This week House and Senate bills addressing trauma care services passed legislative committees. Opposing litigants enduring years of court battles and rules hearings negotiated the compromise bills. The Safety Net hospitals and the private hospitals expressed support for the bills. A few outliers remain concerned.

The House Health and Human Services Committee developed a proposed committee bill to address concerns raised in the health care delivery during Hurricane Irma. The bill passed the House Appropriations Committee this week.

Bills addressing opioid abuse by increasing regulation of prescribers and dispensers, expanding the use of the Prescription Drug Monitoring Program (PDMP), and aligning state criminal statutes with federal law passed committees this week.

March on the Capitol to Support Marjory Stoneman Douglas Students a Week after the School Shooting

This week at the Capitol was dominated by thousands of people demonstrating and lobbying along with the students from Marjory Stoneman Douglas High School in Parkland, Fla., where a gunman killed 17 people last Wednesday. After they went home, on Friday, the Governor as well as House and Senate Leadership proposed bills addressing gun purchasing waiting periods, school safety and Mental Health services for schools.

Quote of the Week: “How wonderful it is that nobody need wait a single moment before starting to improve the world.”
~ Anne Frank
Prescription Drug Transparency

CS/CS/HB 351 (Santiago) concerning Prescription Drug Transparency passed all the committees of reference and is on the House Special Order Calendar for next week. Over the past decade with the rise of managed care, health insurance organizations have gradually relied on pharmacy benefit managers (PBMs) to manage prescription drugs. They negotiate with drug makers and pharmacies. Currently, the State of Florida does not regulate PBMs. At least 12 other states regulate PBMs. CS/CS/HB 351 creates a new registration program for PBMs. As part of a reorganization and consolidation of PBM statutes, authority to oversee parts of PBM contracts is located with the Office of Insurance Regulation (OIR) rather than the Board of Pharmacy. Under the bill, PBMs would be required to pay a fee (not to exceed $500) to register with OIR. The bill also requires that contracts between PBMs and insurers or HMOs, must include specific limits on the cost sharing that will be incurred by patients at the point of sale. Each contract must specify that a patient’s cost share shall equal the lower of either the applicable cost sharing obligation under a patient’s insurance; or, the retail (or “cash”) price of the drug prescribed. The bill authorizes a pharmacist’s authorized employee, in addition to a pharmacist, to inform a customer of the availability of less expensive, generically equivalent drug product for his or her prescription and as to whether a customer’s cost-sharing obligation exceeds the retail price of the prescription drug in the absence of prescription drug coverage.

The Senate companion bill, CS/CS/SB 1494 (Montford) will be heard in its last committee of reference, the Appropriations Committee, next week.

Health Care Disaster Preparedness

The House Select Committee of Hurricane Response and Preparedness issued a report and substantive committees have developed committee bills to address report recommendations. Committee testimony indicated that despite various statutes, plans, manuals and procedures that required disaster planning, many entities caring for vulnerable populations were unprepared. The health care portions of the report are included in CS/HB 7085 (Massullo) relating to Health Care Disaster Preparedness and Response. The bill passed the House Appropriations Committee unanimously this week and is on the House Special Order Calendar next week.

CS/HB 7085 is a comprehensive approach to health care disaster preparedness. The bill requires the Department of Health (DOH), rather than Division of Emergency Management, to establish a uniform statewide special needs shelter registry. Local emergency management agencies are required to use it, rather than local registries.

The bill directs DOH to recruit faculty and students from state university and college health care programs, including medical schools, to staff special needs shelters, and requires these entities, and state agencies, to allow employees who are health care practitioners to staff local special needs shelters if they have no other disaster-related duties for their employers. A roster of employees must be submitted by January 31 and May 31 of each year.

The bill also requires local emergency management agencies and hospitals to enter into agreements for sheltering people with complex medical needs beyond the capabilities of the local special needs shelters. The bill authorizes physician assistants and advance registered nurse practitioners to provide registration information for special needs shelters and assist with registration or educating patients about the registration process. This allows additional health care practitioners to assist in the registration process and may increase the number of individuals who register prior to a hurricane.

The Department of Elder Affairs (DOEA) is required, rather than encouraged, to work with other state agencies in emergency planning efforts. The bill adds requirements for the facilities’ comprehensive emergency plans.

There is no Senate companion but the bill could be heard in the Senate as part of a series of negotiations over the final budget and policy.
Opioid Bills Pass Committees

CS/CS/HB 21 (Boyd) and CS/SB 8 (Benaquisto) address opioid abuse by expanding the use of the Prescription Drug Monitoring Program (PDMP), increasing regulation of prescribers and dispensers, and aligning state criminal statutes with federal law.

CS/CS/HB 21 (Boyd) was amended and passed the House Health and Human Services Committee. Rep. Boyd indicated that the bill had been delayed as he worked with the Governor’s office and the Senate to try to forge a compromise. The amendments changed the bill somewhat although testimony indicated that concerns remain from some physician groups on behalf of their patients. The bill limits the prescription for a Schedule II opioid to alleviate acute pain to a three-day supply, or a seven-day supply if deemed medically necessary by the prescriber.

The bill also requires a health care practitioner authorized to review a patient’s PDMP history prior to prescribing or dispensing a controlled substance, with exemptions. The bill requires that licensees complete a course on safe and effective prescribing of controlled substances and specifies that only statewide medical associations like the Florida Medical Association and the Florida Osteopathic Medical Association would qualify to offer the courses on prescribing controlled substances. There was concern by a couple of legislators that these organizations would financially benefit from charging for these courses.

The bill excludes pain related to cancer, terminal illness, palliative care and serious traumatic injury from these prescribing limits, but went no farther to address concerns of physician groups that argued there should be an exception for orthopedic, heart, vascular and other surgical patients.

CS/SB 8 (Benaquisto) is similar to the House bill and passed the Senate Rules Committee last week.

Where’s the Budget Conference?

With only two weeks of the regular legislative session left, work on the budget has been delayed by the tragic shooting at the Marjory Stoneman Douglas High School in Parkland, Florida. Once the Speaker and President agree to subcommittee allocations and broad budget policy decisions, conference committees will start.

A trauma center is a hospital that has trauma surgeons, neurosurgeons, and other surgical and non-surgical specialists and medical personnel, equipment, and facilities for immediate or follow-up treatment of severely injured patients who have sustained an injury due to blunt or penetrating means or burns. The Department of Health (DOH) oversees Florida’s trauma system. Trauma regions and plans are approved by DOH. The number of trauma centers needed around the state in each region and trauma service area is selected by the DOH, which has attempted to adopt rules, which have been rejected by the courts for several years due to litigation from competing parties. Consequently, for the past several years these fights have spilled over into the legislative arena.

After years and years of these expensive conflicts, the major parties came together with House and Senate health care leaders with a compromise bill that grandfather’s-in many facilities, resolves existing litigation, and creates a new mechanism for allocating trauma centers that discourages future disputes. The bills, CS/CS/HB 1165 (Trumbull) and CS/CS/SB 1876 (Young), also requires DOH to establish the Florida Trauma System Advisory Council (FTSAC) to promote an inclusive trauma center and enhance cooperation among stakeholders. The bill requires DOH to conduct a study on the feasibility of using a certification issued by a national trauma center accreditation body.

CS/CS/SB 1876 passed Senate Appropriations by a vote of 17-3. CS/CS/HB 1165 passed the Health and Human Services Committee by a vote of 15-0.
On page 1 the students march was taken on the Old Capitol steps by Allison Tant; other photos were taken by the author, from The Atlantic, and the one of President Emeritus Sandy D'Alemberte was from Facebook. Sources included articles from Christine Jordan Sexton, Jim Turner, Gary Fineout, Lloyd Dunkleburger; Dara Kam, as well as the Florida Channel 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/

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Dog of the Year
Rikki, sweet dog of Chris and Tad Fisher; RIP Rikki—you brought such joy to so many.