In the Senate Health Policy Committee, SB 524 (Brandes) was temporarily postponed due to opposition by physician associations. The bill would have allowed pharmacists to test and treat with Tamiflu or antibiotics for the flu, without patients going to the doctor first to be diagnosed.

The Joint Administrative Procedures Committee on criticizes DOH Medical Marijuana Rules and continued implementation delays. Legislators express frustration and suggest delaying DOH salaries for a lack of response to 15 legislative letters.

Interesting health legislation renaming nurses, regulating stem cell clinics and addressing mammography reports passed committees in the House and Senate this week.

The House and Senate Chambers amended and passed appropriations bills this week. The bills remain about $100 million apart with vastly different funding for higher education, K-12 and environment, as well as trust fund sweeps. We will provide a side-by-side with more details Monday.

Quote of the Week:
"Politics is the art of looking for trouble, finding it everywhere, diagnosing it incorrectly, and applying the wrong remedies."
~ Groucho Marx
Pharmacists v. Physicians

In the Senate Health Policy Committee this week, Senator Brandes indicated that SB 524 is designed to save lives and provide access to care for patients unable to see a physician. The delete-all amendment would have allowed pharmacists to test and treat for the flu within a framework established with a written protocol with a Florida physician that is similar to the protocols in place for immunizations. To be eligible to test and treat, the pharmacist must complete a certification program, maintain at least $200,000 in professional liability insurance, retain patient records for 5 years, use approved testing systems, and report an disease of public significance to the DOH. The amendment removes the testing for strep throat infections. He said there is now technology that is able to identify the flu with 90% certainty within one hour. This follows the physician’s protocol and allows pharmacists to notify them if patients have the flu.

Chris Nuland, representing the Florida Chapter of the American College of Physicians, thanked Sen. Brandes for improving the bill however, spoke against SB 524. He said the most serious consequences are not just the flu itself, but the co-morbidities that are often present in patients. Dr. Michael Forsthoefer, representing the Florida Medical Association, also spoke against the bill. He opposed the bill because: 1) pharmacists are not trained in clinical diagnosis and treatment, 2) influenza tests are only 62% sensitive, so a high percentage of people will be tested negative but will have the flu, 3) treatment only shortens the course of the flu by 24 hours, 4) there are some pharmacists that do not want to do this but are being forced by their corporations to expand, 5) not every patient comes to the office for flu treatment, and 6) if a patient has co-morbidities such as diabetes of heart disease, or cancer, they could be subject to pneumonia. A pharmacist is not trained to screen these patients out. Dr. Forsthoefer said this erodes the practice of primary care. He said corporations want to charge for the simple things and take over, but don’t want to be fully responsible for the patient. The primary care physician knows and has a relationship with the patient that cannot be replaced.

Dr. Suzy Wise, a pharmacist with experience in other states, spoke on behalf of the bill. She said that as of January 12, 2018 the FDA requires testing devices to be at least 90% specific. The device that pharmacists use in other states is the same device used on physicians’ offices, labs, ERs, and walk-in clinics. Pharmacists are certified to use the devices. She said that in pharmacy school, pharmacists are trained in patient assessment. Florida has a primary care physician shortage of about 1,200, and is expected to grow to 3,000 over the next three years. Dr. Wise said the bill would allow them to stop the spread of the flu and provide increased access to health care services.

After discussion by committee members, Sen. Brandes asked to committee to temporarily pass the bill, indicating he will work on it and bring it back “a better product” and “look for favorable support” next year. CS/HB 431 passed the Health Quality Subcommittee and is in the Health and Human Services Committee.

Medical Marijuana ~

Why is it taking so long to implement the Medical Marijuana laws? In a rare occurrence, the Joint Administrative Rules Committee (JAPC) issued 4 objections to emergency rules issued under the Medical Marijuana laws. (Usually concerns about agency are worked out with JAPC staff and never are brought to the full committee.) Prior to the hearing, the Department of Health (DOH) did not respond to 15 JAPC letters nor did it make changes to rules that violated the Administrative Procedures Act. The committee criticized the department for issuing the flawed rules and lack of communication. The next step in the process is for DOH to respond in 30 days.

After the hearing, DOH issued a statement listing the progress made in approving 45,000 patients, 27 dispensing locations, over 1,000 qualified physicians, and in improved processing times for identification cards.
Health Bills Moving This Week

A few notable health bills made their way through the committee process this week.

CS/CS/HB 1337 (Pigman) relating to Nursing passed the House Health and Human Services Committee unanimously. The bill replaces the name “advanced registered nurse practitioner” (ARNP) to “advanced practice registered nurse” (APRN) in the Florida Statutes. The term “advanced practice registered nurse” is changed to mean any person licensed in this state to practice professional nursing and who is licensed in an advanced nursing practice, including certified nurse midwives (CNMs), certified nurse practitioners, certified registered nurse anesthetists (CRNAs), clinical nurse specialists (CNSs), and psychiatric nurses. The bill authorizes the Department of Health (DOH) to license, rather than certify, ARNPs. The bill requires DOH and the Board of Nursing to develop a transition plan to convert the certifications that ARNPs and CNSs currently hold to licenses. The bill authorizes currently certified ARNPs and CNSs to continue practicing under such certifications until DOH and the Board of Nursing complete the transition from certification to licensure. The Senate companion bill, CS/SB 1594 (Brandes) is in the Senate Appropriations Committee.

SB 1508 (Young) relating to Stem Cells Passed the Senate Health Policy Committee unanimously. The bill authorizes the Department of Health (DOH) to regulate clinics that use stem cells in the treatment of its patients. Stem cell clinics are required to annually register with DOH and undergo inspections. Several news stories documented how many Floridians have been badly affected by unregulated, and often questionable, alternative forms of stem-cell treatment offered in Florida for-profit stem-cell clinics. One instance was so severe the patient was blinded. The House companion bill, HB 1185 (Brodeur) is in the House Appropriations Committee.

CS/CS/HB 735 (Harrell) relating to Mammography passed the House Health & Human Services Committee unanimously. The bill codifies the federal requirement that each facility that performs mammography send a summary of a patient’s mammography report to each patient. In addition to the federal requirements, if the patient has dense breasts, the bill requires the summary of the mammography report also include a notice to the patient that the mammogram shows that the patient’s breast tissue is dense which makes it more difficult to detect some abnormalities in the breast and may also be associated with increased risk of breast cancer. The Senate companion bill, CS/SB 164 (Grimsley) is in the Rules Committee.

BREAST DENSITY NOTIFICATION LAWS

Do you own any Pharma stocks?

HB “One pill makes you larger, and one pill makes you small
And the ones that mother gives you, don’t do anything at all
Go ask Alice, when she’s ten feet tall…”
~ “White Rabbit” Lyrics, Jefferson Airplane

“It does seem like it is almost an iceberg of an epidemic.”
~ CDC field officer Dr. Victoria Hall

Several Florida cities and counties are planning to either sue independently or join a large class action lawsuit against opioid manufacturing pharmaceutical companies and distributors to recover costs from the impact of the opioid crisis, including costs for police, paramedics, anti-overdose drugs, treatment programs, Medicaid, foster care and other associated increased costs. Plaintiffs must prove pharmaceutical companies marketed opioids as safe products to an unsuspecting public and misled doctors about the addiction risks of the prescription painkillers.

The Florida Attorney General’s office is exploring options, conducting research and issuing subpoenas for information on the issue. Attorneys with experience in national class action lawsuits have been marketing their firms, hoping to follow the success in the 1990’s lawsuit settlements against the tobacco companies.

In Cleveland, Ohio, U.S. District Court Judge Dan Polster is exploring combining the lawsuits filed by states, counties and cities to create a global settlement. This week he admonished lawyers and parties on Tuesday not to tell reporters about what is said during settlement discussions. Lawyers from both sides will return to the federal courthouse in Cleveland on March 6, 2018. Other cases are being considered in local state courts around the country but the federal settlement could affect those lawsuits if a global settlement is reached.
For more information:
Laura E. Brock, Ph.D.
FSU College of Medicine
1115 West Call Street
Tallahassee, FL 32306-4300
Email: laura.brock@med.fsu.edu
Office: 850.645.9429

Dog of the Week
Jake Brock