



**Health Care Weekly Report
2019 Legislative Session, Week 7**

**House Appropriations Committee
April 16, 2019**

HB 7119, Use of Regulated Substances, by Health and Human Services Committee, Representative Duran, and Representative Toledo

Bill Summary

HB 7119 preempts establishment of a minimum age for sale or delivery of tobacco products, nicotine products, or nicotine dispensing devices to the state; provides it is unlawful for a qualified physician to issue a certificate for marijuana in a form for smoking to patient under 21 years of age; requires a standard informed consent form to include specified health effects to persons under 21 years of age; revises the age for smoking near school property; revises the prohibited age related to sale, delivery, gift, possession, and purchase of tobacco products; provides it is unlawful to misrepresent your age or military service to acquire tobacco products; revises provisions relating to restrictions on sale and delivery of nicotine products or nicotine dispensing devices.

Member Questions

Representative Massullo asked if there were any exceptions to the 21-year age limit in the bill? Representative Duran said that there was an exception currently in law. The age restriction does not include active military members. Representative Massullo asked why was the bill keeping that exception? Representative Duran said, "If you are going to be taking bullets and fighting for the country, and you need a cigarette to cool down, who am I to tell you that you can't do that."

Public Testimony

Raymond Holmes, representing himself; Frans Gandascusmita, representing himself; Benito Alexander, Marijuana Family.org; Ethel Rowland, Florida Cannabis Action Network; Cody Pryor, representing himself; Mason Coates, Cigar Association of America; Evan Phaler, representing himself; Brian Walters, Seabreeze Vapor; Joseph Carko, representing himself; Lorelei Harper, representing herself; Michael Turner, representing himself; JD McCormick, representing himself; and Dan Marlin, representing himself, all waived in opposition.

Tanya Bailey, 2 Broke Vets, spoke in opposition to the bill. She said this bill paired tobacco with medical cannabis. She asked, "Why are we treating medication in the same manner that we treat recreational drugs?"

Tabitha Burress, Buds for Vets, spoke in opposition to the bill. She said this bill would put a financial strain on pediatric families.

Melissa Villar, NORML Tallahassee/ Holistic Cannabis Community, spoke in opposition to the bill. She said this bill jeopardized public safety and it opened the door to racial profiling.

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Rivers Buford, American Heart Association, spoke against the bill. He said the penalty for the suspension of the driver's license should not be a penalty on the minor but on the store that broke the law by selling to the minor.

Matthew Conner, representing himself, spoke in opposition to the bill. He said that vaping wasn't the epidemic, it was all the retailers and adults that were providing the tobacco products to underage individuals.

Zack Goodson, representing himself, said vaping store owners wanted to do the right thing and most were law abiding citizens.

Michael Boling, representing himself, said there was not an epidemic of e-cigarettes, but there was an epidemic with Juul, which was now owned by big tobacco.

Kelsey Orlando, representing herself, said she stopped smoking thanks to vaping devices. She said vaping stores were not the problem, but convenience stores were.

Brian Pitts, Justice-2-Jesus, said he was worried about the cost of the bill.

Matt Jordan, American Cancer Society, said tobacco was the leading cause of cancer. He said reducing youth usage was the most efficient way to prevent cancer.

Michael Miller, Big House of Vapors, spoke against the bill. He said that changing the vaping age requirement from 18 to 21 was going to affect about 400,000 people that were trying to stop smoking.

Nicholas Orlando, representing himself, said vapor was not tobacco.

Anthony Niebias, representing himself, said, "Tobacco 21 was not the solution. We need to focus on enforcing current laws, larger fines for counties, and holding these convenience stores responsible for selling to minors."

Jonathan Risteen, representing himself, said 95% of sales to minors happened at convenient stores, gas stations, pharmacies, and grocery stores.

Robert Lovett, Florida Smoke Free Association, said that the House version of the bill was better than the Senate version.

Delorse Orlando, representing herself, said that e-cigarettes were a good way to help quit smoking.

Member Debate

Representative Raschein said the bill "dumped government on the people." She said she was in opposition to the bill.

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Representative Massullo said the bill shouldn't lump vaping and marijuana in the same category as tobacco products. He said he did not agree with the active military age restriction exception. He asked the bill sponsors to amend the bill.

Representative Geller said he liked the active military age restriction exception. He said that raising the age for tobacco use was the "deciding factor." He said he was up on the bill.

Representative Stark said he was in support of the bill.

Representative Fine said the Legislature was spending \$4 billion per year, of the tax payers' money, to deal with problems that were caused by smoking. He said he was proud to support the bill.

Representative Pigman said he supported the bill.

Representative Byrd said he supported the bill as well.

Representative Smith said he would support the bill because of the public interest in making sure that the Legislature reduced the harm to young people.

Representative Jacobs said vaping did not help a smoker quit smoking. She said she would support the bill.

Final Vote

HB 7119 was reported favorably by a vote of 27-2. Representative Raschein and Representative Renner voted in opposition.

Senate Appropriations Committee on Health and Human Services April 16, 2019

SB 1526, Telehealth, by Senator Harrell

Bill Summary

SB 1526 establishes a statutory basis and definition for telehealth. Specifically, the bill: Creates s. 456.4501, F.S., as Florida's telehealth statute, provides definitions for telehealth and telehealth provider and establishes the standard of practice for telehealth providers as the same standard applied to in-person care under current law. It also prohibits a telehealth provider, with limited exceptions, from using telehealth to prescribe a controlled substance, requires a telehealth provider to document a telehealth encounter in the patient's medical records according to the same standards used for in-person services, and such information must be kept confidential.

The bill prohibits individual, group, blanket, franchise health insurance and health maintenance organization (HMO) policies from denying coverage for telehealth services on any insurance policy delivered, renewed, or issued, to any insured person in this state on or after January 1, 2020, on the basis of the service being provided through telehealth if the same service would be covered if provided

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through an in- person encounter. It also adds a provision prohibiting the HMO from requiring the subscriber to seek any type of referral or prior approval from a telehealth provider for HMO contracts under s. 641.31, F.S. Finally, the bill prohibits Medicaid Managed Medical Assistance (MMA) health plans from using providers who exclusively provide services through telehealth to meet Medicaid provider network adequacy requirements under the Medicaid managed care plan accountability standards.

Amendment 763358 by Senator Harrell

The amendment aligns some of the bill with the House bill. It provides that telehealth services may be provided by numerous health care licensed practitioners. Any practitioner that provides telehealth has the responsibility to practice in a consistent matter within the scope of their practice, and standard of practice. A telehealth provider may use telehealth to a patient as long as the illness does not require an in-person visit and patient evaluation provided by telehealth is an ample presentation to treat. Telehealth providers may not use it to prescribe controlled substances unless it is for the treatment of a psychiatric disorder in an in-patient hospital treatment, hospice, or a nursing home resident. The telehealth provider must document all services provided over telehealth, with the same standard of confidentiality. It specifically requires that there must be follow-up by out-of-state providers who render telehealth services to patients in Florida.

Public Testimony

Chris Nuland, Florida Chapter of the American Colleges of Surgeons; Stephen Winn, Florida Osteopathic Medical Association; Jim Daughton, Florida Academy of Family Physicians; and Amy Diaz, Florida Chapter of the American Academy of Pediatrics, waived in opposition.

Matthew Choy, Florida Chamber of Commerce; and Chris Hansen, Florida Podiatric Medical Association, waived in support.

Jeff Scott, Florida Medical Association, spoke in opposition. He said they support telemedicine and the expansion of it. The major barrier to expanding telemedicine is the insurance company's refusal to pay fully for the service. The payment parity part of the bill has been taken out, which is the only piece of the bill that would help. Instead, the strike-all allows healthcare providers from out-of-state to register as a telehealth provider and treat patients in Florida, without being subject to the same level of accountability and standards. The strike-all will allow out-of-state practitioners to treat patients without having to pay any of the licensure fees or any of the other fees that other in-state practitioners have to pay. The Department of Health or any of the boards would have no control over these practitioners and they can only revoke them if they get a restriction on their licenses by their state. They support the original bill but do not support the strike-all.

Senator Rader asked if he had worked with Senator Harrell and what were the discussions between them. Mr. Scott answered that they had several conversations and they provided language that they thought would correct some of the deficiencies in the bill. He said he looked forward to working more with Senator Harrell as this bill moves forward.

Allison Dudley, Florida Radiology Society, spoke in opposition. She said they support the original bill and telehealth expansion. They have concerns about licensure and believe that everyone should be held to

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the same licensing standards. Currently, Florida doctors are required to pay at least \$500 in fees per applicant for criminal background checks, fingerprinting, continuing education and participating in NICA.

Joe Anne Hart, Florida Dental Association, said they support telehealth as a mode of care and recommended several guiding principles to the telehealth council that met in 2017. They recommend that dentists must be licensed in Florida, the dental workforce must work in their scope of practice, limit the amount of offices a dentist can supervise as a part of telehealth and the amount of reimbursement of telehealth services must be equal to the amount of reimbursement for in-person services. The FDA does not support the amendment due to the licensure inequities between in-state and out-of-state providers. All dentists should be subject to the same laws, rules, accountability standards and boards that practice in Florida.

Member Debate on Amendment 763358

Senator Farmer said telemedicine is an evolving service and something we want to promote, especially for those in rural areas. He is uncomfortable that these people who would be treating Florida patients would not be subject to any of Florida's laws with regard to the practice of medicine. He cannot support this amendment today.

Amendment 763358 adopted without objection.

Amendment 809042 by Senator Hooper

Amendment to the amendment, which adds that internet questionnaires are not telehealth.

Amendment 809042 was withdrawn.

Amendment 648844 by Senator Hooper

Amendment to the amendment, which speaks to a new technology that would allow someone that deals with eyes to make a prescription by holding a device up to your eye, such as an iPhone flashlight.

Amendment 648844 was withdrawn.

Amendment 277068 by Senator Harrell

Amendment to the amendment, which fixes a technical error on one word.

Amendment 277068 was adopted without objection.

Public Testimony on the Bill as Amended

Philip Suderman, Americans for Prosperity, spoke in support. According to the U.S. Department of Health and Human Services, there are 677 federally designated health professional shortage areas in Florida. As we continue to grow, these problems will only become worse. Telehealth allows professionals to see patients across distances that normally could not be covered under normal practices. Greater access to health care for all Floridians is something we all want and need and we should use the technological advancements of the modern world to do this if we can.

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Dorene Barker, AARP; Jack Hebert, Florida Chiropractic Association; Victoria Zepp, Florida Coalition for Children; and Matthew Choy, Florida Chamber of Commerce, waived in support.

Diego Echeverri, Concerned Veterans for America Florida, spoke in support. The third largest veteran population in the nation is in Florida and is soon about to pass Texas to become second. Most of the veterans are 65 and older, and not every veteran qualifies for the VA healthcare system. Telehealth helps allow veterans to stay independent and stay in their own homes. It eliminates geographical barriers and helps the doctors and patients strengthen their relationship.

Allison Dudley, Florida Radiology Society, waived in opposition.

Member Debate on the Bill as Amended

Senator Bean knows it is a work in process and they are all hopeful for Senator Harrell to bring it in. He will be voting for the bill knowing it will be worked on some more.

Senator Harrell thanked everyone who has come to talk. She understands all the concerns and perspectives regarding holding providers to the same standard of care. They want to hold everyone accountable and it will happen. As they go forward, she looks forward to continuing to work with all of them.

Final Vote on the Bill as Amended

SB 1526 passed by a vote of 6-4. Senators Book, Farmer, Rader and Rouson voted in opposition.

SB 1192, Electronic Prescribing, by Senator Bean

Bill Summary

CS/SB 1192 requires a prescription that is electronically generated and transmitted to contain an electronic signature from the prescribing practitioner, and requires such practitioner to, under specified conditions except in certain circumstances, exclusively transmit prescriptions electronically for medicinal drugs upon license renewal or by July 1, 2021, whichever is earlier.

Amendment 799536 by Senator Bean

The amendment gives the patients the right, if they want, to take a paper prescription.

Public Testimony on Amendment 799536

Chris Nuland, Florida Chapter of the American Colleges of Surgeons, waived in support.

John Bailey, Florida Osteopathic Medical Association, spoke in support of the amendment. They are regularly concerned about the inability of their patients not being able to get their medication. One pharmacy had told his patient that they can only get Prozac, a medication out since 1994 for \$350, when at most pharmacies you can get it for \$10 dollars out-of-pocket. When using paper prescriptions, they have the option to take the prescription back from the pharmacy and shop around. When electronic prescriptions are submitted, shopping around becomes more complex and may delay patient's taking of medication.

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Amendment 799536 was adopted without objection.

Amendment 731540 by Senator Bean

The allows the Department of Health, with consultation of the boards that regulate healthcare practitioners who are licensed by law to prescribe a medicinal drug, to adopt rules to implement the legislation.

Public Testimony on Amendment 731540

Chris Hansen, Florida Podiatric Medical Association, waived in support.

Amendment 731540 was adopted without objection.

Amendment 483502 by Senator Bean

Amendment to amendment 731540 that provides the Department of Health rule-making authority and specifically names the boards that should be consulted when rules are made going forward.

Amendment 483502 was adopted without objection.

Member Questions on the Bill as Amended

Senator Flores asked if this would have any impact on smaller pharmacies that may not have the same technological capabilities. Senator Bean said that they do not have to subscribe to the e-package, they can opt-out if they cannot afford it.

Public Testimony on the Bill as Amended

Jake Farmer, Florida Retail Association, said on behalf of all of their pharmacists they thank the committee for this good bill. E-prescribing significantly reduces the fraud and error they find on hand written prescriptions, as well as almost completely eradicating lost prescriptions. This is a great tool to combat the opioid crisis and ask for favorable support of the bill.

Chris Hansen, Walgreens; and Brewster Bevis, Associated Industries of Florida, waived in support.

Final Vote on the Bill as Amended

SB 1192 passed by a vote of 10-0.

House Health and Human Services Committee

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HB 587, Medicaid School-based Services, by Representative Andrade

Bill Summary

The bill aligns current law with the federal Medicaid requirements by removing the requirement that Medicaid recipients receiving services through the Florida Medicaid Certified School Match Program qualify for Part B or Hof the IDEA, or for exceptional student services, or have an IEP or IFSP.

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Member Questions

Representative Ponder asked what he sees happening with this bill. Representative Andrade said that we are putting mental health providers in schools in an unsavory position, forcing them unethically to decide if a child has special or a disability. The independent bill in the Senate has not moved, but he hopes that there is progress later.

Public Testimony

Fely Curva, SHAPE Florida; Natalie King, United Way Suncoast/Pepin Academies; Erin Cusick, National Association of Social Workers Florida Chapter; Albert Balido, Florida Policy Institute; Theodore Granger, United Way of Florida; and Sally Butzin, League of Women Voters of Florida, waived in support.

Member Debate

Representative Duran said he hopes the Senate will get their act together, so kids get the mental health access they need.

Final Vote

HB 587 passed by a vote of 17-0.

HB 1157, Access to Health Care Practitioner Services, by Representative Caruso

Bill Summary

HB 1157 incentivizes physicians to provide pro bona health care services to certain low-income individuals and provides an opportunity for physicians from other jurisdictions and retired physicians to provide health services to low-income and medically underserved individuals in this state.

The bill requires Department of Health (DOH) to waive the renewal fee of a physician who demonstrates the provision of at least 160 hours of pro bona 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 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. An applicant for a restricted license must hold an active, unencumbered license to practice medicine in another jurisdiction of the U.S. or Canada and pass a background screening. 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. Breach of contract precludes full licensure.

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 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

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area. Such a physician must work under the supervision of a non-retired physician who holds an active, unencumbered license, provide only medical services of the type and within the specialty performed by the physician prior to retirement, and not perform surgery or prescribe controlled substances. These physicians are exempt from any application, licensure, unlicensed activity, and renewal fees. Registration must be renewed biennially to demonstrate compliance with registration requirements.

Public Testimony

Philip Suderman, Americans for Prosperity, waived in support.

Final Vote on the Bill

HB 1157 passed by a vote of 16-0.

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CS/HB 1035, Patient Access to Records, by Health and Human Services Committee and Representative Rommel

Bill Summary

Requires certain licensed facilities, providers, and health care practitioners to furnish and provide access to records and reports within specified timeframe after receiving request; authorizes facilities, providers, and practitioners to charge reasonable cost associated with reproducing or providing access to such records and reports.

Amendment 635107 by Representative Rommel

Representative Rommel presented the strike-all amendment, which removes the copy cost provision in the bill and reinstates current law that requires nursing homes to provide records to former residents within 30 days.

Amendment 635107 was adopted without objection.

CS/HB 1035 was rolled over for a third reading.

Final Vote on the Bill as Amended

CS/HB 1035 passed by a vote of 108-5.

CS/HB 961, Health Innovation Commission, by Health Care Appropriations Subcommittee and Representative Fine

Bill Summary

Creates Health Innovation Commission within AHCA; provides purpose, membership, meetings, and duties of commission; provides requirements for innovative proposals and requests for exemptions from specified laws or rules; requires commission to review such proposals and provide its findings & decision

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to applicant within specified timeframe; requires AHCA to submit annual report to Governor and Legislature by specified date; provides rulemaking; authorizes positions and provides appropriations.

Member Questions

Representative Jenne said the bill states that the commission would be composed of 11 members, and one of the groups from which these 11 members would come from was listed as “consumers.”

Representative Jenne asked, “Is there any guarantee that consumers will be there or is this list of types of individuals merely a suggestion?” Representative Fine said that the Governor, the President of the Senate, and the Speaker of the House would decide who their three appointees would be.

Representative Jenne asked, “So there’s no guarantee that a consumer will be on this commission?”

Representative Fine said, “There is a guarantee that all nine members of the commission will be consumers of health care, as we all consume health care.”

Representative Jenne said the bill stated that the Secretary of AHCA and the state Surgeon General would serve as ex officio non-voting members of the commission. He asked, “How were these two, outside of their health care expertise, chosen and were any other members of government considered?”

Representative Fine said, “It was our view that these were the two best people to put on the commission.”

Representative Jenne said the bill stated that commission members would serve without compensation. He asked, “Was any consideration given to the possibility that everyday Floridians would not be able to participate, if asked, because they cannot leave their jobs, so perhaps only wealthy individuals would be members of this commission?” Representative Fine said the commission could meet by telephone, so there was no obligation for people to take time off from work to participate.

Representative Jenne asked if the commission would have the right to invalidate state statute?

Representative Fine said the commission would have no power to change the laws of the state.

Representative Jenne said the bill stated that the commission may only grant an exemption from law or rule to the extent necessary to implement the proposal. He asked, “Can you give us a real-world example of when that may come into play what the ramifications are?” Representative Fine said,

“Someone makes a proposal for a specialty hospital that only deals with hip replacements. The commission could waive that rule to allow that new hospital to be created.”

Representative Jenne said the bill stated that the commission may not grant an exemption to a law or rule if doing so would violate federal law or jeopardize public health. He asked what if that violated current state law? Representative Fine said the commission would have the ability to waive certain state health care laws to foster innovation.

Representative Jenne asked if AHCA would be in charge of monitoring that the decisions made did not violate this particular new section of law? Representative Fine said there would be staff dedicated to work with the commission to ensure that it followed all rules and regulations. Representative Jenne asked how would the commission or representatives of AHCA judge whether something was successful; would that be based on health care outcomes or strictly on financial savings?

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Representative Fine said that all of the projects allowed under the commission would be studied and the outcomes would be tracked and reported to the Governor and the Legislature.

Representative Cortes asked why was the Legislature creating another commission? Representative Fine said that AHCA could not waive certain health care laws to foster innovation. He said, "The idea is to create new ideas to that will reduce cost, increase access, improve patient outcomes, and improve efficiency." Representative Cortes asked, "We're trying to save taxpayers money. Why don't we give AHCA the laws that would allow them to improve, instead of making another commission that we don't need?" Representative Fine said the fiscal impact was to provide staff to the volunteer commission. He said, "I would suspect that if you're one of the people who benefits from improved patient outcomes and reduced costs, you won't find it to be a waste of time."

Representative Webb asked if there would be any agency oversight of the commission in terms of its mission and achieving its goals? Representative Fine said the commission members would be accountable to the people who appointed them – the Governor, the Speaker, and the President of the Senate. Representative Webb asked if there were any other examples of similar commissions operating independently, as this commission would? Representative Fine said he was not aware of any in health care, but "Florida tries to be the leader in many things; it can be the leader in this as well."

Representative Eskamani asked if there were any concerns about the bill violating the state Constitution and opening up the state to litigation? Representative Fine said no, because there were examples of this being done in other areas of health care in Florida.

Amendment 272591 by Representative Duran

Representative Duran presented the amendment, which requires commission members to complete a full disclosure of financial interests to the Florida Ethics Commission.

Substitute Amendment 645807 by Representative Fine

Representative Fine presented the substitute amendment, which gives clarity to the substance of Representative Duran's "great idea."

Substitute Amendment 645807 was adopted without objection.

Amendment 480439 by Representative Duran

Representative Duran presented the amendment, which creates a requirement that any proposal submitted to the commission is a public record must be posted to the Agency for Health Care Administration's website, and adds a requirement that prior to finalizing a decision it must issue a public notice and accept written public comments for 30 days. The commission must include a written response to each public comment when it issues its final decision.

Substitute Amendment 765131 by Representative Fine

Representative Fine presented the substitute amendment, which keeps with the spirit of what Representative Duran was trying to achieve but clarifies the requirement that the commission respond to every single public comment.



Substitute Amendment 765131 was adopted without objection.

CS/HB 961 was rolled over for a third reading.

Member Debate on the Bill as Amended

Representative Good said the bill would allow the commission to bypass the Legislature and provide exemptions from state law. She said the bill would allow an appointed, not elected, commission to change the laws of this state.

Representative Cortes said that creating another commission would be a waste of taxpayer money.

Final Vote on the Bill as Amended

CS/HB 961 passed by a vote of 72-41.

CS/HB 935, Price Transparency in Contracts, by Health and Human Services Committee and Representative Rodriguez

Bill Summary

Prohibits insurer limitation on provider disclosures of cash price or availability of more affordable options; prohibits insurer requirements for insured payments in excess of price without insurance.

CS/HB 935 was rolled over for a third reading.

Final Vote

CS/HB 935 passed by a vote of 114-0.

CS/CS/HB 451, Nonopioid Alternatives, by Health and Human Services Committee, Health Quality Subcommittee, and Representative Plakon

Bill Summary

Requires DOH to develop and publish on its website an educational pamphlet regarding use of nonopioid alternatives for treatment of pain; provides requirements for health care practitioners.

Amendment 869113 by Representative Plakon

Representative Plakon presented the amendment, which better defines what type of medical treatment would prompt the nonopioid discussion between the doctor and patient.

Substitute Amendment 879149 by Representative Plakon

Representative Plakon presented the substitute amendment, which exempts pharmacists from having to have this discussion every time they dispense drugs to a patient.

Substitute Amendment 879149 was adopted without objection.

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Amendment 099799 by Representative Plakon

Representative Plakon presented the amendment, which adds language for new technologies to be included in the discussion of alternatives to opioids.

Amendment 099799 was adopted without objection.

CS/CS/HB 451 was rolled over for a third reading.

Final Vote on the Bill as Amended

CS/CS/HB 451 passed by a vote of 113-1.

CS/CS/HB 1187, Mental Health and Substance Use Disorders, by Health and Human Services Committee, Children, Families and Seniors Subcommittee, and Representative Stevenson

Bill Summary

Authorizes certification of peer specialists to provide recovery services in mental health programs and facilities; requires peer specialists to meet specified criteria and background screening requirements; authorizes exemption of certain persons from disqualification of employment; requires department to approve credentialing entities for peer specialists certification; requires new background screening for service provider personnel; revises applicability of exemptions from licensure and provides exemption from certain licensure renewal requirements for certain entities and programs.

CS/CS/HB 1187 was rolled over for a third reading.

Member Debate

Representative Polo thanked Representative Stevenson for the bill and said she was proud to be supporting the bill.

Representative Webb also thanked Representative Stevenson for her leadership with the bill.

Representative Hogan Johnson said this bill was going to make Florida a “healthy and educated state.”

Representative Eskamani said she was looking forward to voting up on the bill.

Representative Caruso said substance abuse could affect anyone’s life and this bill was needed 20 years ago and would help many people in the future.

Final Vote

CS/CS/HB 1187 passed by a vote of 114-0.



CS/CS/CS/HB 821, Health Care Practitioners, by Health and Human Services Committee, Health Care Appropriations Subcommittee, Health Quality Subcommittee, and Representative Pigman

Bill Summary

Authorizes autonomous practice for specified health care practitioners; requires the Board of Health or DOH to register physician assistant or advanced practice registered nurse if applicant meets criteria; authorizes such autonomous health care practitioners to perform specified acts without physician supervision or supervisory protocol; provides appropriations and authorizes positions.

Member Questions

Representative Massullo asked, "How would we define primary care for those advanced practice registered nurses to make sure that they are trained to have that ability and be able to practice within that scope?" Representative Pigman said, "This is outlined in section 6 of the bill. We currently allow the Board of Nursing to establish those practices that are considered nursing and advanced nursing. That does not change at all. And then those acts which would be considered acts of medicine, there is a joint board with participation from the Board of Medicine, Board of Osteopathic Medicine, and Board of Nursing, who would negotiate what acts of medicine would be permitted."

Representative Newton asked why wouldn't a person with "a bunch of degrees and all this training" just go to school to become a doctor? Representative Pigman said that an MD/DO and an advanced practice registered nurse physician assistant were in different fields and wanted different things.

Representative Willhite asked if Representative Pigman believed that the state of Florida was doing everything it could to create or have more doctors in the state? Representative Pigman said not only was the state of Florida doing everything it could, but it was doing more than other states. Representative Willhite asked if this bill was the answer to solving Florida's medical professional shortage? Representative Pigman said, "I would say this is one answer of many answers."

CS/CS/CS/HB 821 was rolled over for a third reading.

Final Vote

CS/CS/CS/HB 821 passed by a vote of 75-37.

CS/CS/HB 1295, Property Tax Exemptions Used by Hospitals, by Ways and Means Committee, Health Market Reform Subcommittee, and Representative Caruso

Bill Summary

Provides criteria to be used in determining value of tax exemptions for charitable use of certain hospitals; provides application requirements for tax exemptions on certain properties.

Member Questions

Representative Newton asked if Medicaid reimbursement would be covered by the hospital property tax exemption? Representative Caruso said no, that would not be included in the charitable care in the bill. Representative Newton asked, "So this is pure indigent care, not some formula used to quantify they

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are providing care to the needy population?” Representative Caruso said, “It involves only charitable care that was presented to the recipient knowing it was charitable care from the onset.”

Representative Webb asked if the bill would require other institutions, such as religious institutions in the state that had ad valorem taxes exemptions, to provide additional documentation in order to receive their tax exemptions? Representative Caruso said no, it would not. Representative Webb asked, “Did you consider expanding the bill to include fair and even application across institutions with ad valorem tax exemptions?” Representative Caruso said, “We did not include religious organizations that are exempt from ad valorem property taxes, but we did include all nonprofit organizations that provide medical services, such as nursing homes, hospitals, and other care facilities.”

Representative Valdes asked, “Why don’t we go through the tax code and examine every tax exemption to determine its value to the public?” Representative Caruso said that to be exempt from property taxes in the state of Florida, an organization only had to prove that it was a 501(c)(3) under the Internal Revenue Service Code. He said the purpose of the bill was to provide more charitable care to a community.

Representative Stark asked if the non-profit hospitals had to take the charitable care cases because they were public hospitals? Representative Caruso said the bill did not address public or municipal hospitals; it dealt with non-profit hospitals.

CS/CS/HB 1295 was rolled over for a third reading.

Member Debate

Representative Ausley said she had difficulty understanding how the bill encouraged hospitals to provide charity care. She said the bill “hits our not-for-profit hospitals that already are providing charity care with additional paperwork and documentation that is unnecessary and, in my mind, punitive. It appears to be a singling out our not-for-profit hospitals and will be yet another cut to over 300 hospitals, many of which are already struggling.”

Representative Newton said many hospitals looked at any care they provided without receiving full payment as indigent care. He said, “If hospitals are going to be in this tax exemption, they must provide pure, clean indigent care to people who can ill afford to pay.”

Representative Valdes said the Florida Tax Code was full of exemptions. She said she could not support the bill because it was “not equitable.”

Representative Webb said she was a proponent of fair and even application of the law, and the bill seemed to penalize hospitals for creating efficiencies. She said, “We’re penalizing them for being good stewards of our tax dollars and providing good care for our communities.”

Final Vote

CS/CS/HB 1295 passed by a vote of 71-40.



CS/HB 171, CS/CS/SB 366, Infectious Disease Elimination Programs, by Health Quality Subcommittee, Representative Jones, and Representative Plasencia

Bill Summary

Authorizes county commission to establish a sterile needle a syringe exchange program; prohibits operation of such program under certain conditions; provides requirements for operation of such program; requires collection of data and submission of reports; provides for immunity from civil liability under certain circumstances; authorizes continuation of specified pilot program under certain circumstances.

Amendment 836647 by Representative Jones

Representative Jones presented the amendment, which is a technical amendment.

Amendment 836647 was adopted without objection.

Amendment 517403 by Representative Jones

Representative Jones presented the amendment, which makes sure that no government funds will be used in the purchasing of syringes.

Amendment 517403 was adopted without objection.

CS/HB 171, CS/CS/SB 366 was rolled over for a third reading.

Member Debate on the Bill as Amended

Representative Smith said this bill was an incredible opportunity to make an impact on the epidemic of HIV in the state of Florida. He urged the members to vote yes on the bill.

Representative Yarborough thanked Representative Jones for the bill.

Representative Eskamani said she was in support of the bill.

Representative Bush said he was in support of the bill as well.

Final Vote on the Bill as Amended

CS/HB 171, CS/CS/SB 366 passed by a vote of 111-3.

Senate Committee on Rules

April 17, 2019

CS/SB 630, Nonopioid Alternatives, by Senator Perry

Bill Summary

CS/SB 630 amends s. 456.44, F.S., to require the Department of Health (DOH) to develop and publish on its website an educational pamphlet regarding the use of nonopioid alternatives for the treatment of

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pain. The bill also requires a health care practitioner to, prior to treating a patient with anesthesia or a Schedule II opioid medication in a non-emergency situation: inform the patient of available nonopioid alternatives for the treatment of pain; discuss the advantages and disadvantages of the use of nonopioid alternatives; provide the patient with the pamphlet created by the DOH; and document any alternatives considered in the patient's record.

Public Testimony

Brian Pitts, representing Justice-2-Jesus; Paul Lowell, representing the Florida Chiropractic Society; and Natalie Kado, representing the Florida Association of Nurse Anesthetists, all waived in support of the bill.

Final Vote on CS/SB 630

CS/SB 630 was reported favorably by a vote of 16-0.

CS/SB 1418, Mental Health, by Senator Powell

Bill Summary

CS/SB 1418 implements two recommendations of a Department of Children and Families (DCF) task force which has been studying the issue of Baker Act cases involving minors. The first of the specific recommendations contained in the CS encourages school districts to adopt a standardized suicide assessment tool that school-based mental health professionals would implement prior to initiation of an involuntary examination. The second recommendation increases the number of days, from the next working day to five working days that the receiving facility has to submit forms to DCF, to allow DCF to capture data on whether the minor was admitted, released, or a petition filed with the court. The CS also requires that when a patient communicates a specific threat against an identifiable individual to a mental health service provider, the provider must release information from the clinical record of the patient sufficient to inform the threatened individual. The provider must also inform law enforcement of the threat.

Amendment 923424 by Senator Powell

This amendment requires receiving facilities to provide information to the DCF on whether a child that was Baker Acted was released, voluntarily admitted, or a petition for involuntary services was filed in court. It provides that the DCF must report to the Governor and legislature every two years on the data gathered regarding the child Baker Act. It makes victim notification permissive by mental health professionals, but mandatory for law enforcement. It also includes a statutory fix that was recommended by the DCF.

Amendment 923424 was adopted without objection.

Public Testimony on CS/SB 1418 as Amended

Danielle Thomas, representing the Florida PTA, and Jill Gran, representing the Florida Council on Behavioral Health, waived in support of the bill.

Final Vote on CS/SB 1418

CS/SB 1418 was reported favorably by a vote of 16-0.



**Senate Committee on Appropriations
April 18, 2019**

SB 1526, Telehealth, by Senator Harrell

Bill Summary

Prohibits Medicaid managed care plans from using providers who exclusively provide services through telehealth to achieve network adequacy; defines the terms “telehealth” and “telehealth provider”; prohibits a telehealth provider from using telehealth to prescribe a controlled substance; prohibits a health maintenance organization from requiring a subscriber to receive services via telehealth.

Amendment 862704 by Senator Harrell

Substitute Amendment 147794 by Senator Harrell

Senator Harrell presented the strike-all substitute amendment, which provides that any practitioner that provides health services has the duty to practice in a manner consistent with his or her scope of practice and the prevailing professional standards of practice; allows a health care provider to use telehealth to provide health care services to a patient for patient evaluation to treat the patient; and clarifies that a telehealth provider must document in a patient’s medical record the health care services that were rendered according to the same standards used for in-patient services.

Member Questions on Substitute Amendment 147794

Senator Book asked how telehealth would help rural communities? Senator Harrell said telehealth would open up access in rural areas where there were no specialists. Senator Book asked if telehealth would address mental health? Senator Harrell said yes, it would include mental health counselors and other mental health providers.

Senator Gibson asked who could access telehealth care? Senator Harrell said that payment for telehealth services had been arranged through Medicaid, so it would be available to all patients, and insurance companies could not require a telehealth provider to be paid less than an in-person provider would be paid.

Public Testimony on Substitute Amendment 147794

Jeff Scott, American Medical Association, spoke in opposition to the amendment. He said the amendment would allow out-of-state practitioners to practice without having to pay for in-state licensing.

Joe Anne Hart, Florida Dental Association, also spoke in opposition to the amendment. She said the language in the original bill is much stronger and better.

Dave Levine, Florida Optometric Association, also spoke against the amendment. He said the amendment would be “a windfall for out-of-state providers.” He also said the amendment needed to clarify the standard of care, because an eye exam could not be done via telehealth; a patient would need an in-person eye exam.

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Substitute amendment 147794 was adopted.

Member Questions on the Bill as Amended

Senator Book asked about out-of-state licensing fees. Senator Harrell said that out-of-state licensing fees currently are \$150, but “the strike-all amendment requires the Department of Health to determine if that is a sufficient amount.”

Senator Mayfield asked if there was any incentive to insurance companies to promote telehealth? Senator Harrell said no.

Public Testimony on the Bill as Amended

Victoria Zepp; Dorene Barker, AARP Florida; Sal Nuzzo, James Madison Institute; and Phillip Suderman, Americans for Prosperity, all waived in support of the bill as amended.

Joe Anne Hart, Florida Dental Association, waived in opposition to the bill as amended.

Member Debate on the Bill as Amended

Senator Rouson thanked Senator Harrell for all of her hard work on the bill as amended. He said, “telehealth has value, but I want it to get better.”

Senator Mayfield thanked Senator Harrell for the bill but said she was concerned about telehealth providers becoming “call centers” referring patients throughout the country. She said, “We need protections against unqualified doctors and fraud in Medicaid and Medicare. We need to tighten up the bill.”

Final Vote on the Bill as Amended

SB 1526 was reported favorably by a vote of 14-6.

CS/SB 1528, Canadian Prescription Drug Importation Program, by Health Policy and Senator Bean

Bill Summary

Requires the Agency for Health Care Administration to establish the Canadian Prescription Drug Importation Program; authorizes a Canadian supplier to export drugs into this state under the program under certain circumstances; provides eligibility criteria and requirements for drug importers; requires the agency to contract with a vendor to facilitate wholesale prescription drug importation under the program.

Amendment 858228 by Senator Bean

Senator Bean presented the delete-all amendment, which allows only public programs to participate and eases bond requirements; requires financial reporting and audits of contracting partners to ensure state dollars are being spent wisely; and modifies the approval process.

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Amendment 523370 to the Amendment by Senator Thurston

Senator Thurston presented the amendment, which would enable Florida residents to bring potential litigation against a Canadian company doing business in the state.

Public Testimony on Amendment 523370 to the Amendment

Don3 Bell, Partnership for Safe Medicines, spoke in opposition to the amendment. He said there were significant drug shortages in Canada, and drugs from Canada were not the answer to Florida's dilemma.

Member Debate on Amendment 523370 to the Amendment

Senator Bean said the amendment was a good idea and he considered it a friendly amendment. He said he encouraged the committee to vote in favor of it.

Amendment 523370 to the amendment was adopted without objection.

Amendment 528536 to the Amendment by Senator Gibson

Senator Gibson presented the amendment, which prohibits pregnant women, minor children, and the elderly from being forced into having to take imported drugs; they are free to opt out of the program without fear of losing their benefits or fear of financial retribution.

Public Testimony on Amendment 528536 to the Amendment

A representative from the Partnership for Safe Medicines, spoke in support of the amendment. He said drug importation programs were unsafe because of unreliable parties and counterfeiters.

Member Debate on Amendment 528536 to the Amendment

Senator Bean said he considered the amendment an unfriendly one. He said the imported drugs would be safe and the amendment was not needed.

Amendment 528536 to the amendment failed and was not adopted.

Amendment 534426 to the Amendment by Senator Powell

Senator Powell presented the amendment, which would require the program to only work with manufacturing facilities that have had no investigations reported by the FDA and no safety violations identified by the FDA within the last 5 years.

Member Debate on Amendment 534426 to the Amendment

Senator Bean said the amendment to the amendment was "overly broad and vague." He said his original amendment already has safety mechanisms in place.

Amendment 534426 to the amendment failed and was not adopted.

Amendment 615854 to the Amendment by Senator Powell

Senator Powell presented the amendment, which would put Florida in line with the federal track and trace system.

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Member Debate on Amendment 615854 to the Amendment

Senator Bean said the bill already contains track and trace. He said the amendment would be duplicative and would bring complications to the bill. He urged committee members to vote against the amendment to the amendment.

Amendment 615854 to the amendment failed and was not adopted.

Member Questions on Amendment 858228

Senator Thurston asked why the population for the drug program was reduced to only the “vulnerable community?” Senator Bean said the amendment would help all Florida taxpayers make ends meet.

Senator Montford asked what affect would this have on independent pharmacies? Senator Bean said this would give pharmacies the opportunity to participate if they wish.

Amendment 858228 was adopted.

Public Testimony on the Bill as Amended

Sven Bergmann, Partnership for Safe Medicines, spoke in opposition to the bill as amended. He said the state would see increased illegal activity with illicit trade in counterfeit goods. He said drug importation from foreign countries was “a gimmick” and was not safe.

Doug Kellogg, Americans for Tax Reform, spoke in opposition to the bill as amended. He said importation of drugs from other countries was “misguided” and was used “to trick us into supporting socialized medicine.”

Conwell Hooper, American Senior Alliance, also spoke in opposition to the bill as amended. He said the bill would jeopardize seniors’ quality of life because of the risk of contaminated products. He said that importing foreign medications would put seniors at risk without any guaranteed savings.

Bill Hepscher, Canadian Med Store, spoke in support of the bill as amended. He said the safe and affordable medicines from Canada would help people who struggled to afford lifesaving medications through free market mechanisms.

David Poole, AIDS Health Care Foundation, and Karen Woodall, Florida Center for Fiscal and Economic Policy, waived in support of the bill as amended.

Member Debate on the Bill as Amended

Senator Mayfield said she would support the bill as amended because competition was good, but if you really want to lower drug costs you need to get insurance companies, PBMs, and pharmacy companies to sit down together and work out something.”

Final Vote on the Bill as Amended

CS/SB 1528 was reported favorably by a vote of 14-4.

CS/SB 1712, Hospital Licensure, by Health Policy and Senator Harrell

Bill Summary

Requires certain hospitals licensed after a specified date to submit a notice to the Agency for Health Care Administration which contains specified information before filing for approval of plans and specifications to establish a new general hospital; authorizes the agency to issue a license to a general hospital that has not been issued a certificate of need under certain circumstances; deletes provisions relating to certificates of need for osteopathic acute care hospitals.

Amendment 337470 by Senator Harrell

Senator Harrell presented the strike-all amendment, which eliminates CON for new general hospitals effective July 1, 2021; eliminates CON for all hospitals with tertiary care services effective in 5 years; requires each new provider of tertiary care services to comply with rules adopted by AHCA and establish licensure standards to govern each program; moves licensure requirements for cardiac and burn unit services from CON statutes to hospital licensing statutes; eliminates the ban on specialty hospitals, effective in 5 years; and eliminates requirements for new hospitals to have 100 or more beds to have an emergency department, to participate in Medicaid and Medicare, and to provide charity care.

Member Questions on Amendment 337470

Senator Stewart asked if the amendment duplicated the House bill and asked for an explanation of “the difference between the original bill we negotiated and this amendment.” Senator Harrell said this amendment was “very similar to” the House proposal, which was seeking a total repeal of CON. She said the Senate was seeking to repeal CON only for general hospitals. She said the goal was to move requirements into licensure and this amendment provided two years to do that. She said, “This gives us the time to really look in depth and to really hear our constituents and determine what requirements we need to move into licensure.”

Senator Braynon asked, “That’s what we did in the Senate proposal, right?” Senator Harrell said, “In the Senate proposal we had specific requirements – for 100 beds, for charity care, and for an emergency room – that would have taken place immediately for new hospitals.” Senator Braynon said, “That sounds completely logical. Why would you delete it all and propose this?” Senator Harrell said, “In working with the House, this is the direction in which we’re moving. We’re allowing time for this to work itself out.”

Senator Bean asked, “I don’t know where to start. You worked hard to craft a bill that takes Florida in a direction of CON reform but does it in a way that the entire health care community can adapt to and can thrive under, and it seems, with your delete-all, that you’ve taken all of the work that you’ve done and the entire health policy and health appropriations committees have done, and all of the precautions and nuances and thrown them away. What happened?” Senator Harrell said, “The goal was always to move into licensure, and this amendment gives us two years to look at all of the requirements of licensure and determine how to craft them.” Senator Bean said the original bill protected patients and taxpayers. He asked, “What protections do we have for the industry?” Senator Harrell said, “We have two years to decide how to move in that direction through licensure.”

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Senator Bradley asked if Senator Harrell was aware of any enforcement issue from AHCA based on the amount of charity care a hospital provided? Senator Harrell said she could not answer that question. Senator Bradley said there has never been such an action taken to penalize a hospital for failing to provide a certain level of charity care.

Senator Rouson said that he asked in committee if the bill would change. He asked if this, right now, was the final version of the bill? Senator Harrell said, "I cannot tell you that. All I can tell you is the amendment gives us time to decide how to structure our system without CON."

Senator Gibson asked what would happen in the two years; would there be two years to look at a new process? Senator Harrell said, "We are eliminating CON in two years and ending the ban on specific types of hospitals." Senator Gibson asked how long had CON been in effect? Senator Harrell said that CON was put in place by the federal government in 1976. Senator Gibson asked, "How are we going to completely change a system that has been in place for so long?" Senator Harrell said, "We have time to craft things deliberately." Senator Gibson asked, "What are we going to look at for two years?" Senator Harrell said, "We have very specific requirements for a new hospital coming into an area, and we would look at additional requirements new hospitals would have to meet." She said she planned to ask OPAGGA to study specific parameters in other states.

Senator Montford said the original bill had protections for rural hospitals and asked what effect the amendment would have on rural hospitals? Senator Harrell said rural hospitals were critical access hospitals and needed to be protected. She said, "We will put those protections into the licensure standards." Senator Montford asked if the amendment would be a detriment to large hospitals that serve rural hospitals around them? Senator Harrell said the amendment would allow two years to set the licensing parameters for a new hospital.

Senator Lee asked, "Why the radical metamorphosis overnight?" Senator Harrell said, "I think this is the direction we're going now." Senator Lee said, "This amendment only came out about 12 hours ago, and it's a 180-degree shift in policy position. Do you think the bill will continue to evolve?" Senator Harrell said, "Things evolve and change as they move through the process. This is still a work in progress, but this is the direction we're moving toward."

Senator Flores asked, "What safeguards can we expect to give the public, in terms of specialized hospitals, to ensure protections would exist?" Senator Harrell said, "The bill gives us five years to look at that for specialty hospitals." Senator Flores asked if mental health hospitals would be included? Senator Harrell said yes, the bill would include all specialty hospitals.

Senator Stewart asked what was the rationale behind giving up protections to rural hospitals now? Senator Harrell said, "We're not giving them up now. Rural hospitals are very different; CON looks at a specific geographic area and the permission that's required to build that hospital in that area. We're getting rid of that permission."

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Senator Bradley asked, "If the decision to build a new hospital has been made, and there's a need and a demand in the market for a new hospital, that hospital must be made safe. How does the bill address patient safety?" Senator Harrell said the bill only deals with permission, not with safety.

Senator Lee said he had been getting calls from hospital administrators and CEOs who were upset about the bill. He asked, "What are they worried about?" Senator Harrell said they were worried about their ability to compete.

Senator Simmons asked what was the impact on safety net hospitals and hospitals in general in quality of care and cost of care in other states that had abolished CON? Senator Harrell said there had been no real impact but "we don't know what additional things they did or what additional regulations they had. We're requesting an OPAGGA study to make sure there is no reduction in quality of care."

Senator Mayfield asked if there was anything in the bill that would repeal the bill if "we determine this isn't the way to go?" Senator Harrell said, "No, there is no repeal. This is a legislative prerogative."

Public Testimony on Amendment 337470

Rich Templin, AFL-CIO, spoke in opposition to the amendment. He said the original Senate bill was a very careful approach and the amendment changed that. He said he knew the motivation was free market trade, but health care cannot be examined through the lens of the free market.

Sal Nuzzo, James Madison Institute, spoke in support of the amendment. He said there is "immense research" that repeal of CON laws improves both quality and cost of health care.

Paul Wharton, Flagler Hospital, spoke in opposition to the amendment. He said he was concerned about the amendment's impact on rural hospitals, which could be in jeopardy of losing their state funding. He said that if more than one hospital in an area treated indigent patients, by statute the first hospital would no longer qualify for the funding base.

Member Debate on Amendment 337470

Senator Bean said he was "still reeling" from the changes made in the amendment. He said, "We all want financially healthy hospitals, and this bill puts patients' health care in jeopardy. You have to build a real hospital with an emergency room where patients are treated whether or not they have the ability to pay. The original bill has fair competition; we all want people to have choices. Vote no on the amendment to give us a chance to vote on a competitive marketplace for true CON reform."

Amendment 337470 was adopted.

Public Testimony on the Bill as Amended

Rich Templin, AFL-CIO, waived in opposition to the bill as amended.

Phillip Suderman, Americans for Prosperity, waived in support of the bill as amended.

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Member Debate on the Bill as Amended

Senator Lee said, "I understand why this bill will pass; this committee has been worked. The process stinks. No disrespect to the committee and the bill sponsor, but this has made a mockery of the committee process of this institution."

Senator Bradley said, "For the record, I will vote for this bill because I think it's a good bill."

Final Vote on the Bill as Amended

CS/SB 1712 was reported favorably by a vote of 13-7.

SB 7078, Health Care, by Health Policy

Bill Summary

Requires a service provider to furnish and provide access to clinical records within a specified timeframe after receiving a request for such records; requires a licensed facility to furnish and provide access to patient records within a specified timeframe after receiving a request for such records; requires a nursing home facility to furnish and provide access to records within a specified timeframe after receiving a request; requires a licensed hospital to provide specified information and data relating to patient safety and quality measures to a patient under certain circumstances or to any person upon request.

Amendment 520116 by Senator Harrell

Senator Harrell presented the strike-all amendment, which removes the provisions dealing with medical records; removes the sections dealing with contractual provisions for health insurers and providers; and removes the section on interstate medical licensure compact.

Amendment 684114 to the Amendment by Senator Flores

Senator Flores presented the amendment, which addresses invalid restrictive covenants or non-compete clauses as they relate to monopolies on physician specialties in a local health care market.

Amendment 684114 to the amendment was adopted without objection.

Amendment 720040 to the Amendment by Senator Flores

Senator Flores presented the amendment, which reinstates the dental school loan repayment program.

Public Testimony on Amendment 720040 to the Amendment

Joe Anne Hart, Florida Dental Association, waived in support.

Amendment 720040 to the amendment was adopted without objection.

Amendment 898836 to the Amendment by Senator Bean

Senator Bean presented the amendment, which allows a patient in an ambulatory care center to stay 24 hours rather than requiring the patient to be admitted and discharged on the same working day.

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Public Testimony on Amendment 898836 to the Amendment

Mike Cusick, Florida Society of Ambulatory Surgical Centers, waived in support of the amendment to the amendment.

Dave Ashburn, Florida Hospital Association, waived in opposition to the amendment to the amendment.

Amendment 898836 to the amendment was adopted.

Amendment 520116 was adopted without objection.

Final Vote on the Bill as Amended

SB 7078 was favorable by a vote of 19-0.