**2019 Legislative Updates: Week 3**

**Summary**

The House passed CS/HB 19 relating to the certificate of need (CON) - 77 yeas / 33 nays. The bill eliminates the CON review program in Florida. Under the measure, applicants would be authorized to offer new or additional health care facilities or services to patients in the state without first obtaining a CON- if the applicant can fulfill the licensure requirements.

The Senate companion bill, SB 1712 by Senator Harrell, was temporarily postponed by the Senate Health Policy Committee.

**Insurance**

The Senate Banking and Insurance Committee amended and passed SB 1180, relating to consumer protection from nonmedical changes to prescription drug formularies - 6 Yeas, 0 Nays.

The bill amends the Insurance Code to provide additional consumer protections by prohibiting a health insurer or HMO from removing a medically necessary covered drug from its formulary during the policy year except during coverage renewal with some limited exceptions. These provisions would apply to individual and group policies or contracts providing medical, major medical, or similar comprehensive coverage.

The bill also prohibits an insurer or HMO from reclassifying a medically necessary drug to a more restrictive drug tier; increasing the amount that an insured must pay out-of-pocket for a copayment, coinsurance, or deductible for prescription drugs; or reclassifying a drug to a higher cost-sharing tier during the policy year.

The bill also:

* Does not prohibit the addition of prescription drugs to the list of drugs covered under the policy during the policy year.
* Does not amend s. 465.025, F.S., which provides conditions under which a pharmacist may substitute a generically equivalent drug product for a brand name drug product.
* Does not amend s. 465.0252, F.S., which provides conditions under which a pharmacist may dispense a substitute biological product for the prescribed biological product.

The provisions of the bill do not apply to grandfathered health plans, as defined in s. 627.402, F.S., or to limited benefits set forth in s. 627.6513(1)-(14), F.S.

The House Health Market Reform Subcommittee amended and passed HB 559, relating to prescription drug utilization management- 14 Yeas, 0 Nays.

CS/HB 559 amends s. 627.42392, F.S., which sets parameters on the use of prior authorization by health insurers. The bill defines “prior authorization” as a statement from a health insurer that a certain medical service or treatment is covered under the terms of a policy or contract for a specific period of time. The term was not previously defined in chapter 627, F.S.

Effective January 1, 2020, the bill requires that each insurer, or pharmacy benefits manager acting on behalf of an insurer, offer a secure, online platform for accepting prior authorization forms from health care providers. All contracted providers must use this platform to submit prior authorization requests on behalf of insured patients. The platform must also allow insurers to request additional information in support of a prior authorization request from a provider.

The bill clarifies that prior authorization requests submitted through a facsimile machine do not constitute electronic requests and do not comply with the requirement that providers submit prior authorization requests electronically.

CS/HB 559 creates s. 627.42393 F.S., which prohibits health insurers and HMOs from requiring covered individuals to repeat a step therapy protocol that was imposed previously.

The bill defines a “step therapy protocol” as a written protocol that specifies the order in which a certain prescription drug must be used in order to treat an individual’s health condition. The bill prohibits current and future health plans from requiring an insured to repeat a step therapy protocol for a particular drug, provided that the following conditions are met:

* The insured has been approved to receive the drug through a step therapy protocol imposed by a health insurer that previously issued major medical coverage to the insured; and,
* The insured is currently taking the drug, as demonstrated by the insurer having made payment for the drug on the insured’s behalf within the past 90 days.

In the event that an individual changes health insurance plans, the bill specifies that the new insurer or HMOs is not precluded from imposing a prior authorization requirement for the continued coverage of a drug that was associated with step therapy in the former health plan.

The bill stipulates that a health insurer or an HMO is not required to add a drug to its drug formulary or cover a drug for a purpose not currently covered in order to comply with the step therapy restriction.

The bill exempts Medicaid managed care plans from the restriction on step therapy protocols.

The bill applies to policies entered into or renewed on or after January 1, 2020.

The Senate Banking and Insurance Committee passed SB 1422, relating to health plans - 5 Yeas, 2 Nays.

SB 1422 revises regulatory provisions relating to alternative coverage arrangements, such as short-term limited duration insurance policies and association health plans (AHPs). The bill codifies 2018 federal regulations to provide consumers and employers with more affordable coverage options and choices for health insurance coverage.

An AHP is a type of multiple employer welfare association, which constitutes a legal arrangement that allows business associations or unrelated employer groups to jointly offer health insurance and other fringe benefits to their members or employees. Changes in federal rules allow small employers, through associations, to gain regulatory and economic advantages that were previously only available to large employers. As a result of the federal regulatory changes, small employers, including working owners without employees, can form an AHP that would be treated as a large group rather than a small group for insurance purposes. This will lower insurance costs and regulatory burdens. In addition, the federal rule allows an AHP to form based on a geographic test, such as a common state, city, county, or a metropolitan area across state lines. Working owners without employees, including sole proprietors, can also join.

The bill also provides that short-term limited duration insurance is an individual or group health insurance coverage provided pursuant to a contract with an issuer that has an expiration date specified in the contract that is less than 12 months after the original effective date of the contract and has a duration of no longer than 36 months in total. Short-term limited duration insurance was designed primarily to fill temporary gaps in coverage that may occur when an individual is transitioning from one plan or coverage to another plan or coverage. Currently, a short-term limited duration insurance policy must expire within 12 months of the date of the contract, taking into account any extensions. The bill requires disclosure in the short-term limited duration insurance contract regarding the scope of the coverage.

The House Insurance & Banking Subcommittee passed HB 997, relating to health plans - 15 Yeas, 0 Nays.

The federal government issued regulations in 2018 that would allow for more widespread availability of association and short-term health insurance. The bill amends the Florida Insurance Code to allow for the expanded availability of association and short-term health insurance as permitted under the revised federal regulations.

The bill amends the Florida Nonprofit Multiple-Employer Welfare Arrangement Act to allow employers of disparate trades or industries to establish association health plans. Under current law, only employers who share a common trade or business interests may do so and employer associations must serve a primary purpose other than the provision of health insurance benefits. The bill revises this requirement by indicating that an association may be established for the purpose of providing health benefits, so long as it serves at least one other professional purpose. The bill eliminates the current statutory requirement that an association be established at least one year prior to offering health benefits to employees of participating employers.

The bill also provides greater flexibility for the use of short-term health insurance by allowing an insurer to provide short-term health insurance for a period of up to 12 months, with the opportunity for renewal up to a total coverage period of 36 months. These extended policy terms are consistent with the parameters on short- term health insurance included in the revised federal regulations. The bill amends the Insurance Code to specify that short-term health insurance is not subject to the state prohibition on placing preexisting condition provisions in individual health insurance contracts. This change will give insurers the opportunity to use some medical underwriting when offering short-term health insurance and is consistent with the use of short-term health insurance as a bridge between comprehensive policies.

The bill provides the state with increased flexibility in choosing an essential health benefits plan, to meet the requirement of providing at least one service or coverage under each of the 10 essential health benefits (EHB) as required under the Patient Protection and Affordable Care Act (PPACA). Currently, the state must select, or default to, a Florida-based commercial health insurance plan as its method of satisfying the EHB requirements. The bill allows the state to meet the EHB requirements by using portions of another state’s EHB plan; replacing one or more of its current EHBs with that of another state; or creating a new EHB plan that meets the federal requirements for the provision of at least one service or coverage under each of the 10 EHB categories.

Finally, the bill further addresses preexisting conditions in health insurance contracts by requiring that, in the event that PPACA is repealed or invalidated, each insurer or health maintenance organization shall offer at least one comprehensive major medical policy or contract that does not exclude, or delay coverage based upon preexisting medical conditions.

The bill has no fiscal impact on state or local government. The bill may have a positive direct economic impact on the private sector.

**Scope of Practice**

The House Health & Human Services Committee amended and passed CS/HB 833, relating to pharmacy - 18 Yeas, 0 Nays.

CS/HB 833 authorizes a consultant pharmacist to enter into a collaborative practice agreement with a health care facility33 medical director or a Florida-licensed allopathic physician, osteopathic physician, podiatric physician, or dentist, who is authorized to prescribe medication, to provide medication management services, which may include:

* Ordering and evaluating laboratory and clinical tests34 to monitor medication therapy and treatment outcomes, as well as promote and evaluate patient health and wellness;
* Conducting patient assessments to evaluate and monitor drug therapy;
* Initiating, modifying, or discontinuing medications as outlined in a patient-specific order or pre-approved treatment protocol; and
* Administering medication.

The bill prohibits a consultant pharmacist from modifying or discontinuing a medication if the consultant pharmacist does not have a collaborative practice agreement with the prescribing practitioner. The bill also clarifies that a consultant pharmacist is not authorized to diagnose any disease or condition.

The bill eliminates the restriction on the setting in which a consultant pharmacist’s services may be offered that is in current law, and allows such services to be provided in any setting. The consultant pharmacist and the collaborating health care practitioner must maintain the collaborative practice agreement, which must be available upon request or during an inspection. The consultant pharmacist must maintain all drug, patient care, and quality assurance records as required by law.

The Board previously established, by rule, the additional training required for licensure as a consultant pharmacist under its general rulemaking authority. The bill gives the Board express authority to establish additional education requirements for licensure as a consultant pharmacist.

The bill revises the definition of “practice of pharmacy” to authorize a pharmacist consult with a prescribing health care practitioner or others specifically authorized by the patient on a patient’s health care status; and to authorize consultant pharmacists to:

* Order and evaluate any laboratory or clinical testing;
* Conduct patient assessments; and
* Initiate, modify, discontinue, or administer medication.

The House Health & Human Services Committee passed CS/HB 885, relating to health care licensing requirements - 17 Yeas, 0 Nays.

Florida is home to one of the largest veteran populations in the United States. The United States Veterans Administration (VA) provides health care services to veterans through a large health care system of hospitals and clinics throughout the state. To work at a VA health care facility, a health care practitioner must hold an active license to practice his or her healthcare profession from any state in the nation. However, if a VA health care practitioner wants to provide health care services to a veteran in a setting outside of a VA health care facility in this state, he or she must hold the appropriate Florida health care license.

CS/HB 885 requires the Department of Health (DOH) to exempt certain VA physicians from licensure requirements. To qualify for the exemption, a VA physician must submit to DOH:

* Proof that he or she holds an active, unencumbered license to practice medicine from another state or territory of the United States;
* Proof of current employment with the VA; and
* An attestation that he or she will only provide medical services to veterans in Florida-licensed hospitals that are pursuant to his or her employment with the VA.

DOH must notify the physician within 15 business of receipt of the documentation that the physician is exempt from Florida licensure requirements.

The House Health Care Appropriations Subcommittee passed HB 111, relating to the practice of pharmacy - 7 Yeas, 3 Nays.

The bill as amended, authorizes a pharmacist to enter into a collaborative pharmacy practice agreement (CPPA) with a physician to manage chronic health conditions if the pharmacist meets certain qualifications. A CPPA must meet certain terms and specify the health conditions, treatments, and tests governed by the CPPA.

The bill prohibits a collaborating pharmacist from initiating or prescribing a controlled substance or modifying or discontinuing any medication that is prescribed by a health care practitioner who does not have a CPPA with the pharmacist.

The bill also authorizes a pharmacist to perform testing or screening for and testing of minor, non-chronic health conditions if the pharmacist meets and maintains certain qualifications.

The bill requires the board to adopt, by rule, a formulary of medicinal drugs that an authorized pharmacist may prescribe to treat minor, non-chronic health conditions. A pharmacist may not prescribe any controlled substance; however, the board-developed formulary may include any non-controlled substance, including those that typically need a prescription to dispense, such as antibiotics, and over-the-counter medications. The bill authorizes a pharmacist to use any CLIA-waived test that guides diagnosis or clinical decision-making, as well as any established screening procedures for which no test is available.

Although typically considered non-chronic conditions, the bill explicitly requires pharmacists who test for influenza and streptococcus to do so within the framework of a written protocol with a supervising physician, which must be submitted to the board. The bill establishes minimum criteria for the content of such protocols.

The House Health Care Appropriations Subcommittee passed HB 373, relating to certification for prescriptive authority - 8 Yeas, 3 Nays.

HB 373 creates a certification for prescriptive authority that would allow licensed psychologists meeting certain criteria to prescribe medication in their course of treatment. The bill provides eligibility criteria, requirements for initial and renewal applications, and conditions under which psychologists may use their certificate of prescriptive authority. The bill imposes various duties on the Board of Psychology and creates an interim panel which will sunset once it submits rule recommendations to the Board.

The bill has a significant negative fiscal impact on the Department of Health and an insignificant fiscal impact on the Agency for Health Care Administration.

**Telehealth**

The House Ways & Means Committee passed HB 23, relating to Telehealth - 14 Yeas, 3 Nays.

The bill authorizes Florida licensed health care professionals to use telehealth to deliver health care services within their respective scopes of practice. The bill also authorizes out-of-state health care professionals to use telehealth to deliver health care services to Florida patients if they register with the Department of Health (DOH) or the applicable board, meet certain eligibility requirements, and pay a fee. A registered telehealth provider may use telehealth, within the relevant scope of practice established by Florida law and rule, to provide health care services to Florida patients, but is prohibited from opening an office in Florida and from providing in-person health care services to patients located in Florida.

The bill also establishes standards of practice for services provided using telehealth, including patient examination, record-keeping, and prohibition on prescribing controlled substances for chronic malignant pain.

**Drug Importation**

The House Appropriations Committee passed CS/HB 19, relating to drug importation - 20 Yeas, 8 Nays.

The United States spends $3.5 trillion on health care, or $10,739 per person, each year. One-tenth of that, approximately $333.4 billion, is spent on retail prescription drugs, with 14 percent ($46.7 billion) paid out-of- pocket by consumers. Relative to the size of its wealth, the United States spends significantly more on healthcare than any country in the world and is an outlier even when compared to other developed and wealthy nations, even after adjusting for drug industry rebates. The United States overall spends 30 to 190 percent more on prescription drugs than other developed countries and pays up to 174 percent more for the same prescription drug.

The federal Food and Drug Administration (FDA) regulates the manufacture, sale, and distribution of prescription drugs to ensure safety and effectiveness of drugs. In Florida, the Department of Business and Professional Regulation’s (DBPR) Division of Drugs, Devices, and Cosmetics and the Department of Health’s (DOH) Board of Pharmacy together regulate prescription drugs in the state from manufacture to distribution and dispensing. All entities engaged in any process along this continuum must be either licensed or permitted to engage in such activity, subject to relevant federal and state laws and rules and enforcement authority of DBPR or DOH, as applicable.

Federal law currently prohibits anyone other than the original manufacturer from importing FDA-approved drugs into the country, thereby prohibiting access to cheaper FDA-approved drugs and increasing price disparities between the United States and comparable wealthy and developed nations.

HB 19 establishes two programs to safely import FDA-approved prescription drugs into the state: the Canadian Drug Importation Program and the International Drug Importation Program. For both programs, the bill establishes eligibility criteria for the types of prescriptions drugs which may be imported and the entities that may export or import prescription drugs. The bill also outlines the importation process, safety standards, drug distribution requirements, and penalties for violations of program requirements. Both programs require federal approval or cooperation before prescription drug importation under the programs can begin.

The bill has a significant, negative fiscal impact on the Agency for Health Care Administration and DBPR. HB 19 is linked to HB 7073, which authorizes DBPR and DOH to charge fees relating to new permits. See Fiscal Comments.

**In the News:**

**House Passes Bill To Make Opening Hospitals Easier**

**By CHRISTINE SEXTON**

**NEWS SERVICE OF FLORIDA • MAR 22, 2019**

The Florida House on Thursday began trying to sweep away controversial health-care regulations, approving a bill that is a top priority of House Speaker Jose Oliva, R-Miami Lakes.

Oliva and other House Republican leaders maintain that ending “certificate of need" regulations, which limit the number of hospitals, nursing homes and hospices that can be built, is a key step in holding down health-care costs.

One of the criticisms of the program has been that it protects hospitals, nursing homes and hospices already providing services and makes it difficult for new providers to enter the market.

The bill (HB 21) cleared the House in a 77-33 vote that was mostly along party lines. Leading debate against the measure was Rep. Evan Jenne, a Dania Beach Democrat who spoke for nearly 15 minutes.

Jenne relied on the findings of a study in the journal Health Affairs that said many of the nation’s top price-gouging hospitals were in Florida. He contended that for-profit hospital companies that were singled out for price gouging would be positioned to take advantage of a repeal of the so-called CON regulations to open new hospitals in the state.

“Forget about the fox guarding the hen house, we’re just opening the door and letting it right in,” Jenne said.

But bill sponsor Heather Fitzenhagen, R-Fort Myers, pointed to “spurious correlations” in the arguments made against her bill, including Jenne’s argument about price gouging.

“Assuming that’s correct, there are price gougers in the state, more competition is going to eradicate that because that’s exactly what removing CON will deliver …. more competition in the marketplace,” she said.

The House bill in opposed by the state’s nursing home, hospital and hospice associations.

Emmett Reed, executive director of the Florida Health Care Association, issued a statement following the vote promising that his nursing-home group will continue to lobby lawmakers on the issue.

“Repeal of certificate of need requirements in other states has done real harm to elder care there. Indiana saw new centers being built but beds going unfilled, which put a significant financial strain on the state’s Medicaid budget. The state had to force nursing centers to close as a result and ultimately had to reverse its CON repeal initiative. CON also contributed to Texas facilities experiencing empty beds and poor levels of care,” Reed said.

Under certificate of need, hospitals, nursing homes and hospices are required to seek approval from the state Agency for Health Care Administration before building new facilities or offering many new services. The process is supposed to help avoid costly duplication of health facilities and services, but it also has frequently led to legal battles about whether new facilities should be allowed.

The House’s vote Thursday could set into motion negotiations with the Senate and, because the issue is an Oliva priority, could help determine whether this year’s legislative session ends smoothly.

The issue has already hit a snag in the Senate, which in the past has been more reluctant than the House to do away with certificate of need.

Senate Health Policy Chairwoman Gayle Harrell, R-Stuart, was forced this week to delay a vote on a CON bill (SB 1712) that she filed because she didn’t have enough support from committee members to move the measure along.

Since the Health Policy Committee meeting, Sen. Aaron Bean, a Fernandina Beach Republican who was one of the opponents of Harrell’s bill, has been in meetings with the Florida Hospital Association and other senators about the proposal.

Senate President Bill Galvano denied Thursday that the high-profile issue was being used as a bargaining chip in exchange for one of his priorities --- an infrastructure plan that involves building new and expanded toll roads.

“That’s a matter of perception, and it certainly can resemble it,” Galvano said. “What I’m telling you is there is not a specific connection between the CON bill being tabled and the infrastructure bill.”

Oliva also denied that the issues were connected.

“The president and I have made a commitment to work together,” Oliva said. “He understands what’s important to us and we understand what’s important to him,” adding it is too early to say that the CON issue stalling in the Senate is “being done for horse trading.”

Bean told The News Service of Florida that he is trying to look at Harrell’s bill in a “new light.” He said lawmakers might be able to change the CON process.

“I’m looking at it from a point of view that it’s not a CON repeal, but a CON reform,” he said.

**Senate Eyes Hospital Medicaid Payments**

**By CHRISTINE SEXTON**

**NEWS SERVICE OF FLORIDA • MAR 21, 2019**

A Senate health-care panel unveiled an early budget proposal Wednesday that would revamp how Florida pays hospitals, direct $85.6 million to address the opioid crisis and change rules regarding medical marijuana. Unlike the House, which has floated about $111 million in Medicaid cuts to hospitals, the Senate is not proposing such reductions.

But Senate Health and Human Services Appropriations Chairman Aaron Bean, R-Fernandina Beach, said his chamber wants Medicaid payments to “follow the patient” and not just be directed to so-called “safety net” facilities, which include teaching hospitals in urban areas and other hospitals that provide large amounts of Medicaid care.

Justin Senior, chief executive officer of the Safety Net Hospital Alliance of Florida, told reporters his industry group is analyzing the House and Senate spending proposals to understand the impacts on its member hospitals.

A similar proposal floated by the Senate last year would have resulted in a $58 million reduction to Jackson Memorial Hospital in Miami.  Ultimately, the Senate proposal did not pass.

Bean also said the Senate wants to waive a requirement that the Legislature ratify medical marijuana rules.

The state’s Office of Medical Marijuana Use has issued a series of proposed regulations for Florida’s fast-growing cannabis industry, but many of the rules have not been finalized.

State health officials blame the delays on legal and administrative challenges.

Since 2010, Florida law has required legislative ratification of any rule that would increase the costs of doing business by more than $1 million over a five-year period. But when rules go to the Legislature, they often are not ratified.

Bean said the Senate doesn’t want to take any more chances on delays in getting medical marijuana into the hands of people who need the product. He said lawmakers have been “exasperated” about the length of time it has taken to bring cannabis to the market.

House and Senate subcommittees have released budget proposals this week as an initial step in drawing up a budget for the 2019-2020 fiscal year, which starts July 1. The full House and Senate will approve budgets in the coming weeks before leaders negotiate a final spending plan.

The Senate health and human-services proposal released Wednesday would allocate an overall $37.7 billion in funding through five state agencies. A House proposal released earlier in the week proposed spending nearly $37.2 billion in those same agencies.

Included in the Senate budget is a $16.2 million proposal to help lower premiums for children in the Florida KidCare program by almost 30 percent. KidCare provides subsidized health insurance to children from low-income and working-class families.

The budget also would include a $4 million hike for addressing the opioid crisis, bringing the total funding to $85.6 million.

Hospital funding is always a high-profile part of budget negotiations and appears likely to be an issue again this year. But the House and Senate also differ in their initial proposals on other issues.

The House budget, for example, would require the state Agency for Persons with Disabilities to revamp its Medicaid “waiver” program for people with disabilities if it runs a deficit at the end of June.

The program operates through a system known as the iBudget. It serves about 34,000 people with intellectual and developmental disabilities. There are about 21,000 more people on the waiting list for the program.

The Senate’s proposed budget doesn’t address reconfiguring the iBudget program but would appropriate $74.5 million to address the deficit and future growth.  Moreover, the budget would direct $41.7 million in funding to provide a rate increase for direct care workers who work with people with intellectual and developmental disabilities.

 **House Committee Votes To Make Medicaid Cuts Permanent**

**By CHRISTINE SEXTON**

**NEWS SERVICE OF FLORIDA *•* MAR 20, 2019**

House Republicans on Tuesday released a proposed health-care budget and an accompanying bill that could lead to putting people with disabilities in managed-care plans.

The proposed budget for the upcoming fiscal year also would make permanent a $103 million reduction to the state’s Medicaid program and reduce Medicaid spending at Florida’s hospitals by about $111 million in federal and state funds. Those reductions would come in reimbursements for inpatient and outpatient care.

The House Health Care Appropriations Subcommittee did not receive any public testimony about Chairwoman MaryLynn Magar’s proposed budget.

But the accompanying bill, which would make necessary statutory changes to carry out the budget, passed by just a one-vote margin with all the Democrats on the committee voting against it.

Republicans voted in a bloc to advance the measure. Several lawmakers were absent when the vote was taken, presenting bills in other committees.

Debate on the bill also was limited, with only Rep. Loranne Ausley, D-Tallahassee, speaking against it.

“Generally, I think there are some provisions in here I have concerns with,” she said, noting that she didn’t think the state should make permanent a decision to eliminate a 90-day period people have to fill out Medicaid paperwork and qualify for coverage.

The Legislature last year agreed to eliminate the longstanding 90-day policy and  — for one year — to require people to fill out Medicaid paperwork the same month they qualify for the  program. The Legislature exempted pregnant women and children from the change, which means it only impacts seniors and people with disabilities.

The House has recommended making the cut permanent by including it in the bill that would accompany the new budget. While the Senate won’t release its proposed health-care spending plan until Wednesday, senators are moving forward with a separate bill that would make the $103 million cut permanent.

Karen Woodall, executive director of the Florida Center for Fiscal and Economic Policy, is lobbying lawmakers to move ahead with the cut, but to include it in the budget, so it would only be in effect for the coming year — and not be permanent. The budget is an annual document.

Woodall said lawmakers should examine the impact that the change has on elderly and disabled residents before moving to make it permanent. The federal government, which approved the change for the current year, directed the state to examine what impact it would have.

The House also would require the state Agency for Persons with Disabilities to remodel its existing Medicaid “waiver” program for people with disabilities if it runs a deficit at the end of June.

Ausley said it is “pretty clear” that there is a deficit and that the best thing for the state to do would be to better fund the program, which uses a system known as iBudget. The program serves about 34,000 people with intellectual and developmental disabilities. There are about 21,000 more on the waiting list for the program.

It is one of the few Medicaid programs that runs independently from a statewide Medicaid managed-care program. As of February, Florida had about 3.8 million Medicaid beneficiaries, with nearly 3 million of them enrolled in managed care.

“Rather than putting them through corrective action, the most critical thing we could do is to provide them with more resources to serve their population,” Ausley said regarding the APD proposal.

Overall, Magar, R-Tequesta, released a budget that proposes spending nearly $37.2 billion in five state agencies related to health and human services. The Agency for Health Care Administration, which runs the Medicaid program, accounts for the majority of the spending, with $29 billion.

The full House and Senate in the coming weeks will approve overall budgets and then enter negotiations on a final spending plan for the 2019-2020 fiscal year, which starts July 1. The House proposal on Tuesday is an early iteration of the spending plan.

 **Opioid Task Force Proposal Advances**

**By BLAISE GAINEY • MAR 20, 2019**

Florida lawmakers want to create a task force to crackdown on the state’s opioid epidemic.

Merrit Island Republican Representative Tyler Sirois(Sa-Roy) introduced a task force bill in committee Tuesday He says the opioid epidemic continues to be a major conflict.

“By the end of today 17 more Floridians will die, will perish due to the opioid epidemic," said Sirois.

The task force would consist of 25 people working to identify best strategies, and the problems that are leading to the epidemic. Member would be expected to submit a report to lawmakers by 2022.

**House Panel Backs Giving Florida Access To Foreign Drugs**

**By CURT ANDERSON - THE ASSOCIATED PRESS • MAR 19, 2019**

Floridians could gain access to cheaper prescription drugs from Canada and other foreign countries under legislation approved by a state House committee Monday amid concern it could open the door to subpar and even dangerous medications.

The bill that cleared the House Appropriations Committee is aimed at tackling soaring U.S. prescription drug prices many times higher than in other countries. The proposal, a priority for Republican Gov. Ron DeSantis, would need federal approval to take effect.

The main sponsor, Republican Rep. Tom Leek of Daytona Beach, said the proposal would benefit Florida consumers by bringing down the cost of prescription drugs without sacrificing safety. Leek said imported drugs would have to meet strict U.S. Food and Drug Administration standards and noted that 80 percent of drug ingredients used in the U.S. are foreign-made now.

"The drugs that would come in through this program must be — must be — FDA approved and must meet the safety standards of every other drug that's sold in the U.S. today," Leek told the committee. "It would significantly lower the cost of prescription drugs. Put people over profit."

According to a committee staff analysis, the U.S. spends about $333 billion annually on prescription drugs, or about $10,739 per person. U.S. drug prices are between 30 to 190 percent more than in other developed countries, the analysis found.

Opponents say the measure could lead to importation of risky counterfeit or contaminated drugs, unwittingly expose people to less effective medications, create a drug "black market" run by unscrupulous players and possibly prove costly to oversee and regulate.

A pharmaceutical and medical industry group, Partnership for Safe Medicines, is among those opponents. George Karavetsos, a former FDA enforcement official and Miami ex-federal prosecutor now representing the group, warned about some of the potential pitfalls.

"This importation program cannot be made safe," Karavetsos said. "People will be severely injured and even die."

Another opponent, Carrie Luther of Santa Cruz, California, told the panel that her 29-year-old son died in 2015 after taking a quarter of a Xanax tablet that he did not know contained the powerful opioid fentanyl, which has killed thousands of people in the U.S. in recent years.

"People have no idea about the extent of these dangers. It's going to happen," she said. "Proposals like this bring in unintended consequences. There's no room for errors, there are no second chances."

There are also questions about whether Canada would permit its lower-cost drugs to be sold in the U.S. in the first place and how much a new regulatory framework for foreign drugs might cost Florida taxpayers.

The bill would actually create two programs: one for state-funded entities such as Medicaid and the prison system and another in which the imported drugs would be sold directly to consumers through pharmacies. The second program faces more federal government hurdles in order to become law.

Vermont last year became the first state in the nation to enact a prescription-drug importation law. The Green Mountain State is still developing its plan, and it hasn't yet submitted an application to the federal health agency.

DeSantis has met with President Donald Trump to gain administration backing for his state's plan, which now heads for another House committee vote before it would be ready for floor consideration.

"We have a chance to win one for the consumer," said Leek, the bill's sponsor.