2023 FLANP Legislative Report

Regular Session April 27 – May 5, 2023 (6th 10 days)

The 2023 Regular Session has concluded (May 5th) and several key changes have been made relevant to NP practice. It is encouraged to attend FLANP's legislative committee meetings and quarterly general membership meetings for the most up-to-date explanations of bills that passed, but this can serve as your reference for how bills progressed and what you must be aware of. We have sought to keep everyone updated throughout the Session and we hope you found these enlightening. As with the previous reports, this contains each bill's title, summary provided by the legislature, progress through the end of Session, and the APRN relevance if it passed. If it did not make it through, the relevant intent is still provided. Keep up the grassroots efforts even though the Regular Session is over as now still a good time to visit with, get to know, and influence/educate your elected officials on your discipline, your role, and the impact you make on the lives of Floridians. – Vernon M. Langford (FLANP President)

Color Code Legend: 1st 10 days* 2nd 10 days 3rd 10 days 4th 10 days. 5th 10 days. 6th 10 days

*The highlighted 1st 10 days includes any pre-Session bill activity.

SB230/HB583: Health Care Practitioner Titles and Designations – **VERY IMPORTANT**

Summary: Providing that, for specified purposes, the use of specified titles or designations in connection with one's name constitutes the practice of medicine or the practice of osteopathic medicine; revising grounds for disciplinary action relating to a practitioner's use of such titles or designations in identifying himself or herself to patients or in advertisements for health care services; requiring certain health care practitioners to prominently display a copy of their license in a conspicuous area of their practice, etc.

Progress: **SB230** - Referred to Health Policy Committee and Rules Committee
Amended in both committees by sponsor Sen. Gayle Harrell
Passed both committees and went to Senate floor for vote.
Passed by Senate and sent over to House side "in Messages"
NO CHANGE
1st Reading (Committee Substitute 2)
Read 2nd time; Amendment adopted
Read 3rd time; CS passed as amended – YEAS 111, NAYS 3
In returning messages to Senate
Refused to concur amendment & requested House to recede
In Messages to House; Amendment receded; CS passed – YEAS 78, NAYS 34
ORDERED ENROLLED = Passed and should become law

HB583 - Referred to Healthcare Regulation, Health Care Appropriations, Health & Human Services Committees
Still in Healthcare Regulation, only on 1st Reading
NO CHANGE
Favorable by Healthcare Regulation Subcommittee

Strike All Amendment adopted without objection, then an Amendment to Amendment adopted without objection
Now in Health Care Appropriations Subcommittee
1st Reading (Committee Substitute 1)
Added to Health & Human Services Committee agenda
Favorable by Health & Human Services Committee
Added to Second Reading Calendar
Laid on Table, refer to CS/CS/SB 230

APRN Relevance: This billed passed with overwhelmingly and seeks to protect titles for allopathic and osteopathic physicians as well as chiropractors, podiatrists, dentists, and anesthesiology assistants. The restricting language like the use of the title "Doctor" was removed by amendment as was language related to how APRNs must identify themselves with letter designations. What remained are lists of protected titles best explained in an analysis by the Rules committee which can be found here. It is important to note that regulations regarding how one is to identify are clarified as are the terms "advertisement," "educational degree," "misleading, deceptive, or fraudulent representation," and "profession."

Taken from the analysis mentioned above, the following clarifies how you should identify yourself and when. I would be Vernon M. Langford, Doctor of Nursing Practice, Family Nurse Practitioner specializing in Primary Care. The relevant summary below comes directly from the linked analysis:

"The bill authorizes a licensed practitioner to use any name or title of his or her profession, and any corresponding designation or initials, authorized under his or her practice act to describe himself or herself, and his or her practice. If the licensed practitioner also has a specialty area of practice authorized under his or her practice act, he or she may use the following format to identify himself or herself or describe his or her practice: "...(name or title of the practitioner's profession)..., specializing in ...(name of the practitioner's specialty)....

CS/CS/SB 230 creates s. 456.0651, F.S., for health care practitioner titles and designations. The bill defines "advertisement," "educational degree," "misleading, deceptive, or fraudulent representation," and "profession." The bill provides that if someone other than an allopathic or osteopathic physician attaches to his or her name any of the titles or designations listed in the bill, in an advertisement or in a manner that is misleading, deceptive, or fraudulent, the person is practicing medicine or osteopathic medicine without a license and is subject to the provisions of s. 456.065, F.S., relating to the unlicensed practice of a health care profession. The bill provides exceptions for certain professions and certain titles, and provides that practitioners may use titles and specialty designations authorized under their respective practice acts.

The bill amends s. 456.072(1)(t), F.S., to provide that a practitioner's failure to wear a name tag, which must include his or her name and profession, when treating or consulting with a patient, is grounds for discipline unless he or she is in his or her office where the practitioner's license is prominently displayed

in a conspicuous area, and the practitioner must verbally identify himself or herself to all new patients by name and profession.

The bill further amends s. 456.072(1)(t), F.S., to provide that any advertisement naming a practitioner must include the practitioner's profession and educational degree and to require practitioner regulatory boards,1 or the Department of Health (DOH) if there is no board, to adopt rules to determine how their practitioners must comply with this paragraph of statute.

The bill amends s. 456.072(1)(t), F.S., to specify that the following acts constitute grounds for disciplinary actions:

- A practitioner's failure, when treating or consulting with a patient, to identify through the wearing of a name tag the practitioner's name and profession, as defined in s. 456.0651, F.S. The information on the name tag must be consistent with the specifications of s. 456.0651(2), F.S., such that it does not constitute the unlicensed practice of medicine or osteopathic medicine.
- The failure of any advertisement for health care services naming a practitioner to identify the profession under which the practitioner is practicing and the practitioner's educational degree in relation to the services featured in the advertisement.

The name tag requirement does not apply if the practitioner is providing services in his or her own office that houses his or her practice or group practice. In such a case:

- In lieu of a name tag, the practitioner must prominently display a copy of his or her license in a conspicuous area of the practice so that it is easily visible to patients. The copy of the license must be no smaller than the original license.
- The practitioner must also verbally identify himself or herself to a new patient by name and profession, and this identification must be consistent with the specifications of s. 456.0651(2), F.S., such that it does not constitute the unlicensed practice of medicine or osteopathic medicine.

The bill requires each board, or the DOH if there is no board, to adopt rules to determine how its practitioners must comply with s. 456.072(1)(t), F.S., as amended by the bill.

The bill provides an effective date of July 1, 2023.

SB1058/HB1067: Autonomous Practice by Advanced Practice Registered Nurses

Summary: Exempting certain advanced practice registered nurses from specified medical direction requirements for clinical privileges in hospitals; revising requirements for certified nurse midwives registered to engage in autonomous practice; providing for the future expiration of the Council on Advanced Practice Registered Nurse Autonomous Practice, etc.

Progress: SB1058 – Referred to Health Policy, Appropriations Committee on Health and Human Services, and Rules committees
No movement since filing and referring to committees
NO CHANGE – Did not pass

HB1067 – Referred to Healthcare Regulation, Health & Human Services Committee

No movement and is now in Healthcare Regulation Subcommittee
Added to Healthcare Regulation Subcommittee agenda
Found Favorable in Healthcare Regulation Subcommittee and reported out
Now in Health & Human Services Committee
1st Reading (Original)
Added to Healthcare Regulation Subcommittee agenda
Favorable by Healthcare Regulation Subcommittee
Now in Health & Human Services Committee
NO CHANGE – Did not pass

APRN Relevance: These bills would have removed the primary care only restriction for autonomous practice, removed the ill-conceived patient transfer agreement for CNMs, and eliminated the scope of practice Council created by HB607 (2020). Unfortunately, it did not pass this session but the language now exists for what we seek to accomplish in the future.

SB112/HB183: Step-therapy Protocols

Summary: Defining the term "serious mental illness"; requiring the Agency for Health Care Administration to approve drug products for Medicaid recipients for the treatment of serious mental illness without step-therapy prior authorization under certain circumstances, etc.

Progress: SB112 – Referred to Health Policy, Appropriations Committee on Health and Human Services, and Fiscal Policy committees
Amended and voted through Health Policy, then passed out of Appropriations Committee on Health and Human Services, and Fiscal Policy committee
Now in Fiscal Policy committee
NO CHANGE
Favorable by Fiscal Policy; on 2nd Reading Calendar
Placed on Special Order Calendar for 4/27/23
Read 2nd time; Read 3rd time; CS passed – YEAS 35, NAYS 0
In Messages to House – **Did not pass**

HB183 – Referred to Healthcare Regulation, Health Care Appropriations, and Health & Human Services Committees
Has not advanced and is still sitting in the Healthcare Regulation Subcommittee
NO CHANGE
Favorable with Committee Substitute by Healthcare Regulation Subcommittee (Having been "Laid on Table under Rule 7.18(a)" with strike all amendment adopted without objection) and voted out by Healthcare Regulation Subcommittee
Now in Health Care Appropriations Subcommittee
1st Reading (Committee Substitute 1)

Favorable by Health Care Appropriations Subcommittee; now in Health & Human Services Committee
NO CHANGE – Did not pass

APRN Relevance: For those APRNs treating Medicaid patients with serious mental illnesses (bipolar disorder, pediatric depression, MDD, OCD, paranoid personality disorders, psychotic disorders, schizophrenia, or schizoaffective disorders), these bills sought to eliminate the step-wise protocol typically needed to prescribe different psychiatric medications.

SB222/HB305: Protection of Medical Freedom

Summary: Prohibiting the Department of Health from requiring enrollment in the state's immunization registry or otherwise requiring persons to submit to immunization tracking; prohibiting business and governmental entities from requiring individuals to provide proof of vaccination or post-infection recovery from any disease to gain access to, entry upon, or service from such entities; prohibiting employers from refusing employment to, or discharging, disciplining, demoting, or otherwise discriminating against, an individual solely on the basis of vaccination or immunity status; revising the purposes of the Florida Civil Rights Act of 1992 to include discrimination protection for vaccination or immunity status, etc.

Progress: SB222 – Referred to Judiciary, Health Policy, and Rules committees
Has not moved since being filed.
Introduced to Senate Floor
NO CHANGE – Did not pass

HB305 – Referred to Healthcare Regulation, Civil Justice, Regulatory Reform & Economic Development, and Health & Human Services Committees
Has yet to advance through Healthcare Regulation subcommittee.
1st Reading (Original Filed Version)
NO CHANGE – Did not pass

APRN Relevance: Arising from concerns of restrictions on personal freedoms during the height of the pandemic, these bills would have allowed anyone (APRNs included) to not be vaccinated and not be in a vaccine tracking registry. It would have also prohibited any discrimination against those who are not vaccinated by places of employment or businesses seeking to refuse services.

SB380/HB587: Protection from Surgical Smoke

Summary: Defining the terms "smoke evacuation system" and "surgical smoke"; requiring hospitals and ambulatory surgical centers to, by a specified date, adopt and implement policies requiring the use of smoke evacuation systems during certain surgical procedures, etc.

Progress: SB380 – Referred to Health Policy, Community Affairs, and Rules committees
Unanimously voted through Health Policy and Community Affairs
Now in Rules Committee
NO CHANGE – Did not pass

HB587 - Referred to Healthcare Regulation, Health Care Appropriations, and Health & Human Services Committees
Has not left the Healthcare Regulation subcommittee
1st Reading (Original Filed Version)
NO CHANGE – Did not pass

APRN Relevance: A priority of the Florida Nurses Association (FNA), these sought to reduce exposure to surgical smoke emitted from electro-cautery and similar procedures where the plume emitted can contain pathogens and carcinogens. These would have required currently available equipment to be used to limit exposure to the hazardous smoke.

SB568/HB825: Assault or Battery on Hospital Personnel **– IMPORTANT FOR ALL NURSES**

Summary: Providing enhanced criminal penalties for persons who knowingly commit assault or battery upon hospital personnel, etc.

Progress: SB568 – Referred to Criminal Justice, Health Policy, and Rules committees
Passed Criminal Justice committee, now in Health Policy committee and on agenda for 03/30/2023 at 3:00pm
Voted favorable unanimously by Health Policy; YEAS 10 NAYS 0
Now in Rules committee
NO CHANGE
On Rules Committee agenda for 4/24/23 at 1:00pm
Favorable by Rules – YEAS 19, NAY 0
Placed on 2nd Reading Calendar
Placed on Special Order Calendar for 5/2/23
Read 2nd time
Laid on Table, refer to HB 825

HB825 – Referred to Criminal Justice, Justice Appropriations, and Judiciary Committees
Voted out of Criminal Justice committee, not in Justice Appropriations
Added to Justice Appropriations Subcommittee agenda
Found favorable and reported out by Justice Appropriations Subcommittee
Now in Judiciary Committee
NO CHANGE
Favorable by Judiciary Committee
Bill released to House Calendar; added to Second Reading Calendar
Bill added to Special Order Calendar for 4/20/2023

Read 2nd time; Read 3rd time; Passed in House – YEAS 109, NAYS 0
In Messages to Senate
Referred to Rules
Withdrawn from Rules; Substituted for SB 568; Read 2nd time, Read 3rd time; Passed – YEAS 38, NAYS 1
In Messages to House
ORDERED ENROLLED = Passed and should become law

APRN Relevance: A concern for many years, nurses are not afforded the same protections as other care providers like emergency care providers, law enforcement, and firefighters who have enhanced penalties for case of assault on them. As nurses are often assaulted, inclusion in the increased criminal penalties could potentially reduce incidences of workplace violence. Nurses are now included as hospital personnel and those who assault them are now subject to the enhanced criminal penalties previously afforded to our colleagues.

SB768/HB601: Referral of Patients by Health Care Providers

Summary: Deleting the definitions of the terms "direct supervision" and "present in the office suite"; revising the definition of the term "referral" to remove reference to direct physician supervision and to require compliance with certain Medicare payment and coverage rules, etc.

Progress: **SB768** – Referred to Health Policy, Appropriations Committee on Health and Human Services, and Fiscal Policy committees
On Health Policy committee agenda for 03/20/23 at 3:30 pm
Voted favorable unanimously by Health Policy; YEAS 10 NAYS 0
Now in Appropriations Committee on Health and Human Services
NO CHANGE
Favorable by Appropriations Committee on Health & Human Services – YEAS 16, NAYS 0
Now in Fiscal Policy
On Fiscal Policy agenda for 4/25/23 at 10:00am
Placed on Special Order Calendar for 4/28/23
Favorable by Fiscal Policy – YEAS 20, NAYS 0
Placed on 2nd Reading Calendar
Read 2nd time; Read 3rd time; Passed – YEAS 39, NAYS 0
In Messages to House; 1st Reading (Original)
Read 2nd time
Read 3rd time; Passed – YEAS 116, NAYS 0
ORDERED ENROLLED = Passed and should become law

HB601 – Referred to Healthcare Regulation and Health & Human Services Committees
Has not left Healthcare Regulation committee.
NO CHANGE

Favorable by Healthcare Regulation Subcommittee; now in Health & Human Services Committee
NO CHANGE
Added to Health & Human Services Committee agenda
Favorable by Health & Human Services Committee
Bill released to House Calendar; Added to Second Reading Calendar
Laid on Table, refer to SB 768

APRN Relevance: Removing the physical presence requirement for the issuance of referrals helps providers become able to refer more easily to more entities. Primarily to follow Medicare guidelines a provider is able able to refer potentially to entities where said provider has a vested interest, previously prohibited under the Patient Self-Referral Act of 1992. A summary of this can be found in the Fiscal Policy committee review here with the following excerpt relevant to its impact below:

"The bill amends s. 456.053, F.S., regulating financial arrangements between referring health care providers and health care service providers, to alter a safe harbor provision for permitted referrals from a health care provider to another provider for designated health services (DHS) that solely serves patients of the referring health care provider. Under current law, such referrals, for purposes of the safe harbor protection from state self-referral and kickback prohibitions in state law, require that the DHS be provided under direct supervision of a physician who is present in the office suite where the services are provided. The bill removes the direct supervision requirement and the requirement that the physician be present in the office suite, allowing general supervision of such services from locations outside of the office where the services are provided.

The bill allows self-referring health care providers to avoid the cost of having a physician present while health care services are provided. The change in state law also aligns with federal Stark law provisions regarding self-referrals by a health care provider to another provider in which the referring physician has a financial or other pecuniary interest.

The bill also includes conforming statutory cross-references.

The bill provides an effective date of July 1, 2023."

SB754/HB725: Intravenous Vitamin Treatment

Summary: Citing this act as the "Stephanie Balais Act"; requiring the Board of Nursing to adopt rules establishing procedures for administering intravenous vitamin treatment and establishing related emergency protocols; providing requirements for persons administering intravenous vitamin treatment to new clients and certain returning clients; requiring that clients be provided certain information before the treatment is administered; requiring persons administering such treatment to have a written emergency plan, etc.

Progress: SB754 – Referred to Health Policy, Appropriations Committee on Health and Human Services, and Fiscal Policy committees
No movement since being introduced.
NO CHANGE – Did not pass

HB725 – Referred to Healthcare Regulation, Health Care Appropriations, and Health & Human Services Committees
Still in Healthcare Regulation subcommittee
NO CHANGE
Favorable with Committee Substitute by Healthcare Regulation Subcommittee (Having been "Laid on Table under Rule 7.18(a)")
1st Reading (Committee Substitute 1)
Original reference removed: Health Care Appropriations Subcommittee
Now in Health & Human Services Committee
Favorable by Health & Human Services Committee
Bill released to House Calendar; added to Second Reading Calendar
NO CHANGE – Did not pass

APRN Relevance: These bills sought to add additional safeguards, protocols, and screenings/assessments when providing IV vitamin therapy. As many IV vitamin offices have sprouted up statewide, this would standardize the required screening and assessment of patients and ensure that there is a predetermined plan in case of an emergent situation.

SB254/HB1421: Treatments for Sex Reassignment / Gender Clinical Interventions **– VERY IMPORTANT**

Summary: Granting courts of this state jurisdiction to enter, modify, or stay a child custody determination relating to a child present in this state to the extent necessary to protect the child from being subjected to sex-reassignment prescriptions or procedures in another state; prohibiting certain public entities from expending state funds for the provision of sex-reassignment prescriptions or procedures; requiring certain licensed facilities, by a specified date and as a condition of licensure thereafter, to provide a signed attestation of specified information to the Agency for Health Care Administration; prohibiting sex-reassignment prescriptions and procedures for patients younger than 18 years of age, etc.

Progress: **SB254** – Referred to Health Policy and Fiscal Policy committees
Amended and voted out of Health Policy committee.
Currently in Fiscal Policy committee
On Committee agenda-- Fiscal Policy, 03/23/23, 8:30 am, 412 Knott Building
Favorable by- Fiscal Policy; YEAS 13 NAYS 6
Placed on Calendar, on 2nd reading
Placed on Special Order Calendar, 03/30/23
Read 2nd time (Amendments adopted – 218794, 450510, 654418, 756102; Amendments failed – 299002, 442004, 616390, 712462, 818468)

Ordered engrossed
Read 3rd time. Committee Substitute passed as amended – YEAS 27, NAYS 12.
Immediately Certified; in Messages to House
Bill referred to House Calendar; Bill added to Special Order Calendar for 4/18/23; 1st Reading (Engrossed 1)
Substituted for CS/CS/HB 1421
Read 2nd time (Amendment 311545 temporarily postponed; Amendments failed – 289149, 531629, 117705, 374289, 388571, 389103, 633677, 916215, 088875, 608559, 386565, 172969, 829593, 063349; Amendment 256341 adopted; Amendment 984929 ruled out of order)
Read 3rd time
CS passed as amended – YEAS 82, NAYS 31
In returning messages to Senate
Amendments to House adopted (738500); Concurred in House amendments as amended (256341); CS passed as amended – YEAS 26, NAYS 13
ORDERED ENGROSSED, THEN ENROLLED = Passed and should become law

HB1421 – Referred to Healthcare Regulation and Health & Human Services Committees
Still in Healthcare Regulation committee
Added to Healthcare Regulation Subcommittee agenda
Found favorable with Committee Substitute (Having been "Laid on Table under Rule 7.18(a)" with strike all amendment adopted without objection) and voted out by Healthcare Regulation Subcommittee
Referred to Health & Human Services Committee and added to agenda
1st Reading (Committee Substitute 1) completed (then amended again having been "Laid on Table under Rule 7.18(a)" with amendment adopted without objection)
Found Favorable and reported out of Health & Human Services Committee
Bill referred to House Calendar and added to Second Reading Calendar
NO CHANGE
Bill added to Special Order Calendar (4/18/2023)
Substituted CS/SB 254
Laid on Table, refer to CS/SB 254

APRN Relevance: From the practice perspective, these bills removed any care of both pediatric and adult patients receiving gender-affirming treatment "referred to as sex reassignment" from APRNs and placed it entirely with a physician's scope though it creates an essential ban on such care given recent BOM/BOOM rules. If an APRN does provide such services, criminal penalties would be risked as well as potentially having one's license suspended via emergency order of the Department of Health (DOH). This is essentially created a ban on care for transgender patients in Florida. A more comprehensive overview of the bill's impact can be found here with the relevant changes provided below.

"Section 1 of the bill amends Florida's Uniform Child Custody Jurisdiction and Enforcement Act by creating s. 61.5175, F.S., to provide that, notwithstanding any other provision of the Act, a court of this state has jurisdiction to enter, modify, or stay a child custody determination relating to a child who is present in this state to the extent necessary to protect the child from being subjected to sex-reassignment prescriptions or procedures, as defined in s. 456.001, F.S., in another state.

Section 2 of the bill creates s. 286.31, F.S., to prohibit a governmental entity, the state group health insurance program, a managing entity as defined in s. 394.9082, F.S., or a managed care plan providing services in the SMMC program, from expending state funds as described in s. 215.31, F.S., for sex-reassignment prescriptions or procedures as defined in s. 456.001, F.S. The bill defines "governmental entity" to mean the state or any political subdivision thereof, including the executive, legislative, and judicial branches of government; the independent establishments of the state, counties, municipalities, districts, authorities, boards, or commissions; and any agencies that are subject to ch. 286, F.S.

Section 3 of the bill creates a new subsection (6) of s. 395.003, F.S., to provide that, by July 1, 2023, each licensed hospital or ASC must provide a signed attestation to the AHCA stating that the facility does not offer or provide sex-reassignment prescriptions or procedures, as defined in s. 456.001, F.S., to patients younger than 18 years of age who do not qualify for the exception specified in Section 5 of the bill, and does not refer such patients to other providers for such services.

Beginning July 1, 2023, each licensed facility must provide the signed attestation to the AHCA upon initial licensure and as a requirement for each licensure renewal. Under the due process requirements provided in ch. 120, F.S., the AHCA must revoke the license of any licensed facility that fails to provide the required attestation.

Section 4 of the bill amends s. 456.001, F.S., to provide the following definitions:

- "Sex" means the classification of a person as either male or female based on the organization of the human body of such person for a specific reproductive role, as indicated by the person's sex chromosomes, naturally occurring sex hormones, and internal and external genitalia present at birth.
- "Sex-reassignment prescriptions or procedures" means:
    - The prescription or administration of puberty blockers for the purpose of attempting to stop or delay normal puberty in order to affirm a person's perception of his or her sex if that perception is inconsistent with the person's sex as defined in subsection (8).
    - The prescription or administration of hormones or hormone antagonists to affirm a person's perception of his or her sex if that perception is inconsistent with the person's sex as defined in subsection (8).
    - Any medical procedure, including a surgical procedure, to affirm a person's perception of his or her sex if that perception is inconsistent with the person's sex as defined in subsection (8).
- "Sex-reassignment prescriptions or procedures" does not include:
    - Treatment provided by a physician who, in his or her good faith clinical judgment, performs procedures upon or provides therapies to a minor born with a medically verifiable genetic disorder of sexual development, including any of the following:
        - External biological sex characteristics that are unresolvably ambiguous.
        - A disorder of sexual development in which the physician has determined through genetic or biochemical testing that the patient does not have a normal sex chromosome

structure, sex steroid hormone production, or sex steroid hormone action for a male or female, as applicable.

- Prescriptions or procedures to treat an infection, an injury, a disease, or a disorder that has been caused or exacerbated by the performance of any sex-reassignment prescription or procedure, regardless of whether such prescription or procedure was performed in accordance with state or federal law or whether such prescription or procedure is covered by the private rights of action under ss. 766.102 and 768.042, F.S.
- Prescriptions or procedures provided to a patient for the treatment of a physical disorder, physical injury, or physical illness that would, as certified by a physician licensed under ch. 458 or ch. 459, F.S., place the individual in imminent danger of death or impairment of a major bodily function without the prescription or procedure.

Section 5 of the bill creates s. 456.52, F.S., to provide that:

- Sex-reassignment prescriptions and procedures are prohibited for patients younger than 18 years of age, except that:
  - The BOM and the BOOM must adopt emergency rules pertaining to standards of practice under which a patient younger than 18 years of age may continue to be treated with such prescription if such treatment for sex reassignment was commenced before, and is still active on, the effective date of the bill.
  - A patient meeting the criteria above may continue to be treated by a physician with such prescriptions according to rules adopted by the boards.
- If sex-reassignment prescriptions or procedures are prescribed for or administered or performed on patients 18 years of age or older, consent must be voluntary, informed, and in writing on forms approved by the DOH. Consent to sex-reassignment prescriptions or procedures is voluntary and informed only if the physician who is to prescribe or administer the pharmaceutical product or perform the procedure has, at a minimum, while physically present in the same room:
  - Informed the patient of the nature and risks of the prescription or procedure in order for the patient to make a prudent decision;
  - Provided the informed consent form, as approved by the DOH, to the patient; and
  - Received the patient's written acknowledgment, before the prescription or procedure is prescribed, administered, or performed, that the information required to be provided has been provided.

- The requirement for such consent does not apply to renewals of prescriptions relating to sex reassignment if a physician and his or her patient have met the requirements for consent for the initial prescription or renewal. However, separate consent is required for any new prescription for such a pharmaceutical product not previously prescribed to the patient.
- Sex-reassignment prescriptions or procedures may not be prescribed, administered, or performed except by a physician, defined as a physician licensed under ch. 458 or ch. 459, F.S., or a physician practicing medicine or osteopathic medicine in the employment of the federal government.
- Violation of these provisions constitutes grounds for practitioner disciplinary action.
- Any health care practitioner who willfully or actively participates in a violation of the bill's provisions relating to providing treatment to a child commits a felony of the third degree, punishable as provided in ss. 775.082, 775.083, or 775.084, F.S.

- Any health care practitioner who violates the bill's requirements relating to consent or the prohibition against non-physicians providing such treatments commits a misdemeanor of the first degree, punishable as provided in ss. 775.082 or 775.083, F.S.

The DOH is directed to adopt emergency rules to implement Section 5 of the bill. Any emergency rules adopted under Section 5 are exempt from the expiration that normally applies to emergency rules and will remain in effect until replaced by rules adopted under the nonemergency rulemaking procedures of the Administrative Procedure Act.

Section 6 of the bill amends s. 456.074, F.S., to provide that if a health care practitioner is arrested for the crime of providing treatments for sex reassignment to a child who does not qualify for the exception specified in Section 5 of the bill, the practitioner is subject to an emergency order issued by the DOH to immediately suspend his or her license.

Sections 7 and 8 of the bill amend ss. 458.328 and 459.0138, F.S., respectively, to provide that, by July 1, 2023, each allopathic or osteopathic physician office registered for the performance of office surgeries must provide a signed attestation to the DOH stating that the office does not offer or provide sex-reassignment prescriptions or procedures to patients younger than 18 years of age who do not qualify for the exception specified in Section 5 of the bill, and does not refer such patients to other providers for such services.

Beginning July 1, 2023, any office seeking registration must provide such signed attestation to the DOH. An office's failure to provide the signed attestation is grounds for denial of registration or the suspension or revocation of registration.

Section 9 of the bill provides that if any provision of the bill, once enacted, or its application to any person or circumstance is held invalid, the invalidity does not affect other provisions or applications of the bill, and those other provisions or applications can be given effect without the invalid provision or application, and to this end the provisions of the bill are severable.

Section 10 of the bill directs the Division of Law Revision to replace the phrase "the effective date of this act" wherever it occurs in the bill with the date the bill becomes a law.

Section 11 provides that the bill takes effect upon becoming a law."

SB1192/HB1391: Certified Nurse Midwives/ Certified Nurse Midwife Out-of-hospital Care Plan

Summary: Requiring certain certified nurse midwives, in order to provide out-of-hospital intrapartum care, to maintain a written policy for the transfer of patients needing a higher acuity of care or emergency services; requiring that such policy prescribe and require the use of an emergency plan-of-care form; requiring such certified nurse midwives to document specified information on the form if the transfer of care is determined to be necessary; requiring certified nurse midwives, before such transfer of the patient, to verbally provide the receiving provider with specified information, etc.

Progress: SB1192 – Referred to Health Policy, Judiciary, and Rules committees
Bill has not moved since being introduced.
NO CHANGE – Did not pass

HB1391 – Bill was withdrawn prior to introduction.
NO CHANGE – Did not Pass

APRN Relevance: These bills sought to remove the ill-conceived patient transfer agreement that essentially restricted an CNM from being autonomous. This would have replaced that with a written policy for the transfer of patients needing a higher acuity of care or emergency services.

SB1098/HB1119: Withholding or Withdrawal of Life-prolonging Procedures

Summary: Authorizing a court to delegate the right to consent to the withholding or withdrawal of life-prolonging procedures of incapacitated persons in certain circumstances; requiring that initial and annual guardianship plans, respectively, state whether any power under the ward's preexisting order not to resuscitate or advance directive is revoked, modified, suspended, or transferred to the guardian; authorizing a guardian to petition a court for approval to consent to withhold or withdraw life-prolonging procedures under certain circumstances, etc.

Progress: SB1098 – Referred to Judiciary; Children, Families, and Elder Affairs; Rules Committees
Placed on Judiciary committee agenda
Committee Substitute or CS (amendment) adopted pending reference review under Senate Rule 4.7(2) in Judiciary committee
Read 1st time in Judiciary committee and unanimously voted out to Children, Families, and Elder Affairs
Placed on Children, Families, and Elder Affairs committee agenda
Committee Substitute or CS (amendment) adopted pending reference review under Senate Rule 4.7(2) in Children, Families, and Elder Affairs committee
Read 1st time in Children, Families, and Elder Affairs committee and unanimously voted out to Rules committee
On Rules committee agenda for 03/30/23, 8:30 am, 412 Knott Building
Favorable by Rules unanimously - YEAS 20, NAYS 0
Placed on Calendar, on 2nd Reading
Placed on Special Order Calendar, 4/11/23
Retained on Calendar
No Change
Placed on Special Order Calendar for 5/2/23
Read 2nd time
Laid on Table, refer to CS/CS/HB 1119

HB1119 – Referred to Children, Families & Seniors; Civil Justice; Health & Human Services subcommittees

1st Reading of original filed bill
Added to Children, Families & Seniors Subcommittee agenda
Found favorable by the Children, Families & Seniors Subcommittee
Committee Substitute (CS) was filed and bill was Laid on Table under Rule 7.18(a)
CS had 1st reading and was adopted without objection and was reported out
Original reference removed: Civil Justice Subcommittee
Referred to Health & Human Services Committee where it is currently
NO CHANGE
Added to Health & Human Services Committee agenda
Favorable with CS by Health & Human Services Committee
Laid on Table under Rule 7.18(a); CS Filed
Bill referred to House Calendar; Bill added to Special Order Calendar for 4/25/23; 1st Reading (Committee Substitute 2)
Read 2nd time; Added to Third Reading Calendar
Read 3rd time
CS Passed – YEAS 112, NAYS 0
In Messages to Senate
Referred to Rules
Withdrawn from Rules; Substituted for CS/CS/SB 1098; Read 2nd time; Read 3rd time; CS passed – YEAS 38, NAYS 0
In Messages to House
ORDERED ENROLLED = Passed and should become law

APRN Relevance: This bill created a statute that authorizes a guardian of a ward's person to petition a court for authority to consent to withhold or withdraw life-prolonging procedures if the guardian lacks sufficient authority to consent or if the proposal conflicts with the wishes of the ward or the ward's next of kin. Among other judiciary requirements, it allows a guardian without vested authority to consent to the withholding or withdrawal of life-prolonging procedures, without a hearing or prior court approval under certain circumstances. Modifying eligibility for end-of-life decisions is always relevant to APRN practice. A summary of the proposed changes in statute can be found in the Health and Human Services committee analysis here and is provided below.

"**End of Life Decision-making by Guardians**

Existing Advanced Directives

CS/CS/HB 1119 outlines the responsibilities of a guardian if a ward's advance directive is discovered after the guardian has been appointed. The bill requires that a guardian file the advance directive with the courts no later than the due date of the initial guardianship report, annual guardianship plan, or the filing of a petition for the authority to withhold or withdraw life-prolonging procedures. This provision obligates a guardian to file the advance directive at the time of their next interaction with the court on the ward's case. At the time of filing, the court must determine whether the advance directive is an alternative to guardianship, and what authority the guardian will continue to exercise over health care decisions for the ward.

Health Care Surrogates

Under the bill, the court may modify or revoke the authority of a health care surrogate under an advanced directive, but a hearing must be held on the motion before the court may do so. The court is required to make specific written findings of fact after such hearing regarding the authority retained by a health care surrogate and those delegated to a guardian. The bill further specifies that a health care surrogate or agent under a durable power of attorney who retains health care decision-making authority may exercise such authority, including the withdrawal or withholding of life-prolonging procedures, without obtaining additional court approval. The court may grant a professional guardian the authority to carry out the instructions in or take actions consistent with the ward's advance directive if the court finds that the health care surrogate is unwilling or unable to act. These provisions give the court and professional guardians additional guidance for managing advance directives, and ensures that a surrogate or agent chosen by the ward prior to being adjudicated incapacitated may exercise the authority delegated to them by the ward without additional contact with the court.

Withdrawal or Withholding of Life-prolonging Procedures

CS/CS/HB 1119 revises the list of rights that may be removed from a person by the courts in an order determining incapacity and delegated to a guardian. Current law refers to a right "to consent to medical and mental health treatment;" the bill revises this right which may be delegated to a guardian as the right to "make health care decisions as defined in s. 765.101 [F.S.]." This change aligns with Ch. 765, F.S., the chapter of Florida law governing advance directives, and more accurately reflects the authority being delegated to a guardian as applied. The definition specifies that court approval is required before a guardian may withdraw or withhold life-prolonging procedures from a ward, even if they have been delegated this right.

The bill creates s. 744.4431, F.S., which details the parameters of a guardian's power regarding life- prolonging procedures. The bill requires that a professional guardian petition the court for approval prior to withdrawing or withholding life-prolonging procedures or executing a DNRO for a ward, except under specified circumstances. The bill also deletes existing law requiring a guardian obtain court approval prior to signing a DNRO[91] which would be redundant upon the implementation of s. 744.4431, F.S.

The bill outlines the required contents of the petition, including a description of the proposed action and documentation of the guardian's existing authority to make health care decisions for the ward, any known objections to the proposed action, a description of the ward's known wishes or why the relief sought is in the best interest of the ward, any exigent circumstances which necessitate immediate relief, and a description of the circumstances and evidence supporting the proposed action. The guardian is required to serve notice of the petition, and of any hearing, upon the ward's known next of kin and interested persons. The bill requires the guardian show clear and convincing evidence that the proposed action or decision being requested would have been the decision of the ward if they had the capacity to do so, or if there is no indication of what the ward would have chosen, that the proposed action is in the best interest of the ward.

The bill does not require that a hearing be held on the petition unless the court has been notified of an objection or conflict, a hearing is requested by the guardian, ward, or ward's attorney, or the court has insufficient information to make a determination. If a hearing is required and a ward is facing exigent circumstances, the court must hold a preliminary hearing within 72 hours of the filing of the petition and either make a ruling immediately following the hearing, or conduct an evidentiary hearing within four days of the preliminary hearing, at which time the court must immediately make a ruling.

Court approval is not required for a professional guardian to make the following decisions:

- To withdraw or withhold life-prolonging procedures by a professional guardian to whom authority has been granted to carry out the instructions in or to take actions consistent with the ward's advance directive, as long as there are no known objections.
- To execute a DNRO by a professional guardian who has been delegated health care decision- making authority if the ward is in the hospital and the following conditions are met:
  - o The ward's primary treating physician and at least one consulting physician document in the ward's medical record that:
    - There is no reasonable medical probability for recovery from or a cure of the ward's underlying medical condition;
    - The ward is in an end-stage condition, a terminal condition, or a persistent vegetative state and the ward's death is imminent; and
    - Resuscitation will cause the ward physical harm or additional pain.
  - o The guardian has notified the ward's known next of kin, and interested persons as directed by the court, and the decision is not contrary to the ward's expressed wishes and there are no known objections.
  - o A guardian must notify the court within two business days of executing a DNRO for a ward under this provision.

Allowing a professional guardian to take actions consistent with a ward's advanced directive without additional court approval ensures that a ward's wishes established prior to incapacitation are honored at the end of their lives. Authorizing a professional guardian to execute a DNRO for a ward under specified circumstances serves to minimize undue suffering when a ward is actively dying and there is no positive outcome associated with continued efforts to resuscitate. The narrow circumstances in which a professional guardian may execute a DNRO under the bill establish safeguards with the intention of preventing the abuse of a guardian's power, and the requirement that the guardian notify the court ensures that the decisions are not being made without some degree of oversight.

Initial and Annual Guardianship Plans

CS/CS/HB 1119 expands upon the required contents of initial and annual guardianship plans regarding a ward's preexisting DNROs and advance directives. Specifically, in addition to listing any such orders and directives, the plans must also include the date that such orders and directives were signed and whether they were revoked, modified, or suspended by the court.

The bill provides an effective date of July 1, 2023."

SB1232/HB997: Use of Telehealth

Summary: Revising the circumstances under which a telehealth provider may use telehealth to prescribe certain controlled substances, etc

Progress: SB1232 – Referred to Health Policy; Judiciary; Rules
Bill was Introduced
Placed on Health Policy Committee agenda for 03/27/23,
3:00 pm, 412 Knott Building
Voted favorable unanimously by Health Policy; YEAS:12 NAYS:0 and
reported out to Judiciary Committee
NO CHANGE – Did not pass

HB997 – Referred to Healthcare Regulation; Health & Human Services subcommittee
Now in Healthcare Regulation Subcommittee
1st Reading of original filed bill
NO CHANGE – Did not pass

APRN Relevance: This bill would have authorized a controlled substance listed in Schedule II of s. 893.03, F.S., to be prescribed via telehealth by a telehealth provider for the treatment of a terminal condition or for the treatment of cancer. This bill expanded the conditions under which a telehealth provider may use telehealth to prescribe a controlled substance listed in Schedule II to include the treatment of a terminal condition as defined in s. 456.44(1)(2)2, F.S., or the treatment of cancer. Specifically, a terminal condition is defined in s. 456.44(1)(2)2, F.S., as a progressive disease or medical or surgical condition that causes significant functional impairment, is not considered by a treating physician to be reversible without the administration of life-sustaining procedures and will result in death within one year after diagnosis if the condition runs its normal course. This would have significantly impacted prescribing of Schedule II medications in the palliative care, hospice, hospital, pain management, and oncology settings.

SB988/HB967: Medicaid Coverage of Continuous Glucose Monitors

Summary: Requiring the Agency for Health Care Administration, subject to the availability of funds and certain limitations and directions, to provide coverage for continuous glucose monitors for certain Medicaid recipients; providing requirements for Medicaid recipients to continue receiving coverage for their continuous glucose monitors; requiring the agency to include the rate impact of the act in certain rates that become effective on a specified date, etc.

Progress: SB988 – Referred to Health Policy; Appropriations Committee on Health and Human Services; Fiscal Policy committees
Introduced and placed on Health Policy committee agenda for 03/13/23, 3:30 pm, 412 Knott Building
Committee Substitute or CS (amendment) adopted pending reference review under Senate Rule 4.7(2) in Health Policy committee
CS was read 1st time in Health Policy committee and reported out to Appropriations Committee on Health and Human Services
Now in Appropriations Committee on Health and Human Services (03/15/23)
NO CHANGE
Favorable by Appropriations Committee on Health & Human Services – YEAS 16, NAYS 0
Now in Fiscal Policy
On Fiscal Policy agenda for 4/25/23 at 10:00am
Favorable by Fiscal Policy – YEAS 20, NAYS 0
Placed on 2nd Reading Calendar
Placed on Special Order Calendar for 5/2/23
Read 2nd time; Substituted CS/HB 967

Laid on Table, refer to CS/HB 967

HB967 – Referred to Healthcare Regulation; Health Care Appropriations; Health & Human Services Subcommittee
Now in Now in Healthcare Regulation Subcommittee (03/15/23)
1st Reading of original filed bill
NO CHANGE
Added to Healthcare Regulation Subcommittee agenda
Favorable with Committee Substitute by Healthcare Regulation Subcommittee (Having been "Lain on Table under Rule 7.18(a)" with amendment adopted without objection)
Now in Health Care Appropriations Subcommittee
1st Reading (Committee Substitute 1)
Favorable by Health Care Appropriations Subcommittee
Added to Health & Human Services Committee agenda
Favorable by Health & Human Services Committee; Bill released to House Calendar; Added to Second Reading Calendar
Bill added to Special Order Calendar for 4/25/23
Read 2nd time; Added to Third Reading Calendar
Read 3rd time
CS Passed – YEAS 116, NAYS 0
In Messages to Senate
Referred to Fiscal Policy
Withdrawn from Fiscal Policy; Substituted for CS/SB 988; Read 2nd time; Read 3rd time; CS passed – YEAS 39, NAYS 0
In Messages to House
ORDERED ENROLLED = Passed and should become law

APRN Relevance: This bill would create s. 409.9063, F.S., to require the Agency for Health Care Administration (AHCA) to provide coverage for continuous glucose monitors (CGM) under the Medicaid pharmacy benefit to treat Medicaid recipients diagnosed with diabetes who meet certain criteria and requirements, subject to the availability of funds and any limitations or directions provided in the General Appropriations Act (GAA). It would also require the AHCA to seek federal approval, if needed, to implement the bill, and to include the bill's impact on Medicaid managed care plan capitation rates that are scheduled to take effect October 1, 2023. Availability of CGMs for the Medicaid population would be a great benefit as outcomes for DM management could be substantial and CGMs are often cost prohibitive. A summary of the proposed changes in statute can be found in the Health and Human Services committee analysis here and is provided below.

"CS/HB 967 requires AHCA, subject to funding and any limitations or directives in the General Appropriations Act (GAA), to cover CGMs under the Medicaid pharmacy benefit for Medicaid recipients if:

- The recipient has been diagnosed by his or her primary care physician, or another licensed health care practitioner authorized to make such diagnosis, with Type 1 diabetes, Type 2 diabetes, gestational diabetes, or any other type of diabetes that may be treated with insulin; and
- A health care practitioner with the applicable prescribing authority has prescribed insulin to treat the recipient's diabetes and a CGM to assist the recipient and practitioner in managing the recipient's diabetes.

The bill requires AHCA to cover necessary repairs and replacement parts for the CGM.

To receive continuing coverage for the CGM, the Medicaid recipient must get follow-up care, in person or through telehealth, once every six months for the first 18 months he or she has the CGM to assess the efficacy of using the CGM for treatment of their diabetes. After the first 18 months, such follow-up care must take place annually.

The bill directs AHCA to seek federal approval, if necessary, to implement the bill. Lastly, the bill directs AHCA to include the rate impact of CGM coverage in the Medicaid medical managed assistance and long-term care managed care programs' rates that take effect on October 1, 2023.

The bill provides an effective date of October 1, 2023."

SB730/HB779: Pregnant Women in Custody

Summary: Citing this act as "Ava's Law"; requiring that every female who is arrested and not released on bond within 72 hours after arrest be administered a pregnancy test within a specified timeframe, upon her request; defining the term "pregnant woman"; authorizing a sentencing court to stay the beginning of the period of incarceration for up to a certain amount of time for a pregnant woman convicted of any offense; requiring that, within 10 days after the end of the stay and the commencement of the woman's incarceration, she be offered and receive, upon her request, a specified assessment and services, etc.

Progress: SB730 – Referred to Criminal Justice; Fiscal Policy committees
Introduced (as of 03/07/23)
NO CHANGE – Did not pass

HB779 – Referred to Criminal Justice subcommittee, Justice Appropriations subcommittee, and Judiciary committee
1st Reading of original filed bill
NO CHANGE
Placed on Criminal Justice subcommittee agenda
Found favorable with Committee Substitute by Criminal Justice Subcommittee and reported out
1st Reading (Committee Substitute 1)
Now in Justice Appropriations Subcommittee
Favorable by Justice Appropriations Subcommittee

Now in Judiciary Committee
Added to Judiciary Committee agenda
Favorable with CS by Judiciary Committee; Laid on Table under Rule 7.18(a); CS Filed; 1st Reading (Committee Substitute 2)
Bill referred to House Calendar; Added to Second Reading Calendar
Bill added to Special Order Calendar for 4/27/23
Read 2nd time; Read 3rd time; CS passed – YEAS 112, NAYS 2
In Messages to Senate
Referred to Fiscal Policy **– Did not pass**

APRN Relevance: This bill would have mandated the availability within 24 hours of arrest, upon request, of pregnancy testing for all female arrested and not released on bond within 72 hours. This bill would have also extended to courts the discretion to stay the beginning of the period of incarceration for up to 12 weeks after the pregnant woman gives birth or is no longer pregnant. As many APRNs provide care to the incarcerated, this would be very beneficial our incarcerated pregnant population.

SB612/HB483: Blood Clot and Pulmonary Embolism Policy Workgroup

Summary: Citing this act as the "Emily Adkins Prevention Act"; requiring the Secretary of Health Care Administration, in conjunction with the State Surgeon General, to establish a blood clot and pulmonary embolism policy workgroup; requiring the secretary to submit a final report to the Governor and the Legislature by a specified date, etc.

Progress: **SB612** – Referred to Health Policy; Appropriations Committee on Health and Human Services; Fiscal Policy committees
Placed on Health Policy committee agenda for 03/27/23, 3:00 pm, 412 Knott Building
Committee Substitute bill (amended) adopted unanimously in Health Policy committee YEAS 12 NAYS 0
Pending reference review under Senate Rule 4.7(2) and is now in in Appropriations Committee on Health and Human Services (03/29/23)
Read 1st time (Committee Substitute)
Favorable by Appropriations Committee on Health & Human Services – YEAS 16, NAYS 0
Now in Fiscal Policy
On Fiscal Policy agenda for 4/20/23 at 9:30am
Favorable by Fiscal Policy – YEAS 20, NAYS 0
Placed on 2nd Reading Calendar
Placed on Special Order Calendar for 4/27/23
Read 2nd time; Read 3rd time; CS passed – YEAS 39, NAYS 0
In Messages to House
Bill added to Special Order Calendar for 5/2/23; 1st Reading (Committee Substitute 1)
Read 2nd time

Read 3rd time; CS passed – YEAS 114, NAYS 0
ORDERED ENROLLED = Passed and should become law

HB483 – Referred to Healthcare Regulation Subcommittee, Health Care Appropriations Subcommittee, and Health & Human Services Committee
Placed on Healthcare Regulation Subcommittee agenda
1st Reading of original filed bill
Found favorable with CS by Healthcare Regulation Subcommittee and reported out of Healthcare Regulation Subcommittee
Committee Substitute (CS) was filed and bill was Laid on Table under Rule 7.18(a)
CS had 1st reading and was adopted without objection and was reported out
Referred to Health & Human Services Committee
Referred to Health Care Appropriations Subcommittee and added to agenda
Found favorable by Health Care Appropriations Subcommittee
Reported out to Health & Human Services Committee
Placed on Health & Human Services Committee agenda
Found favorable by Health & Human Services Committee and reported out
Bill released to House Calendar and Added to Second Reading Calendar
NO CHANGE
Laid on Table, refer to CS/SB 612

APRN Relevance: In requiring the establishment of a blood clot and pulmonary embolism policy workgroup, the workgroup will be composed of health care providers, patients who have experienced blood clots, family members of patients who have died from blood clots, advocates, and other interested parties and associations. This would allow APRNs the ability to assist in helping identify specific background information pertaining to the prevalence, data collection, impacts, standards of care, and emerging treatments of blood clots and pulmonary embolisms as well as developing a risk surveillance system for various health care providers and facilities and policy recommendations to improve patient awareness, including written materials and guidelines that affect the standard of care for patients at risk of forming blood clots. A summary of the proposed changes in statute can be found in the Fiscal Policy committee analysis here and is provided below.

"Section 1 creates a non-statutory section of law citing the bill as the 'Emily Adkins Prevention Act.'

Section 2 creates s. 408.0621, F.S., to establish the blood clot and pulmonary embolism policy workgroup. The Secretary of Health Care Administration (Secretary), in conjunction with the State Surgeon General, are required to establish the workgroup tasked with the following:

- Identifying the aggregate number of people who experience blood clots and pulmonary embolisms each year in this state.
- Identifying how data is collected regarding blood clots, pulmonary embolisms, and adverse health outcomes associated with these conditions.
- Identifying how blood clots and pulmonary embolisms impact the lives of people in this state.

- Identifying the standards of care for blood clot surveillance, detection, and treatment.
- Identifying emerging treatments, therapies, and research relating to blood clots.
- Developing a risk surveillance system to help health care providers identify patients who may be at higher risk of forming blood clots and pulmonary embolisms.
- Developing policy recommendations to help improve patient awareness of blood clot risks.
- Developing policy recommendations to help improve surveillance and detection of patients who may be at a higher risk of forming blood clots in licensed health care facilities, including, hospitals, nursing homes, assisted living facilities, residential treatment facilities, and ambulatory surgical centers.
- Developing policy recommendations relating to guidelines used that affect the standard of care for patients at risk of forming blood clots.
- Developing policy recommendations relating to providing patients and their families with written notice of increased risks of forming blood clots.

The bill requires the workgroup to be composed of health care providers, patients who have experienced blood clots, family members of patients who have died from blood clots, advocates, and other interested parties and associations.

The bill requires the President of the Senate and the Speaker of the House of Representative to each appoint two members to the workgroup and the State Surgeon General to appoint the chair of the workgroup. The bill authorizes the chair to create subcommittees to help with research, scheduling speakers on important subjects, and drafting a workgroup report and policy recommendations.

The bill authorizes meetings of the workgroup to be held through teleconference or other electronic means and prohibits workgroup members from being compensated.

The Secretary is required to submit a final report detailing the findings and recommendations to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 4, 2025.

Section 3 provides an effective date of July 1, 2023."

SB274/HB517: Nursing Education Pathway for Military Combat Medics

Summary: Revising a primary goal of the Florida Center for Nursing to provide that development of a statewide plan for nursing manpower must include the encouragement and coordination of the development of partnerships with hospitals which provide opportunities for nursing students to obtain clinical experience; requiring that the Articulation Coordinating Committee convene a workgroup to establish a process for determining postsecondary course equivalencies and the minimum postsecondary credit or career education clock hours that must be awarded in accredited nursing education programs for military training and education required for service in specified positions; authorizing the award of additional postsecondary credit or career education clock hours, etc.

Progress: **SB274** – Referred to Education Postsecondary; Health Policy; Rules committees

Placed on Education Postsecondary committee agenda for 02/08/23, 9:30 am, 110 Senate Building
Voted favorably unanimously by Education Postsecondary; YEAS 9 NAYS 0 and reported out to Health Policy committee
Placed on Health Policy committee agenda for 02/20/23, 3:00 pm, 110 Senate Building
Voted favorably unanimously by Health Policy; YEAS 9 NAYS 0 and reported out to Rules committee
Placed on Rules Committee agenda for 03/08/23, 1:30 pm, 412 Knott Building
Introduced and voted favorably unanimously by Rules; YEAS 19 NAYS 0 and reported out
Placed on Calendar, on 2nd reading
Placed on Special Order Calendar for 03/22/23
Read 2nd time -SJ 211, Read 3rd time -SJ 211
Passed; YEAS 39 NAYS 0 -SJ 211
In Messages (headed to the House)
NO CHANGE
Bill added to Special Order Calendar for 5/1/23; 1st Reading (Original)
Read 2nd time
Read 3rd time; Passed – YEAS 117, NAYS 0
ORDERED ENROLLED = Passed and should become law

HB517 – Referred to Postsecondary Education & Workforce Subcommittee, Higher Education Appropriations Subcommittee, and Education & Employment Committees
Added to Postsecondary Education & Workforce Subcommittee agenda
1st Reading of original filed bill
Found favorable by Postsecondary Education & Workforce Subcommittee and reported out to Higher Education Appropriations Subcommittee
Added to Higher Education Appropriations Subcommittee agenda
Found favorable by Higher Education Appropriations Subcommittee and reported out to Education & Employment Committee
NO CHANGE
Added to Education & Employment Committee agenda (03/29/2023)
Favorable by Education & Employment Committee
Bill released to House Calendar; Added to Second Reading Calendar
NO CHANGE
Laid on Table, refer to SB 274

APRN Relevance: As APRNs can assist the FCN in its duties to assess nursing workforce issues, this bill would expand the award of postsecondary credit for military training and education courses to promote uniformity in the application of military combat medic training and education toward postsecondary credit (credit) or career education clock hours (clock hours) by public postsecondary educational institutions. Think of it as a bridged transitioning from military

training to civilian practice in hopes of bolstering the nursing workforce. Many providers have skills in the military that translate to practice in the civilian workforce, but it may be difficult to get credit for that time. A summary of the proposed changes in statute can be found in the Rules committee analysis here and is provided below.

"Postsecondary Credit for Military Training and Education Courses

SB 274 creates the "Pathway for Military Combat Medics Act." The bill expands s. 1004.096, F.S., to promote uniformity in the application of military combat medic training and education toward creditor clock hours by public postsecondary educational institutions. The bill establishes a process similar to those established for the award of postsecondary credit for military training and education and for law enforcement training.

The bill requires the ACC to, by July 15, 2023, convene a workgroup to establish a process for determining postsecondary course equivalencies and the minimum credit or clock hours that must be awarded in an accredited nursing education program for military training and education required for service as an Army Combat Medic Specialist, a Navy or Fleet Marine Force Hospital Corpsman, an Air Force or Space Force Aerospace Medical Service Technician, or a Coast Guard Health Services Technician.

The workgroup must consist of the following 13 members:

- The chair of the ACC, or his or her designee, serving as chair;
- Four members representing academic affairs administrators and faculty from state universities, appointed by the chair of the BOG;
- Four members representing academic affairs administrators and faculty from FCS institutions, appointed by the chair of the SBE;
- Two members representing faculty from career centers, appointed by the SBE; and
- Two members representing veterans, appointed by the executive director of the Florida Department of Veterans Affairs.

The Office of K-20 Articulation must provide administrative support for the workgroup.

The workgroup must ensure that the award of credit or clock hours does not impair an accredited program's ability to comply with requirements relating to the state approval of nursing education programs. The workgroup must provide recommendations regarding the determination process for awarding credit or clock hours to the BOG and the SBE by December 1, 2023, for approval at each board's next meeting that allows for adequate public notice.

Upon the BOG and the SBE approval of the workgroup's process recommendations, the ACC must facilitate a review of military training and education for the specified military occupations to determine postsecondary course equivalencies and the minimum credit or clock hours that must be awarded.

Within one year after BOG and SBE approval of the ACC workgroup recommended process, the ACC must approve a prioritized list of postsecondary course equivalencies and the minimum credit or clock hours that must be awarded in an accredited program for such military training and education. The list

must then be adopted in the statewide articulation agreement by the BOG and SBE at the next meeting of each board allowing for adequate public notice. The list must be updated annually.

The bill requires state universities, FCS institutions, and career centers to award credit or clock hours, as applicable, for such military training and education based on the adopted list, if the credit or clock hours are applicable to the student's degree or certificate. Institutions may also grant additional credit or clock hours, if appropriate. Credit or clock hours awarded on these bases are guaranteed to transfer from one state university, FCS institution, or career center to another.

Florida Center for Nursing

The bill modifies s. 464.0195, F.S., by revising a primary goal of the Center to provide that, under its strategic statewide plan for nursing manpower, the encouragement and coordination of the development of academic-practice partnerships must include partnerships with hospitals that provide opportunities for nursing students to obtain clinical experience.

The bill takes effect upon becoming law."

HB481: Physician Assistants' Prescriptive Authority

Summary: Removes requirements that physician assistants may only prescribe or dispense drugs under physician's supervision.

Progress: SB – No Senate Companion Bill

HB481 – Referred to Healthcare Regulation Subcommittee, Health & Human Services Committee
Currently in Healthcare Regulation Subcommittee
1st Reading of original filed bill
NO CHANGE – Did not pass

APRN Relevance: This would have eliminated the supervisory role of physicians in the prescribing of medications and devices by PA's as well as eliminate the formulary currently in the statute.

SB452/HB391: Home Health Aides for Medically Fragile Children

Summary: Requiring home health agencies to ensure that any tasks delegated to home health aides for medically fragile children meet specified requirements; establishing the home health aides for medically fragile children program for specified purposes; requiring the Agency for Health Care Administration, in consultation with the Board of Nursing, to approve training programs for home health aides for medically fragile children; authorizing home health aides for medically fragile children to administer certain medications under certain circumstances, etc.
APPROPRIATION: $472,317

Progress: SB452 – Referred to Health Policy; Appropriations Committee on Health and Human Services; Fiscal Policy committees
Placed on Health Policy committee agenda for 02/20/23, 3:00 pm, 110 Senate Building
Found favorable unanimously by Health Policy; YEAS 10 NAYS 0 and moved along to Appropriations Committee on Health and Human Services
Placed on Appropriations Committee on Health and Human Services agenda for 03/08/23, 8:30 am, 412 Knott Building
Committee Substitute bill (amended) adopted unanimously in Appropriations Committee on Health and Human Services YEAS 16 NAYS 0
Pending reference review under Senate Rule 4.7(2) and is now in in Fiscal Policy (03/09/23)
CS by Appropriations Committee on Health and Human Services read 1st time in Fiscal Policy
NO CHANGE
Committee Substitute favorably by Fiscal Policy – YEAS 20, NAYS 0
Pending reference review – under Rule 4.7(2) – (Committee Substitute)
Placed on 2nd Reading Calendar
CS/CS by Fiscal Policy read 1st time
Placed on Special Order Calendar for 5/2/23
Read 2nd time; Substituted CS/CS/CS/HB 391
Laid on Table, refer to CS/CS/CS/HB 391

HB391 – Referred to Healthcare Regulation Subcommittee, Health Care Appropriations Subcommittee, and Health & Human Services Committee
1st Reading of original filed bill
Placed on the Added to Healthcare Regulation Subcommittee agenda
Committee Substitute (CS) was filed and bill was Laid on Table under Rule 7.18(a)
CS had 1st reading and was adopted without objection and found favorable with CS and reported out of Healthcare Regulation Subcommittee
Now in Health Care Appropriations Subcommittee
Favorable with Committee Substitute by Health Care Appropriations Subcommittee. Committee Substitute 1 was Laid on Table under Rule 7.18(a).
Added to Health & Human Services Committee agenda
1st Reading (Committee Substitute 2)
Favorable with CS by Health & Human Services Committee; Laid on Table under Rule 7.18(a); CS filed; 1st Reading (Committee Substitute 3)
Bill referred to House Calendar; Added to Second Reading Calendar; Bill added to Special Order Calendar for 4/25/23
Read 2nd time; Added to Third Reading Calendar
Read 3rd time
CS Passed – YEAS 116, NAYS 0
In Messages to Senate
Referred to Fiscal Policy

Withdrawn from Fiscal Policy; Substituted for CS/CS/SB 452; Read 2nd time; Read 3rd time; CS passed – YEAS 37, NAYS 0
In Messages to House
ORDERED ENROLLED = Passed and should become law

APRN Relevance: Creating the Home Health Aides for Medically Fragile Children program to help ameliorate the impact of the shortage of health care workers on medically fragile children, this allows AHCA and the BON to approve training programs created by a Home Health Agency that meets the federal standards for a nurse aide training program. This is intended to train family caregivers as home health aides for medically fragile children (aide). Supporting the training of in-home providers is a great way to help increase the training of those entrusted with the care of a vulnerable population and potentially create a safer environment for those APRNs care for outside of the clinical setting. A summary of the proposed changes in statute can be found in the Health & Human Services committee analysis here and is provided below.

"Home Health Aides for Medically Fragile Children

The bill creates the Home Health Aide for Medically Fragile Children Program in response to the national health care provider shortage and its impact on medically fragile children and their family caregivers to provide an opportunity for family caregivers to receive training and gainful employment.

The bill allows a family caregiver to be reimbursed by Medicaid, as a home health aide for medically fragile children (HHAMFC). To qualify, the care must be provided to a relative who is 21 years old or younger with an underlying physical, mental, or cognitive impairment that prevents him or her from safely living independently. The relative must also be eligible to receive skilled care or respite care services under the Medicaid program.

Authorized Tasks

The bill authorizes a HHAMFC to perform certain tasks if delegated by a registered nurse, including medication administration[33] and tasks associated with:

- Activities of daily living, including bathing, dressing, eating, maintaining continence, toileting, and transferring;
- Maintaining mobility;
- Nutrition and hydration;
- Assistive devices;
- Safety and cleanliness;
- Data gathering;
- Reporting abnormal signs and symptoms;
- Postmortem care;
- End-of-life care;
- Patient socialization and reality orientation;

- Cardiopulmonary resuscitation and emergency care;
- Residents' or patients' rights;
- Documentation of services performed;
- Infection control;
- Safety and emergency procedures;
- Hygiene and grooming;
- Skin care and pressure sore prevention;
- Wound care;
- Portable oxygen use and safety and other respiratory procedures;
- Tracheostomy care;
- Enteral care and therapy; and
- Peripheral intravenous assistive activities and alternative feeding methods.

The bill requires services provided by a HHAMFC to result in a reduction in the number of private duty nursing service hours provided to an eligible recipient. Further, the bill prohibits services provided by a HHAMFC from duplicating private duty nursing services provided to an eligible recipient.

Eligibility Requirements

The bill authorizes an HHA to employ a HHAMFC who meets certain eligibility requirements. Specifically, the individual must:

- Be at least 18 years old;
- Be a family caregiver of an eligible relative;
- Demonstrate a minimum ability to read and write;
- Successfully pass background screening requirements; and
- Complete an approved training program or have graduated from an accredited prelicensure nursing education program and are waiting to take the state licensing exam.

Training Requirements

The bill requires AHCA, in consultation with the Board of Nursing, to approve HHAMFC training programs developed by HHAs. A training program must consist of at least 85 hours and include at least 40 hours of theoretical instruction in nursing, 20 hours of skills training on basic nursing, 16 hours of clinical training under the direct supervision of a licensed registered nurse, and an unspecified minimum number of hours of training on HIV/AIDS infections. Additionally, a HHAMFC must also obtain and maintain a current certificate in cardiopulmonary resuscitation (CPR) and complete 12 hours of annual in-service training each 12-month period. The training on HIV/AIDS and CPR may be counted towards the 12 hours of in-service training.

The 40 hours of theoretical instruction in nursing must include the following topics:

- Person-centered care;
- Communication and interpersonal skills;
- Infection control;
- Safety and emergency procedures;

- Assistance with activities of daily living;
- Mental health and social service needs;
- Care of cognitively impaired individuals;
- Basic restorative care and rehabilitation;
- Patient rights and confidentiality of personal information and medical records; and
- Relevant legal and ethical issues.

The 20 hours of skills training must consist of basic nursing skills training in the following areas:

- Hygiene, grooming, and toileting;
- Skin care and pressure sore prevention;
- Nutrition and hydration;
- Measuring vital signs, height, and weight;
- Safe lifting, positioning, and moving of patients;
- Wound care;
- Portable oxygen safety and other respiratory procedures;
- Tracheostomy care;
- Enteral care and therapy;
- Peripheral intravenous assistive activities and alternative feeding methods; and
- Urinary catheterization and ostomy care.

The bill requires a HHAMFC to complete the six hours of training required by current law for home health aides prior to administering medication upon delegation by a registered nurse.

The bill requires training to be offered in various formats, and any interactive instruction must be provided during various times of the day. The bill requires HHAs to provide the training for free to a parent, guardian, or family member of a medically fragile child. If a HHAMFC allows 24 months to pass without providing any personal care services to an eligible relative, the family caregiver must retake all required training.

Liability and Confidentiality

The bill provides civil liability protections for an HHA that terminates or denies employment to a home health aide for medically fragile children for failure to comply with HHAMFC regulations or whose name appears on a criminal screening report of the Department of Law Enforcement.

The bill prohibits an HHA from using the criminal records or juvenile records of a vulnerable adult for any purpose other than determining if the individual meets the requirements of the Home Health Aide for Medically Fragile Children Program.

Annual Report

Beginning January 1, 2025, the bill requires AHCA to conduct annual assessments of the Home Health Aide for Medically Fragile Children Program and report their findings by January 1 of each year to the Governor, the President of the Senate and the Speaker of the House of Representatives. The bill requires the report to include an assessment of caregiver satisfaction with the program, identify additional

support that may be needed by home health aides for medically fragile children, and assess the rate and extent of the hospitalization of children receiving home health services from a HHAMFC compared to those receiving traditional home health services.

Direct Care Workforce Survey

Current law requires nursing homes, HHAs, hospices, and homemaker and companion services providers to complete a workforce survey upon each biennial licensure renewal. The bill requires HHAs to include data on home health aides for medically fragile children in their direct care workforce surveys.

Implementation

The bill authorizes AHCA to modify any state Medicaid plans and implement any federal waivers necessary to implement the Home Health Aide for Medically Fragile Children Program.

The bill requires AHCA to establish a fee schedule for HHAs to pay home health aides for medically fragile children at a rate of $25 per hour for up to 8 hours per day.

The bill becomes effective upon becoming a law."

SB394/HB435: Newborn Hearing Screenings

Summary: Defining the term "congenital cytomegalovirus test"; revising newborn hearing screening requirements to require that all newborns, rather than only those who fail the initial newborn hearing screening, be tested for congenital cytomegalovirus, etc.

Progress: SB394 – Referred to Health Policy; Banking and Insurance; Fiscal Policy committees
Introduced (03/07/23)
NO CHANGE – Did not pass

HB435 – Referred to Healthcare Regulation Subcommittee; Heath Care Appropriations Subcommittee; and Health and Human Services Committee
1st Reading (Original)
NO CHANGE
Added to Healthcare Regulation Subcommittee agenda
NO CHANGE – Did not pass

APRN Relevance: These bills would have required all newborns be tested for congenital CMV would increase detection of what can be a very problematic illness as opposed to limiting to those who have failed an initial hearing screening. This was relevant to any APRN working with newborns.

SB362/HB149: Issuance and Renewal of Permanent Disabled Parking Permits

Summary: Requiring the Department of Highway Safety and Motor Vehicles to issue a permanent disabled parking permit to a person who has a long-term mobility impairment; removing provisions that require such a person to renew a disabled parking permit and that require such permit to bear a validation sticker; revising provisions relating to the appearance of disabled parking permits, etc.

Progress: SB362 – Referred to Transportation; Appropriations Committee on Transportation, Tourism, and Economic Development; Fiscal Policy committees
Introduced (03/07/23)
NO CHANGE – Did not pass

HB149 – Referred to Transportation & Modals Subcommittee, Infrastructure & Tourism Appropriations Subcommittee, and Infrastructure Strategies Committee
Now in Transportation & Modals Subcommittee (01/17/23)
1st Reading (Original Filed Version) (03/07/23)
NO CHANGE – Did not pass

APRN Relevance: When writing for a disability placard, there are those whose disability is permanent and requiring a 4-year re-evaluation would makes no sense. This offers the option for a temporary or permanent placard which would mean less time for APRNs filling out paperwork for this often-unnecessary task.

SB572/HB357: Treatment of Inmates

Summary: Specifying certain rights of inmates in the correctional system; requiring that a written copy of the rights be provided to each inmate; authorizing inmates to file grievances with the Department of Corrections if certain rights are denied them, etc.

Progress: SB572 – Referred to Criminal Justice; Appropriations Committee on Criminal and Civil Justice; Fiscal Policy committees
Introduced (03/07/23)
NO CHANGE – Did not pass

HB357 – Referred to Criminal Justice Subcommittee, Justice Appropriations Subcommittee, and Judiciary Committee
Now in the Criminal Justice Subcommittee
1st Reading (Original Filed Version) (03/07/23)
NO CHANGE – Did not pass

APRN Relevance: This bill would have created a "Bill of Rights" for inmates in the correctional system to include the right to proper ventilation, sufficient mealtime, adequate food supply, necessary health supplies, and adequate medical care. Many APRNs provide care for the incarcerated so this could have increased the need and quality of the care provided in that setting.

SB558/HB351: Certified Nursing Assistants

Summary: Authorizing nursing home facilities to allow their registered nurses to delegate certain tasks to certified nursing assistants who meet specified criteria; providing for the designation of such certified nursing assistants as qualified medication aides; requiring that medication administration be included in certain performance improvement activities tracked by nursing homes in accordance with federal regulations; providing that the time spent by certified nursing assistants performing the duties of a qualified medication aide may not be included in the computing of certain minimum staffing ratio requirements for direct care provided to residents, etc.

Progress: **SB558** – Referred to Health Policy; Appropriations Committee on Health and Human Services; Fiscal Policy committees
Placed on the Health Policy committee agenda for 03/06/23, 3:30 pm, 412 Knott Building
Committee Substitute bill (amended) adopted unanimously in Health Policy YEAS 10 NAYS 0
CS by Health Policy read 1st time -SJ 114
Pending reference review under Senate Rule 4.7(2) and advanced to Appropriations Committee on Health and Human Services
Placed on Appropriations Committee on Health and Human Services agenda for 03/21/23, 8:30 am, 412 Knott Building
Voted favorable unanimously by Appropriations Committee on Health and Human Services; YEAS 15 NAYS 0 and advanced to Fiscal Policy
Placed on Fiscal Policy committee agenda for 03/28/23, 8:30 am, 110 Senate Building
Voted favorable unanimously by Fiscal Policy; YEAS 19 NAYS 0
Placed on Calendar, on 2nd reading (03/29/23)
Placed on Special Order Calendar, 4/4/23
Read 2nd time
Read 3rd time
Committee Substitute passed – YEAS 39, NAYS 0
Immediately certified; In Messages to House
NO CHANGE
Bill added to Special Order Calendar for 5/1/23; 1st Reading (Committee Substitute 1)
Read 2nd time
Read 3rd time; CS passed – YEAS 117, NAYS 0
ORDERED ENROLLED = Passed and should become law

HB351 – Referred to Healthcare Regulation Subcommittee, Health Care Appropriations Subcommittee, and Health & Human Services Committees
Added to Healthcare Regulation Subcommittee agenda
1st Reading (Original Filed Version)
Laid on Table under Rule 7.18(a)

CS Filed and found favorable with CS by Healthcare Regulation Subcommittee
Reported out of Healthcare Regulation Subcommittee
Original reference removed: Health Care Appropriations Subcommittee
Referred to Health & Human Services Committee
1st Reading (Committee Substitute 1)
Added to Health & Human Services Committee agenda
Favorable by Health & Human Services Committee and reported out
Bill released to House Calendar
Added to Second Reading Calendar
NO CHANGE
Laid on Table, refer to CS/SB 558

APRN Relevance: This bill modifies the tasks that may be delegated to CNAs creating a new designation of "qualified medication aide" (QMA) for CNAs who work in a nursing home and meet specified licensure and training requirements. The bill allows a nursing home to authorize a registered nurse (RN) to delegate medication administration to a QMA working under their direct supervision. For those in the nursing home setting, knowing the training and qualifications of those who administer the medications prescribed is important. A summary of the proposed changes in statute can be found in the Fiscal Policy committee analysis here and is provided below.

"Section 1 amends s. 400.211, F.S., to allow a nursing home to authorize a registered nurse (RN) to delegate tasks, including medication administration, to a certified nursing assistant (can) who has:

- Completed the six hour training course and found to be competent to administer medications pursuant to s. 464.2035, F.S.
- Has held a clear and active certification from the DOH for a minimum of one year immediately preceding the delegation.
- Completed a 34-hour training course approved by the Board of Nursing (BON) in medication administration and associated tasks. The training must include, but is not limited to:
    - Blood glucose level checks;
    - Dialing oxygen flow meters to prescribed settings; and
    - Assisting with continuous positive airway pressure devices.
- Has demonstrated clinical competency by successfully completing a supervised clinical practice in medication administration and associated tasks conducted in the nursing home.

Upon completing the requirements above, the bill provides that the CNA is designated as a qualified medication aide (QMA). The bill specifies that a QMA may only administer medication under the direct supervision of a nurse licensed under part I of ch. 464, F.S.; that a QMA must annually complete two hours of in-service training and validation required in s. 464.2035, F.S.; and that a nursing home must include medication administration by a QMA when complying with the federal requirement to track, analyze, and improve medical errors and adverse events.

The bill requires the BON, in consultation with the Agency for Health Care Administration (AHCA), to adopt rules to implement these provisions.

Section 2 amends s. 400.23, F.S., to specify that a CNA performing the duties of a QMA may not be included in computing the hours of direct care or the staffing ratios that a nursing home is required to maintain pursuant to s. 400.23, F.S.

Section 3 amends the nurse practice act in s. 464.0156, F.S., to allow a RN to delegate the administration of medications to a resident in a nursing home to a CNA who meets the requirements above.

Section 4 amends s. 464.2035, F.S., to allow a CNA to administer medications in a nursing home as well as in a home health setting, with the exception of rectal and enteral medications. The section also directs the BON to include in rule standards and procedures for a CNA administering medication to a resident of a nursing facility.

The bill makes additional technical and conforming changes.

The bill provides an effective date of July 1, 2023."

SB1182/HB299: Education and Training for Alzheimer's Disease and Related Forms of Dementia

Summary: Designating the "Alzheimer's Disease and Related Forms of Dementia Education and Training Act"; requiring the Department of Elderly Affairs to offer certain education about Alzheimer's disease and related forms of dementia to the general public; providing minimum requirements for the training; authorizing persons to satisfy the training requirements of this act using training curricula approved before the effective date of this act until the department adopts rules for training curricula guidelines, etc.

Progress: SB1182 – Referred to Children, Families, and Elder Affairs; Appropriations Committee on Health and Human Services; Fiscal Policy
Introduced (03/07/23)
Placed on Children, Families, and Elder Affairs committee agenda for 03/14/23, 8:30 am, 37 Senate Building
CS passed by Children, Families, and Elder Affairs; YEAS 7 NAYS 0
CS by Children, Families, and Elder Affairs read 1st time
Pending reference review under Rule 4.7(2) - (Committee Substitute)
Now in Appropriations Committee on Health and Human Services
NO CHANGE
CS/CS by Appropriations Committee on Health & Human Services – YEAS 16, NAYS 0
Pending reference review under Rule 4.7(2) – (Committee Substitute)
Now in Fiscal Policy
On Fiscal Policy Committee agenda for 4/20/23 at 9:30am; CS/CS by Appropriations Committee on Health & Human Services read 1st time
Favorable by Fiscal Policy – YEAS 19, NAYS 0
Placed on 2nd Reading Calendar

Placed on Special Order Calendar for 5/1/23
Read 2nd time; Substituted CS/CS/HB 299
Laid on Table, refer to CS/CS/HB 299

HB299 – Referred to Healthcare Regulation Subcommittee, Health Care Appropriations Subcommittee, and Health & Human Services Committees
Added to Healthcare Regulation Subcommittee agenda
1st Reading (Original Filed Version)
CS Filed and bill was Laid on Table under Rule 7.18(a)
Found favorable with CS by Healthcare Regulation Subcommittee and reported out
Original reference removed: Health Care Appropriations Subcommittee
Referred to Health & Human Services Committee
1st Reading (Committee Substitute 1)
NO CHANGE
Favorable with Committee Substitute by Health & Human Services Committee.
1st Reading (Committee Substitute 2)
Bill referred to House Calendar; added to Second Reading Calendar; Bill added to Special Order Calendar (4/20/23)
Read 2nd time; Read 3rd time; CS passed – YEAS 115, NAYS 0
In Messages to Senate
Referred to Fiscal Policy
Withdrawn from Fiscal Policy; Substituted for CS/CS/SB 1182; Read 2nd time; Read 3rd time; CS passed – YEAS 39, NAYS 0
In Messages to House
ORDERED ENROLLED = Passed and should become law

APRN Relevance: This bill adds requirements for training and continuing education for employees of a nursing home, an assisted living facility, an adult family-care home, or an adult day care center. Given the opportunity to be providing some care to one afflicted with dementia, this would aid in ensuring more knowledge exists regarding the appropriate ways to offer care. A summary of the proposed changes in statute can be found in the Health & Human Services committee analysis here. The specific training requirements vary by care environment.

SB210/HB295: Substance Abuse Service Providers

Summary: Revising application requirements for licensure as a substance abuse service provider; requiring the Department of Children and Families to establish, by a specified date, a mechanism to impose and collect fines for certain violations of law; revising credentialing requirements for recovery residences; prohibiting service providers from referring patients to, or accepting referrals from, specified recovery residences, etc.

Progress: **SB210** – Referred to Children, Families, and Elder Affairs; Appropriations Committee

on Health and Human Services; Fiscal Policy committees
Place on Children, Families, and Elder Affairs committee agenda for 02/14/23, 3:30 pm, 37 Senate Building
CS filed and voted unanimously out of Children, Families, and Elder Affairs; YEAS 7 NAYS 0
Pending reference review under Rule 4.7(2) - (Committee Substitute)
Now in Appropriations Committee on Health and Human Services
Placed on Appropriations Committee on Health and Human Services agenda for 03/08/23, 8:30 am, 412 Knott Building
CS bill introduced Children, Families, and Elder Affairs read 1st time -SJ 112
Found favorable by Appropriations Committee on Health and Human Services; YEAS 15 NAYS 1 and sent to Fiscal Policy
Placed on Fiscal Policy committee agenda for 03/23/23, 8:30 am, 412 Knott Building
Voted favorably unanimously Fiscal Policy; YEAS 19 NAYS 0 and advanced
Placed on Calendar, on 2nd reading
Placed on Special Order Calendar for 03/30/23
Read 2nd time
Read 3rd time
Committee Substitute passed – YEAS 39, NAYS 0
Immediately certified; In Messages to House
NO CHANGE
Bill added to Special Order Calendar for 5/1/23; 1st Reading (Committee Substitute 1)
Read 2nd time
Read 3rd time; CS passed – YEAS 118, NAYS 0
ORDERED ENROLLED = Passed and should become law

HB295 – Referred to Children, Families & Seniors Subcommittee, Health Care Appropriations Subcommittee, and Health & Human Services Committee
Placed on Children, Families & Seniors Subcommittee agenda
CS filed and bill was Laid on Table under Rule 7.18(a)
Found favorable with CS by Children, Families & Seniors Subcommittee ad reported out
Original reference removed: Health Care Appropriations Subcommittee
Referred to Health & Human Services Committee
1st Reading (Original Filed Version)
1st Reading (Committee Substitute 1)
Added to Health & Human Services Committee agenda
Found favorable by Health & Human Services Committee and reported out
Bill released to House Calendar
Added to Second Reading Calendar
NO CHANGE
Laid on Table, refer to CS/SB 210

APRN Relevance: This bill added additional restrictions for substance abuse treatment services with language tied to licensing that there must be "A prohibition on the premises against alcohol, marijuana, illegal drugs, and the use of prescribed medications by an individual other than the individual for whom the medication is prescribed." A summary of the proposed changes in statute can be found in the Fiscal Policy committee analysis here and is provided below.

"Substance Use Prohibition

The bill requires applicants for licensure as substance abuse service providers with the DCF to provide proof of a prohibition on the premises against the following substances:

- Alcohol;
- Marijuana, including marijuana certified by a qualified physician for medical use;
- Illegal drugs; and
- Prescription drugs used by persons other than for whom the medication is prescribed.

The bill also requires the DCF to include a prohibition on any of these substances on the premises as a licensing requirement for substance abuse service providers. This provision aligns the licensed service providers with the prohibited substances policy with which the certified recovery residences must comply.

The bill prohibits licensed substance abuse service providers from making referrals of prospective, current, or discharged patients to, or accepting referrals from, recovery residences which allow the use of any of the aforementioned substances on its premises.

The bill also adds marijuana to the list of substances a credentialing entity must require that a recovery residence list as prohibited in its policy and procedures manual when submitting an application for certification.

Mechanism for Imposing and Collecting Fines

As mentioned above, the DCF has authority to inspect and issue violations to providers who are out of compliance with rule or providers that are suspected of operating while unlicensed. However, the bill requires the DCF to establish a mechanism for the imposition and collection of fines for violations related to inspections of licensed substance abuse service providers to improve the DCF's administrative oversight.

Criminal Penalty for Trespassing

The bill makes it a second degree misdemeanor[68] for any person discharged from a recovery residence to willfully refuse to depart after being warned by the owner or an authorized employee of the recovery residence.

Community Housing Referrals

The bill provides that any referral made by a licensed substance abuse service provider or a recovery residence must include placing the referred patient into the licensed community housing component of the provider's day or night treatment program, regardless of whether the community housing component is affiliated with the service provider."

SB298/HB267/HB79: Telehealth Practice Standards

Summary: Revising the definition of the term "telehealth", etc.

Progress: SB298 – Referred to Health Policy; Banking and Insurance; Rules committees
Placed on Health Policy committee agenda for 02/20/23, 3:00 pm, 110 Senate Building
Voted favorable unanimously by Health Policy; YEAS 11 NAYS 0 and advanced to Banking and Insurance committee
Bill introduced at the start of Session
Placed on Banking and Insurance Committee agenda for 03/15/23, 1:00 pm, 412 Knott Building
Voted favorable unanimously by Banking and Insurance; YEAS 12 NAYS 0 and sent to Rules committee
Now in Rules Committee (03/16/23)
NO CHANGE
On Rules Committee agenda for 4/24/23 at 1:00pm
Favorable by Rules – YEAS 19, NAYS 0
Placed on 2nd Reading Calendar
Placed on Special Order Calendar for 5/3/23
Read 2nd time; Substituted HB 267
Laid on Table, refer to HB 267

HB267 – Referred to Healthcare Regulation Subcommittee, Health Care Appropriations Subcommittee, and Health & Human Services Committee
1st Reading (Original Filed Version)
Placed on Healthcare Regulation Subcommittee agenda
Found favorable by Healthcare Regulation Subcommittee and reported out to Health Care Appropriations Subcommittee
Now in Health Care Appropriations Subcommittee (as of 03/28/23)
Favorable by Health Care Appropriations Subcommittee
Now in Health & Human Services Committee Agenda
Favorable by Health & Human Services Committee
Bill released to House Calendar; Added to Second Reading Calendar
Bill added to Special Order Calendar for 4/25/23
Read 2nd time; Added to Third Reading Calendar
Read 3rd time; Passed – YEAS 115, NAYS 0
In Messages to Senate
Referred to Rules
Withdrawn from Rules; Substituted for SB 298; Read 2nd time

Read 3rd time; Passed – YEAS 39, NAYS 0
In Messages to House
ORDERED ENROLLED = Passed and should become law

HB79 – Referred to Healthcare Regulation Subcommittee, Health & Human Services Committee
Now in Healthcare Regulation Subcommittee
Withdrawn prior to introduction (01/18/2023) – Became HB 267

APRN Relevance: These bills added audio-only telephone calls as telemedicine. Currently, audio-only calls are not included as telemedicine like emails and faxes. This bill would change the definition of telemedicine and allow standard phone calls to count. This applies to all care providers (physicians, PAs, NPs, etc.). A summary of the proposed changes in statute can be found in the Health & Human Services committee analysis here and is provided below.

"HB 267 revises the definition of telehealth to include telephone calls in the telehealth technology licensure statute.

This appears to have little impact on health care practice, as health care providers currently commonly provide services telephonically, and current law does not prevent them from doing so. Similarly, this change does not affect whether health insurers will reimburse health care practitioners for services provided through telephone calls.

The bill provides an effective date of July 1, 2023."

SB344/HB387: Physician Certifications for the Medical Use of Marijuana

Summary: Authorizing qualified physicians to perform patient examinations and evaluations through telehealth for renewals of physician certifications for the medical use of marijuana, subject to certain conditions; authorizing the Department of Health to suspend the registration of a qualified physician in the medical marijuana use registry for a specified timeframe for noncompliance with the act, etc.

Progress: SB344 – Referred to Health Policy; Appropriations Committee on Health and Human Services; Fiscal Policy committees
Bill introduced at the start of Session
Placed on Health Policy committee agenda for 03/27/23, 3:00 pm, 412 Knott Building
Pending reference review under Rule 4.7(2) - (Committee Substitute)
Committee Substitute by Health Policy read 1st time
Committee Substitute accepted unanimously by Health Policy; YEAS 12 NAYS 0

Now in Appropriations Committee on Health and Human Services
Read 1st time (Committee Substitute)
On Appropriations Committee on Health & Human Services agenda for 4/18/23 at 8:30am
Favorable by Appropriations Committee on Health & Human Services – YEAS 16, NAYS 0; now in Fiscal Policy
NO CHANGE

HB387 – Referred to Healthcare Regulation Subcommittee and Health & Human Services Committee
Bill introduced at the start of Session
Added to Healthcare Regulation Subcommittee agenda
Laid on Table under Rule 7.18(a) and CS Filed
Found favorable with CS by Healthcare Regulation Subcommittee and reported out to Health & Human Services Committee
1st Reading (Committee Substitute 1)
Added to Health & Human Services Committee agenda
Laid on Table under Rule 7.18(a) and CS Filed
1st Reading (Committee Substitute 2)
Found favorable with CS by Health & Human Services Committee and reported out
Bill referred to House Calendar
Added to Second Reading Calendar
NO CHANGE
Bill added to Special Order Calendar for 4/27/23
Read 2nd time; Read 3rd time; CS passed – YEAS 109, NAYS 5
In Messages to Senate; Referred to Fiscal Policy
Withdrawn from Fiscal Policy; Placed on Special Order Calendar for 5/3/23; Read 2nd time; Amendment adopted (261896)
Read 3rd time; CS passed as amended – YEAS 38, NAYS 0
In Messages to House; Amendment 261896 Concur; CS passed as amended – YEAS 105, NAYS 0
ORDERED ENGROSSED, THEN ENROLLED = Passed and should become law

APRN Relevance: Though APRNs cannot be part of the medical marijuana use registry or write recommendations, this bill changed to telemedicine all subsequent visits following the initial visit. There has not been much push to have APRNs become able to write recommendations for medical marijuana though it is important to inform patients as to changes in the process and how to go about staying in compliance with the statutes regarding appropriate follow ups. A summary of the proposed changes in statute can be found in the Health & Human Services committee analysis here and is provided below.

"CS/CS/HB 387 authorizes a qualified physician who performs an in-person examination of a patient for the initial physician certification to use telehealth to conduct subsequent examinations of that patient for

renewal physician certifications. The bill also authorizes DOH to suspend the registration of a qualified physician for up to 2 years if the qualified physician violates the requirements of s. 381.986, F.S., or provides, advertises, or markets telehealth services before July 1, 2023.

The bill provides an effective date of July 1, 2023."

SB818/SB416/HB963: Antiretroviral Drugs

Summary: Authorizing licensed pharmacists to screen for HIV exposure and order and dispense HIV infection prevention drugs in accordance with a certain written supervisory protocol or statewide drug therapy protocol; requiring pharmacists to be certified by the Board of Pharmacy before ordering and dispensing HIV infection prevention drugs; requiring the board, in consultation with the Board of Medicine, the Board of Osteopathic Medicine, and the Department of Health, to develop a certain statewide drug therapy protocol, etc.

Progress: SB818 – Referred to Health Policy, Appropriations Committee on Health and Human Services, and Fiscal Policy committees
Bill introduced at the start of Session (03/07/23)
NO CHANGE – Did not pass

SB416 – Referred to Health Policy, Banking and Insurance, and Rules committees
Bill introduced at the start of Session (03/07/23)
NO CHANGE – Did not pass

HB963 – Referred to Healthcare Regulation Subcommittee, Health Care Appropriations Subcommittee, and Health & Human Services Committees
Currently in Healthcare Regulation Subcommittee
1st Reading (Original Filed Version) at the start of Session (03/07/23)
NO CHANGE – Did not pass

APRN Relevance: This bill would have allowed pharmacists to screen for HIV and dispense/ administer HIV ARV medications such as preexposure prophylaxis (PrEP) and postexposure prophylaxis (PEP) following a course and under a physician protocol or statewide protocol. Given the complexity of care for patients, having this occur outside the traditional clinic/hospital setting by clinicians not trained in assessment and prescribing was concerning.

SB864/HB1231: Death with Dignity / End-of-life Options

Summary: Creating the "Death with Dignity Act"; providing criteria for individuals to request certain medication as qualified patients; providing requirements and waiting periods for such requests; authorizing a qualified patient to rescind a request at any time and in any manner; authorizing an attending physician to sign a qualified patient's death certificate, etc..

Progress: SB864 – Referred to Health Policy, Judiciary, and Fiscal Policy committees
Bill introduced at the start of Session (03/07/23)
NO CHANGE – Did not pass

HB1231 – Referred to Healthcare Regulation Subcommittee, Judiciary Committee, and Health & Human Services Committees
Currently in Healthcare Regulation Subcommittee Referred to Healthcare Regulation Subcommittee
1st Reading (Original Filed Version) at the start of Session (03/07/23)
NO CHANGE – Did not pass

APRN Relevance: This bill would have created the ability of a patient to end their life in cases of a terminal conditions (physician-assisted suicide, or personal autonomy over death). The specific details outlined included the request for medications for the process, a waiting period, and the ability of a patient to rescind their request at any time like a DNR. There was no language for APRN inclusion (physician only) but this is a bill that could have impacted healthcare substantially especially in cases of palliative care and hospice.

SB1638/HB203: Coverage for Clinician-administered Drugs

Summary: Prohibiting certain acts by insurers or pharmacy benefit managers that cover clinician-administered drugs; providing that violations are deemed unfair methods of competition and unfair practices or acts, etc.

Progress: SB1638 – Referred to Banking and Insurance, Health Policy, and Rules committees
Bill Introduced (03/14/23)
NO CHANGE – Did not pass

HB203 – Referred to Healthcare Regulation Subcommittee, Appropriations Committee, and Health & Human Services Committees
Currently in Healthcare Regulation Subcommittee
1st Reading (Original Filed Version) at the start of Session (03/07/23)
NO CHANGE – Did not pass

APRN Relevance: This bill addressed medications administered by providers and prohibited an insurer or a pharmacy benefit manager that covers a clinician-administered drug from denying, reducing, or conditioning reimbursement based on the pharmacy chosen, provider used, or interfering in the process. For those providers who administer medications in the office setting, this could have meant an easier billing process as reductions for not using the insurers preferred pharmacy would be prohibited.

SB1506/HB1387: Department of Health

Summary: Prohibiting certain research in this state relating to enhanced potential pandemic pathogens; prohibiting medical marijuana treatment centers from producing marijuana products that are attractive to children or manufactured in specified manners; requiring local registrars to electronically file all live birth, death, and fetal death records in their respective jurisdictions in the department's electronic registration system; revising the types of health care practitioners who may make certain determinations of death; extending the timeframe for the confidentiality of certain birth records; requiring that hearing aids provided to persons younger than 18 years of age be prescription hearing aids and not over-the-counter hearing aids, etc.

Progress: SB1506 – Referred to Health Policy and Rules committees
Bill Introduced
Placed on Health Policy Committee agenda for 03/27/23, 3:00 pm, 412 Knott Building
CS voted unanimously by Health Policy committee; YEAS 12 NAYS 0 and advanced to Rules committee
Pending reference review under Rule 4.7(2) - (Committee Substitute)
Read 1st time (Committee Substitute)
Now in Rules committee
On Rules Committee agenda for 4/11/23 at 8:30am – Temporarily Postponed
On Rules Committee agenda for 4/19/23 at 8:30am
CS/CS by Rules – YEAS 19, NAYS 0
Pending reference review under Rule 4.7(2) – (Committee Substitute); Placed on 2nd Reading Calendar
Placed on Special Order Calendar for 4/28/23; CS/CS by Rules read 1st time
Retained on Special Order Calendar
Read 2nd time; Substituted CS/CS/HB 1387
Laid on Table, refer to CS/CS/HB 1387

HB1387 – 1st Reading (Original Filed Version) at the start of Session (03/07/23)
Referred to Healthcare Regulation Subcommittee, Health Care Appropriations Subcommittee, and Health & Human Services Committees
Currently in Healthcare Regulation Subcommittee
NO CHANGE
Added to Healthcare Regulation Subcommittee agenda (03/30/23)
Favorable with Committee Substitute by Healthcare Regulation Subcommittee (Having been "Laid on Table under Rule 7.18(a) – Amendments 098855 and 876737 adopted without objection; Amendment 068445 withdrawn)
Original reference removed: Health Care Appropriations Subcommittee
Now in Health & Human Services Committee
1st Reading (Committee Substitute 1)
Favorable with CS by Health & Human Services Committee
Laid on Table under Rule 7.18(a); Committee Substitute Filed

1st Reading (Committee Substitute 2); Bill referred to House Calendar; Added to Second Reading Calendar
Bill added to Special Order Calendar for 4/28/23
Read 2nd time; Amendment 537621 adopted; Read 3rd time; CS passed as amended – YEAS 93, NAYS 0
In Messages to Senate; Referred to Rules
Withdrawn from Rules; Substituted for CS/CS/SB 1506; Read 2nd time; Amendments adopted (336516, 509046); Read 3rd time; CS passed as amended – YEAS 40, NAYS 0
In Messages to House; Amendment 336516 Concur; Amendment 509046 Refuse to Concur; CS passed as amended – YEAS 114, NAYS 0; Requested Senate to recede
In returning messages to Senate; Receded 1 Amendment (509046); CS passed as amended – YEAS 29, NAYS 11
In Messages to House
ORDERED ENROLLED
Signed by Officers and presented to Governor = Passed and should become law

APRN Relevance: This massive bill addresses many issues crammed into one. The first relevant concerns is regarding the mandatory filing of the certificate of death or fetal death electronically, For those autonomous APRNs, electronic filing of death certificates will be required. Determination of death language has also been revised to add autonomous APRNs and Pas (healthcare providers) as the 2 certifying providers and one must be the treating healthcare provider (striking physician only language). The CS filed and moved along for SB1502 added a section requiring physicians back into the process with the following language: "If the patient′s treating health care practitioner is an autonomous advanced practice registered nurse registered under s. 464.0123, the determination must be made by that practitioner and two physicians licensed under chapter 458 or chapter 459. Each physician must be a board-eligible or board- certified neurologist, neurosurgeon, internist, pediatrician, surgeon, or anesthesiologist." This is an unnecessary restriction that could delay the process. This bill also allows nursing assistants to waive their skills demonstration component of the competency evaluation if they have successfully completed an approved training program within 6 months before filing an application for certification. A summary of the proposed changes in statute can be found in the Health & Human Services committee analysis here and is provided below.

"Effect of the Bill – Florida Vital Statistics

Electronic Filing of Records

CS/CS/HB 1387 requires local registrars to electronically file all live birth, death, and fetal death records occurring within their jurisdiction in DOH's electronic registration system. The bill requires local

registrars to make blank paper forms available to be completed and filed with DOH should the electronic registration system be unavailable. The bill specifies processes for the managing of paper records by the local registrars.

The bill specifies that death and fetal death records and birth certificates are to be filed electronically and makes conforming changes throughout Ch. 382, F.S.

The bill requires court orders and proceedings that may result in the issuance of a new birth certificate to be forwarded electronically to DOH. The bill requires that the courts electronically transmit all original marriage licenses to DOH on a weekly basis, or submit the preceding month's records by the fifth day of each month. The courts may submit dissolution-of-marriage records electronically to DOH on a weekly basis, or submit the preceding month's records by the 10th day of each month.

The bill authorizes DOH to appoint persons to be authorized to issue certificates of live birth, death, or fetal death, in addition to the state and local registrars.

Brain Death

CS/CS/HB 1387 authorizes an autonomous advanced practice nurse practitioner registered under s. 464.0123, F.S., to certify brain death if they are the patient's treating practitioner. In such cases, the brain death must also be certified by two licensed physicians who are board-eligible or board-certified in one of the following specialties: neurology, neurosurgery, internal medicine, pediatrics, surgery, or anesthesiology.

Birth Records

CS/CS/HB 1387 extends the length of time that birth records are exempt from public record from 100 years to 125 years. This change will prevent the birth records of living centenarians from being released under a public records request."

Effect of Proposed Changes – Certified Nursing Assistants

The bill codifies the provisions of Emergency Order 20-008 regarding CNA certification. Specifically, the bill exempts individuals who have successfully completed a board-approved CNA training program within six months of applying for certification from the clinical skills portion of the exam."

DEFINITIONS:

2022-2024 House Rule 7.18—Committee and Subcommittee Substitutes
(a) A standing committee or subcommittee may introduce a committee or subcommittee substitute embracing the same general subject matter of one or more bills, or for a bill as amended as provided in Rule 7.11(d), and in possession of the committee or subcommittee. A proposed committee or subcommittee substitute must be noticed in the manner required for a proposed committee or subcommittee bill. Upon the filing of a committee or subcommittee substitute, the original bill or bills shall be laid on the table of the House.

2022-2024 Senate Rule 4.7—Reference to more than one committee; effect

(1) When a bill receives more than one (1) reference, it shall be considered by each committee separately in the order in which the references are made. However, if any committee to which the bill is referred makes an unfavorable report on said bill, that report shall be filed with the Senate and no further consideration given by other committees except by a two-thirds (2/3) vote of those Senators present while sitting.
(2) If a committee reports a bill favorably with committee substitute or with any amendment that substantially amends the bill, the President may change or correct the reference of the reported bill within seven (7) days after the filing of the report. Notice of a reference change shall be given to the Secretary and the introducer of the bill.