Medical Marijuana Moves forward in the Florida Legislature

The Voters in 20 U.S. states could potentially legalize some form of cannabis use in the November 2016 election. A proposed constitutional amendment to allow medical use of marijuana will be back on the ballot in November. Supporters argue that a larger voter turnout in a presidential election year should help pass the measure that narrowly failed in 2014.

On the legislative front, bill sponsors of the 2014 cannabis law have filed legislation this year to address the issues that have delayed implementation and deferred relief to suffering children who have yet to receive assistance. House and Senate committees this week approved bills for consideration by each chamber that would allow patients with terminal illnesses to have access to medical marijuana. Most of the discussion centered on the Department of Health’s inability to implement the 2014 law that allowed limited types of non-euphoric cannabis for patients such as children with severe forms of epilepsy. The low-THC medical marijuana is still unavailable, mostly due to legal fights about the selection of five nurseries to receive licenses to cultivate, process and distribute the cannabis. SB 460 (Bradley) amends the Right to Try Act to include cannabis that is sold and manufactured by an approved dispensing organization in the definition of “investigational drug, biological product, or device.” Under the bill, an eligible patient and the eligible patient’s legal representative may purchase and possess cannabis for the patient’s medical use and an approved Dispensing Organization and its owners, managers, and employees may manufacture, possess, sell, deliver, distribute, dispense, and lawfully dispose of cannabis so long as the requirements of the Right to Try Act are met. The bill allows 3 additional dispensing organizations to be approved by DOH upon the registration of 250,000 qualified patients in the compassionate use registry. The companion measure CS/CS/CS HB 307 (Gaetz, Edwards, Brodeur) was combined with HB 1313 and passed the House and Human Services Committee and is headed to the House Calendar.

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Health Related Bills

CS/CS/SB 1442 (Garcia) relating to balanced billing. The bill passed the Senate Banking & Insurance Committee unanimously. It prohibits an out-of-network provider from balance billing members of a preferred provider organization for covered emergency services or covered nonemergency services. An insurer is liable for the payment of covered emergency services provided by out-of-network provider. An insurer is liable for the payment of covered nonemergency services provided by an out-of-network provider if the services are provided in a facility that has a contract with an insurer, which would otherwise require the facility to provide the services, and the insured had no ability and opportunity to choose a network provider. The bill has one more Senate committee, while the companion measure, CS/CS/HB 221 (Trujillo) is headed to the House Calendar after passing the House Committee on Health & Human Services unanimously.

CS/CS/SB 12 (Garcia) relating to behavioral health services. The bill provides for mental health services for children, parents, and others seeking custody of children involved in dependency court proceedings. The bill creates a coordinated system of care to be provided either by a community or a region for those suffering from mental illness or substance use disorder through a “No Wrong Door” system of single access points. The bill passed Senate Appropriations this week and is headed for the Calendar. The House companion, CS/CS/HB 7097 (Harrell) also is headed for the House Calendar after passing the Health & Human Services Committee unanimously.

Nurse Practitioner and Physician Assistant Controlled Substances Prescription Bills Move

CS/CS/SB 676 passed the Senate Appropriations Committee. The bill creates the “Barbara Lumkin Prescribing Act” after an amazing icon of nursing history, Barbara Lumpkin, who led the Florida Nurses Association for decades. The bill authorizes physician assistants (PAs) and advanced registered nurse practitioners (ARNPs) to prescribe controlled substances under current supervisory standards for PAs and protocols for ARNPs beginning January 1, 2017, and creates additional statutory parameters for their controlled substance prescribing. Under the bill, an ARNP’s and PA’s prescribing privileges for controlled substances listed on Schedule II are limited to a seven-day supply and do not include the prescribing of psychotropic medications for children under 18 years of age, unless prescribed by an ARNP who is a psychiatric nurse, and may be limited by the controlled substance formularies that impose additional limitations on PA or ARNP prescribing privileges for specific medications. An ARNP or PA may not prescribe controlled substances in a pain management clinic. The bill requires PAs and ARNPs to complete three hours of continuing education biennially on the safe and effective prescribing of controlled substances. The companion bill, HB 423 (Pigman) is on the House Calendar.
SB 242 (Braynon) creates the Miami-Dade Infectious Disease Elimination Act (IDEA), which authorizes the University of Miami and its affiliates to establish a single sterile needle and syringe exchange pilot program in Miami-Dade County as a means to prevent the transmission of blood-borne diseases. The privately funded pilot program has been a priority for medical students for several years and John Dudley has worked hard in favor of the bill.

The pilot program is designed to offer the free exchange of clean, unused needles and hypodermic syringes for used needles and hypodermic syringes as a means to prevent the transmission of HIV, AIDS, viral hepatitis, or other blood-borne diseases. The bill provides that the pilot program must provide for maximum security of exchange sites and equipment.

The bill provides that the five-year pilot program must operate a one-to-one exchange, whereby participants receive one sterile needle and syringe unit in exchange for each used one. In addition to the needle and syringe exchange, the pilot program must make available: 1) Educational materials; 2) HIV and viral hepatitis counseling and testing; 3) Referral services to provide education regarding HIV, AIDS, and viral hepatitis transmission; and 4) Drug-abuse prevention and treatment counseling and referral services.

In a 2011 study, researchers from the University of Miami estimated that there are more than 10,000 injection drug users (IDUs) in Miami and that one in five of these IDUs are HIV positive while one in three are Hepatitis C Virus positive. The researchers also found that IDUs in Miami—a city without a needle and syringe exchange program—had over 34 times the adjusted odds of disposal of a used syringe in a public location relative to IDUs in San Francisco—a city with multiple exchange programs.

Committee members expressed interest in looking closer at the numbers and ways to address poverty in Florida. The presentation can be found at: http://edr.state.fl.us/Content/presentations/social-services/PovertyDemographicsPresentation.pdf

Floridians In Poverty Legislative Presentation

Amy Baker, Coordinator of the Office of Economic & Demographic Research, presented to the Senate Committee on Children, Families and Elder Affairs on Impact of Poverty on Florida Children and Families. She described how federal poverty statistics are developed and provided an overview of poverty economics and demographics in Florida.

Baker said that 14.7% of adults (2,205,911) are in poverty while 24.1% of children (953,348) are in poverty (see chart above). Almost 4 million of Florida’s 20 million population are in poverty. Nearly 70% of families in poverty with children are headed by a single-parent. Tw-thirds of all children in poverty live with a single parent. Over two-thirds of children at or above poverty live in married couple families.

Baker said the higher the educational attainment level, the smaller the percent in poverty. About 60.5% of Florida’s families below poverty have a householder with a high school degree or less, while 33.6% of families at or above poverty have a householder with a high school degree or less.

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Infectious Disease Pilot Project

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SB 242 is ready for full Senate consideration next week. The companion measure, HB 81 (Edwards), passed the Health & Human Services Committee and will move to the calendar.
Certificate of Need Repeal Legislation Dies in Senate Committee

SB 1144 (Gaetz) relating to Certificate of Need. With extensive industry opposition, the bill was defeated in Senate Appropriations Subcommittee on Health and Human Services by a vote of 2 to 6. The certificate of need (CON) program, administered by the Agency for Health Care Administration, requires certain health care facilities to obtain authorization from the state before offering certain new or expanded services. Health care facilities subject to CON review include hospitals, nursing homes, hospices, and intermediate care facilities for the developmentally disabled (ICF/DDs). Florida’s CON program was established in 1973, and has undergone several changes over the years. From 1974 through 1986, the specifics of the program were largely dictated by the federal National Health Planning and Resources Development Act, which established minimum requirements regarding the type of services subject to CON review, review procedures, and review criteria. Each state was required to have a CON program in compliance with those standards as a condition for obtaining federal funds for health programs. The federal health planning legislation was repealed in 1986, but Florida retained its CON program. Nationally, 22 states do not require CON review to add hospital beds. Of those states, 14 have no CON requirements for any health care facility or service.

SB 1144 creates a new exemption from the CON review process for any project subject to CON, on the condition that the licensee commits to improve access to care for uninsured, low-income residents in its service district. The facilities include hospitals, nursing homes, ICF/DDs, and hospices. If a licensee chooses to use the exemption, the bill requires that the licensee sign an agreement with the Agency for Health Care Administration (AHCA) stating that the licensee will provide charity care to low-income patients within its service district as specified in the bill. The bill also establishes penalties for licensees that fail to provide the required charity care.

Taking a different approach, a companion bill, HB 437 (Sprowls) eliminates CON review requirements for hospitals and hospital services and makes necessary conforming changes throughout part I of chapter 408, F.S. The bill also removes the CON review requirement for increasing the number of comprehensive rehabilitation beds in a facility that offers comprehensive rehabilitation services. The bill is on the House Calendar, and unlikely to move forward now.

Additional Resources:

Advocate for Florida State:
http://www.advocateforfloridastate.fsu.edu/site/PageServer?pagename=deploymenthome
FSU Governmental Relations:
http://govrel.fsu.edu/
The Florida Channel:
http://thefloridachannel.org/
Florida Senate:
http://www.flsenate.gov/
Florida House of Representatives:
http://www.myfloridahouse.gov/
Florida Governor’s Office:
http://www.flgov.com/

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Photos & Credits: On page 1 the Old Capitol; on page 2 Barbara Lumpkin and Senator Denise Grimsley (photo by Jess Scher/Twitter); on page 3 used needles (from pixgood.com); and on page 4 “Lu,” daughter of Tanya Jackson and Robert Beck. Secondary sources included articles by the following: Allison Nielson, Mary Ellen Klas, Jenna Buzzacco-Foerster, Abe Aboraya, Christine Jordan Sexton, The Florida Channel, and House & Senate bill analyses and meeting packets.