



# 2018

**FLORIDA HOSPITAL ASSOCIATION**  
**LEGISLATIVE SUMMARY**



**Mission to Care. Vision to Lead.**





During the 2018 Legislative Session decisions were made that impact Florida's hospitals and the patients and communities we serve. The following pages provide a brief summary of legislation of interest to our members as well as a breakdown of the state budget as it relates to health care funding.



## BUDGET

### General Appropriations Act for Fiscal Year 2018-19

Florida's budget for State Fiscal Year (SFY) 2018-19 was approved at \$88.7 billion, which includes a \$6.3 billion increase over the SFY 2017-18 funding. The budget removed \$50 million in non-recurring general revenue from hospital reimbursement rates and reduced the Medicaid retroactive eligibility period from 90 days to 30 days, except for pregnant women and children. Recurring general revenue was provided, in lieu of intergovernmental transfers, to fund the increased hospital outpatient cap for adults from \$500 to \$1,500.

### Low Income Pool

The Low Income Pool (LIP) has been authorized for \$1.5 billion in funding and is subject to the final terms and condition of Florida's 1115 Medicaid Waiver. The Agency for Health Care Administration (AHCA) has been instructed to seek federal approval to amend the LIP special terms and conditions. LIP will include a payment group for uncompensated behavioral health care services for individuals in the substance abuse and mental health system (i.e., central receiving systems) administered by the Florida Department of Children and Families. AHCA has also been instructed to seek federal approval to amend the STCs to include an additional LIP tier for governmentally designated hospital services for at-risk mothers and babies pursuant to sections 383.15 - 383.19, Florida Statutes.

### Physician Supplemental Payments

Authority has been provided for \$277.3 million to continue medical school faculty physician supplemental payments. This appropriation continues the supplemental differential fee schedule and supplemental per member, per month capitation payment.

### Inpatient and Outpatient Services

The budget for SFY 2018-19 continues the All Patient Refined-Diagnosis Related Group (APR-DRG) reimbursement methodology for hospital inpatient services.

## Updated APR-DRG Inpatient Payment Methodology

<b>Base Rate</b>	<b>\$3,437.60</b>
<b>Neonates Service Adjustor:</b>	
Severity Level 1 – 1.00	
Severity Level 2 – 1.52	
Severity Level 3 – 1.80	
Severity Level 4 – 2.00	
<b>Neonatal, Pediatric, Transplant Pediatric, Mental Health and Rehab DRGs:</b>	
Severity Level 1 – 1.00	
Severity Level 2 – 1.52	
Severity Level 3 – 1.80	
Severity Level 4 – 2.0	
<b>Free Standing Rehabilitation Provider Adjustor</b>	<b>2.887</b>
<b>Rural Provider Adjustor</b>	<b>2.174</b>
<b>Long Term Acute Care (LTAC) Provider Adjustor</b>	<b>2.145</b>
<b>High Medicaid and High Outlier Provider Adjustor</b>	<b>2.370</b>
<b>Outlier Threshold</b>	<b>\$60,000</b>
<b>Marginal Cost Percentages</b>	<b>60%</b>
<b>Marginal Cost Percentage for Pediatric Claims Severity Levels 3 or 4</b>	<b>80%</b>
<b>Marginal Cost Percentage for Neonates Claims Severity Levels 3 or 4</b>	<b>80%</b>
<b>Marginal Cost Percentage for Transplant Pediatric Claims Severity Levels 3 or 4</b>	<b>80%</b>
<b>Documentation and Coding Adjustment</b>	<b>.333%</b>
<b>Level 1 Trauma Add On</b>	<b>17%</b>
<b>Level II or Level II and Pediatric Add On</b>	<b>11%</b>
<b>Pediatric Trauma Add On</b>	<b>4%</b>



## 2018 FHA LEGISLATIVE SUMMARY

### Updated Enhanced Ambulatory Patient Group (EAPG) Outpatient Payment Methodology

<b>Hospital Outpatient Base Rate</b>	<b>\$266.89</b>
<b>Rural Hospital Provider Adjustor</b>	<b>1.5662</b>
<b>High Medicaid and High Outlier Hospital Adjustor</b>	<b>2.0013</b>
<b>Documentation and Coding Adjustment</b>	<b>2%</b>

Included in the EAPG proviso language for SFY 2018-2019 was authority for AHCA to adjust the EAPG parameters based upon historical billing practices measured prior to the start of SFY 2018-2019 to comply with the availability of funds in Specific Appropriation 203. AHCA was instructed to adjust the EAPG parameters effective July 1, 2018 and publicly post on the Agency's website. The adjusted parameters are based on the average Medicaid reimbursement per hospital outpatient visit paid in SFY 2017-18 as recalculated in Section 23 (back of the bill), excluding the transition period five percent cap on individual hospital losses and associated cap on gains to comply with the availability of funds in Specific Appropriation 203.

Reconciliation language for SFY 2018-2019 was also included in the bill requiring that by April 1, 2019, AHCA shall perform a comparison of EAPG fee-for-service rates implemented on July 1, 2018, to a new calculation of EAPG rates performed using hospital outpatient claims and encounters paid via EAPGs, for dates of service on or after July 1, 2018, and received by the Agency by February 15, 2019. If the comparison shows a difference in aggregate reimbursement levels, then new fee-for-service EAPG payment parameters, including updated per-service automatic rate enhancement amounts, shall be implemented effective April 1, 2019, posted publicly, and applied prospectively for the remainder of SFY 2018-2019. The new rates will include positive and negative adjustments to individual hospital outpatient EAPG base rates. In addition, the re-calculated EAPG payment parameters shall result in payments per hospital outpatient visit that are, in the aggregate, equivalent to the average Medicaid reimbursement for hospital outpatient visits paid in SFY 2017-2018. If new EAPG payment parameters are implemented on April 1,

2019, the parameters shall ensure budget neutrality in aggregate for SFY 2018-2019 and shall include adjustments determined separately for each hospital that account for differences between the re-calculated rates and the EAPG rates implemented July 1, 2018. No recalculation of managed care capitation payments will be made based upon these adjustments. Managed care organizations that make payments to hospitals, which are based upon EAPG payment rates, shall use these adjusted rates, effective April 1, 2019, through the remainder of SFY 2018-2019.

Additionally, Section 23 "back of the bill" language requires AHCA to recalculate the SFY 2017-18 EAPG payment parameters based on actual EAPG paid claims received by February 15, 2018. The re-calculated EAPG payment parameters shall result in payments per hospital outpatient visit that are, in the aggregate, equivalent to the average Medicaid reimbursement per hospital outpatient visit paid in SFY 2016-2017. Also, the re-calculated payment parameters shall adhere to the EAPG transition period five percent cap on individual hospital losses and associated cap on gains to ensure budget neutrality as described in the SFY 2017-2018 General Appropriations Act. The new rates will include positive and negative adjustments to individual hospital outpatient EAPG base rates. The new fee-for-service EAPG payment parameters, including updated per-service automatic rate enhancement amounts, shall be implemented effective April 1, 2018, posted publicly, and applied prospectively for the remainder of SFY 2017-2018. The payment parameters applicable for the final quarter of SFY 2017-2018 shall include adjustments determined separately for each hospital that account for differences between the re-calculated rates and the EAPG rates implemented July 1, 2017. No recalculation of managed care capitation payments will be made based upon these adjustments. Managed care organizations that make payments to hospitals that are based upon EAPG payment rates shall use these adjusted rates, effective April 1, 2018 through the remainder of SFY 2017-2018. This section is effective upon becoming law.

### Graduate Medical Education

A total of \$242.3 million was appropriated for the Statewide Medicaid Residency Program and the Graduate Medical Education (GME) Startup Bonus Program. This reflects an increase of \$45 million to address physician shortages in Florida and charity care for statutory teaching hospitals. The breakdown is as follows:

<b>Statewide Medicaid Residency Program</b>	<b>\$ 97.3 million</b>
<b>Two hospitals with the largest number of residents</b>	<b>\$ 42.2 million</b>
<b>GME Startup Bonus Program</b>	<b>\$ 57.7 million</b>
<b>Primary Care Physician Shortage</b>	<b>\$ 5 million</b>
<b>Specialty Physicians Shortage</b>	<b>\$ 10 million</b>
<b>Statutory Teaching Hospital - Charity Care</b>	<b>\$ 30 million</b>

### Summary of Other Key Appropriations

- **Cancer Center Medicaid Prospective Payment Exemption**  
Provides \$81.5 million in funding to implement cost-based reimbursement for inpatient and outpatient services for qualifying Florida cancer hospitals that meet specified criteria upon approval of the state plan amendment and federal approval of a Section 438.6(c) directed payment of a minimum fee schedule calculated as a supplemental per member per month payment.
- **Medicaid Price Level and Workload Adjustment**  
Fully funds the increase in Medicaid caseloads and price level adjustments for an estimated 4 million Medicaid beneficiaries.
- **Florida KidCare Enrollment**  
Fully funds the increase in the KidCare program to serve an estimated 212,462 children.
- **Consulting Actuarial Services**  
Provides \$850,000 in funding for AHCA to continue to contract with an independent consultant for actuarial services.
- **Florida Medicaid Management Information System (FMMIS) Re-procurement**  
Provides \$24.5 million in nonrecurring funding for the Medicaid Enterprise System Procurement project. (The funding is for the second year of this six-year project.)

- **Claims Data Analytics Solution (APCD)**  
Provides \$925,000 in funding (\$625,000 non-recurring) to competitively procure a comprehensive health care claims data analytics service to enhance analysis and transparency of health care claims data.
- **Florida Medical School Quality Network**  
Provides \$1 million in funding for AHCA to contract with the Florida Medical Schools Quality Network.
- **Prepaid Dental Health Program**  
Provides \$700,000 in nonrecurring funding to implement a statewide Medicaid Prepaid Dental Health program for children and adults.
- **Delivery Epidural Services Fee Increase**  
Provides \$1.3 million funding for a fee increase for delivery epidural services.
- **NICU/PICU Rate Increase**  
Provides \$3.5 million funding for a Neonatal Intensive Care Unit (NICU) and Pediatric Intensive Care Unit (PICU) rate increase.

## BEHAVIORAL HEALTH

### Behavioral Health – Peer Recovery Specialists: **FAILED**

Senate Bill 450 by Sen. Rene Garcia and House Bill 1327 by Rep. Kathleen Peters would have created a behavioral health role for a “peer specialist” defined as an individual who has been in recovery from a substance use disorder or mental illness or a family member or caregiver who supports a person with a current substance use disorder or mental illness. The bill would have established background screening, certification, supervision and training requirements for these practitioners.

### Initiation of Involuntary Examination Under the Baker Act: **FAILED**

Senate Bill 112 by Sen. Daphne Campbell and House Bill 573 by Rep. Kimberly Daniels would have added advanced registered nurse practitioners and physician assistants to the list of practitioners who are authorized to initiate involuntary mental health examination under the Baker Act.

# 2018 FHA LEGISLATIVE SUMMARY

## **Involuntary Examination and Involuntary Admission of Minors: FAILED**

House Bill 947 by Rep. Bobby Payne and Rep. David Silvers and Senate Bill 270 by Sen. Greg Steube proposed to implement three recommendations from the legislatively created Florida Department of Children and Families (DCF) Task Force. The bill related to promotion of a standardized suicide assessment tool in all school districts, an educational requirement for crisis intervention team members for school resource officers and extended deadlines for receiving facilities to submit documentation regarding involuntary examinations to DCF. A provision in the bill that would have required involuntary examination to be initiated within eight hours for minors 14 years or younger was deleted and replaced with the requirement for a patient assessment to be completed within 12 hours for minors under 14 years of age.

## **Opioid Addiction and Overdose Prevention: PASSED**

House Bill 21 by Rep. Jim Boyd and Sen. Lizbeth Benaquisto addresses the opioid crisis and includes the following provisions:

- Limits prescriptions of opioids to alleviate acute pain to a three-day supply. However, the bill would allow physicians to prescribe a seven-day supply when considered to be, and documented to be, medically necessary.
- Directs the Florida Department of Health (DOH) to establish guidelines for prescribing controlled substances for acute pain and stipulates that practitioners who fail to follow the guidelines would be subject to discipline against their license.
- Creates a licensure requirement for all prescribers to complete a two-hour controlled substance continuing education course that must be provided by Florida Medical Association or the Florida Osteopathic Medical Association.
- Proposes several changes to the prescription drug monitoring program (PDMP) and would mandate all prescribers consult the PDMP before prescribing or dispensing controlled substances for a patient age 16 years or older. There is no duty to check the system if it is not operational, however, in this instance the prescription can only be written for a 3 day supply. It also authorizes DOH to enter into a reciprocal agreement to share PDMP information with other states and expands the reporting requirements for controlled substance dispenser.
- Appropriates over \$27 million nonrecurring funding and over \$14 million in recurring funding to DCF to expand access to outreach, addiction, treatment, and recovery support services provided to address the opioid crisis.

Upon approval by the Governor, this legislation becomes effective July 1, 2018.

## **Perinatal Mental Health Care: PASSED**

House Bill 937 by Rep. Jeannette Nunez and Sen. Lauren Book directs the Florida Department of Health to establish two toll-free perinatal mental health care hotlines – one for the general public and one for health care providers. The provider hotline will provide resources related to mental health of pregnant or postpartum patients. Upon approval by the Governor, this legislation becomes effective July 1, 2018.

## **Public Safety: PASSED**

Senate Bill 7026, known as the Marjory Stoneman Douglas High School Public Safety Act, became priority legislation for the House, Senate and Governor following the February 14, 2018 mass shooting at the namesake high school located in Parkland, Florida. The bill became effective upon the signature of Governor Scott on March 9, 2018. Provisions in the legislation include:

- Mental Health - Prohibits persons who have been subject to involuntary examination under the Baker Act or who have been declared mentally “defective” from owning or possessing a firearm until a court orders otherwise and authorizes law enforcement officers to seize and hold firearms and ammunition from the person for 24 hours. It also creates a “risk protection” process to extend the hold of firearms for 12 months or longer.
- Firearm Safety – Requires a 3-day waiting period for the purchase of all firearms except for specified individuals, raises the age required to purchase a firearm to 21 years, and prohibits bump-fire stock from being sold or distributed within the state.
- School Safety – Allows county school districts to decide whether to participate in the “guardian program” that permits the arming of teachers and other school personnel who meet specified screening and training requirements.
- Funding – The Legislature appropriated \$400 million to implement the provisions of the bill, including over \$69 million to the Florida Department of Education for mental health assistance allocation and \$18.3 million to the Florida Department of Children and Families for additional mobile crisis teams to ensure reasonable access to mental health services.

## REGULATORY

### **Adult Cardiovascular Services: FAILED**

Senate Bill 144 by Sen. Denise Grimsley and House Bill 119 by Rep. Cary Pigman would have revised training requirements for staff working in high volume, level I facilities.

### **Advanced Birth Centers: FAILED**

House Bill 1099 by Rep. MaryLynn Magar and Senate Bill 1564 by Sen. Denise Grimsley would have created a new category of licensed facilities for Advanced Birth Centers that would be authorized to provide child birth services including cesarean section deliveries and vaginal birth after cesarean deliveries. FHA opposed this legislation.

### **Ambulatory Surgical Centers (ASC) and Recovery Care Centers (RCC): FAILED**

House Bill 23 by Rep. Paul Renner and Rep. Heather Fitzenhagen and Senate Bill 250 by Sen. Greg Steube would have allowed ASCs to keep patients past the current midnight requirement and up to 24 hours. The House version of the bill would have also created new category of licensed facility known as an RCC to provide general nursing and rehabilitative services for up to three days. FHA opposed this legislation.

### **Certificate of Need: FAILED**

House Bill 27 by Rep. Heather Fitzenhagen and Senate Bill 1492 by Sen. Jeff Brandes proposed to eliminate the certificate of need program for hospitals, hospital services and increases in the number of rehabilitation facility beds. FHA opposed this legislation.

### **Florida Department of Health Regulations: FAILED**

House Bill 1047 by Rep. Julio Gonzalez and Senate Bill 1486 by Sen. Denise Grimsley would have updated and revised numerous provisions related to health care practitioners and facilities regulated by the Florida Department of Health, Division of Medical Quality Assurance. The House bill was amended to include a section, opposed by FHA, that would have prohibited medical boards, health care facilities and insurers from requiring physicians to maintain board certification in their field of specialty as a condition of licensure, reimbursement or admitting privileges.

### **Disaster Preparedness and Response: FAILED**

House Bill 7085 by the Health & Human Services Committee and Rep. Ralph Massulo addressed recommendations from the House Select Committee on Hurricane Response and Preparedness and focused extensively on nursing homes, assisted living facilities, home health agencies, nurse registries and other entities caring for vulnerable Floridians. The bill addressed special needs shelter staffing, agreements with hospitals for sheltering people with complex medical needs beyond the capabilities of the shelters, a statewide special needs shelter registry and a process to allow healthcare facility staff to travel to and from work during declared curfews. Similar legislation was not filed in the Senate.

### **Health Care Facility Regulation: PASSED**

Senate Bill 622 by Sen. Denise Grimsley and Rep. Clay Yarborough revises numerous provisions related to the regulation of health care facilities by AHCA to minimize conflict with existing state and federal requirement, update regulations to address changing needs and delete obsolete provisions of law. It also repeals and amends numerous sections of Chapter 483, Chapter 400 and Chapter 408, Florida Statute, including the repeal of clinical laboratory regulations requiring state licensure and state health care risk manager licensure requirements. In addition, the bill revises the pediatric cardiovascular technical advisory panel membership and requires hospitals providing pediatric cardiology services to meet specified guidelines. The bill also directs AHCA to publicly report information about hospital pediatric cardiac programs on the Agency's website. Upon approval by the Governor, this legislation becomes effective on July 1, 2018.

### **Infectious Disease Elimination Pilot Programs: FAILED**

Senate Bill 800 by Sen. Oscar Braynon and House Bill 579 by Rep. Shevrin Jones proposed to expand the existing Miami-Dade sterile needle and syringe exchange pilot program and authorize the Florida Department of Health to establish additional pilot sites, upon request, from eligible entities. FHA supported this legislation.



# 2018 FHA LEGISLATIVE SUMMARY

## **Institutional Pharmacy Regulation: PASSED**

House Bill 675 by Rep. Jason Brodeur and Sen. Kelli Stargel establishes Class III institutional pharmacies, a new category that permits hospitals and hospital systems to move drugs from one location to another within their facility or system and eliminates current requirements for numerous permits. Upon approval by the Governor, this legislation becomes effective on July 1, 2018.

## **Maintenance of Certification (MOC) by Physicians: FAILED**

House Bill 81 by Rep. Julio Gonzalez and Rep. Ralph Massullo and Senate Bill 628 by Sen. Denise Grimsley would have prohibited medical boards, health care facilities and insurers from requiring physicians to maintain board certification in their field of specialty as a condition of licensure, reimbursement or admitting privileges. FHA opposed this legislation.

## **Mammography Reports: PASSED**

House Bill 735 by Rep. Gayle Harrell and Sen. Denise Grimsley requires facilities that perform mammographies to send the patient a summary of findings and, when a certain tissue classification is identified, the report must include a prescribed notice that explains the implications of such findings. It also requires that the notice include a statement that additional screenings may not be covered by insurance. Upon approval by the Governor, this legislation becomes effective on July 1, 2018.

## **Patient Safety Culture Survey: FAILED**

House Bill 35 by Rep. Michael Grant and Senate Bill 1458 by Sen. Jeff Brandes would have required the AHCA to develop a survey to assess aspects of the patient safety culture in hospitals and ambulatory surgical centers and require facilities to annually conduct and submit the results of the survey to the Florida Center for Health Information and Transparency where the survey results would be made available to the public. FHA opposed this legislation.

## **Public Records Exemption for Health Care Facilities: PASSED**

House Bill 551 by Rep. Colleen Burton and Sen. Dana Young provides a public records exemption for certain building plans, blueprints, and other construction documents received by the AHCA. It includes a statement of public necessity justifying the exemption as needed to ensure the safety of staff, patients and visitors due to recent security threats against health care facilities. The bill becomes effective upon approval by the Governor.

## **STEMI Registry: FAILED**

House Bill 1313 by Rep. Lawrence McClure and Senate Bill 1032 by Sen. Dennis Baxley would have required the Florida Department of Health to establish a statewide, centralized registry of persons who have symptoms associated with ST-elevation myocardial infarctions (STEMI) and would have required hospitals to report to the registry specified data on the treatment provided to the patient.

## **Telehealth: FAILED**

Senate Bill 280 by Sen. Aaron Bean and House Bill 793 by Rep. Ralph Massullo would have established practice standards for telehealth health care services and addressed telehealth services to prescribe controlled substances and issue physician certification for medical marijuana. The bill also prescribed telehealth record keeping and patient consent requirements.

## **Telepharmacy: FAILED**

Senate Bill 848 by Sen. Denise Grimsley and House Bill 679 by Rep. Mel Ponder would have created a new pharmacy permit specific to remote dispensing site pharmacies that would be staffed by pharmacy technicians who could dispense medications under the supervision of an offsite licensed pharmacist utilizing audio-visual technology.

## **Trauma: PASSED**

House Bill 1165 by Sen. Dana Young and Rep. Jay Trumball realigns the borders of 18 trauma services areas (TSAs); establishes a Trauma System Advisory Council; establishes a needs-based formula based on population and caseload in existing trauma centers; modifies the application process; adds a restriction that new trauma center applications can only be protested by hospitals in the region. The bill also grandfathers in all currently provisionally-approved trauma centers; requires trauma centers to participate in the National Trauma Data Bank; and requires the Florida Department of Health to periodically prepare an analysis of the state trauma system using hospital discharge data and specified population data, etc. The bill becomes effective upon approval by the Governor.

## **Transplantation of Human Tissue: PASSED**

House Bill 429 by Rep. Cary Pigman and Sen. Dana Young requires the Florida Department of Health to develop a pamphlet that contains certain information on the risks and benefits of human cell and tissue transplants that would be available on its website. Upon approval by the Governor, this legislation becomes effective on July 1, 2018.

## HEALTH INSURANCE / PAYMENT

### **Direct Primary Care (DPC) AGREEMENTS: PASSED**

House Bill 37 by Rep. Danny Burgess and Sen. Tom Lee creates a primary care medical practice model that allows for contractual agreements where a patient pays a monthly fee, usually \$100 or less per individual, to the primary care provider for defined primary care services. The bill also exempts DPC agreements from the Florida Insurance Code. Upon approval of the Governor, this legislation becomes effective on July 1, 2018.

### **Fail-First Protocols: FAILED**

Senate Bill 98 by Sen. Greg Steube and House Bill 199 by Rep. Shawn Harrison related to “fail-first” protocols that are established by insurers and health maintenance organizations (HMOs) specifying requirements that must be met to obtain authorization for payment of certain procedures or drugs. The bill would have created an expedited standard process for the approval or denial of prior authorization and protocol exceptions. The House bill also included a provision prohibiting health insurers and HMOs from requiring patients to repeat step therapy protocols.

### **Personal Injury Protection (PIP): FAILED**

Senate Bill 150 by Sen. Tom Lee and House Bill 19 by Rep. Erin Grall proposed to repeal the Florida Motor Vehicle No-Fault Laws, which requires drivers to carry \$10,000 in Personal Injury Protection (PIP) coverage. The Senate bill would have replaced PIP with a requirement for motorists to carry \$5,000 in medical payments coverage (MedPay) and hospitals would have been covered for services provided in the first two weeks following an injury under remaining PIP insurance coverage. The House bill did not contain a MedPay component.

### **Physician Fee Sharing: FAILED**

House Bill 425 by Rep. Rene Plascencia and Senate Bill 1862 by Sen. Doug Broxon proposed to create a Physician Fee Sharing Task Force within the Florida Department of Health to develop and evaluate policy proposals to address barriers to innovation and modernization of provider payment models created by the federal Ethics in Patient Referrals Act of 1989.

### **Retroactive Denial of Healthcare Claims: FAILED**

Senate Bill 162 by Senator Greg Steube and House Bill 217 by Rep. Bill Hager would have prohibited health insurers and HMOs from retroactively denying a claim at any time if the insurer or HMO verified the eligibility of an insured or subscriber at the time of treatment and provided an authorization number. The bill specified that Medicaid managed care plans would be exempt.

## WORKFORCE

### **Advanced Practice Nursing: PASSED**

House Bill 1337 by Rep. Cary Pigman and Sen. Jeff Brandes revises current statute to comply with recommendations included in the National Council of State Boards of Nursing Advanced Practice Registered Nurse (APRN) Consensus Model intended as guidance for states to adopt uniformity in the regulation of APRN roles. Specifically, the bill changes the term “advanced registered nurse practitioner (ARNP)” to “advanced practice registered nurse (APRN)” throughout Florida Statutes. It also creates a separate license for APRNs and adds advanced practice nurses certified as clinical nurse specialists to the category of APRN, thus granting them the same prescribing authority as APRNs. Upon approval of the Governor, this legislation becomes effective on October 1, 2018. FHA supported this legislation.

### **Advanced Practice Registered Nurse (ARNP) and Physician Assistant (PA) Practice: FAILED**

House Bill 973 by Rep. Kimberly Daniels and Rep. Rene Plascencia and Senate Bill 708 by Sen. Jeff Brandes would have authorized ARNPs and PAs, working with the framework of a supervisory physician, to sign or otherwise endorse any document that must currently be signed by a physician.

# 2018 FHA LEGISLATIVE SUMMARY

## **Consultant Pharmacist Scope of Practice: FAILED**

House Bill 689 by Rep. Cord Byrd and Senate Bill 914 by Sen. Rene Garcia would have authorized consultant pharmacists to enter into a collaborative practice agreement with a health care facility medical director or individual physician to provide specified services. Services would have included the ordering and evaluation of laboratory testing, patient assessment, administration of medications and initiation or modification of medicinal drugs pursuant to a patient-specific order or treatment protocol. The bill did not authorize the consultant pharmacist to modify or discontinue medicinal drug therapy with prescribers other than their collaborative practice agreement provider.

## **Diabetes Educators: FAILED**

Senate Bill 758 by Sen. Audrey Gibson and House Bill 561 by Rep. Rene Plascencia would have established Diabetes Educators as a new health care profession and would have established a defined scope of practice and regulatory oversight by the Florida Department of Health.

## **Nurse Staffing Ratio Mandates: FAILED**

Senate Bill 638 by Sen. Daphne Campbell and House Bill 1083 by Rep. Barbara Watson would have imposed prescriptive hospital patient care staffing requirements related to minimum registered nurse-to-patient staffing ratio requirements. It also specified numerous patient care staffing requirements and would have prohibited mandatory overtime.

## **Pharmacists Scope of Practice: FAILED**

House Bill 431 by Rep. Rene Plascencia and Rep. Byron Donald and Senate Bill 524 by Sen. Jeff Brandes would have authorized pharmacists, working within the framework of a supervisory protocol with a physician, to test for, and treat, influenza and streptococcus.

## **OTHER BILLS OF INTEREST**

### **Physician Orders for Life-Sustaining Treatment: FAILED**

Senate Bill 474 by Sen. Jeff Brandes and House Bill 476 by Rep. Cary Pigman would have created the Physician Orders for Life-Sustaining Treatment (POLST) Program within the Florida Department of Health to implement and administer the development and use of POLST. It also proposed to establish a central registry for advance directives that could be accessed by a health care provider.

### **Prescription Drug Pricing Transparency: PASSED**

House Bill 351 by Rep. David Santiago and Sen. Bill Montford requires a pharmacist, or their authorized employee, to inform customers of lower cost generically-equivalent alternatives for their prescriptions and whether a prescription's cost sharing amount exceeds the retail price in the absence of insurance coverage. The bill also addresses pharmacy benefit managers (PBMs) requiring them to register with the Florida Office of Insurance Regulation and imposing a range of restrictions on their practice. Upon approval by the Governor, this legislation becomes effective on July 1, 2018.

### **Reporting of Adverse Incidents in Planned Out-of-Hospital Births: PASSED**

Senate Bill 510 by Sen. Dana Young and Rep. Mary Lynn Magar requires physicians, certified advanced registered nurse midwives and licensed midwives to report to the Florida Department of Health adverse incidents, as defined in the legislation, occurring as a result of an attempted or completed, planned birthing center or out-of-hospital birth. The bill becomes effective upon approval by the Governor.



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*CEO*

Jackson Hospital

### **Diane Raines**

*SVP/CNO*

Baptist Health

### **Deanna Schaeffer**

*Executive Director, Healthy Communities/Gov. Affairs Officer*

Halifax Health

### **Vincent Sica**

*CEO*

DeSoto Memorial Hospital

### **Alicia Skolrood**

*Executive Director Enterprise Risk Management & Gov. Relations*

Baptist Health Care

### **Layne Smith**

*Director, State Gov. Relations*

Mayo Clinic Hospital in Florida

### **Michael Spake**

*VP External Affairs/CCO*

Lakeland Regional Health Medical Center

### **Shane Strum**

*Senior Vice President*

Memorial Healthcare System

### **Raena Wright**

*Associate VP, State and Federal Government Affairs*

University of Miami Hospital

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**Regional Office**

306 E. College Avenue, Tallahassee, FL 32301  
(850) 222-9800 Fax (850) 561-6230

**Corporate Office**

307 Park Lake Circle, Orlando, FL 32803  
(407) 841-6230 Fax (407) 422-5948