

AROC 2018

Saturday, April 28

A photograph of the Golden Nugget building at night, with the name 'GOLDEN NUGGET' visible on the top of the structure. The building is illuminated, and the sky is dark. The image is overlaid with a blue gradient.

Florida Laws

Leonard Schuchman, DO

Leonard Schuchman, DO, MPH, FAAFP
President, NJAOPS 2018-2019



Florida Laws and Rules



Florida Laws and Rules

At the conclusion of this activity, the learner will be able to:

1. Understand the CME requirements for continued Florida Licensure.
2. Be familiar with CE Broker and how it will affect next license renewal.
3. Be aware of any necessary office signage that must be posted.
4. Be familiar with the Neurologic Injury Compensation Act.
5. Be aware of the laws and statues for the practice of Osteopathic/Allopathic Medicine in Florida
6. Know the law changes that came out of the 2017 legislative session that could have an effect on your practice of medicine.
7. Be aware of the 2018 legislative bills (now in debate) that could have an effect on your practice of medicine.

Florida Laws and Rules

Florida Board of Osteopathic Medicine

The **Florida Board of Osteopathic Medicine** was legislatively established to ensure that every osteopathic physician practicing in this state meets minimum requirements for safe practice.



The **Florida Board of Osteopathic Medicine** is responsible for licensing, monitoring, disciplining and educating osteopathic physicians to assure competency and safety to practice in Florida.

Florida Laws and Rules

Florida Board of Osteopathic Medicine

In 1927 as the state dealt with the ill effects of the great Florida land-grab and subsequent crash, the Florida legislature created the Board of Osteopathic Medical Examiners. The six-member board was charged with the oversight of osteopathic physicians including examination of applicants and issuance of medical licenses. Initial license and renewal fees were \$1. In 1951, the fee increased to \$55.

Florida Laws and Rules

Florida Board of Osteopathic Medicine

The board was assigned to the Division of Professions within the newly created Department of Professional and Occupational Regulation in 1969. Three years later, the board was authorized to issue licenses by endorsement to licensed "out of state" physicians under certain conditions. Physician assistants were regulated in 1972 and authorized to work under the supervision of an osteopathic physician.

Florida Laws and Rules

Florida Board of Osteopathic Medicine

In 1979 following a comprehensive review of the Osteopathic Medical Practice Act, the composition of the board was changed to include five physicians and two lay members. In 1988 in response to a medical malpractice crisis, the legislature created the Division of Medical Quality Assurance to concentrate resources for the identification and discipline of unsafe professionals. The new division was tasked with the oversight of all regulatory boards that licensed health professionals.

Florida Laws and Rules

Florida Board of Osteopathic Medicine

The Florida Department of Health was created in 1996 and the Board of Osteopathic Medicine was assigned to the DOH one year later. While much has changed over the past 84 years, the founding premise of protecting the safety of the people of Florida through regulation has remained.



Florida Laws and Rules

MISSION: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

VISION: To be the **Healthiest State** in the Nation

PURPOSE: To protect the public and make Florida the healthiest state in the nation through health care licensure, enforcement, and information.

FOCUS: To be the nation's leader in quality health care regulation.

VALUES: I CARE (Innovation, Collaboration, Accountability, Responsiveness, Excellence)

Florida Laws and Rules

Please include your Florida License Number on the Attestation Form. Without it we are unable to report your credits to CE Broker.

If you do not have a Florida license (you are currently applying for a license), we are unable to report the credits. A certificate of attendance (with appropriate credits obtained) will be sent to you. You then can self report the credits to the Board of Osteopathic Examiners or Board of Medical Examiners.

For everyone else, your credits will be reported to CE Broker.

It will take 45 – 60 days before the credits are available to report.

Your SHUCKROC Responsibilities

For the licensure period beginning April 1, 2018 - March 31, 2020, each Osteopathic Physician must complete a total of 40 CME hours, 20 of which must be Category 1-A.

Included in the 40 hours, there are five (5) mandatory hours required for Florida re-licensure that cannot be taken by correspondence. The following must be LIVE, PARTICIPATORY credits:

- 2 hours of Prevention of Medical Errors
- 1 hour of Professional & Medical Ethics Education
- 1 hour of Florida Laws & Rules
- 1 hour of Federal and State Laws Related to the Prescribing of Controlled Substances

CME REQUIREMENTS – D.O.

Allopathic Physicians are licensed in two groups by the Florida Medical Board of Examiners.

Group 1 licenses' expire January 31, 2020 and are not due for renewal until January 31, 2020.

Group 2 licenses' expired January 31, 2019 and are not due for renewal until January 31, 2019.

Each Allopathic Physician must complete a total of 40 approved CME hours of which 2 hours must be the Prevention of Medical Errors.

CME REQUIREMENTS - M.D.

Up to five credit hours per biennium may be fulfilled by performing pro bono medical services for entities under the Department of Health, Volunteer Health Care provider programs, in an area of critical need and in Community and Migrant Health Care Centers.

Three to six credit hours may be fulfilled by serving as a monitor.

Up to five credit hours may be fulfilled by any volunteer expert witness who is providing expert witness opinions for cases being reviewed pursuant to Chapter 458 or 468, F.S., in the area of risk management for each case reviewed up to a maximum of 15 hours per biennium.

CME REQUIREMENTS - M.D.

Five credit hours in the subject area of risk management or medical ethics may be obtained by attending one full day or eight hours, whichever is more, of disciplinary hearings at a regular meeting of the Board of Medicine in compliance with the following:

The licensee must sign in with the Executive Director of the Board before the meeting day begins. The licensee must remain in continuous attendance.

The licensee must sign out with the Executive Director of the Board at the end of the meeting day or at such other earlier time as affirmatively authorized by the Board. A licensee may receive CME credit in risk management or medical ethics for attending the disciplinary portion of a Board meeting only if he or she is attending on that date solely for that purpose; he or she may not receive such credit if appearing at the Board meeting for another purpose.

CME REQUIREMENTS - M.D.

NOTE: Up to 5 hours, per biennium, of continuing education credit may be fulfilled by performing pro bono medical services, for an entity serving the indigent or underserved populations or in areas of critical need within the state where the licensee practices. See Rule 64B8-13.005, F.A.C. for more information about continuing education requirements.

CME REQUIREMENTS - M.D.

The Federal and State laws related to the prescribing of controlled substances shall include: a review of the applicable federal and state laws and rules; review of the current Florida statistics regarding morbidity and mortality of controlled substance related deaths; pharmacology of opiate drugs; proper prescribing of opiate drugs; and a review of physician liability for over prescribing controlled substances. [The primary federal law governing prescribing controlled substances is (21 CFR 1306)].

CME REQUIREMENTS – D.O.

The Prevention of Medical Errors course shall include a study of root cause analysis, error reduction and prevention, and patient safety. The course shall address medication errors, surgical errors, diagnostic inaccuracies, and system failures, and shall provide recommendations for creating safety systems in health care organizations. The course must include information relating to the five most misdiagnosed conditions during the previous biennium, as determined by the Board.

CME REQUIREMENTS – D.O.

The following areas have been determined as the five most misdiagnosed conditions in the previous biennium: Inappropriate opioid prescribing to patients of undiagnosed psychiatric condition and/or diversion, Failure or delay in diagnosing cancer, Surgery - retained foreign body / wrong site / wrong patient, Late recognition of surgical complications and errors / pre-op evaluations, Prescribing, dispensing, administering or using non-FDA meds or devices.

CME REQUIREMENTS – D.O.

In addition to the 5 live hours, you are required to take 2 hours of Domestic Violence every 6 years. This may be taken by correspondence starting 4/1/06.

FOR NEW LICENSEES ONLY:

1 hour of HIV/AIDS must be taken before the end of your FIRST licensure renewal. All those that are not in their first two years of licensure are NOT REQUIRED to take an HIV/AIDS course.

Only 8 Hours of Correspondences courses can be counted towards your 40 total hours required for re-licensure.

CME REQUIREMENTS – D.O.

In addition you are required to take 2 hours of Domestic Violence every 6 years.

FOR NEW LICENSEES ONLY:

1 hour of HIV/AIDS must be taken before the end of your FIRST licensure renewal. All those that are not in their first two years of licensure are NOT REQUIRED to take an HIV/AIDS course.

CME REQUIREMENTS – M.D.

Any licensee who is a member of the Armed Forces of the United States on active duty (and for a period of six (6) months after discharge from active duty) now has the option of obtaining all forty (40) hours of continuing education through home study, correspondence or on-line courses.

CME REQUIREMENTS

Florida Laws and Rules

Florida laws and rules means Chapters 456 and 459, F.S., and Rule Chapter 64B15, F.A.C.
Florida Statutes (Laws) can be found at:
http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Index&TitleRequest=XXXII#TitleXXXII
Rule Chapter 64B15, F.A.C. can be found at:
<https://www.flrules.org/gateway/Division.asp?DivID=306>
Statutes 456 and 459 can be found in Title XXXII - Regulation of Professions and Occupations.
Chapter 456 covers Health Professions and Occupations: General Provisions.
Chapter 459 covers Osteopathic Medicine.
Chapter 458 covers Medical Practice (Allopathic Medicine)

Florida Laws and Rules

CE Broker is an automated, integrated continuing education tracking system. The Integrated Database, Automated Workflows, and Distributed Design was created to assist healthcare boards from entering data while retaining full control of the re-licensure process. Licensees have real-time online access to personalized continuing education transcripts, promoting proactive management of their continuing education. Now 100% compliance can be determined with a quick review of the online Transcripts for both licensees and the state of Florida.

CE BROKER

A New Approach to License Renewal. The Department of Health, Division of Medical Quality Assurance, will now review your continuing education records in the electronic tracking system at the time of renewal. It will happen automatically when you renew your license, but it is important that you understand how this simple change will affect the way you renew your license.

CE BROKER

When you renew your professional license online, the Department of Health will automatically verify with its electronic tracking system that you completed your continuing education. If your records are up-to-date in the electronic system you can renew your professional license as usual without interruption. If not, you will be prompted to report your hours before renewing. The Department of Health will direct you to the right place. Florida Board-approved providers will report course completions for you. Others may not. You can see all of the courses already posted to your records and report any that are missing. Reporting is easy. Follow step-by-step instructions and fill in the requested information.

CE BROKER

In addition to, or in lieu of, any other discipline imposed pursuant to s. 456.072, the act of knowingly giving false information in the course of applying for or obtaining a license from the department, or any board thereunder, with intent to mislead a public servant in the performance of his or her official duties, or the act of attempting to obtain or obtaining a license from the department, or any board thereunder, to practice a profession by knowingly misleading statements or knowing misrepresentations constitutes a felony of the third degree, punishable as provided in s. 775.082, s. 775.083, or s. 775.084.

456.067 Penalty for giving false information

Attempting to obtain, obtaining or renewing a license or certificate by bribery, fraud or through an error of the Department or board. (456.072(1)(h) & 459.015(1)(a), F.S.)

FIRST OFFENSE:

MINIMUM: Denial with ability to reapply immediately upon payment of \$5,000 fine or probation and \$5,000 fine

MAXIMUM: Denial with ability to reapply in not less than 3 years or Revocation and \$7,500 fine

SECOND OFFENSE:

MINIMUM: Denial with ability to reapply in not less than 3 years and \$10,000 fine or suspension to be followed by probation and \$10,000 fine

MAXIMUM: Denial of license with no ability to reapply or revocation and \$10,000 fine

Rule 64B15-19.002: Violations and Penalties



The Florida Birth-Related Neurological Injury Compensation Association (NICA) was created by the Florida Legislature in 1988. NICA is a statutory organization that manages the Florida Birth Related Neurological Injury Compensation Plan ("Plan") used to pay for the care of infants born with certain neurological injuries. This Plan is available to eligible families statewide without litigation. By eliminating costly legal proceedings, and through professional management of its disbursements, NICA ensures that birth-injured infants receive the care they need while reducing the financial burden on medical providers and families.

NICA
Florida's Innovative Alternative to Costly Litigation

NICA's Mission is three-fold:

1. To encourage physicians to practice obstetrics and make obstetrical services available to patients.
2. To stabilize and help make malpractice insurance available to all physicians.
3. To provide needed care to injured children.

The NICA Plan may help to provide for the following:

1. Actual expenses for necessary and reasonable care, services, drugs, equipment, facilities, and travel, excluding expenses that can be compensated by state or federal governments, or by private insurers.
2. A one-time cash award, not to exceed \$100,000, to the infant's parents or guardians.
3. A death benefit for the infant in the amount of \$10,000.
4. Reasonable expenses for filing the claim, including attorney's fees.

NICA
Florida's Innovative Alternative to Costly Litigation

Obstetrics and gynecology are two of the most rewarding fields of medical practice. Helping children to get a healthy start in life is a vital and valuable service, and thanks to improvements in medical knowledge and technology, OBGYN'S are able to help patients more reliably than ever before. Unfortunately, the diminishing but real risks associated with childbirth have resulted in a dramatic increase in litigation, unconscionably high awards, and in associated increases in malpractice insurance premiums.

In Florida, however, we have an alternative. NICA offers participating OBGYN'S with a way to reduce their exposure to malpractice litigation while providing much-needed care to children born with certain neurological injuries. By paying the annual \$5,000 NICA fee and by providing patients with notice of their participation in the NICA Plan, OBGYN'S help protect themselves from malpractice lawsuits for covered birth-related injuries.

NICA
Florida's Innovative Alternative to Costly Litigation

As an obstetrician, family practice physician who delivers, or nurse midwife, you want to provide the best possible coverage for your patients. Additionally, you want the best possible coverage for yourself as well. Participating in the NICA provides both in the event of a covered birth-related injury.

NICA
Florida's Innovative Alternative to Costly Litigation

Why NICA?

1. Lifetime Care For Child - Obviously no one desires a birth-injury to occur. Unfortunately, they do. In the case of a covered birth-related injury, the child will receive a lifetime of medical care and many other benefits including nursing, housing, equipment and transportation assistance. See Section 766.31, Florida Statutes.

2. Alternative to Civil Litigation - This unique program is intended to be in lieu of costly legal proceedings in circuit court for those injuries covered by the Plan. Birth-related injury claims are handled administratively through the Florida Division of Administrative Hearings with one judge who has expertise and hears all of the claims.

NICA
Florida's Innovative Alternative to Costly Litigation

Why NICA?

3. A Malpractice Insurance Credit - When you participate, most insurers provide a malpractice coverage credit. This credit varies by each insurance carrier, however, in many cases it covers most or all of the cost of participating in NICA.

4. A No Fault Approach - The purpose of NICA is to assure continued access to obstetrical care and provide care for qualifying children. As a no-fault program, qualifying events are not reported to the National Practitioner Database although a copy of the Petition is provided to the Department of Health.

NICA
Florida's Innovative Alternative to Costly Litigation

Physicians who do not practice obstetrics or choose not to participate in the Plan are required by Florida law to pay \$250 annually into the Plan. This fee is now payable online by clicking the 'Pay Online' button at www.nica.com. Hospitals pay \$50 per live birth into the Plan. These payments help to fund the benefits for children while prohibiting malpractice litigation on covered claims. The substantial benefits of increased protection from costly litigation and a resulting freedom to focus on patient care make full participation in the NICA Plan worth considering.

NICA
Florida's Innovative Alternative to Costly Litigation

PATIENT'S BILL OF RIGHTS

Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care, and that you respect the health care provider's or health care facility's right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows:

- A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy
- A patient has the right to a prompt and reasonable response to questions and requests.
- A patient has the right to know who is providing medical services and who is responsible for his or her care.
- A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.

Required Office Signage

PATIENT'S BILL OF RIGHTS

- A patient has the right to know what rules and regulations apply to his or her conduct.
- A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- A patient has the right to refuse any treatment, except as otherwise provided by law.
- A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.

Required Office Signage

PATIENT'S BILL OF RIGHTS

- A patient has the right to know what rules and regulations apply to his or her conduct.
- A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
- A patient has the right to refuse any treatment, except as otherwise provided by law.
- A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.

Required Office Signage

PATIENT'S BILL OF RIGHTS

- A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.
- A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.
- A patient has the right to receive a copy of a reasonably clear and understandable itemized bill, and upon request, to have the charges explained.
- A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.

Required Office Signage

PATIENT'S BILL OF RIGHTS

- A patient has the right to treatment of any emergency medical condition that will deteriorate from failure to provide treatment.
- A patient has the right to know if medical treatment is for the purpose of experimental research, and to give his or her consent or refusal to participate in such experimental research.
- A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.
- A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illness, hospitalizations, medications, and any other matters relating to his or her health.

Required Office Signage

PATIENT'S BILL OF RIGHTS

- A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.
- A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action, and what is expected of him or her.
- A patient is responsible for following the treatment plan recommended by the health care provider.
- A patient is responsible for keeping appointments, and when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.

Required Office Signage

PATIENT'S BILL OF RIGHTS

- A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
- A patient is responsible for ensuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
- A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.

Required Office Signage

PATIENT'S BILL OF RIGHTS

CONSUMER ASSISTANCE NOTICE

(Posted in compliance with s. 641.511(11), Florida Statutes and the Patient's Bill of Rights)

Patient Grievances may be filed with the following government agencies:

Agency for Health Care Administration, Consumer Hotline (888) 419-3456

2727 Mahan Drive, Ft. Knox, Suite 339

Tallahassee, FL 32308

Statewide Provider and Subscriber Assistance Program (888) 419-3456

2727 Mahan Drive, Ft. Knox, Suite 339

Tallahassee, FL 32308

Florida Department of Financial Services-Office of Insurance Regulation (800) 342-2762

200 E. Gaines Street, Larson Building

Tallahassee, FL 32399-0300

The address and toll-free number of the organization's grievance department shall be provided upon request.

Required Office Signage

FINANCIAL RESPONSIBILITY REQUIREMENTS FOR SELF-INSURED PHYSICIANS

"Under Florida law, osteopathic physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. However, certain part-time osteopathic physicians who meet state requirements are exempt from the financial responsibility law. YOUR OSTEOPATHIC PHYSICIAN MEETS THESE REQUIREMENTS AND HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This notice is provided pursuant to Florida law."

Florida Statute 459.0085

Required Office Signage



Florida Laws and Rules

SEXUAL MISCONDUCT

Exercising influence within a patient-physician relationship for purposes of engaging in a patient in sexual activity. A patient shall be presumed to be incapable of giving free, full, and informed consent to sexual activity with his or her physician.

Sexual misconduct not only is extended to the patient but also to the immediate family member, guardian, or representative of the patient. Inducing or attempting to induce such person to engage in, verbal or physical sexual activity outside the scope of the professional practice is prohibited.

Sexual misconduct does not only mean penetration. It applies to body language, pelvic thrusting, inappropriate touching - like a gynecologic exam without gloves. Always have a chaperone present.

Florida Statute 456.0141

Florida Laws and Rules

PRESCRIBING OBESITY MEDICATIONS

To prescribe:

BMI \geq 30 or \geq 25 with comorbidities

Written informed consent

Face-to-face encounter

Re-evaluate in 2-4 weeks then Q3 months

Weight loss consumer bill of rights

Advertisement shall be considered false, deceptive or misleading if it contains representations that:

- (a) Promise specific results;
- (b) Raise unreasonable expectations;
- (c) Claim rapid, dramatic, incredible, or safe weight loss;
- (d) State or suggest that diets or exercise are not required;
- (e) Suggest that weight loss is effortless or magical.

Florida Laws and Rules

SUPERVISORY RELATIONSHIPS

Only Supervise NP or PA at 4 other Offices (Primary Care Practice)

Only Supervise NP or PA at 2 other Offices (Specialty Practice)

Must post office hours of supervising physician conspicuously at secondary sites (when physician there and not there)

Only Board-Certified or Board Eligible Plastic Surgeons or Dermatologists may supervise NP/PA for skin care services

Direct Supervision for electrolysis or electrology using laser or light-based hair removal or reduction

Florida Laws and Rules

MINIMUM REQUIRMENTS FOR RECORDS

- 5 years from the date the patient was last examined
- Patient histories
- Examination results
- Records of drugs prescribed, dispensed or administered
- Reports of consultations
- Reports of hospitalizations.

Florida Laws and Rules



2017 Legislative Session

Maintenance of Certification

HB 723 by Reps. Julio Gonzalez (R-Venice) and Ralph Massullo (R-Lecanto) prohibits the Boards of Medicine and Osteopathic Medicine, respectively, and DOH, health care facilities, and insurers from requiring maintenance or recertification as a condition of licensure, reimbursement, or admitting privileges.

HB 723 had one committee hearing remaining as session ended.

2017 Legislative Session - Failed

Maintenance of Certification

SB 1354 by Senator Dana Young (R-Tampa) establishes a process by which physicians may obtain formal recognition as a board-certified specialist in a particular area within the practice of medicine or osteopathic medicine and obtain re-certification **without undergoing periodic testing, proprietary self-assessment, or peer evaluation**. Under the Senate version, the Department of Health must issue a certificate authorizing a recognizing agency to grant allopathic or osteopathic physicians' recognition as specialists upon submission of an application meeting certain criteria.

SB 1354 was indefinitely postponed and then withdrawn from consideration. It eventually died in the Banking and Insurance Committee.

2017 Legislative Session - Failed

Bait & Switch" Legislation

HB 95 by Rep. Ralph Massullo (R-Lecanto) and **SB 182** by Senator Debbie Mayfield (R-Vero Beach) amend the Florida Insurance Code to provide additional consumer protections by prohibiting a health insurer or a health maintenance organization (HMO) from removing a covered prescription drug from its formulary except during open enrollment with some limited exceptions. The legislation also prohibits an insurer or HMO from reclassifying a drug to a more restrictive tier, increasing the out-of-pocket costs (e.g., copayment, coinsurance, or deductible) of an insured, or reclassifying a drug to higher-cost sharing tier during the policy year.

On April 27th, **SB 182** passed the full Senate by a vote of 37 to 0, but was never taken up by the House in messages. **HB 95** had two committee referrals remaining when the session ended.

2017 Legislative Session - Failed

Payment of Health Care Claims

SB 102 by Senator Greg Steube (R-Sarasota) and **HB 579** by Rep. Bill Hager (R-Delray Beach) prohibit a health insurer and an HMO from retroactively denying a health insurance claim, if they verified the eligibility of an insured at the time of treatment and provided an authorization number.

On April 27th, **SB 102** passed the full Senate by a vote of 33 to 0 and died in messages to the House. **HB 579** had two committee hearings remaining left as the session ended.

2017 Legislative Session - Failed

Step Therapy

SB 530 by Senator Greg Steube (R-Sarasota) and **HB 877** by Rep. Shawn Harrison (R-Tampa) require a utilization review entity or health insurer to make current prior authorization requirements, restrictions, and forms accessible in a specified manner. The legislation specifies the requirements for a utilization review entity or health insurer that implements a new prior authorization requirement or that amends an existing requirement or restriction and requires a plan to publish on the plan's website and provide to an insured a written procedure for requesting a protocol exception.

SB 530 passed the full Senate and was in the House awaiting further action when the session came to a close. **HB 877** died in the Health and Human Services Committee at the end of session.

2017 Legislative Session - Failed

ARNP Scope of Practice Expansion

HB 129 by Rep. Rene Plasencia (R-Orlando) and **SB 96** by Senator Greg Steube (R-Sarasota) revise the definition of the term "medical director" to include certain advanced registered nurse practitioners and authorize ARNPs to sign, certify, stamp, verify, or endorse a document that requires signature, certification, stamp, verification, or endorsement of a physician.

HB 129 passed on April 15, 2017 by a vote of 115 to 1. **SB 96** was indefinitely postponed and then withdrawn from consideration. It eventually died in the Health Policy committee.

2017 Legislative Session - Failed

ARNP Scope of Practice Expansion

SB 394 also filed by Rep. Steube provides that certified registered nurse anesthetists, to the extent authorized by a protocol established in collaboration with the medical staff of a facility in which the anesthetic service is performed, may determine, in collaboration with the responsible physician, the appropriate type of anesthesia.

SB 394 was indefinitely postponed and then withdrawn from consideration. It eventually died in the Health Policy committee.

2017 Legislative Session - Failed

ARNP Scope of Practice Expansion

HB 7011 by the House Health Quality Subcommittee allows certain APRNs to practice advanced or specialized nursing without physician supervision or a protocol by registering with the Board of Nursing. In addition, the bill authorizes these "independent advanced practice registered nurses" to:

- Act as a patient's primary care provider;
- Provide a signature, certification, stamp, verification, affidavit, or other endorsement currently required by law to be provided by a physician;
- Certify a cause of death and sign, correct, and file death certificates;
- Perform certain physical examinations currently reserved to physicians by Florida law, such as examinations of pilots, law enforcement officers, and suspected child abuse victims; and
- Be reimbursed under personal injury protection insurance for initial and follow-up medical services, consistent with current law applicable to physicians.

2017 Legislative Session - Failed

ARNP Scope of Practice Expansion

HB 7011 also addresses telehealth and authorizes out-of-state health care professionals to use telehealth for Florida patients if they register with the Department of Health (DOH) or the applicable board, meet certain requirements, and pay a fee. For tax years beginning on or after January 1, 2018, the bill creates a tax credit for health insurers and health maintenance organizations (HMOs) that cover services provided by telehealth.

The bill was amended to include language allowing pharmacists, within the framework of an established protocol under a supervising physician, to order and evaluate a laboratory or clinical test for influenza.

2017 Legislative Session - Failed

ARNP Scope of Practice Expansion

HB 7011 has cleared all of its committees of reference and was available on the calendar of bills to be considered on the House floor, but was never scheduled for a floor hearing during the legislative session.

2017 Legislative Session - Failed

Doctors of Medical Science

HB 1367 by Rep. Jay Fant (R-Jacksonville) and **SB 1718** by Senator Aaron Bean (R-Fernandina Beach) create a doctor of medical science license. The legislation authorizes the DOH to adopt rules to implement the legislation, including rules relating to scope of practice, license application, license renewal and continuing education.

SB 1718 was indefinitely postponed and then withdrawn from consideration. It eventually died in the Health Policy Committee.

HB 1367 was indefinitely postponed and then withdrawn from consideration. It eventually died in the Health Quality Subcommittee.

2017 Legislative Session - Failed

Prescription Drug Monitoring Program

On January 24th, the Senate's Health Policy Committee voted to introduce **SB 7006** which removes the repeal date of October 1, 2017, and re-enacts authority for the DOH to establish and contract with a direct-support organization for fundraising and support of the prescription drug monitoring program (PDMP). The PDMP uses an electronic database system to monitor the prescribing and dispensing of certain controlled substances. The Florida PDMP Foundation, Inc. is a direct support organization that is a Florida not-for-profit corporation.

2017 Legislative Session - Passed

Prescription Drug Monitoring Program

Beginning January 18, 2018, **HB 557** by Rep. Nick Duran (D-Miami) and **SB 840** by Senator Jeff Clemens (D-Lake Worth), reduce the amount of time a pharmacy or dispenser has to report the dispensing of a controlled substance to the PDMP database from seven days after the controlled substance is dispensed to no later than the end of the next business day after the controlled substance is dispensed. The legislation requires the controlled substance reporting by pharmacies or dispensers to be done via the DOH-approved electronic system, rather than via the internet. The legislation also authorizes certain health care employees of the U.S. Department of Veterans' Affairs to access the PDMP in limited circumstances and for limited purposes.

2017 Legislative Session - Passed

Drug Price Transparency

SB 888 by Senator Aaron Bean (R-Fernandina Beach) and **HB 589** by Rep. Clay Yarborough (R-Jacksonville) require the Agency for Health Care Administration (AHCA) to collect data on the retail prices charged by pharmacies for the 300 most frequently prescribed medicines and requires the agency to update its website monthly. In Florida, consumers can research prescription drug prices at www.MyFloridaRx.com (MyFloridaRx). Currently, the website lists the usual and customary prices charged by pharmacies for 150 of the most commonly prescribed brand name drugs and associated generic equivalents.

2017 Legislative Session - Passed

Impaired Practitioner Programs

HB 229 by Rep. Cord Byrd (R- Neptune Beach) and **SB 876** by Senator Dana Young restructure and update the laws governing both physician and nurse impaired practitioner programs. DOH currently contracts with the Professionals Resource Network (PRN) for treatment programs for doctors and all allied health professions and the Intervention Project for Nurses (IPN) to provide approved treatment programs for nurses and certified nursing assistants.

2017 Legislative Session - Passed

Access to Health Care Act

HB 763 by Rep. Michael Grant (R-Port Charlotte) and **SB 1432** by Senator Keith Perry (R-Gainesville) require DOH to waive the renewal fee of an allopathic or osteopathic physician who demonstrates provision of at least 160 hours of pro bono medical services to low-income populations within the biennial licensure renewal period. The legislation authorizes both the Board of Medicine and the Board of Osteopathic Medicine to issue restricted licenses to out-of-state physicians who contract in Florida to practice for 36 months in a federally-funded community health center, a migrant health center, a free clinic, or a health provider in a health professional shortage area or medical underserved areas. Prior to the end of the 36-month contract, the physician must take and pass the appropriate licensing exam to become fully licensed in this state.

2017 Legislative Session - Failed

Access to Health Care Act

The legislation also creates a registration process for retired physicians to provide volunteer health care services if the physician held an active licensed status to practice and maintained such license in good standing in this state or in another jurisdiction of the United States or Canada for at least 20 years and contracts with a health care provider to provide free, volunteer health care services to indigent persons or medically underserved populations in a health professional shortage area or medically underserved area.

2017 Legislative Session - Failed

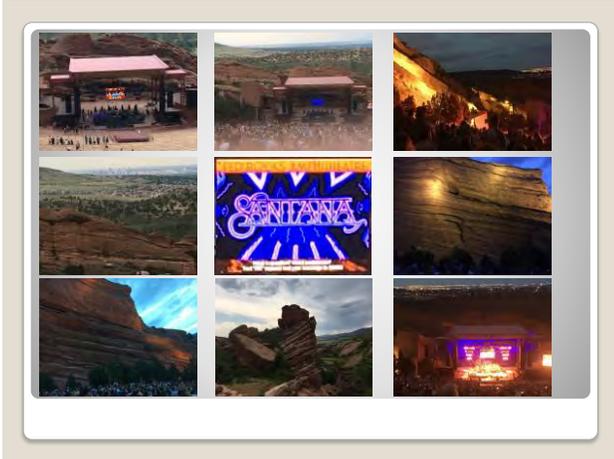
Access to Health Care Act

On April 26th, the House chamber passed **HB 763** by a vote of 118 to 0, but was never taken up by the Senate. **SB 1432** was not heard in committee this session.

2017 Legislative Session - Failed



2017 Legislative Session



Medical Marijuana

On May 4th, Senator Rob Bradley (R-Fleming Island), the sponsor of the Senate's medical marijuana bill, **SB 406**, offered a late-filed 70-page "delete-all" amendment to **HB 1397** and passed the bill by a vote of 31 to 7, however, the House bill was never taken up in messages by the full House as the session ended. The House bill, as amended by the Senate, contained the following provisions:

2017 Legislative Session - Failed

Medical Marijuana

Allowed allopathic and osteopathic physicians to certify the medical use of marijuana for patients with debilitating medical conditions and other specified patients, including certain patients from other states who meet Florida requirements.

Allowed patients to get a 70-day supply of medical marijuana, but would put caps on physicians, who would not be able to give more than three 70-day prescriptions to patients at a time.

Allowed the Department of Health (DOH) to grant 10 new MMTC licenses from applicants meeting certain requirements before October 1, 2017.

Prohibited unlicensed activity and providing for criminal and financial penalties.

2017 Legislative Session - Failed

Medical Marijuana

Amended definitions to incorporate terms used in Article X, section 29 of the State Constitution, and adds definitions for "chronic nonmalignant pain" and "close relative."

Authorized emergency rulemaking for implementation and timeframes for initiating nonemergency rulemaking.

Banned smoking of medical marijuana, but allows edibles and vaping and permits pregnant women to use the low-THC form of the drug if recommended by their doctor.

2017 Legislative Session - Failed

Medical Marijuana

Beginning January 1, 2018, required the DOH to submit quarterly to the Coalition for Medicinal Cannabis Research and Education information for each patient registered with the compassionate use registry.

Created a coalition to research medical marijuana through Tampa's H. Lee Moffitt Center and Research Institute.

Allowed nonresidents to apply to receive medical marijuana in Florida as long as they are able to get medical marijuana in their home state and qualify in Florida.

2017 Legislative Session - Failed

Medical Marijuana

Deleted the requirement that a certifying physician submit a patient treatment plan quarterly to the University of Florida's College of Pharmacy.

Established requirements that a physician must meet before certifying a patient and after certification.

Established requirements for caregivers, including limiting a patient to one caregiver and a caregiver to one patient with certain exceptions, and requiring that caregivers pass a Level 2 background screening with certain exceptions for a caregiver who is a close relative.

2017 Legislative Session - Failed

Medical Marijuana

Grandfathered in existing dispensing organizations as MMTCs and limits medical marijuana treatment centers (MMTCs) to opening five dispensing facilities, until the medical marijuana use registry reaches a total of 75,000 registered qualified patients, a dispensing facility may establish one additional dispensing facility and then one additional facility for every 75,000 registered patients thereafter.

Reduced the required course a physician must take prior to certifying patients to a 2-hour course and examination offered by FMA or FOMA that must be taken each time such physician renews his or her license.

2017 Legislative Session - Failed

Medical Marijuana

Removed qualifying patients from the compassionate use registry if they no longer meet the requirements of a "debilitating" condition or are cured of their debilitating condition.

Removed the three-month patient treatment prerequisite.

Required a physician to review the compassionate use registry to confirm that a patient who is seeking certification does not have an active certification issued by another physician.

2017 Legislative Session - Failed

Medical Marijuana

Required the Department of Health (DOH) to begin issuing identification cards to patients and caregivers by October 3, 2017.

Required DOH to establish requirements for the licensure and certification of independent testing laboratories (ITL), a marijuana quality control program, and a seed-to-sale tracking program for marijuana.

2017 Legislative Session - Failed

Medical Marijuana

There were 5 bills in total that were brought before the legislature
SB 406 – Compassionate Use of Low-THC Cannabis and Marijuana – Laid on the table.
HB 7095 – Public Records/Medical Marijuana Use Registry - Indefinitely postponed and withdrawn from consideration - Died in House Quality Subcommittee
SB 1388 – Medical Cannabis – Withdrawn from further consideration
SB 1666 – Medical Use of Marijuana – Died in Health Policy Committee
SB 1758 - Medical Use of Marijuana - Withdrawn from further consideration

2017 Legislative Session - Failed

Public School Recess

HB 67 by Reps. Rene Plasencia (R-Orlando) and Bob Cortes (R-Altamonte Springs) and **SB 78** by Senator Anitere Flores (R-Miami), require district school boards to provide K-5 students with at least 100 minutes of free-play recess each week and at least 20 consecutive minutes of free-play recess per day.
HB 67 Indefinitely postponed and withdrawn from consideration; Died in PreK-12 Appropriations Subcommittee
SB 78 Passed in the Senate, Indefinitely postponed and withdrawn from consideration.

2017 Legislative Session - Failed

Physician Orders for Life-sustaining Treatment Program

SB 228 by Senator Jeff Brandes (R-St. Petersburg) establishes the Physician Orders for Life-Sustaining Treatment (POLST) Program within the Department of Health, provides limited immunity for legal representatives and specified health care providers acting in good faith in reliance on POLST forms, and authorizes emergency medical transportation providers to withhold or withdraw cardiopulmonary resuscitation or other medical interventions if presented with POLST forms that contain an order not to resuscitate.
SB 228 was Indefinitely postponed and withdrawn from consideration. It eventually died in the Judiciary Committee

2017 Legislative Session - Failed

Physician Orders for Life-sustaining Treatment Program

SB 722, also filed by Senator Brandes, is the corresponding public records bill linked to SB 228 which creates an exemption from public records for personal identifying information in compassionate and palliative care plans filed with the Clearinghouse for Compassionate and Palliative Care Plans managed by the Agency for Health Care Administration or its designee.

SB 722 was Indefinitely postponed and withdrawn from consideration. It eventually died in the Judiciary Committee

2017 Legislative Session - Failed

Drug Overdose Reporting

HB 249 by Reps. Bob Rommel (R-Naples) and Joe Gruters (R-Sarasota) and **SB 588** by Senator Kathleen Passidomo (R-Naples) require physicians, nurses, paramedics, emergency medical technicians, or health care workers, or their employees, and any employees of a hospital, sanatorium, or other institution to report controlled substance overdoses within 24 hours. The legislation defines "overdose" and provides immunity for persons who make such reports in good faith.

2017 Legislative Session - Passed

Emergency Services for Drug Overdoses

HB 61 by Reps. Larry Lee (D-Port St. Lucie) and Kathleen Peters (R-Treasure Island) and **SB 558** by Senator Kathleen Passidomo (R-Naples) require hospitals providing emergency services to persons suffering from unintentional drug overdoses to provide certain services and information and provide the conditions for patient transfer to licensed detoxification or addictions receiving facilities. The legislation also provides attending physician responsibilities and provides the conditions under which person who suffers unintentional drug overdose and seeks emergency services and care may not be charged, prosecuted, or penalized for specified offenses.

2017 Legislative Session - Passed

Medical Malpractice Insurance

Medical Malpractice Insurance HB 359 by Rep. David Santiago (R-Deltona) and **SB 454** by Senator Jeff Brandes (R-St. Petersburg) delete the future repeal of the exemption of medical malpractice insurance from the Florida Hurricane Catastrophe Fund assessments. Under current law, the exemption will be repealed May 31, 2019.

2017 Legislative Session - Passed

Medical Synchronization

Medication synchronization is a process where a pharmacist coordinates or synchronizes refills for a patient who is taking multiple covered prescriptions, allowing them to be filled on the same day each month. **HB 1191** by Rep. Janet Cruz (D-Tampa) and **SB 800** by Senator Doug Broxson (R-Gulf Breeze) establish coverage and payment requirements relating to medication synchronization. The bills require health insurers and HMOs that provide prescription drug coverage to offer insureds or members the option to align the refill dates of their prescription drugs through a network pharmacy at least once during the plan year. Controlled substances, prescription drugs dispensed in an unbreakable package, or a multidose unit of a prescription may not be partially filled for the purpose of aligning refill dates.

2017 Legislative Session - Passed



2018 Legislative Session

Opening Day

The 2018 Regular Legislative Session began Tuesday, January 9, 2018 amid flowers, strong language from leadership on sexual misconduct, promises of reforms, taxes and robust talk regarding the State budget. During the Joint Session, the Governor, Senate President and the Speaker of the House gave speeches regarding their thoughts and interpretations of the 2018 Session. As of January 12, 2018, there have been 3,095 bills filed for the Session (this total includes ALL of the House Special Projects Appropriations Bills). The 2018 60-day Session is slated to end on March 9, 2018.

2018 Legislative Session

Opening Day

Governor Scott asked lawmakers to make it harder to pass future tax increases by requiring a "supermajority" vote by the Legislature. "This is my last session to cut taxes," Scott told House and Senate members on the opening day of the 2018 legislative session. "And we must acknowledge that, unfortunately, at some point, there will be politicians sitting in this chamber who are not as fiscally responsible as we are today." Scott wants lawmakers to back a constitutional amendment, which if approved by voters in the fall, would require two-thirds votes by the Legislature to pass tax increases. The Republican-led legislature can now pass a tax increase by a majority vote, with the last increase being a \$1 hike in 2009 on the tax on packs of cigarettes.

2018 Legislative Session

Opening Day

House Speaker Richard Corcoran declared the Florida House as the "House of Reformers," signaled Tuesday that his chamber will move aggressively during the 2018 legislative session to target "sanctuary" cities, hold down taxes and expand school choice. Speaker Corcoran addressed the House as lawmakers began the annual 60-day session, and he outlined priorities that are almost certain to stir debate --- and controversy. During the opening-day address Tuesday, Corcoran described the House stance as taking the "moral high ground." "The Florida House will never support raising taxes on any individual or any business --- ever," he said. "We won't raise them directly. We won't raise them indirectly."

2018 Legislative Session

Opening Day

Senate President Joe Negron reiterated his chamber will have "zero tolerance" for sexual harassment or misconduct against employees and visitors, as he gave an opening address Tuesday for the 2018 Legislative Session. Negron also talked of the need to address impacts from Hurricane Irma and to further build up the state university system. Negron also said the Senate will work with Gov. Rick Scott on his request for additional pay raises for law-enforcement officers and with House Speaker Richard Corcoran, R-Land O' Lakes, on expanding school choice. President Negron also said he wanted to take a multidisciplinary approach to helping solve Florida's opioid crisis. Drug-related deaths in Florida jumped by 35% in 2016, but experts say the situation is even more dire than the statistic demonstrates.

2018 Legislative Session

Opening Day

Senate President Joe Negron reiterated his chamber will have "zero tolerance" for sexual harassment or misconduct against employees and visitors, as he gave an opening address Tuesday for the 2018 Legislative Session. Negron also talked of the need to address impacts from Hurricane Irma and to further build up the state university system. Negron also said the Senate will work with Gov. Rick Scott on his request for additional pay raises for law-enforcement officers and with House Speaker Richard Corcoran, R-Land O' Lakes, on expanding school choice. President Negron also said he wanted to take a multidisciplinary approach to helping solve Florida's opioid crisis. Drug-related deaths in Florida jumped by 35% in 2016, but experts say the situation is even more dire than the statistic demonstrates.

2018 Legislative Session

Marjory Stoneman Douglas High School, February 14, 2018

Legislators joined millions of people from around the world in expressing their grief. House and Senate members representing the Parkland, Florida, area immediately left for home. They were joined by all of Florida's statewide elected officials and several members of the legislative leadership. By Thursday, House and Senate leaders began discussing finding the dollars to better fund mental health, school security, training for teachers to identify students at risk for mental illness, and other proposals that might prevent future tragedies. As the legislature moved into the final three weeks of the 2018 Legislative Session, the response to this massacre was at the top of mind in Tallahassee.

2018 Legislative Session

Sine Die

A Latin term meaning without day

This is the phrase that marks the end of a legislative session. Rarely does Tallahassee's political class like to include that phrase with the word "extension." However, for the third time in four years the conclusion of the legislative session was postponed. The legislature's work on substantive legislation concluded on March 9 and March 11's work will focused exclusively on debate and final passage of the state budget. The Parkland tragedy appropriately eclipsed the process this session, giving the legislature several additional days to complete its' regular business.

2018 Legislative Session

Opioid Prescribing

SB 8 by Senator Lizbeth Benacquisto (R-Fort Myers) and **HB 21** by Rep. Jim Boyd (R-Bradenton) are aimed at reducing opioid deaths and addiction in Florida. The legislation restricts Schedule II controlled substances to a 3-day supply but would allow physicians to prescribe up to a 7-day supply in certain situations. Under the legislation, health care practitioners would also be required to consult the Prescription Drug Monitoring Program (PDMP) before writing prescriptions for controlled substances. Under current law, doctors can access the database but are not required to use it. Lastly, the bills require physicians to complete a board-approved 2-hour mandatory education course on prescribing controlled substances as part of biennial renewal of their licenses. The course must include non-pharmacological therapies and the prescribing of emergency opioid antagonists. The course must be completed prior to the next renewal period.

2018 Legislative Session- Passed

PA & ARNP Scope of Practice Expansion

SB 708 by Senator Jeff Brandes (R-St. Petersburg) and **HB 973** by Rep. Byron Daniels (R-Naples) authorize a PA and an ARNP to sign, certify, stamp, verify, or endorse a document that requires the signature, certification, stamp, verification, or endorsement of a physician within the framework of an established protocol and under supervision.

2018 Legislative Session - Failed

Influenza & Strep Testing

SB 524 by Senator Jeff Brandes (R-St. Petersburg) and **HB 431** by Reps. Rene Plasencia (R-Orlando) and Byron Donalds (R-Naples) authorize pharmacists to test and treat for the influenza virus and streptococcal infections within the framework of an established written protocol of a supervising physician. The bills require pharmacists to maintain patient records for a minimum of 5 years. The legislation also requires a pharmacist seeking to test for and treat the influenza virus or strep infections to obtain certification through a certification program approved by the Board of Pharmacy in consultation with the Board of Medicine and the Board of Osteopathic Medicine.

2018 Legislative Session - Failed

Consultant Pharmacists

HB 689 by Rep. Cord Byrd (R-Neptune Beach) and **SB 914** by Senator Rene Garcia (R-Hialeah) expand the consultant pharmacist's scope of practice by authorizing a consultant pharmacist to enter into a collaborative agreement with a health facility medical director or an individual health care practitioner to:

- 1) Order and evaluate laboratory and clinical testing;
- 2) Conduct patient assessments;
- 3) Administer medications; and
- 4) Initiate, modify, or discontinue medicinal drugs pursuant to a patient-specific order or treatment protocol.

2018 Legislative Session - Failed

Consultant Pharmacists

HB 689 specifically authorizes a consultant pharmacist to provide these services in an ambulatory surgical center, a hospice, a nursing home, a hospital, a home health agency, an alcohol or chemical dependency treatment center, an ambulatory care center or a nursing home component within a continuing care facility.

2018 Legislative Session - Failed

Step Therapy

SB 98 by Senator Greg Stuebe (R-Sarasota) and **HB 199** by Rep. Shawn Harrison (R-Tampa) require a health insurer to make current prior authorization requirements, restrictions, and forms accessible. The legislation specifies the requirements for a health insurer that implements a new prior authorization requirement or that amends an existing requirement or restriction and requires a plan to publish on the plan's website and provide to an insured a written procedure for requesting a protocol exception. The bills also provide timeframes for when an insurance company must deny or authorize the prior authorization request and define an "urgent care situation" to clarify that, not just a treating physician, but a PA or ARNP, could also determine whether a health situation is urgent.

2018 Legislative Session - Failed

"Bait and Switch" – Consumer Protection from Nonmedical Changes to Prescription Drug Formularies

HB 229 by Rep. Ralph Massullo (R-Lecanto, MD-Dermatologist) and **SB 360** by Senator Debbie Mayfield (R-Vero Beach) amend the Florida Insurance Code to provide additional consumer protections by prohibiting a health insurer or a health maintenance organization (HMO) from removing a covered prescription drug from its formulary except during open enrollment with some limited exceptions. The legislation also prohibits an insurer or HMO from reclassifying a drug to a more restrictive tier, increasing the out-of-pocket costs (e.g., copayment, coinsurance, or deductible) of an insured, or reclassifying a drug to higher-cost sharing tier during the policy year.

2018 Bills of Interest - Failed

"Any Willing Provider" – Patient's Choice of Providers

HB 143 by Rep. Ralph Massullo (R-Lecanto) and **SB 714** by Senator Dennis Baxley (R-Ocala) create the "Patient's Freedom of Choice of Providers Act" which prohibits a health insurer from excluding a willing and qualified health care provider from participating in the health insurer's provider network under certain circumstances.

2018 Bills of Interest - Failed

Payment of Health Care Claims

SB 162 by Senator Greg Stuebe (R-Sarasota) and **HB 217** by Rep. Bill Hager (R-Delray Beach) prohibit a health insurer and an HMO from retroactively denying a health insurance claim, if they verified the eligibility of an insured at the time of treatment and provided an authorization number.

2018 Legislative Session - Failed

Pro Bono Health Care

HB 313 by Rep. Michael Grant (R-Port Charlotte) offers incentives for physicians to provide free care to low-income individuals. The bill waives the renewal fees of physicians who provide at least 160 hours of pro bono medical services to certain populations within the biennial licensure renewal period. Demonstration of 120 hours gains an exemption from the 40 hours of continuing medical education required for license renewal. The bill also authorizes both the Board of Medicine and the Board of Osteopathic Medicine to issue a limited number of restricted licenses to physicians not licensed in Florida who contract to practice for 36 months solely in the employ of the state, a federally funded community health center, a migrant health center, a free clinic, or a health provider in a health professional shortage area or medically underserved area.

2018 Legislative Session - Failed

Pro Bono Health Care

The bill also creates a registration process for retired physicians to provide volunteer health care services if the physician held an active licensed status to practice and maintained such license in good standing in this state or in another jurisdiction of the U. S. or Canada for at least 20 years under certain conditions. On January 9th, the House Health Care Appropriations Subcommittee passed the bill by a vote of 13 to 0.

2018 Legislative Session - Failed

Telehealth Coverage

SB 280 by Senator Aaron Bean (R-Fernandina Beach) and **HB 793** by Rep. Ralph Massullo (R-Lecanto) encourage the state group health insurance program to offer health insurance plans that include telehealth coverage for state employees, establish the standard of care for telehealth providers, and encourage insurers offering certain rating plans for workers' compensation and employer's liability insurance, which are approved by the Office of Insurance Regulation (OIR), to include in the plans services provided through telehealth. The legislation will likely be amended to include some of the legislative recommendations contained in the final report of the Florida Telehealth Advisory Council.

2018 Legislative Session - Failed

PIP Repeal

Again this session, legislators are considering proposals to replace personal injury protection (PIP) insurance, also known as "no-fault" insurance, with a bodily injury coverage requirement. On January 11th, the Florida House debated their repeal proposal, **HB 19** by Rep. Erin Grall (R-Vero Beach), which instead mandates the purchase of liability insurance to cover injuries to occupants incurred in an auto accident.

2018 Legislative Session - Failed

PIP Repeal

On January 10th, the Senate Banking and Insurance Committee took up its version of the repeal bill and passed it by a vote of 10 to 1. A key difference between the Senate and House bills is that **SB 150** by Senator Tom Lee (R-Thonotosassa) would also require drivers to buy up to \$5,000 in emergency medical (MedPay) coverage for themselves, while the House bill has no such requirement. Without the MedPay provision, the proposed PIP repeal would reduce average auto insurance premiums about \$81, according to OIR.

2018 Legislative Session - Failed

Medical Specialists

HB 6007 by Rep. Julio Gonzalez (R- Venice) and **SB 1560** by Senator Denise Grimsley (R-Sebring) repeal the provisions relating to board-certified medical specialists.

2018 Bills of Interest - Failed

Maintenance of Certification

HB 81 by Reps. Julio Gonzalez (R-Venice) and Ralph Massullo (R-Lecanto) and SB 628 by Senator Denise Grimsley (R-Sebring) prohibit the Boards of Medicine and Osteopathic Medicine, the DOH, health care facilities, and health insurers from requiring certain certifications as conditions of licensure, reimbursement, or admitting privileges.

2018 Legislative Session - Failed

Physician Orders for Life

SB 474 by Senator Jeff Brandes (R-St. Petersburg) and **HB 1339** by Rep. Cary Pigman (R-Sebring) establish the Physician Orders for Life-Sustaining Treatment (POLST) Program within DOH, require AHCA to establish and maintain a database of compassionate and palliative care plans by January 1, 2019, authorize specified personnel to withhold or withdraw cardiopulmonary resuscitation if presented with a POLST form that contains an order not to resuscitate the patient, and require the Department of Elderly Affairs, in consultation with AHCA, to adopt by rule procedures for the implementation of POLST forms in hospice care.

2018 Legislative Session - Failed

Physician Orders for Life

Linked bills, **SB 476** by Senator Brandes and **HB 1341** by Rep. Pigman, create an exemption from public records for personal identifying information in compassionate and palliative care plans filed with the Clearinghouse for Compassionate and Palliative Care Plans managed by AHCA or its designee.

2018 Legislative Session - Failed

Foreign-Trained Physician Licensure

SB 636 by Senator Daphne Campbell (D-Miami) and **HB 657** by Rep. Manny Diaz (R-Hialeah) establish certain criteria for foreign-trained physicians and authorize the Board of Medicine to impose licensure conditions, limitations, or restrictions on certain foreign-trained physicians.

2018 Legislative Session - Failed

Immunization Registry

HB 1045 by Rep. Cary Pigman (R-Sebring) and **SB 1680** by Senator Bill Montford (D-Tallahassee) require physicians and nurses to report into the DOH SHOTS database any immunizations administered to children and certain college-age students. In addition, the bills eliminate the paper forms and require the school districts to check the SHOTS database to verify student immunization.

2018 Bills of Interest - Failed

Stem Cell Use in Clinical Settings

SB 1508 by Senator Dana Young (R-Tampa) and **HB 1185** by Rep. Jason Brodeur (R-Sanford) require physicians, osteopathic physicians and clinic owners to register their office with DOH when engaging in certain practices and procedures using or purporting to use stem cells or products containing stem cells in an office setting.

2018 Legislative Session - Failed

Direct Primary Care Agreements

HB 37 by Rep. Danny Burgess (R-Zephyrhills) and Rep. Mike Miller (R-Winter Park) and SB 80 by Senator Tom Lee (R-Thonotosassa) amend the Florida Insurance Code to provide that a direct primary care agreement is not insurance and is not subject to regulation under the code. Direct primary care is a primary care medical practice model that eliminates third party payers from the primary care provider-patient relationship.

2018 Legislative Session - Passed



Florida Laws and Rules

