

FPMA Report Tallahassee Update

The 2019 Legislative Session is beginning to take shape; the bill filing deadline has passed, the Governor's budget has been proposed and filed bills are being debated in committee. There is one remaining committee week (February 18-22) prior to Session, which begins on March 5th. Our early focus is an opioid fix regarding continuing education for our membership and tracking the implementation of Medical Marijuana bills.

Set forth below are a few select healthcare bills that we are tracking on behalf of FPMA:

SB 650 by Mayfield HEALTH INSURANCE AUTHORIZATION

Health Insurer Authorization; Redefining the term "health insurer" and defining the term "urgent care situation"; providing that prior authorization forms may not require certain information; requiring health insurers and pharmacy benefits managers on behalf of health insurers to provide, by specified means, certain information relating to prior authorization; requiring health insurers to publish on their websites and provide to insureds in writing a procedure for insureds and health care providers to request protocol exceptions, etc. Effective Date: 1/1/2020

HB 559 by Massullo STEP THERAPY PROTOCOLS

Step Therapy Protocols: Requires health insurer to provide access on its website to process for step therapy protocol exception determination requests made by insureds & health care providers; requires health insurer to expeditiously grant step therapy override determination requests under certain circumstances; requires health insurer to authorize coverage for prescription drug prescribed by insured's health care provider under certain circumstances. Effective Date: July 1, 2019

Senator Mayfield, District 17 — Press Release

FOR IMMEDIATE RELEASE

February 5, 2019

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Senator Debbie Mayfield Files Legislation to Strengthen Basic Patient Protections

Tallahassee, FL —

Senator Debbie Mayfield has filed Senate Bill (SB) 650, titled Health Insurer Authorization, to ensure Florida's patients receive the right medicine at the right time.

In many cases, Florida patients are unable to obtain medications ordered by their physicians because their healthcare coverage requires numerous approvals from insurers

and bureaucratic steps to obtaining medication, including trying and failing on inferior medicines first.

This legislation will allow healthcare professionals to have access to a full range of therapeutic options to use as they see fit for their patients. SB 650 strengthens patient protections in Florida, specifically in the areas of streamlining step therapy and fail first protocols, simplifying prior authorization and ensuring continuity of care for patients.

More than 20 states have already adopted laws that reform prior authorization by standardizing the process, and implementing overrides for fail first and step therapy protocols.

Senator Debbie Mayfield (R-Melbourne) said, *“This legislation will work to ensure our physicians make the determination on the best course of treatment and medications for their patient, rather than an insurance company. This bill will ensure there is a balance of power between all parties.”*

Representative Ralph Massullo, MD (R-Beverly Hills) has filed similar legislation in the House, HB 559. *“Florida’s patients need the right medication at the right time,”* said Representative Massullo, MD. *“As a physician, I know all too well the impacts this policy can have on our patients. We must work to ensure physicians have access to a full range of options and keep that decision between the patient and their physician—not an insurance bureaucrat.”*

Russell Silverman, Interim President & CEO for the Florida Breast Cancer Foundation said, *“Senator Mayfield and Representative Massullo, MD are helping to preserve the patient/physician relationship for Florida’s patients by putting the decision back into the hands of the patient and physician. This legislation would be a major win for Florida.”*

SB 650 by Perry NONOPIOID DIRECTIVES

Nonopioid Directives; Requiring the Department of Health to establish a voluntary nonopioid directive form; authorizing a patient to appoint a duly authorized guardian or health care proxy who may revoke a voluntary nonopioid directive; providing that certain persons are not liable for damages or subject to criminal prosecution under certain circumstances, etc. Effective Date: 7/1/2019

HB 451 by Plakon NONOPIOID DIRECTIVES

Non-Opioid Directives: Requires DOH to establish voluntary non-opioid directive form & provides requirements for form; requires form be posted on DOH website; requires certain physicians document receipt of form in patient's medical record; authorizes patient to appoint duly authorized guardian or health care proxy who may revoke directive; requires certain physicians to provide copy of form to any patient to whom opioid drug may be prescribed, ordered, or administered; requires pharmacist to presume that electronically transmitted prescription for opioid drug is valid; authorizes pharmacist to dispense opioid drug in contradiction of directive;

provides that certain persons are not liable for damages or subject to criminal prosecution; provides that certain persons may be subject to disciplinary action. Effective Date: July 1, 2019

Senator Perry, District 8 — Press Release

FOR IMMEDIATE RELEASE

January 31, 2019

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Legislation Filed to Empower Patients with Option to Reject Opioid Pain Treatment

SB 630 and HB 451 would create voluntary non-opioid directives

Tallahassee —

Senator Keith Perry (R-Gainesville) and Representative Scott Plakon (R-Longwood) have filed legislation, [SB 630](#) and [HB 451](#), that would give patients the right to decide, during the course of their medical treatment, whether to refuse an opioid drug in a doctor's office or hospital through a document called an advanced directive.

“Far too many Floridians are struggling with addiction, and we must continue to look for ways to address the problem. Over the past few years, we have passed several measures that have reduced the amount of opioids that can be prescribed, we have better tracking measures in place through our Prescription Drug Monitoring Program and we have cracked down on pill-mills,” said Sen. Perry. “This measure would provide patients and providers with the tools they need to make informed decisions about their treatment options.”

Florida continues to struggle with the opioid epidemic and for ways to address this national crisis that claims approximately 116 lives a day, according to the US Department of Health and Human Services.

[Research](#) shows that many suffering from opioid dependence were first exposed through a legitimate prescription from a health provider who was treating them for pain, an injury, surgery or a dental procedure.

“It is our hope that this legislation makes a difference in the lives of Floridians and the families who have loved ones struggling with a substance use disorder,” said Rep. Plakon. “There are alternatives to opioids and patients should have the right to make their own decisions about the type of pain treatment they receive based on their circumstances.”

The bill requires the Florida Department of Health to develop the new form which will be known as the voluntary non-opioid directive form. Patients will also be allowed to ask their health providers for a substitute pain treatment medication that is a non-opioid.

The bill also does the following:

- Holds pharmacists harmless if they fill an electronically transmitted prescription for an opioid drug, even though the patient might have given the provider a copy of the executed form.
- Subjects a provider to discipline by their licensing board if they fail to comply with the patient's form. However, it holds them harmless from civil or criminal liability and they can't be deemed to have violated the standard of care if they refuse to prescribe, order or administer an opioid drug pursuant to a patient's executed form.
- Holds emergency room providers harmless from civil or criminal liability or from being deemed to have violated the standard of care if they prescribe, order or administer an opioid drug to a person when they have no knowledge of the existence of an executed form.

The bill will apply to doctors, podiatrists, dentists, Advanced Practice Registered Nurses and Physician's Assistants.

PCB HHS 19-01 by House Health and Human Services Committee

A bill to be entitled

An act relating to medical use of marijuana; amending s. 381.986, F.S.; redefining the term medical use; requiring a qualified patient's informed consent to include the negative health risks associated with smoking; requiring a qualified physician to obtain approval from the case review panel to certify smoking as route of administration for a qualified patient, other than a terminally ill patient; prohibiting smoking as a route of administration for qualified patients under 18 years of age; requiring the Board of Medicine and the Board of Osteopathic medicine to create a case review panel; requiring the case review panel to approve or deny qualified physician's request to certify smoking as a route of administration for qualified patients; requiring medical marijuana treatment centers to comply with certain standards in the production and packaging of marijuana in a form for smoking; amends s. 1004.4351, F.S.; establishing the Consortium for Medical Marijuana Clinical Outcomes Research within the University of Florida; establishing the Medical Marijuana Research Board to direct the operations of the consortium; requiring the board annually adopt a research plan; providing requirements for the plan; requiring the board to issue an annual report to the Governor and the Legislature by a specified date; requiring the Department of Health to submit reports to the board containing specified data; providing an effective date.