

<b>Tab 1</b>	<b>SB 126</b> by <b>Bradley</b> ; Similar to H 00101 Prescription Hearing Aids
<del>883970</del> —A	S WD HP, Bradley Delete L.13 - 35: 02/17 03:41 PM
<b>Tab 2</b>	<b>SB 152</b> by <b>Davis</b> ; Identical to H 00103 Protection from Surgical Smoke
<b>Tab 3</b>	<b>SB 264</b> by <b>Harrell</b> ; Identical to H 00721 Step-therapy Protocols
<b>Tab 4</b>	<b>SB 342</b> by <b>Harrell</b> ; Identical to H 00527 Public Records/Agency for Health Care Administration
<b>Tab 5</b>	<b>SB 294</b> by <b>Harrell</b> ; Similar to H 00689 Collaborative Pharmacy Practice for Chronic Health Conditions

**The Florida Senate**  
**COMMITTEE MEETING EXPANDED AGENDA**

**HEALTH POLICY**  
**Senator Burton, Chair**  
**Senator Harrell, Vice Chair**

**MEETING DATE:** Tuesday, February 18, 2025**TIME:** 1:45—3:45 p.m.**PLACE:** Pat Thomas Committee Room, 412 Knott Building**MEMBERS:** Senator Burton, Chair; Senator Harrell, Vice Chair; Senators Berman, Calatayud, Davis, Gaetz, Leek, Osgood, Passidomo, and Trumbull

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	<b>SB 126</b> Bradley (Similar H 101)	Prescription Hearing Aids; Authorizing the sale and distribution of prescription hearing aids to consumers through the mail if certain conditions are met before the sale, etc.  HP      02/18/2025 Favorable CM RC	Favorable Yeas 10 Nays 0
2	<b>SB 152</b> Davis (Identical H 103)	Protection from 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.  HP      02/18/2025 Favorable AHS RC	Favorable Yeas 10 Nays 0
3	<b>SB 264</b> Harrell	Step-therapy Protocols; 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; directing the agency to include rate impacts resulting from the act in certain rates that become effective on a specified date, etc.  HP      02/18/2025 Favorable AHS FP	Favorable Yeas 9 Nays 0

**COMMITTEE MEETING EXPANDED AGENDA**

Health Policy

Tuesday, February 18, 2025, 1:45—3:45 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	<b>SB 342</b> Harrell (Identical H 527)	Public Records/Agency for Health Care Administration; Providing an exemption from public records requirements for the personal identifying and location information of certain current or former personnel of the Agency for Health Care Administration and the names and personal identifying and location information of the spouses and children of such personnel; providing for future legislative review and repeal of the exemption; providing a statement of public necessity, etc.  HP 02/18/2025 Favorable GO RC	Favorable Yeas 9 Nays 0
5	<b>SB 294</b> Harrell (Similar H 689)	Collaborative Pharmacy Practice for Chronic Health Conditions; Revising the definition of the term "chronic health condition" to exclude specified heart conditions for purposes of collaborative pharmacy practice for chronic health conditions, etc.  HP 02/18/2025 Favorable AHS RC	Favorable Yeas 9 Nays 0
Other Related Meeting Documents			

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Health Policy

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BILL: SB 126

INTRODUCER: Senator Bradley

SUBJECT: Prescription Hearing Aids

DATE: February 17, 2025

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Smith	Brown	HP	<b>Favorable</b>
2.			CM	
3.			RC	

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## **I. Summary:**

SB 126 authorizes the sale and distribution of prescription hearing aids to consumers through the mail if a licensed hearing aid specialist or a licensed audiologist conducts required testing procedures before the sale.

The bill provides an effective date of July 1, 2025.

## **II. Present Situation:**

### **Hearing Aids**

#### ***Federal Regulations***

The Food and Drug Administration (FDA) Reauthorization Act of 2017 (FDARA), s. 709,<sup>1</sup> directed the FDA to establish a category of over-the-counter (OTC) hearing aids through rulemaking and set forth various requirements for OTC hearing aids, including defining general controls for reasonable assurance of safety and effectiveness, as well as Federal preemption provisions.

On August 17, 2022, the FDA finalized a rule revising 21 C.F.R. 800,<sup>2</sup> 801,<sup>3</sup> and 874.<sup>4</sup> The FDA's new rule establishes a new category for OTC hearing aids. An OTC hearing aid is an air-

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<sup>1</sup>21 U.S.C. 301, Food and Drug Administration Reauthorization Act of 1917, s. 709, *Regulation of Over-The-Counter Hearing Aids*, available at <https://www.congress.gov/115/plaws/publ52/PLAW-115publ52.pdf> (last visited Feb. 14, 2025).

<sup>2</sup> 21 CFR 800.30, available at <https://www.ecfr.gov/current/title-21/chapter-I/subchapter-H/part-800#800.30> (last visited Feb. 14, 2025).

<sup>3</sup> 21 CFR 801.60 - 63, available at <https://www.ecfr.gov/current/title-21/chapter-I/subchapter-H/part-801/subpart-C> (last visited Feb. 14, 2025).

<sup>4</sup> 21 CFR 874.5300 available at <https://www.ecfr.gov/current/title-21/chapter-I/subchapter-H/part-874/subpart-F/section-874.5300> (last visited Feb. 14, 2025).



conduction hearing aid that does not require implantation or other surgical intervention and is intended for use by a person aged 18 or older to compensate for perceived mild to moderate hearing impairment. The device, through tools, tests, or software, allows the user to control the hearing aid and customize it to the user's hearing needs. The device may use wireless technology or may include tests for self-assessment of hearing loss.

The device is available OTC, without the supervision, prescription, or other order, involvement, or intervention of a licensed person, to consumers through in-person transactions, by mail, or online, provided that the device satisfies the requirements for consumers with "perceived mild to moderate hearing impairment" who wish to buy lower cost hearing aids not bundled with professional services and not requiring professional advice, fitting, adjustment, or maintenance. The rule became effective on October 16, 2022.<sup>5</sup>

The FDA rule includes provisions for simplified labeling, output limits, maximum insertion depth, and conditions for sale and distribution for both OTC and prescription hearing aids. The rule prohibits states from requiring the order, involvement, or intervention of a licensed person for consumers to access OTC hearing aids, a licensed person may service, market, sell, dispense, provide customer support for, or distribute OTC hearing aids.

### ***Florida Regulations***

In Florida, there are currently 1,289 licensed hearing aid specialists, and 1,654 licensed audiologists.<sup>6</sup> In 2023, Florida's practice acts for hearing aid specialists and audiologists were amended to distinguish between prescription hearing aids and OTC hearing aids and conform to the new FDA rules.<sup>7</sup> Under Florida law, prescription hearing aids are dispensed by hearing aid specialists and audiologists who are subject to DOH regulation under the Board of Hearing Aid Specialist (BHAS) and Board of Speech-Language Pathology and Audiology (BSLPA).<sup>8</sup> Under Florida law, selling or distributing prescription hearing aids through the mail to the ultimate consumer is unlawful and is punishable as a misdemeanor of the second degree.<sup>9</sup>

### ***Scope of Practice***

Florida law defines the scope of practice for hearing aid specialists and audiologists and specifies the procedures which each health care practitioner is authorized to perform. Both hearing aid specialists and audiologists may provide services through telehealth within this state.<sup>10</sup> Out-of-state hearing aid specialists and audiologists may register to provide services through telehealth to patients located in this state.<sup>11</sup>

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<sup>5</sup> 21 CFR 800.30, available at <https://www.ecfr.gov/current/title-21/chapter-I/subchapter-H/part-800#800.30> (last visited Feb. 14, 2025).

<sup>6</sup> Florida Department of Health, Division of Medical Quality Assurance, *Annual Report and Long Range Plan, 2023 - 2024*, available at <https://mqawebteam.com/annualreports/2324/> (last visited Feb. 14, 2025).

<sup>7</sup> Laws of Fla. 2023-71.

<sup>8</sup> See Part II, ch. 484 and Part I, ch. 468, respectively.

<sup>9</sup> Sections 468.1265 and 484.054, F.S.

<sup>10</sup> Section 456.47, F.S.

<sup>11</sup> *Id.*

### ***Hearing Aid Specialists***

Under s. 484.041, F.S., hearing aid specialists may dispense prescription hearing aids. Dispensing includes conducting and interpreting hearing tests for purposes of selecting suitable hearing aids; making earmolds or ear impressions for the fitting of hearing aids; and providing appropriate counseling regarding a suitable hearing aid device. This also includes all acts pertaining to the selling, renting, leasing, pricing, delivery, and warranty of hearing aids.<sup>12</sup>

Hearing aid specialists are licensed and regulated by the BHAS.<sup>13</sup> Licensure for a hearing aid specialist is in accordance with s. 484.045, F.S. and includes the following requirements:

- Graduation of an accredited high school or its equivalent;
- Meeting one of the qualifying methods:
  - Completing a Florida sponsored training program; or
  - Having a valid, current license as a hearing aid specialist or its equivalent from another state and has been actively practicing<sup>14</sup> in such capacity for at least 12 months; or
  - Is currently certified by the National Board for Certification in Hearing Instrument Sciences (NBC-HIS) and has been actively practicing for at least 12 months.
- Has successfully completed:
  - International Licensing Examination (ILE); or
  - Active certification from the National Board for Certification in Hearing Instrument Sciences (NBC-HIS).
- Completion of a two-hour course relating to Florida laws and rules taught by an instructor approved by the BHAS.

Effective July 1, 2025, an applicant for licensure must also submit to a background screening test in accordance with s. 456.0135, F.S.

### ***Audiologists***

The practice of audiology includes the application of principles, methods, and procedures for the prevention, identification, evaluation, consultation, habilitation, rehabilitation, instruction, treatment, and research, relative to hearing and the disorders of hearing, and to related language and speech disorders.<sup>15</sup> Licensed audiologists may offer, render, plan, direct, conduct, consult, or supervise services to individuals or groups of individuals who have or are suspected of having disorders of hearing, including prevention, identification, evaluation, treatment, consultation, habilitation, rehabilitation, instruction, and research.<sup>16</sup> This includes the fitting and dispensing of hearing aids. They may also provide the following:

- Participate in hearing conservation, evaluation of noise environment, and noise control;
- Conduct and interpret tests of vestibular function and nystagmus, electrophysiologic auditory-evoked potentials, central auditory function, and calibration of measurement equipment used for such purposes;

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<sup>12</sup> Section 484.041(3)(a), F.S.

<sup>13</sup> Section 484.042, F.S.

<sup>14</sup> See Fla. Admin. Code R. 64B6-2.002 (2025), which defines “actively practicing” as dispensing hearing aids directly to clients for at least 12 months, as shown by at least two sales receipts per month for at least 12 months, each receipt bearing the applicant’s signature and address of place(s) of business.

<sup>15</sup> Section 468.1125(6)(a), F.S.

<sup>16</sup> Section 468.1125(6)(b), F.S.

- Habilitate and rehabilitate, including, but not limited to, hearing aid evaluation, prescription, preparation, fitting and dispensing, assistive listening device selection and orientation, auditory training, aural habilitation, aural rehabilitation, speech conservation, and speechreading;
- Fabricate earmolds;
- Evaluate tinnitus; and
- Conduct speech and language screening, limited to a pass-fail determination for identifying individuals with disorders of communication.<sup>17</sup>

Audiologists are licensed and regulated by the BSLPA.<sup>18</sup> Licensure for audiologists includes, among other requirements, the following:

- Submission of an application and all required fees.
- A doctoral degree with a major emphasis in audiology and:
  - Applicants who have earned a doctoral degree from an approved program before January 1, 2008, must complete 60 semester hours, 24 of which must be in audiology.<sup>19</sup>
  - Applicants who earned a doctoral degree from an approved program after January 1, 2008, must complete 75 semester hours.
  - 300 clock hours of supervised experience (clinical practicum) with at least 200 hours in the area of audiology.
- Eleven months of supervised clinical experience. This requirement may be met if the applicant holds a doctoral degree, meets the requirements of s. 468.1155, F.S., and can demonstrate one year of clinical work experience within the doctoral program.
- Applicants for licensure as an audiologist with a master's degree conferred before January 1, 2008, must document that, prior to licensure, the applicant completed one year of clinical work experience.
- Passed the licensure examination no more than three years prior to the date of the application.<sup>20</sup>

Effective July 1, 2025, an applicant for licensure must also submit to a background screening test in accordance with s. 456.0135, F.S.

### ***Minimal Procedures and Equipment***<sup>21</sup>

Florida law requires hearing aid specialists, and audiologists only when indicated, to perform all of the following procedures to be used in the fitting and selling of prescription hearing aids:

- Pure tone audiometric testing by air and bone to determine the type and degree of hearing deficiency.
- Effective masking.
- Appropriate testing to determine speech reception thresholds, speech discrimination scores, the most comfortable listening levels, uncomfortable loudness levels, and the selection of the best fitting arrangement for maximum hearing aid benefit.

<sup>17</sup> *Id.*

<sup>18</sup> Section 468.1135, F.S.

<sup>19</sup> Section 468.1155, F.S.

<sup>20</sup> Section 468.1185, F.S. and Fla. Admin. Code R. 64B20-2.005 (2022) The BSDPA has designated the Educational Testing Services Praxis Series Examination in Speech-Language Pathology or Audiology as the licensure examination.

<sup>21</sup> Sections 468.12225 and 484.0501, F.S. See also Fla. Admin. Code R. 64B6-6, 64B20-8, and 64B20-9.

A wide range audiometer that meets the specifications of the American National Standards Institute for diagnostic audiometers and a speech audiometer or a master hearing aid must be used by hearing aid specialists, and audiologists only when indicated, in the fitting and selling of prescription hearing aids.

A hearing aid specialist must make a final fitting ensuring physical and operational comfort of the prescription hearing aid. An audiologist must make such a final fitting only when indicated.

Each audiometric test must be made in a testing room that has been certified by the Department of Health and meets certain requirements established in statute and rule. However, this requirement may be waived by a client who has been provided written notice of the benefits and advantages of having the test conducted in a certified testing room.

### **III. Effect of Proposed Changes:**

**Sections 1 and 2** of the bill amend ss. 468.1265 and 484.054, F.S., to create an exception that would allow for prescription hearing aids to be sold and distributed to a consumer through the mail if, before the sale, all required testing procedures as outlined in s. 468.1225 or s. 484.0501 are conducted by an audiologist licensed under s. 468.1185 or a hearing aid specialist licensed under s. 484.045, respectively. The two statutory sections are identical.

Under the bill, if a hearing aid specialist or an audiologist (as indicated) fails to complete *all* required testing procedures in each enumerated section, then the practitioner would commit a misdemeanor of the second degree, punishable as provided in s. 775.072 or s. 775.083.

**Section 3** of the bill provides an effective date of July 1, 2025.

### **IV. Constitutional Issues:**

#### **A. Municipality/County Mandates Restrictions:**

None.

#### **B. Public Records/Open Meetings Issues:**

None.

#### **C. Trust Funds Restrictions:**

None.

#### **D. State Tax or Fee Increases:**

None.

**E. Other Constitutional Issues:**

Under the bill, a hearing aid specialist or audiologist must complete “all required testing procedures *outlined in* s. 468.1225 or s. 484.0501” before the sale of prescription hearing aids distributed through the mail. Section 468.1225(7), F.S., gives rulemaking authority to the Board of Speech-Language Pathology and Audiology, and section 484.0501(7), F.S., gives rulemaking authority to the Board of Hearing Aid Specialists. It is unclear whether a court would interpret the requirements in the respective rules to be included as “required testing procedures outlined in” those sections because the rulemaking authority is derived therein.

**V. Fiscal Impact Statement:****A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

None.

**C. Government Sector Impact:**

To implement the bill, the Department of Health would need to develop a communication plan to ensure compliance and operational readiness. The department anticipates that this would include updating websites and the Artificial Intelligence chatbot, notifying stakeholder groups, and communicating the statutory changes to staff through training.<sup>22</sup>

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends sections 468.1265 and 484.054 of the Florida Statutes.

**IX. Additional Information:****A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

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<sup>22</sup> Department of Health, Senate Bill 126 Legislative Analysis (Feb. 11, 2025) (on file with the Senate Committee on Health Policy).

B. Amendments:

None.

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This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

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By Senator Bradley

6-00498-25

2025126\_\_

A bill to be entitled

An act relating to prescription hearing aids; amending ss. 468.1265 and 484.054, F.S.; authorizing the sale and distribution of prescription hearing aids to consumers through the mail if certain conditions are met before the sale; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 468.1265, Florida Statutes, is amended to read:

468.1265 Sale or distribution of prescription hearing aids through mail; penalty.—It is unlawful for any person to sell or distribute prescription hearing aids through the mail to the ultimate consumer. However, prescription hearing aids may be sold and distributed to a consumer through the mail if, before the sale, all required testing procedures as outlined in s. 468.1225 or s. 484.0501 are conducted by an audiologist licensed under s. 468.1185 or a hearing aid specialist licensed under s. 484.045, respectively. Any person who violates this section commits a misdemeanor of the second degree, punishable as provided in s. 775.082 or s. 775.083.

Section 2. Section 484.054, Florida Statutes, is amended to read:

484.054 Sale or distribution of prescription hearing aids through mail; penalty.—It is unlawful for any person to sell or distribute prescription hearing aids through the mail to the ultimate consumer. However, prescription hearing aids may be sold and distributed to a consumer through the mail if, before

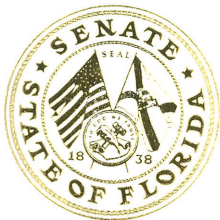
6-00498-25

2025126\_\_

the sale, all required testing procedures as outlined in s.  
468.1225 or s. 484.0501 are conducted by an audiologist licensed  
under s. 468.1185 or a hearing aid specialist licensed under s.  
484.045, respectively. Any violation of this section constitutes  
a misdemeanor of the second degree, punishable as provided in s.  
775.082 or s. 775.083.

Section 3. This act shall take effect July 1, 2025.





## THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

### COMMITTEES:

Regulated Industries, *Chair*  
Appropriations Committee on Higher  
Education, *Vice Chair*  
Appropriations Committee on Pre-K - 12 Education  
Criminal Justice  
Ethics and Elections  
Fiscal Policy  
Rules

### JOINT COMMITTEES:

Joint Committee on Public Counsel Oversight,  
*Alternating Chair*

### SENATOR JENNIFER BRADLEY

6th District

January 15, 2025

Senator Colleen Burton, Chair  
Senate Committee on Health Policy  
408 Senate Building  
404 South Monroe Street  
Tallahassee, FL 32399-1100

Dear Chair Burton:

I respectfully request that SB 126 be placed on the committee's agenda at your earliest convenience. This bill relates to prescription hearing aids.

Thank you for your consideration.

Sincerely,

A handwritten signature in black ink that reads "Jennifer Bradley". The signature is fluid and cursive, with the first name "Jennifer" written in a larger, more prominent script than the last name "Bradley".

Jennifer Bradley

cc: Allen Brown, Staff Director  
Anhar Al-Asadi, Administrative Assistant

### REPLY TO:

- ☐ 1845 East West Parkway, Suite 5, Fleming Island, Florida 32003 (904) 278-2085
- ☐ 184 North Marion Avenue, Lake City, Florida 32055 (904) 278-2085
- ☐ 406 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5006

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**BEN ALBRITTON**  
President of the Senate

**JASON BRODEUR**  
President Pro Tempore

The Florida Senate

**APPEARANCE RECORD**

Deliver both copies of this form to  
Senate professional staff conducting the meeting

SB 126

Bill Number or Topic

Amendment Barcode (if applicable)

Feb 18, 2025

Meeting Date

Health Policies

Committee

Name

Alexander Evertz

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Speaking:

☐ For

☐ Against

☒ Information

**OR**

Waive Speaking:

☒ In Support

☐ Against

**PLEASE CHECK ONE OF THE FOLLOWING:**



I am appearing without  
compensation or sponsorship.



I am a registered lobbyist,  
representing:



I am not a lobbyist, but received  
something of value for my appearance  
(travel, meals, lodging, etc.),  
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

The Florida Senate  
**APPEARANCE RECORD**

Deliver both copies of this form to  
Senate professional staff conducting the meeting

2/18/25

Meeting Date

Health

Committee

126

Bill Number or Topic

Amendment Barcode (if applicable)

Name

THERESA BULGER

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Speaking:

☐ For

☐ Against

☒ Information

**OR**

Waive Speaking:

☐ In Support

☐ Against

**PLEASE CHECK ONE OF THE FOLLOWING:**

☐ I am appearing without  
compensation or sponsorship.

☒ I am a registered lobbyist,  
representing:

FI Academy of Audiologists, AG Bell Asso-  
ciation of the Deaf, Sertum and Deaf Kids Can

☐ I am not a lobbyist, but received  
something of value for my appearance  
(travel, meals, lodging, etc.),  
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Health Policy

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BILL: SB 152

INTRODUCER: Senator Davis

SUBJECT: Protection from Surgical Smoke

DATE: February 17, 2025

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	<b>Favorable</b>
2.			AHS	
3.			RC	

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## **I. Summary:**

SB 152 requires hospitals and ambulatory surgical centers (ASC) to, by January 1, 2026, adopt and implement policies that require the use of a smoke evacuation system during any surgical procedure that is likely to generate surgical smoke.

The bill provides an effective date of July 1, 2025.

## **II. Present Situation:**

Surgical smoke is produced by the thermal destruction of tissue by the use of lasers or electrosurgical devices.<sup>1</sup> Surgical smoke has been shown to contain toxic gases, vapors and particulates, dead and live cellular material, and viruses.<sup>2</sup>

At high concentrations, such smoke can cause ocular and upper respiratory tract irritation in health care personnel and can create view obstruction for the surgeon. The smoke has been shown to have mutagenic potential.<sup>3</sup> Studies have shown that surgical smoke may be associated with complications such as carcinogenicity, toxicity, mutagenicity, irritants, respiratory diseases, spread of pathogenic microorganisms, Human Papillomavirus DNA transfer, Hepatitis B transfer, tumor cell transmission, headache, dizziness, drowsiness, bad hair odor, and runny

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<sup>1</sup> The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention, *Control of Smoke From Laser/Electric Surgical Procedures*, last updated June 30, 2017, available at <https://www.cdc.gov/niosh/docs/hazardcontrol/hc11.html> (last visited Feb. 11, 2025).

<sup>2</sup> *Id.*

<sup>3</sup> The National Institute for Occupational Safety and Health (NIOSH), Centers for Disease Control and Prevention, *Control of Smoke From Laser/Electric Surgical Procedures: Engineering Controls Database*, last updated Nov. 16, 2018, available at <https://www.cdc.gov/niosh/engcontrols/ecd/detail193.html>, (last visited Feb. 11, 2025).

eyes.<sup>4</sup> Some researchers have suggested that surgical smoke may act as a vector for cancerous cells that may be inhaled.<sup>5</sup>

According to the federal Occupational Safety and Health Administration, recognized controls and work practices for surgical smoke include:

- Using portable local smoke evacuators and room suction systems with in-line filters.
- Keeping the smoke evacuator or room suction hose nozzle inlet within two inches of the surgical site to effectively capture airborne contaminants.
- Having a smoke evacuator available for every operating room where plume is generated.
- Evacuating all smoke, no matter how much is generated.
- Keeping the smoke evacuator “ON” (activated) at all times when airborne particles are produced during all surgical or other procedures.
- Considering all tubing, filters, and absorbers as infectious waste and dispose of them appropriately.
- Using new tubing before each procedure and replace the smoke evacuator filter as recommended by the manufacturer.
- Inspecting smoke evacuator systems regularly to ensure proper functioning.<sup>6</sup>

Additionally, the Joint Commission, a major accrediting organization for hospitals and ambulatory surgical centers, addressed the issue of surgical smoke in its newsletter entitled “Quick Safety Issue 56: Alleviating the Dangers of Surgical Smoke.”<sup>7</sup> In the newsletter the Joint Commission recommends that “health care organizations that conduct surgery and other procedures using lasers and other devices that produce surgical smoke should take the following actions to help protect patients and especially staff from the dangers of surgical smoke.

- Implement standard procedures for the removal of surgical smoke and plume through the use of engineering controls, such as smoke evacuators and high filtration masks.
- Use specific insufflators for patients undergoing laparoscopic procedures that lessen the accumulation of methemoglobin buildup in the intra-abdominal cavity. (Surgical smoke is cytotoxic if absorbed into the blood and can cause elevated methemoglobin.) For example, a lapro-shield smoke evacuation device — a filter that attaches to a trocar — helps clear the field inside the abdomen.
- During laser procedures, use standard precautions, such as those promulgated by the Blood-Borne Pathogen Standard (29 CFR 1910.1030) and the Center for Disease Control and Prevention’s Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings, to prevent exposure to the aerosolized blood, blood by-products and pathogens contained in surgical smoke plumes.

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<sup>4</sup> Merajikhah A, Imani B, Khazaei S, Bouraghi H. Impact of Surgical Smoke on the Surgical Team and Operating Room Nurses and Its Reduction Strategies: A Systematic Review. *Iran J Public Health*. 2022 Jan;51(1):27-36. doi: 10.18502/ijph.v51i1.8289. PMID: 35223623; PMCID: PMC8837875. Available at <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8837875/>, (last visited Feb. 11, 2025).

<sup>5</sup> United States Department of Labor, Occupational Safety and Health Administration, *Surgical Suite >> Smoke Plume*, available at <https://www.osha.gov/etools/hospitals/surgical-suite/smoke-plume>, (last visited Feb. 11, 2025).

<sup>6</sup> *Supra* n. 5.

<sup>7</sup> Available at [Quick Safety Issue 56: Alleviating the dangers of surgical smoke | The Joint Commission](#) (last visited Feb. 11, 2025).

- Establish and periodically review policies and procedures for surgical smoke safety and control. Make these policies and procedures available to staff in all areas where surgical smoke is generated.
- Provide surgical team members with initial and ongoing education and competency verification on surgical smoke safety, including the organization's policies and procedures.
- Conduct periodic training exercises to assess surgical smoke precautions and consistent evacuation for the surgical suite or procedural area.”

### **III. Effect of Proposed Changes:**

SB 152 creates s. 395.1013, F.S., to require that hospitals and ASCs adopt and implement policies that require the use of a smoke evacuation system during any surgical procedures that is likely to generate surgical smoke. The bill defines:

- “Smoke evacuation system” to mean equipment that effectively captures, filters, and eliminates surgical smoke at the site of origin before the smoke makes contact with the eyes or respiratory tract of occupants in the room; and
- “Surgical smoke” to mean the gaseous byproduct produced by energy-generating devices such as lasers and electrosurgical devices. The term includes, but is not limited to, surgical plume, smoke plume, bio-aerosols, laser-generated airborne contaminants, and lung-damaging dust.

The bill requires hospitals and ASCs to adopt and implement the required policies by January 1, 2026.

The bill provides an effective date of July 1, 2025.

### **IV. Constitutional Issues:**

#### **A. Municipality/County Mandates Restrictions:**

None.

#### **B. Public Records/Open Meetings Issues:**

None.

#### **C. Trust Funds Restrictions:**

None.

#### **D. State Tax or Fee Increases:**

None.

#### **E. Other Constitutional Issues:**

None.



**V. Fiscal Impact Statement:****A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

SB 152 may have a negative fiscal impact on a hospital or ASC if the hospital or ASC is required to purchase and maintain equipment in order to meet the requirements of the bill.

**C. Government Sector Impact:**

None.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill creates section 395.1013 of the Florida Statutes.

**IX. Additional Information:****A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

**B. Amendments:**

None.

By Senator Davis

5-00188-25

2025152\_\_

A bill to be entitled

An act relating to protection from surgical smoke;  
creating s. 395.1013, F.S.; 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; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 395.1013, Florida Statutes, is created  
to read:

395.1013 Smoke evacuation systems required.-

(1) As used in this section, the term:

(a) "Smoke evacuation system" means equipment that  
effectively captures, filters, and eliminates surgical smoke at  
the site of origin before the smoke makes contact with the eyes  
or respiratory tract of occupants in the room.

(b) "Surgical smoke" means the gaseous byproduct produced  
by energy-generating devices, such as lasers and electrosurgical  
devices. The term includes, but is not limited to, surgical  
plume, smoke plume, bio-aerosols, laser-generated airborne  
contaminants, and lung-damaging dust.

(2) By January 1, 2026, each licensed facility shall adopt  
and implement policies that require the use of a smoke  
evacuation system during any surgical procedure that is likely  
to generate surgical smoke.

Section 2. This act shall take effect July 1, 2025.





# THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

## COMMITTEES:

Appropriations Committee on Health and Human Services, *Vice Chair*  
Appropriations Committee on Higher Education  
Commerce and Tourism  
Education Pre-K - 12  
Fiscal Policy  
Health Policy  
Transportation

## JOINT COMMITTEE:

Joint Legislative Auditing Committee

## SENATOR TRACIE DAVIS

*Democratic Leader Pro Tempore*  
5th District

**To:** Senator Colleen Burton, Chair  
Committee on Health Policy

**Subject:** Committee Agenda Request

**Date:** January 27, 2025

---

I respectfully request that **Senate Bill # 152**, relating to surgical smoke, be placed on the:

- ☐ committee agenda at your earliest possible convenience.
- ☒ next committee agenda.

Thank you for your time and consideration.

A handwritten signature in blue ink, appearing to read "Tracie Davis", is written over a horizontal line.

Senator Tracie Davis  
Florida Senate, District 5

The Florida Senate

APPEARANCE RECORD

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Bill Number or Topic

Amendment Barcode (if applicable)

2/18/25  
Meeting Date

Senate Health Policy  
Committee

Name Meghan Moroney

Phone 305-431-2345

Address S203 Bayshore Blvd #15  
Street

Email swimwater22@hotmail.com

Tampa FL 33611  
City State Zip

Speaking:

☒

For

☐

Against

☐

Information

OR

Waive Speaking:

☐

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:

☒

I am appearing without  
compensation or sponsorship.

☐

I am a registered lobbyist,  
representing:

☐

I am not a lobbyist, but received  
something of value for my appearance  
(travel, meals, lodging, etc.),  
sponsored by:

Florida Nurses Association

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

2/18/2025  
Meeting Date

The Florida Senate  
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2

SB 152  
Bill Number or Topic

3

Committee

Amendment Barcode (if applicable)

Name EVA LIM

Phone 904 (209) - 6688

Address 247 STONEWELL DR.  
Street

Email eva.lim@bucjap.com

SA Johns FL 32259  
City State Zip

Speaking:

☒ For

☐ Against

☐ Information

**OR**

Waive Speaking:

☐ In Support

☐ Against

**PLEASE CHECK ONE OF THE FOLLOWING:**



I am appearing without  
compensation or sponsorship.



I am a registered lobbyist,  
representing:



I am not a lobbyist, but received  
something of value for my appearance  
(travel, meals, lodging, etc.),  
sponsored by:

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Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name

Phone

Address

Street

Email

City

State

Zip

Speaking:



For



Against



Information

**OR**

Waive Speaking:



In Support



Against

**PLEASE CHECK ONE OF THE FOLLOWING:**



I am appearing without  
compensation or sponsorship.



I am a registered lobbyist,  
representing:



I am not a lobbyist, but received  
something of value for my appearance  
(travel, meals, lodging, etc.),  
sponsored by:

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2/18/2025

Meeting Date

HAQ Pub

Committee

SB 152 (4)

Bill Number or Topic

Amendment Barcode (if applicable)

Name

JACK CORN

Phone

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Email

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FL

3234

City

State

Zip

Speaking:

☒ For

☐ Against

☒ Information

**OR**

Waive Speaking:

☒ In Support

☐ Against

**PLEASE CHECK ONE OF THE FOLLOWING:**

☐

I am appearing without  
compensation or sponsorship.

☒

I am a registered lobbyist,  
representing:

Fla Nurse Ass

☐

I am not a lobbyist, but received  
something of value for my appearance  
(travel, meals, lodging, etc.),  
sponsored by:

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S-001 (08/10/2021)

2/18/25

Meeting Date

Health Policy

Committee

Name

Geoffrey Becker

Phone

8505283717

Address

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32312

City

State

Zip

Email

geoffrey.p.becker@medtronic.com

The Florida Senate  
**APPEARANCE RECORD**

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~~2024~~

152

Bill Number or Topic

Amendment Barcode (if applicable)

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**OR**

Waive Speaking: ☒ In Support ☐ Against

**PLEASE CHECK ONE OF THE FOLLOWING:**

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compensation or sponsorship.

☒ I am a registered lobbyist,  
representing:

Medtronic

☐ I am not a lobbyist, but received  
something of value for my appearance  
(travel, meals, lodging, etc.),  
sponsored by:

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Bill Number or Topic

2/18/25

Meeting Date

Health Policy

Committee

Amendment Barcode (if applicable)

Name Chris Nuland

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Street

Jax

City

FL

State

32210

Zip

Speaking: ☐ For ☐ Against ☐ Information

**OR**

Waive Speaking: ☒ In Support ☐ Against

**PLEASE CHECK ONE OF THE FOLLOWING:**

☐ I am appearing without  
compensation or sponsorship.

☒ I am a registered lobbyist,  
representing:

☐ I am not a lobbyist, but received  
something of value for my appearance  
(travel, meals, lodging, etc.),  
sponsored by:

Florida Neurosurgical Society

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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1/18/2025

Meeting Date

Health Policy

Committee

The Florida Senate

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SB 152

Bill Number or Topic

Amendment Barcode (if applicable)

Name **Megan Fay**

Phone **850-222-9075**

Address **124 West Jefferson Street**

Street

**Tallahassee**

City

**FL**

State

**32301**

Zip

Email

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

### PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without  
compensation or sponsorship.

☒ I am a registered lobbyist,  
representing:

**FL Association of Nurse Anesthetists**

☐ I am not a lobbyist, but received  
something of value for my appearance  
(travel, meals, lodging, etc.),  
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

---

Prepared By: The Professional Staff of the Committee on Health Policy

---

BILL: SB 264

INTRODUCER: Senator Harrell

SUBJECT: Step-therapy Protocols

DATE: February 17, 2025

REVISED: \_\_\_\_\_

ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1. Morgan	Brown	HP	<b>Favorable</b>
2. _____	_____	AHS	_____
3. _____	_____	FP	_____

---

## I. Summary:

SB 264 creates an exception from step-therapy prior authorization requirements within the Florida Medicaid program for a drug product that is prescribed for the treatment of a serious mental illness, as that term is defined in the bill, or a medication of a similar drug class if prior authorization was previously granted for the prescribed drug and the medication was dispensed to the patient during the previous 12 months.

Upon becoming law, the bill directs the Florida Agency for Health Care Administration (AHCA) to include the bill's rate impact within the Statewide Medicaid Managed Care program rates that take effect October 1, 2025.

The AHCA reports that the bill will have a fiscal impact on the Florida Medicaid program. *See* Section V of this analysis.

Except as otherwise expressly provided, the bill takes effect on October 1, 2025.

## II. Present Situation:

### The Florida Medicaid Program

Florida Medicaid is the health care safety net for low-income Floridians. The national Medicaid program is a partnership of federal and state governments established to provide coverage for health services for eligible persons. Florida's program is administered by the AHCA and financed through state and federal funds. As of December 2024, the Florida Medicaid program covers over 4.2 million low-income individuals.<sup>1</sup>

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<sup>1</sup> Florida Agency for Health Care Administration, *Senate Bill 264 Analysis* (Feb. 5, 2025) (on file with Senate Committee on Health Policy).

A Medicaid state plan is an agreement between a state and the federal government describing how the state administers its Medicaid programs. The state plan establishes groups of individuals covered under the Medicaid program, services that are provided, payment methodologies, and other administrative and organizational requirements.<sup>2</sup>

In order to participate in Medicaid, federal law requires states to cover certain population groups (mandatory eligibility groups) and gives states the flexibility to cover other population groups (optional eligibility groups). States set individual eligibility criteria within federal minimum standards.<sup>3</sup> The AHCA may seek an amendment to the state plan as necessary to comply with federal or state laws or to implement program changes.<sup>4</sup>

In Florida, the majority of Medicaid recipients receive their services through a managed care plan contracted with the AHCA under the Statewide Medicaid Managed Care (SMMC) program. The SMMC program has three components: the Managed Medical Assistance (MMA) program, the Long-term Care program, and the Prepaid Dental Health program. Among these three components, Florida's SMMC program offers a health care package covering acute, preventive, behavioral health, prescribed drugs, long-term care, and dental services. The SMMC benefits are authorized by federal authority and are specifically required in ss. 409.973 and 409.98, F.S.<sup>5</sup>

The AHCA contracts with managed care plans on a regional basis to provide services to eligible recipients. The MMA program, which covers most medical and acute care services for managed care plan enrollees, was fully implemented in 2014 and was re-procured for a period beginning December 2018 and ending in 2023.<sup>6</sup> In 2020, the Legislature extended the allowable term of the SMMC contracts from five to six years.<sup>7</sup> As a result, the AHCA's previous contracts recently ended in December 2024. On February 1, 2025, the AHCA implemented new SMMC contracts, and the contractual period runs through 2030.<sup>8</sup>

### ***Coverage of Prescribed Drugs***

Section 409.91195, F.S., establishes the Pharmaceutical and Therapeutics Committee within the AHCA and tasks it with developing a Florida Medicaid Preferred Drug List (PDL). The Governor appoints the eleven committee members, including five pharmacists, five physicians, and one consumer representative.<sup>9</sup> The committee must meet quarterly and must review all drug classes included in the PDL at least every 12 months.<sup>10</sup> The committee may recommend additions to and deletions from the PDL, such that the PDL provides for medically appropriate

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<sup>2</sup> Medicaid.gov, *Medicaid State Plan Amendments*, available at <https://www.medicaid.gov/medicaid-state-plan-amendments/index.html> (last visited Feb. 13, 2025).

<sup>3</sup> Centers for Disease Control and Prevention, National Center for Health Statistics, *Medicaid*, available at <https://www.cdc.gov/nchs/hs/sources-definitions/medicaid.htm> (last visited Feb. 13, 2025).

<sup>4</sup> *Supra* note 2.

<sup>5</sup> *Supra* note 1.

<sup>6</sup> Agency for Health Care Administration, *Statewide Medicaid Managed Care: Overview*, available at [https://ahca.myflorida.com/medicaid/statewide\\_mc/pdf/mma/SMMC\\_Overview\\_12042018.pdf](https://ahca.myflorida.com/medicaid/statewide_mc/pdf/mma/SMMC_Overview_12042018.pdf) (last visited Feb. 13, 2025).

<sup>7</sup> Chapter 2020-156, s. 44, Laws of Florida

<sup>8</sup> Florida Agency for Health Care Administration, *Statewide Medicaid Managed Care 3.0 Overview*, available at [https://ahca.myflorida.com/content/download/25090/file/Statewide%20Medicaid%20Managed%20Care%20Full%20Deck\\_09172024.pdf](https://ahca.myflorida.com/content/download/25090/file/Statewide%20Medicaid%20Managed%20Care%20Full%20Deck_09172024.pdf) (last visited Feb. 13, 2025).

<sup>9</sup> Section 409.91195(1), F.S.

<sup>10</sup> Section 409.91195(3), F.S.

drug therapies for Medicaid patients which achieve cost savings contained in the General Appropriations Act.<sup>11</sup>

The committee considers the amount of rebates drug manufacturers are offering if their drug is placed on the PDL.<sup>12</sup> These state-negotiated supplemental rebates, along with federally negotiated rebates, can reduce the per-prescription cost of a brand name drug to below the cost of its generic equivalent.<sup>13</sup> In 2021, the AHCA reported that Florida collects over \$2 billion per year in federal and supplemental rebates for drugs dispensed to Medicaid recipients. These funds are used to offset the cost of Medicaid services.<sup>14</sup>

Medicaid managed care plans are required by the AHCA to provide all prescription drugs listed on the AHCA's PDL. As a result, the managed care plans have not implemented their own plan-specific formularies or PDLs. Medicaid managed care plans are required to provide a link to the AHCA's PDL on their websites.<sup>15</sup> Florida Medicaid covers all Food and Drug Administration (FDA) approved prescription medications.<sup>16</sup> Those not included on the PDL must be prior approved by Medicaid or the health plans.<sup>17</sup>

The AHCA also manages the federally required Florida Medicaid Drug Utilization Review Board, which meets quarterly and develops and reviews clinical prior authorization criteria, including step-therapy protocols, for certain drugs that are not on the AHCA's Medicaid PDL.<sup>18</sup>

### ***Prescribed Drugs Prior Authorization Requirements, Step-Therapy Protocols***

Prior authorization means a process by which a health care provider must qualify for payment coverage by obtaining advance approval from an insurer before a specific service is delivered to the patient.<sup>19</sup> Within the Florida Medicaid program, only care, goods, and services that are medically necessary will obtain prior authorization. The AHCA must respond to prior authorization requests for prescribed drugs within 24 hours of receipt of the request. Medicaid managed care plans are contractually required to respond to prior authorization requests for prescribed drugs within 24 hours of receipt of the request.<sup>20</sup>

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<sup>11</sup> Section 409.91195(4), F.S.

<sup>12</sup> Section 409.91195(7), F.S.

<sup>13</sup> *Supra* note 1.

<sup>14</sup> Florida Agency for Health Care Administration, *Senate Bill 534 Analysis* (Nov. 11, 2021) (on file with Senate Committee on Health Policy).

<sup>15</sup> *Supra* note 1.

<sup>16</sup> Florida Agency for Health Care Administration, *Florida Medicaid Preferred Drug List (Jan. 1, 2025)*, available at <https://ahca.myflorida.com/content/download/22289/file/December%20P%26T%20PDL%2001.15.2025.pdf> (last visited Feb. 13, 2025).

<sup>17</sup> *Supra* note 1.

<sup>18</sup> *Id.*

<sup>19</sup> Riley, Hannah, Gistia Healthcare, *Making Sense of Prior Authorization, What is it?* (Apr. 21, 2020) available at <https://f.hubspotusercontent00.net/hubfs/6718559/downloadables/Making%20Sense%20of%20Prior%20Authorization%20What%20is%20it%20-Gistia%20Healthcare.pdf> (last visited Feb. 13, 2025).

<sup>20</sup> *Supra* note 1.

Section 409.912(5)(a)14., F.S., requires the AHCA to implement a step-therapy<sup>21</sup> prior authorization process for prescribed drugs excluded from the PDL. The recipient must try the prescribed drug on the PDL within the 12 months before a non-PDL drug is approved. However, a non-PDL drug may be approved without meeting the step-therapy prior authorization criteria if the prescribing physician provides additional written medical documentation that the non-PDL product is medically necessary because:<sup>22</sup>

- There is not a drug on the PDL to treat the disease or medical condition which is an acceptable clinical alternative;
- The alternative drugs have been ineffective in the treatment of the recipient's disease;
- The drug product or medication of a similar drug class is prescribed for the treatment of schizophrenia or schizotypal or delusional disorders; prior authorization has been granted previously for the prescribed drug; and the medication was dispensed to the patient during the previous 12 months; or
- Based on historical evidence and known characteristics of the patient and the drug, the drug is likely to be ineffective, or the number of doses has been ineffective.

The AHCA must work with the physician to determine the best alternative for the recipient.<sup>23</sup>

Regardless of whether a drug is listed on the PDL, a Medicaid managed care plan's prior authorization criteria and protocols related to prescribed drugs cannot be more restrictive than the criteria established by the AHCA for Fee-for-Service Delivery System prior authorizations.<sup>24</sup> Medicaid managed care plans must ensure that the prior authorization process for prescribed drugs is readily accessible to health care providers and must provide timely responses to providers.<sup>25</sup>

### **Coverage of Prescription Drugs for Serious Mental Illness**

Drugs treating serious mental illness accounted for over \$200 million in paid claims in the Medicaid program from October 2023 to September 2024. Antidepressants compose one of the largest drug classes and are responsible for over \$20 million in paid claims per year.<sup>26</sup>

#### ***Tricyclic Antidepressants***

As of October 2024, 99.9 percent of the paid claims in this class were for preferred drugs.<sup>27</sup> The net cost of non-preferred drugs can be 10 times greater than the net cost of preferred drugs with the same mechanism of action.<sup>28</sup>

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<sup>21</sup> Step therapy means trying less expensive options before "stepping up" to drugs that cost more. Blue Cross Blue Shield Blue Care Network of Michigan, *How does step therapy work?*, available at <https://www.bcbsm.com/index/health-insurance-help/faqs/plan-types/pharmacy/what-is-step-therapy.html> (last visited Feb. 13, 2025).

<sup>22</sup> Section 409.912(5)(a)14, F.S.

<sup>23</sup> *Id.*

<sup>24</sup> *Supra* note 1.

<sup>25</sup> Section 409.967(2)(c)2, F.S.

<sup>26</sup> *Supra* note 1.

<sup>27</sup> *Id.*

<sup>28</sup> Florida Agency for Health Care Administration, *2023 Agency Legislative Bill Analysis: SB 112*, (Feb. 17, 2023) (on file with the Senate Committee on Health Policy).

***Selective Serotonin Reuptake Inhibitors (SSRI) Antidepressants***

As of October 2024, 99.4 percent of the paid claims in this class were for preferred drugs.<sup>29</sup> The cost of non-preferred drugs can be 22 times greater than the cost of preferred drugs within the same therapeutic class.<sup>30</sup>

***Other Antidepressants***

As of October 2024, 99.2 percent of the paid claims in this class were for preferred drugs. This class contains oral and injectable antidepressant drugs.<sup>31</sup> The cost of oral non-preferred drugs can be 17 times greater than the cost of preferred drugs within the review class, which includes all oral antidepressants that are not tricyclic or SSRIs.<sup>32</sup>

***Antipsychotics***

As of October 2024, 98.9 percent of the paid claims in this class were for preferred drugs. PDL compliance results in significant savings annually in the antipsychotic class.<sup>33</sup>

The Medicaid PDL includes numerous generic and brand name drugs for the treatment of serious mental illness. If a drug is not on the PDL, the prescriber must obtain prior authorization before dispensing the medication. The AHCA and Medicaid managed care plans are required to respond to prior authorization requests within 24 hours of receipt. Prior authorization requests for mental health medications are reviewed using the Psychotherapeutic Medication Guidelines established by the University of South Florida.<sup>34</sup>

The AHCA maintains prior authorization criteria and automated edits.<sup>35</sup>

**Prescription Drugs Used in the Treatment of Schizophrenia for Medicaid Recipients**

In the 2022 Regular Legislative Session, the Legislature enacted SB 534, which amended s. 409.912, F.S., to create an exception from step-therapy prior authorization requirements within the Florida Medicaid program for a drug product if the prescribing physician provides the AHCA with written medical or clinical documentation that the product is medically necessary. Under SB 534, medical necessity is created when the drug product or a medication of a similar drug class is being prescribed for the treatment of schizophrenia or schizotypal or delusional disorders, prior authorization has previously been granted to the patient for the prescribed drug, and the medication had been dispensed to the patient during the previous 12 months.<sup>36</sup>

After the step therapy requirement was mitigated by the enactment of SB 534 in 2022 for schizophrenia-related medications, the PDL compliance decreased 0.1 percent in the

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<sup>29</sup> *Supra* note 1.

<sup>30</sup> *Supra* note 28.

<sup>31</sup> *Supra* note 1.

<sup>32</sup> *Supra* note 28.

<sup>33</sup> *Supra* note 1.

<sup>34</sup> *Id.*

<sup>35</sup> *Id.*

<sup>36</sup> See Chapter 2022-27, Laws of Florida.

antipsychotic class. This decrease in compliance results in a reduction in collection of manufacturer rebates that offset the cost of Medicaid drug spending.<sup>37</sup>

### III. Effect of Proposed Changes:

**Section 1** amends s. 409.901, F.S., to create a definition of the term “serious mental illness” pertaining to the Florida Medicaid program. The bill defines that term to mean any of the following psychiatric disorders as defined by the American Psychiatric Association in the Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition:<sup>38</sup>

- Bipolar disorders, including hypomanic, manic, depressive, and mixed-feature episodes.
- Depression in childhood or adolescence.
- Major depressive disorders, including single and recurrent depressive episodes.
- Obsessive-compulsive disorders.
- Paranoid personality disorder or other psychotic disorders.
- Schizoaffective disorders, including bipolar or depressive symptoms.
- Schizophrenia.

**Section 2** amends s. 409.912(5)(a), F.S., to create an exception from step-therapy prior authorization requirements within the Florida Medicaid program for a drug product that is prescribed for the treatment of a serious mental illness or a medication of a similar drug class if prior authorization was previously granted for the prescribed drug and the medication was dispensed to the patient during the previous 12 months. The bill requires that in cases involving drugs for the treatment of a serious mental illness, the exception *must* be approved, as opposed to the AHCA being *authorized* to approve the exception as in current law.

**Section 3** amends s. 409.910(20)(a), F.S., to make a conforming change.

**Section 4** directs the AHCA, upon the bill becoming law, to include the bill’s rate impact within the Statewide Medicaid Managed Care program rates that take effect October 1, 2025.

**Section 5** provides an effective date of October 1, 2025, except as otherwise provided.

### IV. Constitutional Issues:

#### A. Municipality/County Mandates Restrictions:

None.

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<sup>37</sup> *Supra* note 28.

<sup>38</sup> According to the American Psychiatric Association, The Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition, Text Revision (DSM-5-TR), not the original Fifth Edition, is the Association’s latest version of the manual. The Association indicates that “DSM-5-TR features the most current text updates based on scientific literature with contributions from more than 200 subject matter experts. The revised version includes a new diagnosis (prolonged grief disorder), clarifying modifications to the criteria sets for more than 70 disorders, addition of International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) symptom codes for suicidal behavior and nonsuicidal self-injury, and updates to descriptive text for most disorders based on extensive review of the literature. In addition, DSM-5-TR includes a comprehensive review of the impact of racism and discrimination on the diagnosis and manifestations of mental disorders. The manual will help clinicians and researchers define and classify mental disorders, which can improve diagnoses, treatment, and research.” See <https://www.psychiatry.org/psychiatrists/practice/dsm> (last visited Feb. 14, 2025).

B. Public Records/Open Meetings Issues:

None.

C. Trust Funds Restrictions:

None.

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

**V. Fiscal Impact Statement:**

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

The Agency for Health Care Administration (AHCA) reports that:<sup>39</sup>

- SB 264 will have an operational impact on both the Florida Medicaid fee-for-service delivery system and Statewide Medicaid Managed Care due to changes that will need to be made to all coding related to drugs used to treat serious mental illness.
- In addition to the operational impact, the bill could have adverse impact on the state Medicaid budget. The Florida Medicaid Prescribed Drug List (PDL) includes many effective generic and brand-name medications with robust federal rebates and additional supplemental rebates offered by drug manufacturers, resulting in reduced cost to the Florida Medicaid program. If numerous prescribing physicians elect to prescribe drugs that are not on the PDL under the bill, it may lead to an increase in net drug cost in therapeutic classes related to serious mental illness. The AHCA estimates a significant overall fiscal increase to the Florida Medicaid program of up to \$50 million per year could be possible due to utilization changes and potential loss of supplemental rebates.
- After the enactment of SB 534 (2022) on July 1, 2022, the Florida Medicaid program observed a relative decrease in the amount of rebates collected for the treatment of schizophrenia. A substantial decrease in rebates relative to the large number of drugs used to treat serious mental illness could be expected if SB 264 takes effect as written. In 2023, the AHCA projected that antipsychotics alone would result in the

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<sup>39</sup> *Supra* note 1.

collection of over \$13 million in rebates during the 2022-2023 fiscal year, with a total spend of more than \$70 million.<sup>40</sup> The loss of rebates for a class this size could increase the overall cost of pharmacy spending in the Florida Medicaid program.

In terms of numbers, the AHCA indicates that the fiscal impact of the bill could be significant.<sup>41</sup> According to the fiscal year 2020-2021 data, the Florida Medicaid program spent over \$117 million on medications for the treatment of serious mental illness. If numerous prescribing physicians elect to prescribe drugs that are not on the PDL, and the bill's provisions are applied, it may lead to an increase in drug cost in therapeutic classes related to serious mental illness due to the loss of the AHCA's bargaining power in terms of negotiating rebates. Every one-percent loss in the rate of PDL compliance could generate a \$1.1 million increase in Florida Medicaid program expenses. The extent of such noncompliance under the bill is unknown.<sup>42</sup>

The bill could also mitigate costs to the Florida Medicaid program or other state expenditures in indirect ways. For example, if Medicaid recipients needing certain drugs for serious mental illness experience a delay in access to those drugs due to the step-therapy protocol, such delay could lead to the need for other costly treatments, such as the costs of involuntary evaluation during a mental health crisis.<sup>43</sup> The bill could mitigate the need for those other costly treatments. Such impact is also indeterminate.

## VI. Technical Deficiencies:

None.

## VII. Related Issues:

The bill's list of psychiatric disorders as defined by the American Psychiatric Association in the *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5), includes "paranoid personality disorder or other psychotic disorders." The DSM-5 categorizes the following disorders under Schizophrenia and "other psychotic disorders":<sup>44</sup>

- Schizotypal (Personality) Disorder;
- Delusional Disorder;
- Brief Psychotic Disorder;
- Schizophreniform Disorder;
- Schizophrenia;
- Schizoaffective Disorder;
- Substance/Medication-Induced Psychotic Disorder;
- Psychotic Disorder Due to Another Medical Condition;
- Catatonia;
- Other Specified Schizophrenia Spectrum and Other Psychotic Disorder; and

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<sup>40</sup> *Supra* note 28.

<sup>41</sup> *Supra* note 1.

<sup>42</sup> *Supra* note 28.

<sup>43</sup> See s. 394.463, F.S., within the Florida Mental Health Act.

<sup>44</sup> Wiregrass Georgia Technical College, *DSM-5: Schizophrenia Spectrum and Other Psychotic Disorders*, available at <https://wiregrass.libguides.com/c.php?g=1044445&p=7583272> (last visited Feb. 14, 2025).



- Unspecified Schizophrenia Spectrum and Other Psychotic Disorder.

With the exception of schizophrenia and schizoaffective disorder, the bill includes these disorders by reference to the DSM-5 as “other psychotic disorders” but does not list them by name. It’s possible that the DSM-5 might someday classify other disorders as psychotic disorders that do not appear in this list.

#### **VIII. Statutes Affected:**

This bill substantially amends the following sections of the Florida Statutes: 409.901, 409.912, and 409.910.

#### **IX. Additional Information:**

**A. Committee Substitute – Statement of Changes:**

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

**B. Amendments:**

None.

By Senator Harrell

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A bill to be entitled  
An act relating to step-therapy protocols; amending s.  
409.901, F.S.; defining the term "serious mental  
illness"; amending s. 409.912, F.S.; 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; amending s.  
409.910, F.S.; conforming a cross-reference; directing  
the agency to include rate impacts resulting from the  
act in certain rates that become effective on a  
specified date; providing effective dates.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Present subsections (27) and (28) of section  
409.901, Florida Statutes, are redesignated as subsections (28)  
and (29), respectively, and a new subsection (27) is added to  
that section, to read:

409.901 Definitions; ss. 409.901-409.920.—As used in ss.  
409.901-409.920, except as otherwise specifically provided, the  
term:

(27) "Serious mental illness" means any of the following  
psychiatric disorders as defined by the American Psychiatric  
Association in the Diagnostic and Statistical Manual of Mental  
Disorders, Fifth Edition:

(a) Bipolar disorders, including hypomanic, manic,  
depressive, and mixed-feature episodes.

(b) Depression in childhood or adolescence.

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30       (c) Major depressive disorders, including single and  
31 recurrent depressive episodes.

32       (d) Obsessive-compulsive disorders.

33       (e) Paranoid personality disorder or other psychotic  
34 disorders.

35       (f) Schizoaffective disorders, including bipolar or  
36 depressive symptoms.

37       (g) Schizophrenia.

38       Section 2. Paragraph (a) of subsection (5) of section  
39 409.912, Florida Statutes, is amended to read:

40       409.912 Cost-effective purchasing of health care.—The  
41 agency shall purchase goods and services for Medicaid recipients  
42 in the most cost-effective manner consistent with the delivery  
43 of quality medical care. To ensure that medical services are  
44 effectively utilized, the agency may, in any case, require a  
45 confirmation or second physician's opinion of the correct  
46 diagnosis for purposes of authorizing future services under the  
47 Medicaid program. This section does not restrict access to  
48 emergency services or poststabilization care services as defined  
49 in 42 C.F.R. s. 438.114. Such confirmation or second opinion  
50 shall be rendered in a manner approved by the agency. The agency  
51 shall maximize the use of prepaid per capita and prepaid  
52 aggregate fixed-sum basis services when appropriate and other  
53 alternative service delivery and reimbursement methodologies,  
54 including competitive bidding pursuant to s. 287.057, designed  
55 to facilitate the cost-effective purchase of a case-managed  
56 continuum of care. The agency shall also require providers to  
57 minimize the exposure of recipients to the need for acute  
58 inpatient, custodial, and other institutional care and the

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inappropriate or unnecessary use of high-cost services. The agency shall contract with a vendor to monitor and evaluate the clinical practice patterns of providers in order to identify trends that are outside the normal practice patterns of a provider's professional peers or the national guidelines of a provider's professional association. The vendor must be able to provide information and counseling to a provider whose practice patterns are outside the norms, in consultation with the agency, to improve patient care and reduce inappropriate utilization. The agency may mandate prior authorization, drug therapy management, or disease management participation for certain populations of Medicaid beneficiaries, certain drug classes, or particular drugs to prevent fraud, abuse, overuse, and possible dangerous drug interactions. The Pharmaceutical and Therapeutics Committee shall make recommendations to the agency on drugs for which prior authorization is required. The agency shall inform the Pharmaceutical and Therapeutics Committee of its decisions regarding drugs subject to prior authorization. The agency is authorized to limit the entities it contracts with or enrolls as Medicaid providers by developing a provider network through provider credentialing. The agency may competitively bid single-source-provider contracts if procurement of goods or services results in demonstrated cost savings to the state without limiting access to care. The agency may limit its network based on the assessment of beneficiary access to care, provider availability, provider quality standards, time and distance standards for access to care, the cultural competence of the provider network, demographic characteristics of Medicaid beneficiaries, practice and provider-to-beneficiary standards,

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88 appointment wait times, beneficiary use of services, provider  
89 turnover, provider profiling, provider licensure history,  
90 previous program integrity investigations and findings, peer  
91 review, provider Medicaid policy and billing compliance records,  
92 clinical and medical record audits, and other factors. Providers  
93 are not entitled to enrollment in the Medicaid provider network.  
94 The agency shall determine instances in which allowing Medicaid  
95 beneficiaries to purchase durable medical equipment and other  
96 goods is less expensive to the Medicaid program than long-term  
97 rental of the equipment or goods. The agency may establish rules  
98 to facilitate purchases in lieu of long-term rentals in order to  
99 protect against fraud and abuse in the Medicaid program as  
100 defined in s. 409.913. The agency may seek federal waivers  
101 necessary to administer these policies.

102 (5)(a) The agency shall implement a Medicaid prescribed-  
103 drug spending-control program that includes the following  
104 components:

105 1. A Medicaid preferred drug list, which shall be a listing  
106 of cost-effective therapeutic options recommended by the  
107 Medicaid Pharmacy and Therapeutics Committee established  
108 pursuant to s. 409.91195 and adopted by the agency for each  
109 therapeutic class on the preferred drug list. At the discretion  
110 of the committee, and when feasible, the preferred drug list  
111 should include at least two products in a therapeutic class. The  
112 agency may post the preferred drug list and updates to the list  
113 on an Internet website without following the rulemaking  
114 procedures of chapter 120. Antiretroviral agents are excluded  
115 from the preferred drug list. The agency shall also limit the  
116 amount of a prescribed drug dispensed to no more than a 34-day

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117 supply unless the drug products' smallest marketed package is  
118 greater than a 34-day supply, or the drug is determined by the  
119 agency to be a maintenance drug, in which case a 100-day maximum  
120 supply may be authorized. The agency may seek any federal  
121 waivers necessary to implement these cost-control programs and  
122 to continue participation in the federal Medicaid rebate  
123 program, or alternatively to negotiate state-only manufacturer  
124 rebates. The agency may adopt rules to administer this  
125 subparagraph. The agency shall continue to provide unlimited  
126 contraceptive drugs and items. The agency must establish  
127 procedures to ensure that:

128 a. There is a response to a request for prior authorization  
129 by telephone or other telecommunication device within 24 hours  
130 after receipt of a request for prior authorization; and

131 b. A 72-hour supply of the drug prescribed is provided in  
132 an emergency or when the agency does not provide a response  
133 within 24 hours as required by sub-subparagraph a.

134 2. A provider of prescribed drugs is reimbursed in an  
135 amount not to exceed the lesser of the actual acquisition cost  
136 based on the Centers for Medicare and Medicaid Services National  
137 Average Drug Acquisition Cost pricing files plus a professional  
138 dispensing fee, the wholesale acquisition cost plus a  
139 professional dispensing fee, the state maximum allowable cost  
140 plus a professional dispensing fee, or the usual and customary  
141 charge billed by the provider.

142 3. The agency shall develop and implement a process for  
143 managing the drug therapies of Medicaid recipients who are using  
144 significant numbers of prescribed drugs each month. The  
145 management process may include, but is not limited to,

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comprehensive, physician-directed medical-record reviews, claims analyses, and case evaluations to determine the medical necessity and appropriateness of a patient's treatment plan and drug therapies. The agency may contract with a private organization to provide drug-program-management services. The Medicaid drug benefit management program shall include initiatives to manage drug therapies for HIV/AIDS patients, patients using 20 or more unique prescriptions in a 180-day period, and the top 1,000 patients in annual spending. The agency must ~~shall~~ enroll any Medicaid recipient in the drug benefit management program if he or she meets the specifications of this provision and is not enrolled in a Medicaid health maintenance organization.

4. The agency may limit the size of its pharmacy network based on need, competitive bidding, price negotiations, credentialing, or similar criteria. The agency shall give special consideration to rural areas in determining the size and location of pharmacies included in the Medicaid pharmacy network. A pharmacy credentialing process may include criteria such as a pharmacy's full-service status, location, size, patient educational programs, patient consultation, disease management services, and other characteristics. The agency may impose a moratorium on Medicaid pharmacy enrollment if it is determined that it has a sufficient number of Medicaid-participating providers. The agency must allow dispensing practitioners to participate as a part of the Medicaid pharmacy network regardless of the practitioner's proximity to any other entity that is dispensing prescription drugs under the Medicaid program. A dispensing practitioner must meet all credentialing

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175 requirements applicable to his or her practice, as determined by  
176 the agency.

177 5. The agency shall develop and implement a program that  
178 requires Medicaid practitioners who issue written prescriptions  
179 for medicinal drugs to use a counterfeit-proof prescription pad  
180 for Medicaid prescriptions. The agency shall require the use of  
181 standardized counterfeit-proof prescription pads by prescribers  
182 who issue written prescriptions for Medicaid recipients. The  
183 agency may implement the program in targeted geographic areas or  
184 statewide.

185 6. The agency may enter into arrangements that require  
186 manufacturers of generic drugs prescribed to Medicaid recipients  
187 to provide rebates of at least 15.1 percent of the average  
188 manufacturer price for the manufacturer's generic products.  
189 These arrangements must ~~shall~~ require that if a generic-drug  
190 manufacturer pays federal rebates for Medicaid-reimbursed drugs  
191 at a level below 15.1 percent, the manufacturer must provide a  
192 supplemental rebate to the state in an amount necessary to  
193 achieve a 15.1-percent rebate level.

194 7. The agency may establish a preferred drug list as  
195 described in this subsection, and, pursuant to the establishment  
196 of such preferred drug list, negotiate supplemental rebates from  
197 manufacturers that are in addition to those required by Title  
198 XIX of the Social Security Act and at no less than 14 percent of  
199 the average manufacturer price as defined in 42 U.S.C. s. 1936  
200 on the last day of a quarter unless the federal or supplemental  
201 rebate, or both, equals or exceeds 29 percent. There is no upper  
202 limit on the supplemental rebates the agency may negotiate. The  
203 agency may determine that specific products, brand-name or



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generic, are competitive at lower rebate percentages. Agreement to pay the minimum supplemental rebate percentage guarantees a manufacturer that the Medicaid Pharmaceutical and Therapeutics Committee will consider a product for inclusion on the preferred drug list. However, a pharmaceutical manufacturer is not guaranteed placement on the preferred drug list by simply paying the minimum supplemental rebate. Agency decisions will be made on the clinical efficacy of a drug and recommendations of the Medicaid Pharmaceutical and Therapeutics Committee, as well as the price of competing products minus federal and state rebates. The agency may contract with an outside agency or contractor to conduct negotiations for supplemental rebates. For the purposes of this section, the term "supplemental rebates" means cash rebates. Value-added programs as a substitution for supplemental rebates are prohibited. The agency may seek any federal waivers to implement this initiative.

8.a. The agency may implement a Medicaid behavioral drug management system. The agency may contract with a vendor that has experience in operating behavioral drug management systems to implement this program. The agency may seek federal waivers to implement this program.

b. The agency, in conjunction with the Department of Children and Families, may implement the Medicaid behavioral drug management system that is designed to improve the quality of care and behavioral health prescribing practices based on best practice guidelines, improve patient adherence to medication plans, reduce clinical risk, and lower prescribed drug costs and the rate of inappropriate spending on Medicaid behavioral drugs. The program may include the following

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elements:

(I) Provide for the development and adoption of best practice guidelines for behavioral health-related drugs such as antipsychotics, antidepressants, and medications for treating bipolar disorders and other behavioral conditions; translate them into practice; review behavioral health prescribers and compare their prescribing patterns to a number of indicators that are based on national standards; and determine deviations from best practice guidelines.

(II) Implement processes for providing feedback to and educating prescribers using best practice educational materials and peer-to-peer consultation.

(III) Assess Medicaid beneficiaries who are outliers in their use of behavioral health drugs with regard to the numbers and types of drugs taken, drug dosages, combination drug therapies, and other indicators of improper use of behavioral health drugs.

(IV) Alert prescribers to patients who fail to refill prescriptions in a timely fashion, are prescribed multiple same-class behavioral health drugs, and may have other potential medication problems.

(V) Track spending trends for behavioral health drugs and deviation from best practice guidelines.

(VI) Use educational and technological approaches to promote best practices, educate consumers, and train prescribers in the use of practice guidelines.

(VII) Disseminate electronic and published materials.

(VIII) Hold statewide and regional conferences.

(IX) Implement a disease management program with a model

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quality-based medication component for severely mentally ill individuals and emotionally disturbed children who are high users of care.

9. The agency shall implement a Medicaid prescription drug management system.

a. The agency may contract with a vendor that has experience in operating prescription drug management systems in order to implement this system. Any management system that is implemented in accordance with this subparagraph must rely on cooperation between physicians and pharmacists to determine appropriate practice patterns and clinical guidelines to improve the prescribing, dispensing, and use of drugs in the Medicaid program. The agency may seek federal waivers to implement this program.

b. The drug management system must be designed to improve the quality of care and prescribing practices based on best practice guidelines, improve patient adherence to medication plans, reduce clinical risk, and lower prescribed drug costs and the rate of inappropriate spending on Medicaid prescription drugs. The program must:

(I) Provide for the adoption of best practice guidelines for the prescribing and use of drugs in the Medicaid program, including translating best practice guidelines into practice; reviewing prescriber patterns and comparing them to indicators that are based on national standards and practice patterns of clinical peers in their community, statewide, and nationally; and determine deviations from best practice guidelines.

(II) Implement processes for providing feedback to and educating prescribers using best practice educational materials

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and peer-to-peer consultation.

(III) Assess Medicaid recipients who are outliers in their use of a single or multiple prescription drugs with regard to the numbers and types of drugs taken, drug dosages, combination drug therapies, and other indicators of improper use of prescription drugs.

(IV) Alert prescribers to recipients who fail to refill prescriptions in a timely fashion, are prescribed multiple drugs that may be redundant or contraindicated, or may have other potential medication problems.

10. The agency may contract for drug rebate administration, including, but not limited to, calculating rebate amounts, invoicing manufacturers, negotiating disputes with manufacturers, and maintaining a database of rebate collections.

11. The agency may specify the preferred daily dosing form or strength for the purpose of promoting best practices with regard to the prescribing of certain drugs as specified in the General Appropriations Act and ensuring cost-effective prescribing practices.

12. The agency may require prior authorization for Medicaid-covered prescribed drugs. The agency may prior-authorize the use of a product:

- a. For an indication not approved in labeling;
- b. To comply with certain clinical guidelines; or
- c. If the product has the potential for overuse, misuse, or abuse.

The agency may require the prescribing professional to provide information about the rationale and supporting medical evidence

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for the use of a drug. The agency shall post prior authorization, step-edit criteria and protocol, and updates to the list of drugs that are subject to prior authorization on the agency's Internet website within 21 days after the prior authorization and step-edit criteria and protocol and updates are approved by the agency. For purposes of this subparagraph, the term "step-edit" means an automatic electronic review of certain medications subject to prior authorization.

13. The agency, in conjunction with the Pharmaceutical and Therapeutics Committee, may require age-related prior authorizations for certain prescribed drugs. The agency may preauthorize the use of a drug for a recipient who may not meet the age requirement or may exceed the length of therapy for use of this product as recommended by the manufacturer and approved by the Food and Drug Administration. Prior authorization may require the prescribing professional to provide information about the rationale and supporting medical evidence for the use of a drug.

14. The agency shall implement a step-therapy prior authorization approval process for medications excluded from the preferred drug list. Medications listed on the preferred drug list must be used within the previous 12 months before the alternative medications that are not listed. The step-therapy prior authorization may require the prescriber to use the medications of a similar drug class or for a similar medical indication unless contraindicated in the Food and Drug Administration labeling. The trial period between the specified steps may vary according to the medical indication. The step-therapy approval process must ~~shall~~ be developed in accordance

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with the committee as stated in s. 409.91195(7) and (8). A drug product may be approved or, in the case of a drug product for the treatment of a serious mental illness, must be approved without meeting the step-therapy prior authorization criteria if the prescribing physician provides the agency with additional written medical or clinical documentation that the product is medically necessary because:

a. There is not a drug on the preferred drug list to treat the disease or medical condition which is an acceptable clinical alternative;

b. The alternatives have been ineffective in the treatment of the beneficiary's disease;

c. The drug product or medication of a similar drug class is prescribed for the treatment of a serious mental illness ~~schizophrenia or schizotypal or delusional disorders~~; prior authorization has been granted previously for the prescribed drug; and the medication was dispensed to the patient during the previous 12 months; or

d. Based on historical evidence and known characteristics of the patient and the drug, the drug is likely to be ineffective, or the number of doses have been ineffective.

The agency shall work with the physician to determine the best alternative for the patient. The agency may adopt rules waiving the requirements for written clinical documentation for specific drugs in limited clinical situations.

15. The agency shall implement a return and reuse program for drugs dispensed by pharmacies to institutional recipients, which includes payment of a \$5 restocking fee for the

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implementation and operation of the program. The return and reuse program must ~~shall~~ be implemented electronically and in a manner that promotes efficiency. The program must permit a pharmacy to exclude drugs from the program if it is not practical or cost-effective for the drug to be included and must provide for the return to inventory of drugs that cannot be credited or returned in a cost-effective manner. The agency shall determine whether ~~if~~ the program has reduced the amount of Medicaid prescription drugs which are destroyed on an annual basis and whether ~~if~~ there are additional ways to ensure more prescription drugs are not destroyed which could safely be reused.

Section 3. Paragraph (a) of subsection (20) of section 409.910, Florida Statutes, is amended to read:

409.910 Responsibility for payments on behalf of Medicaid-eligible persons when other parties are liable.—

(20) (a) Entities providing health insurance as defined in s. 624.603, health maintenance organizations and prepaid health clinics as defined in chapter 641, and, on behalf of their clients, third-party administrators, pharmacy benefits managers, and any other third parties, as defined in s. 409.901(28) ~~s. 409.901(27)~~, which are legally responsible for payment of a claim for a health care item or service as a condition of doing business in this ~~the~~ state or providing coverage to residents of this state, shall provide such records and information as are necessary to accomplish the purpose of this section, unless such requirement results in an unreasonable burden.

Section 4. The Agency for Health Care Administration is directed to include the rate impact of this act in the Medicaid

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managed medical assistance program and long-term care managed  
care program rates that become effective on October 1, 2025.  
This section shall take effect upon this act becoming a law.

Section 5. Except as otherwise expressly provided in this  
act and except for this section, which shall take effect upon  
this act becoming a law, this act shall take effect October 1,  
2025.





# THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

## COMMITTEES:

Appropriations Committee on Higher  
Education, *Chair*  
Health Policy, *Vice Chair*  
Appropriations  
Appropriations Committee on Health and  
Human Services  
Children, Families, and Elder Affairs  
Education Postsecondary  
Environment and Natural Resources  
Rules

## SENATOR GAYLE HARRELL

31st District

February 4, 2025

Senator Burton  
408 Senate Office Building  
Tallahassee, FL 32399

Dear Chair Burton,

I respectfully request that SB 264 –Step Therapy Protocols be placed on the next available agenda for the Health Policy Committee.

Should you have any questions or concerns, please feel free to contact my office. Thank you in advance for your consideration.

Thank you,

A handwritten signature in blue ink that reads "Gayle".

Senator Gayle Harrell  
Senate District 31

Cc: Allen Brown, Staff Director  
Anhar Al-Asadi, Committee Administrative Assistant

## REPLY TO:

☐ 312 SE Denver Avenue, Stuart, Florida 34994 (772) 221-4019 FAX: (888) 263-7895  
☐ 404 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5031

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**BEN ALBRITTON**  
President of the Senate

**JASON BRODEUR**  
President Pro Tempore

2/18/25

Meeting Date

Health Policy

Committee

Tom

GEFFIN

Name

Phone

561-891-7122

Address

Street

Email

City

State

Zip

Speaking:

☒

For

☐

Against

☐

Information

OR

Waive Speaking:

☐

In Support

☐

Against

PLEASE CHECK ONE OF THE FOLLOWING:

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While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

2/18/2025

Meeting Date

Health Policy

Committee

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to  
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SB 264

Bill Number or Topic

Amendment Barcode (if applicable)

Name **Carali McLean**

Phone **850-671-4445**

Address **P.O. Box 302**

Email **executivedirector@namiflorida.org**

Street

**Ocala**

**FL**

**34478**

City

State

Zip

**Reset Form**

Speaking: ☒ For ☐ Against ☐ Information **OR** Waive Speaking: ☐ In Support ☐ Against

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S-001 (08/10/2021)

02/18/2025

Meeting Date

Health Policy

Committee

The Florida Senate

## APPEARANCE RECORD

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SB 264

Bill Number or Topic

Amendment Barcode (if applicable)

Name E. Ivonne Fernandez- AARP Phone 954-850-7262

Address 205 S. Monroe Street Email ifernandez@aarp.org

Street

Tallahassee

FL

32301

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

### PLEASE CHECK ONE OF THE FOLLOWING:

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While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

2/18/25

Meeting Date

Senate Health Policy

Committee

The Florida Senate

## APPEARANCE RECORD

Deliver both copies of this form to  
Senate professional staff conducting the meeting

264

Bill Number or Topic

Amendment Barcode (if applicable)

Name **Leslie Dughi** Phone \_\_\_\_\_

Address **119 S Monroe, Suite 200** Email **Leslie.Dughi@MHDfirm.com**

Street

**Tallahassee**

City

**FL**

State

**32301**

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

### PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without  
compensation or sponsorship.

☒ I am a registered lobbyist,  
representing:

**Florida Psychiatric Society**

☐ I am not a lobbyist, but received  
something of value for my appearance  
(travel, meals, lodging, etc.),  
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)



2-18

The Florida Senate

APPEARANCE RECORD

264

Meeting Date

Health Policy

Deliver both copies of this form to  
Senate professional staff conducting the meeting

Bill Number or Topic

Committee

Amendment Barcode (if applicable)

Name

Jerrold Fowler

Phone

904-525-4446

Address

2350 Palmiers Rd

Email

Howler@Hmadiology.org

Street

Tallahassee FL

32304

City

State

Zip

Speaking:



For



Against



Information

OR

Waive Speaking:



In Support



Against

PLEASE CHECK ONE OF THE FOLLOWING:



I am appearing without  
compensation or sponsorship.



I am a registered lobbyist,  
representing:



I am not a lobbyist, but received  
something of value for my appearance  
(travel, meals, lodging, etc.),  
sponsored by:

Florida Medical Association

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

February 18, 2025

Meeting Date

Health Policy

Committee

The Florida Senate

## APPEARANCE RECORD

Deliver both copies of this form to  
Senate professional staff conducting the meeting

SB 264

Bill Number or Topic

Amendment Barcode (if applicable)

Name **Chris Lyon**

Phone **850-222-5702**

Address **106 East College Avenue, Suite 1500**

Email **clyon@llw-law.com**

Street

**Tallahassee**

**FL**

**32301**

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

### PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without  
compensation or sponsorship.

☒ I am a registered lobbyist,  
representing:

**Florida Osteopathic Medical  
Association**

☐ I am not a lobbyist, but received  
something of value for my appearance  
(travel, meals, lodging, etc.),  
sponsored by:

*While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)*

This form is part of the public record for this meeting.

S-001 (08/10/2021)

February 18, 2025

Meeting Date

Health Policy

Committee

The Florida Senate

## APPEARANCE RECORD

Deliver both copies of this form to  
Senate professional staff conducting the meeting

264

Bill Number or Topic

Amendment Barcode (if applicable)

Name **Barney Bishop III**

Phone **850-510-9922**

Address **1454 Vieux Carre Drive**

Email **Barney@BarneyBishop.com**

Street

**Tallahassee**

**FL**

**32308**

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

### PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without  
compensation or sponsorship.

☒ I am a registered lobbyist,  
representing:

**SPAR -Small Business  
Pharmacies**

☐ I am not a lobbyist, but received  
something of value for my appearance  
(travel, meals, lodging, etc.),  
sponsored by:

*While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)*

This form is part of the public record for this meeting.

S-001 (08/10/2021)



**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Health Policy

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BILL: SB 342

INTRODUCER: Senator Harrell

SUBJECT: Public Records/Agency for Health Care Administration

DATE: February 17, 2025

REVISED: \_\_\_\_\_

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Smith	Brown	HP	<b>Favorable</b>
2.			GO	
3.			RC	

---

## **I. Summary:**

SB 342 exempts from public inspection and copying requirements the personal identifying and location information of current and former Agency for Health Care Administration personnel whose duties include the investigation of complaints filed against health care facilities, the investigation of Medicaid fraud, abuse, or waste, or the inspection of health care facilities licensed or certified by the agency. The exemption also applies to the spouses and children of such personnel.

The bill has no impact on state revenues or state expenditures.

The bill provides an effective date of October 1, 2025.

## **II. Present Situation:**

### **Access to Public Records - Generally**

The State Constitution provides that the public has the right to inspect or copy records made or received in connection with official governmental business.<sup>1</sup> The right to inspect or copy applies to the official business of any public body, officer, or employee of the state, including all three branches of state government, local governmental entities, and any person acting on behalf of the government.<sup>2</sup>

Additional requirements and exemptions related to public records are found in various statutes and rules, depending on the branch of government involved. For instance, s. 11.0431, F.S., provides public access requirements for legislative records. Relevant exemptions are codified in

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<sup>1</sup> FLA. CONST. art. I, s. 24(a).

<sup>2</sup> *Id.* See also, *Sarasota Citizens for Responsible Gov't v. City of Sarasota*, 48 So. 3d 755, 762-763 (Fla. 2010).

s. 11.0431(2)-(3), F.S., and adopted in the rules of each house of the Legislature.<sup>3</sup> Florida Rule of Judicial Administration 2.420 governs public access to judicial branch records.<sup>4</sup> Lastly, ch. 119, F.S., known as the Public Records Act, provides requirements for public records held by executive agencies.

### **Executive Agency Records – The Public Records Act**

The Public Records Act provides that all state, county and municipal records are open for personal inspection and copying by any person, and that providing access to public records is a duty of each agency.<sup>5</sup>

Section 119.011(12), F.S., defines “public records” to include:

[a]ll documents, papers, letters, maps, books, tapes, photographs, films, sound recordings, data processing software, or other material, regardless of the physical form, characteristics, or means of transmission, made or received pursuant to law or ordinance or in connections with the transaction of official business by any agency.

The Florida Supreme Court has interpreted this definition to encompass all materials made or received by an agency in connection with official business that are used to “perpetuate, communicate, or formalize knowledge of some type.”<sup>6</sup>

The Florida Statutes specify conditions under which public access to public records must be provided. The Public Records Act guarantees every person’s right to inspect and copy any public record at any reasonable time, under reasonable conditions, and under supervision by the custodian of the public record.<sup>7</sup> A violation of the Public Records Act may result in civil or criminal liability.<sup>8</sup>

The Legislature may exempt public records from public access requirements by passing a general law by a two-thirds vote of both the House and the Senate.<sup>9</sup> The exemption must state with specificity the public necessity justifying the exemption and must be no broader than necessary to accomplish the stated purpose of the exemption.<sup>10</sup>

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<sup>3</sup> See Rule 1.48, *Rules and Manual of the Florida Senate*, (2022-2024) and Rule 14.1, *Rules of the Florida House of Representatives*, Edition 2, (2022-2024).

<sup>4</sup> *State v. Wooten*, 260 So. 3d 1060 (Fla. 4<sup>th</sup> DCA 2018).

<sup>5</sup> Section 119.01(1), F.S. Section 119.011(2), F.S., defines “agency” as “any state, county, district, authority, or municipal officer, department, division, board, bureau, commission, or other separate unit of government created or established by law including, for the purposes of this chapter, the Commission on Ethics, the Public Service Commission, and the Office of Public Counsel, and any other public or private agency, person, partnership, corporation, or business entity acting on behalf of any public agency.”

<sup>6</sup> *Shevin v. Byron, Harless, Schaffer, Reid and Assoc., Inc.*, 379 So. 2d 633, 640 (Fla. 1980).

<sup>7</sup> Section 119.07(1)(a), F.S.

<sup>8</sup> Section 119.10, F.S. Public records laws are found throughout the Florida Statutes, as are the penalties for violating those laws.

<sup>9</sup> FLA. CONST. art. I, s. 24(c).

<sup>10</sup> *Id.* See, e.g., *Halifax Hosp. Medical Center v. News-Journal Corp.*, 724 So. 2d 567 (Fla. 1999) (holding that a public meetings exemption was unconstitutional because the statement of public necessity did not define important terms and did not justify the breadth of the exemption); *Baker County Press, Inc. v. Baker County Medical Services, Inc.*, 870 So. 2d 189 (Fla. 1st DCA 2004) (holding that a statutory provision written to bring another party within an existing public records exemption is unconstitutional without a public necessity statement).

General exemptions from the public records requirements are contained in the Public Records Act.<sup>11</sup> Specific exemptions often are placed in the substantive statutes relating to a particular agency or program.<sup>12</sup>

When creating a public records exemption, the Legislature may provide that a record is “exempt” or “confidential and exempt.” There is a difference between records the Legislature has determined to be exempt from the Public Records Act and those which the Legislature has determined to be exempt from the Public Records Act *and confidential*.<sup>13</sup> Records designated as “confidential and exempt” are not subject to inspection by the public and may only be released under the circumstances defined by statute.<sup>14</sup> Records designated as “exempt” may be released at the discretion of the records custodian under certain circumstances.<sup>15</sup>

### **Open Government Sunset Review Act**

The provisions of s. 119.15, F.S., known as the Open Government Sunset Review Act<sup>16</sup> (the Act), prescribe a legislative review process for newly created or substantially amended<sup>17</sup> public records or open meetings exemptions, with specified exceptions.<sup>18</sup> The Act requires the repeal of such exemption on October 2 of the fifth year after its creation or substantial amendment, unless the Legislature reenacts the exemption.<sup>19</sup>

The Act provides that a public records or open meetings exemption may be created or maintained only if it serves an identifiable public purpose and is no broader than is necessary.<sup>20</sup> An exemption serves an identifiable purpose if the Legislature finds that the purpose of the exemption outweighs open government policy and cannot be accomplished without the exemption and it meets one of the following purposes:

- It allows the state or its political subdivisions to effectively and efficiently administer a governmental program, and administration would be significantly impaired without the exemption;<sup>21</sup>
- It protects sensitive, personal information, the release of which would be defamatory, cause unwarranted damage to the good name or reputation of the individual, or would jeopardize the individual’s safety. If this public purpose is cited as the basis of an exemption, however, only personal identifying information is exempt;<sup>22</sup> or

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<sup>11</sup> See, e.g., s. 119.071(1)(a), F.S. (exempting from public disclosure examination questions and answer sheets of examinations administered by a governmental agency for the purpose of licensure).

<sup>12</sup> See, e.g., s. 213.053(2)(a), F.S. (exempting from public disclosure information contained in tax returns received by the Department of Revenue).

<sup>13</sup> *WFTV, Inc. v. The Sch. Bd. of Seminole County*, 874 So. 2d 48, 53 (Fla. 5<sup>th</sup> DCA 2004).

<sup>14</sup> *Id.*

<sup>15</sup> *Williams v. City of Minneola*, 575 So. 2d 683 (Fla. 5<sup>th</sup> DCA 1991).

<sup>16</sup> Section 119.15, F.S.

<sup>17</sup> An exemption is considered to be substantially amended if it is expanded to include more records or information or to include meetings as well as records. Section 119.15(4)(b), F.S.

<sup>18</sup> Section 119.15(2)(a) and (b), F.S., provides that exemptions required by federal law or applicable solely to the Legislature or the State Court System are not subject to the Open Government Sunset Review Act.

<sup>19</sup> Section 119.15(3), F.S.

<sup>20</sup> Section 119.15(6)(b), F.S.

<sup>21</sup> Section 119.15(6)(b)1., F.S.

<sup>22</sup> Section 119.15(6)(b)2., F.S.

- It protects information of a confidential nature concerning entities, such as trade or business secrets.<sup>23</sup>

The Act also requires specified questions to be considered during the review process.<sup>24</sup> In examining an exemption, the Act directs the Legislature to question the purpose and necessity of reenacting the exemption.

If the exemption is continued and expanded, then a public necessity statement and a two-thirds vote for passage are again required.<sup>25</sup> If the exemption is continued without substantive changes or if the exemption is continued and narrowed, then a public necessity statement and a two-thirds vote for passage are *not* required. If the Legislature allows an exemption to expire, the previously exempt records will remain exempt unless otherwise provided by law.<sup>26</sup>

## **Florida Agency for Health Care Administration**

### ***Health Care Policy and Oversight***

The Agency for Health Care Administration (AHCA) is created in s. 20.42, F.S. It is the chief health policy and planning entity for the state and is responsible for, among other things, health facility licensure, inspection, and regulatory enforcement. It licenses or certifies and regulates over 30 different types of health care providers, including hospitals, nursing homes, assisted living facilities, and home health agencies. In total, the AHCA licenses, certifies, regulates, or provides exemptions for more than 50,000 providers.<sup>27</sup>

Generally applicable provisions of health care provider licensure, including facility inspections and complaints, are addressed in the Health Care Licensing Procedures Act in part II of ch. 408, F.S. Additional chapters or sections in the Florida Statutes provide specific licensure or regulatory requirements pertaining to health care providers in this state.<sup>28</sup>

Section 408.10, F.S., requires the AHCA to make a toll-free telephone number available to the public for the purpose of handling consumer complaints about the quality of care provided in Florida's health care facilities. The AHCA currently accepts complaints through its hotline and on its website through Licensed Health Care Facility Complaint and Unlicensed Health Care

<sup>23</sup> Section 119.15(6)(b)3., F.S.

<sup>24</sup> Section 119.15(6)(a), F.S. The specified questions are:

- What specific records or meetings are affected by the exemption?
- Whom does the exemption uniquely affect, as opposed to the general public?
- What is the identifiable public purpose or goal of the exemption?
- Can the information contained in the records or discussed in the meeting be readily obtained by alternative means? If so, how?
- Is the record or meeting protected by another exemption?
- Are there multiple exemptions for the same type of record or meeting that it would be appropriate to merge?

<sup>25</sup> See generally s. 119.15, F.S.

<sup>26</sup> Section 119.15(7), F.S.

<sup>27</sup> See the Agency for Health Care Administration, Health Care Policy and Oversight <https://ahca.myflorida.com/health-care-policy-and-oversight> (last visited Feb.13, 2025).

<sup>28</sup> See s. 408.802, F.S., for the health care provider types and applicable licensure statutes.

Facility Complaint forms.<sup>29</sup> The AHCA's Complaint Administration Unit receives and processes complaints about the quality of care provided in Florida's health care facilities.

Section 408.811, F.S., outlines procedures for authorized AHCA personnel to inspect health care providers and businesses suspected of operating without a license. An authorized AHCA officer or employee may make or cause to be made *any inspection or investigation deemed necessary* by the AHCA to determine the state of compliance with the law and applicable rules. Inspections are generally unannounced, with re-licensure inspections occurring biennially, unless otherwise specified. Providers with a strong regulatory record may be exempt from routine inspections, but at least 10 percent of these providers will still be inspected by the AHCA. Inspections by recognized certifying organizations may substitute for state inspections. Providers must produce requested records for inspection at no cost. If deficiencies are found, they must be corrected within 30 days, and a plan of correction must be submitted within 10 days, if required. Providers must maintain public records of inspection reports for at least three years, and these reports must be made available to clients and prospective clients upon request.

### ***Office of Medicaid Program Integrity***

The AHCA is also responsible for the administration of the Florida Medicaid program, authorized under Title XIX of the Social Security Act.<sup>30</sup> This authority includes establishing and maintaining a Medicaid state plan approved by the Centers for Medicare & Medicaid Services (CMS) and maintaining any Medicaid waivers needed to operate the Florida Medicaid program as directed by the Legislature.<sup>31</sup>

The Medicaid program is funded with both state and federal tax dollars, and both the states and the federal government have an interest in curbing and investigating Medicaid fraud and recovering overpayments made by the government for improper services. Medicaid fraud means an intentional deception or misrepresentation made by a health care provider or a Medicaid recipient with the knowledge that the deception could result in some unauthorized benefit to him or herself or some other person.<sup>32</sup>

Most providers who commit Medicaid fraud fall into one or more of these categories:

- Billing for patients who did not really receive services,
- Billing for a service and/or equipment that wasn't provided,
- Billing for items and services that the patient no longer needs,
- Overcharging for equipment or services,
- Concealing ownership or associations in a related company,
- Paying a "kickback" in exchange for a referral for medical services or equipment,
- Billing more than once for the same service,

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<sup>29</sup> See the Agency for Health Care Administration, Complaint Administration Unit <https://ahca.myflorida.com/health-care-policy-and-oversight/bureau-of-field-operations/complaint-administration-unit> (last visited Feb.13, 2025).

<sup>30</sup> Section 409.902, F.S.

<sup>31</sup> Medicaid.gov, Medicaid State Plan Amendments, available at <https://www.medicaid.gov/medicaid/medicaid-state-plan-amendments/index.html> (last visited Feb. 13, 2025).

<sup>32</sup> See the Agency for Health Care Administration, Medicaid Fraud: Protect Your Tax Dollars <https://ahca.myflorida.com/agency-administration/office-of-inspector-general/medicaid-fraud-protect-your-tax-dollars> (last visited Feb.13, 2025).

- Using false credentials such as diplomas, licenses or certifications, or
- Ordering tests or prescriptions that the patient does not need.<sup>33</sup>

The AHCA's Office of Medicaid Program Integrity audits and investigates providers suspected of overbilling or defrauding Florida's Medicaid program, recovers overpayments, issues administrative sanctions, and refers cases of suspected fraud for criminal investigation.<sup>34</sup>

### III. Effect of Proposed Changes:

**Section 1** creates sub-subparagraph z. under section 119.071(4)(d)1., F.S., to exempt the following information from the public inspection and copying requirements of s. 119.07(1) and s. 24(a), Art. I of the State Constitution:

- The home addresses, telephone numbers, dates of birth, and photographs of current or former personnel of the AHCA whose duties include the investigation of complaints filed against health care facilities, the investigation of Medicaid fraud, abuse, or waste, or the inspection of health care facilities licensed or certified by the agency;
- The names, home addresses, telephone numbers, dates of birth, and places of employment of the spouses and children of such personnel; and
- The names and locations of schools and day care facilities attended by the children of such personnel.

These exemptions are subject to the Open Government Sunset Review Act and will stand repealed on October 2, 2030, unless reviewed and saved from repeal through reenactment by the Legislature.

At present, the agency estimates that a total of 421 current investigative staff positions would be included in this exemption. This number is fluid and will change over time due to new hires and staff changes.<sup>35</sup>

**Section 2** of the bill provides, as required by the State Constitution, a statement of public necessity. It states that the release of such personal identifying and location information might place the AHCA's current or former personnel and their family members in danger of physical and emotional harm from disgruntled individuals who have contentious reactions to actions carried out by such personnel or whose business or professional practices have come under scrutiny as a result of such investigations and AHCA actions.

Under the bill, the Legislature finds that the potential for harm outweighs any public benefit that may be derived from the disclosure of such personal identifying and location information.

**Section 3** of the bill provides an effective date of October 1, 2025.

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<sup>33</sup> *Id.*

<sup>34</sup> See the Agency for Health Care Administration, Office of Medicaid Program Integrity <https://ahca.myflorida.com/health-care-policy-and-oversight/office-of-medicaid-program-integrity> (last visited Feb.13, 2025).

<sup>35</sup> Agency for Health Care Administration, Senate Bill 342 Legislative Analysis (Feb. 12, 2025) (on file with the Senate Committee on Health Policy).

**IV. Constitutional Issues:****A. Municipality/County Mandates Restrictions:**

None.

**B. Public Records/Open Meetings Issues:****Vote Requirement**

Article I, s. 24(c) of the State Constitution requires a two-thirds vote of the members present and voting for final passage of a bill creating or expanding an exemption to the public records requirements. This bill enacts a new exemption. Thus, the bill requires a two-thirds vote to be enacted.

**Public Necessity Statement**

Article I, s.24(c) of the State Constitution requires a bill creating or expanding an exemption to the public records requirements to state with specificity the public necessity justifying the exemption. Section 2 of the bill contains a statement of public necessity for the exemption.

**Breadth of Exemption**

Article I, s. 24(c) of the State Constitution requires an exemption to the public records requirements to be no broader than necessary to accomplish the stated purpose of the law. The purpose of the law is to protect current and former agency personnel, and their spouse and children, from physical and emotional harm. This bill exempts only their personal identifying and location information from the public records requirements. The exemption does not appear to be broader than necessary to accomplish the purpose of the law.

**C. State Tax or Fee Increases:**

None.

**D. Other Constitutional Issues:**

None.

**V. Fiscal Impact Statement:****A. Tax/Fee Issues:**

None.

**B. Private Sector Impact:**

None.

C. Government Sector Impact:

None.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends section 119.071 of the Florida Statutes.

**IX. Additional Information:**

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

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This Senate Bill Analysis does not reflect the intent or official position of the bill's introducer or the Florida Senate.

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By Senator Harrell

31-00870-25

2025342\_\_

A bill to be entitled  
An act relating to public records; amending s.  
119.071, F.S.; providing an exemption from public  
records requirements for the personal identifying and  
location information of certain current or former  
personnel of the Agency for Health Care Administration  
and the names and personal identifying and location  
information of the spouses and children of such  
personnel; providing for future legislative review and  
repeal of the exemption; providing a statement of  
public necessity; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (d) of subsection (4) of section  
119.071, Florida Statutes, is amended to read:

119.071 General exemptions from inspection or copying of  
public records.—

(4) AGENCY PERSONNEL INFORMATION.—

(d)1. For purposes of this paragraph, the term:

a. "Home addresses" means the dwelling location at which an  
individual resides and includes the physical address, mailing  
address, street address, parcel identification number, plot  
identification number, legal property description, neighborhood  
name and lot number, GPS coordinates, and any other descriptive  
property information that may reveal the home address.

b. "Judicial assistant" means a court employee assigned to  
the following class codes: 8140, 8150, 8310, and 8320.

c. "Telephone numbers" includes home telephone numbers,

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personal cellular telephone numbers, personal pager telephone numbers, and telephone numbers associated with personal communications devices.

2.a. The home addresses, telephone numbers, dates of birth, and photographs of active or former sworn law enforcement personnel or of active or former civilian personnel employed by a law enforcement agency, including correctional and correctional probation officers, personnel of the Department of Children and Families whose duties include the investigation of abuse, neglect, exploitation, fraud, theft, or other criminal activities, personnel of the Department of Health whose duties are to support the investigation of child abuse or neglect, and personnel of the Department of Revenue or local governments whose responsibilities include revenue collection and enforcement or child support enforcement; the names, home addresses, telephone numbers, photographs, dates of birth, and places of employment of the spouses and children of such personnel; and the names and locations of schools and day care facilities attended by the children of such personnel are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

b. The home addresses, telephone numbers, dates of birth, and photographs of current or former nonsworn investigative personnel of the Department of Financial Services whose duties include the investigation of fraud, theft, workers' compensation coverage requirements and compliance, other related criminal activities, or state regulatory requirement violations; the names, home addresses, telephone numbers, dates of birth, and places of employment of the spouses and children of such

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59 personnel; and the names and locations of schools and day care  
60 facilities attended by the children of such personnel are exempt  
61 from s. 119.07(1) and s. 24(a), Art. I of the State  
62 Constitution.

63 c. The home addresses, telephone numbers, dates of birth,  
64 and photographs of current or former nonsworn investigative  
65 personnel of the Office of Financial Regulation's Bureau of  
66 Financial Investigations whose duties include the investigation  
67 of fraud, theft, other related criminal activities, or state  
68 regulatory requirement violations; the names, home addresses,  
69 telephone numbers, dates of birth, and places of employment of  
70 the spouses and children of such personnel; and the names and  
71 locations of schools and day care facilities attended by the  
72 children of such personnel are exempt from s. 119.07(1) and s.  
73 24(a), Art. I of the State Constitution.

74 d. The home addresses, telephone numbers, dates of birth,  
75 and photographs of current or former firefighters certified in  
76 compliance with s. 633.408; the names, home addresses, telephone  
77 numbers, photographs, dates of birth, and places of employment  
78 of the spouses and children of such firefighters; and the names  
79 and locations of schools and day care facilities attended by the  
80 children of such firefighters are exempt from s. 119.07(1) and  
81 s. 24(a), Art. I of the State Constitution.

82 e. The home addresses, dates of birth, and telephone  
83 numbers of current or former justices of the Supreme Court,  
84 district court of appeal judges, circuit court judges, and  
85 county court judges and current judicial assistants; the names,  
86 home addresses, telephone numbers, dates of birth, and places of  
87 employment of the spouses and children of current or former

31-00870-25

2025342\_\_

88 justices and judges and current judicial assistants; and the  
89 names and locations of schools and day care facilities attended  
90 by the children of current or former justices and judges and  
91 current judicial assistants are exempt from s. 119.07(1) and s.  
92 24(a), Art. I of the State Constitution. This sub-subparagraph  
93 is subject to the Open Government Sunset Review Act in  
94 accordance with s. 119.15 and shall stand repealed on October 2,  
95 2028, unless reviewed and saved from repeal through reenactment  
96 by the Legislature.

97 f. The home addresses, telephone numbers, dates of birth,  
98 and photographs of current or former state attorneys, assistant  
99 state attorneys, statewide prosecutors, or assistant statewide  
100 prosecutors; the names, home addresses, telephone numbers,  
101 photographs, dates of birth, and places of employment of the  
102 spouses and children of current or former state attorneys,  
103 assistant state attorneys, statewide prosecutors, or assistant  
104 statewide prosecutors; and the names and locations of schools  
105 and day care facilities attended by the children of current or  
106 former state attorneys, assistant state attorneys, statewide  
107 prosecutors, or assistant statewide prosecutors are exempt from  
108 s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

109 g. The home addresses, dates of birth, and telephone  
110 numbers of general magistrates, special magistrates, judges of  
111 compensation claims, administrative law judges of the Division  
112 of Administrative Hearings, and child support enforcement  
113 hearing officers; the names, home addresses, telephone numbers,  
114 dates of birth, and places of employment of the spouses and  
115 children of general magistrates, special magistrates, judges of  
116 compensation claims, administrative law judges of the Division

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of Administrative Hearings, and child support enforcement hearing officers; and the names and locations of schools and day care facilities attended by the children of general magistrates, special magistrates, judges of compensation claims, administrative law judges of the Division of Administrative Hearings, and child support enforcement hearing officers are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

h. The home addresses, telephone numbers, dates of birth, and photographs of current or former human resource, labor relations, or employee relations directors, assistant directors, managers, or assistant managers of any local government agency or water management district whose duties include hiring and firing employees, labor contract negotiation, administration, or other personnel-related duties; the names, home addresses, telephone numbers, dates of birth, and places of employment of the spouses and children of such personnel; and the names and locations of schools and day care facilities attended by the children of such personnel are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

i. The home addresses, telephone numbers, dates of birth, and photographs of current or former code enforcement officers; the names, home addresses, telephone numbers, dates of birth, and places of employment of the spouses and children of such personnel; and the names and locations of schools and day care facilities attended by the children of such personnel are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

j. The home addresses, telephone numbers, places of

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146 employment, dates of birth, and photographs of current or former  
147 guardians ad litem, as defined in s. 39.01; the names, home  
148 addresses, telephone numbers, dates of birth, and places of  
149 employment of the spouses and children of such persons; and the  
150 names and locations of schools and day care facilities attended  
151 by the children of such persons are exempt from s. 119.07(1) and  
152 s. 24(a), Art. I of the State Constitution.

153 k. The home addresses, telephone numbers, dates of birth,  
154 and photographs of current or former juvenile probation  
155 officers, juvenile probation supervisors, detention  
156 superintendents, assistant detention superintendents, juvenile  
157 justice detention officers I and II, juvenile justice detention  
158 officer supervisors, juvenile justice residential officers,  
159 juvenile justice residential officer supervisors I and II,  
160 juvenile justice counselors, juvenile justice counselor  
161 supervisors, human services counselor administrators, senior  
162 human services counselor administrators, rehabilitation  
163 therapists, and social services counselors of the Department of  
164 Juvenile Justice; the names, home addresses, telephone numbers,  
165 dates of birth, and places of employment of spouses and children  
166 of such personnel; and the names and locations of schools and  
167 day care facilities attended by the children of such personnel  
168 are exempt from s. 119.07(1) and s. 24(a), Art. I of the State  
169 Constitution.

170 l. The home addresses, telephone numbers, dates of birth,  
171 and photographs of current or former public defenders, assistant  
172 public defenders, criminal conflict and civil regional counsel,  
173 and assistant criminal conflict and civil regional counsel; the  
174 names, home addresses, telephone numbers, dates of birth, and

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175 places of employment of the spouses and children of current or  
176 former public defenders, assistant public defenders, criminal  
177 conflict and civil regional counsel, and assistant criminal  
178 conflict and civil regional counsel; and the names and locations  
179 of schools and day care facilities attended by the children of  
180 current or former public defenders, assistant public defenders,  
181 criminal conflict and civil regional counsel, and assistant  
182 criminal conflict and civil regional counsel are exempt from s.  
183 119.07(1) and s. 24(a), Art. I of the State Constitution.

184 m. The home addresses, telephone numbers, dates of birth,  
185 and photographs of current or former investigators or inspectors  
186 of the Department of Business and Professional Regulation; the  
187 names, home addresses, telephone numbers, dates of birth, and  
188 places of employment of the spouses and children of such current  
189 or former investigators and inspectors; and the names and  
190 locations of schools and day care facilities attended by the  
191 children of such current or former investigators and inspectors  
192 are exempt from s. 119.07(1) and s. 24(a), Art. I of the State  
193 Constitution.

194 n. The home addresses, telephone numbers, and dates of  
195 birth of county tax collectors; the names, home addresses,  
196 telephone numbers, dates of birth, and places of employment of  
197 the spouses and children of such tax collectors; and the names  
198 and locations of schools and day care facilities attended by the  
199 children of such tax collectors are exempt from s. 119.07(1) and  
200 s. 24(a), Art. I of the State Constitution.

201 o. The home addresses, telephone numbers, dates of birth,  
202 and photographs of current or former personnel of the Department  
203 of Health whose duties include, or result in, the determination

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or adjudication of eligibility for social security disability benefits, the investigation or prosecution of complaints filed against health care practitioners, or the inspection of health care practitioners or health care facilities licensed by the Department of Health; the names, home addresses, telephone numbers, dates of birth, and places of employment of the spouses and children of such personnel; and the names and locations of schools and day care facilities attended by the children of such personnel are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

p. The home addresses, telephone numbers, dates of birth, and photographs of current or former impaired practitioner consultants who are retained by an agency or current or former employees of an impaired practitioner consultant whose duties result in a determination of a person's skill and safety to practice a licensed profession; the names, home addresses, telephone numbers, dates of birth, and places of employment of the spouses and children of such consultants or their employees; and the names and locations of schools and day care facilities attended by the children of such consultants or employees are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

q. The home addresses, telephone numbers, dates of birth, and photographs of current or former emergency medical technicians or paramedics certified under chapter 401; the names, home addresses, telephone numbers, dates of birth, and places of employment of the spouses and children of such emergency medical technicians or paramedics; and the names and locations of schools and day care facilities attended by the



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children of such emergency medical technicians or paramedics are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

r. The home addresses, telephone numbers, dates of birth, and photographs of current or former personnel employed in an agency's office of inspector general or internal audit department whose duties include auditing or investigating waste, fraud, abuse, theft, exploitation, or other activities that could lead to criminal prosecution or administrative discipline; the names, home addresses, telephone numbers, dates of birth, and places of employment of spouses and children of such personnel; and the names and locations of schools and day care facilities attended by the children of such personnel are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

s. The home addresses, telephone numbers, dates of birth, and photographs of current or former directors, managers, supervisors, nurses, and clinical employees of an addiction treatment facility; the home addresses, telephone numbers, photographs, dates of birth, and places of employment of the spouses and children of such personnel; and the names and locations of schools and day care facilities attended by the children of such personnel are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. For purposes of this sub-subparagraph, the term "addiction treatment facility" means a county government, or agency thereof, that is licensed pursuant to s. 397.401 and provides substance abuse prevention, intervention, or clinical treatment, including any licensed service component described in s. 397.311(27).

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t. The home addresses, telephone numbers, dates of birth, and photographs of current or former directors, managers, supervisors, and clinical employees of a child advocacy center that meets the standards of s. 39.3035(2) and fulfills the screening requirement of s. 39.3035(3), and the members of a Child Protection Team as described in s. 39.303 whose duties include supporting the investigation of child abuse or sexual abuse, child abandonment, child neglect, and child exploitation or to provide services as part of a multidisciplinary case review team; the names, home addresses, telephone numbers, photographs, dates of birth, and places of employment of the spouses and children of such personnel and members; and the names and locations of schools and day care facilities attended by the children of such personnel and members are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

u. The home addresses, telephone numbers, places of employment, dates of birth, and photographs of current or former staff and domestic violence advocates, as defined in s. 90.5036(1)(b), of domestic violence centers certified by the Department of Children and Families under chapter 39; the names, home addresses, telephone numbers, places of employment, dates of birth, and photographs of the spouses and children of such personnel; and the names and locations of schools and day care facilities attended by the children of such personnel are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

v. The home addresses, telephone numbers, dates of birth, and photographs of current or former inspectors or investigators of the Department of Agriculture and Consumer Services; the

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names, home addresses, telephone numbers, dates of birth, and places of employment of the spouses and children of current or former inspectors or investigators; and the names and locations of schools and day care facilities attended by the children of current or former inspectors or investigators are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. This sub-subparagraph is subject to the Open Government Sunset Review Act in accordance with s. 119.15 and shall stand repealed on October 2, 2028, unless reviewed and saved from repeal through reenactment by the Legislature.

w. The home addresses, telephone numbers, dates of birth, and photographs of current county attorneys, assistant county attorneys, deputy county attorneys, city attorneys, assistant city attorneys, and deputy city attorneys; the names, home addresses, telephone numbers, photographs, dates of birth, and places of employment of the spouses and children of current county attorneys, assistant county attorneys, deputy county attorneys, city attorneys, assistant city attorneys, and deputy city attorneys; and the names and locations of schools and day care facilities attended by the children of current county attorneys, assistant county attorneys, deputy county attorneys, city attorneys, assistant city attorneys, and deputy city attorneys are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. This exemption does not apply to a county attorney, assistant county attorney, deputy county attorney, city attorney, assistant city attorney, or deputy city attorney who qualifies as a candidate for election to public office. This sub-subparagraph is subject to the Open Government Sunset Review Act in accordance with s. 119.15 and shall stand

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repealed on October 2, 2029, unless reviewed and saved from  
repeal through reenactment by the Legislature.

x. The home addresses, telephone numbers, dates of birth, and photographs of current or former commissioners of the Florida Gaming Control Commission; the names, home addresses, telephone numbers, dates of birth, photographs, and places of employment of the spouses and children of such current or former commissioners; and the names and locations of schools and day care facilities attended by the children of such current or former commissioners are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. This sub-subparagraph is subject to the Open Government Sunset Review Act in accordance with s. 119.15 and shall stand repealed on October 2, 2029, unless reviewed and saved from repeal through reenactment by the Legislature.

y. The home addresses, telephone numbers, dates of birth, and photographs of current clerks of the circuit court, deputy clerks of the circuit court, and clerk of the circuit court personnel; the names, home addresses, telephone numbers, dates of birth, and places of employment of the spouses and children of current clerks of the circuit court, deputy clerks of the circuit court, and clerk of the circuit court personnel; and the names and locations of schools and day care facilities attended by the children of current clerks of the circuit court, deputy clerks of the circuit court, and clerk of the circuit court personnel are exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution. This sub-subparagraph is subject to the Open Government Sunset Review Act in accordance with s. 119.15 and shall stand repealed on October 2, 2029, unless reviewed and

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349 saved from repeal through reenactment by the Legislature.

350 z. The home addresses, telephone numbers, dates of birth,  
351 and photographs of current or former personnel of the Agency for  
352 Health Care Administration whose duties include the  
353 investigation of complaints filed against health care  
354 facilities, the investigation of Medicaid fraud, abuse, or  
355 waste, or the inspection of health care facilities licensed or  
356 certified by the agency; the names, home addresses, telephone  
357 numbers, dates of birth, and places of employment of the spouses  
358 and children of such personnel; and the names and locations of  
359 schools and day care facilities attended by the children of such  
360 personnel are exempt from s. 119.07(1) and s. 24(a), Art. I of  
361 the State Constitution. This sub-subparagraph is subject to the  
362 Open Government Sunset Review Act in accordance with s. 119.15  
363 and shall stand repealed on October 2, 2030, unless reviewed and  
364 saved from repeal through reenactment by the Legislature.

365 3. An agency that is the custodian of the information  
366 specified in subparagraph 2. and that is not the employer of the  
367 officer, employee, justice, judge, or other person specified in  
368 subparagraph 2. must maintain the exempt status of that  
369 information only if the officer, employee, justice, judge, other  
370 person, or employing agency of the designated employee submits a  
371 written and notarized request for maintenance of the exemption  
372 to the custodial agency. The request must state under oath the  
373 statutory basis for the individual's exemption request and  
374 confirm the individual's status as a party eligible for exempt  
375 status.

376 4.a. A county property appraiser, as defined in s.  
377 192.001(3), or a county tax collector, as defined in s.

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192.001(4), who receives a written and notarized request for maintenance of the exemption pursuant to subparagraph 3. must comply by removing the name of the individual with exempt status and the instrument number or Official Records book and page number identifying the property with the exempt status from all publicly available records maintained by the property appraiser or tax collector. For written requests received on or before July 1, 2021, a county property appraiser or county tax collector must comply with this sub-subparagraph by October 1, 2021. A county property appraiser or county tax collector may not remove the street address, legal description, or other information identifying real property within the agency's records so long as a name or personal information otherwise exempt from inspection and copying pursuant to this section is not associated with the property or otherwise displayed in the public records of the agency.

b. Any information restricted from public display, inspection, or copying under sub-subparagraph a. must be provided to the individual whose information was removed.

5. An officer, an employee, a justice, a judge, or other person specified in subparagraph 2. may submit a written request for the release of his or her exempt information to the custodial agency. The written request must be notarized and must specify the information to be released and the party authorized to receive the information. Upon receipt of the written request, the custodial agency must release the specified information to the party authorized to receive such information.

6. The exemptions in this paragraph apply to information held by an agency before, on, or after the effective date of the

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407 exemption.

408       7. Information made exempt under this paragraph may be  
409 disclosed pursuant to s. 28.2221 to a title insurer authorized  
410 pursuant to s. 624.401 and its affiliates as defined in s.  
411 624.10; a title insurance agent or title insurance agency as  
412 defined in s. 626.841(1) or (2), respectively; or an attorney  
413 duly admitted to practice law in this state and in good standing  
414 with The Florida Bar.

415       8. The exempt status of a home address contained in the  
416 Official Records is maintained only during the period when a  
417 protected party resides at the dwelling location. Upon  
418 conveyance of real property after October 1, 2021, and when such  
419 real property no longer constitutes a protected party's home  
420 address as defined in sub-subparagraph 1.a., the protected party  
421 must submit a written request to release the removed information  
422 to the county recorder. The written request to release the  
423 removed information must be notarized, must confirm that a  
424 protected party's request for release is pursuant to a  
425 conveyance of his or her dwelling location, and must specify the  
426 Official Records book and page, instrument number, or clerk's  
427 file number for each document containing the information to be  
428 released.

429       9. Upon the death of a protected party as verified by a  
430 certified copy of a death certificate or court order, any party  
431 can request the county recorder to release a protected  
432 decedent's removed information unless there is a related request  
433 on file with the county recorder for continued removal of the  
434 decedent's information or unless such removal is otherwise  
435 prohibited by statute or by court order. The written request to

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436 release the removed information upon the death of a protected  
437 party must attach the certified copy of a death certificate or  
438 court order and must be notarized, must confirm the request for  
439 release is due to the death of a protected party, and must  
440 specify the Official Records book and page number, instrument  
441 number, or clerk's file number for each document containing the  
442 information to be released. A fee may not be charged for the  
443 release of any document pursuant to such request.

444       Section 2. The Legislature finds that it is a public  
445 necessity that the home addresses, telephone numbers, dates of  
446 birth, and photographs of current or former personnel of the  
447 Agency for Health Care Administration whose duties include the  
448 investigation of complaints filed against health care  
449 facilities, the investigation of Medicaid fraud, abuse, or  
450 waste, or the inspection of health care facilities licensed or  
451 certified by the agency; the names, home addresses, telephone  
452 numbers, dates of birth, and places of employment of the spouses  
453 and children of such personnel; and the names and locations of  
454 schools and day care facilities attended by the children of such  
455 personnel be made exempt from s. 119.07(1), Florida Statutes,  
456 and s. 24(a), Article I of the State Constitution. The  
457 Legislature finds that the release of such personal identifying  
458 and location information might place the agency's current or  
459 former personnel and their family members in danger of physical  
460 and emotional harm from disgruntled individuals who have  
461 contentious reactions to actions carried out by such personnel  
462 or whose business or professional practices have come under  
463 scrutiny as a result of such investigations and agency actions.  
464 The Legislature further finds that the harm that may result from



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465 the release of such personal identifying and location  
466 information outweighs any public benefit that may be derived  
467 from the disclosure of the information.

468 Section 3. This act shall take effect October 1, 2025.



## THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

### COMMITTEES:

Appropriations Committee on Higher  
Education, *Chair*  
Health Policy, *Vice Chair*  
Appropriations  
Appropriations Committee on Health and  
Human Services  
Children, Families, and Elder Affairs  
Education Postsecondary  
Environment and Natural Resources  
Rules

### SENATOR GAYLE HARRELL

31st District

February 7, 2025

Senator Burton  
408 Senate Office Building  
Tallahassee, FL 32399

Dear Chair Burton,

I respectfully request that SB 342 –Public Records for AHCA be placed on the next available agenda for the Health Policy Committee.

Should you have any questions or concerns, please feel free to contact my office. Thank you in advance for your consideration.

Thank you,

A handwritten signature in blue ink that reads "Gayle".

Senator Gayle Harrell  
Senate District 31

Cc: Allen Brown, Staff Director  
Anhar Al-Asadi, Committee Administrative Assistant

#### REPLY TO:

- 312 SE Denver Avenue, Stuart, Florida 34994 (772) 221-4019 FAX: (888) 263-7895
- 404 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5031

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**BEN ALBRITTON**  
President of the Senate

**JASON BRODEUR**  
President Pro Tempore

The Florida Senate

**APPEARANCE RECORD**

18 February 2025

Meeting Date

Health Policy

Committee

SB 342

Bill Number or Topic

Deliver both copies of this form to  
Senate professional staff conducting the meeting

Amendment Barcode (if applicable)

Name AHCA Deputy Secretary Kim Smork

Phone (850) 412-3611

Address 2727 Mahan Drive

Street

Tallahassee

City

FL

State

32308

Zip

Email Leg Affairs @  
ahca.myfloridach  
.com

Speaking: ☐ For ☐ Against ☐ Information

**OR**

Waive Speaking: ☒ In Support ☐ Against

**PLEASE CHECK ONE OF THE FOLLOWING:**

☐ I am appearing without  
compensation or sponsorship.

☐ I am a registered lobbyist,  
representing:

☐ I am not a lobbyist, but received  
something of value for my appearance  
(travel, meals, lodging, etc.),  
sponsored by:

State Employee

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

**The Florida Senate**  
**BILL ANALYSIS AND FISCAL IMPACT STATEMENT**

(This document is based on the provisions contained in the legislation as of the latest date listed below.)

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Prepared By: The Professional Staff of the Committee on Health Policy

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BILL: SB 294

INTRODUCER: Senator Harrell

SUBJECT: Collaborative Pharmacy Practice for Chronic Health Conditions

DATE: February 17, 2025

REVISED: 02/19/25

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Smith	Brown	HP	<b>Favorable</b>
2.			AHS	
3.			RC	

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## **I. Summary:**

SB 294 amends Florida Statutes relating to collaborative pharmacy practice agreements. Under current law, collaborative pharmacy practice describes an arrangement in which a physician authorizes a pharmacist to provide specified patient care services relating to chronic health conditions to one or more of the physician's patients. The bill provides that the term "chronic health condition" does not include heart failure, coronary heart disease, and cardiac rhythm disorder.

In practice, this would ensure that those conditions remain excluded from any definition of the term that may be adopted in rule by the Board of Pharmacy.

The bill provides an effective date of July 1, 2025.

## **II. Present Situation:**

### **Pharmacist Licensure**

Pharmacy is the third largest health profession behind nursing and medicine.<sup>1</sup> The Board of Pharmacy (BOP), in conjunction with the Department of Health (DOH), regulates the practice of pharmacists pursuant to ch. 465, F.S.<sup>2</sup> To be licensed as a pharmacist, a person must:<sup>3</sup>

- Complete an application and remit an examination fee;
- Be at least 18 years of age;

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<sup>1</sup> American Association of Colleges of Pharmacy, *About AACP*, available at <https://www.aacp.org/about-aacp> (last visited Feb. 13, 2025).

<sup>2</sup> Sections 465.004 and 465.005, F.S.

<sup>3</sup> Section 465.007, F.S. The DOH may also issue a license by endorsement to a pharmacist who is licensed in another state upon meeting the applicable requirements set forth in law and rule. *See* s. 465.0075, F.S.

- Hold a degree from an accredited and approved school or college of pharmacy;<sup>4</sup>
- Have completed a BOP-approved internship; and
- Successfully complete the BOP-approved examination.

A pharmacist must complete at least 30 hours of BOP-approved continuing education during each biennial renewal period.<sup>5</sup>

### ***Pharmacist Scope of Practice***

In Florida, the practice of the profession of pharmacy includes:<sup>6</sup>

- Compounding, dispensing, and consulting concerning the contents, therapeutic values, and uses of any medicinal drug;
- Consulting concerning therapeutic values and interactions of patent or proprietary preparations;
- Monitoring a patient's drug therapy and assisting the patient in the management of his or her drug therapy, including the review of the patient's drug therapy and communication with the patient's prescribing health care provider or other persons specifically authorized by the patient;
- Transmitting information from prescribers to their patients;
- Administering specified vaccines to adults and influenza vaccines to persons seven years of age or older;<sup>7</sup>
- Administering epinephrine autoinjections;<sup>8</sup>
- Administering antipsychotic medications by injection;<sup>9</sup> and
- Screen an adult for HIV exposure.<sup>10</sup>

A pharmacist may not alter a prescriber's directions, diagnose or treat any disease, initiate any drug therapy, or practice medicine or osteopathic medicine, unless permitted by law.<sup>11</sup>

Pharmacists may order and dispense drugs that are included in a formulary developed by a committee composed of members of the Board of Medicine (BOM), the Board of Osteopathic Medicine (BOOM), and the BOP.<sup>12</sup> The formulary may only include:<sup>13</sup>

- Any medicinal drug of single or multiple active ingredients in any strengths when such active ingredients have been approved individually or in combination for over-the-counter sale by the U.S. Food and Drug Administration (FDA);

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<sup>4</sup> If the applicant has graduated from a 4-year undergraduate pharmacy program of a school or college of pharmacy located outside the U.S., the applicant must demonstrate proficiency in English, pass the board-approved Foreign Pharmacy Graduate Equivalency Examination, and complete a minimum of 500 hours in a supervised work activity program within Florida under the supervision of a DOH licensed pharmacist.

<sup>5</sup> Section 465.009, F.S.

<sup>6</sup> Section 465.003(13), F.S.

<sup>7</sup> See s. 465.189, F.S.

<sup>8</sup> *Id.*

<sup>9</sup> Section 465.1893, F.S.

<sup>10</sup> Section 465.1861, F.S.

<sup>11</sup> Section 465.003(22), F.S.

<sup>12</sup> Section 465.186, F.S.

<sup>13</sup> *Id.*

- Any medicinal drug recommended by the FDA Advisory Panel for transfer to over-the-counter status pending approval by the FDA;
- Any medicinal drug containing any antihistamine or decongestant as a single active ingredient or in combination;
- Any medicinal drug containing fluoride in any strength;
- Any medicinal drug containing lindane in any strength;
- Any over-the-counter proprietary drug under federal law that has been approved for reimbursement by the Florida Medicaid Program; and
- Any topical anti-infectives, excluding eye and ear topical anti-infectives.

A pharmacist may order the following, within his or her professional judgment and subject to the following conditions:

- Certain oral analgesics for mild to moderate pain. The pharmacist may order these drugs for minor pain and menstrual cramps for patients with no history of peptic ulcer disease. The prescription is limited to a six-day supply for one treatment of:
  - Magnesium salicylate/phenyltoloxamine citrate;
  - Acetylsalicylic acid (zero order release, long acting tablets);
  - Choline salicylate and magnesium salicylate;
  - Naproxen sodium;
  - Naproxen;
  - Ibuprofen;
  - Phenazopyridine, for urinary pain; and
  - Antipyrine 5.4%, benzocaine 1.4%, glycerin, for ear pain if clinical signs or symptoms of tympanic membrane perforation are not present;
- Anti-nausea preparations;
- Certain antihistamines and decongestants;
- Certain topical antifungal/antibacterials;
- Topical anti-inflammatory preparations containing hydrocortisone not exceeding 2.5%;
- Certain otic antifungal/antibacterial;
- Salicylic acid 16.7% and lactic acid 16.7% in flexible collodion, to be applied to warts, except for patients under 2 years of age, and those with diabetes or impaired circulation;
- Vitamins with fluoride, excluding vitamins with folic acid in excess of 0.9 mg.;
- Medicinal drug shampoos containing lindane for the treatment of head lice;
- Ophthalmic. Naphazoline 0.1% ophthalmic solution;
- Certain histamine H2 antagonists;
- Acne products; and
- Topical antiviral for herpes simplex infections of the lips.<sup>14</sup>

### ***Collaborative Pharmacy Practice Agreements***

Under s. 465.1865, F.S., a collaborative pharmacy practice agreement (CPPA) is a formal agreement in which a physician licensed under ch. 458 or 459, F.S., makes a diagnosis, supervises patient care, and refers patients to a pharmacist under a protocol that allows the pharmacist to provide specified patient care services for certain chronic medical conditions.

<sup>14</sup> Fla. Admin. Code R. 64B16-27.220 (2025).

A CPPA specifies what functions beyond the pharmacist's typical scope of practice can be delegated to the pharmacist by the collaborating physician. Common tasks include initiating, modifying, or discontinuing medication therapy and ordering and evaluating tests.

### ***Pharmacist Training for Collaborative Practice***

To provide services under a CPPA, a pharmacist must be certified by the BOP. To obtain certification a pharmacist must complete a 20-hour course approved by the BOP, in consultation with the BOM and the BOOM, and:

- Hold an active and unencumbered license to practice pharmacy;
- Have a Ph.D. in pharmacy or have five years of experience as a licensed pharmacist;
- Have completed the BOP-approved, 20-hour course, eight hours of which must be live or live video conference that includes instruction in:
  - Performance of patient assessments;
  - Ordering, performing, and interpreting clinical and laboratory tests;
  - Evaluating and managing diseases and health conditions in collaboration with other health care practitioners; and
  - Writing and entering into a CPPA.
- Maintains at least \$250,000 of professional liability insurance coverage; and
- Has established a system to maintain patient records of patients receiving services under a CPPA for five years from the patient's most recent service.<sup>15</sup>

### ***Required Contents of CPPA***

The terms and conditions of the CPPA must be appropriate to the pharmacist's training, and the services delegated to the pharmacist must be within the collaborating physician's scope of practice. A copy of the certification received from the BOP must be included as an attachment to the CPPA. A CPPA must include the following:

- The name of the collaborating physician's patient(s) for whom a pharmacist may provide services;
- Each chronic health condition to be collaboratively managed;
- The specific medicinal drug(s) to be managed for each patient;
- Material terms defined as those terms enumerated in s. 465.1865(3)(a), F.S.;
- Circumstances under which the pharmacist may order or perform and evaluate laboratory or clinical tests;
- Conditions and events in which the pharmacist must notify the collaborating physician and the manner and timeframe in which notification must occur;
- The start and ending dates of the CPPA and termination procedures, including procedures for patient notification and medical records transfers;
- A statement that the CPPA may be terminated, in writing, by either party at any time; and
- In the event of an addendum to the material terms of an existing CPPA, a copy of the addendum and the initial agreement.

A CPPA will automatically terminate two years after execution if not renewed. The pharmacist, along with the collaborating physician, must maintain the CPPA on file at his or her practice

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<sup>15</sup> Section 465.1865(2), F.S.

location and must make the CPPA available to the DOH or BOP upon request or inspection. A pharmacist who enters into a CPPA must submit a copy of the signed agreement to the BOP before the agreement may be implemented.<sup>16</sup>

### ***Allowable Chronic Health Conditions***

CPPAs in Florida allow a pharmacist to provide specific patient care services for chronic health conditions. Section 465.1865(1)(b), F.S., establishes that the term “chronic health condition” means:

- Arthritis;
- Asthma;
- Chronic obstructive pulmonary diseases;
- Type 2 diabetes;
- Human immunodeficiency virus or acquired immune deficiency syndrome;
- Obesity; or
- Any other chronic condition adopted in rule by the board, in consultation with the Board of Medicine and the Board of Osteopathic Medicine.

The Board of Pharmacy has adopted the following list of chronic health conditions for which a pharmacist certified pursuant to s. 465.1865, F.S., can provide specified patient care services to patients of a collaborating physician pursuant to a pending CPPA:

- Hyperlipidemia;
- Hypertension;
- Anti-coagulation management;
- Nicotine Dependence;
- Opioid use disorder;
- Hepatitis C
- Those chronic health conditions enumerated in s. 465.1865(1)(b), F.S.<sup>17</sup>

On May 23, 2024, the Boards of Pharmacy, Medicine, and Osteopathic Medicine held a Joint Rules Committee meeting to discuss adding heart disease to the list of chronic health conditions.<sup>18</sup> The committee ultimately decided not to proceed with the proposed rule language.<sup>19</sup>

### ***Prohibited Acts Regarding a CPPA***

A pharmacist may not:

- Modify or discontinue medicinal drugs prescribed by a health care practitioner with whom he or she does not have a CPPA; or
- Enter into a CPPA while acting as a pharmacy employee without the written approval of the owner of the pharmacy.

A physician may not delegate the authority to initiate or prescribe a controlled substance listed in s. 893.03, F.S. or 21 U.S.C. s. 812, to a pharmacist.

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<sup>16</sup> Section 465.1865(3), F.S. and Fla. Admin. Code R. 64B16-31.003 (2025).

<sup>17</sup> Fla. Admin. Code R. 64B16-31.007, F.A.C. (2025).

<sup>18</sup> Florida Department of Health, *Senate Bill 294 Analysis* (Feb. 17, 2025) (on file with Senate Committee on Health Policy).

<sup>19</sup> *Id.*



### ***Continuing Education***

A pharmacist who practices under a CPPA must complete an eight-hour continuing education (CE) course approved by the BOP that addresses CPPA-related issues each biennial licensure renewal, in addition to the CE requirements under s. 465.009, F.S. A pharmacist wishing to maintain CPPA certification must submit confirmation of having completed such course when applying for licensure renewal. A pharmacist who fails to complete this CE is prohibited from practicing under a CPPA.

### ***CPPAs in Effect***

According to the DOH 2023-2024 Annual Report, there are 39,486 licensed pharmacists in Florida.<sup>20</sup> In fiscal year 2023-2024, 87 pharmacists became certified to provide care under a CPPA.<sup>21</sup>

## **III. Effect of Proposed Changes:**

Section 1 of the bill amends s. 465.1865, F.S., to exclude heart failure, coronary heart disease, and cardiac rhythm disorders from the definition of “chronic health condition.” This would remove the authority of the Board of Pharmacy to include those conditions as “chronic health conditions” in rule.

Under current law and rule, pharmacists are not authorized to “collaboratively manage” heart failure, coronary heart disease, and cardiac rhythm disorders with a collaborating physician under a CPPA. This would not change upon the enactment of SB 294, but the bill would prevent the BOP from classifying those conditions by rule as chronic health conditions that may be included in a CPPA prospectively

Section 2 of the bill provides an effective date of July 1, 2025.

## **IV. Constitutional Issues:**

### **A. Municipality/County Mandates Restrictions:**

None.

### **B. Public Records/Open Meetings Issues:**

None.

### **C. Trust Funds Restrictions:**

None.

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<sup>20</sup> Florida Department of Health, Division of Medical Quality Assurance, *Annual Report and Long-Range Plan, Fiscal Year 2023-2024*, at pg. 4, available at <https://www.floridahealth.gov/licensing-and-regulation/reports-and-publications/annual-reports.html> (last visited Feb. 13, 2025).

<sup>21</sup> *Id.*

D. State Tax or Fee Increases:

None.

E. Other Constitutional Issues:

None.

**V. Fiscal Impact Statement:**

A. Tax/Fee Issues:

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

None.

**VI. Technical Deficiencies:**

None.

**VII. Related Issues:**

None.

**VIII. Statutes Affected:**

This bill substantially amends section 465.1865 of the Florida Statutes.

**IX. Additional Information:**

A. Committee Substitute – Statement of Changes:

(Summarizing differences between the Committee Substitute and the prior version of the bill.)

None.

B. Amendments:

None.

By Senator Harrell

31-00563-25

2025294\_\_

A bill to be entitled

An act relating to collaborative pharmacy practice for chronic health conditions; amending s. 465.1865, F.S.; revising the definition of the term "chronic health condition" to exclude specified heart conditions for purposes of collaborative pharmacy practice for chronic health conditions; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Paragraph (b) of subsection (1) of section 465.1865, Florida Statutes, is amended to read:

465.1865 Collaborative pharmacy practice for chronic health conditions.—

(1) For purposes of this section, the term:

(b) "Chronic health condition" means:

1. Arthritis;

2. Asthma;

3. Chronic obstructive pulmonary diseases;

4. Type 2 diabetes;

5. Human immunodeficiency virus or acquired immune deficiency syndrome;

6. Obesity; or

7. Any other chronic condition adopted in rule by the board, in consultation with the Board of Medicine and the Board of Osteopathic Medicine.

The term does not include heart failure, coronary heart disease,

31-00563-25

2025294\_\_

30 or a cardiac rhythm disorder.

31 Section 2. This act shall take effect July 1, 2025.



## THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

### COMMITTEES:

Appropriations Committee on Higher  
Education, *Chair*  
Health Policy, *Vice Chair*  
Appropriations  
Appropriations Committee on Health and  
Human Services  
Children, Families, and Elder Affairs  
Education Postsecondary  
Environment and Natural Resources  
Rules

### SENATOR GAYLE HARRELL

31st District

February 4, 2025

Senator Burton  
408 Senate Office Building  
Tallahassee, FL 32399

Dear Chair Burton,

I respectfully request that SB 294 –Collaborative Pharmacy Practice be placed on the next available agenda for the Health Policy Committee.

Should you have any questions or concerns, please feel free to contact my office. Thank you in advance for your consideration.

Thank you,

A handwritten signature in blue ink that reads "Gayle".

Senator Gayle Harrell  
Senate District 31

Cc: Allen Brown, Staff Director  
Anhar Al-Asadi, Committee Administrative Assistant

#### REPLY TO:

- ☐ 312 SE Denver Avenue, Stuart, Florida 34994 (772) 221-4019 FAX: (888) 263-7895
- ☐ 404 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5031

Senate's Website: [www.flsenate.gov](http://www.flsenate.gov)

**BEN ALBRITTON**  
President of the Senate

**JASON BRODEUR**  
President Pro Tempore

The Florida Senate

# APPEARANCE RECORD

Deliver both copies of this form to  
Senate professional staff conducting the meeting

Bill Number or Topic

Amendment Barcode (if applicable)

2/18/25  
Meeting Date  
Health Policy  
Committee

Name Chris Noland Phone 904-355-1555

Address 4427 Herschel St Email nolandlaw@aol.com

Street

Jax

City

FL

State

32210

Zip

Speaking:



For



Against



Information

OR

Waive Speaking:



In Support



Against

## PLEASE CHECK ONE OF THE FOLLOWING:



I am appearing without  
compensation or sponsorship.



I am a registered lobbyist,  
representing:



I am not a lobbyist, but received  
something of value for my appearance  
(travel, meals, lodging, etc.),  
sponsored by:

Florida Society of Thoracic & Cardiovascular Surgeons

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

This form is part of the public record for this meeting.

S-001 (08/10/2021)

2/18/2025

The Florida Senate

SB 294 - Collaborative Pharmacy Practice Agreements

# APPEARANCE RECORD

Meeting Date

Health Policy

Deliver both copies of this form to  
Senate professional staff conducting the meeting

Bill Number or Topic

Committee

Dr. Alan Ackermann DO FACC

Amendment Barcode (if applicable)

305-903-9478

Name

Phone

Address

20803 Biscayne Boulevard STE 204

Email

aackermann@mhs.net

Street

Aventura

FL

33180

City

State

Zip

Reset Form

Speaking:

☒

For

☐

Against

☐

Information

OR

Waive Speaking:

☐

In Support

☐

Against

## PLEASE CHECK ONE OF THE FOLLOWING:

☐

I am appearing without  
compensation or sponsorship.

☐

I am a registered lobbyist,  
representing:

Florida Chapter, American College  
of Cardiology

☒

I am not a lobbyist, but received  
something of value for my appearance  
(travel, meals, lodging, etc.),  
sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)



**APPEARANCE RECORD**

294

Meeting Date

Bill Number or Topic

Deliver both copies of this form to  
Senate professional staff conducting the meeting

Committee

Amendment Barcode (if applicable)

Name

Phone

Address

Email

Street

City

State

Zip

Speaking:

☐

For

☐

Against

☐

Information

**OR**

Waive Speaking:

☒

In Support

☐

Against

**PLEASE CHECK ONE OF THE FOLLOWING:**☐I am appearing without  
compensation or sponsorship.☒I am a registered lobbyist,  
representing:☐I am not a lobbyist, but received  
something of value for my appearance  
(travel, meals, lodging, etc.),  
sponsored by:

Florida Medical Association

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)



The Florida Senate

# APPEARANCE RECORD

2-18-2025

Meeting Date

Health Policy

Committee

294

Bill Number or Topic

Amendment Barcode (if applicable)

Name David Allen

Phone 561-401-2187

Address 333 SE 2nd Ave Suite 3200

Street

Email david.allen@gray-robinson.com

Miami

FL

33131

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information

OR

Waive Speaking: ☐ In Support ☒ Against

## PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without compensation or sponsorship.

☒ I am a registered lobbyist, representing:

Florida Society of Health-System Pharmacists

☐ I am not a lobbyist, but received something of value for my appearance (travel, meals, lodging, etc.), sponsored by:

While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1, [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)

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S-001 (08/10/2021)

February 18, 2025

Meeting Date

Health Policy

Committee

Name **Barney Bishop III**

Address **1454 Vieux Carre Drive**

Street

**Tallahassee**

City

**FL**

State

**32308**

Zip

The Florida Senate

## APPEARANCE RECORD

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Senate professional staff conducting the meeting

294

Bill Number or Topic

Amendment Barcode (if applicable)

Phone **850-510-9922**

Email **Barney@BarneyBishop.com**

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

### PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without  
compensation or sponsorship.

☒ I am a registered lobbyist,  
representing:

**SPAR -Small Business  
Pharmacies**

☐ I am not a lobbyist, but received  
something of value for my appearance  
(travel, meals, lodging, etc.),  
sponsored by:

*While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)*

This form is part of the public record for this meeting.

S-001 (08/10/2021)

February 18, 2025

Meeting Date

Health Policy

Committee



The Florida Senate

# APPEARANCE RECORD

Deliver both copies of this form to  
Senate professional staff conducting the meeting

SB 294

Bill Number or Topic

Amendment Barcode (if applicable)

Name **Chris Lyon**

Phone **850-222-5702**

Address **106 East College Avenue, Suite 1500**

Email **clyon@llw-law.com**

Street

**Tallahassee**

**FL**

**32301**

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information **OR** Waive Speaking: ☒ In Support ☐ Against

## PLEASE CHECK ONE OF THE FOLLOWING:

☐ I am appearing without  
compensation or sponsorship.

☒ I am a registered lobbyist,  
representing:

**Florida Osteopathic Medical  
Association**

☐ I am not a lobbyist, but received  
something of value for my appearance  
(travel, meals, lodging, etc.),  
sponsored by:

*While it is a tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this hearing. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard. If you have questions about registering to lobby please see Fla. Stat. §11.045 and Joint Rule 1. [2020-2022 Joint Rules.pdf \(flsenate.gov\)](#)*

This form is part of the public record for this meeting.

S-001 (08/10/2021)

# CourtSmart Tag Report

**Room:** KB 412

**Case No.:** -

**Type:**

**Caption:** Senate Committee on Health Policy

**Judge:**

**Started:** 2/18/2025 1:47:52 PM

**Ends:** 2/18/2025 2:36:43 PM

**Length:** 00:48:52

1:47:57 PM	Chair Burton Calls Meeting to Order
1:47:58 PM	Roll Call
1:48:03 PM	Quorum Present
1:48:23 PM	Opening Remarks, Chair Burton
1:49:38 PM	Tab 1 SB 126 - Prescription Hearing Aids by Senator Bradley
1:49:44 PM	Senator Bradley
1:50:40 PM	Chair Burton
1:50:44 PM	Public Testimony
1:50:54 PM	Alexander Evertz Waives in Support
1:51:17 PM	Theresa Bulger Speaks for Information
1:51:52 PM	Senator Bradley
1:52:08 PM	Roll Call for SB 126
1:52:20 PM	Reported Favorably
1:52:45 PM	Tab 2 SB 152 - Protection from Surgical Smoke by Senator Davis
1:53:12 PM	Senator Davis
1:54:17 PM	Chair Burton
1:54:22 PM	Public Testimony
1:54:28 PM	Megan Moroney, Florida Nurses Association
1:57:08 PM	Eva Lim
2:00:13 PM	Saundra Falk
2:03:25 PM	Jack Cory, Florida Nurses Association Waives in Support
2:04:25 PM	Waives in support read into report-Chair Burton
2:04:53 PM	Senator Davis
2:05:37 PM	Roll Call for SB 152
2:05:43 PM	Reported Favorably
2:06:06 PM	Tab 3 SB 264 - Step-therapy Protocols by Senator Harrell
2:06:19 PM	Senator Harrell
2:10:20 PM	Chair Burton
2:10:22 PM	Senator Gaetz
2:10:57 PM	Senator Harrell
2:12:34 PM	Public Testimony
2:12:37 PM	Tom Griffin
2:16:42 PM	Carali McLean
2:19:56 PM	Waives in Support Read into Report-Chair Burton
2:20:33 PM	Senator Harrell
2:20:49 PM	Roll Call for SB 264
2:21:18 PM	Reported Favorably
2:21:26 PM	Tab 4 SB 342 - Public Records/Agency for Health Care Administration by Senator Harrell
2:21:34 PM	Senator Harrell
2:22:59 PM	Public Testimony
2:23:05 PM	Kim Smoak, AHCA Deputy Secretary Waives in Support
2:23:15 PM	Senator Gaetz
2:24:51 PM	Senator Harrell
2:25:40 PM	Roll Call for SB342
2:25:59 PM	Reported Favorably
2:26:10 PM	Tab 5 SB 294 - Collaborative Pharmacy Practice for Chronic Health Conditions by Senator Harrell
2:26:23 PM	Senator Harrell
2:29:20 PM	Senator Davis
2:29:52 PM	Senator Harrell
2:30:04 PM	Public Testimony
2:31:05 PM	Waives in Support Read into Report-Chair Burton
2:31:23 PM	Waives in Opposition Read into Report-Chair Burton

<b>2:31:43 PM</b>	Dr. Alan Ackermann American College of Cardiology, Florida Chapter
<b>2:34:56 PM</b>	Senator Harrell
<b>2:35:30 PM</b>	Roll Call for SB 294
<b>2:35:59 PM</b>	Reported Favorably
<b>2:36:04 PM</b>	Vote Recordings
<b>2:36:12 PM</b>	Senator Trumbull
<b>2:36:30 PM</b>	Closing Remarks
<b>2:36:33 PM</b>	Adjourned