

Florida Academy of Family Physicians (FAFP)
2018 Florida Legislative Session Overview**2019 Projections indicated below*

Doctor of the Day Program: The FAFP has an annual benchmark for ensuring a member/leader serves as Doctor of the Day in Tallahassee each week during the 60 day legislative session. *Doctors of the Day* get unique access to the House or Senate floor, attend committee hearings, and meet with legislators while not serving in the capital clinic. In 2018, a record 15 FAFP members served meaning some weeks had multiple members participating. The FAFP is making a significant impact during the legislative session by having family physicians in the state capital consistently throughout the session.

Direct Primary Care Agreements – HB 37 PASSED FLORIDA LEGISLATURE

HB 37 by Rep. Danny Burgess (R) 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 (DPC) is a primary care medical practice model that eliminates third party payers from the primary care provider-patient relationship. Governor Scott signed the bill 3/23/18.

Opioid Prescribing – HB 21 PASSED FLORIDA LEGISLATURE

SB 8 by Senator Lizbeth Benacquisto (R) and **HB 21** by Rep. Jim Boyd (R) are aimed at reducing opioid deaths and addiction in Florida. The legislation restricts Schedule II controlled opioids for acute pain to a 3-day supply but would allow physicians to prescribe up to a 7-day supply in certain situations. Acute pain is described as the “normal, predicted, physiological, and time-limited response to an adverse chemical, thermal, or mechanical stimulus associated with surgery, trauma, or acute illness.” HB 21 includes exemptions from the prescription limits for cancer patients, people who are terminally ill and those who are receiving palliative care. Trauma patients who meet certain criteria for severity of injuries also would be exempt from the limits.

Two additional elements concerning family physicians includes the requirement for physicians to consult the PDMP prior to prescribing or dispensing a controlled substance starting on the bill’s implementation date of July 1, 2018. Finally, the bill also requires every practitioner registered with the U.S. Drug Enforcement Administration and authorized to prescribe controlled substances to take a two-hour continuing education course. The FAFP was one of only five organizations initially approved to provide the CME credit in both live and online courses, which have been available to members since May 2018. The new CME requirement is required of all prescribers by January 31, 2019, and then each renewal thereafter. **Although unlikely due to the political climate, amendments to the bill in 2019 would include appropriation for PDMP interoperability and clarification of limits on schedule IIIs.*

Influenza & Strep Testing – FAILED TO PASS

SB 524 by Senator Jeff Brandes (R) and **HB 431** by Reps. Rene Plasencia) would 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. The FAFP worked very hard with the FMA and organized medicine to defeat this bill by a very thin margin in the Senate, but it will regrettably be back in 2019. **Bills will be back in 2019.*

Consultant Pharmacists – FAILED TO PASS

HB 689 by Rep. Cord Byrd (R) and **SB 914** by Senator Rene Garcia (R) 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:

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

The FAFP worked with the FMA and organized medicine to compromise for such arrangements only within a healthcare facility, but the retail federation is working to expand to community pharmacies as well; therefore providing no option other than to defeat the bill. **Bills might be back in 2019, depending on what happens with the diagnose and treat bills above.*

Step Therapy – FAILED TO PASS (FMA Priority)

SB 98 by Senator Greg Steube (R) and **HB 199** by Rep. Shawn Harrison (R) create an expedited and standard process for prior authorizations. The bills establish time frames for prior authorization denial and acceptances and create a more transparent process. In addition, the bills require health insurers to grant prior authorization exemptions in certain situations. **Bills will be back in 2019.*

Payment of Health Care Claims – FAILED TO PASS (FMA Priority)

SB 162 by Senator Greg Stuebe (R) and **HB 217** by Rep. Bill Hager (R) 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.

Other bills of interest by topic only that failed to make any significant headway:

- Telehealth Coverage
- Physician Orders for Life-Sustaining Treatment Program
- Foreign-Trained Physician Licensure
- PA & ARNP Scope of Practice Expansion
- Pro Bono Health Care
- PIP Repeal
- Maintenance of Certification
- Stem Cell Use in Clinical Settings