatment which include, but are not limited to, training in activities of daily living; environmental modification; assessing the need for the use of interventions such as the design, fabrication, and application of orthotics or orthotic devices; selecting, applying, and training in the use of assistive technology and adaptive devices for sensory, motor, and cognitive activities.

The bill exempts clinical social workers, marriage and family therapists, and mental health counselors from the application of the Occupational Therapy Practice Act and exempts occupational therapists and occupational therapy assistants from the application of the Psychological Services Act in ch. 490, F.S., and the Clinical, Counseling, and Psychotherapy Act in ch. 491, F.S.

The bill also exempts any person fulfilling an occupational therapy doctoral capstone experience that involves clinical practice or projects, from the requirements of the Occupational Therapy

Practice Act if he or she registers with the Department of Health before commencing the capstone experience.

The bill authorizes a licensed occupational therapist to use the title “occupational therapist doctorate” or “O.T.D.” if the occupational therapist has earned a doctoral degree.

If approved by the Governor, these provisions take effect July 1, 2022.

Vote: Senate 37-0; House 116-0

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CS/CS/SB 768 — Department of Health

by Appropriations Committee; Health Policy Committee; and Senator Rodriguez

The bill addresses numerous health care-related issues regulated by the Department of Health (DOH). The bill:

- Updates the “Targeted Outreach for Pregnant Women Act of 1998.”
- Amends s. 381.0303, F.S., to remove Children’s Medical Services as a party required to coordinate in the development of local emergency management plans for special needs shelters. Instead, the bill specifies that the DOH is the lead agency to coordinate local medical and health care providers for the staffing and management of the shelters and is the decision-making authority for determining the medical supervision in each special needs shelter.
- Allows the DOH to collect samples of marijuana and marijuana delivery devices, in general, from a medical marijuana treatment center (MMTC) for specified testing, rather than only samples of edibles.
- Expands MMTC recall requirements to all marijuana products and delivery devices, rather than only edibles.
- Requires the DOH to adopt rules by negotiated rulemaking to establish acceptable marijuana potency variations of no more than 15 percent and prohibits the DOH from issuing a recall of marijuana for product potency as it relates to labeling until such rules are adopted.
- Effective upon the bill becoming law, allows an MMTC applicant that applies for the MMTC license reserved for a class member of *Pigford v. Glickman* or *In Re Black Farmers* litigation to transfer its initial application fee to one subsequent opportunity to apply for licensure as an MMTC if that applicant is determined through the application process to be a class member of the *Pigford v. Glickman* or *In Re Black Farmers* litigation and is not awarded that license.
- Prohibits the DOH from renewing the license of an MMTC that has not begun to cultivate, process, and dispense marijuana by the time its license must be renewed.
- Provides an exception from criminal laws for DOH employees to acquire, possess, test, transport, and lawfully dispose of marijuana and marijuana delivery devices.
- Amends s. 381.99, F.S., to increase the number of rare disease caregiver appointees to the Rare Disease Advisory Council that may be appointed by the President of the Senate and the Speaker of the House of Representatives from one each, to two each, and permits the appointees to be either current or previous caregivers of individuals with a rare disease.
- Amends s. 406.11, F.S., to remove the requirement that medical examiners “certify the death,” in addition to determining the cause of death, when a person dies under certain circumstances.
- Amends s. 383.216, F.S., to authorize the administrative services organization representing all Healthy Start Coalitions under s. 409.975(4), F.S., to use any method of telecommunications to conduct meetings for an authorized function, with proper public notice and reasonable access.

- Amends s. 456.039, F.S., to require that every applicant for licensure or renewal of licensure as a medical doctor or osteopathic physician must furnish to the DOH proof of payment of his or her assessment relating to the Florida Birth-Related Neurological Injury Compensation Plan at the time of initial application or renewal.
- Amends ss. 460.406, 468.803, 483.824, and 490.005, F.S., to delete references to the term “regional” and replace it with the term “institutional” to conform with the U.S. Department of Education accreditation nomenclature for approving health care-related educational institutions.
- Amends s. 464.008, F.S., and deletes the requirement that graduates from an approved nursing program who do not take the licensure examination within six months after graduation, must successfully complete and pay for a licensure examination preparatory course approved by the Board of Nursing.
- Amends s. 464.018(1)(e), F.S., and moves the placement of the phrase, “regardless of adjudication,” after the phrase “[h]aving been found guilty of, or entered a plea of nolo contendere or guilty to”, to clarify that “regardless of adjudication” does not apply only to guilty pleas but to any plea to offenses listed in ss. 435.04 or 741.28, F.S.
- Makes numerous amendments and updates to ch. 467, F.S., the “Midwifery Practice Act.”
- Amends ss. 490.003, 490.005, and 490.0051, F.S., to clarify definitions and the educational requirements for psychologists applying for licensure by examination or provisional licensure.
- Effective upon the bill becoming law, amends the minimum education requirements for licensure as a clinical social worker, marriage and family therapist, or a mental health counselor in s. 491.005, F.S.
- Effective upon the bill becoming law, revises the eligibility requirements under s. 766.31, F.S., for parents or legal guardians who received an award under the Florida Birth-Related Neurological Injury Compensation Plan before January 1, 2021, to eliminate the requirement that the child must be currently receiving benefits under the plan to receive the award. The bill requires the plan to make retroactive payments in a lump sum or in periodic payments as designated by the parents or legal guardians by July 1, 2022, to eligible parents or legal guardians.
- Amends s. 766.314, F.S., authorizing the Florida Birth-Related Neurological Injury Compensation Association (NICA) to collect and enforce physician assessments in circuit court, if necessary, and requires the NICA program to notify the DOH and the appropriate regulatory board of any unpaid final judgments against a physician within a specific timeframe.

If approved by the Governor, the provisions of the bill take effect July 1, 2022, except as otherwise provided.

Vote: Senate 39-0; House 118-0

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**CS/SB 806 — Alzheimer’s Disease and Related Forms of Dementia
Education and Public Awareness**

by Appropriations Committee and Senators Perry and Stewart

The bill creates s. 381.825, F.S., to establish the “Ramping up Education of Alzheimer’s Disease and Dementia for You (READY) Act.” The bill requires the Department of Health (DOH) to use preexisting, relevant public health and community outreach programs to educate medical doctors, osteopathic physicians, and nurses on Alzheimer’s disease and dementia-related disorders. Specifically, the bill requires the DOH to provide education on the following topics:

- The importance of early detection and timely diagnosis of Alzheimer’s disease and related forms of dementia.
- Using a validated cognitive assessment tool.
- The value and effectiveness of the Medicare annual wellness visit in detecting Alzheimer’s disease and related forms of dementia.
- Using Medicare advance care planning billing codes for persons with Alzheimer’s disease and related forms of dementia.
- Reducing the risk of cognitive decline, particularly among persons in diverse communities who are at greater risk of developing Alzheimer’s disease and related forms of dementia.

If approved by the Governor, these provisions take effect July 1, 2022.

Vote: Senate 39-0; House 113-0

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HB 855 — Managed Care Plan Performance

by Reps. Bartleman, Duran, and others (SB 1258 by Senator Jones and Bracy)

The bill amends s. 409.967, F.S., to require managed care plans contracting with the Agency for Health Care Administration (AHCA) under the Statewide Medicaid Managed Care program to collect and annually report an expanded set of performance measures, including Healthcare Effectiveness Data and Information Set measures, the federal Core Set of Children’s Health Care Quality measures, and the federal Core Set of Adult Health Care Quality performance measures, as specified by the AHCA.

Beginning in calendar year 2025, the bill requires each managed care plan to collect and report all of the Adult Core Set behavioral health measures, which were not required to be reported under preexisting law. Beginning in calendar year 2026, the bill requires each managed care plan to stratify all reported performance-measure data by recipient age, race, ethnicity, primary language, sex, and Social Security Administration disability status and to publish the data on the plan’s website in a manner that allows recipients to reliably compare plan performance.

If approved by the Governor, these provisions take effect July 1, 2022.

Vote: Senate 38-0; House 112-0

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CS/CS/SB 926 — Licensure Examinations for Dental Practitioners
by Banking and Insurance Committee; Health Policy Committee; and Senator Albritton

The bill revises licensure examination requirements for dentists and dental hygienists. The bill requires applicants to demonstrate certain clinical skills on a manikin rather than a live patient.

To correspond to the revision above, the bill deletes the requirement for a dental school student to possess medical malpractice insurance in amounts not less than the amounts required to take the Florida licensure examinations and for dental schools to make adequate arrangements for patients who require follow-up care as a result of the student's demonstration of clinical skills on a live patient. The bill also repeals the authorization for the Board of Dentistry to require that any person applying to take the practical dentistry or dental hygiene examination in Florida maintain medical malpractice insurance in amounts sufficient to cover any incident of harm to a patient during the examination.

If approved by the Governor, these provisions take effect upon becoming law.
Vote: Senate 39-0; House 113-0

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CS/CS/SB 988 — In-person Visitation

by Appropriations Committee; Health Policy Committee; and Senators Garcia, Berman, Rodriguez, and Perry

The bill establishes the “No Patient Left Alone Act” (Act), creating s. 408.823, F.S. The bill applies to developmental disabilities centers as defined in s. 393.063, F.S., hospitals licensed under ch. 395, F.S., nursing home facilities licensed under part II of ch. 400, F.S., hospice facilities licensed under part IV of ch. 400, F.S., intermediate care facilities for the developmentally disabled licensed and certified under part VIII of ch. 400, F.S., and assisted living facilities licensed under part I of ch. 429, F.S.

The bill requires that, no later than 30 days after the act becomes effective, each provider must establish visitation policies and procedures that:

- Address specified topics including infection control and education protocols and policies for visitors, permissible lengths of visits, and numbers of visitors;
- May not be more stringent than what the provider requires for staff;
- May not require proof of vaccine or immunization;
- Must allow consensual physical contact between the resident, client, or patient and the visitor; and
- Must allow in-person visitation under specified circumstances including:
 - End-of-life situations.
 - A resident, client, or patient who was living with his or her family before being admitted to the provider’s care is struggling with the change in environment and lack of in-person family support.
 - The resident, client, or patient is making one or more major medical decisions.
 - A resident, client, or patient is experiencing emotional distress or grieving the loss of a friend or family member who recently died.
 - A resident, client, or patient needs cueing or encouragement to eat or drink which was previously provided by a family member or caregiver.
 - A resident, client, or patient who used to talk and interact with others is seldom speaking.
 - For hospitals, childbirth, including labor and delivery.
 - Pediatric patients.

The provider must provide its visitation policy to the Agency for Health Care Administration (AHCA) on initial licensure, license renewal, or change of ownership. The provider must also make the policy available to the AHCA upon request and make the policy available on its website within 24 hours of establishing the policy. The AHCA must dedicate a stand-alone page to explain visitation rights under the Act and provide a link to the AHCA’s webpage to report complaints.

The bill also allows each resident, client, or patient to designate an essential caregiver who must be allowed to visit the resident, client, or patient in-person for at least two additional hours daily in addition to other visitation requirements.

The bill authorizes a provider to require that a visitor agree in writing to the visitation policy and to suspend a visitor who has violated the policy.

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

Vote: Senate 37-0; House 115-2

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CS/HB 1209 — Administration of Vaccines

by Professions and Public Health Subcommittee and Rep. Tuck and others (CS/SB 1892 by Health Policy Committee and Senator Burgess)

The bill expands the scope of practice of registered pharmacy technicians by authorizing a qualified pharmacy technician to administer certain immunizations and vaccines to adults under the supervision of a certified pharmacist.

The bill requires pharmacy technicians seeking to administer vaccines and immunizations to be certified to do so pursuant to a certification program approved by the Board of Pharmacy (BOP) in consultation with the Board of Medicine and the Board of Osteopathic Medicine. The certification program must have at least six hours of immunization-related training approved by the BOP that must, at a minimum, have a curriculum of instruction concerning the safe and effective administration of such vaccines, including, but not limited to, potential allergic reactions. As a condition of registration renewal, the bill also requires registered pharmacy technicians seeking to administer vaccines and immunizations to have at least two hours of continuing education approved by the BOP in addition to the biennial continuing education required under preexisting law.

The bill also updates the statutory list of immunizations and vaccines that pharmacists, registered pharmacy interns, and (under the bill) registered pharmacy technicians may become certified to administer, in terms of the dates that immunizations and vaccines have been included in the Adult Immunization Schedule published by the U.S. Centers for Disease Control and Prevention (CDC), have been recommended by the CDC for international travel, or have been licensed for use or authorized for emergency use by the U.S. Food and Drug Administration. The bill revises such dates to March 31, 2022, instead of April 30, 2021.

The bill also provides that a registered pharmacy intern or registered pharmacy technician who administers an immunization or vaccine must be supervised by a certified pharmacist at a ratio of one pharmacist to a maximum of five registered interns or registered pharmacy technicians, or a combination thereof.

If approved by the Governor, these provisions take effect July 1, 2022.

Vote: Senate 35-3; House 115-1

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CS/CS/SB 1222 — Acute and Post-acute Hospital Care at Home

by Judiciary Committee; Health Policy Committee; and Senators Bean and Gibson

The bill authorizes paramedics and Class III institutional pharmacies – a type of hospital pharmacy – to serve hospital patients in their homes under specified circumstances.

The bill amends s. 401.272, F.S., to authorize a paramedic, under the supervision of a physician or acting under other standing orders, to provide basic life support services and advanced life support services to a patient receiving acute and post-acute hospital care at his or her permanent residence through a program approved by the federal Centers for Medicare & Medicaid Services (CMS) and Florida’s Agency for Health Care Administration (AHCA). The bill provides that a physician who supervises or provides medical direction to a paramedic under such conditions is liable for any act or omission of the paramedic when providing such services. The bill authorizes the Department of Health to adopt rules to implement these provisions.

The bill amends s. 465.003, F.S., to authorize a Class III institutional pharmacy to dispense, distribute, compound, and fill prescriptions for medicinal drugs for a hospital patient in his or her permanent residence through a program approved by the CMS and the AHCA.

If approved by the Governor, these provisions take effect July 1, 2022.

Vote: Senate 39-0; House 117-0

THE FLORIDA SENATE
2022 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 1239 — Nursing Homes

by Health and Human Services Committee; Finance and Facilities Subcommittee; and Rep. Melo (CS/CS/SB 804 by Rules Committee; Health Policy Committee; and Senator Albritton)

The bill makes several changes to Florida Statutes related to nursing home staffing and changes of ownership.

Nursing Home Staffing

CS/CS/HB 1239 amends multiple sections of the Florida Statutes to modify nursing home staffing requirements. The bill modifies the definition of “resident care plan” and defines the terms “direct care staff” and “facility assessment.” The bill allows the 3.6 hours of direct care required under preexisting law to be met with direct care staff rather than requiring certified nursing assistant (CNA) and nurse staffing to provide all of those hours of care. The bill also reduces the requirement that a nursing home must provide a minimum of 2.5 hours of CNA staffing per resident per day to 2.0 hours of CNA staffing per resident per day.

The bill specifies that complying with the minimum requirements is not admissible as evidence of compliance with certain federal regulations. The bill also specifies that the required 3.6 weekly average of direct care staffing hours includes hours provided by paid feeding assistants who have completed a feeding assistant training program, that feeding assistance provided by CNAs and nurses may count toward their respective required minimum hours, that staffing hours do not include time spent on certain administrative tasks, and that nursing assistants employed under CNA training and personal care attendant programs may count toward providing such hours of care. The bill requires nursing homes to document compliance with staffing standards, to maintain records for five years, and to report staffing in accordance with specified federal law.

Changes of Ownership and Other Provisions

The bill also revises provisions in s. 400.024, F.S., related to changes of ownership in nursing homes. The bill specifies that any adverse final judgment of a nursing home that is changing ownership becomes the responsibility and liability of the new owner if the Agency for Health Care Administration (AHCA) approves the change in ownership. Additionally, the bill requires a nursing home to provide written notice to any claimant, by certified mail or other method that provides verification of receipt, after the licensee or controlling interest files a change of ownership application within 14 days of filing the application allows such claimant 30 days after receipt of the notice to file an objection to the change of ownership. The AHCA must consider any objection when making its decision to approve or deny the change of ownership application. Additionally, the bill specifies that information contained in annual financial reports filed by nursing homes with the AHCA is discoverable and may be admissible in a civil or administrative action.

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

Vote: Senate 28-9; House 80-31

THE FLORIDA SENATE
2022 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/SB 1260 — Independent Hospital Districts

by Community Affairs Committee and Senator Gruters

The bill creates s. 189.0762, F.S., which provides a procedure for an independent hospital district to convert into a private non-profit entity by following the steps specified in the bill.

The bill defines the terms “independent hospital district” and “nonprofit entity” and allows the governing body of the district to vote to commence an evaluation of the benefits of conversion to a nonprofit entity for residents of the district. The bill specifies that, when evaluating the benefits of such conversion, the governing body must publish a notice and conduct a public hearing to give the public an opportunity to testify regarding the conversion, contract with an entity with at least five years of experience conducting comparable evaluations to conduct the evaluation, and publish all documents considered by the governing body on the hospital district’s website.

Once the evaluation is complete and the hospital district has received the final report, the governing body of the district must determine, within 120 days, whether conversion is in the best interests of the residents of the district. If the governing body of the district determines the prospective conversion meets that standard, the governing body must negotiate an agreement with the board of county commissioners of each county in which any part of the district’s boundary is located. This agreement must be in writing, include the terms and conditions necessary for both disposing of the assets and liabilities of the system and ensuring health care services are provided to the district’s residents, and be completed no later than 120 days after the public meeting in which the governing body determined conversion is in the best interest of its residents. The bill provides a list of items that must be included in the agreement, including an enforceable commitment that programs and services provided by the district will continue to be provided so long as the nonprofit entity is in operation or until the nonprofit entity has met all obligations set forth in the agreement.

The bill requires that the evaluation, agreements, disclosures, and any other supporting documentation related to conversion be published on the district’s website and the website of each involved county for 45 days before the governing body of the district and each involved county may vote on the proposed conversion. The agreement must be voted on and approved in a properly noticed meeting by the governing body of the hospital district and by each involved county. The bill prohibits any member of the board of county commissioners serving in any involved county to serve on the board of the succeeding nonprofit entity.

If the agreement is approved, the bill requires that a referendum be held on the agreement at the next general election unless the hospital district has not levied, collected, or received ad valorem taxes in the current year and any of the previous five fiscal years. Once approved as provided, the agreement goes into full force and effect and the district must file a copy of the agreement with the Department of Economic Opportunity within ten days and then again within 30 days of transferring all assets and liabilities to the succeeding nonprofit entity. The district is dissolved upon the department receiving the latter notice.

If approved by the Governor, these provisions take effect July 1, 2022.
Vote: Senate 38-0; House 112-0

THE FLORIDA SENATE
2022 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/SB 1374 — Clinical Laboratory Testing

by Appropriations Committee; Health Policy Committee; and Senator Rodriguez

The bill amends s. 483.801, F.S., to exempt from Part I of ch. 483, F.S., registered nurses who are licensed by the state of Florida and are determined by the clinical lab director of a hospital or hospital-based off-campus emergency department to be qualified under 42 C.F.R. s. 493.1423 to perform only moderate-level or waiver-level clinical laboratory testing in accordance with s. 395.0091, F.S., within the hospital or a hospital-based off-campus emergency department that has a separate clinical laboratory certification under the federal Clinical Laboratory Improvement Amendments (CLIA) program.

If approved by the Governor, these provisions take effect July 1, 2022.

Vote: Senate 39-0; House 117-0

THE FLORIDA SENATE
2022 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 1521 — Professional Counselors Licensure Compact

by Professions and Public Health Subcommittee and Rep. Koster (CS/CS/SB 358 by Appropriations Committee; Health Policy Committee; and Senator Rodriguez)

The bill authorizes Florida to participate in the Professional Counselors Licensure Compact (counseling compact or compact) for the licensure of mental health counselors. Under the compact, and after the compact has been adopted by at least 10 member states, a Florida-licensed mental health professional is eligible to provide services to out-of-state patients either in person or through telehealth. It also allows out-of-state mental health professionals, who are licensed by member states, to provide services to Florida patients in person or through telehealth.

The bill also:

- Requires the Department of Health (DOH) to report any significant investigatory information relating to a health care practitioner practicing under the compact to the compact's licensure data system.
- Requires Florida-licensed counselors practicing under the compact to withdraw from all practice under the compact if the professional counselor is in an impaired practitioner program.
- Requires the Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling (Board) to appoint an individual to serve as Florida's delegate on the Counseling Compact Commission (Commission).
- Exempts out-of-state licensed clinical social workers, marriage and family therapists, and mental health counselors who practice under the compact from licensure requirements in this state.
- Authorizes the Board to take adverse action against a mental health counselor's privilege to practice under the compact and authorizes the Board to impose grounds for discipline.
- Designates the state delegate and other members or employees of the Commission as state agents for the purpose of applying waivers of sovereign immunity.
- Requires the Commission to pay any claims or judgments up to the statutorily-waived amount of sovereign immunity and authorizes the Commission to maintain insurance coverage to pay any such claims or judgments.
- Requires the DOH to notify the Division of Law Review upon enactment of the compact into law by 10 states.

If approved by the Governor, these provisions take effect upon enactment of the Professional Counselors Licensure Compact into law by 10 states.

Vote: Senate 38-0; House 115-0

THE FLORIDA SENATE
2022 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

HB 1523 — Pub. Rec. and Meetings/Professional Counselors Licensure Compact

by Rep. Koster (CS/CS/SB 590 by Rules Committee; Government Oversight and Accountability Committee; and Senator Rodriguez)

The bill exempts from public records requirements the personal identifying information of a licensed mental health professional, other than his or her name, licensure status, or licensure number, obtained from the data system under the Professional Counselors Licensure Compact (compact), as established in s. 491.017, F.S., by CS/HB 1521, and held by Florida's Department of Health (DOH) or the Board of Clinical Social Work, Marriage and Family Therapy, and Mental Health Counseling (Board).

This information is not exempt from public records requirements under the bill if the state originally reporting the information to the compact's data system authorizes disclosure of such information by law. Disclosure under such circumstance is limited to the extent permitted under the laws of the reporting state.

The bill also creates a public meeting exemption for compact commission meetings, or portions of such meetings, at which the commission discusses matters specifically exempt from disclosure by state or federal law. Recordings, minutes, and records generated during an exempt portion of a commission meeting are also exempt from public disclosure.

The bill provides an effective date of the same date that HB 1521 or similar legislation takes effect. HB 1521, the substantive bill authorizing Florida's participation in the Professional Counselors Licensure Compact, has an effective date contingent upon the enactment of the compact into law by 10 states.

The bill provides for the repeal of the public records and open meeting exemptions on October 2, 2027, unless reviewed and reenacted by the Legislature. It also provides statements of public necessity for the public records and public meetings exemptions as required by the State Constitution.

If approved by the Governor, these provisions take effect on the same date that HB 1521 or similar legislation takes effect.

Vote: Senate 38-0; House 114-0

THE FLORIDA SENATE
2022 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/SB 1770 — Donor Human Milk Bank Services

by Appropriations Committee and Senators Book and Stewart

The bill amends s. 409.906, F.S., to authorize the Florida Medicaid program to reimburse for donor human milk for hospital inpatient use. Under the bill, if a licensed physician, nurse practitioner, physician assistant, or dietitian orders donor human milk for an infant, Medicaid covers the provision of that treatment for infants who are medically or physically unable to receive maternal breast milk or whose mother is medically or physically unable to produce maternal breast milk or breastfeed, and who also meet specified eligibility factors. The infant must:

- Have a documented birth weight of 1,800 grams or less;
- Have a congenital or acquired condition and be at high risk for developing a feeding intolerance, necrotizing enterocolitis, or an infection; or
- Otherwise have a medical indication for a human milk diet.

The bill requires managed care plans contracted under the Managed Medical Assistance component of the Statewide Medicaid Managed Care program to cover donor human milk bank services.

The bill also requires the Agency for Health Care Administration (AHCA) to establish provider eligibility, by rule, and authorizes the AHCA to seek any necessary federal approvals to implement the new coverage benefit.

If approved by the Governor, these provisions take effect July 1, 2022.

Vote: Senate 38-0; House 117-0

THE FLORIDA SENATE
2022 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/SB 1950 — Statewide Medicaid Managed Care Program

by Appropriations Committee; Health Policy Committee; and Senator Brodeur

The bill makes changes to the Statewide Medicaid Managed Care (SMMC) program in anticipation of the next competitive procurement of managed care plans for the 2025 plan year. The bill:

- Requires provider service networks (PSNs) to be reimbursed on a prepaid basis by removing the option for fee-for-service reimbursement.
- Authorizes the Agency for Health Care Administration (AHCA) to select eligible managed care plans to provide services through a single statewide procurement and deletes the requirement that the AHCA conduct separate and simultaneous procurements for each Medicaid region.
- Outlines a new regional structure for plan selection under the SMMC program's Managed Medical Assistance (MMA) and Long-Term Care Managed Care (LTCMC) programs with a minimum and maximum number of plans designated for each region.
- The bill provides for nine regions named by letters (Regions A-I), rather than the 11 regions named by numbers (Regions 1-11) in preexisting law.
- Maintains the preexisting requirement for the AHCA to award a contract to at least one PSN in each of the nine regions under the MMA and LTCMC programs.
- Requires managed care plans to contract with Florida cancer hospitals that meet specified federal criteria as statewide essential providers and provides a payment rate for services provided by those hospitals without a contract.
- Revises MMA plan healthy behaviors program requirements to include tobacco cessation programs, rather than smoking cessation programs, and to clarify that substance abuse programs must include opioid abuse recovery.
- Authorizes an MMA Child Welfare Specialty Plan to serve a child in a permanent guardianship placement whose caregivers receive payments through the Guardianship Assistance Program.
- Deletes obsolete language.
- Requires the AHCA to amend existing SMMC contracts to implement specific provisions of the bill and directs the AHCA to implement the procurement-related provisions for the 2025 plan year.

If approved by the Governor, these provisions take effect July 1, 2022.

Vote: Senate 38-0; House 115-0

THE FLORIDA SENATE
2022 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

SB 7000 — OGSR/Nonviable Birth Certificates

by Health Policy Committee

The bill (Chapter 2022-8, L.O.F.) amends s. 382.008(8), F.S., to save from repeal the public record exemption for certain information that may be collected by the Department of Health when issuing a nonviable birth certificate. Specifically, the cause of death and parentage of the fetus, marital status of the parents, and any medical information included in nonviable birth records are confidential and exempt from public disclosure.

Under preexisting law, the public records exemption would stand repealed on October 2, 2022, unless reviewed and reenacted by the Legislature under the Open Government Sunset Review Act. This bill removes the scheduled repeal of the exemption to continue the confidential and exempt status of the information.

If approved by the Governor, these provisions take effect October 1, 2022.

Vote: Senate 35-0; House 116-0

THE FLORIDA SENATE
2022 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

SB 7002 — OGSR/Information Relating to Medical Marijuana Held by the Department of Health

by Health Policy Committee

The bill amends s. 381.987, F.S., to save from repeal the public records exemption for certain personal identifying information of patients, caregivers, and physicians held by the Department of Health (DOH) relating to Florida's medical marijuana program.

Specifically, the section being saved from repeal makes confidential and exempt from the public records requirements of s. 119.07(1), F.S., and Art. I, s. 24(a), State Constitution:

- A patient's or caregiver's personal identifying information held in the DOH's medical marijuana use registry (MMUR);
- All personal identifying information collected for the purpose of issuing MMUR identification cards;
- All personal identifying information pertaining to a physician certification for medical marijuana; and
- A qualified physician's Drug Enforcement Administration (DEA) number, residential address, and government-issued identification card.

The section requires the DOH to allow access to confidential and exempt information under specified circumstances and specifies that any information released by the DOH remains confidential and exempt and that the person who receives the information must maintain the information's confidential and exempt status.

The bill also makes two non-substantive, stylistic, or statutory clean-up changes.

Under preexisting law, the public records exemption would stand repealed on October 2, 2022, unless reviewed and reenacted by the Legislature under the Open Government Sunset Review Act. This bill removes the scheduled repeal of the exemption in order to continue the confidential and exempt status of the information.

If approved by the Governor, these provisions take effect October 1, 2022.

Vote: Senate 38-0; House 116-0