



FMA
FLORIDA MEDICAL ASSOCIATION

FMA 2018 Legislative Report

The 2018 Florida Legislative Session concluded on Sunday, March 11 at 4:30 p.m. with the signing of the budget. While a record number of bills were filed this year, only 200 bills were approved by both chambers and sent to the Governor — a record low. The Legislature faced grave issues this session, including the opioid crisis, the destruction from Hurricane Irma, and the aftermath of the tragedy in Parkland, Florida.

Your FMA team of lobbyists tracked 244 bills and numerous amendments that would have affected the practice of medicine in Florida either directly or indirectly.

The following is a summary of key legislative issues that the FMA addressed on behalf of our members.

Legislation that Passed

Opioid Legislation

Florida, along with the rest of the nation, is still trying to comprehend the full impact of the opioid epidemic. As a result of the alarming number of deaths due to the abuse of prescription opioids, heroin, and illicitly produced fentanyl, Florida became the 25th state since 2016 to enact opioid reform legislation. On May 3, 2017, Governor Rick Scott issued an executive order declaring a Public Health Emergency in response to the escalating opioid crisis. This Emergency Order directed Florida Surgeon General Celeste Philip, M.D., to issue a standing order of Naloxone (an opioid overdose reversal agent) and freed up over \$27 million in federal grant funding to assist in opioid abuse prevention, treatment, and recovery support services. As 2017 came to a close with the crisis showing no signs of slowing down, opioid legislation became Governor Scott's priority for the 2018 Legislative Session.

As originally filed, SB 8 by Sen. Lizbeth Benacquisto and HB 21 by Rep. Jim Boyd would have been unreasonably rigid — limiting Schedule II opioid prescriptions for acute pain to three days and up to seven days for medically necessary reasons, and would have required physicians to consult the Prescription Drug Monitoring Database (PDMP) when prescribing any Schedule II-V controlled substance. Your FMA team worked aggressively to secure exceptions to the hard 3-7 day cap and ease the burden of the PDMP requirements. Despite the positive changes made to this legislation, HB 21 will still have a significant impact on the practice of medicine. The major components of this legislation are as follows:

- For the treatment of acute pain, a Schedule II opioid prescription will be limited to a three-day supply unless the prescriber believes there is a medically necessary reason to prescribe up to a seven-day



supply. Thanks to the FMA's lobbying efforts, the 3-7 day cap will not apply to opioid prescriptions written for the treatment of pain related to cancer, terminal illness, for palliative care, or for trauma patients with an Injury Severity Score of 9 or greater. This cap does not apply until the patient has been discharged and is no longer in an in-patient setting.

- All practitioners registered with the DEA to prescribe controlled substances will have to complete a 2-hour continuing education course on the prescribing of controlled substances. The course will have to be completed by January 31, 2019 and upon each license renewal thereafter. This mandated course is included within the number of continuing education hours currently required by law.
- Before prescribing a controlled substance, the practitioner must consult the PDMP to review the controlled substance history of patients who are 16 years of age and older. Practitioners will not have to consult the PDMP in order to prescribe non-opioid Schedule V controlled substances.
- All physician practices currently exempt from the pain clinic registration requirements will have to obtain a certificate of exemption.
- HB 21 also contains funding to improve the PDMP and create interoperability with other states.

This legislation will go into effect, unless otherwise stated, on July 1, 2018. The FMA is committed to battling the opioid crisis by advocating for best medical practices that ensure patient safety and preserve the relationship between physicians and their patients. Visit the [FMA's online Opioid Resource Center](#) for more information.

Direct Primary Care



After several years of advocacy by the FMA and other medical specialty groups, the Florida Legislature finally passed Direct Primary Care (DPC) legislation. DPC is a primary care medical practice model

that eliminates third-party payers from the primary care physician-patient relationship. HB 37 by Rep. Danny Burgess and SB 80 by Sen. Tom Lee establishes that DPC agreements are not insurance and therefore not subject to regulation under the Florida Insurance Code. This type of practice model is anticipated to lower healthcare costs, increase access to primary care services, enhance the physician-patient relationship and reduce physician burnout associated with the burden of negotiating with insurance companies.

Reporting of Adverse Incidents in Planning Out-of-Hospital Births



The FMA supported SB 510 by Dana Young and HB 673 by MaryLynn Magar, which require physicians,

certified advanced registered nurse midwives, and licensed midwives to report to the Department of Health, within 15 days, any adverse incidents occurring as a result of an attempted or completed planned birthing center or out-of-hospital birth. Unlike the requirement for hospital births, there was no Florida statute that required midwives or anyone conducting planned out-of-hospital births to report adverse outcomes or emergency transfers of patients to hospitals or other facilities. This bill passed unanimously in the House and Senate and is expected to help the medical community gather more accurate information about adverse incidents related to out-of-hospital births and mid-level providers. This legislation is the first of its kind in the country.



Legislation the FMA Defeated

Pharmacists Testing for Influenza and Strep

The FMA strongly opposed SB 524 by Sen. Jeff Brandes and HB 431 by Rep. Rene Plasencia, which would have allowed pharmacists to test, diagnose, and treat influenza and streptococcal pharyngitis. This legislation was heavily supported by retail pharmacies and

flu-diagnostic machine manufacturers. Your FMA team was successful in defeating this unacceptable scope-of-practice expansion. We expect this legislation to be refiled next year, and we will continue opposing pharmacists' efforts to practice medicine.

Consultant Pharmacists

The FMA defeated SB 914 by Sen. Rene Garcia and HB 689 by Rep. Cord Byrd — overly broad legislation that would have allowed pharmacists to order and evaluate laboratory tests, conduct patient assessments to evaluate and monitor drug therapy, and initiate, modify, discontinue and administer medications. While the bill did require an established protocol with a physician, giving pharmacists the ability to initiate, modify or discontinue medications under any circumstances represents an unwarranted scope-of-practice expansion for pharmacists.

PA/ARNP Universal Signing Authority

SB 708 by Sen. Jeff Brandes and HB 973 by Rep. Kimberly Daniels would have allowed physician assistants and advanced registered nurse practitioners to sign, certify, stamp, verify, or endorse any document that typically requires a physician's signature. While there may be situations where it is acceptable for a PA or ARNP to sign a document a physician would sign, this bill was overly broad and provided too many opportunities for abuse. The FMA defeated this legislation.

Legislation That Failed

Health Insurance Legislation

The FMA supported legislation that would have prevented retroactive denials (SB 162 by Sen. Greg Steube and HB 217 by Rep. Bill Hager), allowed physicians to override fail first protocols, and provided for simpler prior authorization procedures (SB 98 by Sen. Greg Steube and HB 199 by Rep. Shawn Harrison). The FMA was successful in getting this key legislation passed through the Senate. Unfortunately, both bills got stuck in their last committee in the House. These policies greatly affect patients and physicians alike, and lawmakers' increasing interest allowed this bill to advance in the Legislature as never before.

Maintenance of Certification

While Maintenance of Certification (MOC) once ensured continuous physician education, it has become prohibitively expensive, unnecessarily time-consuming and burdensome – ultimately taking physicians away from their patients and their own specialty-specific studies. The FMA supported legislation that would have prohibited requiring MOC as a condition of licensure, reimbursement, or admitting privileges. Unfortunately, SB

628 by Sen. Denise Grimsley and HB 81 by Rep. Julio Gonzalez, M.D., never received a hearing. In preparation for next year's Legislative Session, the FMA will continue educating lawmakers about MOC's shortfalls.

How You Can Make Medicine Stronger

The FMA is the strongest advocate for you in defeating legislation that would negatively affect your profession and the way you practice medicine. This is an election year and your support is crucial to our success in helping you practice medicine. Committee weeks for the 2019 Legislative Session will begin in a few months, but we need your help now so that we can achieve our goals on your behalf.

Make your profession stronger by donating to the **FMA PAC**. The FMA PAC supports pro-medicine legislative candidates who, if elected, will be our allies in eliminating unnecessary administrative and regulatory requirements so that you can focus on patient care.

[Click here to make a donation](#) to the FMA PAC today. Thank you for your support.