



FSU College of Medicine Legislative Committee Meetings Summary

Week of March 13-17,
2017



Several Health Care Bills were heard on Legislative Committees During the Second Week of the Session.

Work on the State Budget Continues This Week

"Budgets are moral documents."
~ Martin Luther King, Jr.

The final state budget ultimately reflects the moral priorities of the Governor, House and Senate. The Governor made recommendations prior to the legislative session for the \$83.5 billion budget with \$618 million in tax cuts, which the House and Senate are using as a basis to craft proposed appropriations bills with very different priorities.

State economists met Friday and determined that the state would have a surplus of \$106.8 million for the coming fiscal year, and adjusted projections for fiscal year 2017-18 for an additional \$8.4 million. This adds only \$115 million (mostly nonrecurring funds) to the budget. The changes to the economic forecast are not materially different, according to Amy Baker, Director of the EDR office.

Last week the Senate Appropriations

subcommittees identified a wide range of funding for potential budget cuts. Both chambers have provided suggested budget reduction approaches and possible project cuts. House budget subcommittees identified cuts for two possible scenarios - Target Reduction A & B, depending on whether the entire possible shortfall is addressed this year or left to the next elected legislature in two years. The target cuts were similar in the major reduction areas: cuts or withholding increased Medicaid payments to hospitals & health care providers, cuts to universities, and cutting and reducing projects in budgets.

The House identified \$800 million in SUS cash left over from previous budget years, and proposed having universities use reserves to cover a \$38 million cut in both scenarios. The House is focused on cutting about \$1.4 billion from the state budget, according to the Appropriations Chair.

The Senate, House and governor all proposed that hospitals shoulder the largest cuts in Medicaid reimbursement rates. Specifically, they recommend maintaining hospitals' long-range Medicaid reimbursement rates flat to save \$55.2 million. Almost \$248.6 million would be cut from both hospitals (\$173.6 million) and nursing homes (\$75 million) through Medicaid rate reductions. Target Reduction B in the HHS budget would result in a sweep of \$70 million in "reversions" from Health and Human Services' six agencies, as well as reduce recurring project appropriations by 50% or \$45.8 million.

In the next few weeks each chamber will continue to pass substantive bills and craft appropriations bills and then meet in conference committees. Many are predicting there might be special session. As former House Speaker and FSU President T.K. Wetherell has always said, "It'll all work out."

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- 3 Medical Faculty Certificate Legislation Passes committees. House and Senate Health committees amend and pass CS/SB 496 and CS/CS/HB 209.



Bills Moving This Week

Nursing Programs. CS/SB 328 (Grimsley) relating to Nursing Programs passed the Senate Health Policy Committee unanimously. Nursing education programs must meet a certain graduate passage rate on the licensure examination. If the program fails to do so, it may be placed on probation for up to two years. The bill authorizes the Board of Nursing to grant a one-year extension to a nursing education program that is on probation for failure to meet the graduate passage rate if the program is progressing towards meeting the rate. The Board retains the authority to terminate a program after the two-year probation period, or an extension. The House companion bill, CS/HB 543 (Pigman), passed two committees and is in the Health & Human Services Committee.

Substance Abuse & Behavioral Health. HB 423 SB 358 (Garcia) passed the Senate Appropriations Committee unanimously. The bill is a follow-up to SB 12 that passed last year. It authorizes the Dept. of Children & Families to approve behavioral health care receiving systems, designate and monitor receiving and treatment facilities and suspend or withdraw designation for non-compliance with the law or the department's rules. The bill also revises the reporting requirements of the managing entities for the Acute Care Services Utilization Database. The department is required to post certain data on its website on a monthly basis. The House companion bill, HB 1327 (Peters, Berman) has not been heard in committee yet.



Bills Addressing Programs for Impaired Practitioners Move Forward

CS/SB 876 (Young) relating to Programs for Impaired Practitioners passed unanimously. The program has been in existence for more than 30 years. It assists health care practitioners who are or may be impaired as the result of the misuse or abuse of alcohol or drugs, or of a mental or physical condition, which could affect the ability to practice with skill and safety. It allows practitioners to get the help they need without permanently losing their licenses. Over time the statute that governs the program has been updated over 12 times in a piece-meal manner. The bill is a technical restructuring and reorganization of the law.

The bill clarifies the roles and responsibilities of the parties involved in the program, including the Department of Health (DOH or department), consultant, evaluator, treatment provider, and impaired practitioner. It defines certain terms and provides that a licensee may report an impaired practitioner to a consultant who operates an impaired practitioner program, rather than to the DOH, under certain circumstances.

The bill provides an exception to health care professionals' statutory duty to report themselves, or another professional, to the DOH when they know the professional is practicing without reasonable skill and safety by reason or illness, drunkenness, or the use of alcohol drugs, narcotics, chemicals, or any other substance, or as a result of a

mental or physical condition. The exception allows a professional to self-report, or report another impaired practitioner, to a consultant operating an approved impaired practitioner program.

An amendment was adopted to address an inadvertent statutory change that resulted in health care practitioners losing their licenses early this year. In 2009, a law was passed that prevented the licensure or renewal for 15 years called a "lock-out period" for certain crimes, including drug possession and Medicaid or Medicare fraud. In 2012, the law was amended to provide 15, 10 and 5 years—respectively—penalties depending on the severity of the wrongful act. A provision was then added in 2012 that made the law prospective and did not apply to convictions prior to 2009. However, that provision was repealed last year causing many rehabilitated health care practitioners who went through the licensure renewal process under the 2012 law, to suddenly lose their licenses at the beginning of 2017. To ensure due process and fairness, the amendment clarifies that the "lock-out period" applies to arrests that occurred after the effective date of the original "lock-out period," July 1, 2009.

The House companion bill, CS/HB 229 (Byrd), passed the House Health Care Quality Subcommittee and is on the House Health Care Appropriations Subcommittee agenda next week.

Medical Faculty Certificate Legislation Passes Committees

CS/SB 496 (Brandes) passed the Senate Health Policy Committee unanimously. The bill expands the criteria for the Department of Health (DOH) to issue a medical faculty certificate. Currently, medical faculty certificates may be issued to a non-Florida licensed physician to practice in conjunction with his or her faculty position at an accredited medical school in Florida and its affiliated clinical facilities or teaching hospitals.

The bill expands the criteria under which the DOH may issue medical faculty certificates to practice medicine in Florida to include out-of-state licensed physicians who have been offered, and accepted, a full time faculty position at a specialty-licensed children's hospital affiliated with any accredited medical school, and its affiliated clinics or teaching hospitals. Specifically, the bill adds the Johns Hopkins All Children's Hospital in St. Petersburg, Florida, to the list of programs for which a medical faculty certificate may be issued to a full time faculty appointee. The bill applies the cap of 30 medical faculty certificates that may be extended at each institution to All Children's Hospital. It also authorizes a teaching hospital to directly sponsor the visiting physician without going through a medical school to extend the invitation and submit the application or supporting documentation to the DOH.

The bill authorizes the DOH to process an application for a temporary certificate for a visiting physician for the limited purpose of the physician providing educational training for medical residents up to five days in a year, using a unique personal identification number if the physician does not have a social security number, but otherwise meets the credentialing criteria.

The companion bill, CS/CS/HB 209 (A. Miller) unanimously passed the House Health and Human Services Committee unanimously as amended. Three amendments were adopted: 1) authorizing the DOH to process an application for a temporary certificate for a visiting physician for the limited purpose of the physician providing educational training for medical residents up to five days in a year, using a unique personal identification number if the physician does not have a social security number, but otherwise meets the credentialing criteria; 2) adding "and Science" to the name of the "Mayo Clinic College of Medicine and Science in Jacksonville;" and 3) adding the National Commission for Certifying Agencies to the statute addressing medical certificates to fix a problem with a 2016 repealer bill that eliminated a provision that provided only one or two companies that provide certification courses to the medical assistant industry. The intent was to eliminate a monopoly, however, since it was a repealer bill it could not be amended to list which entities were eligible for training and testing. The National Commission for Certifying Agencies accredits the providers that provide training for medical certification so the statute no longer picks winners and losers on training options.



ARNPs & PAs as Medical Directors

CS/HB 129 (Plasencia) relating to health care practitioner regulation passed the House Health & Human Services Committee unanimously. The bill authorizes an ARNP or a PA to serve as the medical director of a health care clinic.

Currently, Florida statutes authorize ARNPs, within the framework of a written protocol, to: 1) prescribe, dispense, administer, or order any drug; 2) initiate appropriate therapies for certain conditions; 3) perform additional functions as may be determined by Board rule; 4) order diagnostic tests and physical and occupational therapy; 5) perform certain acts within his or her specialty; and 6) perform medical acts as authorized within the framework of an established supervisory physician's protocol.

Florida statutes currently provide that a supervising physician may delegate the authority for a PA to: 1) prescribe or dispense any medicinal drug used in the supervising physician's practice unless such medication is listed in the formulary established by the Florida Council on Physician Assistants; 2) order any medication for administration for administration to the supervising physician's patient in a hospital or other facility licensed under chapter 395, F.S., or a nursing homes licensed under part II of chapter 400, F.S.; and 3) any other services that are not expressly prohibited in ch. 458, F.S., ch. 459, F.S., or the implementing rules.

There was discussion on the bill and sponsors indicated that the bill is not an expansion of scope of practice. CS/CS/HB 129 simply authorizes ARNPs and PAs to sign, certify, stamp, verify, or endorse any document required by law to be signed by a physician. Such documents include the disability certification for certain tax exemptions, a death certificate, and a certificate to initiate an involuntary examination under the Baker Act.

SB 96 (Steube) has not been considered in committee yet.



Other Legislative Issues

Recovery Care Centers. CS/SB 222 (Steube) passed the Health Policy Committee, 4-1. The bill allows patients in an ambulatory surgical center (ASC) to stay in the center for up to 24 hours. Current law requires that patients in an ASC be discharged on the same working day and restricts patients from staying overnight in an ASC. CS/HB 145 (Renner, Fitzenhagen) passed the House Health & Human Services Committee, 13-4. The bill has consistently been opposed by the hospitals and supported by the ASCs.

Donation of Electronic Health Records. CS/SB 804 (Brandes) relating to the donation of electronic health records passed the Senate Health Policy Committee unanimously. The bill allows a patient, or the patient's health care surrogate or proxy, to donate the patient's electronic health records and qualified electronic health records to an approved medical or dental school; college; university; hospital; or repository that collects, stores, and shares de-identified electronic health records with the public. The health records may be used for the purposes of educating or developing diagnoses, treatment choices, policies, health care system designs, and innovations in order to improve health outcomes and reduce health care costs. The companion bill, HB 1371 (Ingram), has not been heard in a House committee yet.

Direct Primary Care. CS/HB 161 (Burgess) passed the House Health & Human Services Committee unanimously. Direct primary care works through a contractual agreement, in which a patient pays a monthly fee, usually between \$25 and \$100 per individual, to the primary care provider for defined primary care services. After paying the fee, a patient can utilize all services under the agreement at no extra charge. The bill provides that a direct primary care agreement and the act of entering into such an agreement are not insurance and not subject to regulation under the Florida Insurance Code. The Senate companion, CS/CS/SB 240 (Lee) has passed two committees and is on the Appropriations Subcommittee on Health and Human Services agenda next week.



Photos & Sources: On page 1 the Old Capitol & "new" Capitol; on page the Senate Health Policy Committee meets; and on page 4 Nana the Blue Pit, daughter of Lynn Green, and two "friends" playing. Sources included articles by the following: Michael Moline, Florida Politics.com, Brandon Larrabee, Gary Fineout, as well as the Florida Channel, the Office of Economic & Demographic Research, and House & Senate bill analyses.

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/>
 Daily Political news articles:
<http://www.sayfiereview.com/>
 Sunburn:
<http://www.saintpetersblog.com/tag/sunburn>

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