2018 Legislative Recap

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• No Disclosures
Thank yous
We Win!!!

- Direct Primary Care
- Pharmacy Benefit Managers
DIRECT PRIMARY CARE

• FOUR YEARS OF EFFORT
• ALLOWS PRIMARY CARE DOCS AND GROUPS TO CONTRACT DIRECTLY WITH PATIENTS AND EMPLOYERS
• MORE THAN JUST CONCIERGE MEDICINE
PHARMACY BENEFIT MANAGERS

• WORKED WITH PHARMACISTS
• DRAFTED BILL IN SUMMER OF 2017
• CONSULTED WITH BCBSF
• WORKED WITH REP. SANTIAGO ON AMENDMENTS
• REQUIRES PBMS TO REGISTER WITH THE OFFICE OF INSURANCE REGULATION
• REQUIRES PHARMACISTS TO DISCLOSE LEAST EXPENSIVE PAYMENT OPTION
Five Issues

- Telemedicine
- Opioids
- Scope of Practice
- Insurance Reforms

- Regulatory Issues
  - OSR
  - WSS
  - Board of Pharmacy
WHAT THEY WANTED:
  any provider licensed anywhere

WHAT THEY GOT:
  NOTHING. Bill was passed in Senate, but
  never acted upon in House.
“TELEHEALTH”

• 2019 ISSUES
  – Telemedicine providers should be licensed by the State of Florida?
  – Payment issues
  – Cannot be mandatory
  – What is the Standard of Care?
Opioids- HB 21

• Greatest spike is the use of heroin-laced fentanyl.
• Nevertheless, restrictions on physician Rx is cheaper and good PR;
• 3-7 days initial supply.
HB 21- Education

• Mandatory 2 hour course on prescribing controlled substances (FMA or FOMA) required of any physician with a DEA license.

• Due by January 31, 2019
HB 21- Prescribing

• Prescription of Schedule II opioid for acute pain limited to 3 days, although 7 days are allowed IF:

• Practitioner indicates “Medically Necessary Acute Pain Exception” on Prescription and documents necessity in chart;

• If pain is non-acute, must state “Non-Acute Pain” on the Prescription.
HB 21-Prescribing Exceptions

- Cancer
- A Terminal Condition (one year life expectancy)
- Palliative Care (incurable, progressive illness or injury)
- Traumatic Injury with ICIS Score of 9 or higher (cranial contusion; broken femur), but must also prescribe an opioid antagonist.
HB 21-PDMP

• Now mandatory for prescription of ANY controlled substance to a patient 16 or older (exception for non-opiate Schedule V).
• “Controlled Substance” means Schedules II-V.
• Exception if system is down or if only a 3 day supply is being prescribed AND prescriber documents why PDMP was not consulted.
WHAT THEY WANTED

Independent Practice

No inherent limit on scope
No limit on practice setting
No limit on prescribing

Pharmacists could prescribe and inject, test for flu and strep and then prescribe
Optometrists could perform surgery.
Electrologists would not need direct physician supervision.
What They Got

• No Pharmacist Injections; No differential diagnoses
• ARNPs/PAs got NOTHING
• Optometrists got NOTHING
• Electrologists got NOTHING
INSURANCE REFORMS

• Non-Medical Switching
• Prior Authorization
• Formulary Bait and Switch
• ALL DIED IN THE HOUSE
Meanwhile, at the Board of Medicine
Regulatory Update

• Board of Medicine/Board of Nursing not only discipline, but they also create rules that implement statutes (e.g., Office Surgery Rule);
• Patients need to know if surgeon will not be available for follow-up and where surgeon has staff privileges/transfer agreement.
Board of Medicine Issues

• Rogue Facilities
  – Challenge is constant reincorporation/reinvention
  – They are known to BOM, and those who work there receive the harshest penalties
  – Working with press (especially Daniel Chang at Miami Herald) to coordinate stories
  – BOM working with us and press (e.g., follow-up care rule)
Board of Pharmacy

• In August, Board of Pharmacy promulgated rule that in-office non-sterile compounding requires a Pharmacy Permit;

• We sued; settlement allows in-office compounding for in-office administration.