Florida Laws and Rules
At the conclusion of this activity, the learner will be able to:

1. Understand the CME requirements for continued Florida Licensure.
2. Be familiar with CE Broker and how it will affect next license renewal.
3. Be aware of any necessary office signage that must be posted.
4. Be familiar with the Neurologic Injury Compensation Act.
5. Know the law changes that came out of the 2014 legislative session that could have an effect on your practice of medicine.
6. Be aware of the 2015 legislative bills (now in debate) that could have an effect on your practice of medicine.

Florida Laws and Rules
Florida Board of Osteopathic Medicine

The Florida Board of Osteopathic Medicine was legislatively established to ensure that every osteopathic physician practicing in this state meets minimum requirements for safe practice.

The Florida Board of Osteopathic Medicine is responsible for licensing, monitoring, disciplining and educating osteopathic physicians to assure competency and safety to practice in Florida.
Florida Board of Osteopathic Medicine

In 1927 as the state dealt with the ill effects of the great Florida land-grab and subsequent crash, the Florida legislature created the Board of Osteopathic Medical Examiners. The six-member board was charged with the oversight of osteopathic physicians including examination of applicants and issuance of medical licenses. Initial license and renewal fees were $1. In 1951, the fee increased to $55.
Florida Board of Osteopathic Medicine

The board was assigned to the Division of Professions within the newly created Department of Professional and Occupational Regulation in 1969. Three years later, the board was authorized to issue licenses by endorsement to licensed "out of state" physicians under certain conditions. Physician assistants were regulated in 1972 and authorized to work under the supervision of an osteopathic physician.
Florida Board of Osteopathic Medicine

In 1979 following a comprehensive review of the Osteopathic Medical Practice Act, the composition of the board was changed to include five physicians and two lay members. In 1988 in response to a medical malpractice crisis, the legislature created the Division of Medical Quality Assurance to concentrate resources for the identification and discipline of unsafe professionals. The new division was tasked with the oversight of all regulatory boards that licensed health professionals.
Florida Board of Osteopathic Medicine

The Florida Department of Health was created in 1996 and the Board of Osteopathic Medicine was assigned to the DOH one year later. While much has changed over the past 84 years, the founding premise of protecting the safety of the people of Florida through regulation has remained.
MISSION: To protect, promote & improve the health of all people in Florida through integrated state, county, & community efforts.

VISION: To be the Healthiest State in the Nation

PURPOSE: To protect the public and make Florida the healthiest state in the nation through health care licensure, enforcement, and information.

FOCUS: To be the nation's leader in quality health care regulation.

VALUES: I CARE (Innovation, Collaboration, Accountability, Responsiveness, Excellence)
Please include your Florida License Number on the Attestation Form. Without it we are unable to report your credits to CE Broker.

If you do not have a Florida license (you are currently applying for a license), we are unable to report the credits. A certificate of attendance (with appropriate credits obtained) will be sent to you. You then can self report the credits to the Board of Osteopathic Examiners or Board of Medical Examiners.

For everyone else, your credits will be reported to CE Broker.

It will take 45 – 60 days before the credits are available to report.
For the licensure period beginning April 1, 2014 - March 31, 2016, each Osteopathic Physician must complete a total of 40 CME hours, 20 of which must be Category 1-A.

Included in the 40 hours, there are five (5) mandatory hours required for Florida re-licensure that cannot be taken by correspondence. The following must be LIVE, PARTICIPATORY credits:

2 hours of Prevention of Medical Errors
1 hour of Professional & Medical Ethics Education
1 hour of Florida Laws & Rules
1 hour of Federal and State Laws Related to the Prescribing of Controlled Substances
Allopathic Physicians are licensed in two groups by the Florida Medical Board of Examiners.

Group 1 licenses’ expire January 31, 2016.

Group 2 licenses’ expired January 31, 2015 and are not due for renewal until January 31, 2017.

Each Allopathic Physician must complete a total of 40 approved CME hours of which 2 hours must be the Prevention of Medical Errors.
Up to five credit hours per biennium may be fulfilled by performing pro bono medical services for entities under the Department of Health, Volunteer Health Care provider programs, in an area of critical need and in Community and Migrant Health Care Centers.

Three to six credit hours may be fulfilled by serving as a monitor.

Up to five credit hours may be fulfilled by any volunteer expert witness who is providing expert witness opinions for cases being reviewed pursuant to Chapter 458 or 468, F.S., in the area of risk management for each case reviewed up to a maximum of 15 hours per biennium.
Five credit hours in the subject area of risk management or medical ethics may be obtained by attending one full day or eight hours, whichever is more, of disciplinary hearings at a regular meeting of the Board of Medicine in compliance with the following:

The licensee must sign in with the Executive Director of the Board before the meeting day begins. The licensee must remain in continuous attendance.

The licensee must sign out with the Executive Director of the Board at the end of the meeting day or at such other earlier time as affirmatively authorized by the Board. A licensee may receive CME credit in risk management or medical ethics for attending the disciplinary portion of a Board meeting only if he or she is attending on that date solely for that purpose; he or she may not receive such credit if appearing at the Board meeting for another purpose.
NOTE: Up to 5 hours, per biennium, of continuing education credit may be fulfilled by performing pro bono medical services, for an entity serving the indigent or underserved populations or in areas of critical need within the state where the licensee practices. See Rule 64B8-13.005, F.A.C. for more information about continuing education requirements.
Below is a list of statutes and rules that apply to the renewal process:

Florida Statutes

381.026 Florida Patient’s Bill of Rights and Responsibilities
456.013 Department; general licensing provisions
456.024 Members of Armed Forces in good standing with administrative boards or the department; spouses
456.031 Requirement for instruction on domestic violence
456.033 Requirement for instruction for certain licensees on HIV and AIDS
456.035 Address of record
456.036 Licenses; active and inactive status; delinquency
456.038 Renewal and cancellation notices
456.039 Designated health care professionals; information requirement for licensure
Below is a list of statutes and rules that apply to the renewal process:

Florida Statutes

- **456.048** Financial responsibility requirements for certain health care practitioners
- **456.0635** Medicaid fraud; disqualification for license, certification, or registration
- **458.319** Renewal of license
- **458.3191** Physician survey
- **458.320** Financial responsibility
- **458.321** Inactive status
- **465.0276** Dispensing practitioner
- **766.1115** Health care providers; creation of agency relationship with governmental contractors.
- **766.1116** Health care practitioner; waiver of license renewal fees and continuing education
Below is a list of statutes and rules that apply to the renewal process:

Florida Administrative Code

64B-2.001 Practitioner Profile
64B-9.001 Biennial Licensing
64B8-12.001 Financial Responsibility applicability
64B8-12.005 Financial Responsibility procedures
64B8-12.007 Financial Responsibility exemptions for persons not practicing in Florida; Change of status
64B8-13.001 Criteria for license renewal
64B8-13.005 Continuing education for biennial renewal
64B8-13.0051 Delinquent status license
64B8-3.003 Renewal fees
Below is a list of statutes and rules that apply to the renewal process:

Florida Administrative Code

64B8-3.004 Change of Status fees
64B8-3.006 Dispensing fee
64B8-3.009 Unlicensed Activity fee
The federal and state laws related to the prescribing of controlled substances shall include: a review of the applicable federal and state laws and rules; review of the current Florida statistics regarding morbidity and mortality of controlled substance related deaths; pharmacology of opiate drugs; proper prescribing of opiate drugs; and a review of physician liability for over prescribing controlled substances. [The primary federal law governing prescribing controlled substances is (21 CFR 1306)].
The Prevention of Medical Errors course shall include a study of root cause analysis, error reduction and prevention, and patient safety. The course shall address medication errors, surgical errors, diagnostic inaccuracies, and system failures, and shall provide recommendations for creating safety systems in health care organizations. The course must include information relating to the five most misdiagnosed conditions during the previous biennium, as determined by the Board.

The following areas have been determined as the five most misdiagnosed conditions in the previous biennium: cancer, wrong-site/patient surgery, acute abdomen, heart conditions, and surgical complications/errors.
The Prevention of Medical Errors course shall include a study of root cause analysis, error reduction and prevention, and patient safety. The course shall address medication errors, surgical errors, diagnostic inaccuracies, and system failures, and shall provide recommendations for creating safety systems in health care organizations. The course must include information relating to the five most misdiagnosed conditions during the previous biennium, as determined by the Board.

While wrong site/wrong procedure surgery continues to be the most common basis for quality of care violations, the following areas have been determined as the five most misdiagnosed conditions in the previous biennium: cancer, neurological conditions, acute abdomen and related conditions, timely diagnosis of surgical complications, and the diagnosis of pregnancy related conditions.
In addition to the 5 live hours, you are required to take 2 hours of Domestic Violence every 6 years. This may be taken by correspondence starting 4/1/06. These credits will be offered at AROC 2016.

FOR NEW LICENSEES ONLY:

1 hour of HIV/AIDS must be taken before the end of your FIRST licensure renewal. All those that are not in their first two years of licensure are NOT REQUIRED to take an HIV/AIDS course.

Only 8 Hours of Correspondences courses can be counted towards your 40 total hours required for re-licensure.
In addition you are required to take 2 hours of Domestic Violence every 6 years.

FOR NEW LICENSEES ONLY:

1 hour of HIV/AIDS must be taken before the end of your FIRST licensure renewal. All those that are not in their first two years of licensure are NOT REQUIRED to take an HIV/AIDS course.
Any licensee who is a member of the Armed Forces of the United States on active duty (and for a period of six (6) months after discharge from active duty) now has the option of obtaining all forty (40) hours of continuing education through home study, correspondence or on-line courses.
Florida laws and rules means Chapters 456 and 459, F.S., and Rule Chapter 64B15, F.A.C.

Florida Statutes (Laws) can be found at:

http://www.leg.state.fl.us/statutes/index.cfm?App_mode=Display_Index&Title Request=XXXII#TitleXXXII

Rule Chapter 64B15, F.A.C. can be found at:


Statutes 456 and 459 can be found in Title XXXII - Regulation of Professions and Occupations.
Chapter 456 covers Health Professions and Occupations: General Provisions.
Chapter 459 covers Osteopathic Medicine.
Chapter 458 covers Medical Practice (Allopathic Medicine)
CE Broker is an automated, integrated continuing education tracking system. Already implemented for use by the 539,000 licensed healthcare professionals in Florida, the Integrated Database, Automated Workflows, and Distributed Design was created to assist healthcare boards from entering data while retaining full control of the re-licensure process. Licensees have real-time online access to personalized continuing education transcripts, promoting proactive management of their continuing education. Now 100% compliance can be determined with a quick review of the online Transcripts for both licensees and the state of Florida.
A New Approach to License Renewal. The Department of Health, Division of Medical Quality Assurance, will now review your continuing education records in the electronic tracking system at the time of renewal. It will happen automatically when you renew your license, but it is important that you understand how this simple change will affect the way you renew your license.
When you renew your professional license online, the Department of Health will automatically verify with its electronic tracking system that you completed your continuing education. If your records are up-to-date in the electronic system you can renew your professional license as usual without interruption. If not, you will be prompted to report your hours before renewing. The Department of Health will direct you to the right place. Florida Board-approved providers will report course completions for you. Others may not. You can see all of the courses already posted to your records and report any that are missing. Reporting is easy. Follow step-by-step instructions and fill in the requested information.
Attempting to obtain, obtaining or renewing a license or certificate by bribery, fraud or through an error of the Department or board. (456.072(1)(h) & 459.015(1)(a), F.S.)

FIRST OFFENSE:
MINIMUM: Denial with ability to reapply immediately upon payment of $5,000 fine or probation and $5,000 fine
MAXIMUM: Denial with ability to reapply in not less than 3 years or Revocation and $7,500 fine

SECOND OFFENSE:
MINIMUM: Denial with ability to reapply in not less than 3 years and $10,000 fine or suspension to be followed by probation and $10,000 fine
MAXIMUM: Denial of license with no ability to reapply or revocation and $10,000 fine
The Florida Birth-Related Neurological Injury Compensation Association (NICA) was created by the Florida Legislature in 1988. NICA is a statutory organization that manages the Florida Birth Related Neurological Injury Compensation Plan (“Plan”) used to pay for the care of infants born with certain neurological injuries. This Plan is available to eligible families statewide without litigation. By eliminating costly legal proceedings, and through professional management of its disbursements, NICA ensures that birth-injured infants receive the care they need while reducing the financial burden on medical providers and families.
NICA’s Mission is three-fold:

1. To encourage physicians to practice obstetrics and make obstetrical services available to patients.
2. To stabilize and help make malpractice insurance available to all physicians.
3. To provide needed care to injured children.

The NICA Plan may help to provide for the following:

1. Actual expenses for necessary and reasonable care, services, drugs, equipment, facilities, and travel, excluding expenses that can be compensated by state or federal governments, or by private insurers.
2. A one-time cash award, not to exceed $100,000, to the infant’s parents or guardians.
3. A death benefit for the infant in the amount of $10,000.
4. Reasonable expenses for filing the claim, including attorney’s fees.
Obstetrics and gynecology are two of the most rewarding fields of medical practice. Helping children to get a healthy start in life is a vital and valuable service, and thanks to improvements in medical knowledge and technology, OBGYN’S are able to help patients more reliably than ever before. Unfortunately, the diminishing but real risks associated with childbirth have resulted in a dramatic increase in litigation, unconscionably high awards, and in associated increases in malpractice insurance premiums.

In Florida, however, we have an alternative. NICA offers participating OBGYN’S with a way to reduce their exposure to malpractice litigation while providing much-needed care to children born with certain neurological injuries. By paying the annual $5,000 NICA fee and by providing patients with notice of their participation in the NICA Plan, OBGYN’S help protect themselves from malpractice lawsuits for covered birth-related injuries.
As an obstetrician, family practice physician who delivers, or nurse midwife, you want to provide the best possible coverage for your patients. Additionally, you want the best possible coverage for yourself as well. Participating in the NICA provides both in the event of a covered birth-related injury.
1. Lifetime Care For Child - Obviously no one desires a birth-injury to occur. Unfortunately, they do. In the case of a covered birth-related injury, the child will receive a lifetime of medical care and many other benefits including nursing, housing, equipment and transportation assistance. See Section 766.31, Florida Statutes.

2. Alternative to Civil Litigation - This unique program is intended to be in lieu of costly legal proceedings in circuit court for those injuries covered by the Plan. Birth-related injury claims are handled administratively through the Florida Division of Administrative Hearings with one judge who has expertise and hears all of the claims.
Why NICA?

3. A Malpractice Insurance Credit - When you participate, most insurers provide a malpractice coverage credit. This credit varies by each insurance carrier, however, in many cases it covers most or all of the cost of participating in NICA.

4. A No Fault Approach - The purpose of NICA is to assure continued access to obstetrical care and provide care for qualifying children. As a no-fault program, qualifying events are not reported to the National Practitioner Database although a copy of the Petition is provided to the Department of Health.
Physicians who do not practice obstetrics or choose not to participate in the Plan are required by Florida law to pay $250 annually into the Plan. This fee is now payable online by clicking the ‘Pay Online’ button at www.nica.com. Hospitals pay $50 per live birth into the Plan. These payments help to fund the benefits for children while prohibiting malpractice litigation on covered claims. The substantial benefits of increased protection from costly litigation and a resulting freedom to focus on patient care make full participation in the NICA Plan worth considering.
PATIENT’S BILL OF RIGHTS

Florida law requires that your health care provider or health care facility recognize your rights while you are receiving medical care, and that you respect the health care provider’s or health care facility’s right to expect certain behavior on the part of patients. You may request a copy of the full text of this law from your health care provider or health care facility. A summary of your rights and responsibilities follows:

• A patient has the right to be treated with courtesy and respect, with appreciation of his or her individual dignity, and with protection of his or her need for privacy.
• A patient has the right to a prompt and reasonable response to questions and requests.
• A patient has the right to know who is providing medical services and who is responsible for his or her care.
• A patient has the right to know what patient support services are available, including whether an interpreter is available if he or she does not speak English.
PATIENT’S BILL OF RIGHTS

• A patient has the right to know what rules and regulations apply to his or her conduct.
• A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
• A patient has the right to refuse any treatment, except as otherwise provided by law.
• A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
PATIENT’S BILL OF RIGHTS

• A patient has the right to know what rules and regulations apply to his or her conduct.
• A patient has the right to be given by the health care provider information concerning diagnosis, planned course of treatment, alternatives, risks, and prognosis.
• A patient has the right to refuse any treatment, except as otherwise provided by law.
• A patient has the right to be given, upon request, full information and necessary counseling on the availability of known financial resources for his or her care.
PATIENT’S BILL OF RIGHTS

- A patient who is eligible for Medicare has the right to know, upon request and in advance of treatment, whether the health care provider or health care facility accepts the Medicare assignment rate.

- A patient has the right to receive, upon request, prior to treatment, a reasonable estimate of charges for medical care.

- A patient has the right to receive a copy of a reasonably clear and understandable itemized bill, and upon request, to have the charges explained.

- A patient has the right to impartial access to medical treatment or accommodations, regardless of race, national origin, religion, physical handicap, or source of payment.
PATIENT’S BILL OF RIGHTS

- A patient has the right to treatment of any emergency medical condition that will deteriorate from failure to provide treatment.
- A patient has the right to know if medical treatment is for the purpose of experimental research, and to give his or her consent or refusal to participate in such experimental research.
- A patient has the right to express grievances regarding any violation of his or her rights, as stated in Florida law, through the grievance procedure of the health care provider or health care facility which served him or her and to the appropriate state licensing agency.
- A patient is responsible for providing to the health care provider, to the best of his or her knowledge, accurate and complete information about present complaints, past illness, hospitalizations, medications, and any other matters relating to his or her health.
PATIENT’S BILL OF RIGHTS

• A patient is responsible for reporting unexpected changes in his or her condition to the health care provider.

• A patient is responsible for reporting to the health care provider whether he or she comprehends a contemplated course of action, and what is expected of him or her.

• A patient is responsible for following the treatment plan recommended by the health care provider.

• A patient is responsible for keeping appointments, and when he or she is unable to do so for any reason, for notifying the health care provider or health care facility.
PATIENT’S BILL OF RIGHTS

- A patient is responsible for his or her actions if he or she refuses treatment or does not follow the health care provider's instructions.
- A patient is responsible for ensuring that the financial obligations of his or her health care are fulfilled as promptly as possible.
- A patient is responsible for following health care facility rules and regulations affecting patient care and conduct.
PATIENT’S BILL OF RIGHTS

CONSUMER ASSISTANCE NOTICE

(Posted in compliance with s. 641.511(11), Florida Statutes and the Patient’s Bill of Rights)

Patient Grievances may be filed with the following government agencies:

Agency for Health Care Administration, Consumer Hotline (888) 419-3456
2727 Mahan Drive, Ft. Knox, Suite 339
Tallahassee, FL 32308

Statewide Provider and Subscriber Assistance Program (888) 419-3456
2727 Mahan Drive, Ft. Knox, Suite 339
Tallahassee, FL 32308

Florida Department of Financial Services-Office of Insurance Regulation (800) 342-2762
200 E. Gaines Street, Larson Building
Tallahassee, FL 32399-0300

The address and toll-free number of the organization’s grievance department shall be provided upon request.
FINANCIAL RESPONSIBILITY REQUIREMENTS FOR SELF-INSURED PHYSICIANS

"Under Florida law, osteopathic physicians are generally required to carry medical malpractice insurance or otherwise demonstrate financial responsibility to cover potential claims for medical malpractice. However, certain part-time osteopathic physicians who meet state requirements are exempt from the financial responsibility law. YOUR OSTEOPATHIC PHYSICIAN MEETS THESE REQUIREMENTS AND HAS DECIDED NOT TO CARRY MEDICAL MALPRACTICE INSURANCE. This notice is provided pursuant to Florida law."
Florida Statute 459.0085
2014 Bills of Interest
The legislature concluded the work of the 2014 Legislative Session at 10:39 p.m. on Friday evening having adopted a $77.1 billion budget for the 2014-15 fiscal year (to its largest budget ever) and dealing with myriad issues including providing state tuition for children of undocumented immigrants, legalizing a strain of medical marijuana to help children with a certain type of epilepsy, cancer patients and others with medical conditions that cause seizures or severe muscle spasms, passing various school accountability measures including an expansion of funding for IT industry certifications for middle- and high school students, adopting further ethics reform for local and state officials, overhauling the state’s child welfare system and reforming Florida’s flood insurance requirements.

In addition, the legislature passed roughly $500 million in tax cuts, a priority of Governor Rick Scott. Of that total, $400 million was used to rollback motor vehicle registration fees which were increased in 2009. Another $105 million in tax cuts include a hurricane preparedness sales tax holiday (May 31-June 8), followed by a back to school tax holiday beginning in August on clothes, school supplies and some electronics, and a lifting of the sales tax on energy-saving appliances for three days in mid-September. The tax plan also includes tax exemptions for children’s car seats and bicycle helmets, college meal plans and specialty diet food for pets.
Later versions that required physicians to check the Prescription Drug Monitoring Program (PDMP) database and review a new patient’s prescription drug history prior to issuing a prescription did not pass this session. HB 7177 by Rep. Jason Brodeur (R-Sanford) reenacts the public record exemption for certain PDMP information held by DOH which is set to repeal on October 2, 2014. The bill clarifies that the Attorney General, law enforcement agency, or healthcare regulatory board may only disclose to a criminal justice agency or law enforcement agency information that is relevant to a specific investigation or an identified active investigation that prompted the request for the confidential and exempt information. Before disclosing the confidential and exempt information to a criminal justice agency or a law enforcement agency, the disclosing person or entity must take steps to ensure the continued confidentiality of all confidential and exempt information. The bill authorizes, but no longer requires, DOH to disclose confidential and exempt information to the applicable law enforcement agency if the department determines that there exists a pattern of controlled substance abuse. Additionally, the legislature provided DOH with $500,000 in nonrecurring funds for the general administration of the PDMP.
Newborn Health Screenings – Passed

HB 591 by Rep. Gayle Harrell (R-Port St. Lucie) allows the State Public Health Laboratory to release the results of a newborn’s hearing and metabolic tests or screenings to the newborn’s health care practitioner. The bill defines health care practitioner, as a physician or physician assistant, osteopathic physician or physician assistant, advanced registered nurse practitioner, registered nurse, licensed practical nurse, midwife, speech-language pathologist or audiologist, or a dietician or nutritionist. The bill also creates a new section of law to require an audiologist, upon diagnosing a permanent hearing impairment, to offer the parent or guardian an opportunity to receive information about services directly from qualified Early Steps providers who offer early intervention services and specialize in serving children with hearing loss.
Unaccompanied Youth – Passed

SB 260 by Senator Jack Latvala (R-Tampa) establishes the legal authority for an unaccompanied homeless youth to consent to certain medical procedures and care or consent to a forensic medical examination without a parent’s permission.

To qualify as an unaccompanied homeless youth, the youth must be:
- At least 16 or 17 years old;
- Found by a school district’s liaison for homeless children and youths to be an unaccompanied homeless youth eligible for services pursuant to certain federal standards; or believed to qualify as an unaccompanied homeless youth, as defined in certain federal legislation, by an individual in one of five specified categories.

Once qualified as an unaccompanied homeless youth, the youth must be given a written certificate by the individual who makes the finding on his or her official letterhead stationery noting that status. The unaccompanied homeless youth may then present that certificate to the healthcare professional from whom he or she is seeking service as proof of the minor’s authority to consent.
Vaccine Administration by Pharmacists – Passed

Among changes to the Board of Pharmacy composition and certain controlled substance prescription changes, HB 323 by Rep. Mike LaRosa (R-St. Cloud) requires the board to establish guidelines to be followed by pharmacists in determining the circumstances under which a licensed pharmacist may supervise more than one pharmacy technician and authorizes pharmacists to administer the meningococcal vaccine under physician protocol and remove the requirement for a pharmacist to have a prescription from a physician to administer the shingles vaccine.
2014 Bills of Interest - PASSED
Compassionate Medical Cannabis Act of 2014 – Passed

Legislators in both chambers advanced proposals that would legalize a non-euphoric strain of marijuana that supporters believe can reduce seizures in children with a rare form of epilepsy. SB 1030 filed by Senator Rob Bradley (R-Fleming Island), Senator Aaron Bean (R-Jacksonville) and Senator Jeff Brandes (R-St. Petersburg), defines low-THC cannabis as containing no more than 0.8 percent of tetrahydrocannabinol (THC) and more than 10 percent of cannabidiol (CBD). The bill expands who may be ordered low-THC cannabis to include a patient suffering from cancer. As a condition of prescribing low-THC cannabis, the physician must determine that no other satisfactory treatment options exist and obtain a voluntary informed consent. Criminal misdemeanor penalties are created for a physician who orders low-THC cannabis for a patient without a reasonable belief that the patient is suffering from a qualifying condition and for any person who fraudulently represents himself or herself as having a qualifying condition for the purpose of obtaining an order for low-THC cannabis. A dispensing organization is required to employ a medical director, who must be a physician and have successfully completed a course and examination that encompasses appropriate safety procedures and knowledge of low-THC cannabis.

2014 Bills of Interest - PASSED
Compassionate Medical Cannabis Act of 2014 – Passed (Con’t)

One dispensing organization is authorized in northwest Florida, northeast Florida, central Florida, southeast Florida and southwest Florida, for a total of five statewide. Additional criteria for approval as a dispensing organization include: possessing a certificate of registration for the cultivations of more than 400,000 plants that is issued by the Department of Agriculture and Consumer Services, be operated by a nurseryman, have been operating as a registered nursery in this state for at least 30 years, and provide certified financials. Upon approval, a dispensing organization must post a $5 million performance bond. Medical centers that are recognized as a Cancer Center of Excellence are authorized to conduct research on CBD and low-THC cannabis. The Department of Health’s Office of Compassionate Use is directed to enhance access to investigational new drugs for Florida patients through approved clinical treatment plans or studies. The bill provides $1 million to the James and Esther King Biomedical Research Program for research of CBD and its effect on intractable childhood epilepsy.
Child Restraint Requirements – Passed

Current law governing the use of child restraint devices (CRDs) requires every motor vehicle operator to properly use a crash-tested, federally approved CRD when transporting a child 5 years of age or younger. However, for children aged 4 through 5 years, a separate carrier, an integrated child seat, or a seat belt may be used. A driver who violates this requirement is subject to a $60 fine, court costs and add-ons, and having three points assessed against his or her driver’s license. However, the driver may elect, with the court’s approval, to participate in a child restraint safety program, completion of which, authorizes the court to waive the penalties and assessment of points. Effective January 1, 2015, HB 225 by Rep. Keith Perry (R-Gainesville) revises CRD requirements for children passengers in motor vehicles. The bill revises the provision allowing a seat belt to be used in lieu of a specialized device for children between 4 and 5 years of age.

2014 Bills of Interest - PASSED
Child Restraint Requirements – Passed (Con’t)

The bill specifies the device used for a child aged 4 through 5 must be a separate carrier, an integrated child seat, or a booster seat. A seat belt may be used for children between 4 and 5 years of age when the motor vehicle operator is not a member of the child’s immediate family and the child is being transported either gratuitously, in the case of an emergency, or when a medical condition necessitates an exception as evidenced by appropriate documentation from a health professional.
General Appropriations Act – BUDGET CONFERENCE REPORT PASSED

The Florida Legislature concluded final negotiations on the Conference Reports for HB 5001, the General Appropriations Act, HB 5003, the budget implementing bill, and several budget conforming bills on April 29th. Copies of the budget conference reports were provided to legislators at 8:35 pm that evening, starting the time clock requiring a 72-hour “cooling-off” period before both Chambers can vote on passage of the Fiscal Year 2014-2015 budget spending plan on May 2nd – the final evening of the 2014 Legislative Session.
Health Care Budget Highlights include:
- Of the $77.1 billion proposed budget for the next fiscal year, $31.878 billion, or 41 percent of the total, goes to the six state agencies comprising the health and human services budget and to providing additional funding to the Low Income Pool (LIP) for Medicaid and uncompensated health care services.
- Charged with running the Medicaid program, the Agency for Health Care Administration was provided $24.6 billion.
- The Agency for Persons with Disabilities (APD) was given $1.15 billion, allocating a total of $20 million to APD to serve additional clients on the Medicaid Home and Community-Based Services (HCBS) Waiver waiting list – a state and federally-funded program providing services to individuals with developmental disabilities to allow them to live in the community rather than an institution. This funding is expected to serve approximately 1,260 individuals currently on the waiting list. Also at APD, the legislature increased the personal needs allowance for vulnerable elders, veterans, and persons with disabilities who reside in nursing homes in Florida from $35 per month to $100 per month.
General Appropriations Act – BUDGET CONFERENCE REPORT PASSED (Con’t)

- Nearly $2,884.9 million will go to the Department of Children & Families, including:
  - Community Based Care Agencies Services – $10 million GR
  - Family Intensive Treatment Teams – $5 million GR
  - Human Trafficking Victim Services – $3 million GR
  - Children’s Mental Health Community Action (CAT) Teams – $11.3 million GR
  - Substance Abuse Services for Pregnant Women – $10 million GR
  - Community Based Care Agencies – $1.3 million GR; $6 million TF
  - Adult Community Mental Health Funding – $4 million GR
  - Adult/Children Community Substance Abuse Funding – $3.6 million GR
  - Mental Health Transition Beds – $3 million GR
General Appropriations Act – BUDGET CONFERENCE REPORT PASSED (Con’t)

- County Criminal Justice Mental Health Grant – $3 million GR
- State Mental Health Treatment Facilities Repairs & Maintenance – $2.3 million TF
- The Department of Health will receive nearly $2.9 million, including $35.9 million for Florida Cancer Center Funding, $3.6 million for Early Steps Program; $3 million for Alzheimer’s Research and $2 million for Cancer Research Endowments.
- The Department of Elder Affairs will receive $294.6 million.
- The Department of Veterans’ Affairs will receive $114 million
Advanced Practice Registered Nurse Scope of Practice Increase – Failed

The House of Representatives held a multitude of meetings prior and throughout the session discussing health care work force shortages. The House solution was to allow advanced registered nurse practitioners (ARNPs) to administer, dispense, and prescribe controlled substances and to allow ARNPs with three years of experience and 2,000 clinical hours to practice independently and without the supervision of a physician. Ultimately, the Senate did not agree with the scope of practice increase and the proposals died.

As a reminder, the Chair of the Committee, Rep. Jose Oliva (R-Miami) and his Vice-Chair, a PHYSICIAN, Rep. Cary Pigman (R-Sebring) had pledged to make nurse independence a top priority. Rep. Pigman has reintroduced similar bills this year.
Supervision of Physician Assistants – Failed

In addition to measures increasing the scope of practice for nurses, there were several proposals that increased the number of PAs a physician could supervise. HB 1275 by Rep. Larry Ahern (R-Seminole) increased from 4 to 8 the number of licensed physician assistants that a physician may supervise, except for physicians supervising dermatological services. The provisions of this bill were also added to the House health care package, HB 7113, but were not adopted by the Senate. SB 1230 by Senator Alan Hays (R-Umatilla) reduced the number of PAs that a physician could supervise from 8 to 5 and also exempted physicians who supervise offices that provide certain dermatological services. Once again, the full Senate did not take up these measures and the proposals died.
Telehealth Proposals – Failed

SB 1646 by the Senate Health Policy Committee established guidelines and requirements for health providers who want to treat patients remotely through the use of Internet and telecommunications technology. SB 1646 allowed physicians, physician assistants, advanced registered nurse practitioners and pharmacists to provide telemedicine services. The bill died in the Appropriations Committee as the session came to a close. The House had placed its version of a much broader telemedicine bill sponsored by Rep. Travis Cummings (R-Orange Park) in the health care package, HB 7113, but the Senate did not agree with the scope of practice increase in that bill and so the bills died.
All of organized medicine, including FAFP, spearheaded an effort to change the requirements for managed care programs, health insurers and HMOs in their interactions with patients, especially in the pharmaceutical area. SB 1354 by Senator Denise Grimsley (R-Sebring) and HB 1001 sponsored by Rep. Jason Brodeur provided appropriate safeguards on fail first systems so that patients did not have to endure weeks of ineffective treatment. The bill also dealt with retroactive denial and ensured that an insurer pays a claim when it has told a physician that the patient has insurance coverage. The language was amended onto several bills in the Senate, but the House of Representatives refused to agree with the measures and so the proposal died.
On January 28th, Governor Scott unveiled his proposed budget for the next fiscal year totaling nearly $77 billion. Highlights in the Governor’s “Keep Florida Working” budget plan include over $673 million in tax cuts such as:

Reducing the communications services tax, applied to cell-phone bills and cable and satellite television, estimated to save an average Florida family about $43 a year – $470.9 million tax reduction;

Permanently eliminating the sales tax on manufacturing machinery and equipment – $142.5 million tax reduction;

Eliminating the sales tax on college textbooks – $41.4 million tax reduction; and

Increasing the level of income exempt from the corporate income tax – $18.4 million tax reduction.
Work Plan 2015

Soon after the release of the Governor’s budget, House Speaker Steve Crisafulli (R-Merritt Island) and Senate President Andy Gardiner (R-Orlando) sent a joint press release touting their shared priorities for the 2015 Legislative Session, which included tax relief, development of a sustainable water and natural resources policy, and increased education and employment options for people with disabilities. Their “Work Plan 2015” initiatives also outlined an effort to promote adoption of children in foster care and emphasized education initiatives designed to increase the state’s investment in schools while strengthening the accountability of Florida’s K-12 and higher education systems.
Scope of Practice Expansion

HB 281 by Rep. Cary Pigman (R-Sebring) and SB 532 by Senator Denise Grimsley (R-Sebring) authorize physician assistants and ARNPs to order medications, including controlled substances for administration to patients in a hospital.

HB 547 by Rep. Cary Pigman (R-Sebring) allows an independent advanced registered practice nurse (IARPN) to administer, dispense, and prescribe medicinal drugs including controlled substances; admit, manage and discharge patients from health care facilities; and, provide any endorsement that is otherwise required by law to be provided by a physician. In addition, the bill allows IARPNs to practice advanced or specialized nursing independently without the supervision of a physician or protocol and requires IAPRNs to provide proof of financial responsibility. In order to be registered as an IARPN, a nurse must hold and active ARNP certification, complete at least 2,000 clinical practice hours within the last three-year period, have no disciplinary actions within the last five years and complete a graduate level course in pharmacology.

SB 614 by Senator Denise Grimsley (R-Sebring) is a less comprehensive scope of practice expansion, but allows ARNPs and PAs to prescribe controlled substances. FAFP is partnering with the entire medical community to oppose these scope of practice expansion proposals.
Vaccines – Nursing Home

HB 279 by Rep. Cary Pigman (R-Sebring) and SB 792 by Senator Aaron Bean (Fernandina Beach) allow pharmacists and registered interns to administer to adults all immunizations or vaccines listed in the Adult Immunization Schedule as of February 1, 2014 by the United States Centers for Disease Control and Prevention (CDC), recommended by the CDC for international travel and approved by the Board of Pharmacy in response to a state of emergency. In addition, the Board of Pharmacy may authorize by rule additional immunizations or vaccines as they are added to the schedules.

HB 411 by Rep. Mike Miller (R-Orlando) and SB 332 by Senator Denise Grimsley (R-Sebring) remove the requirement that nursing homes vaccinate eligible new admissions with the pneumococcal polysaccharide vaccination (PPV) and instead allow eligible new admissions to be vaccinated with any pneumococcal vaccination that is recommended by the CDC. SB 332 will be heard in the Appropriations Subcommittee on Health and Human Services on February 18th. The companion measure, HB 411, unanimously passed the Heath Innovation Subcommittee on February 9th.
Telemedicine

On February 3rd, Rep. Travis Cummings (R-Orange Park), Rep. Mia Jones (D-Jacksonville) and Senator Aaron Bean (R-Fernandina Beach) held a press conference at the Capitol to unveil their plans to increase the use of telemedicine in Florida. The sponsors were joined by a bipartisan group of legislators at the press conference, including Health Care Appropriations Chair Matt Hudson (R-Naples), Health Innovation Subcommittee Chair Ken Roberson (R-Port Charlotte), House Health & Human Services Chair Jason Brodeur (R-Sanford) and Health Care Appropriations Ranking Democratic Member Amanda Murphy (D-New Port Richey). The legislation aims at statutorily defining "telehealth" and "telehealth provider", provides practice standards for telehealth providers and authorizes telehealth providers to use telehealth for the prescribing of controlled substances in certain circumstances. SB 478 by Health Policy Committee Chair Aaron Bean (R-Fernandina Beach) will be heard in this committee on February 17th. The companion measure, HB 545, is jointly sponsored by Rep. Travis Cummings (R-Orange Park) and Rep. Mia Jones (D-Jacksonville)
Balance Billing

SB 516 by Senate Health Policy Chair Aaron Bean (R-Fernandina Beach) and Senate Health Care Appropriations Chair Rene Garcia (R-Miami) and HB 681 by Rep. Carlos Trujillo (R-Miami) prohibit health insurance coverage for emergency services from requiring a prior authorization determination. The legislation also requires that such coverage be provided regardless of whether the service is furnished by a participating or nonparticipating provider and specifies the coinsurance, copayment, limitation of benefits, and reimbursement requirements for nonparticipating providers. The legislation prohibits a nonparticipating provider from collecting or attempting to collect an amount in excess of the coverage amounts.
Right Medicine, Right Time Act

HB 784 by Rep. Matt Gaetz (R-Fort Walton Beach) creates the Clinical Practices Review Commission under a new “Right Medicine, Right Time Act.” The legislation requires a managed care plan that establishes a prescribed drug formulary or preferred drug list to provide a broad range of therapeutic options to patients, requires sufficient clinical evidence to support a proposed coverage limitation at the point of service and requires the commission to evaluate the sufficiency of the evidence and the Office of Insurance Regulation to approve coverage limitations on the basis of the commission’s evaluation.
Impaired Practitioner Consultants

HB 141 by Rep. Doc Renuart (R-Ponte Vedra Beach) and SB 144 by Senator Aaron Bean (R-Fernandina Beach) propose to enhance the safety of impaired practitioner consultants and their employees, as well as the spouses and children of both, by creating a public records exemption for certain personal identification and location information retained by the Department of Health (DOH) or other state agencies. The impaired practitioner program assists the DOH and the Department of Business and Professional Regulation in determining whether licensees who have experienced a substance abuse or mental or physical health impairment are safe to practice. Currently, there are two impaired practitioner consultants retained by the Department of Health and the Department of Business and Professional Regulation to provide services. SB 144 has already unanimously passed both the Health Policy and Governmental Oversight and Accountability Committees and will be heard in the Fiscal Policy Committee on February 19th which is its final committee stop.
Medical Tourism

SB 86 by Senator Aaron Bean (R-Fernandina Beach) requires Enterprise Florida to collaborate with the Department of Economic Opportunity to market Florida as a destination for quality health care services. Specifically, the bill requires the Division of Tourism Marketing to include in its 4-year plan health care initiatives such as attracting health care practitioners to this state.
Medical Malpractice Complaints

SB 730 by Senator Jeremy Ring (D-Margate) and HB 689 by Rep. Sharon Pritchett (D-Miramar) require the full Board of Medicine or the Board of Osteopathic Medicine to review the third complaint alleging medical malpractice against a licensee within a 10-year period.
Sexual Misconduct

SB 502 by Senator Geraldine Thompson (D-Tampa) requires that hospitals report to the Department of Health every allegation of sexual misconduct by a licensed health care practitioner within 30 days after each separate allegation of sexual misconduct. In addition, the bill increases the penalties for violations.
HB 697 filed by Rep. Julio Gonzalez (R-Venice), an orthopedic surgeon, would allow DOH to order quarantines for people who are believed to have been exposed to communicable diseases but are not ill. The legislation bolsters DOH’s regulatory authority in trying to prevent the spread of communicable diseases during public-health emergencies. During such emergencies, the legislation allows the department to order "isolation" for people who are "reasonably believed to be infected with a communicable disease." Additionally, orders for quarantine or isolation would be immediately enforceable by law-enforcement officers.
Autism

HB 23 by Rep. Janet Cruz (D-Tampa) and SB 146 by Senator Jeremy Ring (D-Margate) require physicians to perform a screening in accordance with the guidelines of the American Academy of Pediatrics when a parent or legal guardian suspects autism spectrum disorder. If the physician determines that referral to a specialist is necessary, the physician shall refer to an appropriate specialist such as a psychiatrist, a psychologist, a neurologist, or a developmental or behavioral pediatrician. The legislation requires certain health insurers and HMOs to provide direct patient access to such specialists for screening, evaluation or diagnosis of autism spectrum disorder.
HB 475 by Rep. Katie Edwards (D-Sunrise) creates the Miami-Dade Infectious Disease Elimination Act (IDEA). The bill allows the University of Miami to establish a single sterile needle and syringe exchange pilot program in Miami-Dade County as a means to prevent the transmission of HIV/AIDS and other blood-borne diseases among intravenous drug users, their sexual partners, and offspring. The pilot program may operate at a fixed location or through a mobile health unit. The bill prohibits the use of state funds to operate the pilot program and requires the use of grants and donations from private sources to fund the program. The pilot program expires on July 1, 2020. Six months prior to the expiration, the Office of Program Policy Analysis and Government Accountability shall submit a report to the legislature documenting the rates of HIV, AIDS, viral hepatitis, or other blood-borne diseases before the pilot began and every subsequent year and a recommendation on whether to continue the pilot program.
Right to Try Act

HB 269 by Rep. Ray Pilon (R-Sarasota) creates the Right to Try Act. The legislation allows a pharmaceutical manufacturer to make available to eligible patients an investigational drug, biological product or device. An “eligible patient” is defined as a person who has a terminal illness attested to by the patient’s treating physician, has considered all other treatment options currently approved by the United States Food & Drug Administration, has given informed consent, and has documentation from their physician that he or she meets the requirements of the bill.
Minors & Tanning Facilities

SB 376 by Senator Eleanor Sobel (D-Hollywood) creates the "Preventing Youth Cancer Act" prohibiting a tanning facility from allowing a minor to use a tanning devise unless the use of the tanning devise is prescribed by a health care provider to treat a medical condition and there is a signed parental consent on file. The bill also requires a parent of legal guardian to accompany a minor younger than 14 years of age during the prescribed tanning sessions.
Newborn Screening

HB 403 by Rep. Mike La Rosa (R-Lake Wales) and SB 632 by Senator Rene Garcia (R-Miami) direct the Department of Health to establish requirements for newborn adrenoleukodystrophy screening. In addition, the bills provide that the screening is covered by Medicaid.
Emergency Treatment for Opioid Overdose

HB 751 by Rep. Julio Gonzalez (R-Venice) and Rep. Ronald Renuart, DO (R-Ponte Vedra Beach) creates the Emergency Treatment and Recovery Act, which authorizes health care practitioners to prescribe, and pharmacists to dispense, emergency opioid antagonists to patients and caregivers. Patients and caregivers are authorized to store and possess emergency opioid antagonists. In an emergency situation when a physician is not immediately available, patients and caregivers are authorized to administer an emergency opioid antagonist to a person believed in good faith to be experiencing an opioid overdose, regardless of whether that person has a prescription for an emergency opioid antagonist.

The bill provides for civil liability protections under the Good Samaritan Act for all individuals, and professional disciplinary exemptions for certain health care providers, who comply with the bill’s requirements. The bill does not limit other existing immunities currently afforded to certain health care providers.
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