

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

HEALTH POLICY
Senator Harrell, Chair
Senator Berman, Vice Chair

MEETING DATE: Monday, April 8, 2019

TIME: 12:30—3:30 p.m.

PLACE: Pat Thomas Committee Room, 412 Knott Building

MEMBERS: Senator Harrell, Chair; Senator Berman, Vice Chair; Senators Baxley, Bean, Book, Cruz, Diaz, Hooper, Mayfield, and Rouson

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	Presentation on Prescription Medicines: Share the Savings Saumil Pandya, Deputy Vice President Policy & Research, PhRMA		Presented
2	SB 1620 Gainer (Compare CS/H 885)	Health Care Licensing Requirements; Designating the "Exemption of License Requirements for the Treatment of Veterans Act"; exempting certain health care practitioners from specified licensing requirements when providing certain services to veterans in this state, etc. HP 04/08/2019 Fav/CS AHS AP	Fav/CS Yeas 9 Nays 0
3	SB 258 Bean (Similar CS/H 879)	Genetic Information Used for Insurance Purposes; Prohibiting life insurers and long-term care insurers, except under certain circumstances, from canceling, limiting, or denying coverage, or establishing differentials in premium rates, based on genetic information; prohibiting such insurers from taking certain actions relating to genetic information for any insurance purpose, etc. BI 03/11/2019 Favorable HP 04/01/2019 Temporarily Postponed HP 04/08/2019 Fav/CS RC	Fav/CS Yeas 9 Nays 0

COMMITTEE MEETING EXPANDED AGENDA

Health Policy

Monday, April 8, 2019, 12:30—3:30 p.m.

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
4	SB 1192 Bean (Similar CS/H 831)	Electronic Prescribing; Requiring all prescriptions to be electronically generated and transmitted upon a certain practitioner's license renewal or by a specified date; prohibiting electronic prescribing from interfering with a patient's freedom to choose a pharmacy; repealing provisions relating to electronic prescribing for medicinal drugs, the unlawful sale, manufacture, alteration, delivery, uttering, or possession of counterfeit-resistant prescription blanks for controlled substances, and counterfeit-resistant prescription blanks for controlled substances listed in Schedule II, Schedule III, Schedule IV, or Schedule V, respectively, etc. HP 04/08/2019 Fav/CS AHS AP	Fav/CS Yeas 9 Nays 0
5	CS/SB 1180 Banking and Insurance / Mayfield (Similar CS/H 1363)	Consumer Protection from Nonmedical Changes to Prescription Drug Formularies; Prohibiting specified changes to certain insurance policy prescription drug formularies, except under certain circumstances; requiring small employer carriers to limit specified changes to prescription drug formularies under certain health benefit plans; prohibiting certain health maintenance organizations from making specified changes to health maintenance contract prescription drug formularies, except under certain circumstances, etc. BI 03/18/2019 Fav/CS HP 04/08/2019 Fav/CS RC	Fav/CS Yeas 8 Nays 1
6	SB 1774 Stargel (Compare H 1335, Linked S 1778)	Parental Consent for Abortion; Creating the "Parental Consent for Abortion Act"; prohibiting a physician from performing an abortion on a minor unless the physician has been presented with consent from the minor's parent or guardian, as appropriate; providing an exception for a medical emergency; authorizing a minor to petition any circuit court in which the minor resides for a waiver of consent required to obtain an abortion, etc. HP 04/08/2019 Favorable JU RC	Favorable Yeas 5 Nays 4

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TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
7	SB 1778 Stargel (Compare H 1397, Linked S 1774)	Public Records/Minor's Petition to Waive Consent/Abortion; Providing a public records exemption for information that could identify a minor which is contained in a record held by the court relating to the minor's petition to waive consent requirements to obtain an abortion; providing for future legislative review and repeal under the Open Government Sunset Review Act; providing a statement of public necessity, etc. HP 04/08/2019 Fav/CS GO RC	Fav/CS Yeas 8 Nays 1

TAB	OFFICE and APPOINTMENT (HOME CITY)	FOR TERM ENDING	COMMITTEE ACTION
Senate Confirmation Hearing: A public hearing will be held for consideration of the below-named executive appointment to the office indicated.			
Secretary of Health Care Administration			
8	Mayhew, Mary C. (Tallahassee)	Pleasure of Governor	Recommend Confirm Yeas 7 Nays 2

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
9	SB 832 Rader	Adoptee Birth Certificates; Requiring the Department of Health to issue a noncertified copy of an original certificate of birth to certain adoptees if certain requirements are met; providing that an adoptee does not need his or her adoptive parents' permission to receive such certificate of birth, etc. HP 04/08/2019 Fav/CS JU RC	Fav/CS Yeas 9 Nays 0

10	SB 410 Berman (Identical H 579)	Long-acting Reversible Contraception Pilot Program; Requiring the Department of Health to establish a long-acting reversible contraception pilot program in Duval, Hillsborough, and Palm Beach Counties; requiring the department to contract with family planning providers to implement the pilot program; requiring the department to submit a report to the Governor and the Legislature by a specified date, etc. HP 04/08/2019 Favorable AHS AP	Favorable Yeas 8 Nays 1
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Other Related Meeting Documents

Saumil Pandya BIO:

Saumil Pandya is a Deputy Vice President in the Policy & Research Department of PhRMA, and is focused primarily on policy and research related to prescription drug spending and utilization, the pharmaceutical supply chain, and trends in U.S. health care expenditures. Saumil has been at PhRMA for over three years. He came to PhRMA most recently from Evergreen Health Cooperative, where he was the Vice President for Medical Economics. Saumil has over 20 years of health care finance experience including Medical Economics and Finance roles at insurers CIGNA HealthCare and Coventry Health Care of Delaware, along with Pricing and Contracting Strategy experience at AstraZeneca Pharmaceuticals. He has extensive experience in managed care, financial analysis/modeling, and pharmaceutical pricing and contracting strategies. Saumil holds a Bachelor of Science Degree in Biology from Towson University, and a Masters Degree in Health Finance and Management from The Johns Hopkins School of Hygiene & Public Health.

FOLLOW THE DOLLAR: UNDERSTANDING HOW THE PHARMACEUTICAL DISTRIBUTION AND PAYMENT SYSTEM SHAPES THE PRICES OF MEDICINES

A medicine's path from the biopharmaceutical company to the patient is complex and involves many entities across the biopharmaceutical supply chain. Examining how money flows through this system – which includes wholesalers, pharmacy benefit managers (PBMs), pharmacies and insurers – and how that impacts what patients pay at the pharmacy can help consumers and policymakers find answers to their questions about affordability and access to medicines.

The prices wholesalers, pharmacies, PBMs, insurers and patients pay for a medicine all vary and are shaped by negotiations in the supply chain. In recent years, negotiated rebates have increased significantly. For example, in 2015, more than one-third of a brand medicine's list price was rebated back to health plans or the government or kept by other stakeholders.ⁱ Continued growth in rebates, discounts and other reductions in price provided by biopharmaceutical companies—which now exceed \$150 billion per year—have kept payers' prices for brand medicines climbing at modest rates, despite more rapid growth in publicly reported list prices.^{ii,iii} In fact, after accounting for all discounts and rebates, prices for brand medicines grew just 1.9 percent in 2017—slower than the rate of inflation.^{iv}

But even though discounts and rebates are growing each year, insurers are dramatically increasing the share patients are required to pay out of pocket. At the pharmacy, commercially insured patients with a deductible have seen their out-of-pocket costs for brand medicines increase 50 percent since 2014. One reason these costs are increasing is because discounts and rebates provided by brand manufacturers do not flow directly to the patients taking the medicine. Large deductibles and coinsurance can create affordability challenges for patients, as these types of cost-sharing are typically based on a medicine's full, undiscounted price. In 2017, 55 percent of patients' out-of-pocket spending on brand medicines was for prescriptions filled in the deductible or with coinsurance rather than with a fixed copay—a 20 percent increase since 2013.^v

The hypothetical patient profile below illustrates how patients often do not benefit from negotiated discounts and rebates and how they may end up paying more than their insurer for their medicine. This needs to change. Patients should benefit more from negotiated rates in the form of lower out-of-pocket costs at the pharmacy, like they do for other types of health care services. Sharing rebates with patients at the pharmacy could save certain commercially insured patients with high deductibles and coinsurance \$145 to more than \$800 annually.^{vi}

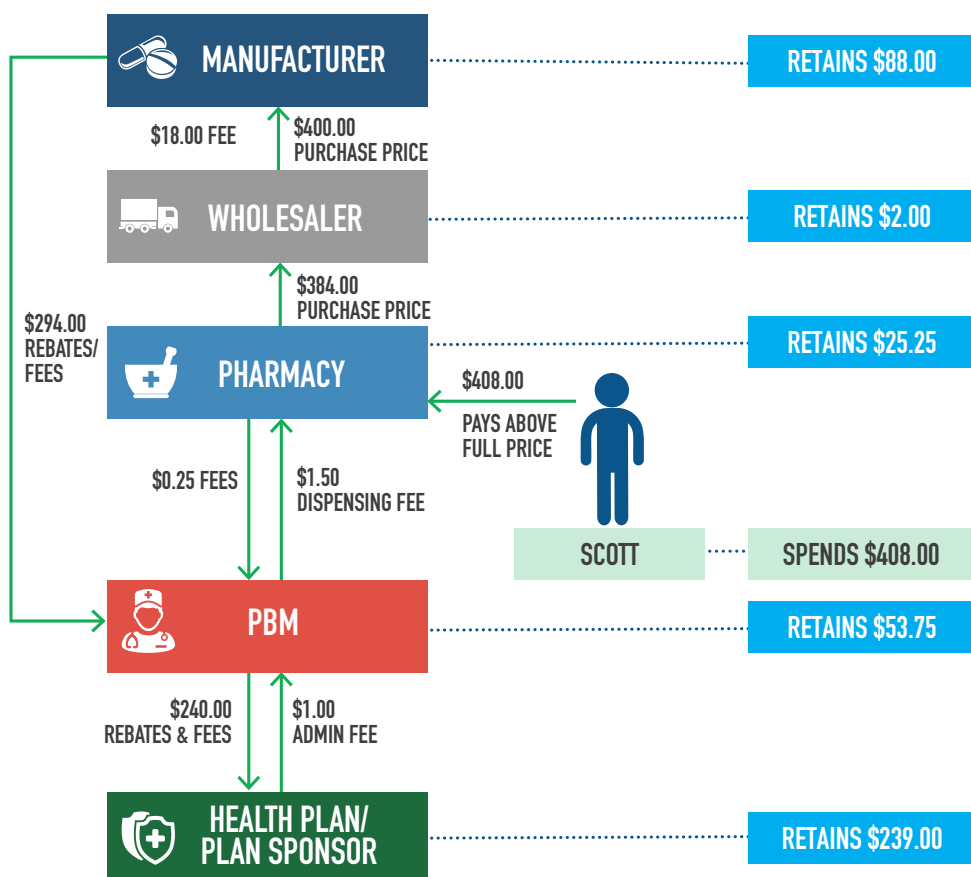
PATIENT PROFILE: SCOTT

Scott takes insulin for his type 2 diabetes and has a health plan with a high deductible. Prior to meeting his deductible each year, he pays \$408.00—more than the full undiscounted cost of his medicine—even though his health plan receives a rebate from the biopharmaceutical company that reduces the list price by 65 percent. Scott is paying the amount that is contracted between the health plan and the PBM, which in this case is higher than the list price of the medicine. Although the health plan does not pay for Scott's insulin while he is in his deductible, it still receives the negotiated rebate and earns \$239 per prescription. The PBM earns \$53.75, including fees and a share of the rebate it negotiated, while the manufacturer retains \$88.00.

FLOW OF PAYMENT FOR A \$400 INSULIN

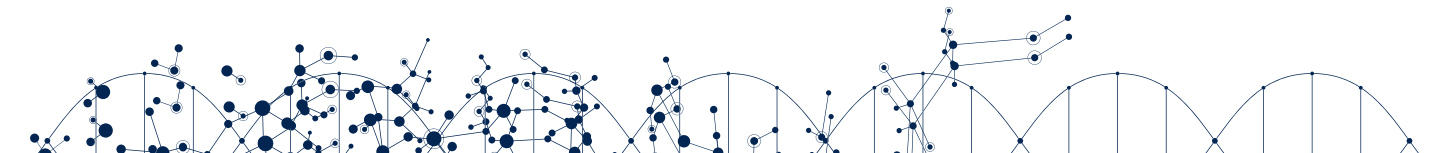
(PATIENT IS IN DEDUCTIBLE PHASE)

This graphic is illustrative of a hypothetical product with a WAC of \$400 and a AWP of \$480. It is not intended to represent every financial relationship in the marketplace.



Although PBMs and other intermediaries say they prefer lower list prices, in many cases the system creates incentives for them to prefer medicines with higher list prices and higher rebates. As a result, some industry observers and government agencies have questioned whether insurers and PBMs are more focused on the size of rebates than on achieving the lowest possible costs and best outcomes for patients.^{vii}

As the market begins to move in the direction of a system that better aligns the price of prescription medicines with their value, biopharmaceutical companies are working with private health insurers to implement new payment arrangements for a variety of diseases. These innovative and flexible ways to pay for medicines could lower out-of-pocket costs and enable patients to access the right treatments the first time.



i Vandervelde A, Blalock E; Berkeley Research Group. The pharmaceutical supply chain: gross drug expenditures realized by stakeholders. 2017. http://www.thinkbrg.com/media/publication/863_Vandervelde_PhRMA-January-2017_WEB-FINAL.pdf

ii Ibid.

iii AJ Fein; Pembroke Consulting, Inc. Drug Channels Institute. "The Gross-to-Net Bubble Topped \$150 Billion in 2017." April 2018. <https://www.drugchannels.net/2018/04/the-gross-to-net-rebate-bubble-topped.html>

iv IQVIA Institute for Human Data Science. Medicine use and spending in the U.S.: A review of 2017 and outlook to 2022. <https://www.iqvia.com/institute/reports/medicine-use-and-spending-in-the-us-review-of-2017-outlook-to-2022>. Published April 19, 2018. Accessed April 2018.

v IQVIA. Patient Affordability Part One: The Implications of Changing Benefit-Designs and High Cost Sharing. May 2018 <https://www.iqvia.com/locations/united-states/patient-affordability-part-one>

vi Milliman. Point of Sale Rebate Analysis in the Commercial Market: Sharing Rebates May Lower Patient Costs and Likely Has Minimal Impact on Patients. October 2017. <https://www.phrma.org/reports/milliman-sharing-rebates>

vii Ibid.



Prescription Medicines: Share the Savings

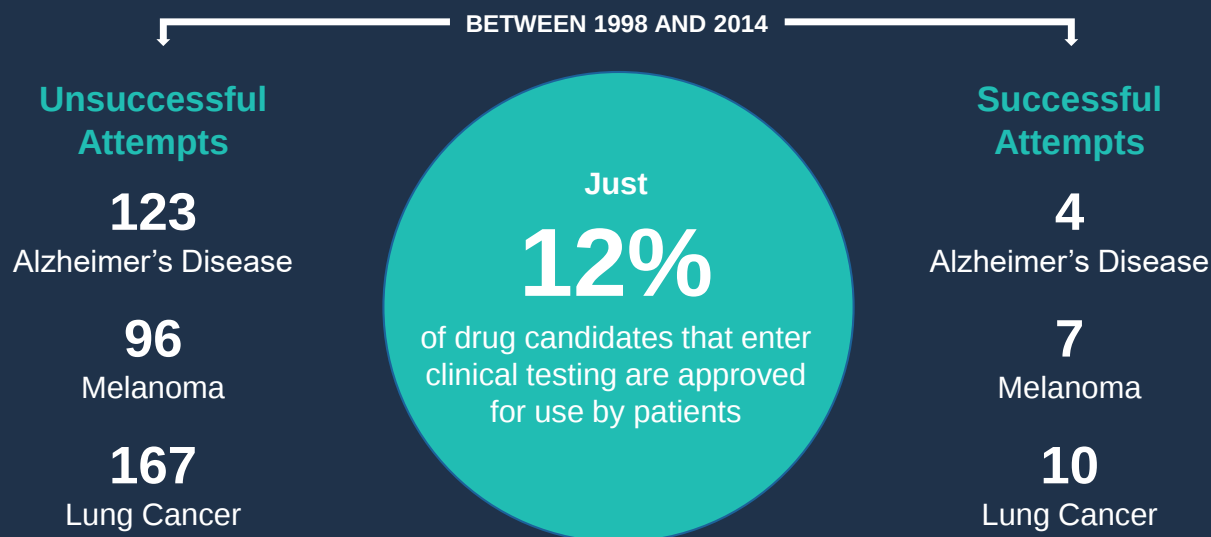
Saumil Pandya
Deputy Vice President, Policy & Research

April 1, 2019

P/RMA
RESEARCH • PROGRESS • HOPE

We need a public policy environment that recognizes and rewards risk taking to foster innovation

On average, it takes more than
10 years and \$2.6B to research and develop a new medicine.

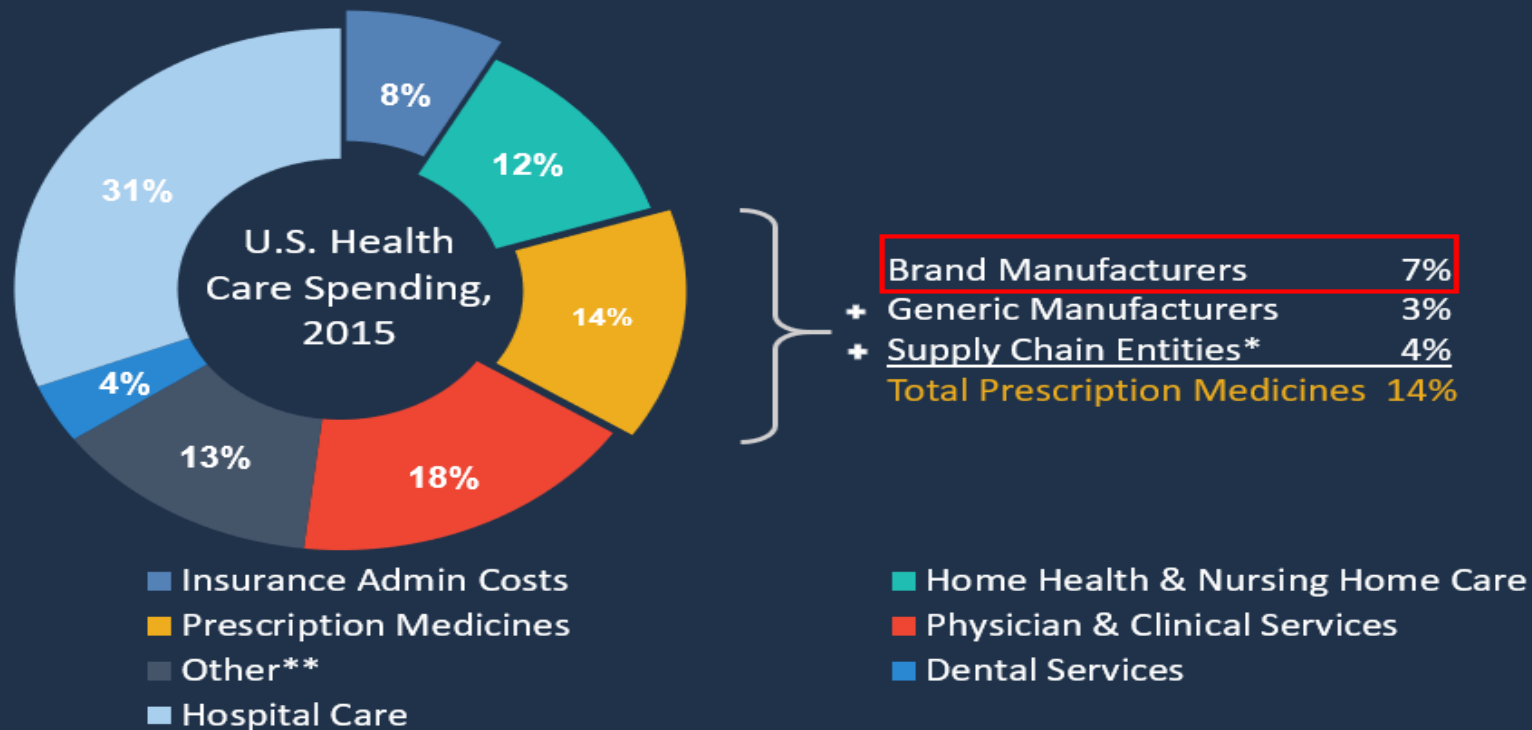


Source: Tufts Center for the Study of Drug Development (CSDD).

Source: Pharmaceutical Research and Manufacturers of America (PhRMA), "Researching Alzheimer's Medicines: Setbacks and Stepping Stones," 2015.

Source: Pharmaceutical Research and Manufacturers of America (PhRMA), "Researching Cancer Medicines: Setbacks and Stepping Stones," 2014.

Spending on retail and physician-administered medicines continues to represent just 14% of spending



Source: PhRMA analysis of CMS National Health Expenditures data, Altarum Institute study and Berkeley Research Group study.

*Supply chain entities- stakeholders involved in bringing medicines from manufacturer to patient, including wholesalers, pharmacies, PBMs and healthcare provider locations.

**Other includes expenditures for Other Professional Services, Nondurable Medical Products, Durable Medical Equipment, Public Health Activity, Research, Structures, and Equipment.

In the midst of incredible scientific progress, medicine cost growth is declining



3.8%

2016



1.5%

2017



3.2%

2016



1.9%

2017



3.9%

2016

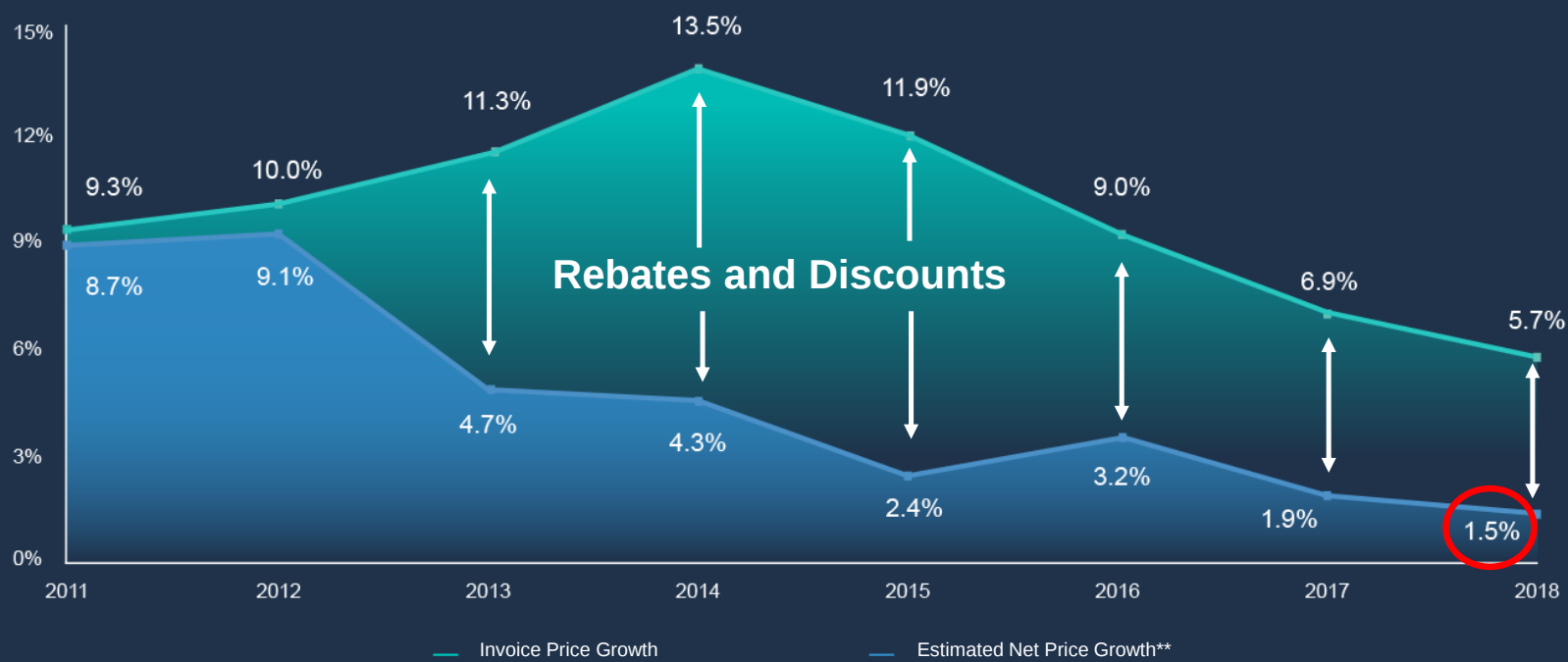


0.6%

2017

Note: IQVIA data is reflective of retail and physician-administered medicine spending.

In fact, after discounts and rebates, brand medicine prices grew just 1.5% in 2018



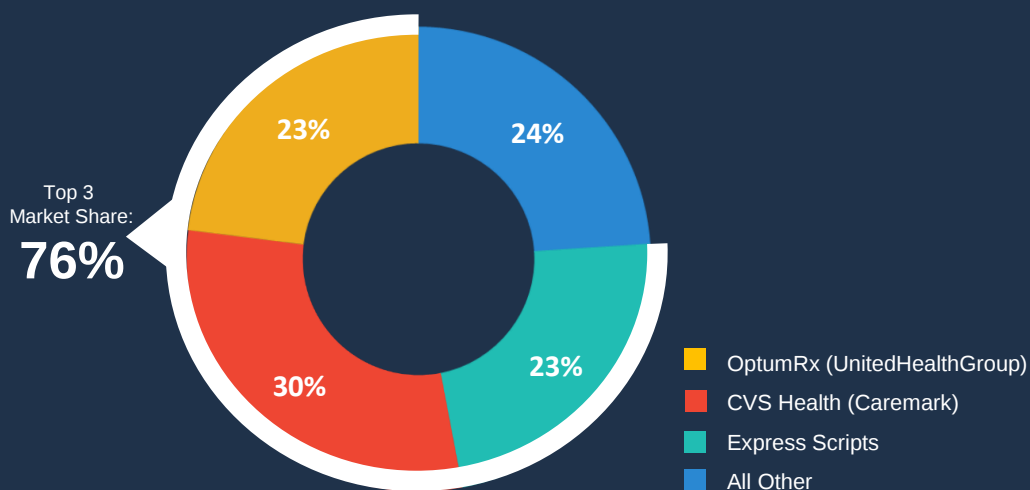
Source: IQVIA, January 2019.

*Includes protected brand medicines only (ie. brand medicines without generic versions available in the year indicated).

**Net price growth reflects impact of off-invoice rebates and discounts provided by manufacturers.

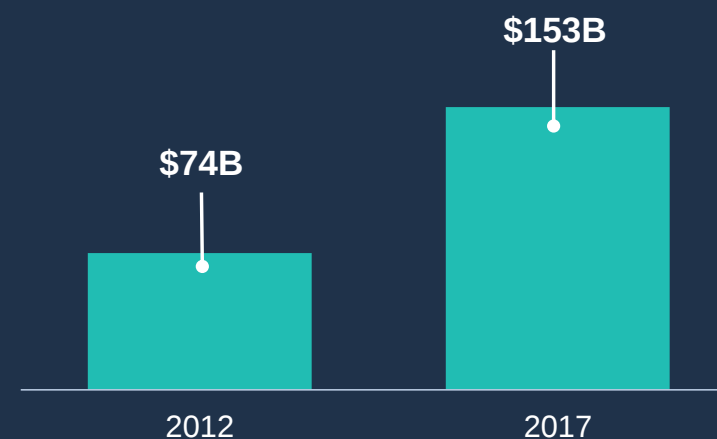
Insurers and PBMs have a lot of leverage to hold down medicine costs

Negotiating power is increasingly concentrated among fewer pharmacy benefit managers (PBMs)



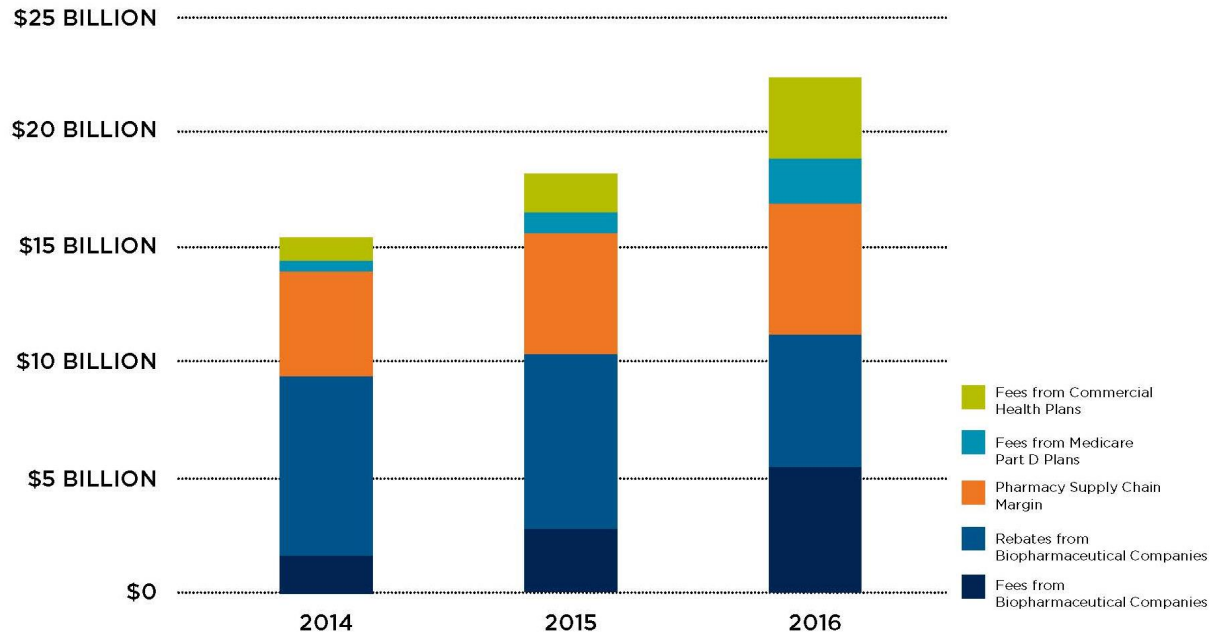
Source: Berkeley Research Group, Fein AJ, Drug Channels Institute

Rebates, discounts, fees and other price concessions have more than doubled since 2012



Pew Report: PBM Fees Quadrupled in Two Years

PBM Revenue Increased Between 2014 and 2016



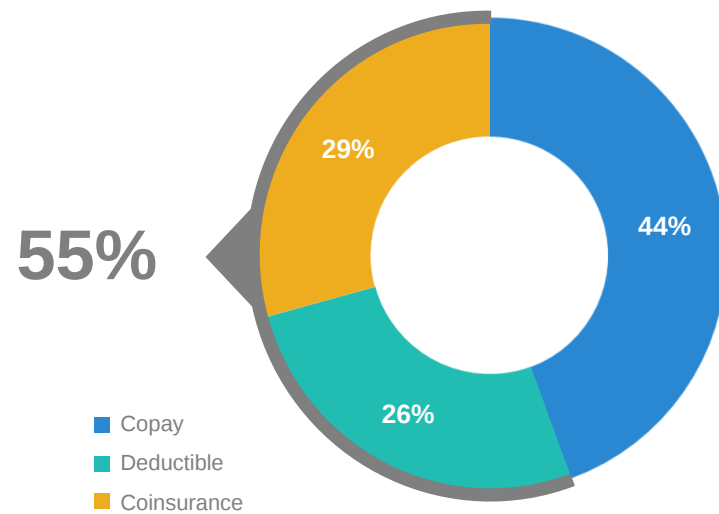
There has been a tremendous amount of horizontal and vertical integration in the distribution system



But too often negotiated savings do not make their way to patients

More than half of commercially insured patients' out-of-pocket spending for brand medicines is based on the full list price

Cost sharing for nearly 1 in 5 brand prescriptions is based on list price



Source: IQVIA, May 2018.

Proposed Changes to Safe Harbors

The proposed rule does 3 things...

DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of Inspector General

42 CFR Part 1001

RIN 0936-AA08

Fraud and Abuse; Removal of Safe Harbor Protection for Rebates Involving Prescription Pharmaceuticals and Creation of New Safe Harbor Protection for Certain Point-of-Sale Reductions in Price on Prescription Pharmaceuticals and Certain Pharmacy Benefit Manager Service Fees

AGENCY: Department of Health and Human Services Office of Inspector General (OIG), HHS.

ACTION: Proposed rule.

SUMMARY: In this proposed rule, the Department of Health and Human Services (Department or HHS) proposes to amend the safe harbor regulation concerning discounts, which are defined as certain conduct that is protected from liability under the Federal anti-kickback statute, section 1128B(b) of the Social Security Act (the Act). The amendment would revise the discount safe harbor to explicitly exclude from the definition of a discount eligible for safe harbor protection certain reductions in price or other remuneration from a manufacturer of prescription pharmaceutical products to plan sponsors under Medicare Part D, Medicaid managed care organizations as defined under section 1903(m) of the Act (Medicaid MCOs), or pharmacy benefit managers (PBMs) under contract with them. In addition, the Department is proposing two new safe harbors. The first

1
Removes discount
safe harbor
protection

2
Creates **new** safe
harbor for price
reductions

3
Creates safe
harbor for **fixed**
PBM fees

Cost Sharing for Patients Taking Rebated Medicines Will Decline



Michael

- 71 years old
- Lives in Memphis, TN
- Part D enrollee
- Takes one medicine:
List Price: \$100
Price concession: \$60

Plan Coinsurance
25%

Without
Proposed
Rule

\$25

Out-of-Pocket Cost

\$15

Plan's Net Cost

Patient OOP costs = 25% of \$100 = \$25
Plan's net cost = \$100 - \$60 - \$25 = \$15

With
Proposed
Rule

\$10

Out-of-Pocket Cost

\$30

Plan's Net Cost

Patient OOP costs = 25% of \$40 = \$10
Plan's net cost = \$100 - \$60 - \$10 = \$30

Note simplified example ignores distribution markups and PBM fees and assumes PBMs will pass 100% of the price concession to the plan

LA SB 282 – Share the Savings

- Insurers disclose to current and future enrollees if benefit design could result in patient paying more than insurer

AND

- Certify annually that at least 50% of rebates a plan received from a manufacturer, dispensing pharmacy, or other party transaction were passed to the consumer at the point-of-sale.

Louisiana strikes first contract using 'Netflix' model to buy Hepatitis Cures for Medicaid and Incarcerated Patients

- Louisiana state health officials are striking their first contract to pay for Hepatitis C cures with a subscription fee instead of per prescription
- The so-called "Netflix" model contract with Gilead subsidiary Asegua Therapeutics calls for the state's Department of Health and Department of Corrections to pay a set fee for five years of unlimited access to an authorized generic version of Gilead's Epclusa
- Louisiana expects to finalize the contract by June 1 and officially launch the arrangement a month later

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: CS/SB 1620

INTRODUCER: Health Policy Committee and Senators Gainer and Passidomo

SUBJECT: Health Care Licensing Requirements

DATE: April 10, 2019

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Brown	HP	Fav/CS
2.			AHS	
3.			AP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1620 creates s. 456.0231, F.S., to grant physicians who are employees of the U.S. Department of Veterans Affairs (VA) an exemption from Florida's physician licensure statutes when providing medical treatment to veterans in a Florida-licensed hospital, if such physicians meet certain criteria and furnish specified documentation to the state Department of Health (DOH).

The bill has an effective date of July 1, 2019.

II. Present Situation:

Health Care for Veterans

Section 1.01, F.S., defines certain terms applicable to all Florida statutes. Section 1.01(14), F.S., defines "veteran" to mean a person who served in the active military, naval, or air service and who was discharged or released under honorable conditions only, or who later received an upgraded discharge under honorable conditions.

To be eligible for VA health care services, an individual:

- Must have served in the active military, naval, or air service and did not receive a dishonorable discharge; and
- If enlisted after September 7, 1980, or entered active duty after October 16, 1981, must have served 24 continuous months or the full period for which he or she was called to active duty.

This minimum duty requirement; however, may not apply if:

- The individual was discharged for a disability that was caused, or made worse, by active-duty service; or
- The individual was discharged for a hardship or “early out”; or
- Served prior to September 7, 1980.¹

If an individual is a current or former member of the Reserves or National Guard, he or she must have been called to active duty by a federal order and completed the full period for which he or she was called or ordered to active duty, in order to be eligible for VA health care. If the individual has active-duty status for training purposes only, he or she does not qualify for VA health care.

When service members leave active duty, they may be eligible for benefits offered by TRICARE² and the VA, depending whether they retire or how they separate from the military. A retiring, service member is eligible for TRICARE as a military retiree and may also be eligible for certain VA health care benefits. Service members who separate due to a service-connected disease or injury may be eligible for VA health care benefits as well as certain TRICARE benefits. Medically-retired veterans receive care for their service-connected disability at VA hospitals and facilities and may be eligible to receive all other care through TRICARE.³

Under certain circumstances, active duty service members may receive limited VA health benefits and health care services at VA medical centers through sharing agreements⁴. VA health care services are provided to active duty and reserve component (RC) service members under the following circumstances:

- Emergent or urgent care; and
- Routine care with a valid TRICARE referral or authorization.⁵

¹ U.S. Department of Veteran Affairs, *Eligibility for VA Health Care*, available at: <https://www.va.gov/health-care/eligibility/> (last visited April 8, 2019).

² The TRICARE program used to be called CHAMPUS. CHAMPUS stands for Civil Health and Medical Program of the Uniformed Services. It is a government-funded health program that provides medical care for military members and their dependents. Military dependents can remain on CHAMPUS until they reach age 65, then they are eligible to switch to Medicare. CHAMPUS is a lot like Medicare, in which the government contracts through private parties that provide health care to participants in the program. Through the years, CHAMPUS has changed names and is now known as the TRICARE program. See Answer. Military Law, *What is TRICARE/CHAMPUS?* available at https://www.justanswer.com/topics-champus/?sipredirect=&r=ppc|ga|26|&mkwid=s_dc&pcrid=251941105852&pkw=&pmt=b&plc=&cmpid=1059487105&agid=53628128562&fiid=&tgrid=dsa-19959388920&ntw=s&dvc=c&gclid=EAIaIQobChMI0szOwrXB4QIVz1uGCh09UAbREAAAYBiAAEgKmmPD_BwE (last visited April 8, 2019).

³ United States Department of Veteran Affairs, *Health Benefits*, (last updated October 17, 2017) available at https://www.va.gov/healthbenefits/apply/active_duty.asp (last visited April 8, 2019).

⁴ Title 38 U.S.C. s. 8111, *Sharing of Department of Veterans Affairs (VA) and Department of Defense (DoD) Health Care Resources*, provides that the VA and DoD must facilitate the mutually beneficial coordination, use, or exchange of use of the health care resources of the two Departments. Title 38 U.S.C. s. 8111(d), stipulates that the Secretaries established a Joint Incentives Program to provide incentives to implement, fund, and evaluate creative coordination and sharing initiatives at the facility, regional, and national levels. See *Department Of Veterans Affairs - Department Of Defense Health Care Resources Sharing Agreements*, VHA Handbook 1660.04(1), July 29, 2015, (amended Feb. 13, 2018), available at https://www.va.gov/vhapublications/ViewPublication.asp?pub_ID=3128 (last visited April 8, 2019).

⁵ United States Department of Veteran Affairs, *Health Benefits, Active Duty Service members* (last updated June 3, 2015), available at https://www.va.gov/healthbenefits/access/active_duty.asp (last visited April 8, 2019).

VA Practitioners in Florida

Health care practitioners practicing in VA facilities in Florida are not required to be licensed in Florida. In order for a practitioner to practice at any VA facility, the VA requires the practitioner to have an active, unrestricted license from any state.⁶ Thus, a VA health care practitioner may treat any veteran in a VA facility located in Florida, regardless of the state of licensure. However, a VA practitioner may not provide medical services to any patient, veteran or otherwise, outside of a VA facility unless he or she holds a Florida license. If a VA practitioner is not licensed in Florida and provides such services outside a VA facility, the practitioner could be prosecuted for the unlicensed practice of a health care practitioner.

Health Care Practitioner Licensure in Florida

The Department of Health (DOH) is responsible for the regulation of health care practitioners and certain health care facilities in Florida for the preservation of the health, safety, and welfare of the public. The Division of Medical Quality Assurance (MQA), working in conjunction with 22 boards and six councils, licenses and regulates seven types of health care facilities, and more than 200 license types, in over 40 health care professions.⁷ Any person desiring to be a licensed health care professional in Florida must apply to the MQA in writing.⁸ Most health care professions are regulated by a board or council in conjunction with the DOH, and all professions have different requirements for initial licensure and licensure renewal.⁹

Initial Licensure Requirements

Military Health Care Practitioners

Florida offers an expedited licensure process to facilitate veterans seeking licensure in a health care profession in Florida through its Veterans Application for Licensure Online Response System (VALOR).¹⁰ In order to qualify, a veteran must apply for the license within 6 months before, or 6 months after, he or she is honorably discharged from the Armed Forces. There is no application fee, licensure fee, or unlicensed activity fee for such expedited licensure.¹¹

Section 456.024, F.S., provides that any member of the U.S. Armed Forces is eligible for licensure as a health care practitioner in Florida if he or she:

- Serves, or has served, as a health care practitioner in the U.S. Armed Forces, the U.S. Reserve Forces, or the National Guard;
- Serves, or has served, on active duty with the U.S. Armed Forces as a health care practitioner in the United States Public Health Service; or

⁶ U.S. Department of Veterans Affairs, *Navigating the Hiring Process*, (updated January 06, 2019) available at <https://www.vacareers.va.gov/ApplicationProcess/NavigatingHiringProcess> (last visited April 8, 2019)

⁷ Florida Department of Health, Medical Quality Assurance, *Annual Report and Long Range Plan, 2017-2018*, p. 6, available at: <http://www.floridahealth.gov/licensing-and-regulation/reports-and-publications/documents/annual-report-1718.pdf> (last visited Apr. 4, 2019).

⁸ Section 456.013, F.S.

⁹ See chs. 401, 456-468, 478, 480, 483, 484, 486, 490, and 491, F.S.

¹⁰ Florida Dep't of Health, *Veterans*, <http://www.flhealthsource.gov/valor#Veterans>, (last visited April 4, 2019).

¹¹ *Id.*

- Is the spouse of a person serving on active duty with the U.S. Armed States Armed Forces and is a health care practitioner in another state, the District of Columbia, or a possession or territory of the U.S.¹²

The DOH is required to waive fees and issue a license if such individuals submit a completed application and proof of the following:

- An honorable discharge within 6 months before or after the date of submission of the application;¹³
- One of the following:
 - An active, unencumbered license from another state, the District of Columbia, or U.S. possession or territory, with no disciplinary action taken within the 5 years preceding the application; or
 - That he or she is a military health care practitioner in a profession that does not require licensure in a state or jurisdiction to practice in the U.S. Armed Forces, if he or she submits to the DOH evidence of :
 - Military training or experience substantially equivalent to the requirements for licensure; and
 - Evidence of a passing score on an examination from a national or regional standards organization, if such exam is required in this state; or
 - That he or she is the spouse of a person serving on active duty in the U.S. Armed Forces and is a health care practitioner in a profession that licensure is not required in another state or jurisdiction, if he or she submits to the DOH evidence of:
 - Training or experience substantially equivalent to the requirements for licensure in this state; and
 - Evidence of a passing score on an examination from a national or regional standards organization, if such exam is required in this state.
- An affidavit that he or she is not the subject of a disciplinary proceeding in a jurisdiction in which he or she holds a license or by the U. S. Department of Defense for reasons related to the practice of the profession; and
- Active practice in the profession for the 3 years preceding the application.

An applicant must also submit fingerprints for a background screening, if required for the profession for which the applicant is applying.¹⁴

The DOH must verify all information submitted by an applicant using the National Practitioner Data Bank; and an applicant under s. 456.024(3), F.S., for initial licensure as a physician or advanced practice registered nurse (APRN) must submit all information required by ss. 456.039(1) and 456.0391(1), F.S., no later than 1 year after the license is issued.¹⁵

¹² Section 456.024(3)(a), F.S.

¹³ A form DD-214 or an NGB-22 is required as proof of honorable discharge. See Department of Health, *Veterans*, available at <http://www.flhealthsource.gov/valor> (last visited Apr. 4, 2019).

¹⁴ Section 456.024(3)(b), F.S.

¹⁵ Section 456.024, (3)(d), F.S. The information required by ss. 356.039(1) and 356.0931(1), F.S., includes: 1) school name where education and training received; 2) names of locations and hospitals where practice; 3) address of primary practice location; 4) year applicant began practice; 5) any certification or designation; 6) any faculty appointments; 7) any criminal record; and 8) Any professional disciplinary action.

A board, or the DOH if there is no board, may also issue a temporary health care professional license to the spouse of an active duty member of the Armed Forces upon submission of an application form and fees. The applicant must hold a valid license for the profession issued by another state, the District of Columbia, or a possession or territory of the U.S. and may not be the subject of any disciplinary proceeding in any jurisdiction relating to the practice of a regulated health care profession in Florida.

III. Effect of Proposed Changes:

CS/SB 1620 creates s. 456.0231, F.S., to grant physicians who are employees of the VA an exemption from Florida's physician licensure statutes when providing medical treatment to veterans in a Florida-licensed hospital, if such physicians meet certain criteria and furnish specified documentation to the DOH.

The bill defines "physician" as a person who holds an active, unencumbered license to practice allopathic medicine or osteopathic medicine issued by another state; the District of Columbia; or a possession, commonwealth, or territory of the United States.

To be exempt from Florida licensure requirements pertaining to medical doctors under ch. 458, F.S., or osteopathic physicians under ch. 459, F.S., such a physician must submit the following to the DOH:

- Proof that the physician holds an active, unencumbered license to practice allopathic medicine or osteopathic medicine, as applicable, issued by another state; the District of Columbia; or a possession, commonwealth, or territory of the United States; and
- Proof of current employment with the VA;

As a condition of receiving the licensure exemption, the physician must attest that he or she will provide only medical services to veterans:

- At VA facilities or outreach locations;
- Pursuant to employment with the VA; and
- In Florida-licensed hospitals.

The bill requires the DOH to notify the physician within 15 business days after receipt of the documentation that the physician is exempt.

The bill authorizes the DOH to adopt rules to implement the exemption provisions.

The bill has an effective date of July 1, 2019.

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:

CS/SB 1620 may provide an avenue for veterans who do not live near a VA facility and/or face transportation problems with getting to a VA facility, to receive medical services from VA physicians at a Florida-licensed hospital that is more accessible.

C. Government Sector Impact:

The DOH will potentially do fewer background screenings due to the new exemption. This could impact the DOH's current screening practices. The fees collected for criminal background check and fingerprint retention are deposited into the Florida Department of Law Enforcement's (FDLE) Operating Trust Fund. Because the applicants would normally be screened with fingerprint retention services included, each screening deferred under the bill lost will result in \$48 not being deposited into the trust fund, resulting in an indeterminate loss of revenue for the FDLE.¹⁶

VI. Technical Deficiencies:

None.

VII. Related Issues:

Each physician exempted from licensure under the bill will result in a deferral of criminal background checks and fingerprinting, which would normally occur before a physician is allowed to practice in the state outside of a VA facility. Therefore, a physician exempted under

¹⁶ Florida Department of Law Enforcement, *Senate Bill 1620 Analysis* (March 2, 2019) (on file with the Senate Committee on Health Policy).

the bill who has committed a Florida-licensure disqualifying offense may still be able to practice in Florida-licensed hospitals under the bill.¹⁷

The bill provides that physicians employed by the VA can become exempt from Florida's physician licensure statutes and that the DOH must notify them of their exemption upon the receipt of specified documentation. However, the bill does not provide any circumstances for such an exemption to expire or be revoked for any reason. The bill is silent as to whether an exemption remains in effect after the physician is no longer employed by the VA or is no longer licensed to practice medicine by another state, the District of Columbia, or a possession, commonwealth, or territory of the United States.

On lines 34-36, the bill provides that as a condition of "receiving" the exemption, a physician must attest that he or she "will provide only medical services to veterans." However:

- After a physician "receives" the exemption, the physician could technically remain exempt under the bill from Florida's physician licensure requirements, regardless of whether he or she abides by the attestation.
- The bill does not require a physician to provide documentation of the attestation. The DOH is required to notify a physician that he or she is exempt after receiving proof that the physician holds the required out-of-state license and proof that he or she is currently employed by the VA, but proof of the attestation is not required to be sent to the DOH.
- The phrase "will provide only medical services to veterans" is unclear, i.e. the physician could be attesting that he or she will provide medical services to veterans without providing other types of services to veterans. If the bill seeks an attestation that a physician will provide medical services to veterans but will not provide medical services to anyone else, clearer language is needed.

Under the bill, physicians not licensed in Florida may provide medical services to "veterans" in Florida-licensed hospitals. According to the definition of "veterans" in s. 1.01(14), F.S., the bill does not authorize exempted physicians to provide medical services to active duty service members in such hospitals under the bill, even though the VA allows active duty service members to receive limited health benefits and health care services from the VA under certain circumstances.

VIII. Statutes Affected:

This bill creates section 456.0231 of the Florida Statutes.

IX. Additional Information:

- A. Committee Substitute – Statement of Substantial Changes:
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Policy on April 8, 2019

The CS:

- Removes the statement of legislative intent from the underlying bill;

¹⁷ Id.

- Provides that a person holding an unencumbered license to practice medicine as a physician in another state, D.C., or a U.S. possession or territory, is exempt from needing a Florida license to practice medicine in Florida if he or she submits to the DOH:
 - Proof that he or she holds such a license described above;
 - Proof of current employment with the VA; and,
 - An attestation that he or she will provide only medical services to veterans at a VA facility or outreach location, pursuant to his or her employment with the VA, and in Florida-licensed hospitals.
- Requires the DOH to notify such a physician that he or she is exempt within 15 business days after receiving the documentation required for the exemption;
- Limits the exemption of licensure to medical doctors and osteopaths only, instead of including other types of health care practitioners as provided in the underlying bill;
- Removes the allowance from the underlying bill that practitioners licensed in other countries could also be exempted from needing a Florida license;
- Removes the underlying bill's requirement for the executive director of the Florida Department of Veterans' Affairs to provide the state surgeon general with a list of all practitioners who are eligible for exemption under the bill;
- Removes from the underlying bill the provision for the bill to not be construed to preempt or supplant a medical facility's policies regarding the award of emergency privileges to medical personnel; and
- Provides authority for the DOH to adopt rules, as opposed to the underlying bill's *requirement* for the DOH to adopt rules.

B. Amendments:

None.



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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/09/2019	.	
	.	
	.	
	.	

The Committee on Health Policy (Gainer) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Section 456.0231, Florida Statutes, is created
to read:

456.0231 Exemption from health care licensure requirements
for physicians who treat veterans.—

(1) As used in this section, the term "physician" means a
person who holds an active, unencumbered license to practice



363664

allopathic medicine or osteopathic medicine issued by another state; the District of Columbia; or a possession, commonwealth, or territory of the United States.

(2) A physician must submit to the department all of the following to be exempt from the licensure requirements of chapters 458 and 459:

(a) Proof that he or she holds an active, unencumbered license to practice allopathic medicine or osteopathic medicine issued by another state; the District of Columbia; or a possession, commonwealth, or territory of the United States.

(b) Proof of current employment with the United States Department of Veterans Affairs.

(3) As a condition of receiving the health care licensure requirement exemption, the physician shall attest that he or she will provide only medical services to veterans:

(a) At United States Department of Veterans Affairs facilities or outreach locations;

(b) Pursuant to his or her employment with the United States Department of Veterans Affairs; and

(c) In hospitals licensed under chapter 395.

(4) The department shall notify the physician within 15 business days after receipt of the documentation of eligibility for the exemption required by subsection (2) that the physician is exempt from the licensure requirements of chapters 458 and 459.

(5) The department may adopt rules to administer this section.

Section 2. This act shall take effect July 1, 2019.



363664

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete everything before the enacting clause
and insert:

A bill to be entitled
An act relating to health care licensure requirements;
creating s. 456.0231, F.S.; defining the term
"physician"; exempting certain physicians from
specified licensing requirements when providing
certain services to veterans in this state; requiring
such physicians to submit specified documentation to
the Department of Health; requiring an exempted
physician to attest that he or she will provide
medical services only to veterans under certain
conditions; authorizing the department to adopt rules;
providing an effective date.

By Senator Gainer

2-02003A-19

20191620__

A bill to be entitled

An act relating to health care licensing requirements; creating s. 456.0231, F.S.; providing a short title; providing legislative intent; providing definitions; exempting certain health care practitioners from specified licensing requirements when providing certain services to veterans in this state; providing reporting requirements; providing construction; providing for rulemaking; providing an effective date.

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

Section 1. Section 456.0231, Florida Statutes, is created to read:

456.0231 Exemption of health care license requirements for the treatment of veterans.—

(1) SHORT TITLE.—This section may be cited as the “Exemption of License Requirements for the Treatment of Veterans Act.”

(2) INTENT.—It is the intent of the Legislature to allow the exemption of health care licensing laws, rules, and regulations for health care professionals who are employed by the United States Department of Veterans Affairs and who treat Florida veterans at licensed medical facilities in this state that are not public hospitals or other public health care facilities.

(3) DEFINITIONS.—As used in this section, the term:

(a) “Health care practitioner” means any person in a profession licensed under chapter 458; chapter 459; chapter 461;

2-02003A-19

20191620__

chapter 463; chapter 464; chapter 466; part I, part III, part V, or part XIV of chapter 468; chapter 486; chapter 490; or chapter 491.

(b) “License” means any permit, registration, certificate, or license, including a provisional license, that is necessary for a health care practitioner to legally practice his or her profession in this state.

(4) EXEMPTION FROM LICENSURE.—A health care practitioner that is employed by the United States Department of Veterans Affairs; provides medical services within his or her scope of employment to veterans in this state at a licensed medical facility that is not a public hospital or other public health care facility; and possesses the appropriate license in good standing in another state or country is exempt from holding a license in this state for purposes of providing such medical services to veterans in this state.

(5) REPORTING REQUIREMENTS.—The executive director of the Department of Veterans’ Affairs shall submit to the State Surgeon General a list of all health care practitioners who meet the requirements of subsection (4).

(6) EMERGENCY PRIVILEGES.—Nothing in this section shall be construed to preempt or supplant an individual medical facility’s policies regarding the award of emergency privileges to physicians or other medical personnel.

(7) RULEMAKING.—The Department of Health shall adopt rules to administer this section.

Section 2. This act shall take effect July 1, 2019.



2019 FDLE LEGISLATIVE BILL ANALYSIS



BILL INFORMATION

BILL NUMBER:	SB 1620
BILL TITLE:	<u>Health Care Licensing Requirements</u>
BILL SPONSOR:	Gainer
EFFECTIVE DATE:	July 1, 2019

COMMITTEES OF REFERENCE

1)
2)
3)
4)
5)

CURRENT COMMITTEE

--

SIMILAR BILLS

BILL NUMBER:	
SPONSOR:	

PREVIOUS LEGISLATION

BILL NUMBER:	
SPONSOR:	
YEAR:	
LAST ACTION:	

IDENTICAL BILLS

BILL NUMBER:	885
SPONSOR:	Pigman

Is this bill part of an agency package?

No

BILL ANALYSIS INFORMATION

DATE OF ANALYSIS:	March 2, 2019
LEAD AGENCY ANALYST:	Charles Schaeffer
ADDITIONAL ANALYST(S):	Tracy Townsend, Becky Bezemek
LEGAL ANALYST:	Jason Jones, Joe White
FISCAL ANALYST:	Cynthia Barr, Deshawn Byrd

POLICY ANALYSIS

1. EXECUTIVE SUMMARY

Exempts certain health care practitioners from specified licensing requirements when providing certain services to veterans in this state; provides reporting requirements.

2. SUBSTANTIVE BILL ANALYSIS

1. PRESENT SITUATION:

Currently, all health care practitioners seeking licensure and to practice within Florida must obtain their license and permission to work through the Department of Health (DOH). Applicants are screened through the Care Provider Background Screening Clearinghouse.

2. EFFECT OF THE BILL:

Exempts health care practitioners employed by the United States Department of Veterans Affairs and licensed by another state and work outside of public health facilities or hospitals from state and national criminal history record check screening.

3. DOES THE LEGISLATION DIRECT OR ALLOW THE AGENCY/BOARD/COMMISSION/DEPARTMENT TO DEVELOP, ADOPT, OR ELIMINATE RULES, REGULATIONS, POLICIES OR PROCEDURES? Y ☐ N ☒

If yes, explain:	
What is the expected impact to the agency's core mission?	
Rule(s) impacted (provide references to F.A.C., etc.):	

4. WHAT IS THE POSITION OF AFFECTED CITIZENS OR STAKEHOLDER GROUPS?

List any known proponents and opponents:	
Provide a summary of the proponents' and opponents' positions:	

5. ARE THERE ANY REPORTS OR STUDIES REQUIRED BY THIS BILL? Y ☐ N ☒

If yes, provide a description:	
Date Due:	
Bill Section Number:	

6. ARE THERE ANY NEW GUBERNATORIAL APPOINTMENTS OR CHANGES TO EXISTING BOARDS, TASK FORCES, COUNCILS, COMMISSION, ETC. REQUIRED BY THIS BILL? Y ☐ N ☒

Board:	
Board Purpose:	
Who Appointments:	
Appointee Term:	

Changes:	
Bill Section Number(s):	

FISCAL ANALYSIS

1. DOES THE BILL HAVE A FISCAL IMPACT TO LOCAL GOVERNMENT? Y ☐ N ☒

Revenues:	
Expenditures:	
Does the legislation increase local taxes or fees?	
If yes, does the legislation provide for a local referendum or local governing body public vote prior to implementation of the tax or fee increase?	

2. DOES THE BILL HAVE A FISCAL IMPACT TO STATE GOVERNMENT? Y ☒ N ☐

Revenues:	- Unknown. The department contacted the DOH, which advised that although the bill would cause potentially fewer screenings due to the exemption, this would negligibly impact DOH's current screening practices. - The total fiscal revenue for the state portion of a state and national criminal history record check with five years of fingerprint retention within the Care Provider Background Screening Clearinghouse retention is \$48. These fees go into FDLE's Operating Trust Fund. The cost for state level criminal history record checks is \$24. Since persons screened pursuant to this bill will be entered in the Clearinghouse, \$24 for five years of state fingerprint retention will be paid up front. Because the applicants would normally be screened with fingerprint retention services included, each screening lost will result in the above \$48 not being deposited into the trust fund.
Expenditures:	
Does the legislation contain a State Government appropriation?	
If yes, was this appropriated last year?	

3. DOES THE BILL HAVE A FISCAL IMPACT TO THE PRIVATE SECTOR? Y ☒ N ☐

Revenues:	
Expenditures:	- Unknown. The department contacted DOH, which advised that although the bill would cause potentially fewer screenings due to the exemption, this would negligibly impact DOH's current screening practices. - The total fiscal impact to the private sector for state and national criminal history record checks with five years of Clearinghouse retention is \$61.25*. Of this total amount, the cost for a state and national criminal history record check is \$37.25; the cost for the national portion of the criminal history record check is \$13.25 and

	the cost for the state portion is \$24, which goes into FDLE's Operating Trust Fund. Since persons screened pursuant to this bill will be entered in the Clearinghouse, \$24 for five years of state fingerprint retention will be paid up front and go into the trust fund. When FDLE begins participation in the federal retention program, there will be no fees required by the FBI for federal fingerprint retention. Because the applicants would normally be screened with fingerprint retention services included, each screening lost will result in the above \$61.25 (\$37.25 record check + \$24 retention services) not being deposited into the trust fund. *Effective January 1, 2019, the fee for the national check portion of criminal history record requests increased from \$12.00 to \$13.25.
Other:	

4. DOES THE BILL INCREASE OR DECREASE TAXES, FEES, OR FINES? Y ☐ N ☒

Does the bill increase taxes, fees or fines?	
Does the bill decrease taxes, fees or fines?	
What is the impact of the increase or decrease?	
Bill Section Number:	

TECHNOLOGY IMPACT

1. DOES THE LEGISLATION IMPACT THE AGENCY'S TECHNOLOGY SYSTEMS (I.E., IT SUPPORT, LICENSING, SOFTWARE, DATA STORAGE, ETC.)? Y ☐ N ☒

If yes, describe the anticipated impact to the agency including any fiscal impact.	
--	--

FEDERAL IMPACT

1. DOES THE LEGISLATION HAVE A FEDERAL IMPACT (I.E., FEDERAL COMPLIANCE, FEDERAL FUNDING, FEDERAL AGENCY INVOLVEMENT, ETC.)? Y ☐ N ☒

If yes, describe the anticipated impact including any fiscal impact.	
--	--

LEGAL - GENERAL COUNSEL'S OFFICE REVIEW

Issues/concerns/comments and recommended action:	
--	--

ADDITIONAL COMMENTS

Lines 37-45: Exempting medically licensed personnel may not meet Florida's medical licensing standards as each state or country may have different disqualifying offenses and criminal history review practices than Florida. Additionally, as these personnel will no longer be covered in FDLE's Applicant Fingerprint Retention and Notification Program (AFRNP), no new in-state arrest or registration notifications will be generated and sent to DOH. Therefore, members who may originally meet Florida licensing standards, who then commit disqualifying offenses, may continue to maintain access to vulnerable populations within the US Department of Veterans Affairs' medical facilities.

THE FLORIDA SENATE

APPEARANCE RECORD

4/8/2019

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB 1620

Bill Number (if applicable)

Topic Health Care Licensing Requirements

Amendment Barcode (if applicable)

Name DANNY BURGESS

Job Title Executive Director

Address The Capitol, Suite 2105

Street

Phone (850) 487-1533

Tallahassee FL 32399

City

State

Zip

Email exdir@fdva.state.fl.us

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing The Florida Dept. of Veterans' Affairs

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

SB 1620

Bill Number (if applicable)

Topic Health Care Licensing Requirements

Amendment Barcode (if applicable)

Name Dorene Barker

Job Title Associate State Director

Address 200 W. College Ave, Ste 304A

Phone 850-228-6387

Street

City Tallahassee

State FL

Zip 32301

Email dobarker@aarfp.org

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing AARP Florida

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

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: CS/SB 258

INTRODUCER: Health Policy Committee and Senators Bean and Benacquisto

SUBJECT: Genetic Information Used for Insurance Purposes

DATE: April 9, 2019

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Knudson</u>	<u>Knudson</u>	<u>BI</u>	Favorable
2.	<u>Williams</u>	<u>Brown</u>	<u>HP</u>	Fav/CS
3.	<u> </u>	<u> </u>	<u>RC</u>	<u> </u>

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 258 places certain restrictions on life insurers, long-term care insurers, and disability income insurers relating to the use of the results of genetic testing. For policies entered into or renewed on or after January 1, 2020, the bill prohibits such insurers from requiring an applicant for insurance to take a genetic test, collecting an applicant's genetic information or genetic test results without the applicant's authorization, or canceling, limiting, or denying coverage based on genetic information under certain conditions.

Among other provisions, the bill also prohibits a person, including a company providing direct-to-consumer commercial genetic testing, from selling, releasing, or sharing any personal identifying health information about a consumer with a life or health insurance company without a prior written authorization and a written request from the consumer for release of the information.

The bill has no fiscal impact on state government.

The bill has an effective date of July 1, 2019.

II. Present Situation:

Use of Genetic Information for Insurance Purposes – Florida Requirements

Insurance policies for life, disability income, and long-term care¹ are exempt from s. 627.4301, F.S., which provides standards for the use of genetic information by health insurers. Health insurers² may not, in the absence of a diagnosis of a condition related to genetic information, use such information to cancel, limit, or deny coverage, or establish differentials in premium rates. Health insurers are also prohibited from requiring or soliciting genetic information, using genetic test results, or considering a person's decisions or actions relating to genetic testing in any manner for any insurance purpose.

Section 627.4031, F.S., defines “genetic information” to mean information derived from genetic testing to determine the presence or absence of variations or mutations, including carrier status, in an individual's genetic material or genes that are:

- Scientifically or medically believed to cause a disease disorder, or syndrome, or are associated with a statistically increased risk of developing a disease; or
- Associated with a statistically increased risk of developing a disease, disorder, or syndrome, which is producing or showing no symptoms at the time of testing.

Genetic testing, for purposes of s. 627.4031, F.S., does not include routine physical examinations or chemical, blood, or urine analysis, unless specifically conducted to obtain genetic information, or questions regarding family history.

Federal Laws on the Use of Genetic Information for Insurance Purposes

Federal law generally prohibits health insurers from soliciting genetic information and using such information for underwriting purposes. Federal law does not apply these prohibitions to life insurance, disability insurance, or long-term care insurance.

Genetic Information Nondiscrimination Act of 2008

The Genetic Information Nondiscrimination Act of 2008 (GINA) amended a number of existing federal laws to prohibit health insurers from using genetic information for underwriting purposes.³ The act does not apply to life insurance, long-term care insurance, or disability insurance.

¹ Section 627.4301(2)(c), F.S. Other types of insurance that are wholly exempt from the statute are accident-only policies, hospital indemnity or fixed indemnity policies, dental policies, and vision policies.

² Section 627.4301(1)(b), F.S., defines health insurer to mean, “an authorized insurer offering health insurance as defined in s. 624.603, F.S., a self-insured plan as defined in s. 624.031, F.S., a multiple-employer welfare arrangement as defined in s. 624.437, F.S., a prepaid limited health service organization as defined in s. 636.003, F.S., a health maintenance organization as defined in s. 641.19, F.S., a prepaid health clinic as defined in s. 641.402, F.S., a fraternal benefit society as defined in s. 632.601, F.S., or any health care arrangement whereby risk is assumed.”

³ Pub. Law No. 110-233, s. 122 Stat. 881-921 (2008). <https://www.gpo.gov/fdsys/pkg/PLAW-110publ233/pdf/PLAW-110publ233.pdf> (last accessed March 7, 2019).

Title I of GINA provides protections against discrimination by health insurers on the basis of genetic information.⁴ GINA prohibits health insurers and health plan administrators from using genetic information to make rating or coverage decisions.⁵ These decisions include eligibility for coverage and setting premium or contribution amounts.

GINA generally prohibits health insurers and health plan administrators from requesting or requiring genetic information of an individual or the individual's family members,⁶ nor may such information be requested, required or purchased for underwriting purposes.⁷ Underwriting purposes include rules for eligibility, determining coverage or benefits, cost-sharing mechanisms, calculating premiums or contribution amounts, rebates, payments in kind, pre-existing condition exclusions, and other activities related to the creation, renewal, or replacement of health insurance or health benefits. Underwriting purposes does not include determining medical appropriateness where an individual seeks a health benefit under a plan, coverage, or policy.⁸ Genetic information may be used by an insurer to make a determination regarding the payment of benefits, for example, as the basis of a diagnosis that then would lead to benefits being provided under the insurance policy.

The protections in GINA apply to the individual and group health markets, including employer sponsored plans under the Employee Retirement Income Security Act of 1974 (ERISA).⁹ GINA generally expanded many of the genetic information protections in the Health Insurance Portability and Accountability Act of 1996¹⁰ (HIPAA) and applied them to the individual, group and Medicare supplemental marketplaces.¹¹ The protections enacted in GINA do not apply to Medicare or Medicaid because both programs bar the use of genetic information as a condition of eligibility.¹² GINA also prohibits employment discrimination on the basis of genetic information.¹³

States may provide stronger protections than GINA, which provides a baseline level of protection against prohibited discrimination on the basis of genetic information.

Health Insurance Portability and Accountability Act of 1996

HIPAA establishes national standards to ensure the privacy and nondisclosure of personal health information. The rule applies to “covered entities” which means a health plan, health care

⁴ 110th Congress, *Summary: H.R.493 Public Law* (May 21, 2008) (last accessed February 1, 2018).

⁵ See 29 USC 1182; 42 USC 300gg-1; and 42 USC 300gg-53.

⁶ Department of Health and Human Services, “GINA” *The Genetic Information Nondiscrimination Act of 2008: Information for Researchers and Health Care Professionals*, (April 6, 2009).

<https://www.genome.gov/pages/policyethics/geneticdiscrimination/ginainfodoc.pdf> (last accessed March 7, 2019).

⁷ See 29 USC 1182(d); 42 USC 300gg-4(d); and 42 USC 300gg-53(e).

⁸ See 45 CFR 164.502(a)(5)(i)(4)(B).

⁹ Perry W. Payne, Jr. et al, *Health Insurance and the Genetic Information Nondiscrimination Act of 2008: Implications for Public Health Policy and Practice*, Public Health Rep., Vol. 124 (March-April 2009), 328, 331.

¹⁰ Codified 42 USC 300gg, 29 USC 1181 et seq., and 42 USC 1320d et seq.

¹¹ See Payne at pg. 329.

¹² National Institutes of Health, *The Genetic Information Nondiscrimination Act (GINA)*.

¹³ See 29 CFR 1635(a), which prohibits the use of genetic information in employment decision making; restricts employers and other entities from requesting, requiring, or purchasing genetic information; requires that genetic information be maintained as a confidential medical record, and places strict limits on disclosure of genetic information; and provides remedies for individuals whose genetic information is acquired, used, or disclosed in violation of GINA.

clearinghouse, other health care providers, and their business associates.¹⁴ HIPAA provides standards for the use and disclosure of protected health information and generally prohibits covered entities and their business associates from disclosing protected health information, except as otherwise permitted or required.¹⁵ Covered entities generally may not sell protected health information.¹⁶ HIPAA, as modified by GINA, also prohibits health plans from using or disclosing protected health information that is genetic information for underwriting purposes.¹⁷

Patient Protection and Affordable Care Act of 2010

The Patient Protection and Affordable Care Act of 2010 (ACA) requires all individual and group health plans to enroll applicants regardless of their health status, age, gender, or other factors that might predict the use of health services.¹⁸ These guaranteed issue and guaranteed renewability requirements apply to genetic testing.

Use of Genetic Information for Insurance Purposes – Requirements in Other States

Federal law under GINA applies to all states and provides a baseline level of protection that states may exceed. The NIH has identified 105 state statutes addressing health insurance nondiscrimination across 48 states and the District of Columbia.¹⁹ Fewer states address genetic testing regarding other lines of insurance such as life insurance, disability insurance, and long-term care insurance.²⁰

Examples of such statutes include Oregon, which requires informed consent to conduct testing, prohibits the use of genetic information for underwriting or ratemaking for any policy for hospital and medical expense, and prohibits using the genetic information of a blood relative for underwriting purposes regarding any insurance policy.²¹ Informed consent when an insurer requests genetic testing for life or disability insurance is required in California, New Jersey, and New York.²² Massachusetts prohibits unfair discrimination based on genetic information or a genetic test and prohibits requiring an applicant or existing policyholder to undergo genetic testing.²³ Arizona prohibits the use of genetic information for underwriting or rating disability insurance in the absence of a diagnosis, and life and disability insurance policies may not use genetic information for underwriting or ratemaking unless supported by the applicant's medical condition, medical history, and either claims experience or actuarial projections.²⁴

¹⁴ See 45 CFR 160.103.

¹⁵ See 45 CFR 164.502(a).

¹⁶ See 45 CFR 164.502(a)(5)(ii)(A).

¹⁷ See 45 CFR 164.502(a)(5)(i).

¹⁸ See 42 USC 300gg-1 and 42 USC 300gg-2.

¹⁹ National Institutes of Health, *Genome Statute and Legislation Database Search*.

<https://www.genome.gov/policyethics/legdatabase/pubsearch.cfm> (database search for “state statute,” “health insurance nondiscrimination” performed by Committee on Banking and Insurance professional staff on March 7, 2019).

²⁰ See *id.* (database search for “state statute,” “other lines of insurance nondiscrimination” performed by Committee on Banking and Insurance professional staff on March 7, 2019).

²¹ Section 746.135, O.R.S.

²² See Cal. Ins. Code s. 10146 et seq.; s. 17B:30-12, N.J.S.; and ISC s. 2615, N.Y.C.L.

²³ Chapter 175 sections 108I and 120E, M.G.L.

²⁴ Section 20-448, A.R.S.

Genetic Testing

Genetic testing includes a number of medical tests that identify and examine chromosomes, genes, or proteins for the purpose of obtaining genetic information.²⁵ Genetic testing is often used for medical or genealogical purposes.

Medical Genetic Testing

Genetic testing can be done to diagnose a genetic disorder, to predict the possibility of future illness, and predict a patient's response to therapy.²⁶ More than 2,000 genetic tests are currently available and more tests are constantly being developed.²⁷ The National Institutes of Health²⁸ (NIH) have identified the following available types of medical genetic testing:²⁹

- *Diagnostic testing* identifies or rules out a specific genetic or chromosomal condition, and is often used to confirm a diagnosis when a particular condition is suspected based on the individual's symptoms. For example, a person experiencing abnormal muscle weakness may undergo diagnostic testing that screens for various muscular dystrophies.
- *Predictive and pre-symptomatic testing* is used to detect gene mutations associated with disorders that appear after birth, often later in life. This testing is often used by people who are asymptomatic, but have a family member with a genetic disorder. Predictive testing can identify mutations that will result in genetic disorder, or that increase a person's risk of developing disorders with a genetic basis, such as cancer.
- *Carrier testing* identifies people who carry one copy of a gene mutation that, when present in two copies, causes a genetic disorder. This test is often used by parents to determine their risk of having a child with a genetic disorder.
- *Preimplantation testing* is used to detect genetic changes in embryos developed by assisted reproductive techniques such as in-vitro fertilization. Small numbers of cells are taken from the embryos and tested for genetic changes prior to implantation of a fertilized egg.
- *Prenatal testing* detects changes in a baby's genes or chromosomes before birth. Such testing is often offered if there is an increased risk the baby will have a genetic or chromosomal disorder.
- *Newborn screening* is performed shortly after birth to identify genetic disorders that can be treated early in life. Florida screens for 31 disorders recommended by the United States Department of Health and Human Services Recommended Uniform Screening Panel and 22 secondary disorders, unless a parent objects in writing.³⁰

²⁵ National Institutes of Health, *Genetic Testing*, pg. 3 (January 30, 2018). Available for download at <https://ghr.nlm.nih.gov/primer/testing/uses> (last accessed March 26, 2019).

²⁶ Francis S. Collins, *A Brief Primer on Genetic Testing* (January 24, 2003). <https://www.genome.gov/10506784/a-brief-primer-on-genetic-testing/> (last accessed March 7, 2019).

²⁷ See Ohio State University Wexner Medical Center, *Facts About Testing*. <https://wexnermedical.osu.edu/genetics/facts-about-testing> (last accessed March 7, 2019).

²⁸ The National Institutes of Health is the medical research agency of the United States federal government. The NIH is part of the United States Department of Health and Human Services. The NIH is made of 27 different Institutes and Centers, each having a specific research agenda.

²⁹ *Supra* note 25, at pgs. 5-6.

³⁰ Florida Department of Health, *Newborn Screening*. <http://www.floridahealth.gov/programs-and-services/childrens-health/newborn-screening/index.html> (last accessed March 7, 2019).

Genetic testing is often used for research purposes. For example, genetic testing may be used to discover genes or increase understanding of genes that are newly discovered or not well understood.³¹ Testing results as part of a research study are usually not available to patients or health care providers.³²

The Human Genome Project, which in April 2003 successfully sequenced and mapped all of the genes of humans, and a variety of other genetic testing, has led to multiple medical advances. For example, genetic testing identified that the reason the drug Plavix, which is commonly used to prevent blood clots in patients at risk for heart attacks and strokes, does not work for approximately 30 percent of the United States population because variations in the CYP2C19 gene account for the lack of a response.³³ Thus, genetic testing can identify persons for whom the drug will not be effective.

The American Medical Association supports broad protections against genetic discrimination because it believes genetic testing and genetic information is essential to advancements in medical knowledge and care.³⁴ Accordingly, the organization supports comprehensive federal protection against genetic discrimination because “patients remain at-risk of discrimination in a broad array of areas such as life, long-term care, and disability insurance as well as housing, education, public accommodations, mortgage lending, and elections.”

Methods of genetic testing used for medical purposes include:

- Molecular genetic tests (Gene tests) that study single genes or short lengths of DNA to identify variations or mutations that lead to a genetic disorder.
- Chromosomal genetic tests that analyze whole chromosomes or long lengths of DNA to see if there are large genetic changes, such as an extra copy of a chromosome, that cause a genetic condition.
- Biochemical genetic tests that study the amount or activity level of proteins; abnormalities in either can indicate changes to the DNA that result in a genetic disorder.

Genetic Ancestry Testing

Genetic ancestry testing, also called genetic genealogy, is used to identify relationships between families and identify patterns of genetic variation that are often shared among people of particular backgrounds.³⁵ According to the NIH, genetic ancestry testing results may differ between providers because they compare genetic information to different databases. The tests can yield unexpected results because human populations migrate and mix with other nearby groups. Scientists can use large numbers of genetic ancestry test results to explore the history of populations. Three common types of genetic ancestry testing include:³⁶

³¹ *Supra* note 27.

³² National Institutes of Health, *Genetic Testing*, at pg. 24.

³³ Francis S. Collins, Perspectives on the Human Genome Project, pg. 50 (June 7, 2010).

https://www.genome.gov/pages/newsroom/webcasts/2010sciencereportersworkshop/collins_nhgrisciencewriters060710.pdf (last accessed March 7, 2019).

³⁴ American Medical Association, *Genetic Discrimination – Appendix II. AMA Legislative Principles on Genetic Discrimination and Surreptitious Testing*, (March 2013) <https://www.ama-assn.org/sites/default/files/media-browser/public/genetic-discrimination-policy-paper.pdf> (last accessed March 7, 2019).

³⁵ National Institutes of Health, *Genetic Testing*, at pg. 25.

³⁶ National Institutes of Health, *Genetic Testing*, at pg. 26.

- Single nucleotide polymorphism testing to evaluate large numbers of variations across a person's entire genome. The results are compared with those of others who have taken the tests to provide an estimate of a person's ethnic background.
- Mitochondrial DNA testing to identify genetic variations in mitochondrial DNA, which provides information about the direct female ancestral lines.
- Y chromosome testing, performed exclusively on males, often used to investigate whether two families with the same surname are related.

Direct to Consumer Genetic Testing

Traditionally, genetic testing was available only through health care providers.³⁷ Direct-to-consumer genetic testing provides access to genetic testing outside the health care context. Generally, the consumer purchases a genetic testing kit from a vendor that mails the kit to the consumer. The consumer collects a DNA sample and mails it back to the vendor. The vendor uses a laboratory to conduct the test. The consumer is then notified of the test results.

Direct-to-consumer genetic testing has primarily been used for genealogical purposes, but increasing numbers of products now provide medical information. For example, the vendor 23andME offers, with FDA approval, genetic testing that examines the consumer's risks for certain diseases including Parkinson's disease, celiac disease, and late-onset Alzheimer's disease.³⁸

Direct to consumer genetic testing is increasing in popularity, with one company reporting having sold approximately 1.5 million genetic testing kits from November 24, 2017, through November 27, 2017.³⁹ The increased proliferation of such testing is accompanied by increased concerns about the privacy of such information. The privacy protections of HIPAA usually do not apply to direct-to-consumer genetic testing because the vendors selling such tests are often not "covered entities" and thus not subject to HIPAA. The Federal Trade Commission has recently warned consumers to consider the privacy implications of genetic testing kits.⁴⁰

Life Insurance, Disability Insurance, and Long-Term Care Insurance

Life insurance is the insurance of human lives.⁴¹ Life insurance can be purchased in the following forms:⁴²

- Term life insurance provides coverage for a set term of years and pays a death benefit if the insured dies during the term.⁴³

³⁷ National Institutes of Health, *Genetic Testing*, at pg. 11.

³⁸ 23andMe, *Find Out What Your DNA Says About Your Health, Traits and Ancestry* <https://www.23andme.com/dna-health-ancestry/> (last accessed March 7, 2019).

³⁹ Megan Molteni, *Ancestry's Genetic Testing Kits Are Heading For Your Stocking This Year*, Wired, (December 1, 2017) <https://www.wired.com/story/ancestrys-genetic-testing-kits-are-heading-for-your-stocking-this-year/> (last accessed March 7, 2019).

⁴⁰ Federal Trade Commission, *DNA Test Kits: Consider the Privacy Implications*, (December 12, 2017). <https://www.consumer.ftc.gov/blog/2017/12/dna-test-kits-consider-privacy-implications> (last accessed March 7, 2019).

⁴¹ Section 624.602, F.S.

⁴² National Association of Insurance Commissioners, *Life Insurance – Considerations for All Life Situations*, http://www.insureuonline.org/insureu_type_life.htm (last accessed March 7, 2019).

⁴³ National Association of Insurance Commissioners, *Life Insurance FAQs*, http://www.insureuonline.org/consumer_life_faqs.htm (last accessed March 7, 2019).

- Permanent life insurance remains in place if the insured pays premiums, and the coverage pays a death benefit. Such policies have an actual cash value component that increases over time and from which the policy owner may borrow. There are four types of permanent life insurance:
 - Whole life insurance offers a fixed premium, guaranteed annual cash value growth and a guaranteed death benefit. It does not provide investment flexibility and the policy coverage, once established, may not be changed.
 - Universal life insurance allows the policyholder to determine the amount and timing of premium payments within certain limits. The coverage level may be adjusted. It guarantees certain levels of annual cash value growth but not investment flexibility.
 - Variable life insurance allows allocation of investment funds, but does not guarantee minimum cash value because of fluctuations in the value of investments.
 - Variable universal life insurance combines variable and universal life insurance.⁴⁴

Life insurance also encompasses annuities and disability policies.⁴⁵ An annuity is a contract between a customer and an insurer wherein the customer makes a lump-sum payment or a series of payments to an insurer that in return agrees to make periodic payments to the annuitant at a future date, either for the annuitant's life or a specified period. Disability insurance pays a weekly or monthly income for a set period if the insured becomes disabled and cannot continue working or obtain work.

Life insurance underwriters seek to identify and classify the risk represented by a proposed insured and then classify those risks into pools of similar mortality or morbidity risk.⁴⁶ Insureds within the same risk classification pay the same premiums, which must be adequate to ensure solvency, pay claims, and provide the insurer (with investment income) a reasonable rate of return.

Disability insurance compensates the insured for a portion of income lost because of a disabling injury or illness.⁴⁷ There are two types of disability insurance: short-term and long-term. A short-term policy typically replaces a portion of lost income from three to six months following the disability. Long-term policies generally begin six months after the disability and can last a set number of years or until retirement age. Disability insurance is sometimes offered by life insurers.

Insurance policy forms for insurance sold in Florida must be filed and approved by the Office of Insurance Regulation (OIR).⁴⁸ The Unfair Insurance Trade Practices Act prohibits “knowingly making or permitting unfair discrimination between individuals of the same actuarially supportable class and expectation of life, in the rates charged for a life insurance or annuity

⁴⁴ See “What are the different types of permanent life insurance policies?” available at <https://www.iii.org/article/what-are-different-types-permanent-life-insurance-policies> (last accessed March 26, 2019).

⁴⁵ Section 624.602, F.S.

⁴⁶ American Council of Life Insurers, *Life Insurer Issues*. (On file with the Senate Committee on Banking and Insurance).

⁴⁷ See National Association of Insurance Commissioners, *A Worker's Most Valuable Asset: Protecting Your Financial Future with Disability Insurance* http://www.naic.org/documents/consumer_alert_protecting_financial_future_disability_insurance.htm (last accessed March 7, 2019).

⁴⁸ Section 624.410, F.S.

contract, in the dividends or other benefits payable thereon, or in any other term or condition of such contract.”⁴⁹ Similarly, the act prohibits knowingly making or permitting unfair discrimination between individuals of the same actuarially supportable class, as determined at the time of initial issuance of the coverage, and essentially the same hazard, in the amount of premium, policy fees, or rates charged for a policy or contract of disability insurance, in benefits payable, in the terms or conditions of the contract, or in any other manner.⁵⁰

Long-term care (LTC) insurance covers the costs of nursing homes, assisted living, home health care, and other long-term care services. A long-term care insurance policy provides coverage for medically necessary diagnostic, preventive, therapeutic, curing, treating, mitigating, rehabilitative, maintenance or personal care services provided in a setting other than an acute care unit of a hospital.⁵¹ Long-term care insurance usually pays fixed-dollar amounts or the actual costs of care, often subject to a maximum daily benefit amount.⁵²

The LTC insurance market provides an example of the negative effects of insurers not accurately projecting their underwriting risk. LTC insurers made incorrect assumptions when selling the coverage, particularly in the 1980s and 1990s.⁵³ The LTC insurers overestimated the number of people that would cancel their coverage or allow it to lapse, underestimated the life span of insureds and the time span of the treatment they would receive, and overestimated earnings on LTC premiums which were negatively affected by dropping interest rates.⁵⁴ As a result, long-term care insurance premiums have been rising, often substantially, for the past decade.⁵⁵

In response to substantial LTC premium increases, Florida law prohibits LTC rate increases that would result in a premium in excess of that charged on a newly issued policy, except to reflect benefit differences.⁵⁶ If the insurer is not writing new LTC policies, the rate cannot exceed the new business rate of insurers representing 80 percent of the carriers in the marketplace. In January 2017, the OIR issued consent orders allowing two of the state’s largest LTC insurers, Metropolitan Life Insurance Company and Unum Life Insurance Company of America, to substantially raise LTC monthly premiums, phased in over three years.⁵⁷ Many insurers that

⁴⁹ Section 626.9541(1)(g)1., F.S.

⁵⁰ Section 626.9541(1)(g)2., F.S.

⁵¹ Section 627.9404(1), F.S.

⁵² Florida Department of Financial Services, *Long-Term Care: A Guide for Consumers*, pg. 5.

<https://www.myfloridacfo.com/division/consumers/UnderstandingCoverage/Guides/documents/LTCGuide.pdf> (last accessed March 7, 2019).

⁵³ See Leslie Scism, *Millions Bought Insurance to Cover Retirement Health Costs. Now They Face an Awful Choice*, Wall Street Journal (January 17, 2018) <https://www.wsj.com/articles/millions-bought-insurance-to-cover-retirement-health-costs-now-they-face-an-awful-choice-1516206708> (last accessed March 7, 2019).

⁵⁴ See Office of Insurance Regulation, *Long-Term Care Public Rate Hearings*. (The Internet page references a rate filing decision made by the OIR on Jan. 12, 2017, related to LTC products for two insurers).

<https://www.floir.com/Sections/LandH/LongTermCareHearing.aspx> (last accessed March 7, 2019); See Scism at fn. 35

⁵⁵ See Scism at fn. 35; See Office of Insurance Regulation at fn. 36.

<https://www.floir.com/Sections/LandH/LongTermCareHearing.aspx> (last accessed March 7, 2019).

⁵⁶ Section 627.9407(7)(c), F.S.

⁵⁷ See Office of Insurance Regulation, *Consent Order In the Matter of: Metropolitan Life Insurance Company*, Case No. 200646-16-CO (Jan. 12, 2017) <https://www.floir.com/siteDocuments/MetLife200646-16-CO.pdf> (last accessed March 7, 2019); Office of Insurance Regulation, *Consent Order In The Matter of Unum Life Insurance Company of America*, Case No. 200879-16-CO (Jan. 12, 2017) <https://www.floir.com/siteDocuments/Unum200879-16-CO.pdf> (last accessed March 7, 2019).

write LTC insurance have taken substantial losses. Recently, General Electric announced a \$6.2 billion charge against earnings and a \$15 billion shortfall in insurance reserves related to LTC insurance obligations.⁵⁸

The American Council of Life Insurers has expressed concerns that the proliferation of genetic testing could increase adverse selection and impact the availability and affordability of products over time.⁵⁹ Studies addressing whether genetic testing leads to adverse selection have reached varying conclusions. Studies of women tested for the BRCA1 gene mutation (linked to breast cancer risk)⁶⁰ and adults tested for Alzheimer's risk⁶¹ found little evidence of adverse selection in the life insurance market. However, the study regarding Alzheimer's risk found evidence of adverse selection for long-term care insurance, as 17 percent of those who tested positive subsequently changed their LTC policy in the year after testing positive of Alzheimer's risk, in comparison with two percent of those who tested negative and four percent of those who did not receive test results.⁶²

III. Effect of Proposed Changes:

Section 1 amends s. 627.4301, F.S., to provide the following definitions:

- “Genetic test results” is defined to include, but not be limited to, results of direct-to-consumer commercial genetic testing;
- “Life insurer” is defined to have the same meaning as provided in s. 624.602, F.S.; and to include an insurer issuing life insurance contracts that grant additional benefits in the event of an insured's disability;
- “Long-term care insurer” is defined as an insurer issuing long-term care insurance policies as described in s. 627.9404, F.S.

The bill's definition of “genetic test results” has the effect of modifying the current-law use of that term in s. 627.4301(2), F.S., which provides that health insurers may not require or solicit genetic information, use *genetic test results*, or consider a person's decisions or actions relating to genetic testing in any manner for insurance purposes.

Subsection (3) of s. 627.4301, F.S., is created to provide restrictions on the use of genetic information by life insurers, long-term care insurers, and disability income insurers.

⁵⁸ Sonali Basak, Katherine Chiglinsky, et al, *GE's Surprise \$15 Billion Shortfall Was 14 Years in the Making*, Chicago Tribune, (January 25, 2018) <http://www.chicagotribune.com/business/ct-biz-ge-general-electric-accounting-20180125-story.html> (last accessed March 7, 2019); Steve Lohr and Chad Bray, *At G.E., \$6.2 Billion Charge for Finance Unit Hurts C.E.O.'s Turnaround Push*, New York Times, (January 16, 2018).

<https://www.nytimes.com/2018/01/16/business/dealbook/general-electric-ge-capital.html> (last accessed March 7, 2019).

⁵⁹ Gina Kolata, *New Gene Tests Pose a Threat to Insurers*, New York Times (May 12, 2017)

<https://www.nytimes.com/2017/05/12/health/new-gene-tests-pose-a-threat-to-insurers.html> (last accessed March 7, 2019).

⁶⁰ Cathleen D. Zick, et. al., *Genetic Testing, Adverse Selection, and the Demand for Life Insurance*, pgs. 29-39 American Journal of Medical Genetics (July 2000) (Abstract provided by NIH at <https://www.ncbi.nlm.nih.gov/pubmed/10861679> (last accessed March 7, 2019)).

⁶¹ Cathleen D. Zick, *Genetic Testing For Alzheimer's Disease And Its Impact on Insurance Purchasing Behavior*, pgs. 483-490, Health Affairs vol. 23, no. 2 (March/April 2005) <https://www.healthaffairs.org/doi/pdf/10.1377/hlthaff.24.2.483> (last accessed March 7, 2019).

⁶² See Zick fn. 60 at pgs. 487-488.

Such insurers are prohibited from:

- Requiring an applicant to take a genetic test;
- Collecting an individual's genetic information or genetic test results without the applicant's authorization; and
- Considering the results of genetic tests that are not related to the individual's medical condition or future health risk and that are designed to share information with an individual concerning the applicant's race, ethnicity, or national origin.

The bill provides that a life insurer, long-term care insurer, or disability income insurer may only consider genetic test results included in an individual's medical record if the tests have been reviewed and confirmed by the individual's physician and the insurer complies with the following:

- The insurer may not cancel, limit, or deny coverage, or establish differentials in premiums, based on genetic information unless such action is based on objective, statistical evidence related to actual or anticipated loss experience that is relevant to an individual's life expectancy or health; and
- The insurer must document the rationale for such action and provide the documentation to the OIR upon request.

The prohibition and requirement denoted in the bullets above serve two functions. They are stand-alone provisions of the bill, and they are conditions insurers must meet in order to lawfully consider the results of genetic testing included in an individual's medical record as described above.

The bill provides that genetic information, including genetic test results, is non-public, private health information and is subject to the privacy protections under ss. 626.9651⁶³ and 760.40, F.S.⁶⁴

The bill provides that s. 627.4301(3), F.S., as created under the bill:

- Does not relieve the obligation of a life insurer, long-term care insurer, or disability income insurer to comply with ss. 626.9706 and 626.9707, F.S.;⁶⁵
- Does not apply to health insurers; and
- Applies to life insurance, long-term care insurance, and disability income insurance policies entered into or renewed on or after January 1, 2020.

Section 2 amends s. 760.40, F.S., relating to genetic testing, informed consent, confidentiality, penalties, and notice of the use of test results. Existing provisions of law applicable to genetic testing or DNA testing and results are made applicable to direct-to-consumer commercial genetic testing. The bill prohibits a person, including a company providing direct-to-consumer

⁶³ Section 626.9651, F.S., pertains to an insurer's allowable use of a consumer's non-public personal financial and health information.

⁶⁴ Section 760.40(2), F.S., provides that, except for purposes of criminal prosecution and other specified purposes, DNA analysis may be performed only with the informed consent of the person to be tested, and the results of such DNA analysis, whether held by a public or private entity, are the exclusive property of the person tested, are confidential, and may not be disclosed without the consent of the person tested. Such information held by a public entity is exempt from public records.

⁶⁵ Sections 626.9706 and 626.9707, F.S., provide that life insurers and disability insurers may not refuse to cover and may not modify the premiums for coverage solely because the person to be insured has the sickle-cell trait.

commercial genetic testing, from selling, releasing, or sharing any personal identifying health information about a consumer with a life or health insurance company without a prior written authorization and a written request from the consumer for release of the information.

Section 3 provides an effective date of July 1, 2019.

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:

CS/SB 258 will restrict the use of genetic information in underwriting, risk classification, and rate setting by life, long-term care, and disability income insurers and could result in changes in premiums for such products.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends sections 627.4301 and 760.40 of the Florida Statutes.

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

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

CS by Health Policy on April 8, 2019:

The CS:

- Amends s. 627.4301, F.S., relating to genetic information for insurance purposes, to provide that a life insurer, long-term care insurer, or disability income insurer may not:
 - Require an applicant to take a genetic test;
 - Collect an applicant's genetic information or genetic test results without the applicant's authorization; or
 - Consider the results of a genetic test that is designed to share information with an individual concerning the applicant's race, ethnicity, or national origin and that is not related to an applicant's medical condition or future health risk;
- Creates s. 627.4301(3), F.S., to provide that:
 - A life insurer, long-term care insurer, or disability income insurer may only consider genetic test results included in an individual's medical record if the tests have been reviewed and confirmed by the individual's physician and the insurer complies with the following two requirements, which are also stand-alone requirements:
 - A life insurer, long-term care insurer, or disability income insurer may not cancel, limit, or deny coverage, or establish differentials in premium rates, based on genetic information unless such action is based on objective statistical evidence related to actual or anticipated loss experience that is relevant to an individual's life expectancy or health;
 - A life insurer, long-term care insurer, or disability income insurer must document the rationale for such action and provide the documentation to the OIR upon request;
 - Genetic information, including genetic test results, is non-public, private health information and is subject to specified privacy protections granted under existing Florida law;
- Provides that s. 627.4301(3), F.S., does not relieve insurers of the duty to comply with specified anti-discrimination protections under current law, applies to policies entered into or renewed on or after January 1, 2020, and does not apply to health insurers;
- Provides that specified, current-law requirements on genetic testing also apply to direct-to-consumer commercial genetic testing; and

- Provides that a person, including a company providing direct-to-consumer commercial genetic testing, may not sell, release, or share any personal identifying health information about a consumer with a life or health insurance company without a prior written authorization and a written request from the consumer for release of the information.

B. Amendments:

None.

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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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/08/2019	.	
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	.	

The Committee on Health Policy (Bean) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Section 627.4301, Florida Statutes, is amended
to read:

627.4301 Genetic information for insurance purposes.—

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

(a) "Genetic information" means information derived from
genetic testing to determine the presence or absence of
variations or mutations, including carrier status, in an



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individual's genetic material or genes that are scientifically or medically believed to cause a disease, disorder, or syndrome, or are associated with a statistically increased risk of developing a disease, disorder, or syndrome, which is asymptomatic at the time of testing. Such testing does not include routine physical examinations or chemical, blood, or urine analysis, unless conducted purposefully to obtain genetic information, or questions regarding family history.

(b) "Genetic test results" includes, but is not limited to, results of direct-to-consumer commercial genetic testing.

(c) "Health insurer" means an authorized insurer offering health insurance as defined in s. 624.603, a self-insured plan as defined in s. 624.031, a multiple-employer welfare arrangement as defined in s. 624.437, a prepaid limited health service organization as defined in s. 636.003, a health maintenance organization as defined in s. 641.19, a prepaid health clinic as defined in s. 641.402, a fraternal benefit society as defined in s. 632.601, or any health care arrangement whereby risk is assumed.

(d) "Life insurer" has the same meaning as provided in s. 624.602 and includes an insurer issuing life insurance contracts that grant additional benefits in the event of an insured's disability.

(e) "Long-term care insurer" means an insurer that issues long-term care insurance policies as described in s. 627.9404.

(2) RESTRICTIONS ON THE USE OF GENETIC INFORMATION BY HEALTH INSURERS.—

(a) In the absence of a diagnosis of a condition related to genetic information, no health insurer authorized to transact



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insurance in this state may cancel, limit, or deny coverage, or establish differentials in premium rates, based on such information.

(b) Health insurers may not require or solicit genetic information, use genetic test results, or consider a person's decisions or actions relating to genetic testing in any manner for any insurance purpose.

(c) This subsection ~~section~~ does not apply to the underwriting or issuance of a life insurance policy, disability income policy, long-term care policy, accident-only policy, hospital indemnity or fixed indemnity policy, dental policy, or vision policy or any other actions of an insurer directly related to a life insurance policy, disability income policy, long-term care policy, accident-only policy, hospital indemnity or fixed indemnity policy, dental policy, or vision policy.

(3) RESTRICTIONS ON THE USE OF GENETIC INFORMATION BY LIFE INSURERS, LONG-TERM CARE INSURERS, AND DISABILITY INCOME INSURERS.—

(a) A life insurer, long-term care insurer, or disability income insurer may not:

1. Require an applicant to take a genetic test;
2. Collect an applicant's genetic information or genetic test results without the applicant's authorization; or
3. Consider the results of a genetic test that is designed to share information with an individual concerning the applicant's race, ethnicity, or national origin and that is not related to an applicant's medical condition or future health risk.

(b) A life insurer, long-term care insurer, or disability



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income insurer may only consider genetic test results included in an individual's medical record if the tests have been reviewed and confirmed by the individual's physician and the insurer complies with paragraph (c).

(c) A life insurer, long-term care insurer, or disability income insurer may not cancel, limit, or deny coverage, or establish differentials in premium rates, based on genetic information unless such action is based on objective statistical evidence related to actual or anticipated loss experience that is relevant to an individual's life expectancy or health. A life insurer, long-term care insurer, or disability income insurer shall document the rationale for such action and provide the documentation to the office upon request.

(d) Genetic information, including genetic test results, is nonpublic, private health information and is subject to the privacy protections under ss. 626.9651 and 760.40.

(e) This subsection does not relieve the obligation of a life insurer, long-term care insurer, or disability income insurer to comply with ss. 626.9706 and 626.9707.

(f) This subsection does not apply to health insurers.

(g) This subsection applies to policies entered into or renewed on or after January 1, 2020.

Section 2. Section 760.40, Florida Statutes, is amended to read:

760.40 Genetic testing; informed consent; confidentiality; penalties; notice of use of results.—

(1) As used in this section, the term "DNA analysis" means the medical and biological examination and analysis of a person to identify the presence and composition of genes in that



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99 person's body. The term includes DNA typing and genetic testing,
100 which includes direct-to-consumer commercial genetic testing.

101 (2) (a) Except for purposes of criminal prosecution, except
102 for purposes of determining paternity as provided in s. 409.256
103 or s. 742.12(1), and except for purposes of acquiring specimens
104 as provided in s. 943.325, DNA analysis may be performed only
105 with the informed consent of the person to be tested, and the
106 results of such DNA analysis, whether held by a public or
107 private entity, are the exclusive property of the person tested,
108 are confidential, and may not be disclosed without the consent
109 of the person tested. Such information held by a public entity
110 is exempt from the provisions of s. 119.07(1) and s. 24(a), Art.
111 I of the State Constitution.

112 (b) A person who violates paragraph (a) is guilty of a
113 misdemeanor of the first degree, punishable as provided in s.
114 775.082 or s. 775.083.

115 (3) A person, including an entity providing direct-to-
116 consumer commercial genetic testing, who performs DNA analysis
117 or receives records, results, or findings of DNA analysis must
118 provide the person tested with notice that the analysis was
119 performed or that the information was received. The notice must
120 state that, upon the request of the person tested, the
121 information will be made available to his or her physician. The
122 notice must also state whether the information was used in any
123 decision to grant or deny any insurance, employment, mortgage,
124 loan, credit, or educational opportunity. If the information was
125 used in any decision that resulted in a denial, the analysis
126 must be repeated to verify the accuracy of the first analysis,
127 and if the first analysis is found to be inaccurate, the denial



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must be reviewed.

(4) A person, including a company providing direct-to-consumer commercial genetic testing, may not sell, release, or share any personal identifying health information about a consumer with a life or health insurance company without a prior written authorization and a written request from the consumer for release of the information.

Section 3. This act shall take effect July 1, 2019.

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete everything before the enacting clause
and insert:

A bill to be entitled

An act relating to the use of genetic information;
amending s. 627.4301, F.S.; defining the terms
"genetic test results," "life insurer," and "long-term
care insurer"; prohibiting life insurers, long-term
care insurers, and disability income insurers from
certain actions relating to genetic information or
genetic testing of applicants; providing that such
insurers may consider an individual's genetic test
results only under certain circumstances; prohibiting
such insurers from taking certain actions relating to
coverage or rates unless certain conditions are met;
providing that genetic information is nonpublic,
private health information and is subject to certain
privacy protections; providing construction and
applicability; amending s. 760.40, F.S.; revising the



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157 definition of the term "DNA analysis"; specifying that
158 certain requirements relating to DNA analysis apply to
159 entities providing direct-to-consumer commercial
160 genetic testing; prohibiting certain actions by such
161 entities without a prior written authorization and
162 request from the consumer for release of certain
163 information; providing an effective date.

By Senator Bean

4-00114-19

2019258__

A bill to be entitled

An act relating to genetic information used for insurance purposes; amending s. 627.4301, F.S.; defining terms; prohibiting life insurers and long-term care insurers, except under certain circumstances, from canceling, limiting, or denying coverage, or establishing differentials in premium rates, based on genetic information; prohibiting such insurers from taking certain actions relating to genetic information for any insurance purpose; revising a prohibition on the use of genetic test results by health insurers; revising and providing applicability; providing an effective date.

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

Section 1. Section 627.4301, Florida Statutes, is amended to read:

627.4301 Genetic information for insurance purposes.—

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

(a) "Genetic information" means information derived from genetic testing to determine the presence or absence of variations or mutations, including carrier status, in an individual's genetic material or genes that are scientifically or medically believed to cause a disease, disorder, or syndrome, or are associated with a statistically increased risk of developing a disease, disorder, or syndrome, which is asymptomatic at the time of testing. Such testing does not include routine physical examinations or chemical, blood, or

Page 1 of 3

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

4-00114-19

2019258__

urine analysis, unless conducted purposefully to obtain genetic information, or questions regarding family history.

(b) "Health insurer" means an authorized insurer offering health insurance as defined in s. 624.603, a self-insured plan as defined in s. 624.031, a multiple-employer welfare arrangement as defined in s. 624.437, a prepaid limited health service organization as defined in s. 636.003, a health maintenance organization as defined in s. 641.19, a prepaid health clinic as defined in s. 641.402, a fraternal benefit society as defined in s. 632.601, or any health care arrangement whereby risk is assumed.

(c) "Life insurer" has the same meaning as in s. 624.602 and includes an insurer issuing life insurance contracts that grant additional benefits in the event of the insured's disability.

(d) "Long-term care insurer" means an insurer that issues long-term care insurance policies as described in s. 627.9404.

(2) USE OF GENETIC INFORMATION.—

(a) In the absence of a diagnosis of a condition related to genetic information, no health insurer, life insurer, or long-term care insurer authorized to transact insurance in this state may cancel, limit, or deny coverage, or establish differentials in premium rates, based on such information.

(b) Health insurers, life insurers, and long-term care insurers may not require or solicit genetic information, use genetic test results in the absence of a diagnosis of a condition related to genetic information, or consider a person's decisions or actions relating to genetic testing in any manner for any insurance purpose.

Page 2 of 3

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

4-00114-19

2019258__

59 (c) This section does not apply to the underwriting or
60 issuance of an ~~a life insurance policy, disability income~~
61 ~~policy, long-term care policy,~~ accident-only policy, hospital
62 indemnity or fixed indemnity policy, dental policy, or vision
63 policy or any other actions of an insurer directly related to an
64 ~~a life insurance policy, disability income policy, long-term~~
65 ~~care policy,~~ accident-only policy, hospital indemnity or fixed
66 indemnity policy, dental policy, or vision policy.

67 Section 2. This act applies to policies entered into or
68 renewed on or after January 1, 2020.

69 Section 3. This act shall take effect July 1, 2019.



The Florida Senate

Committee Agenda Request

To: Senator Gayle Harrell, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: March 19, 2019

I respectfully request that **Senate Bill # 258**, relating to Genetic Information Used for Insurance Purposes, be placed on the:

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

A handwritten signature in cursive script that reads "Aaron Bean".

Senator Aaron Bean
Florida Senate, District 4

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

04/08/2019

Meeting Date

SB 258

Bill Number (if applicable)

693742

Amendment Barcode (if applicable)

Topic _____

Name Robert Gleeson MD

Job Title Consultant

Address 101 Constitution Ave NW
Street

Phone 414.331.7462

Washington DC 20001
City State Zip

Email drbobgleeson@msn.com

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing American Council Life Insurance

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

2

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19
Meeting Date

5B258
Bill Number (if applicable)

693742
Amendment Barcode (if applicable)

Topic _____

Name Dore Rengachery, MD

Job Title Medical Director

Address 16600 Swingles Ridge Rd
Street

Phone 7366365827

Chesterfield MO 63017
City State Zip

Email drengachery@rgore.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing ACLI

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4-8-19

Meeting Date

258

Bill Number (if applicable)

693742

Amendment Barcode (if applicable)

Topic SB 258

Name Meredith Stanfield

Job Title Director, Legislative & Cabinet Affairs

Address PL 11, Capitol

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Tallahassee

City

FL

State

32399

Zip

Phone (850) 413-2890

Email meredith.stanfield@myfloridacfo.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing CFO Jimmy Patronis

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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S-001 (10/14/14)

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04/082019

Meeting Date

SB 258

Bill Number (if applicable)

693742

Amendment Barcode (if applicable)

Topic Amendment

Name Paul Sanford

Job Title _____

Address 106 South Monroe Street

Street

Tallahassee

City

FL

State

32301

Zip

Phone 850-222-7200

Email _____

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Insurance Council and American Council of Life Insurers

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

04/082019

Meeting Date

SB 258

Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name Paul Sanford

Job Title _____

Address 106 South Monroe Street

Phone 850-222-7200

Street

Tallahassee

FL

32301

Email _____

City

State

Zip

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Insurance Council and American Council of Life Insurers

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

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4/8/19

Meeting Date

SB 258

Bill Number (if applicable)

Topic

Amendment Barcode (if applicable)

Name Dore Rensachery, MD

Job Title Medical Director

Address 16600 Swinsley Ridge Rd.
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Phone

Chesterfield MO 63017
City State Zip

Email rensachery@icare.com

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing ACLI

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

04/08/2019

Meeting Date

SB 258

Bill Number (if applicable)

~~003792~~

Amendment Barcode (if applicable)

Topic _____

Name Robert Gleeson MD.

Job Title Consultant

Address 101 Constitution Ave NW

Street

Washington DC

City

State

Zip

20001

Phone 414.331.7462

Email drbobgleeson@usm.com

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing American Council Life Insurance.

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

4-8-19

Meeting Date

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SB 258

Bill Number (if applicable)

Topic SB 258

Amendment Barcode (if applicable)

Name Meredith Stanfield

Job Title Director, Legislative & Cabinet Affairs

Address PL 11, Capitol

Phone (850) 413-2890

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Tallahassee

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State

FL

Zip

32399

Email meredith.stanfield@

myfloridacfo.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing CFO Jimmy Patronis

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

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: CS/SB 1192

INTRODUCER: Health Policy Committee and Senator Bean

SUBJECT: Electronic Prescribing

DATE: April 9, 2019

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Brown	HP	Fav/CS
2.			AHS	
3.			AP	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 1192 requires certain health care practitioners to, under specified conditions, electronically generate and transmit prescriptions for medicinal drugs upon license renewal or by July 20, 2021, whichever is earlier, and provides exceptions. The bill also:

- Authorizes the Department of Health (DOH), in consultation with the Board of Medicine and the Board of Osteopathic Medicine, to adopt rules;
- Revises the definitions of the terms “prescribing decision” and “point of care”; and
- Revises the requirements for electronic prescribing software.

The bill has an effective date of January 1, 2020.

II. Present Situation:

In 2007, the Legislature created s. 408.0611, F.S., to promote the implementation of e-prescribing by health care practitioners, health care facilities, and pharmacies in order to prevent prescription drug abuse, improve patient safety, and reduce unnecessary prescriptions. To that end, the Legislature created a clearinghouse in the Agency for Health Care Administration (ACHA) to provide information on e-prescribing to:

- Convey the process and advantages of e-prescribing;
- Provide information regarding the availability of e-prescribing products, including no-cost or low-cost products; and

- Regularly convene stakeholders to assess and accelerate the implementation of e-prescribing.¹

Section 408.0611 (2)(a), F.S., defines “electronic prescribing” as, at a minimum, the electronic review of the patient’s medication history, the electronic generation of the patient’s prescription, and the electronic transmission of the patient’s prescription to a pharmacy.

The AHCA is required to work in collaboration with private sector e-prescribing initiatives and relevant stakeholders to create and maintain the clearinghouse. These stakeholders must include organizations that:

- Represent health care practitioners;
- Represent health care facilities;
- Represent pharmacies;
- Operate e-prescribing networks;
- Create e-prescribing products; and
- Represent regional health information organization.²

Specifically, the AHCA was tasked to provide on its website:

- Information regarding the advantages of e-prescribing, including using medication history data to prevent drug interactions, prevent allergic reactions, and deter doctor-shopping and pharmacy-shopping for controlled substances;
- Links to federal and private sector websites that provide guidance on selecting an appropriate e-prescribing product; and
- Links to state, federal, and private sector incentive programs for the implementation of e-prescribing.³

The AHCA annually reports to the Governor and Legislature on the implementation of e-prescribing by health care practitioners, facilities, and pharmacies.⁴ The AHCA reports that as of the end of September 2018, the average number of e-prescribers is 50,200 and that almost 10 million e-prescriptions are transmitted each month.⁵ Florida’s e-prescribing rate has steadily increased since 2007 with an estimated 75.7 percent of all prescriptions being e-prescribed.⁶ However, Florida prescribers have been slower to adopt e-prescribing for controlled substances.⁷ In 2017, only 7.8 percent of controlled substance prescriptions were e-prescribed.⁸

Section 456.42, F.S., requires that prescriptions that are electronically generated and transmitted contain the following:

- The name of the prescriber;

¹ Section 408.0611, F.S.

² Section 408.0611(3), F.S.

³ Section 408.0611, (3)(a), F.S.

⁴ Agency for Health Care Administration, Florida Center for Health Information and Transparency, *Florida’s Annual Electronic Prescribing Report for 2018* (January 2019), available at <http://www.fhin.net/eprescribing/fleprescribingRpts.shtml> (last visited April 3, 2019).

⁵ *Supra* note 4.

⁶ *Id.* E-prescribing rate is defined as the amount of e-prescribing relative to all prescriptions that could have been e-prescribed.

⁷ Agency for Health Care Administration, Florida Center for Health Information and Transparency, *2018 Florida Electronic Prescribing Quarterly Summary*, available at <http://www.fhin.net/eprescribing/dashboard/docs/2018eprescribmetrics.pdf> (last visited April 3, 2019).

⁸ *Id.*

- The name and strength of the drug prescribed;
- The quantity of the drug prescribed in numerical format;
- Directions for use; and
- The date of the prescription and electronic signature of the prescriber.

E-prescribing software may not interfere with a patient's choice of pharmacy or use any means, such as pop-up ads, advertising, or instant messaging to influence or attempt to influence the prescribing decision of the prescriber at the point of care. E-prescribing software may provide formulary information, as long as nothing makes it more difficult or precludes a prescriber from selecting a specific pharmacy or drug.

E-prescribing is done by health care practitioners through the use of electronic devices such as a computer, tablets, or phones that are equipped with software to securely enter and transmit prescriptions to pharmacies also using special software and connectivity to a transmission network.⁹

Federal Regulation on E-Prescribing

The federal Drug Enforcement Administration (DEA) implements the Comprehensive Drug Abuse Prevention and Control Act of 1970, often referred to as the Controlled Substances Act (CSA) and the Controlled Substances Import and Export Act, as amended.¹⁰ The DEA publishes the implementing regulations for these statutes in Title 21 of the Code of Federal Regulations, Parts 1300 to 1399. These regulations are designed to ensure an adequate supply of controlled substances for legitimate medical, scientific, research, and industrial purposes, and to deter the diversion of controlled substances to illegal purposes. The CSA mandates that the DEA establish a closed system of control for manufacturing, distributing, and dispensing controlled substances. Any person who manufactures, distributes, dispenses, imports, exports, or conducts research or chemical analysis with controlled substances must register with the DEA, unless exempt, and must comply with the applicable requirements for the activity.¹¹

The Controlled Substances Act (CSA) and Current Regulations

The CSA and DEA's regulations were originally adopted at a time when most transactions and particularly prescriptions were done on paper. The CSA provides that a controlled substance in Schedule II may only be dispensed by a pharmacy pursuant to a "written prescription," except in emergency situations.¹² By contrast, for controlled substances in Schedules III and IV, the CSA provides that a pharmacy may dispense pursuant to a "written or oral prescription."¹³

⁹ The Office of the National Coordinator for Health Information Technology, *What is Electronic Prescribing?* (September 22, 2017) available at <https://www.healthit.gov/faq/what-electronic-prescribing> (last visited April 3, 2019).

¹⁰ 21 U.S.C. 801–971.

¹¹ Federal Register, Part II, Department of Justice, Drug Enforcement Administration, 21 C.F.R. Parts 1300, 1304, 1306 and 1311, *Electronic Prescribing of Controlled Substances*; Final Rule (March 31, 2010) available at <https://www.govinfo.gov/content/pkg/FR-2010-03-31/pdf/2010-6687.pdf> p. 16237 (last visited April 8, 2019).

¹² 21 U.S.C. 829(a).

¹³ 21 U.S.C. 829(b).

Where an oral prescription is permitted by the CSA, the DEA regulations further provide that a practitioner may transmit to the pharmacy a facsimile of a written, manually signed prescription in lieu of an oral prescription.¹⁴

Under longstanding federal law, for a prescription for a controlled substance to be valid, it must be issued for a legitimate medical purpose by a practitioner acting in the usual course of professional practice¹⁵ The DEA regulations state, “[t]he responsibility for the proper prescribing and dispensing of controlled substances is upon the prescribing practitioner, but a corresponding responsibility rests with the pharmacist who fills the prescription.”¹⁶ The prescription provides a record of the actual dispensing of the controlled substance to the patient and, therefore, is critical to documenting that controlled substances held by a pharmacy have been dispensed legally. The maintenance by pharmacies of complete and accurate prescription records is an essential part of the overall CSA regulatory scheme established by Congress.¹⁷

The CSA is unique among criminal laws in that it stipulates acts pertaining to controlled substances that are permissible. So, if the CSA does not explicitly permit an action pertaining to a controlled substance, then, by its lack of explicit permissibility, the act is prohibited. Violations of the CSA can be civil or criminal, which may result in administrative, civil, or criminal proceedings. Remedies under the CSA can range from modification to revocation of DEA registration, monetary penalties, or imprisonment, depending on the nature, scope, and extent of the violation.¹⁸

Over the last few years, 15 states have enacted mandatory e-prescribing laws.¹⁹

State	Effective Date	Applicable Prescriptions
Arizona	January 1, 2019 in large counties; July 1, 2019 in small counties	Schedule II opioids
California	January 1, 2022	All
Connecticut	Currently required	Controlled substances
Iowa	January 1, 2020	All
Maine	Currently required	All controlled substances containing opiates
Massachusetts	January 1, 2020	Schedules II-VI controlled substances
Minnesota	Currently required	All
New Jersey	May 1, 2020	Schedule II controlled substances
New York	Currently required	All
North Carolina	January 1, 2020	Schedule II and III opioids
Oklahoma	January 1, 2020	Controlled substances
Pennsylvania	October 24, 2019	Controlled substances

¹⁴ 21 C.F.R. 1306.21(a).

¹⁵ *United States v. Moore*, 423 U.S. 122 (1975); 21 C.F.R. 1306.04(a).

¹⁶ 21 C.F.R. 1306.04(a).

¹⁷ *Supra* note 12, p. 16238.

¹⁸ 21 U.S.C. 841 - 844.

¹⁹ DrFirst, *E-Prescribing Mandate Map*, available at <https://www.drfirst.com/resources/e-prescribing-mandate-map/> (last visited April 8, 2019), and SureScripts, *Electronic Prescribing for Controlled Substances*, available at <https://surescripts.com/enhance-prescribing/e-prescribing/e-prescribing-for-controlled-substances/> (last visited April 8, 2019).

State	Effective Date	Applicable Prescriptions
Rhode Island	January 1, 2020	Controlled substances
Tennessee	July 1, 2020	Schedule II controlled substances
Virginia	July 1, 2020	All prescriptions containing opiates

Medicare E-Prescribing

Prior to 2010, a major obstacle to e-prescribing was a prohibition by the U.S. Drug Enforcement Administration (DEA) on e-prescribing of controlled substances. However, in 2010, the DEA adopted a rule that allowed providers to write electronic prescriptions for controlled substances and permitted pharmacies to receive, dispense, and archive these electronic prescriptions.²⁰ To e-prescribe controlled substances, a health care practitioner must:

- Purchase or use DEA-compliant software that supports e-prescribing;
- Complete the identity-proofing process to acquire a two-factor authentication credential or digital certificate;
- Attach the authentication credential to his or her identity;
- Set access controls so that only individuals who may legally prescribe a controlled substance are allowed to do so; and
- Access the e-prescribing or electronic health record platform.²¹

The FDA requires that an individual practitioner to sign and transmit electronic prescriptions for controlled substances provided the practitioner meets all of the following requirements:

- The practitioner must comply with all FDA requirements for issuing controlled substance prescriptions;
- The practitioner must use an application that meets FDA requirements; and
- The practitioner must comply with FDA practitioner requirements.²²

In 2018, Congress mandated e-prescribing for controlled substances under the Medicare Part D program by January 1, 2021, as a part of a comprehensive bill to address the opioid crisis.²³

The Secretary of the federal Department of Health and Human Services may waive this requirements for a Medicare Part D covered schedule II, III, IV, and V controlled substance required to be electronically transmitted in the following cases:

- A prescription issued when the practitioner and dispensing pharmacy are the same entity;
- A prescription issued that cannot be transmitted electronically under the most recently implemented version of the National Council for Prescription Drug Programs SCRIPT Standard;

²⁰ U.S. Department of Justice, Drug Enforcement Administration, Diversion Control Division, *Electronic Prescriptions for Controlled Substance (EPCS)*, available at https://www.deadiversion.usdoj.gov/ecommm/e_rx/ (last visited April 3, 2019).

²¹ *Id.* See also, DrFirst, *EPCS: Getting Started with Electronic Prescribing of Controlled Substances*, available at http://www.drfirst.com/wp-content/uploads/EPCS_Infographic_from_DrFirst-1.png (last visited April 3, 2019).

²² 21 C.F.R. 1306.08, 42 U.S.C. s. 1395w-104, (e)(7)(A), p. 24, available at <https://www.law.cornell.edu/uscode/text/42/1395w-104> (last visited April 8, 2019).

²³ Substance Use-Disorder Prevention that Promotes Opioid Recovery Treatment (SUPPORT) for Patients and Communities Act, Pub. Law No. 115-271 s. 2003 (2018). See also U.S. House of Representatives, Energy and Commerce Committee, *HR 6: SUPPORT for Patients and Communities Act*, available at <https://www.congress.gov/bills/115th-congress/house-bill/6/text/toc-H7820B15EE005461C9DA95E7E747412DD> (last visited April 3, 2019).

- A prescription issued by a practitioner who received a waiver or a renewal for a period of time, not to exceed one year, from the requirement to use electronic prescribing due to economic hardship, technological limitations outside the control of the practitioner, or other exceptional circumstances
- A prescription issued by a practitioner under circumstances in which, notwithstanding the practitioner's ability to submit a prescription electronically, the practitioner reasonably determines that it would be impractical for the individual to obtain the substances prescribed by electronic prescription in a timely manner, and such delay would adversely impact the individual's medical condition;
- A prescription prescribing a drug under a research protocol;
- A prescription or a drug for which the FDA requires a prescription to contain elements that are not able to be included in e-prescribing, such as a drug with risk evaluation and mitigation strategies that include elements to assure safe use;
- A prescription issued by a practitioner:
 - For an individual who receives hospice care; and
 - That is not covered under the hospice benefit; and
- A prescription for an individual who is:
 - A resident of a nursing facility; and
 - Eligible for Medicare benefits.²⁴

E-Prescribing Software and Systems

National Council for Prescription Drug Programs (NCPDP)

The National Council for Prescription Drug Programs (NCPDP) is a not-for-profit membership organization that uses a consensus-based process for standards development. The NCPDP creates national standards for electronic health care transactions used in prescribing, dispensing, monitoring, managing and paying for medications and pharmacy services. The organization also develops standardized business systems and best practices that safeguard patients. Members collaborate to achieve solutions they all can support. NCPDP members are pharmacies, pharmacists, physicians, health plans, long-term care providers, claims processors, e-prescribing system vendors, pharmaceutical manufacturers, and government agencies such as the federal Centers for Medicare & Medicaid Services and the Food and Drug Administration.²⁵

Stanford Computerized Researcher Information Profile Technique (SCRIPT)

SCRIPT is a standard developed for transmitting prescription information electronically between prescribers, pharmacies, payers, and other entities for new prescriptions, changes of prescriptions, prescription refill requests, prescription fill status notifications, cancellation notifications, relaying of medication history, transactions for long-term care, electronic prior authorization, and other transactions.²⁶

²⁴ 42 U.S.C. s. 1395W-104, (e)(7)(B), Beneficiary Protections for Qualified Prescription Drug Coverage, available at <https://www.law.cornell.edu/uscode/text/42/1395w-104>, p. 24 (last visited April 8, 2019).

²⁵ National Council for Prescription Drug Programs, *Frequently Asked Questions*, available at <https://www.ncdp.org/About-Us/FAQ> (last visited April 8, 2019).

²⁶ National Council for Prescription Drug Programs, *Standards Information*, available at <https://www.ncdp.org/Standards-Development/Standards-Information> (last visited April 8, 2019).

The current SCRIPT standard is version 10.6, which is anticipated to sunset on December 31, 2019, and be replaced by version 2017071 on January 1, 2020.²⁷

The Cost of E-Prescribing

The cost of an e-prescribing system used by prescribers is based on the number of prescribers using the system and the options included in the system. It is estimated that the cost of an electronic health record system for an office with 10 full-time prescribers is approximately \$42,332 for implementation and \$14,725 for annual maintenance.²⁸

III. Effect of Proposed Changes:

The bill amends s. 456.42, F.S., to require that prescribing a health care practitioners who maintains a system of EHR,²⁹ or who prescribes drugs as an owner, employee, or contractor of a licensed health care facility or practice that maintains such a system, and who is prescribing in that capacity, may only electronically transmit prescriptions for such drugs. This requirement takes effect upon renewal of the health care practitioner's license or by July 1, 2021, whichever is earlier, but does not apply if:

- The practitioner and the dispenser are the same entity;
- The prescription cannot be transmitted electronically under the most recently implemented version of the NCPDP SCRIPT program;
- The practitioner has been issued a waiver by the DOH, not to exceed one year, due to demonstrated economic hardship or technological limitations, not reasonably within the practitioner's control, or other exceptional circumstances;
- The practitioner determines that it is impractical for a patient to obtain in a timely manner a drug electronically prescribed and that the delay would adversely impact the patient's medical condition;
- The practitioner is prescribing a drug under a research protocol;
- The prescription is for a drug for which the federal Food and Drug Administration requires the prescription to contain elements that may not be included in electronic prescribing; or
- The prescription is issued to an individual receiving hospice care or who is a resident of a nursing home facility.

Prescribing practitioners who do not have access, in their practice or employment, to an EHR system may still provide written prescriptions to their patients for medicinal drugs. The DOH, in consultation with the Board of Medicine and the Board of Osteopathic Medicine, may adopt rules to implement these provisions.

The bill amends s. 456.43, F.S., to require that electronic prescribing software may not include any means, or permit any person, to influence through economic incentives the prescribing decision of a prescribing practitioner at the point of care, including, but not limited to:

- Advertising;

²⁷National Council for Prescription Drug Programs, *NCPDP SCRIPT Standard Implementation Timeline*, p. 7, (October 2018) available at https://www.ncdpd.org/NCPDP/media/pdf/NCPDP_SCRIPT_Version_2017071_Timeline_Implementation.pdf (last visited April 8, 2019).

²⁸ *Supra* note **Error! Bookmark not defined.**

²⁹ Section 408.051, F.S., defines an electronic health records a record of a person's medical treatment which is created by a licensed health care provider and stored in an interoperable and accessible digital format.

- Instant messaging;
- Pop-up ads; or
- Similar means triggered by the input, selection, or act of a prescribing practitioner in the act of prescribing a drug for patient.

The bill authorizes electronic prescribing software to display information regarding a payer's formulary if nothing is designed to preclude, or make more difficult, the selection of any particular pharmacy by a patient or the selection of a certain medicinal drug by a prescribing practitioner.

The bill revises the definitions of "prescribing decision" and "point of care" as follows:

- "Prescribing decision" means a prescribing practitioner's or his or her agent's decision to prescribe any medicinal drug.
- "Point of care" means the time at which that a prescribing practitioner or his or her agent prescribes any medicinal drug.

The bill makes conforming changes to other areas of the Florida Statutes.

The bill provides an effective date of January 1, 2020.

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:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 456.42, 456.43, 409.912, 456.0392, 458.3265, 458.331, 458.347, 459.0137, and 459.015.

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

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

CS by Health Policy on April 8, 2019:

The CS:

- Requires certain health care practitioners to begin issuing all prescriptions through e-prescribing no later than July 1, 2021, if such prescribers have access to an electronic health records (EHR) system;
- Provides an exception to mandatory e-prescribing for those prescribers who do not have access to an EHR system;
- Creates seven exceptions to the requirement that prescribers with access to an EHR system must issue all prescriptions through e-prescribing, which are all consistent with federal-law exceptions to the e-prescribing requirement for the Medicare program;
- Authorizes the DOH to adopt rules in consultation with the Board of Medicine and the Board of Osteopathic Medicine; and
- Makes numerous conforming changes throughout other areas of the Florida Statutes.

B. Amendments:

None.



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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/08/2019	.	
	.	
	.	
	.	

The Committee on Health Policy (Bean) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Section 456.42, Florida Statutes, is amended to
read:

456.42 Written prescriptions for medicinal drugs.—

(1) A written prescription for a medicinal drug issued by a
health care practitioner licensed by law to prescribe such drug
must be legibly printed or typed so as to be capable of being
understood by the pharmacist filling the prescription; must



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contain the name of the prescribing practitioner, the name and strength of the drug prescribed, the quantity of the drug prescribed, and the directions for use of the drug; must be dated; and must be signed by the prescribing practitioner on the day when issued. However, a prescription that is electronically generated and transmitted must contain the name of the prescribing practitioner, the name and strength of the drug prescribed, the quantity of the drug prescribed in numerical format, and the directions for use of the drug and must contain the date and an electronic signature, as defined in s.

668.003(4), ~~be dated and signed by the prescribing practitioner only on the day issued, which signature may be in an electronic format as defined in s. 668.003(4).~~

(2) A written prescription for a controlled substance listed in chapter 893 must have the quantity of the drug prescribed in both textual and numerical formats, must be dated in numerical, month/day/year format, or with the abbreviated month written out, or the month written out in whole, and must be either written on a standardized counterfeit-proof prescription pad produced by a vendor approved by the department or electronically prescribed as that term is used in s. 408.0611. As a condition of being an approved vendor, a prescription pad vendor must submit a monthly report to the department that, at a minimum, documents the number of prescription pads sold and identifies the purchasers. The department may, by rule, require the reporting of additional information.

(3) A health care practitioner licensed by law to prescribe a medicinal drug who maintains a system of electronic health



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records as defined in s. 408.051, or who prescribes medicinal drugs as an owner, employee, or contractor of a licensed health care facility or practice that maintains such a system and who is prescribing in his or her capacity as such an owner, employee, or contractor, may only electronically transmit prescriptions for such drugs. This requirement applies to such a health care practitioner upon renewal of the health care practitioner's license or by July 1, 2021, whichever is earlier, but does not apply if:

(a) The practitioner and the dispenser are the same entity;

(b) The prescription cannot be transmitted electronically under the most recently implemented version of the National Council for Prescription Drug Programs SCRIPT Standard;

(c) The practitioner has been issued a waiver by the department, not to exceed 1 year in duration, from the requirement to use electronic prescribing due to demonstrated economic hardship, technological limitations that are not reasonably within the control of the practitioner, or other exceptional circumstance demonstrated by the practitioner;

(d) The practitioner reasonably determines that it would be impractical for the patient in question to obtain a medicinal drug prescribed by electronic prescription in a timely manner and such delay would adversely impact the patient's medical condition;

(e) The practitioner is prescribing a drug under a research protocol;

(f) The prescription is for a drug for which the federal Food and Drug Administration requires the prescription to contain elements that may not be included in electronic



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prescribing; or

(g) The prescription is issued to an individual receiving hospice care or who is a resident of a nursing home facility.

The department, in consultation with the Board of Medicine and the Board of Osteopathic Medicine, may adopt rules to implement this subsection.

Section 2. Section 456.43, Florida Statutes, is amended to read:

456.43 Electronic prescribing for medicinal drugs.—

(1) Electronic prescribing may ~~shall~~ not interfere with a patient's freedom to choose a pharmacy.

(2) Electronic prescribing software may ~~shall~~ not use any means or permit any other person to use any means to influence or attempt to influence, through economic incentives or otherwise, the prescribing decision of a prescribing practitioner or his or her agent at the point of care, including, but not limited to, means such as advertising, instant messaging, ~~and~~ pop-up ads, and similar means to ~~influence or attempt to influence, through economic incentives or otherwise, the prescribing decision of a prescribing practitioner at the point of care.~~ Such means shall not be triggered by or in specific response to the input, selection, or act of a prescribing practitioner or his or her agent in prescribing a certain medicinal drug ~~pharmaceutical~~ or directing a patient to a certain pharmacy. For purposes of this subsection, the term:

(a) ~~The term~~ "Prescribing decision" means a prescribing practitioner's or his or her agent's decision to prescribe any



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99 medicinal drug ~~a certain pharmaceutical.~~

100 (b) ~~The term~~ "Point of care" means the time at which ~~that~~ a
101 prescribing practitioner or his or her agent prescribes any
102 medicinal drug ~~is in the act of prescribing a certain~~
103 ~~pharmaceutical.~~

104 (3) Electronic prescribing software may display ~~show~~
105 information regarding a payor's formulary if as long as ~~nothing~~
106 is designed to preclude or make more difficult the selection of
107 ~~the act of a prescribing practitioner or patient selecting any~~
108 particular pharmacy by a patient or the selection of a certain
109 medicinal drug by a prescribing practitioner or his or her agent
110 ~~pharmaceutical.~~

111 Section 3. Paragraph (a) of subsection (5) of section
112 409.912, Florida Statutes, is amended to read:

113 409.912 Cost-effective purchasing of health care.—The
114 agency shall purchase goods and services for Medicaid recipients
115 in the most cost-effective manner consistent with the delivery
116 of quality medical care. To ensure that medical services are
117 effectively utilized, the agency may, in any case, require a
118 confirmation or second physician's opinion of the correct
119 diagnosis for purposes of authorizing future services under the
120 Medicaid program. This section does not restrict access to
121 emergency services or poststabilization care services as defined
122 in 42 C.F.R. s. 438.114. Such confirmation or second opinion
123 shall be rendered in a manner approved by the agency. The agency
124 shall maximize the use of prepaid per capita and prepaid
125 aggregate fixed-sum basis services when appropriate and other
126 alternative service delivery and reimbursement methodologies,
127 including competitive bidding pursuant to s. 287.057, designed



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to facilitate the cost-effective purchase of a case-managed continuum of care. The agency shall also require providers to minimize the exposure of recipients to the need for acute inpatient, custodial, and other institutional care and the 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



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

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

1. A Medicaid preferred drug list, which shall be a listing of cost-effective therapeutic options recommended by the Medicaid Pharmacy and Therapeutics Committee established pursuant to s. 409.91195 and adopted by the agency for each therapeutic class on the preferred drug list. At the discretion of the committee, and when feasible, the preferred drug list should include at least two products in a therapeutic class. The agency may post the preferred drug list and updates to the list



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on an Internet website without following the rulemaking procedures of chapter 120. Antiretroviral agents are excluded from the preferred drug list. The agency shall also limit the amount of a prescribed drug dispensed to no more than a 34-day supply unless the drug products' smallest marketed package is greater than a 34-day supply, or the drug is determined by the agency to be a maintenance drug in which case a 100-day maximum supply may be authorized. The agency may seek any federal waivers necessary to implement these cost-control programs and to continue participation in the federal Medicaid rebate program, or alternatively to negotiate state-only manufacturer rebates. The agency may adopt rules to administer this subparagraph. The agency shall continue to provide unlimited contraceptive drugs and items. The agency must establish procedures to ensure that:

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

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

2. Reimbursement to pharmacies for Medicaid prescribed drugs shall be set at the lowest of: the average wholesale price (AWP) minus 16.4 percent, the wholesaler acquisition cost (WAC) plus 1.5 percent, the federal upper limit (FUL), the state maximum allowable cost (SMAC), or the usual and customary (UAC) charge billed by the provider.

3. The agency shall develop and implement a process for managing the drug therapies of Medicaid recipients who are using



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significant numbers of prescribed drugs each month. The management process may include, but is not limited to, 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 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



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entity that is dispensing prescription drugs under the Medicaid program. A dispensing practitioner must meet all credentialing requirements applicable to his or her practice, as determined by the agency.

5. The agency shall develop and implement a program that requires Medicaid practitioners who issue written prescriptions for medicinal ~~prescribe~~ drugs to use a counterfeit-proof prescription pad for Medicaid prescriptions. The agency shall require the use of standardized counterfeit-proof prescription pads by ~~Medicaid-participating prescribers or~~ prescribers who issue written ~~write~~ prescriptions for Medicaid recipients. The agency may implement the program in targeted geographic areas or statewide.

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

7. The agency may establish a preferred drug list as described in this subsection, and, pursuant to the establishment of such preferred drug list, negotiate supplemental rebates from manufacturers that are in addition to those required by Title XIX of the Social Security Act and at no less than 14 percent of the average manufacturer price as defined in 42 U.S.C. s. 1936 on the last day of a quarter unless the federal or supplemental



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rebate, or both, equals or exceeds 29 percent. There is no upper limit on the supplemental rebates the agency may negotiate. The agency may determine that specific products, brand-name or 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. The agency shall expand home delivery of pharmacy products. The agency may amend the state plan and issue a procurement, as necessary, in order to implement this program. The procurements must include agreements with a pharmacy or pharmacies located in the state to provide mail order delivery services at no cost to the recipients who elect to receive home delivery of pharmacy products. The procurement must focus on serving recipients with chronic diseases for which pharmacy expenditures represent a significant portion of Medicaid pharmacy expenditures or which impact a significant portion of



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the Medicaid population. The agency may seek and implement any federal waivers necessary to implement this subparagraph.

9. The agency shall limit to one dose per month any drug prescribed to treat erectile dysfunction.

10.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 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.



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

11. 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



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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 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.

12. The agency may contract for drug rebate administration, including, but not limited to, calculating rebate amounts,



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invoicing manufacturers, negotiating disputes with
manufacturers, and maintaining a database of rebate collections.

13. 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.

14. 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
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.

15. 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



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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.

16. 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 shall be developed in accordance with the committee as stated in s. 409.91195(7) and (8). A drug product may 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; or

c. Based on historic evidence and known characteristics of the patient and the drug, the drug is likely to be ineffective,



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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.

17. 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 implementation and operation of the program. The return and reuse program 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 if the program has reduced the amount of Medicaid prescription drugs which are destroyed on an annual basis and if there are additional ways to ensure more prescription drugs are not destroyed which could safely be reused.

Section 4. Section 456.0392, Florida Statutes, is amended to read:

456.0392 Prescription labeling.—

(1) A prescription issued ~~written~~ by a practitioner who is authorized under the laws of this state to prescribe ~~write~~ ~~prescriptions for~~ drugs that are not listed as controlled substances in chapter 893 but who is not eligible for a federal Drug Enforcement Administration number shall include that



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practitioner's name and professional license number. The pharmacist or dispensing practitioner must include the practitioner's name on the container of the drug that is dispensed. A pharmacist shall be permitted, upon verification by the prescriber, to document any information required by this section.

(2) A prescription for a drug that is not listed as a controlled substance in chapter 893 which is issued ~~written~~ by an advanced practice registered nurse licensed under s. 464.012 is presumed, subject to rebuttal, to be valid and within the parameters of the prescriptive authority delegated by a practitioner licensed under chapter 458, chapter 459, or chapter 466.

(3) A prescription for a drug that is not listed as a controlled substance in chapter 893 which is issued ~~written~~ by a physician assistant licensed under chapter 458 or chapter 459 is presumed, subject to rebuttal, to be valid and within the parameters of the prescriptive authority delegated by the physician assistant's supervising physician.

Section 5. Paragraph (d) of subsection (3) of section 458.3265, Florida Statutes, is amended to read:

458.3265 Pain-management clinics.—

(3) PHYSICIAN RESPONSIBILITIES.—These responsibilities apply to any physician who provides professional services in a pain-management clinic that is required to be registered in subsection (1).

(d) A physician authorized to prescribe controlled substances who practices at a pain-management clinic is responsible for maintaining the control and security of his or



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her prescription blanks or electronic prescribing software ~~and any other method~~ used for prescribing controlled substance pain medication. A The physician who issues written prescriptions shall comply with the requirements for counterfeit-resistant prescription blanks in s. 893.065 and the rules adopted pursuant to that section. A The physician shall notify, in writing, the department within 24 hours after following any theft or loss of a prescription blank or breach of his or her electronic prescribing software used ~~any other method~~ for prescribing pain medication.

Section 6. Paragraph (qq) of subsection (1) of section 458.331, Florida Statutes, is amended to read:

458.331 Grounds for disciplinary action; action by the board and department.—

(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):

(qq) Failing to timely notify the department of the theft of prescription blanks from a pain-management clinic or a breach of a physician's electronic prescribing software ~~other methods for prescribing~~ within 24 hours as required by s. 458.3265(3).

Section 7. Paragraph (d) of subsection (3) of section 459.0137, Florida Statutes, is amended to read:

459.0137 Pain-management clinics.—

(3) PHYSICIAN RESPONSIBILITIES.—These responsibilities apply to any osteopathic physician who provides professional services in a pain-management clinic that is required to be registered in subsection (1).

(d) An osteopathic physician authorized to prescribe controlled substances who practices at a pain-management clinic



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is responsible for maintaining the control and security of his or her prescription blanks or electronic prescribing software ~~and any other method~~ used for prescribing controlled substance pain medication. An ~~The~~ osteopathic physician who issues written prescriptions shall comply with the requirements for counterfeit-resistant prescription blanks in s. 893.065 and the rules adopted pursuant to that section. An ~~The~~ osteopathic physician shall notify, in writing, the department within 24 hours after ~~following~~ any theft or loss of a prescription blank or breach of his or her electronic prescribing software used ~~any other method~~ for prescribing pain medication.

Section 8. Paragraph (ss) of subsection (1) of section 459.015, Florida Statutes, is amended to read:

459.015 Grounds for disciplinary action; action by the board and department.—

(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):

(ss) Failing to timely notify the department of the theft of prescription blanks from a pain-management clinic or a breach of an osteopathic physician's electronic prescribing software ~~other methods for prescribing~~ within 24 hours as required by s. 459.0137(3).

Section 9. This act shall take effect January 1, 2020.

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete everything before the enacting clause and insert:



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A bill to be entitled

An act relating to electronic prescribing; amending s. 456.42, F.S.; requiring certain health care practitioners to electronically generate and transmit prescriptions for medicinal drugs upon license renewal or by a specified date; providing exceptions; authorizing the Department of Health, in consultation with the Board of Medicine and the Board of Osteopathic Medicine, to adopt rules; amending s. 456.43, F.S.; revising the definitions of the terms "prescribing decision" and "point of care"; revising the authority for electronic prescribing software to display information regarding a payor's formulary under certain circumstances; amending ss. 409.912, 456.0392, 458.3265, 458.331, 459.0137, and 459.015, F.S.; conforming provisions to changes made by the act; providing an effective date.

By Senator Bean

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1 A bill to be entitled
 2 An act relating to electronic prescribing; amending s.
 3 456.42, F.S.; requiring all prescriptions to be
 4 electronically generated and transmitted upon a
 5 certain practitioner's license renewal or by a
 6 specified date; prohibiting electronic prescribing
 7 from interfering with a patient's freedom to choose a
 8 pharmacy; providing restrictions for electronic
 9 prescribing software; providing definitions;
 10 authorizing electronic prescribing software to display
 11 information regarding a payor's formulary under
 12 certain circumstances; amending ss. 409.91196,
 13 409.912, 456.0392, 458.3265, 458.331, 458.347,
 14 459.0137, 459.015, and 459.022, F.S.; conforming
 15 provisions to changes made by the act; repealing ss.
 16 456.43, 831.311, and 893.065, F.S., relating to
 17 electronic prescribing for medicinal drugs, the
 18 unlawful sale, manufacture, alteration, delivery,
 19 uttering, or possession of counterfeit-resistant
 20 prescription blanks for controlled substances, and
 21 counterfeit-resistant prescription blanks for
 22 controlled substances listed in Schedule II, Schedule
 23 III, Schedule IV, or Schedule V, respectively;
 24 providing an effective date.
 25
 26 Be It Enacted by the Legislature of the State of Florida:
 27
 28 Section 1. Section 456.42, Florida Statutes, is amended to
 29 read:

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30 456.42 ~~Written~~ Prescriptions for medicinal drugs.—
 31 (1) Upon renewal of the health care practitioner's license
 32 or by July 1, 2021, whichever is earlier, a written prescription
 33 for a medicinal drug issued by a health care practitioner
 34 licensed by law to prescribe a medicinal ~~such~~ drug may only
 35 electronically transmit prescriptions for such drugs must be
 36 legibly printed or typed so as to be capable of being understood
 37 by the pharmacist filling the prescription; must contain the
 38 name of the prescribing practitioner, the name and strength of
 39 the drug prescribed, the quantity of the drug prescribed, and
 40 the directions for use of the drug; must be dated; and must be
 41 signed by the prescribing practitioner on the day when issued.
 42 ~~However, A prescription that is electronically generated and~~
 43 ~~transmitted must contain the name of the prescribing~~
 44 ~~practitioner, the name and strength of the drug prescribed, the~~
 45 ~~quantity of the drug prescribed in numerical format, and the~~
 46 ~~directions for use of the drug and must contain the date and an~~
 47 ~~electronic signature, as defined in s. 668.003(4), be dated and~~
 48 ~~signed by the prescribing practitioner only on the day issued,~~
 49 ~~which signature may be in an electronic format as defined in s.~~
 50 ~~668.003(4).~~
 51 (2) Electronic prescribing may not interfere with a
 52 patient's freedom to choose a pharmacy.
 53 (3) Electronic prescribing software may not use any means
 54 or permit any other person to use any means, including, but not
 55 limited to, advertising, instant messaging, and pop-up ads, to
 56 influence or attempt to influence through economic incentives or
 57 otherwise the prescribing decision of a prescribing practitioner
 58 or his or her agent at the point of care. Such means may not be

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triggered by or in specific response to the input, selection, or act of a prescribing practitioner or his or her agent in prescribing a certain medicinal drug or directing a patient to a certain pharmacy. For purposes of this subsection, the term:

(a) "Point of care" means the time at which a prescribing practitioner or his or her agent prescribes any medicinal drug.

(b) "Prescribing decision" means a prescribing practitioner's or his or her agent's decision to prescribe any medicinal drug.

(4) Electronic prescribing software may display information regarding a payor's formulary if nothing is designed to preclude or make more difficult the selection of any particular pharmacy by a patient or the selection of a certain medicinal drug by a prescribing practitioner or his or her agent.

~~(2) A written prescription for a controlled substance listed in chapter 893 must have the quantity of the drug prescribed in both textual and numerical formats, must be dated in numerical, month/day/year format, or with the abbreviated month written out, or the month written out in whole, and must be either written on a standardized counterfeit-proof prescription pad produced by a vendor approved by the department or electronically prescribed as that term is used in s. 408.0611. As a condition of being an approved vendor, a prescription pad vendor must submit a monthly report to the department that, at a minimum, documents the number of prescription pads sold and identifies the purchasers. The department may, by rule, require the reporting of additional information.~~

Section 2. Subsection (1) of section 409.91196, Florida

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Statutes, is amended to read:

409.91196 Supplemental rebate agreements; public records and public meetings exemption.—

(1) The rebate amount, percent of rebate, manufacturer's pricing, and supplemental rebate, and other trade secrets as defined in s. 688.002 that the agency has identified for use in negotiations, held by the Agency for Health Care Administration under s. 409.912(5)(a)6. ~~s. 409.912(5)(a)7.~~ are confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution.

Section 3. Paragraph (a) of subsection (5) of section 409.912, Florida Statutes, is amended to read:

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

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117 minimize the exposure of recipients to the need for acute
 118 inpatient, custodial, and other institutional care and the
 119 inappropriate or unnecessary use of high-cost services. The
 120 agency shall contract with a vendor to monitor and evaluate the
 121 clinical practice patterns of providers in order to identify
 122 trends that are outside the normal practice patterns of a
 123 provider's professional peers or the national guidelines of a
 124 provider's professional association. The vendor must be able to
 125 provide information and counseling to a provider whose practice
 126 patterns are outside the norms, in consultation with the agency,
 127 to improve patient care and reduce inappropriate utilization.
 128 The agency may mandate prior authorization, drug therapy
 129 management, or disease management participation for certain
 130 populations of Medicaid beneficiaries, certain drug classes, or
 131 particular drugs to prevent fraud, abuse, overuse, and possible
 132 dangerous drug interactions. The Pharmaceutical and Therapeutics
 133 Committee shall make recommendations to the agency on drugs for
 134 which prior authorization is required. The agency shall inform
 135 the Pharmaceutical and Therapeutics Committee of its decisions
 136 regarding drugs subject to prior authorization. The agency is
 137 authorized to limit the entities it contracts with or enrolls as
 138 Medicaid providers by developing a provider network through
 139 provider credentialing. The agency may competitively bid single-
 140 source-provider contracts if procurement of goods or services
 141 results in demonstrated cost savings to the state without
 142 limiting access to care. The agency may limit its network based
 143 on the assessment of beneficiary access to care, provider
 144 availability, provider quality standards, time and distance
 145 standards for access to care, the cultural competence of the

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146 provider network, demographic characteristics of Medicaid
 147 beneficiaries, practice and provider-to-beneficiary standards,
 148 appointment wait times, beneficiary use of services, provider
 149 turnover, provider profiling, provider licensure history,
 150 previous program integrity investigations and findings, peer
 151 review, provider Medicaid policy and billing compliance records,
 152 clinical and medical record audits, and other factors. Providers
 153 are not entitled to enrollment in the Medicaid provider network.
 154 The agency shall determine instances in which allowing Medicaid
 155 beneficiaries to purchase durable medical equipment and other
 156 goods is less expensive to the Medicaid program than long-term
 157 rental of the equipment or goods. The agency may establish rules
 158 to facilitate purchases in lieu of long-term rentals in order to
 159 protect against fraud and abuse in the Medicaid program as
 160 defined in s. 409.913. The agency may seek federal waivers
 161 necessary to administer these policies.

162 (5) (a) The agency shall implement a Medicaid prescribed-
 163 drug spending-control program that includes the following
 164 components:

165 1. A Medicaid preferred drug list, which shall be a listing
 166 of cost-effective therapeutic options recommended by the
 167 Medicaid Pharmacy and Therapeutics Committee established
 168 pursuant to s. 409.91195 and adopted by the agency for each
 169 therapeutic class on the preferred drug list. At the discretion
 170 of the committee, and when feasible, the preferred drug list
 171 should include at least two products in a therapeutic class. The
 172 agency may post the preferred drug list and updates to the list
 173 on an Internet website without following the rulemaking
 174 procedures of chapter 120. Antiretroviral agents are excluded

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from the preferred drug list. The agency shall also limit the amount of a prescribed drug dispensed to no more than a 34-day supply unless the drug products' smallest marketed package is greater than a 34-day supply, or the drug is determined by the agency to be a maintenance drug in which case a 100-day maximum supply may be authorized. The agency may seek any federal waivers necessary to implement these cost-control programs and to continue participation in the federal Medicaid rebate program, or alternatively to negotiate state-only manufacturer rebates. The agency may adopt rules to administer this subparagraph. The agency shall continue to provide unlimited contraceptive drugs and items. The agency must establish procedures to ensure that:

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

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

2. Reimbursement to pharmacies for Medicaid prescribed drugs shall be set at the lowest of: the average wholesale price (AWP) minus 16.4 percent, the wholesaler acquisition cost (WAC) plus 1.5 percent, the federal upper limit (FUL), the state maximum allowable cost (SMAC), or the usual and customary (UAC) charge billed by the provider.

3. The agency shall develop and implement a process for managing the drug therapies of Medicaid recipients who are using significant numbers of prescribed drugs each month. The 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 shall enroll any Medicaid recipient in the drug benefit management program if he or she meets the specifications of this subparagraph 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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requirements applicable to his or her practice, as determined by the agency.

~~5. The agency shall develop and implement a program that requires Medicaid practitioners who prescribe drugs to use a counterfeit proof prescription pad for Medicaid prescriptions. The agency shall require the use of standardized counterfeit proof prescription pads by Medicaid-participating prescribers or prescribers who write prescriptions for Medicaid recipients. The agency may implement the program in targeted geographic areas or statewide.~~

~~5.6.~~ The agency may enter into arrangements that require manufacturers of generic drugs prescribed to Medicaid recipients to provide rebates of at least 15.1 percent of the average manufacturer price for the manufacturer's generic products. These arrangements shall require that if a generic-drug manufacturer pays federal rebates for Medicaid-reimbursed drugs at a level below 15.1 percent, the manufacturer must provide a supplemental rebate to the state in an amount necessary to achieve a 15.1-percent rebate level.

~~6.7.~~ The agency may establish a preferred drug list as described in this subsection, and, pursuant to the establishment of such preferred drug list, negotiate supplemental rebates from manufacturers that are in addition to those required by Title XIX of the Social Security Act and at no less than 14 percent of the average manufacturer price as defined in 42 U.S.C. s. 1936 on the last day of a quarter unless the federal or supplemental rebate, or both, equals or exceeds 29 percent. There is no upper limit on the supplemental rebates the agency may negotiate. The 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.

~~7.8.~~ The agency shall expand home delivery of pharmacy products. The agency may amend the state plan and issue a procurement, as necessary, in order to implement this program. The procurements must include agreements with a pharmacy or pharmacies located in the state to provide mail order delivery services at no cost to the recipients who elect to receive home delivery of pharmacy products. The procurement must focus on serving recipients with chronic diseases for which pharmacy expenditures represent a significant portion of Medicaid pharmacy expenditures or which impact a significant portion of the Medicaid population. The agency may seek and implement any federal waivers necessary to implement this subparagraph.

~~8.9.~~ The agency shall limit to one dose per month any drug

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prescribed to treat erectile dysfunction.

9.a.10.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 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

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

10.11. 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

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349 the quality of care and prescribing practices based on best
 350 practice guidelines, improve patient adherence to medication
 351 plans, reduce clinical risk, and lower prescribed drug costs and
 352 the rate of inappropriate spending on Medicaid prescription
 353 drugs. The program must:

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

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

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

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

373 11.12- The agency may contract for drug rebate
 374 administration, including, but not limited to, calculating
 375 rebate amounts, invoicing manufacturers, negotiating disputes
 376 with manufacturers, and maintaining a database of rebate
 377 collections.

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378 12.13- The agency may specify the preferred daily dosing
 379 form or strength for the purpose of promoting best practices
 380 with regard to the prescribing of certain drugs as specified in
 381 the General Appropriations Act and ensuring cost-effective
 382 prescribing practices.

383 13.14- The agency may require prior authorization for
 384 Medicaid-covered prescribed drugs. The agency may prior-
 385 authorize the use of a product:
 386 a. For an indication not approved in labeling;
 387 b. To comply with certain clinical guidelines; or
 388 c. If the product has the potential for overuse, misuse, or
 389 abuse.

390
 391 The agency may require the prescribing professional to provide
 392 information about the rationale and supporting medical evidence
 393 for the use of a drug. The agency shall post prior
 394 authorization, step-edit criteria and protocol, and updates to
 395 the list of drugs that are subject to prior authorization on the
 396 agency's Internet website within 21 days after the prior
 397 authorization and step-edit criteria and protocol and updates
 398 are approved by the agency. For purposes of this subparagraph,
 399 the term "step-edit" means an automatic electronic review of
 400 certain medications subject to prior authorization.

401 14.15- The agency, in conjunction with the Pharmaceutical
 402 and Therapeutics Committee, may require age-related prior
 403 authorizations for certain prescribed drugs. The agency may
 404 preauthorize the use of a drug for a recipient who may not meet
 405 the age requirement or may exceed the length of therapy for use
 406 of this product as recommended by the manufacturer and approved

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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.

~~15.16.~~ 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 shall be developed in accordance with the committee as stated in s. 409.91195(7) and (8). A drug product may 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; or

c. Based on historic 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.

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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.

~~16.17.~~ 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 implementation and operation of the program. The return and reuse program 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 if the program has reduced the amount of Medicaid prescription drugs which are destroyed on an annual basis and if there are additional ways to ensure more prescription drugs are not destroyed which could safely be reused.

Section 4. Section 456.0392, Florida Statutes, is amended to read:

456.0392 Prescription labeling.—

(1) A prescription ~~written~~ by a practitioner who is authorized under the laws of this state to prescribe ~~write~~ ~~prescriptions for~~ drugs that are not listed as controlled substances in chapter 893 but who is not eligible for a federal Drug Enforcement Administration number shall include that practitioner's name and professional license number. The pharmacist or dispensing practitioner must include the

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practitioner's name on the container of the drug that is dispensed. A pharmacist shall be permitted, upon verification by the prescriber, to document any information required by this section.

(2) A prescription for a drug that is not listed as a controlled substance in chapter 893 ~~which is written~~ by an advanced practice registered nurse licensed under s. 464.012 is presumed, subject to rebuttal, to be valid and within the parameters of the prescriptive authority delegated by a practitioner licensed under chapter 458, chapter 459, or chapter 466.

(3) A prescription for a drug that is not listed as a controlled substance in chapter 893 ~~which is written~~ by a physician assistant licensed under chapter 458 or chapter 459 is presumed, subject to rebuttal, to be valid and within the parameters of the prescriptive authority delegated by the physician assistant's supervising physician.

Section 5. Paragraph (d) of subsection (3) of section 458.3265, Florida Statutes, is amended to read:

458.3265 Pain-management clinics.—

(3) PHYSICIAN RESPONSIBILITIES.—These responsibilities apply to any physician who provides professional services in a pain-management clinic that is required to be registered in subsection (1).

(d) A physician authorized to prescribe controlled substances who practices at a pain-management clinic is responsible for maintaining the control and security of his or her electronic prescribing software ~~prescription blanks and any other method~~ used for prescribing controlled substance pain

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medication. ~~The physician shall comply with the requirements for counterfeit-resistant prescription blanks in s. 893.065 and the rules adopted pursuant to that section.~~ The physician shall notify, in writing, the department within 24 hours after ~~following any theft or loss of a prescription blank or~~ breach of his or her electronic prescribing software ~~any other method for prescribing pain medication.~~

Section 6. Paragraph (qq) of subsection (1) of section 458.331, Florida Statutes, is amended to read:

458.331 Grounds for disciplinary action; action by the board and department.—

(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):

(qq) Failing to timely notify the department of ~~the theft of prescription blanks from a pain-management clinic or a breach of a physician's electronic prescribing software~~ other methods for prescribing within 24 hours as required by s. 458.3265(3).

Section 7. Paragraph (e) of subsection (4) of section 458.347, Florida Statutes, is amended to read:

458.347 Physician assistants.—

(4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

(e) A supervising physician may delegate to a fully licensed physician assistant the authority to prescribe or dispense any medication used in the supervising physician's practice unless such medication is listed on the formulary created pursuant to paragraph (f). A fully licensed physician assistant may only prescribe or dispense such medication under the following circumstances:

1. A physician assistant must clearly identify to the

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patient that he or she is a physician assistant and inform the patient that the patient has the right to see the physician before a prescription is prescribed or dispensed by the physician assistant.

2. The supervising physician must notify the department of his or her intent to delegate, on a department-approved form, before delegating such authority and of any change in prescriptive privileges of the physician assistant. Authority to dispense may be delegated only by a supervising physician who is registered as a dispensing practitioner in compliance with s. 465.0276.

3. The physician assistant must complete a minimum of 10 continuing medical education hours in the specialty practice in which the physician assistant has prescriptive privileges with each licensure renewal. Three of the 10 hours must consist of a continuing education course on the safe and effective prescribing of controlled substance medications which is offered by a statewide professional association of physicians in this state accredited to provide educational activities designated for the American Medical Association Physician's Recognition Award Category 1 credit or designated by the American Academy of Physician Assistants as a Category 1 credit.

4. The department may issue a prescriber number to the physician assistant granting authority for the prescribing of medicinal drugs authorized within this paragraph upon completion of the requirements of this paragraph. The physician assistant is not required to independently register pursuant to s. 465.0276.

5. The prescription ~~may be in paper or electronic form but~~

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~~must comply with ss. 456.0392(1) and 456.42(1) and chapter 499~~
~~and~~ must contain, in addition to the supervising physician's name, address, and telephone number, the physician assistant's prescriber number. Unless it is a drug or drug sample dispensed by the physician assistant, the prescription must be filled in a pharmacy permitted under chapter 465 and must be dispensed in that pharmacy by a pharmacist licensed under chapter 465. The inclusion of the prescriber number creates a presumption that the physician assistant is authorized to prescribe the medicinal drug and the prescription is valid.

6. The physician assistant must note the prescription or dispensing of medication in the appropriate medical record.

Section 8. Paragraph (d) of subsection (3) of section 459.0137, Florida Statutes, is amended to read:

459.0137 Pain-management clinics.—

(3) PHYSICIAN RESPONSIBILITIES.—These responsibilities apply to any osteopathic physician who provides professional services in a pain-management clinic that is required to be registered in subsection (1).

(d) An osteopathic physician authorized to prescribe controlled substances who practices at a pain-management clinic is responsible for maintaining the control and security of his or her electronic prescribing software ~~prescription blanks and any other method~~ used for prescribing controlled substance pain medication. ~~The osteopathic physician shall comply with the requirements for counterfeit-resistant prescription blanks in s. 893.065 and the rules adopted pursuant to that section.~~ The osteopathic physician shall notify, in writing, the department within 24 hours after ~~following~~ any theft or loss of a

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581 ~~prescription blank or breach of his or her electronic~~
 582 ~~prescribing software of any other method for prescribing pain~~
 583 ~~medication.~~

584 Section 9. Paragraph (ss) of subsection (1) of section
 585 459.015, Florida Statutes, is amended to read:

586 459.015 Grounds for disciplinary action; action by the
 587 board and department.—

588 (1) The following acts constitute grounds for denial of a
 589 license or disciplinary action, as specified in s. 456.072(2):

590 (ss) Failing to timely notify the department of ~~the theft~~
 591 ~~of prescription blanks from a pain-management clinic or a breach~~
 592 ~~of an osteopathic physician's electronic prescribing software of~~
 593 ~~other methods for prescribing~~ within 24 hours as required by s.
 594 459.0137(3).

595 Section 10. Paragraph (e) of subsection (4) of section
 596 459.022, Florida Statutes, is amended to read:

597 459.022 Physician assistants.—

598 (4) PERFORMANCE OF PHYSICIAN ASSISTANTS.—

599 (e) A supervising physician may delegate to a fully
 600 licensed physician assistant the authority to prescribe or
 601 dispense any medication used in the supervising physician's
 602 practice unless such medication is listed on the formulary
 603 created pursuant to s. 458.347. A fully licensed physician
 604 assistant may only prescribe or dispense such medication under
 605 the following circumstances:

606 1. A physician assistant must clearly identify to the
 607 patient that she or he is a physician assistant and must inform
 608 the patient that the patient has the right to see the physician
 609 before a prescription is prescribed or dispensed by the

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610 physician assistant.

611 2. The supervising physician must notify the department of
 612 her or his intent to delegate, on a department-approved form,
 613 before delegating such authority and of any change in
 614 prescriptive privileges of the physician assistant. Authority to
 615 dispense may be delegated only by a supervising physician who is
 616 registered as a dispensing practitioner in compliance with s.
 617 465.0276.

618 3. The physician assistant must complete a minimum of 10
 619 continuing medical education hours in the specialty practice in
 620 which the physician assistant has prescriptive privileges with
 621 each licensure renewal.

622 4. The department may issue a prescriber number to the
 623 physician assistant granting authority for the prescribing of
 624 medicinal drugs authorized within this paragraph upon completion
 625 of the requirements of this paragraph. The physician assistant
 626 is not required to independently register pursuant to s.
 627 465.0276.

628 5. The prescription ~~may be in paper or electronic form but~~
 629 ~~must comply with ss. 456.0392(1) and 456.42(1) and chapter 499~~
 630 ~~and~~ must contain, in addition to the supervising physician's
 631 name, address, and telephone number, the physician assistant's
 632 prescriber number. Unless it is a drug or drug sample dispensed
 633 by the physician assistant, the prescription must be filled in a
 634 pharmacy permitted under chapter 465, and must be dispensed in
 635 that pharmacy by a pharmacist licensed under chapter 465. The
 636 inclusion of the prescriber number creates a presumption that
 637 the physician assistant is authorized to prescribe the medicinal
 638 drug and the prescription is valid.

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639 6. The physician assistant must note the prescription or
640 dispensing of medication in the appropriate medical record.

641 Section 11. Sections 456.43, 831.311, and 893.065, Florida
642 Statutes, are repealed.

643 Section 12. This act shall take effect January 1, 2020.



The Florida Senate

Committee Agenda Request

To: Senator Gayle Harrell, Chair
Committee on Health Policy

Subject: Committee Agenda Request

Date: March 7, 2019

I respectfully request that **Senate Bill # 1192**, relating to Electronic Prescribing, be placed on the:

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

Aaron Bean

Senator Aaron Bean
Florida Senate, District 4

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8

Meeting Date

1192

Bill Number (if applicable)

113722

Amendment Barcode (if applicable)

Topic

Name Claudia Davant

Job Title

Address 205 S Adams St.

Street

Tallahassee

City

FL

State

32301

Zip

Phone

Email

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Pharmacy Association

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

4-8-19

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1192

Bill Number (if applicable)

Topic Electronic Prescribing

Amendment Barcode (if applicable)

Name JAKE FARMER

Job Title Dir. Government Affairs

Address 227 S Adams St

Phone _____

Street

Tallahassee FL 32301

City

State

Zip

Email _____

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Retail Federation

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

4/8/2019

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1192

Bill Number (if applicable)

Topic Electronic Prescribing

Amendment Barcode (if applicable)

Name Sally West

Job Title Regional Director

Address 3810 Buck Lake Rd

Phone 850 210 2461

Street

Tallahassee

FL

32317

City

State

Zip

Email sally.west@walgreens.com

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Walgreens

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

1192

Bill Number (if applicable)

Topic E-Prescribing

Amendment Barcode (if applicable)

Name Brewster Bevis

Job Title Senior Vice President

Address 516 N. Adams St.

Phone 224-7173

Street

TLH

FL

32301

Email bbevis@aif.com

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Associated Industries of Florida

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

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THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/18
Meeting Date

1192
Bill Number (if applicable)

Topic Electronic ERX

Amendment Barcode (if applicable)

Name Dawn Butterfield Rph

Job Title Owner / Manager West Cocoa Pharmacy

Address 2711 Clearlake Rd #C-10
Street

Phone (321) 305-6909

Cocoa, FL 32922
City State Zip

Email locopharmacy@gmail.com

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing self

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

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: CS/CS/SB 1180

INTRODUCER: Health Policy Committee, Banking and Insurance Committee and Senators Mayfield and Harrell

SUBJECT: Consumer Protection from Nonmedical Changes to Prescription Drug Formularies

DATE: April 8, 2019

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	<u>Johnson</u>	<u>Knudson</u>	<u>BI</u>	<u>Fav/CS</u>
2.	<u>Lloyd</u>	<u>Brown</u>	<u>HP</u>	<u>Fav/CS</u>
3.	_____	_____	<u>RC</u>	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/CS/SB 1180 amends the Insurance Code to provide additional consumer protections by requiring at least 60 days' notice before the effective date of any changes to a prescription drug formulary during a policy year for health insurance policies and health maintenance organization contracts. A treating physician may seek continuation of a prescription drug taken off a formulary by certifying its medical necessity and submitting a form to the insurer at least 30 days prior to the formulary change. A standardized, one-page form for such certifications will be developed through rulemaking by the Financial Services Commission (commission). Treating physicians may submit their forms either electronically or via first class mail to the insurers.

The bill also generally prohibits an insurer or health maintenance organization (HMO) from reclassifying a drug to a more restrictive tier, increasing the cost sharing of an insured, or reclassifying a drug to higher cost-sharing tier during the policy year. Under current law, only HMOs offering group contracts are prohibited from increasing the copayment for any benefit or removing, amending, or limiting any of the contract benefits except at renewal time, with some exceptions.

According to the Division of State Group Insurance (DSGI) of the Department of Management Services, their pharmacy benefit managers (PBMs) anticipate that implementation of the bill would result in an increase cost of approximately \$1.7 million due to the absence of quarterly drug list tier changes; \$1.5 million due to lost rebates (1 percent of current rebates), \$75,000

from maintaining lower cost-sharing tiers (not moving drug to a non-preferred tier when a generic becomes available), and approximately \$100,000 in administrative charges associated with a custom formulary.

The bill does not have a fiscal impact on the Florida Medicaid program since the bill specifically excludes the Medicaid managed care plans from these provisions.

II. Present Situation:

Access to affordable health care can be a significant issue for anyone with an illness, but it is particularly critical for individuals who have conditions with the potential to cause death, disability, or serious discomfort unless treated with the most appropriate medical care in a timely manner. In recent years, many innovative treatments for diseases that affect large populations, such as cancer, hepatitis C, diabetes, and multiple sclerosis have been approved. Some of the benefits of these innovative drugs include fewer side effects, convenience (oral solids instead of injectables), and greater efficacy.¹ However, the financial burden resulting from out-of-pocket drug costs can lead patients with chronic illnesses to forgo prescribed drugs, ultimately affecting their health.

Prescription Drug Cost Containment

Health care spending in the United States is expected to grow an average of 5.5 percent annually from 2018-2027, reaching nearly \$6.0 trillion by 2027.² Prescription drug spending is projected to have grown 3.3 percent in 2018. This acceleration is due to faster anticipated utilization growth, partially driven by an increase in the introduction of new drugs. Prescription drug spending growth is expected to increase to 4.6 percent in 2019, because of faster utilization growth from both existing and new drugs, as well as a modest increase in drug price growth. For the remainder of the projection, 2020-2027, prescription drug spending is projected to grow by 6.1 percent per year on average, influenced by higher use anticipated from new drugs and efforts by employers and insurers that encourage patients with chronic conditions to consistently treat their disease states.³

A majority of adults aged 18-64, nearly 60 percent, reported being prescribed a medication in the past 12 months in one study sponsored by the federal Centers for Disease Control and Prevention.⁴ Approximately 70 percent of all prescriptions carry out-of-pocket costs, such as requirements for co-insurance, co-payments, or deductible, with generics having an average cost of \$6 per prescription and brand names an average cost of \$30 per prescription.⁵

¹ See HEALTH AFFAIRS 35, No. 9 (2016): 1595-1603.

² Office of the Actuary, Centers for Medicare & Medicaid Services (CMS), National Health Expenditure Projections 2018-2027, available at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/NationalHealthExpendData/Downloads/ForecastSummary.pdf> (last viewed April 3, 2019).

³ *Id.*

⁴ Robin A. Cohen, et al, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Health Statistics, *Strategies Used by Adults Aged 18-64 to Reduce Their Prescription Drug Costs, 2017*, NCHS Data Brief (March 2019), p. 1, <https://www.cdc.gov/nchs/data/databriefs/db333-h.pdf> (last visited March 21, 2019).

⁵ Robin A. Cohen, *supra* note 4.

Many adults who are prescribed drugs with higher out-of-pocket costs will forego their prescriptions or will take other measures, including considering other non-medication therapies, to avoid the out-of-pocket costs. Researchers found that while the number of adults who asked their health care provider for an alternative medical treatment option with a lower out-of-pocket cost had dropped from the prior study, the percentage was still 19.8 percent.⁶ Other strategies that adults used included not taking the medication as prescribed, which could mean skipping doses, taking less than the prescribed dose, delaying a refill; or using alternative therapies instead of the prescribed medication.⁷

For patients that switched drugs for non-medical reasons, one report found that these patients had higher increases in their non-drug spending compared to patients who had no changes in their medications.⁸ If a patient had multiple switches, the increases could be even higher, depending on the disease condition. For example, a patient with Crohn's disease who experienced no switches had an average monthly increase in non-drug spending of \$2,072; if switched to a lower cost prescription, then he or she may have experienced an average increase of \$4,499. If there were multiple drug switches, then the average per member per month increase was \$4,890 in non-drug spending.⁹ While the cost of the prescriptions drug may have decreased for the insurer, the costs for the other non-drugs expenses have increased related to that health care condition. Almost 40 percent of patients who experienced a change in medications for non-medical reasons indicated that the change was so frustrating that it led them to stop taking their medications altogether.¹⁰

Due to increasing health care expenditures, public and private employers and insurers continue to look for cost containment methods, including the reduction of prescription drug costs. Many employer-sponsored health plans and insurers contract with pharmacy benefit managers (PBMs). The PBMs negotiate drug prices with pharmacies and drug manufacturers on behalf of health plans and, in addition to other administrative, clinical, and cost-containment services, process drug claims for the health plans. A PBM generally manages a preferred drug list or formulary for each of its plan sponsors. Insurers and self-insured employers provide insureds with financial incentives, such as lower copayments, to use preferred drugs.

Non-Medical Switching or Substitution of Prescription Drugs

Non-medical switching or substitution of prescription drugs occurs when there may be multiple options available within a treatment class and a less expensive or patient-preferred medicine is substituted, often for cost containment reasons. There are typically three types of non-medical types of switching that occur with prescription drugs. First, non-medical switching may be as simple as the substitution of a brand name drug for its generic equivalent. Generic drugs are chemically very similar to the brand-name drugs using the same active ingredient, and are the

⁶ Robin A. Cohen, *supra* note 4

⁷ Robin A. Cohen, *supra* note 4, at 2 - 4.

⁸ Institute for Patient Access, *Cost Motivated Treatment Changes & Non-Medical Switching – A Commercial Health Plans Analysis* (August 2017), available at https://instituteforpatientaccess.org/wp-content/uploads/2018/05/IfPA_Non-Medical-Switching-Commercial-Claims-Analysis_Aug-2017.pdf (last viewed on April 2, 2019).

⁹ Institute for Patient Access, *supra* note 8.

¹⁰ Institute for Patient Access, *supra* note 8.

same in dosage form, safety, strength, route of administration, performance characteristics, and intended use.¹¹ A generic drug must pass the same safety standards as a brand-name drug.

The second method of switching or substitution involves dispensing drugs that are therapeutically equivalent to, but chemically different from, the originally prescribed drug.¹² A therapeutically equivalent drug is expected to produce a similar patient outcome as the reference drug or treatment.¹³

Biosimilar drugs are a third category of drugs which are produced through biotechnology. A biosimilar is highly similar to¹⁴ and has no clinically meaningful differences¹⁵ from an existing Food and Drug Administration-approved reference product.¹⁶ Some research indicates that the biologic therapy medications of some patients are being switched for nonclinical reasons, despite the lack of data to support this practice and an abundance of data demonstrating clinically meaningful differences among biologics.¹⁷ For example, one study reviewing the reason for adjusting anti-tumor necrosis (TNF) agents involving patients primarily with rheumatoid arthritis, psoriasis, psoriatic arthritis, ankylosing spondylitis, Crohn's disease, or ulcerative colitis found that non-medical switching of anti-TNF agents was associated with an increase in side effects and lack of efficacy that also led to an increase in health care utilization.¹⁸

Federal Patient Protection and Affordable Care Act

The federal Patient Protection and Affordable Care Act (PPACA)¹⁹ requires health insurers and HMOs to make coverage available to all individuals and employers, without exclusions for

¹¹ U.S. Food and Drug Administration, *Understanding Generic Drugs* (page last updated: 06/05/2018) available at <http://www.fda.gov/drugs/resourcesforyou/consumers/buyingusingmedicinesafely/understandinggenericdrugs/default.htm> (last visited Mar. 13, 2019).

¹² Rachel Chu, et al, *Patient Safety and Comfort - The Challenges of Switching Medicines* (2010) available at [http://www.patients-rights.org/uploadimages/Patient Safety and Comfort The Challenges of Switching.pdf](http://www.patients-rights.org/uploadimages/Patient%20Safety%20and%20Comfort%20The%20Challenges%20of%20Switching.pdf) (last viewed Mar. 13, 2019).

¹³ Rachel Chu, et al, *supra* note 12, at 9.

¹⁴ "Highly similar to" means the characteristics of the product, such as purity, chemical identity, and bioactivity of both the reference product and the proposed biosimilar product have been compared and have only minor differences in the clinically inactive components. These differences are carefully evaluated by the FDA to ensure the biosimilar meets the FDA's high approval standards and are acceptable.

¹⁵ "No Clinically meaningful differences" means that the proposed biosimilar product has demonstrated through human exposure and response studies its safety and effectiveness, an assessment of clinical immunogenicity, and if needed, additional clinical studies.

¹⁶ U.S. Food and Drug Administration, *Biosimilar and Interchangeable Products* (page last updated: 10/23/2017) available at [https://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/The ReapeuticBiologicApplications/Biosimilars/ucm580419.htm#biological](https://www.fda.gov/Drugs/DevelopmentApprovalProcess/HowDrugsareDevelopedandApproved/ApprovalApplications/The%20RepeuticBiologicApplications/Biosimilars/ucm580419.htm#biological) (last viewed April 2, 2019).

¹⁷ See Alan Reynolds, et al, *When is switching warranted among biologic therapies in rheumatoid arthritis?* Medscape.com. http://www.medscape.com/viewarticle/768031_5 (last viewed Mar. 13, 2019).

¹⁸ D.T. Rubin, et al, *Analysis of outcomes after non-medical switching of anti-tumor necrosis factor agents*, European Crohn's and Colitis Organisation (2015) available at https://www.ecco-ibd.eu/index.php/publications/congress-abstracts/abstracts-2015/item/p354-analysis-of-outcomes-after-non-medical-switching-of-anti-tumor-necrosis-factor-agents.html?category_id=430 (last viewed Mar. 13, 2019).

¹⁹ The Patient Protection and Affordable Care Act (Pub. Law No. 111–148) was enacted on March 23, 2010. The Health Care and Education Reconciliation Act of 2010 (Pub. Law No. 111–152), which amended and revised several provisions of the Patient Protection and Affordable Care Act, was enacted on March 30, 2010.

preexisting conditions, and mandates that issuers (insurers and HMOs) provide 10 essential health benefits;²⁰ which includes prescription drugs.

Current Prescription Drug Coverage Requirements

To comply with the essential health benefit requirement for prescription drugs, issuers must include in their formulary or preferred drug lists the greater of one drug for each U.S. Pharmacopeia (USP) category and class; or the same number of drugs in each USP category and class as the state's EHB benchmark plan. Issuers must have a Pharmacy and Therapeutics Committee to design formularies using scientific evidence that will include consideration of safety and efficacy, cover a range of drugs in a broad distribution of therapeutic categories and classes, and provide access to drugs that are included in broadly accepted treatment guidelines. Plans providing EHBs must have procedures in place that allow an enrollee to request and gain access to clinically appropriate drugs not included on the plan's formulary drug list. Such procedures must include a process to request an expedited review.²¹

Proposed Changes to Prescription Drug Coverage for the 2020 Plan Year

The proposed federal rules²² for the 2020 plan year would allow individual, small group, and large group market health insurance issuers to adopt mid-year formulary changes to optimize the use of new generic drugs as they become available, consistent with the approach to Medicare Part D.²³ At that time, the issuer also would be permitted to remove the equivalent brand drug from the formulary or move the equivalent brand drug to a different cost-sharing tier on the formulary. Issuers would also be required to provide enrollees the option to request coverage for a brand drug that was removed from the formulary through the applicable coverage appeal process or the drug exception request process.

The proposed rule also revises the requirements for how such issuers treat cost-sharing for brand drugs when a generic equivalent is available. The proposed rule would exempt certain cost-sharing from the maximum out-of-pocket limit if an insured selects a brand drug when a medically appropriate generic drug is available. Insurers would be required to provide notice to the patient and the treating provider of the patient. Insurers would be required to provide enrollees the option to request coverage for a brand drug that was removed from the formulary through the applicable coverage appeal process or the drug exception request process.

Regulation of Insurers and Health Maintenance Organizations in Florida

The Office of Insurance Regulation (OIR) licenses and regulates the activities of insurers, HMOs, and other risk-bearing entities.²⁴ The Agency for Health Care Administration (AHCA)

²⁰ 42 U.S.C. s. 18022.

²¹ 45 C.F.R. s. 156.122.

²² U.S. Department of Health and Human Services, *Proposed HHS Notice of Benefit and Payment Parameters for 2020 Fact Sheet*, available at <https://www.cms.gov/CCIIO/Resources/Fact-Sheets-and-FAQs/Downloads/Proposed-2020-HHS-Fact-Sheet.PDF> (last viewed Mar. 9, 2019).

²³ The Medicare Prescription Drug, Improvement, and Modernization Act of 2003 (MMA, P.L. 108-173) established a voluntary, outpatient prescription drug benefit under Medicare Part D, effective January 1, 2006. Medicare Part D provides coverage through private prescription drug plans (PDPs) that offer only drug coverage, or through Medicare Advantage (MA) prescription drug plans (MA-PDs) that offer coverage as part of broader, managed care plans.

²⁴ Section 20.121(3), F.S.

regulates the quality of care provided by HMOs under part III of ch. 641, F.S. Before receiving a certificate of authority from the OIR, an HMO must receive a Health Care Provider Certificate from the AHCA.²⁵

Currently, an HMO may increase the copayment for any benefit, or delete, amend, or limit any of the benefits under a group contract only upon written notice to the contract holder at least 45 days in advance of the time of coverage renewal. The HMO may amend the contract with the contract holder, with such amendment to be effective immediately at the time of coverage renewal. The written notice to the contract holder must specifically identify any deletions, amendments, or limitations to any of the benefits provided in the group contract during the current contract period, which will be included in the group contract upon renewal. This provision does not apply to any increases in benefits. The notice requirements do not apply if benefits are amended, deleted, or limited, pursuant to a request of the contract holder.²⁶

Florida's State Group Insurance Program

Under the authority of s. 110.123, F.S., the DMS, through the DSGI, administers the state group health insurance program under a cafeteria plan consistent with section 125, Internal Revenue Code. To administer the state group health insurance program, the DMS contracts with third party administrators for self-insured health plans, insured HMOs, and a pharmacy benefit manager (PBM) for the state employees' self-insured prescription drug program pursuant to s. 110.12315, F.S.

The state employees' self-insured prescription drug program has three cost-share categories for members: generic drugs, preferred brand name drugs (those brand name drugs on the preferred drug list), and non-preferred brand name drugs (those brand name drugs not on the preferred drug list).²⁷ Generic drugs are the least expensive and have the lowest member cost share, preferred brand name drugs have the middle cost share, and non-preferred brand name drugs are the most expensive and have the highest member cost share.

State Group Health Insurance Prescription Drug Co-Payments ²⁸		
Drug Tier	Retail Up to 30 Day Supply	Retail and Mail Up to 90 Days Specialty Medications
Generic	\$7	\$14
Preferred Brand	\$30	\$60
Non-Preferred Brand	\$50	\$100

²⁵ Section 641.21(1), F.S.

²⁶ Section 641.31(36), F.S.

²⁷ Department of Management Services, *State Employees' Prescription Drug Plan*, available at https://www.mybenefits.myflorida.com/content/download/142818/952917/2019_Benefits_at_a_Glance_PPO_Standard_FIN_AL_073118.pdf (last viewed Mar. 13, 2019).

²⁸ Department of Management Services, *supra* note 27.

Contractually, the PBM for the state employees' self-insured prescription drug program updates the preferred drug list quarterly as brand drugs enter the market and as the PBM negotiates pricing, including rebates with manufacturers.²⁹

Regulation in Other States of Changes to Prescription Drug Formularies

Staff conducted a limited survey of some states that had enacted legislation addressing formulary benefit changes or cost-sharing limits:

- Louisiana: Formulary change must occur at the time of coverage renewal and prior notice must be given to each affected covered employer and enrollee, or individual.³⁰
- California: Prohibits changes in cost sharing designs during the plan or policy year, except when such change is required by state or federal law.³¹
- Nevada: Prohibits a health insurer that offers individual coverage from removing prescription drugs from a formulary or moving a drug to a higher cost-sharing tier during the plan year with some exceptions.³²
- New Mexico: Limits when health insurance policies may change prescription drug coverage, with exceptions, and requires prior notification of all affected enrollees.³³
- Virginia: Requires insurers to establish a process for insureds to obtain continued access to drugs that they have been receiving for at least 6 months prior to a formulary change at a cost-sharing level that is no higher than the level imposed on formulary drugs.³⁴
- Texas: Prohibits insurers and HMOs from making mid-year formulary benefit and cost-sharing changes since 2012.³⁵
- Illinois: Protects patients who have previously had coverage approved for a drug to continue at the same benefit level for the duration of a plan year.³⁶

Several other states have legislation pending that would freeze formularies during the plan year except to allow for drug products to be added. In some circumstances, the formulary is frozen with respect only to certain chronic conditions.

III. Effect of Proposed Changes:

Section 1 creates s. 627.42393, F.S., and **Sections 2 and 3** amend s. 627.6699, F.S., and s. 641.31, F.S., respectively.

The bill amends the Insurance Code to provide additional consumer protections by requiring a health insurer or HMO to provide at least 60 days' notice of changes to a prescription drug formulary to current and prospective insurers in a readily accessible format on the insurer's website. The insurers must also notify electronically or by first class mail any insured who is

²⁹ CVS Caremark, *2019 Plan Year-State Employees' Prescription Drug Plan*, available at https://www.mybenefits.myflorida.com/content/download/142756/952578/OE_for_2019_Brochure_two_-_page_FINAL_rev_081518.pdf (last viewed Mar. 13, 2019).

³⁰ La Admin. Code title 37, pt. XIII, ss. 14111, 14115, and 14117.

³¹ CAL. INS. Code, §10199.449; Effective Jan. 1, 2017; Approved by the Governor August 25, 2016.

³² Nevada Division of Insurance, *Adopted Regulation R074-14* (uncodified).

³³ N.M. Stat. ss. 59A-22-49.4, 59A-23-7.13, 59A-46-50.4, and 59A-47-45.4.

³⁴ See Va. Code Ann. s. 38.2-3407.9.01.

³⁵ Tex. Ins. Code ss. 1369.0541 and 1501.108.

³⁶ Correspondence on file with Senate Banking and Insurance Committee.

currently covered for a prescription drug which is impacted by the modified formulary. The insured's treating physician may request continued coverage of the prescription drug by submitting information to the insurer at least 30 days before the effective date of the formulary change and by certifying its medical necessity on the request. An electronic portal may be made available by the insurers for providers to submit such requests. An insurer who receives a request that meets all of these requirements must authorize continued coverage of the prescription drug based solely on the treating physician's certification that the prescription is medically necessary, and the insurer may not otherwise modify the coverage through increased out of pocket costs, movement of the drug to a more restrictive tier, or denial of coverage of a drug for which the insured has been previously approved.

These provisions would apply to individual and group policies or contracts providing medical, major medical, or similar comprehensive coverage. An insurer or HMO may remove a prescription drug from its list of covered drugs during the policy year if:

- The U.S. Food and Drug Administration has issued a statement about the drug which calls into question the clinical safety of the drug; or
- The manufacturer of the drug has notified the U.S. Food and Drug Administration of a manufacturing discontinuance or potential discontinuance of the drug as required by s. 506C of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. s. 356c.

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

The bill also:

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

The provisions of the bill do not apply to grandfathered health plans, as defined in s. 627.402, F.S., to Medicaid managed care plans under part IV of chapter 409, or to limited benefits set forth in s. 627.6513(1)-(14), F.S.

Section 4 provides that the bill fulfills an important state interest.

Section 5 provides the bill is effective January 1, 2020.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

The county/municipality mandates provision of Article VII, section 18 of the Florida Constitution may apply if the bill requires local governments to spend funds. If those

provisions do apply, in order for the law to be binding upon the cities and counties, the Legislature must find that the law fulfills an important state interest, and one of the following relevant exceptions must apply:

- The expenditure is required to comply with a law that applies to all persons similarly situated; or
- The law must be approved by two-thirds of the membership of each house of the Legislature.

Since this bill requires all public sector health plans to provide the same 60 days' notice of drug changes in the formulary, it appears the bill applies to all persons similarly situated (state, counties, and municipalities).

The bill includes a finding that the act fulfills an important state interest.

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:

By adding the notice requirements regarding changes in the prescription drug formulary and an exceptions process to allow for continuation, CS/CS/SB 1180 could provide greater continuity of care for certain insureds who rely on receiving those drugs.

The bill makes it more difficult for insurers and HMOs to change their formularies during a plan year, which may increase the claim costs for health insurers and HMOs providing prescription drug benefits. Any increased costs would likely be passed along to insureds. The provisions of the bill would not apply to ERISA (the federal Employee Retirement Income Security Act of 1974)³⁷ self-insured plans, which represent approximately 50

³⁷ 29 U.S.C. 1001 et seq. (1974).

percent of the insureds in Florida. ERISA preempts the regulation of such plans by the states.

C. Government Sector Impact:

Division of State Group Insurance Program

The PBM for the Division of State Group Insurance (program) projects a minimal fiscal impact due to the bill's modification of the current 30 days' notice requirement to a 60 days' notice if a drug moves from one tier to another tier (from preferred to non-preferred, for example) or off the formulary in the program. This modification adds an administrative burden to the program of an indeterminate, but minimal amount.³⁸

Likewise, the implementation of this bill may result in an indeterminate negative fiscal impact on local governments.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill substantially amends the following sections of the Florida Statutes: 627.6699 and 641.31.

This bill creates section 627.42393 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS/CS by Health Policy on April 8, 2019:

The CS/CS requires a 60-day notice by the insurer of changes to its prescription drug formulary during a policy year. A general notice of the change must be posted on the insurer's website in a readily accessible place and all insureds and their treating physicians affected by the change must be notified electronically or by first class mail. If the treating physician submits a request at least 30 days before the effective date of the change certifying the medical necessity of the drug, it will result in the continuation of the drug for the patient. The Financial Services Commission is responsible for the development of a standardized one page form for use by the treating physicians seeking

³⁸ E-Mail Correspondence from Tami Fillyaw, Department of Management Services, Division of State Group Insurance, April 10, 2019, on file with the Senate Committee on Health Policy.

approval for drug continuation. The insurer must approve coverage for any prescribed drug based on the treating physician certifying that the coverage is medically necessary.

CS by Banking and Insurance on March 18, 2019:

The CS prohibits health insurance policies and health maintenance organization contracts, if such policies and contracts pertain to major medical coverage, from removing or reclassifying to a more restrictive drug tier, a covered prescription drug from its formulary while an insured is taking a medically-necessary prescription drug prescribed by a treating physician, except during the renewal period.

B. Amendments:

None.



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LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/08/2019	.	
	.	
	.	
	.	

The Committee on Health Policy (Mayfield) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Section 627.42393, Florida Statutes, is created
to read:

627.42393 Health insurance policies; changes to
prescription drug formularies; requirements.—

(1) At least 60 days before the effective date of any
change to a prescription drug formulary during a policy year, an



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insurer issuing individual or group health insurance policies in this state shall:

(a) Provide general notification of the change in the formulary to current and prospective insureds in a readily accessible format on the insurer's website; and

(b) Notify, electronically or by first-class mail, any insured currently receiving coverage for a prescription drug for which the formulary change modifies coverage and the insured's treating physician, including information on the specific drugs involved and a statement that the submission of a notice of medical necessity by the insured's treating physician to the insurer at least 30 days before the effective date of the formulary change will result in continuation of coverage at the existing level.

(2) The notice provided by the treating physician to the insurer must include a completed one-page form in which the treating physician certifies to the insurer that coverage of the prescription drug for the insured is medically necessary. The treating physician shall submit the notice electronically or by first-class mail. The insurer may provide the treating physician with access to an electronic portal through which the treating physician may electronically file the notice. The commission shall prescribe a form by rule for the notice.

(3) If the treating physician certifies to the insurer, in accordance with subsection (2), that the prescription drug is medically necessary for the insured, the insurer:

(a) Must authorize coverage for the prescribed drug based solely on the treating physician's certification that coverage is medically necessary; and



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(b) May not modify the coverage related to the covered drug
by:

1. Increasing the out-of-pocket costs for the covered drug;
2. Moving the covered drug to a more restrictive tier; or
3. Denying an insured coverage of the drug for which the
insured has been previously approved for coverage by the
insurer.

(4) This section does not:

(a) Prohibit the addition of prescription drugs to the list
of drugs covered under the policy during the policy year.

(b) Apply to a grandfathered health plan as defined in s.
627.402 or to benefits specified in s. 627.6513(1)-(14).

(c) Alter or amend s. 465.025, which provides conditions
under which a pharmacist may substitute a generically equivalent
drug product for a brand name drug product.

(d) Alter or amend s. 465.0252, which provides conditions
under which a pharmacist may dispense a substitute biological
product for the prescribed biological product.

(e) Apply to a Medicaid managed care plan under part IV of
chapter 409.

Section 2. Paragraph (e) of subsection (5) of section
627.6699, Florida Statutes, is amended to read:

627.6699 Employee Health Care Access Act.—

(5) AVAILABILITY OF COVERAGE.—

(e) All health benefit plans issued under this section must
comply with the following conditions:

1. For employers who have fewer than two employees, a late
enrollee may be excluded from coverage for no longer than 24
months if he or she was not covered by creditable coverage



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continually to a date not more than 63 days before the effective date of his or her new coverage.

2. Any requirement used by a small employer carrier in determining whether to provide coverage to a small employer group, including requirements for minimum participation of eligible employees and minimum employer contributions, must be applied uniformly among all small employer groups having the same number of eligible employees applying for coverage or receiving coverage from the small employer carrier, except that a small employer carrier that participates in, administers, or issues health benefits pursuant to s. 381.0406 which do not include a preexisting condition exclusion may require as a condition of offering such benefits that the employer has had no health insurance coverage for its employees for a period of at least 6 months. A small employer carrier may vary application of minimum participation requirements and minimum employer contribution requirements only by the size of the small employer group.

3. In applying minimum participation requirements with respect to a small employer, a small employer carrier shall not consider as an eligible employee employees or dependents who have qualifying existing coverage in an employer-based group insurance plan or an ERISA qualified self-insurance plan in determining whether the applicable percentage of participation is met. However, a small employer carrier may count eligible employees and dependents who have coverage under another health plan that is sponsored by that employer.

4. A small employer carrier shall not increase any requirement for minimum employee participation or any



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requirement for minimum employer contribution applicable to a small employer at any time after the small employer has been accepted for coverage, unless the employer size has changed, in which case the small employer carrier may apply the requirements that are applicable to the new group size.

5. If a small employer carrier offers coverage to a small employer, it must offer coverage to all the small employer's eligible employees and their dependents. A small employer carrier may not offer coverage limited to certain persons in a group or to part of a group, except with respect to late enrollees.

6. A small employer carrier may not modify any health benefit plan issued to a small employer with respect to a small employer or any eligible employee or dependent through riders, endorsements, or otherwise to restrict or exclude coverage for certain diseases or medical conditions otherwise covered by the health benefit plan.

7. An initial enrollment period of at least 30 days must be provided. An annual 30-day open enrollment period must be offered to each small employer's eligible employees and their dependents. A small employer carrier must provide special enrollment periods as required by s. 627.65615.

8. A small employer carrier shall comply with s. 627.42393 for any change to a prescription drug formulary.

Section 3. Subsection (36) of section 641.31, Florida Statutes, is amended to read:

641.31 Health maintenance contracts.—

(36) Except as provided in paragraphs (a), (b), and (c), a health maintenance organization may increase the copayment for



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any benefit, or delete, amend, or limit any of the benefits to which a subscriber is entitled under the group contract only, upon written notice to the contract holder at least 45 days in advance of the time of coverage renewal. The health maintenance organization may amend the contract with the contract holder, with such amendment to be effective immediately at the time of coverage renewal. The written notice to the contract holder must ~~shall~~ specifically identify any deletions, amendments, or limitations to any of the benefits provided in the group contract during the current contract period which will be included in the group contract upon renewal. This subsection does not apply to any increases in benefits. The 45-day notice requirement does ~~shall~~ not apply if benefits are amended, deleted, or limited at the request of the contract holder.

(a) At least 60 days before the effective date of any change to a prescription drug formulary during a contract year, the health maintenance organization shall:

1. Provide general notification of the change in the formulary to current and prospective subscribers in a readily accessible format on the health maintenance organization's website; and

2. Notify, electronically or by first-class mail, any subscriber currently receiving coverage for a prescription drug for which the formulary change modifies coverage and the subscriber's treating physician, including information on the specific drugs involved and a statement that the submission of a notice of medical necessity by the subscriber's treating physician to the health maintenance organization at least 30 days before the effective date of the formulary change will



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156 result in continuation of coverage at the existing level.

157 (b) The notice provided by the treating physician to the
158 insurer must include a completed one-page form in which the
159 treating physician certifies to the health maintenance
160 organization that coverage of the prescription drug for the
161 subscriber is medically necessary. The treating physician shall
162 submit the notice electronically or by first-class mail. The
163 health maintenance organization may provide the treating
164 physician with access to an electronic portal through which the
165 treating physician may electronically file the notice. The
166 commission shall prescribe a form by rule for the notice.

167 (c) If the treating physician certifies to the health
168 maintenance organization, in accordance with paragraph (b), that
169 the prescription drug is medically necessary for the subscriber,
170 the health maintenance organization:

171 1. Must authorize coverage for the prescribed drug based
172 solely on the treating physician's certification that coverage
173 is medically necessary; and

174 2. May not modify the coverage related to the covered drug
175 by:

176 a. Increasing the out-of-pocket costs for the covered drug;
177 b. Moving the covered drug to a more restrictive tier; or
178 c. Denying a subscriber coverage of the drug for which the
179 subscriber has been previously approved for coverage by the
180 health maintenance organization.

181 (d) Paragraphs (a), (b), and (c) do not:

182 1. Prohibit the addition of prescription drugs to the list
183 of drugs covered under the contract during the contract year.

184 2. Apply to a grandfathered health plan as defined in s.



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627.402 or to benefits specified in s. 627.6513(1)-(14).

3. Alter or amend s. 465.025, which provides conditions under which a pharmacist may substitute a generically equivalent drug product for a brand name drug product.

4. Alter or amend s. 465.0252, which provides conditions under which a pharmacist may dispense a substitute biological product for the prescribed biological product.

5. Apply to a Medicaid managed care plan under part IV of chapter 409.

Section 4. The Legislature finds that this act fulfills an important state interest.

Section 5. This act shall take effect January 1, 2020.

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete everything before the enacting clause
and insert:

A bill to be entitled
An act relating to prescription drug formulary
consumer protection; creating s. 627.42393, F.S.;
requiring insurers issuing individual or group health
insurance policies to provide certain notices to
current and prospective insureds within a certain
timeframe before the effective date of any change to a
prescription drug formulary during a policy year;
specifying requirements for a notice of medical
necessity that an insured's treating physician may
submit to the insurer within a certain timeframe;
specifying means by which the notice is to be



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submitted; requiring the Financial Services Commission to adopt a certain rule; specifying a requirement and prohibited acts relating to coverage changes by an insurer if the treating physician provides certain certification; providing construction and applicability; amending s. 627.6699, F.S.; requiring small employer carriers to comply with certain requirements for any change to a prescription drug formulary under the health benefit plan; amending s. 641.31, F.S.; requiring health maintenance organizations to provide certain notices to current and prospective subscribers within a certain timeframe before the effective date of any change to a prescription drug formulary during a contract year; specifying requirements for a notice of medical necessity that a subscriber's treating physician may submit to the health maintenance organization within a certain timeframe; specifying means by which the notice is to be submitted; requiring the commission to adopt a certain rule; specifying a requirement and prohibited acts relating to coverage changes by a health maintenance organization if the treating physician provides certain certification; providing construction and applicability; providing a declaration of important state interest; providing an effective date.

By the Committee on Banking and Insurance; and Senator Mayfield

597-03203-19

20191180c1

A bill to be entitled

An act relating to consumer protection from nonmedical changes to prescription drug formularies; creating s. 627.42393, F.S.; prohibiting specified changes to certain insurance policy prescription drug formularies, except under certain circumstances; providing construction and applicability; amending s. 627.6699, F.S.; requiring small employer carriers to limit specified changes to prescription drug formularies under certain health benefit plans; amending s. 641.31, F.S.; prohibiting certain health maintenance organizations from making specified changes to health maintenance contract prescription drug formularies, except under certain circumstances; providing construction and applicability; providing a declaration of important state interest; providing an effective date.

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

Section 1. Section 627.42393, Florida Statutes, is created to read:

627.42393 Insurance policies; limiting changes to prescription drug formularies.—

(1) Other than at the time of coverage renewal, an individual or group insurance policy that is delivered, issued for delivery, renewed, amended, or continued in this state and that provides medical, major medical, or similar comprehensive coverage may not, while the insured is taking a prescription

597-03203-19

20191180c1

drug that the insured's treating physician determines is medically necessary:

(a) Remove the prescription drug from its list of covered drugs during the policy year unless the United States Food and Drug Administration has issued a statement about the drug which calls into question the clinical safety of the drug or the manufacturer of the drug has notified the United States Food and Drug Administration of a manufacturing discontinuance or potential discontinuance of the drug as required by s. 506C of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. s. 356c.

(b) Reclassify the drug to a more restrictive drug tier or increase the amount that an insured must pay for a copayment, coinsurance, or deductible for prescription drug benefits or reclassify the drug to a higher cost-sharing tier during the policy year.

(2) This section does not:

(a) Prohibit the addition of prescription drugs to the list of drugs covered under the policy during the policy year.

(b) Apply to a grandfathered health plan as defined in s. 627.402 or to benefits set forth in s. 627.6513(1)-(14).

(c) Alter or amend s. 465.025, which provides conditions under which a pharmacist may substitute a generically equivalent drug product for a brand name drug product.

(d) Alter or amend s. 465.0252, which provides conditions under which a pharmacist may dispense a substitute biological product for the prescribed biological product.

(e) Apply to a Medicaid managed care plan under part IV of chapter 409.

Section 2. Paragraph (e) of subsection (5) of section

597-03203-19

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627.6699, Florida Statutes, is amended to read:

627.6699 Employee Health Care Access Act.—

(5) AVAILABILITY OF COVERAGE.—

(e) All health benefit plans issued under this section must comply with the following conditions:

1. For employers who have fewer than two employees, a late enrollee may be excluded from coverage for no longer than 24 months if he or she was not covered by creditable coverage continually to a date not more than 63 days before the effective date of his or her new coverage.

2. Any requirement used by a small employer carrier in determining whether to provide coverage to a small employer group, including requirements for minimum participation of eligible employees and minimum employer contributions, must be applied uniformly among all small employer groups having the same number of eligible employees applying for coverage or receiving coverage from the small employer carrier, except that a small employer carrier that participates in, administers, or issues health benefits pursuant to s. 381.0406 which do not include a preexisting condition exclusion may require as a condition of offering such benefits that the employer has had no health insurance coverage for its employees for a period of at least 6 months. A small employer carrier may vary application of minimum participation requirements and minimum employer contribution requirements only by the size of the small employer group.

3. In applying minimum participation requirements with respect to a small employer, a small employer carrier shall not consider as an eligible employee employees or dependents who

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have qualifying existing coverage in an employer-based group insurance plan or an ERISA qualified self-insurance plan in determining whether the applicable percentage of participation is met. However, a small employer carrier may count eligible employees and dependents who have coverage under another health plan that is sponsored by that employer.

4. A small employer carrier shall not increase any requirement for minimum employee participation or any requirement for minimum employer contribution applicable to a small employer at any time after the small employer has been accepted for coverage, unless the employer size has changed, in which case the small employer carrier may apply the requirements that are applicable to the new group size.

5. If a small employer carrier offers coverage to a small employer, it must offer coverage to all the small employer's eligible employees and their dependents. A small employer carrier may not offer coverage limited to certain persons in a group or to part of a group, except with respect to late enrollees.

6. A small employer carrier may not modify any health benefit plan issued to a small employer with respect to a small employer or any eligible employee or dependent through riders, endorsements, or otherwise to restrict or exclude coverage for certain diseases or medical conditions otherwise covered by the health benefit plan.

7. An initial enrollment period of at least 30 days must be provided. An annual 30-day open enrollment period must be offered to each small employer's eligible employees and their dependents. A small employer carrier must provide special

597-03203-19

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enrollment periods as required by s. 627.65615.

8. A small employer carrier must limit changes to prescription drug formularies as required by s. 627.42393.

Section 3. Subsection (36) of section 641.31, Florida Statutes, is amended to read:

641.31 Health maintenance contracts.—

(36) A health maintenance organization may increase the copayment for any benefit, or delete, amend, or limit any of the benefits to which a subscriber is entitled under the group contract only, upon written notice to the contract holder at least 45 days in advance of the time of coverage renewal. The health maintenance organization may amend the contract with the contract holder, with such amendment to be effective immediately at the time of coverage renewal. The written notice to the contract holder must ~~shall~~ specifically identify any deletions, amendments, or limitations to any of the benefits provided in the group contract during the current contract period which will be included in the group contract upon renewal. This subsection does not apply to any increases in benefits. The 45-day notice requirement does ~~shall~~ not apply if benefits are amended, deleted, or limited at the request of the contract holder.

(a) Other than at the time of coverage renewal, a health maintenance contract that provides medical, major medical, or similar comprehensive coverage may not, while the subscriber is taking a prescription drug that the subscriber's treating physician determines is medically necessary:

1. Remove the prescription drug from its list of covered drugs during the contract year unless the United States Food and Drug Administration has issued a statement about the drug which

597-03203-19

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calls into question the clinical safety of the drug or the manufacturer of the drug has notified the United States Food and Drug Administration of a manufacturing discontinuance or potential discontinuance of the drug as required by s. 506C of the Federal Food, Drug, and Cosmetic Act, 21 U.S.C. s. 356c.

2. Reclassify the drug to a more restrictive drug tier or increase the amount that an insured must pay for a copayment, coinsurance, or deductible for prescription drug benefits or reclassify the drug to a higher cost-sharing tier during the contract year.

(b) This subsection does not:

1. Prohibit the addition of prescription drugs to the list of drugs covered during the contract year.

2. Apply to a grandfathered health plan as defined in s. 627.402 or to benefits set forth in s. 627.6513(1)-(14).

3. Alter or amend s. 465.025, which provides conditions under which a pharmacist may substitute a generically equivalent drug product for a brand name drug product.

4. Alter or amend s. 465.0252, which provides conditions under which a pharmacist may dispense a substitute biological product for the prescribed biological product.

5. Apply to a Medicaid managed care plan under part IV of chapter 409.

Section 4. The Legislature finds that this act fulfills an important state interest.

Section 5. This act shall take effect January 1, 2020.



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Appropriations Subcommittee on Agriculture,
Environment, and General Government, *Chair*
Children, Families, and Elder Affairs, *Vice Chair*
Appropriations
Environment and Natural Resources
Health Policy

SENATOR DEBBIE MAYFIELD

17th District

April 8, 2019

The Honorable Gayle Harrell
Chair, Health Policy Committee
310 Senate Building
404 South Monroe Street
Tallahassee, FL 32399-1100

Dear Chair Harrell,

In light of my excused absence from the Health Policy committee on Monday, April 8, 2019, I am respectfully requesting your assistance in presenting SB 1180, a bill relating to Non-medical Changes to Prescription Drug Formularies.

Should you have any questions or concerns regarding this request, please don't hesitate to contact my office.

Sincerely,

A handwritten signature in cursive script that reads "Debbie Mayfield".

Debbie Mayfield
State Senator, District 17

Cc: Celia Georgiades, Allen Brown, Karen Sweeney

REPLY TO:

- 900 East Strawbridge Avenue, Melbourne, Florida 32901 (321) 409-2025 FAX: (888) 263-3815
- 1801 27th Street, Vero Beach, Florida 32960 (772) 226-1970
- 322 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5017

Senate's Website: www.flsenate.gov

BILL GALVANO
President of the Senate

DAVID SIMMONS
President Pro Tempore

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19
Meeting Date

1180
Bill Number (if applicable)
260342
Amendment Barcode (if applicable)

Topic Non-medical switching

Name DR. Priya Reddy

Job Title Md - Rheumatologist

Address 11954 BOYETTE ROAD

Riverview FL 33569
City State Zip

Phone 813 672 2243

Email swflrheumatology@gmail.com

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Society of Rheumatology

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4-8-2019
Meeting Date

SB1180
Bill Number (if applicable)

Topic Frozen Formulary

Amendment Barcode (if applicable)

Name Joy Ryan

Job Title _____

Address 300 S. Duval St., #410

Phone 425-4000

Tallahassee
City State Zip

Email joy@meenalanlawfirm.com

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing AHIP, Prime Therapeutics

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

1180

Bill Number (if applicable)

Topic Consumer Protection from Nonmedical...

Amendment Barcode (if applicable)

Name Stephen Winn

Job Title Exec. Director

Address 2544 Blairstone Pines Dr

Phone 878-7364

Street

Tall.

FL

32301

Email winnsr@earthlink.net

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Osteopathic Medical Association

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

1180

Bill Number (if applicable)

Topic Non-Medical Changes to Formulary

Amendment Barcode (if applicable)

Name Brewster Bevis

Job Title Senior Vice President

Address 516 N. Adams St.

Phone 224-7173

Street

TLH

FL

32301

Email bbevis@aif.com

City

State

Zip

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Associated Industries of Florida

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

04/08/2019

Meeting Date

SB 1180

Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name Paul Sanford

Job Title _____

Address 106 South Monroe Street

Phone 850-222-7200

Street

Tallahassee

FL

32301

Email _____

City

State

Zip

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Blue and Florida Insurance Council

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1/8/19

Meeting Date

SB 1180

Bill Number (if applicable)

Topic Non-medical midyear formulary changes

Amendment Barcode (if applicable)

Name Scott Woods

Job Title Senior Director, State Affairs

Address 325 1st St NW 9th Floor

Phone 202-756-5736

Street

Washington

City

DC

State

20001

Zip

Email swoods@pcmanet.org

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Pharmaceutical Care Mgt Association

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/18
Meeting Date

1180
Bill Number (if applicable)

Topic formulary/bait/switch

Amendment Barcode (if applicable)

Name Deann Butterfield RPh

Job Title owner/manager West Cocoa Pharmacy

Address 2711 Clearlake Rd #C-10

Phone (321) 305-6909

Cocoa, FL
City State Zip

Email _____

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing self

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

SB 1180

Bill Number (if applicable)

Topic Consumer Protection from Non-Medical charges

Amendment Barcode (if applicable)

Name Dorene Barker

* Prescription Drug

Job Title Associate State Director

Address 200 W College Ave, Suite 304 A

Phone 850-228-6387

Street

Tallahassee

FL

32301

City

State

Zip

Email dobarker@aarpp.org

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing AARP Florida

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8

Meeting Date

1180

Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name Claudia Davant

Job Title _____

Address _____
Street

Phone _____

City

State

Zip

Email _____

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Pharmacy Association

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

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 1774

INTRODUCER: Senator Stargel and others

SUBJECT: Parental Consent for Abortion

DATE: April 5, 2019

REVISED: _____

ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1. Looke	Brown	HP	Favorable
2. _____	_____	JU	_____
3. _____	_____	RC	_____

I. Summary:

SB 1774 creates s. 390.01117, F.S., to prohibit a physician from performing an abortion on a minor unless the physician has been presented with consent from the minor's mother, father, or legal guardian. This requirement does not apply if the abortion is performed during a medical emergency where there was insufficient time to obtain consent. Additionally, the minor may petition the circuit court in the area where the minor resides to allow the abortion to proceed without obtaining consent. The court must issue an order authorizing the minor to obtain an abortion without consent if:

- The court finds, by clear and convincing evidence, that the minor is sufficiently mature to decide whether to terminate her pregnancy;
- The court finds, by a preponderance of the evidence, that the minor is the victim of child abuse or sexual abuse by one or both of her parents or her guardian; or
- The court finds, by clear and convincing evidence, that requiring consent is not in the best interest of the minor.

The bill provides additional reporting requirements for a physician who has performed an abortion on a minor. The bill also establishes criminal penalties for a physician who knowingly or recklessly performs an abortion on a minor without parental consent and for any person who provides consent who is not authorized to do so. The bill specifies that failing to obtain consent is prima facie evidence of interference with family relations in an appropriate civil action.

The bill provides that the provisions of the bill may not be construed to create or recognize a right to abortion, to be construed as to limit the common law rights of parents or guardians, and that the Legislature does not intend to make lawful an abortion that is currently unlawful. The bill also provides that any provision of the bill held to be invalid or unenforceable must be construed so as to give it the maximum effect permitted by law and, if the provision is held to be entirely invalid or unenforceable, the provision is deemed severable from the remainder of the

bill and may still apply to other persons in dissimilar situations or circumstances from the circumstances for which the provisions was ruled invalid or unenforceable.

The bill provides an effective date of July 1, 2019.

II. Present Situation:

Abortion in Florida

Under Florida law, abortion is defined as the termination of a human pregnancy with an intention other than to produce a live birth or remove a dead fetus.¹ The termination of a pregnancy must be performed by a physician² licensed under ch. 458, F.S., or ch. 459, F.S., or a physician practicing medicine or osteopathic medicine in the employment of the United States.³

The termination of a pregnancy may not be performed in the third trimester or if a physician determines that the fetus has achieved viability unless there is a medical necessity. Florida law defines the third trimester to mean the weeks of pregnancy after the 24th week and defines viability to mean the state of fetal development when the life of a fetus is sustainable outside the womb through standard medical measures.⁴ Specifically, an abortion may not be performed after viability or within the third trimester unless two physicians certify in writing that, in reasonable medical judgment, the termination of the pregnancy is necessary to save the pregnant woman's life or avert a serious risk of substantial and irreversible physical impairment of a major bodily function of the pregnant woman, other than a psychological condition. If a second physician is not available, one physician may certify in writing to the medical necessity for legitimate emergency medical procedures for the termination of the pregnancy.⁵

Sections 390.0111(4) and 390.01112(3), F.S., provide that if a termination of pregnancy is performed during the third trimester or during viability, the physician who performs or induces the termination of pregnancy must use that degree of professional skill, care, and diligence to preserve the life and health of the fetus, which the physician would be required to exercise in order to preserve the life and health of any fetus intended to be born and not aborted. However, the woman's life and health constitute an overriding and superior consideration to the concern for the life and health of the fetus when the concerns are in conflict. This termination of a pregnancy must be performed in a hospital.⁶

Case Law on Abortion

Federal Case Law

In 1973, the U.S. Supreme Court issued the landmark *Roe v. Wade* decision.⁷ Using the strict scrutiny standard, the Court determined that a woman's right to terminate a pregnancy is

¹ Section 390.011(1), F.S.

² Section 390.0111(2), F.S.

³ Section 390.011(8), F.S.

⁴ Sections 390.011(11) and (12), F.S.

⁵ Sections 390.0111(1) and 390.01112(1), F.S.

⁶ Section 797.03(3), F.S.

⁷ 410 U.S. 113 (1973).

protected by a fundamental right to privacy guaranteed under the Due Process Clause of the Fourteenth Amendment of the U.S. Constitution.⁸ Further, the Court reasoned that state regulations limiting the exercise of this right must be justified by a compelling state interest and must be narrowly drawn.⁹

In 1992, the U.S. Supreme Court ruled on the constitutionality of a Pennsylvania statute involving a 24-hour waiting period between the provision of information to a woman and the performance of an abortion. In that decision, *Planned Parenthood of Southeastern Pennsylvania v. Casey*,¹⁰ the Court upheld the statute and relaxed the standard of review in abortion cases involving adult women from “strict scrutiny” to “unduly burdensome.” An undue burden exists and makes a statute invalid if the statute’s purpose or effect is to place a substantial obstacle in the way of a woman seeking an abortion before the fetus is viable.¹¹

The Court held that the undue burden standard is an appropriate means of reconciling a state’s interest in human life with the woman’s constitutionally protected liberty to decide whether to terminate a pregnancy. The Court determined that, prior to fetal viability, a woman has the right to an abortion without being unduly burdened by government interference. Before viability, a state’s interests are not strong enough to support prohibiting an abortion or the imposition of a substantial obstacle to the woman’s right to elect the procedure.¹² However, once viability occurs, a state has the power to restrict abortions if the law contains exceptions for pregnancies that endanger a woman’s life or health.

Case Law on Parental Consent Laws

Federal Case Law

Both the U.S. Supreme Court and the Florida Supreme Court have addressed parental consent laws with varying conclusions. In *Bellotti v. Baird*¹³ the U.S. Supreme Court found that:

States validly may limit the freedom of children to choose for themselves in the making of important, affirmative choices with potentially serious consequences. [With these limitations on freedom] grounded in the recognition that, during the formative years of childhood and adolescence, minors often lack the experience, perspective, and judgment to recognize and avoid choices that could be detrimental to them.

Further, the Court, in finding the particular statute under review unconstitutional, but providing a path for parental consent laws to be constitutional, found that:

If the state decides to require a pregnant minor to obtain one or both parents’ consent to an abortion, it must provide an alternative procedure whereby authorization for the abortion can be obtained; pregnant minor is entitled in such a

⁸ *Id.*

⁹ *Id.*

¹⁰ 505 U.S. 833 (1992).

¹¹ *Id.* at 878.

¹² *Id.* at 846.

¹³ 443 U.S. 622 (1979)

proceeding to show either that she is mature and well enough informed to make her abortion decision in consultation with her physician independently of her parents' wishes or that, even if she is not able to make the decision independently the abortion would be in her best interests; proceeding in which such a showing is made must assure that resolution of the issue and any appeals will be completed with anonymity and sufficient expedition to provide an effective opportunity for an abortion to be obtained.

Florida Case Law

However, the Florida Supreme Court has come to a differing decision based exclusively on the privacy rights guaranteed by article I, section 23 of the Florida Constitution.

In *In re T.W.* the Florida Supreme Court invalidated a parental consent law passed in 1988¹⁴ by finding that, "... the state's interests in protecting minors and in preserving family unity are worthy objectives. Unlike the federal Constitution, however, which allows intrusion based on a 'significant' state interest, the Florida Constitution requires a 'compelling' state interest in all cases where the right to privacy is implicated"¹⁵ and the state "does not recognize [the interests of protecting minors and preserving the family unit] as being sufficiently compelling to justify a parental consent requirement where procedures other than abortion are concerned."¹⁶

To demonstrate this point, the Florida Supreme Court cited s. 743.065, F.S. The Court stated:

Under this statute, a minor may consent, without parental approval, to any medical procedure involving her pregnancy or her existing child—no matter how dire the possible consequences—except abortion. Under *In re Guardianship of Barry*, 445 So.2d 365 (Fla. 2d DCA 1984) (parents permitted to authorize removal of life support system from infant in permanent coma), this could include authority in certain circumstances to order life support discontinued for a comatose child. In light of this wide authority that the state grants an unwed minor to make life-or-death decisions concerning herself or an existing child without parental consent, we are unable to discern a special compelling interest on the part of the state under Florida law in protecting the minor only where abortion is concerned. We fail to see the qualitative difference in terms of impact on the well-being of the minor between allowing the life of an existing child to come to an end and terminating a pregnancy, or between undergoing a highly dangerous medical procedure on oneself and undergoing a far less dangerous procedure to end one's pregnancy. If any qualitative difference exists, it certainly is insufficient in terms of state interest.¹⁷

The Florida Supreme Court also found that the parental consent statute was not the least intrusive means of furthering the state interest since, "although the instant statute does provide for a

¹⁴ Section 390.001(4), F.S., (1988)

¹⁵ *In re T.W.*, 551 So. 2d 1186, 1195 (Fla. 1989)

¹⁶ *Id.*

¹⁷ *Id.*

judicial bypass procedure, it makes no provision for a lawyer for the minor or for a record hearing.”¹⁸

III. Effect of Proposed Changes:

SB 1774 creates s. 390.01117, F.S., entitled the Parental Consent for Abortion Act. The bill prohibits a physician from performing an abortion on a minor, defined as a person under the age of 18, unless the physician has been presented with consent. The bill defines “consent” as a notarized written statement signed by the minor and either her mother, her father, or her legal guardian declaring that the minor is pregnant, intends to seek an abortion, and that her mother, father, or legal guardian, as applicable, consents to the abortion because the abortion is in the best interest of the minor.

The bill provides exceptions to this requirement if:

- The physician performing the abortion certifies in the minor’s medical record that a medical emergency¹⁹ and there was insufficient time to obtain consent; or
- The consent requirement has been judicially waived.

Judicial Waiver of Consent

To obtain a judicial waiver of consent, a minor may petition any circuit court in the area where she resides and may participate in the proceedings on her own behalf. The petition must include a statement that the minor is pregnant and is unemancipated, that consent from a parent or the legal guardian of the minor has not been obtained, and that the minor wishes to obtain an abortion without first obtaining consent. The court must advise the minor that she has a right to court-appointed counsel and must provide her with counsel upon her request. A county is not required to pay the salaries, costs, or expenses of any counsel appointed by the court. The court also may appoint a guardian ad litem for the minor who must maintain the confidentiality of the minor’s identity. The court may not charge filing fees or court costs for a petition under the bill at either the trial or appellate level.

The bill requires all court proceedings for such a petition to be confidential and to ensure the anonymity of the minor. The proceedings must be sealed and the minor may file her petition using a pseudonym or only her initials. All documents related to the petition are confidential and may not be made available to the public. Additionally, all hearings, including appeals, under the bill must remain confidential and closed to the public as provided by court rule.

The bill also declares that such petitions must be given precedence over other matters before the court and establishes accelerated timelines for such petitions as follows:

- The circuit court must rule and issue written findings of fact and conclusions of law within 3 business days after the petition is filed, except that the timeline may be extended at the request of the minor.

¹⁸ Id. at 1196.

¹⁹ A “medical emergency” is defined in s. 390.01114(2)(d), F.S., as a condition that, on the basis of a physician’s good faith clinical judgment, so complicates the medical condition of a pregnant woman as to necessitate the immediate termination of her pregnancy to avert her death, or for which a delay in the termination of her pregnancy will create serious risk of substantial and irreversible impairment of a major bodily function.

- If the court fails to rule within 3 days, the minor may petition for a hearing to the chief judge who must ensure the hearing is held within 48 hours and that an order is entered within 24 hours after the hearing.
- If the waiver is not granted, the minor may appeal and the appellate court must rule within 7 days after receipt of the appeal or remand the ruling to the circuit court.
- If remanded, the circuit court must rule within 3 days of the remand.
- The Florida Supreme Court may provide for an expedited appeal in rule for any minor to whom the circuit court denies a waiver. An order authorizing a waiver is not subject to appeal.

The court must issue an order waiving the consent requirement if the court finds, by clear and convincing evidence, that the minor is sufficiently mature to decide whether to terminate her pregnancy. In making such a decision, the court may consider whether there may be any undue influence over the minor's decision by another, as well as the minor's:

- Age.
- Overall intelligence.
- Emotional development and stability.
- Credibility and demeanor as a witness.
- Ability to accept responsibility.
- Ability to assess both the immediate and long-range consequences of her choices.
- Ability to understand and explain the medical risks of terminating her pregnancy and to apply that understanding to her decision.

The court may also grant a waiver of the consent requirement if the court finds, by a preponderance of the evidence, that the minor is the victim of child or sexual abuse, as defined in s. 390.01114, F.S., inflicted by one or both parents or the minor's guardian, or if the court finds, by clear and convincing evidence, that requiring consent is not in the best interest of the minor. The best-interest standard does not include the financial best interest, financial considerations, or the financial impact on the minor or her family if she does not terminate the pregnancy. If the court finds evidence of child or sexual abuse of the minor by any person, the court must report the evidence of such abuse as provided in s. 39.201, F.S.

A court that conducts proceedings under the bill must:

- Provide for a written transcript of all testimony and proceedings;
- Issue a final written order containing factual findings and legal conclusions supporting its decision, including factual findings and legal conclusions relating to the maturity of the minor; and
- Order that a confidential record be maintained.

The bill also requests the Florida Supreme Court to adopt rules and forms for petitions to ensure that the proceedings under the bill are handled expeditiously, handled in a manner consistent with the bill, and protect the confidentiality of the minor's identity and of the proceedings.

Criminal and Civil Liability

The bill establishes additional criminal and civil liability as follows:

- Any person who willfully and intentionally, or with reckless disregard, performs an abortion on a minor without required consent commits a misdemeanor of the first degree. The bill provides that it is a defense to prosecution under this section that the minor falsely represented her age or identity to the physician by displaying an apparently valid governmental record or identification such that a careful and prudent person would have relied on the representation. However, this defense does not apply if the physician is shown to have had independent knowledge of the minor's actual age or identity or if the physician failed to use due diligence in determining the minor's age or identity.
- Any person who provides consent who is not authorized to provide consent commits a misdemeanor of the first degree.
- Failure to obtain consent from a person from whom consent is required is prima facie evidence of failure to obtain consent and of interference with family relations in appropriate civil actions. Such prima facie evidence does not apply to any issue other than failure to obtain consent from the parent or legal guardian and interference with family relations in appropriate civil actions. The civil action may be based on a claim that the bill was a result of negligence, gross negligence, wantonness, willfulness, intention, or other legal standard of care. Exemplary damages may be awarded in appropriate civil actions relevant to violations of this section.

Reporting Requirements

The bill requires a physician who has performed an abortion on a minor in the past calendar month to submit a monthly report to the Department of Health which must include the following information for each minor upon whom an abortion was performed:

- If the abortion was performed with consent;
- If the abortion was performed during a medical emergency that excepted the minor from the consent requirement, and the nature of the medical emergency;
- If the abortion was performed with a judicial waiver of consent;
- Her age; and
- The number of times she has been pregnant and the number of abortions that have been performed on her.

Construction and Severability

The bill provides that its provisions:

- May not be construed to create or recognize a right to abortion.
- May not be construed to limit the common law rights of parents or legal guardians.
- Are not intended to make lawful an abortion that is currently unlawful.

Additionally, any provision of the bill held to be invalid or unenforceable by its terms, or as applied to any person or circumstance, must be construed so as to give it the maximum effect permitted by law, unless such holding is one of utter invalidity or unenforceability, in which event such provision shall be deemed severable and may not affect the remainder of the bill or the application of such provision to other persons not similarly situated or to other, dissimilar circumstances.

The bill provides an effective date of July 1, 2019.

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:

This bill's provisions may implicate the privacy rights established in Art. I, s. 23, of the Florida Constitution. For a discussion on the relevant case law, please see the present situation section of this analysis.

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

None.

B. Private Sector Impact:

None.

C. Government Sector Impact:

SB 1774 may have an indeterminate fiscal on the Department of Health and on the State Courts System related to implementing the requirements established by the bill.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 390.01117 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.

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

By Senator Stargel

22-01293B-19

20191774__

1 A bill to be entitled
 2 An act relating to parental consent for abortion;
 3 creating s. 390.01117, F.S.; providing a short title;
 4 defining terms; prohibiting a physician from
 5 performing an abortion on a minor unless the physician
 6 has been presented with consent from the minor's
 7 parent or guardian, as appropriate; providing an
 8 exception for a medical emergency; requiring a monthly
 9 report to be filed by certain physicians with the
 10 Department of Health on a form adopted by department
 11 rule; requiring the department to compile data
 12 collected from such forms and make it available on its
 13 website; authorizing a minor to petition any circuit
 14 court in which the minor resides for a waiver of
 15 consent required to obtain an abortion; requiring a
 16 specified statement to be included in the petition;
 17 providing for court-appointed counsel and
 18 confidentiality; requiring the court to give
 19 preference to waiver of consent proceedings and
 20 requiring a court to rule within a specified
 21 timeframe; providing for an extension of time at the
 22 request of the minor; authorizing a minor to petition
 23 for a hearing upon the expiration of the time allowed
 24 and requiring the chief judge of the circuit to ensure
 25 that a hearing is held and that an order is entered
 26 within specified timeframes; providing for appeals
 27 within a specified timeframe; requiring the court to
 28 dismiss the petition if it does not make specified
 29 findings; requiring the court to consider undue

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30 influence on the minor's decision and specified
 31 factors; requiring the court to report any findings of
 32 evidence of child abuse or sexual abuse of the
 33 petitioner; requiring a court to provide for a written
 34 transcript of waiver of consent proceedings and
 35 include certain findings and conclusions in its order;
 36 prohibiting filing fees or costs for a minor who
 37 petitions the court for a waiver of consent;
 38 specifying that a county is not required to pay the
 39 salaries, costs, or expenses of certain court-
 40 appointed counsel; requesting the Supreme Court to
 41 adopt certain rules and forms relating to waiver of
 42 consent proceedings; providing criminal penalties and
 43 disciplinary action; providing construction and
 44 severability; providing an effective date.

45
 46 WHEREAS, the United States Supreme Court has consistently
 47 recognized that a state statute requiring parental consent to a
 48 minor's abortion is constitutional if it provides a judicial
 49 alternative in which the consent is waived if the minor is
 50 mature enough to make the decision to obtain an abortion or if
 51 the abortion is in the minor's best interest, and

52 WHEREAS, the medical, emotional, and psychological
 53 consequences associated with having an abortion are serious and
 54 can be long-lasting, particularly when a patient is immature,
 55 and

56 WHEREAS, the status of minors under the law is unique
 57 because of their need for parental guidance and decisionmaking,
 58 and

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WHEREAS, minors' disability of nonage defaults to a legal disability to contract which only the Legislature can remove, and such legislative removals of disability of nonage are codified in chapter 743, Florida Statutes, and

WHEREAS, while the laws of this state allow minors who are mothers to make life and death decisions for their children, there is a distinction between making day-to-day decisions for a child and deciding to abort a child, and

WHEREAS, the only circumstance in which medical decisions for a minor are not made by the minor's parents is when the minor is pregnant, and

WHEREAS, section 743.065, Florida Statutes, allows unwed pregnant minors to make medical decisions relating to their pregnancies and allows them to consent to the performance of medical or surgical care of services for their children, except for decisions to terminate pregnancies, and

WHEREAS, the United States Supreme Court has determined that the constitutional rights of minors are not equal to the rights of adults because children are vulnerable and unable to make informed critical decisions and because of the unique role of parents in childrearing, and

WHEREAS, requiring parental consent for a minor to obtain an abortion will serve the interests of this state by protecting immature minors, preserving the family unit, and guarding the fundamental right of parents to raise their children, and

WHEREAS, the inclusion of provisions for a medical emergency exception to the consent requirement; the judicial waiver of consent process; the appointment of counsel for indigent minors; and procedural safeguards, including guidelines

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relating to admissible evidence and a required hearing within an extendable 3-day period after the filing of a petition for a judicial waiver of consent, are necessary to further the interests of this state, but accomplish this purpose by imposing the least restrictive means, NOW, THEREFORE,

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

Section 1. Section 390.01117, Florida Statutes, is created to read:

390.01117 Parental consent for abortion.-

(1) SHORT TITLE.-This section may be cited as the "Parental Consent for Abortion Act."

(2) DEFINITIONS.-As used in this section, the term:

(a) "Consent" means a notarized written statement signed by a minor and either her mother, her father, or her legal guardian declaring that the minor is pregnant, intends to seek an abortion, and that her mother, father, or legal guardian, as applicable, consents to the abortion because the abortion is in the best interest of the minor.

(b) "Minor" means a person under the age of 18 years.

(3) CONSENT OF ONE PARENT OR GUARDIAN REQUIRED.-A physician may not perform an abortion on a minor unless the physician has been presented with consent as defined in this section.

(4) EXCEPTIONS.-Consent is not required under subsection (3) if the attending physician certifies in the minor's medical record that a medical emergency, as defined in s. 390.01114(2)(d), exists and there is insufficient time to obtain consent or if consent is waived under subsection (6).

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(5) REPORTS.—

(a) A physician who has performed an abortion on a minor in the past calendar month shall submit a monthly report to the department which must include the following information for each minor upon whom an abortion was performed:

1. If the abortion was performed with consent;

2. If the abortion was performed during a medical emergency that excepted the minor from the consent requirement, and the nature of the medical emergency;

3. If the abortion was performed with a judicial waiver of consent;

4. Her age; and

5. The number of times she has been pregnant and the number of abortions that have been performed on her.

(b) The department shall adopt by rule a form to be used for such monthly reports. Patient names may not be included on the forms. The department shall prepare an annual compilation of the data reported and make it available to the public on the department website.

(6) PROCEDURE FOR JUDICIAL WAIVER OF CONSENT.—

(a) A minor may petition any circuit court in which the minor resides for a waiver of the consent required to obtain an abortion and may participate in proceedings on her own behalf. The petition must include a statement that the minor is pregnant and is unemancipated, that consent from a parent or the legal guardian of the minor has not been obtained, and that the minor wishes to obtain an abortion without first obtaining consent. The circuit court shall advise the minor that she has a right to court-appointed counsel and shall provide her with counsel upon

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her request. The court also may appoint a guardian ad litem for the minor. A guardian ad litem appointed under this subsection must maintain the confidentiality of the minor's identity.

(b) Court proceedings under this subsection shall be confidential and must ensure the anonymity of the minor. All court proceedings under this section shall be sealed. The minor may file her petition in the court using a pseudonym or using solely her initials. All documents related to this petition shall be confidential and may not be made available to the public. These proceedings shall be given precedence over other pending matters to the extent necessary to ensure that the court reaches a decision promptly. The court shall rule, and issue written findings of fact and conclusions of law, within 3 business days after the petition is filed, except that the 3-business-day limitation may be extended at the request of the minor.

1. If the court fails to rule within the 3-business-day period and an extension has not been requested, the minor may immediately petition for a hearing upon the expiration of the 3-business-day period to the chief judge of the circuit, who must ensure that a hearing is held within 48 hours after receipt of the minor's petition and that an order is entered within 24 hours after the hearing.

2. If the circuit court does not grant a judicial waiver of consent, the minor has the right to an appeal. An appellate court must rule within 7 days after receipt of the appeal, but a ruling may be remanded with further instruction, in which case a ruling must be made within 3 business days after the remand. The reason for overturning a ruling on appeal must be based on abuse

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of discretion by the court and may not be based on the weight of the evidence presented to the circuit court, since the proceeding is a nonadversarial proceeding.

(c) If the court finds, by clear and convincing evidence, that the minor is sufficiently mature to decide whether to terminate her pregnancy, the court shall issue an order authorizing the minor to obtain an abortion without the consent of a parent or guardian. If the court does not make the finding specified in this paragraph or paragraph (d), it must dismiss the petition. The court shall consider whether there may be any undue influence by another on the minor's decision to have an abortion and all of the following factors concerning the minor:

1. Age.

2. Overall intelligence.

3. Emotional development and stability.

4. Credibility and demeanor as a witness.

5. Ability to accept responsibility.

6. Ability to assess both the immediate and long-range consequences of her choices.

7. Ability to understand and explain the medical risks of terminating her pregnancy and to apply that understanding to her decision.

(d) If the court finds, by a preponderance of the evidence, that the petitioner is the victim of child abuse or sexual abuse, as those terms are defined in s. 390.01114(2), inflicted by one or both of her parents or her guardian, or finds, by clear and convincing evidence, that requiring the consent of a parent or guardian is not in the best interest of the petitioner, the court shall issue an order authorizing the minor

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20191774

to obtain an abortion without the consent of a parent or guardian. The best-interest standard does not include financial best interest or financial considerations or the potential financial impact on the minor or her family if she does not terminate the pregnancy. If the court finds evidence of child abuse or sexual abuse of the petitioner by any person, the court shall report the evidence of child abuse or sexual abuse of the petitioner, as provided in s. 39.201. If the court does not make the finding specified in this paragraph or paragraph (c), it must dismiss the petition.

(e) A court that conducts proceedings under this section shall:

1. Provide for a written transcript of all testimony and proceedings;

2. Issue a final written order containing factual findings and legal conclusions supporting its decision, including factual findings and legal conclusions relating to the maturity of the minor as provided under paragraph (c); and

3. Order that a confidential record be maintained.

(f) All hearings under this section, including appeals, shall remain confidential and closed to the public, as provided by court rule.

(g) An expedited appeal shall be made available, as the Supreme Court provides by rule, to any minor to whom the circuit court denies a waiver of consent. An order authorizing an abortion without consent is not subject to appeal.

(h) Filing fees or court costs may not be required of any minor who petitions a court for a waiver of consent under this subsection at either the trial or the appellate level.

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233 (i) A county is not required to pay the salaries, costs, or
 234 expenses of any counsel appointed by the court under this
 235 subsection.

236 (7) RULEMAKING.—The Supreme Court is requested to adopt
 237 rules and forms for petitions to ensure that proceedings under
 238 subsection (6) are handled expeditiously and in a manner
 239 consistent with this section. The Supreme Court is also
 240 requested to adopt rules to ensure that the hearings protect the
 241 confidentiality of the minor's identity and the confidentiality
 242 of the proceedings.

243 (8) CRIMINAL PENALTIES AND CIVIL REMEDIES.—

244 (a) Any person who willfully and intentionally performs an
 245 abortion with knowledge that or with reckless disregard as to
 246 whether the minor upon whom the abortion is to be performed is
 247 unemancipated without obtaining the required consent commits a
 248 misdemeanor of the first degree, punishable as provided in s.
 249 775.082 or s. 775.083. It is a defense to prosecution under this
 250 section that the minor falsely represented her age or identity
 251 to the physician to be at least 18 years of age by displaying an
 252 apparently valid governmental record of identification such that
 253 a careful and prudent person under similar circumstances would
 254 have relied on the representation. The defense does not apply if
 255 the physician is shown to have had independent knowledge of the
 256 minor's actual age or identity or failed to use due diligence in
 257 determining her age or identity.

258 (b) Any person not authorized to provide consent under this
 259 section who provides consent commits a misdemeanor of the first
 260 degree, punishable as provided in s. 775.082 or s. 775.083.

261 (c) Failure to obtain consent from a person from whom

Page 9 of 11

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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262 consent is required under this section is prima facie evidence
 263 of failure to obtain consent and of interference with family
 264 relations in appropriate civil actions. Such prima facie
 265 evidence does not apply to any issue other than failure to
 266 obtain consent from the parent or legal guardian and
 267 interference with family relations in appropriate civil actions.
 268 The civil action may be based on a claim that the act was a
 269 result of negligence, gross negligence, wantonness, willfulness,
 270 intention, or other legal standard of care. Exemplary damages
 271 may be awarded in appropriate civil actions relevant to
 272 violations of this section.

273 (d) Failure to comply with the requirements of this section
 274 constitutes grounds for disciplinary action under each
 275 respective practice act and under s. 456.072.

276 (9) CONSTRUCTION.—

277 (a) This section may not be construed to create or
 278 recognize a right to abortion.

279 (b) This section may not be construed to limit the common
 280 law rights of parents or legal guardians.

281 (c) By enacting this section, the Legislature does not
 282 intend to make lawful an abortion that is currently unlawful.

283 (10) SEVERABILITY.—Any provision of this section held to be
 284 invalid or unenforceable by its terms, or as applied to any
 285 person or circumstance, shall be construed so as to give it the
 286 maximum effect permitted by law, unless such holding is one of
 287 utter invalidity or unenforceability, in which event such
 288 provision shall be deemed severable and may not affect the
 289 remainder hereof or the application of such provision to other
 290 persons not similarly situated or to other, dissimilar

Page 10 of 11

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

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291 circumstances.

292 Section 2. This act shall take effect July 1, 2019.



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:
Appropriations Subcommittee on
Education, *Chair*
Appropriations
Education
Ethics and Elections
Finance and Tax
Judiciary
Rules

JOINT COMMITTEE:
Joint Select Committee on Collective Bargaining

SENATOR KELLI STARGEL
22nd District

March 8, 2019

The Honorable Gayle Harrell
Senate Committee on Health Policy, Chair
310 Senate Building
404 South Monroe Street
Tallahassee, FL 32399-1100
(850) 487-5025

Dear Chair Harrell:

I respectfully request that SB 1774, related to *Parental Consent for Abortion*, be placed on the Health Policy meeting agenda at your earliest convenience.

Thank you for your consideration, and please do not hesitate to contact me should you have any questions.

Sincerely,

A handwritten signature in black ink that reads "Kelli Stargel". The signature is fluid and cursive, with a long horizontal stroke extending from the end.

Kelli Stargel
State Senator, District 22

Cc: Allen Brown/Staff Director
Celia Georgiades/AA

REPLY TO:

- ☐ 2033 East Edgewood Drive, Suite 1, Lakeland, Florida 33803 (863) 668-3028
- ☐ 408 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5022

Senate's Website: www.flsenate.gov

BILL GALVANO
President of the Senate

DAVID SIMMONS
President Pro Tempore

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

1774

Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name Jennifer Caputo-Seidler

Job Title Hospital physician

Address 4711 S Himes Ave Apt 1108

Phone

Street

Tampa

FL

State

33611

Zip

Email

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Myself

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

4/8/19
Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1774
Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name Deborah S Hill

Job Title

Address 4684 Lake Villa Dr
Street
Clearwater FL 33762
City State Zip

Phone (609) 424-6315

Email

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Myself

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

1774

Bill Number (if applicable)

Topic

Parental Consent

Amendment Barcode (if applicable)

Name

Sarah Whittington

Job Title

Address

1409 Lehigh Dr

Street

tallahassee

City

FL

State

32301

Zip

Phone

Email

Speaking:

☐

For

☒

Against

☐

Information

Waive Speaking:

☐

In Support

☒

Against

(The Chair will read this information into the record.)

Representing

myself

Appearing at request of Chair:

☐

Yes

☒

No

Lobbyist registered with Legislature:

☐

Yes

☒

No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

4/8/19

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1774

Bill Number (if applicable)

Topic SB 1774

Amendment Barcode (if applicable)

Name Charo Valero

Job Title FL State Policy

Address 1951 NW 7th Ave. #600

Street

Miami FL.

City

State

Zip

Phone 786.442.8199

Email Charo@latina institute.org

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing FL Latina Advocacy Network

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

4.8.19

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1774

Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name JAYE SCHMUS

Job Title _____

Address 3220 WESTGATE Ct #19

Phone _____

Street

TALLAHASSEE

FL

32304

City

State

Zip

Email _____

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Myself

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

1774

Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name Hannah Cake

Job Title _____

Address 1608 Golf Terrace Dr.
Street

Phone _____

Tallahassee FL 32301
City State Zip

Email _____

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing myself

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

1774

Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name Amy Adams

Job Title _____

Address 3330 N. Shore Cir.

Street

Phone _____

Tallahassee FL 32312

City

State

Zip

Email _____

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing My self

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

4/8/2019
Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1774
Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable) _____

Name Kevin Ready

Job Title Vice-Chair College Republicans

Address _____
Street

Phone 863-307-2778

City

State

Zip

Email _____

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing College Republicans FSU

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB-1774
Bill Number (if applicable)

Meeting Date _____

Topic Parental Consent

Amendment Barcode (if applicable) _____

Name Lynda Bell

Job Title President

Address 1690 Crows Lane

Phone 786-208-3292

Tallahassee FL 32310
City State Zip

Email LyndaBell@bellsouth.net

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing FLORIDA Right to Life

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

SB 1774

Bill Number (if applicable)

Topic Parental Consent for Abortion

Amendment Barcode (if applicable)

Name Patricia Styers

Job Title Administrative Assistant

Address 3150 NE 36th Ave. Lot 111

Street

Doala

City

FL

State

34479

Zip

Phone (352) 857-7751

Email pat.styers@yahoo.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/1/19
Meeting Date

1774
Bill Number (if applicable)

Topic Parental Notification (Consent)

Amendment Barcode (if applicable)

Name E. Douglas Bedgood

Job Title Pastor

Address 4913 Ballygar
Street

Phone 850 597-5196

City

State

Zip

Email dbedgood@icelebration.org

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing self - parent of a daughter

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4-8-2019

Meeting Date

SB 1774

Bill Number (if applicable)

Topic Parental Consent SB 1774

Amendment Barcode (if applicable)

Name Jeffrey Puglisi

Job Title Student / Property Mngr

Address 500 W. Platt St

Street

Phone _____

Tampa FL

City

State

Zip

Email _____

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Self - Parent & daughter

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4.8.19
Meeting Date

SB 1774
Bill Number (if applicable)

Topic PARENTAL CONSENT

Amendment Barcode (if applicable)

Name DAYNA HARDEN

Job Title TEACHER

Address 8319 SW 61ST PLACE
Street

Phone 352.262.7123

GAINESVILLE, FL 32608
City State Zip

Email dharden@trsonline.org

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing SIRA

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

04/08/2019
Meeting Date

SB 1774
Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name Yvonne Dow

Job Title Pastor

Address 4810 Lancashire Lane
Street

Phone 850-566-2023

Tallahassee FL 32309
City State Zip

Email yd@CHCTODAY.COM

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Christian Heritage Church

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

APPEARANCE RECORD

4-8-19

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB1774

Bill Number (if applicable)

Topic Parental Consent for abortion

Amendment Barcode (if applicable)

Name Anna Higgins

Job Title Lobbyist

Address 3375 Rommitch Ct

Phone 202-384-6657

Street

Pensacola

FL

32504

City

State

Zip

Email anna7476@gmail.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Susan B Anthony List

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

4-8-19

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB 1774

Bill Number (if applicable)

Topic Parental Rights For Minors/abortion

Amendment Barcode (if applicable)

Name Susan Carabello

Job Title Wellness Educator

Address 424 Hiawatha Farms Rd S,

Street

Monticello

City

FL

State

32344

Zip

Phone (561) 676-1225

Email X9Susan@gmail.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Self

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

4-8-17

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

17-1774

Bill Number (if applicable)

Topic PARENTAL RIGHTS

Amendment Barcode (if applicable)

Name JOHN HAYNES

Job Title RETIRED MARINE

Address 424 HIAWATHA FARMS RD. SE.

Street

MONTICELLO, FL, 32344

City

State

Zip

Phone 850-443-3451

Email john2045@comcast.net

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing SELF

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

SB 1774

Bill Number (if applicable)

Topic Parental Consent re: Abortion for minors

Amendment Barcode (if applicable)

Name Katherine Gratto

Job Title Executive Director

Address 9719 SW 67th Dr
Street

Phone 352-514-1165

Gainesville
City

FL
State

32608
Zip

Email kathernegratto@siraganes.com

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Sira Life Center

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4.8.19

Meeting Date

SB1774

Bill Number (if applicable)

Topic parental consent

Amendment Barcode (if applicable)

Name Kelly Shore

Job Title volunteer

Address 13410 NW 49 lane

Phone _____

Street

Gainesville

FL

32606

City

State

Zip

Email Kellyshore84@gmail.com

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Sira Life Center

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

4/8/2019
Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB 1774
Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name Karen Piedra

Job Title RN

Address 2315 NW 52nd PL
Street

Phone 352 227 7765

Gainesville FL
City State Zip

Email —

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Sira Life Center

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

SB1774

Bill Number (if applicable)

Topic

Parental Consent

Amendment Barcode (if applicable)

Name

Philip FERRARA

Job Title

OWNER

Address

5007 NW 12th LANE

Phone

Street

Gainesville

FL

32608

Email

City

State

Zip

Speaking:

☐

For

☐

Against

☐

Information

Waive Speaking:

☒

In Support

☐

Against

(The Chair will read this information into the record.)

Representing

Appearing at request of Chair:

☐

Yes

☐

No

Lobbyist registered with Legislature:

☐

Yes

☐

No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

1774

Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name Joan Fowinkle

Job Title Retired School Teacher

Address 4068 McLaughlin Dr
Street

Phone 850.228.4834

Tallahassee FL 32309
City State Zip

Email joanie.fowinkle@earthlink.net

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing myself as a parent/grand parent

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4-8-19

Meeting Date

1774

Bill Number (if applicable)

Topic

1774 (FOR)

Amendment Barcode (if applicable)

Name

MARK BUSTIN

Job Title

Student

Address

6200 SE 145th St.

Phone

Street

Summerville, FL

State

34491

Zip

Email

Speaking:

☐

For

☐

Against

☐

Information

Waive Speaking:

☒

In Support

☐

Against

(The Chair will read this information into the record.)

Representing

Appearing at request of Chair:

☐

Yes

☐

No

Lobbyist registered with Legislature:

☐

Yes

☐

No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

4-8-19

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting).

SB 1774

Bill Number (if applicable)

Topic FOR SB 1774

Amendment Barcode (if applicable)

Name Nicholas Gallegos

Job Title Student

Address 5100 SE 145th St

Street

Phone _____

Sunrise

City

FL

State

34491

Zip

Email _____

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

04-08-2019

Meeting Date

SB 1774

Bill Number (if applicable)

Topic Parental consent for abortions

Amendment Barcode (if applicable)

Name David Bustin

Job Title Missionary - Field Director for EBM in Haiti

Address 14790 SE 51st Ter.

Street

Phone 317-985-7880

Summerfield FL.

City

State

34491

Zip

Email dbustin@yahoo.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19
Meeting Date

SB 1774
Bill Number (if applicable)

Topic Parental Consent for abortion

Amendment Barcode (if applicable)

Name William Martinez

Job Title Pastor

Address 4180 County Road 181
Street

Phone 352-299-0097

Wildwood FL 34785
City State Zip

Email pastor.w.mart@gmail.com

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Villagers for Trump / Prisoners of Hope

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

SB1774

Bill Number (if applicable)

Topic

Parental Consent for abortion

Amendment Barcode (if applicable)

Name

PG Schafer

Job Title

RN

Address

2015 SW 43rd Place

Phone

352-362-3023

Street

Ocala

FL

34471

City

State

Zip

Email

pgschafer@aol.com

Speaking:

☐

For

☐

Against

☐

Information

Waive Speaking:

☒

In Support

☐

Against

(The Chair will read this information into the record.)

Representing

CFC + FFPC

Appearing at request of Chair:

☐

Yes

☒

No

Lobbyist registered with Legislature:

☐

Yes

☒

No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

SB 1774

Bill Number (if applicable)

Topic

Parental Consent

Amendment Barcode (if applicable)

Name

BARRY WEBSTER

Job Title

—

Address

350 MILESTONE DR

Phone

850-591-9877

Street

TALLAHASSEE

FL

32312

Email

BarryJWebster@aol.com

City

State

Zip

Speaking:

☒

For

☐

Against

☐

Information

Waive Speaking:

☒

In Support

☐

Against

(The Chair will read this information into the record.)

Representing

SELF - PARENT of GIRLS

Appearing at request of Chair:

☐

Yes

☒

No

Lobbyist registered with Legislature:

☐

Yes

☒

No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

SB 1774

Bill Number (if applicable)

Topic

Parental Consent

Amendment Barcode (if applicable)

Name

Jerrod Peller

Job Title

Address

4793 94th Place

Phone

321-230-3903

Street

Live Oak, FL

State

32060

Zip

Email

jerrad@pellerindustries.com

Speaking:

☒

For

☐

Against

☐

Information

Waive Speaking:

☒

In Support

☐

Against

(The Chair will read this information into the record.)

Representing

4-Life Task Force

Appearing at request of Chair:

☐

Yes

☒

No

Lobbyist registered with Legislature:

☐

Yes

☒

No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19
Meeting Date

1774
Bill Number (if applicable)

Topic Abortion Restrictions for Young People

Amendment Barcode (if applicable)

Name Jennifer Caputo-Seidler

Job Title Hospital physician

Address 4711 S Himes Ave Apt 1108

Phone 845-531-8700

Street

Tampa
City

FL
State

33611
Zip

Email jennifermcaputo@gmail.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4-8-19

Meeting Date

1774

Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name Linnea Goodwin

Job Title _____

Address 4200 54th Ave-S
Street

Phone _____

St Petersburg FL 33711
City State Zip

Email _____

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Planned Parenthood

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

4/8/19

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1774

Bill Number (if applicable)

Topic Parental Consent SB 1774

Amendment Barcode (if applicable)

Name Robert Palmer

Job Title _____

Address 2001 Old Saint Augustine Rd N304 Phone _____
Street

Tallahassee FL 32301 Email _____
City State Zip

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Myself

Appearing at request of Chair: ☐ Yes ☒ No Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

4/8/19

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1774

Bill Number (if applicable)

Topic Parental consent

Amendment Barcode (if applicable)

Name Sarah Scully

Job Title Communications Coordinator

Address 2152 Bay St

Street

Phone 610-730-9221

Sarasota

City

FL

State

34237

Zip

Email sarah.scully@ppswcf.org

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

4/8/19
Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1774
Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable)

Name Yvanna Gattorol

Job Title _____

Address 408 East Olive
Street

Phone 813 900 1934

Angela Garcia
City State Zip 33103

Email Yvanna.Gattorol@gmail.com

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing o/a

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

9-8-19

Meeting Date

1774

Bill Number (if applicable)

Topic Abortion restrictions for young people

Amendment Barcode (if applicable)

Name Aneesha Khatri

Job Title Student

Address 4266 West Plaza Dr.
Street

Phone 863 853 0088

Orlando FL 32816
City State Zip

Email aneesha@knights.ucf.edu

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

1774

Bill Number (if applicable)

Topic Abortion restrictions for young people

Amendment Barcode (if applicable)

Name Stephanie Dickey

Job Title _____

Address 4266 West Plaza Dr. #660888

Phone (239) 896-3868

Street

Orlando

FL

32816

City

State

Zip

Email stephanie.dickey13@gmail.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Self

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

SB 1774

Bill Number (if applicable)

Topic ~~Parent consent for abortion~~ Abortion restrictions for young people Amendment Barcode (if applicable)

Name Nancy Ringier

Job Title Retired

Address 2700 Galliano Cir. Street

City Winter Park, FL State Zip 32792

Phone

Email nringier52@gmail.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing ~~Planned Parenthood~~ Self

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

1774

Bill Number (if applicable)

Topic Abortion Restriction for young People

Amendment Barcode (if applicable)

Name Jamie Clinton

Job Title Regional Organizer

Address 2000 ERVING CIR UNIT 6205

Street

O c o l l

City

FL

State

34761

Zip

Phone 407 516 4626

Email Jamie.Clinton@ppswct.org

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Self

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

SB 1774

Bill Number (if applicable)

Topic SB 1774

Amendment Barcode (if applicable)

Name Nathan Davis

Job Title VP, FSU College Democrats

Address 1704 W Call St Apt 114

Street

Phone (262) 344-0132

Tallahassee

City

FL

State

32304

Zip

Email ntdavis0910@gmail.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19
Meeting Date

SB 1774
Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name Greg Pound

Job Title _____

Address 9166 Sunrise Dr.
Street

Phone _____

Levigo FL
City State Zip

Email _____

Speaking: ☐ For ☐ Against ☒ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB 1774

Bill Number (if applicable)

Meeting Date _____

Topic Parental Consent for Abortion

Amendment Barcode (if applicable) _____

Name Nicolete Springer

Job Title Legislative Analyst

Address _____

Phone 4074843656

Street

Orlando

FL

32832

City

State

Zip

Email _____

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing League of Women Voters

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

4-8-19 (Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting) 1774
Meeting Date Bill Number (if applicable)

Topic Abortion - Parental Consent Amendment Barcode (if applicable)

Name Barbara DeVane

Job Title Ms

Address 625 E Broadway St Phone 850-251-4280
Street
City Tallahassee State FL Zip 32308 Email barbadevane1@yahoo.com

Speaking: ☐ For ☒ Against ☐ Information Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing FL NOW

Appearing at request of Chair: ☐ Yes ☒ No Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/18

Meeting Date

SB 1774

Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name Jon Harris Maurer

Job Title Public Policy Dir.

Address 201 E. Park Ave. Ste. 200

Street

Tallahassee

City

FL

State

32301

Zip

Phone _____

Email jonharris@equality

florida.org

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Equality Florida

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19
Meeting Date

SB 1774/HB 1335
Bill Number (if applicable)

Topic Planned Parenthood

Amendment Barcode (if applicable)

Name Deborah Grayson

Job Title Retired

Address 4801 E. Rognas Ave
Street

Phone 8135464262

Tampa FL 33617
City State Zip

Email debresgraysonlee@yahoo.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☒ Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: ☒ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19
Meeting Date

SB 1779
Bill Number (if applicable)

Topic PLANNED PARENTHOOD

Amendment Barcode (if applicable)

Name GERONNIE DEMONS

Job Title Disale

Address 908 E OHIO AVE
Street

Phone 813 863-4751

TAMPA FLA 33603
City State Zip

Email WPA

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☒ Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

04/08/2019

Meeting Date

SB1774

Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name Anthony Cannone Jr.

Job Title Retired Citizen

Address 826 SW Amberwood loop Apt 102

Street

Phone 386-344-0886

Lake City, FL. 32025

City

State

Zip

Email solagratic-procealop
@yahoo.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Abolish Abortion Florida .com

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

04-8-19

Meeting Date

Bill Number (if applicable)

Topic Parental Rights

Amendment Barcode (if applicable)

Name SORAYA COLVIN

Job Title Minister of the Gospel of Jesus-Christ

Address 915 N. Peninsula Dr.

Phone 904 631-4497

Street

Daytona Beach FL 32118

Email N/A

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Myself and God

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19
Meeting Date

1774
Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name Karen Woodall

Job Title Executive Director

Address 579 E. Call St.

Phone 850-321-9386

Tallahassee, FL 32301
City State Zip

Email fcfep@yahoo.com

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing FI Center for Fiscal & Economic Policy

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/2019

Meeting Date

SB1774

Bill Number (if applicable)

Topic Parental Rights

Amendment Barcode (if applicable)

Name David MarchettiJob Title Electrical EngineerAddress 60 Millholland St.

Street

Phone 407-367-8267Oakland, Fla 34760

City

State

Zip

Email 1dpmarchetti@gmail.comSpeaking: ☐ For ☐ Against ☐ InformationWaive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)Representing Abolish Human AbortionAppearing at request of Chair: ☐ Yes ☐ NoLobbyist registered with Legislature: ☐ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19
Meeting Date

SB 1774
Bill Number (if applicable)

Topic Abolish Abortion

Amendment Barcode (if applicable)

Name James R. Vail

Job Title Minister

Address 1332 15th St.

Phone 850-855-3091

Street Baker State FL Zip 32531
City

Email jimindestiz@gmail.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing I support Abolishing Abortion!

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

1774

Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

X Name Sandy Mercer

Job Title Ret'd

X Address 1405 Westheaven Dr
Street

Phone 850-459-7624

Tall FL 32310
City State Zip

Email sandra.l.mercer@gmail.com

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Myself

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

4/8/19

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1774

Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

X Name Hailey Brown

Job Title _____

X Address 799 W Gaines StPhone 386-290-1165Street
Tallahassee FL 32304
City State ZipEmail brown.haley@aol.comSpeaking: ☐ For ☒ Against ☐ InformationWaive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)Representing MyselfAppearing at request of Chair: ☐ Yes ☒ NoLobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4-8-19

Meeting Date

SB 1774

Bill Number (if applicable)

Topic Abortion Restrictions for young people

Amendment Barcode (if applicable)

Name Rosa Pyles

Job Title Retired

Address 3714 E. Osborne Ave

Street

Phone (813) 503-6144

City Tampa

State FL

Zip 33610

Email

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

1774

Bill Number (if applicable)

Topic abortion restrictions for young people

Amendment Barcode (if applicable)

Name Shamusea Griep

Job Title PL

Address P.O. Box 292085

Phone 727 336 7418

Street

Tampa
City

FL
State

33687
Zip

Email gshamusea@gmail.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing N/A

Appearing at request of Chair: ☒ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

1774

Bill Number (if applicable)

Topic Abortion Restrictions

Amendment Barcode (if applicable)

Name Grace Lingo

Job Title Student/Unemployed

Address 8819 Key West Circle

Phone 813-424-9555

Street

Tampa

City

FL

State

33626

Zip

Email lingeg017@yahoo.com

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
 (The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

SB 1774 / HB 1335

Bill Number (if applicable)

Topic Abortion restriction for young people

Amendment Barcode (if applicable)

Name Susanne Lewis

Job Title _____

Address 946 Fern Ave #101

Street

Phone 847-917-2270

Orlando

City

FL

State

32814

Zip

Email _____

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Self

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

1774

Bill Number (if applicable)

Topic

Parental Consent

Amendment Barcode (if applicable)

Name

Elton Lassiter

Job Title

Political Organizer

Address

8004 Dreher Park Lane

Phone

813-447-3305

Street

City

Tampa FL

State

Zip

33610

Email

elton@organizeflorida.org

Speaking:

☐

For

☐

Against

☐

Information

Waive Speaking:

☐

In Support

☒

Against

(The Chair will read this information into the record.)

Representing

Appearing at request of Chair:

☐

Yes

☒

No

Lobbyist registered with Legislature:

☐

Yes

☒

No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

04/08/19
Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB 1774 / HB 1335
Bill Number (if applicable)

Topic Abortion restrictions for young people

Amendment Barcode (if applicable)

Name Vanessa Keverenge

Job Title _____

Address 111 Campbell Dr
Street
Winter Haven FL 33884
City State Zip

Phone (863) 221-6100

Email VanessaKeverenge@gmail.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Self

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

1774

Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name Patricia Singletary

Job Title _____

Address 405 Collinsford Rd
Street

Phone _____

Tallahassee FL 32301
City State Zip

Email _____

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Myself

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/08/17
Meeting Date

1779
Bill Number (if applicable)

Topic Personal Counsel

Amendment Barcode (if applicable)

Name Tyler Cawin

Job Title _____

Address 911 Richmond St Apt L

Phone _____

Street

Tallahassee FL 32304

Email _____

City State Zip

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8

Meeting Date

SB 1774

Bill Number (if applicable)

Topic Parental consent

Amendment Barcode (if applicable)

Name Shelby Shoup

Job Title _____

Address 316 Ausley Rd
Street

Phone _____

Tallahassee FL 32304
City State Zip

Email _____

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/18/14

Meeting Date

SB 1774

Bill Number (if applicable)

Topic

Amendment Barcode (if applicable)

Name

Michelle Stern

Job Title

Student

Address

154 Seminole Lakes Drive

Phone

561-251-7448

Street

Royal Palm Beach, FL 33411

Email

mas18na@my.su.edu

City

State

Zip

Speaking:

☐

For

☐

Against

☐

Information

Waive Speaking:

☐

In Support

☒

Against

(The Chair will read this information into the record.)

Representing

myself

Appearing at request of Chair:

☐

Yes

☒

No

Lobbyist registered with Legislature:

☐

Yes

☒

No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

04/08/19

Meeting Date

SB 1774

Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name Sarah Adams

Job Title _____

Address 75 N. Woodward Avenue
Street

Phone _____

Tallahassee FL 32313
City State Zip

Email _____

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing myself

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

04/08/19

Meeting Date

1774

Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name Michelle Gershon

Job Title Philosophy TA

Address 412 W Jefferson Street APT #103 Phone (850) 901-2793

Street

Tallahassee

City

FL

State

32301

Zip

Email _____

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Myself

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

4/8/2019
Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB1774
Bill Number (if applicable)

Topic Planned Parenthood

Amendment Barcode (if applicable)

Name Delores GRAYSON

Job Title Retired

Address 4801 E Regnas Ave
Street

Phone 813 546 4262

Tampa FL 33617
City State Zip

Email deloresgraysonlee@yahoo.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4-8-19
Meeting Date

1774
Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name Shari Compton

Job Title Project Manager

Address 2716 Bardswood Ln
Street

Phone 954-591-5491

Tallahassee FL 32305
City State Zip

Email Shari.Compton@yahoo.com

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Myself

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

8 Apr 19

Meeting Date

1774

Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name Rebecca Morris

Job Title _____

Address 3723 Fernznegh C.

Street

Phone 850 322 2893

Tallahassee FL

32309

City

State

Zip

Email rmorris16@earthlink.net

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing myself

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

4/8/19

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1774

Bill Number (if applicable)

Topic Parental consent

Amendment Barcode (if applicable)

Name Omar Campos

Job Title

Address 667 Gable Street

Phone

Street

Tallahassee

Florida 32307

City

State

Zip

Email

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Myself

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19 ~~4/8/19~~
Meeting Date

SB 1774
Bill Number (if applicable)

Topic Abortion Restrictions for young people

Amendment Barcode (if applicable)

Name Andrea Stalley

Job Title Business Analyst

Address 1037 Normandy Blvd
Street

Phone 715 864 8738

Holiday FL 31691
City State Zip

Email _____

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

1774

Bill Number (if applicable)

Topic

Parental Consent

Amendment Barcode (if applicable)

Name

Sandra Mercer

Job Title

Address

1405 West heaven Dr

Phone

850 459 7624

Street

Tall.

City

FL

State

32310

Zip

Email

sandra.l.mercer@gmail.com

Speaking:

☐

For

☒

Against

☐

Information

Waive Speaking:

☐

In Support

☒

Against

(The Chair will read this information into the record.)

Representing

myself

Appearing at request of Chair:

☐

Yes

☒

No

Lobbyist registered with Legislature:

☐

Yes

☒

No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19
Meeting Date

1774
Bill Number (if applicable)

Topic SB 1774

Amendment Barcode (if applicable)

Name Kim Scott

Job Title Director of Public Policy

Address 2618 W. Tennessee St
Street

Phone 561.296.4952

Tallahassee FL 32314
City State Zip

Email Kimberly.scott@ppsenfl.org

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing FL Alliance of Planned Parenthood Affiliates

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19
Meeting Date

1774
Bill Number (if applicable)

Topic SB 1774

Amendment Barcode (if applicable)

Name Jasmen Rogers

Job Title Staff and Policy Director

Address 745 NW 54th St
Street

Phone (954) 261-1380

Miami FL 33127
City State Zip

Email jasmen@theworkerscenter.org

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing miami workers center

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

4/8/19

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1774

Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name Trifney Nguyen

Job Title

Address 607 Gamble St

Phone

Street

Tallahassee Florida

32307

City

State

Zip

Email

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Myself

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

1774

THE FLORIDA SENATE

APPEARANCE RECORD

04-08-2019

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1774

Bill Number (if applicable)

Topic Abortion Restrictions for Young People

Amendment Barcode (if applicable)

Name Kirsten Conger

Job Title _____

Address 2319 Plantation Oak Dr.

Street

Phone (727) 417-7585Orlando

City

FL

State

32824

Zip

Email conger.kirsten@gmail.comSpeaking: ☐ For ☐ Against ☐ InformationWaive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)Representing ~~Self~~ SelfAppearing at request of Chair: ☐ Yes ☒ NoLobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

4/8/2019

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1774

Bill Number (if applicable)

Topic Abortion Restriction for young people

Amendment Barcode (if applicable)

Name Paola Torres Santiago

Job Title _____

Address 814 W Lancaster Rd Apt 94

Street

Phone (407) 535-9883

Orlando

City

FL

State

32809

Zip

Email _____

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing THP Self

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

1774

Bill Number (if applicable)

Topic PARENTAL Consent

Amendment Barcode (if applicable)

Name Michelle Joy

Job Title _____

Address 4050 SAN HAWK BLVD
Street

Phone 850-978-1951

TALLAHASSEE FL 32309
City State Zip

Email Mjoy@deathlink.net

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Myself

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

0A1081201A

Meeting Date

1774

Bill Number (if applicable)

Topic abortion restrictions for young people

Amendment Barcode (if applicable)

Name Jessica Ahwash

Job Title Student

Address 4210 e fletcher ave

Phone 813-316-8833

Street

Tampa

City

State

Zip

Email jessicaahwash@gmail.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

4/8/19

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1774

Bill Number (if applicable)

Topic Abortion Restrictions for young people Amendment Barcode (if applicable)

Name Clynton "Sarah" Harness

Job Title Canvasser

Address 6401 31st Street south apt. 206
Street

Phone 352-287-9956

St. Petersburg FL 33712
City State Zip

Email menotyoun135@
yahoo.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Planned Parenthood

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

04/08/19
Meeting Date

1774
Bill Number (if applicable)

Topic Abortion Restrictions for Young People

Amendment Barcode (if applicable)

Name Dinah McCahan

Job Title Student

Address 5800 Bay Shore Rd.
Street

Phone 202-765-6063

Sarasota Florida 34243
City State Zip

Email dinah.mccahan18@ncf.edu

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

4-8-19

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1774

Bill Number (if applicable)

Topic Abortion Restrictions for Young People

Amendment Barcode (if applicable)

Name Briana Luis

Job Title Equality Florida Intern

Address 16215 E Course Dr

Phone (813) 482-4007

Street

Tampa

City

FL

State

33624

Zip

Email brianaluis@mail.usf.edu

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

4-8-19

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB 1774

Bill Number (if applicable)

Topic Parental Consent - Abortion

Amendment Barcode (if applicable)

Name Marilyn Hafling

Job Title Retired

Address 806 Bay Point Dr

Street

Madiera Beach FL 33708

City

State

Zip

Phone 727-397-5710

Email mehafling@gmail.com

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Planned Parenthood (now, LWVSPA)

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/2019

Meeting Date

5B1774

Bill Number (if applicable)

Topic PARENTAL CONSENT

Amendment Barcode (if applicable)

Name L. CORI BAILL, MD

Job Title Physician

Address 244 Sylvan Blvd

Street

Phone _____

Winter Park, FL 32789

City

State

Zip

Email _____

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Planned Parenthood

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

4/8/19

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB1774

Bill Number (if applicable)

Topic SB1774

Amendment Barcode (if applicable)

Name Alexander Brvens

Job Title Student

Address 727 Apple Tree Lane
Street

Phone 561-457-6217

Boca Raton
City

FL
State

33486
Zip

Email _____

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Self

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

1774

Bill Number (if applicable)

Topic Abortion Restrictions for Young People

Amendment Barcode (if applicable)

Name Lea OgozelecJob Title Retired Special Needs EducatorAddress 2011 McMullen Ave.Phone 770-656-5623

Street

Dunedin

City

FL

State

34698

Zip

Email lea.youravonlady@gmail.comSpeaking: ☐ For ☒ Against ☐ InformationWaive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: ☐ Yes ☐ NoLobbyist registered with Legislature: ☐ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/18/19
Meeting Date

1774
Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name Joanne Hoey

Job Title Business Owner

Address 6662 30th St. S.
Street

Phone 727-656-2513

St. Petersburg, FL
City State Zip

Email joannehoey@gmail.com

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing myself

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/15/19

Meeting Date

1774

Bill Number (if applicable)

Topic restricting young women's access to abortion

Amendment Barcode (if applicable)

Name Amy Weintraub

Job Title Reproductive Rights Program Dir.

Address 4545 Dolphin Cay Ln 5

Street

St Petersburg FL 33711

City

State

Zip

Phone 309-841-9027

Email amy@progressfla.org

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Progress Florida

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/9/19

Meeting Date

SB 1774

Bill Number (if applicable)

Topic SB 1774

Amendment Barcode (if applicable)

Name Joshua Hanson

Job Title _____

Address 800 Basin St

Phone _____

Street

Tallahassee

FL

32304

City

State

Zip

Email _____

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Myself

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

1774

Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name Patty Stubkjaer

Job Title Retired

Address 6132 11 Ave S

Street

Gulfport FL 33707

City

State

Zip

Phone 727-412-5489

Email dilmorep@aol.com

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Planned Parenthood / myself

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date _____

SB 1774
Bill Number (if applicable)

Topic ~~Parental Consent~~ Abortion Restrictions for Young People
Name Christopher Lewis

Amendment Barcode (if applicable) _____

Job Title _____

Address 10811 William & Mary Court
Street
Orlando FL 32821
City State Zip

Phone 626-494-8551

Email chrislewis6457@gmail.com

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Organize Florida Self

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

4/8/19

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB 1774

Bill Number (if applicable)

Topic Parental consent.

Amendment Barcode (if applicable)

Name Edna Monroy

Job Title Community organizer.

Address

Phone

Street

Tallahassee

City

State

Zip

Email

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Planned Parenthood.

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

04/08/19
Meeting Date

1774
Bill Number (if applicable)

Topic _____

Amendment Barcode (if applicable) _____

Name Jaqueline Morris-Hayes

Job Title (Ret) MAJ Army

Address 8926 Via Brilliante
Street

Phone _____

Wellington FL 33411
City State Zip

Email _____

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Self

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19
Meeting Date

SB1774
Bill Number (if applicable)

Topic SB 1774

Amendment Barcode (if applicable)

Name Alexa Lane

Job Title _____

Address 6325 Indian Wells Blvd
Street

Phone 901-569-0550

Boynton Beach, FL 33437
City State Zip

Email _____

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing self

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

APPEARANCE RECORD

4/8/19

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1774

Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name Ellen Baker

Job Title High School Teacher

Address 5673 Whirlaway Rd

Phone _____

Street

Palm Beach Gardens, FL 33418

City

State

Zip

Email _____

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing self

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4.8.19
Meeting Date

SB1774
Bill Number (if applicable)

Topic Parental Consent Bill

Amendment Barcode (if applicable)

Name Maria Vail

Job Title _____

Address 8370 Thomas Rd.
Street

Phone 850-533-4493

Barker FL 32831
City State Zip

Email rvvhndz@hotmail.com

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Abolition

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

4-8-2019

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB 774

Meeting Date

Bill Number (if applicable)

Topic

SB 774

Amendment Barcode (if applicable)

Name

Wendy Gallegos

Job Title

Pastor

Address

9986 County Rd 114A

Phone

352-216-5859

Street

Wildwood

FL

34491

Email

City

State

Zip

Speaking:

☒

For

☐

Against

☐

Information

Waive Speaking:

☐

In Support

☐

Against

(The Chair will read this information into the record.)

Representing

Open DOOR Community Church

Appearing at request of Chair:

☐

Yes

☐

No

Lobbyist registered with Legislature:

☐

Yes

☐

No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

4/8/19

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1774

Bill Number (if applicable)

Topic SR 1774 / HB 1335

Amendment Barcode (if applicable)

Name Zulena Ramos

Job Title Team leader The Nature Conservancy

Address 820 S. Malabar Ct

Phone 8138023756

Street

Tampa

FL

33609

City

State

Zip

Email Zulena.ramos@spartans.ut.edu

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Planned Parenthood

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

APPEARANCE RECORD

4/8/19

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB 1774

Bill Number (if applicable)

Topic PARENTAL CONSENT BEFORE ABORTION

Amendment Barcode (if applicable)

Name JOHN STEMBERGER

FLORIDA FAMILY ACTION

Job Title PRESIDENT & GENERAL COUNSEL

251-5130

Address 4853 S. ORANGE AVE.

Phone 407-370-0772

Street

ORLANDO FLA

32806

Email

City

State

Zip

Speaking: ☒ For ☐ Against ☐ InformationWaive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing FLORIDA FAMILY ACTION

Appearing at request of Chair: ☐ Yes ☒ NoLobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

4/8/19

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB 1774

Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name Mary Corder

Job Title Retired

Address 3378 Indian Hills D

Phone 850-490-0011

Street

Pace

FL

32571

City

State

Zip

Email Maryccorder@yahoo.com

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Alpha Center, Silent No More

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4-8-2019

Meeting Date

Bill Number (if applicable)

Topic SB-1774 Parental Consent

Amendment Barcode (if applicable)

Name Dr. Diane Gowski

Job Title physician Florida state director for Catholic Medical Association (CMA)

Address 1383 Temple St

Phone 727-480-7574

Street

City Clearwater FL Zip 33756

Email dianetg@aol.com

Speaking: ☒ For ☐ Against ☐ Information

~~Waive Speaking:~~ ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida guilds of Catholic Medical Association

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/2019
Meeting Date

SB 1174
Bill Number (if applicable)

Topic PARENTAL CONSENT

Amendment Barcode (if applicable)

Name ROGER KNECHTEL

Job Title RETIRED

Address 12727-SE 97 TERRACE RD
Street

Phone 352/299/7008

SUMMERFIELD FL 34491
City State Zip

Email

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Self

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB 1774

Bill Number (if applicable)

Meeting Date

Topic Parental Consent for Abortion

Amendment Barcode (if applicable)

Name Brigitte Smith

Job Title Registered Nurse

Address 4275 SW 85th Ave

Phone 727 482 124

Street

Ocala FL

State

34481

Zip

Email brigitte.smith37@yahoo.com

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing CFC & FFPC

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

THE FLORIDA SENATE

APPEARANCE RECORD

4/8/21

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB 1774

Bill Number (if applicable)

Topic Parental Consent for Abortion

Amendment Barcode (if applicable)

Name Samuel Coto

Job Title Bishop

Address 4180 CN 181

Street

Phone 252 748-1221

City Wilton, FL Zip 24785

Email

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Villagers for Trump / Prisoners of Hope

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

APPEARANCE RECORD

4-8-2019

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB 1774

Bill Number (if applicable)

Topic SB 1774 (FOR)

Amendment Barcode (if applicable)

Name GERALD BUSTIA

Job Title PASTOR

Address 14630 SE 1st Ave Rd

Phone 352-425-8889

Street

City Summerfield FL 34491

State

Zip

Email gtbustia@prodigy.net

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Open Door Community Church

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

THE FLORIDA SENATE

APPEARANCE RECORD

April 8, 2019

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB 1774

Bill Number (if applicable)

Topic

SB 1774 Parental Rights

Amendment Barcode (if applicable)

Name

Roana Bustin

Job Title

Certified Nurse Midwife

Address

14630 S. E 1st Ave Rd

Phone

352-425-8890

Street

Summerfield, FL

State

34491

Zip

Email

rbustina@embargo.com

Speaking:

☒

For

☐

Against

☐

Information

Waive Speaking:

☐

In Support

☐

Against

(The Chair will read this information into the record.)

Representing

CFC

Appearing at request of Chair:

☐

Yes

☒

No

Lobbyist registered with Legislature:

☐

Yes

☒

No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

SB 1774

Bill Number (if applicable)

Topic

Parental Consent for Abortion

Amendment Barcode (if applicable)

Name

GILBERTO RODRIGUEZ

Job Title

Pastor

Address

30653 Lanesborough Circle

Phone 813-701-8903

Street

Wesley Chapel, FL 33543

City

State

Zip

Email templeclias@gmail.com

Speaking:

☒

For

☐

Against

☐

Information

Waive Speaking:

☐

In Support

☐

Against

(The Chair will read this information into the record.)

Representing

Appearing at request of Chair:

☐

Yes

☐

No

Lobbyist registered with Legislature:

☐

Yes

☐

No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

1774

Bill Number (if applicable)

Topic Parental Consent for Abortion

Amendment Barcode (if applicable)

Name Ingrid Delgado

Job Title Associate for Social Concerns

Respect Life

Address 201 W Park Av
Street

Phone _____

Tallahassee
City

FL
State

32301
Zip

Email _____

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Conference of Catholic Bishops

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

04/08/19

Meeting Date

SB 1774

Bill Number (if applicable)

Topic Parental Consent Bill

Amendment Barcode (if applicable)

Name Zane Matthew

Job Title Candidate for Florida House 42

Address 6172 Waterfield Way

Street

Saint Cloud

City

FL

State

34711

Zip

Phone 863 399 2167

Email zane.matter@icbkr.com

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Aviation

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

04/08/2019

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB1774

Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name Bonnie Coffey-Cannone

Job Title Chairperson - Abolish Abortion Florida.com

Address 826 SW Amber Wood Loop Apt 102

Phone 386-209-8292

Street

Lake City, FL

State

32025

Zip

Email abolishAbortionFlorida@gmail.com

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Abolish Abortion Florida, Com

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/2019

Meeting Date

SB 774

Bill Number (if applicable)

Topic Parental Notification of Abortion

Amendment Barcode (if applicable)

Name Stephanie Lorraine Pineiro

Job Title ~~Chief~~ Executive Director

Address Street

Phone

City State Zip

Email

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Central Florida Womens Emergency Fund

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/9/19

Meeting Date

S 1774

Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name Amanda Bennett

Job Title Project Manager

Address 2920 Thrushwood Dr. B

Street

Austin

City

TX

State

78757

Zip

Phone 413-687-3288

Email amanda.bennett.jane@gmail.com

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing myself

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

4-9-19

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB 1774

Bill Number (if applicable)

Topic for SB 1774

Amendment Barcode (if applicable)

Name Anthony Verdugo

Job Title President of Christian Family Coalition

Address P.O. BOX 150216

Phone 786-447-6421

Street

Miami

City

FL

State

33265

Zip

Email _____

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Christian Family Coalition

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

4/8/19

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB 1774

Bill Number (if applicable)

Topic PARENTAL CONSENT - SB 1774

Amendment Barcode (if applicable)

Name KIRK BAILEY

Job Title POLITICAL DIRECTOR

Address 4343 W. FLAGLER ST.
Street

Phone 202-468-9590

MIAMI
City

FL
State

33137
Zip

Email KBAILEY@ACLUFL.org

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing ACLU FLORIDA

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4-8-19

Meeting Date

SB1774

Bill Number (if applicable)

Topic Parental Consent Bill

Amendment Barcode (if applicable)

Name DOUG RISSO

Job Title

Address 317 SW LT SA 32086

Street

Phone 9043927133

City

State

Zip

Email drisso@notmail.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing God's Word

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB 1774
Bill Number (if applicable)

Meeting Date _____

Topic SB 1774

Amendment Barcode (if applicable) _____

Name James Callins

Job Title _____

Address 5112 H/OICOMD

Phone 850-313-8678

Milton FL
City State Zip

Email _____

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Myself

Appearing at request of Chair: ☐ Yes ☐ No

Lobbyist registered with Legislature: ☐ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

APPEARANCE RECORD4/8/19

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1774

Bill Number (if applicable)

Topic parental consent

Amendment Barcode (if applicable)

Name Jessica GoldbergJob Title Senior Attorney Organizing ManagerAddress PO Box 17397Phone (510) 241-0720

Street

Reno

City

Nevada

State

89511

Zip

Email jessica@hwhenhow.orgSpeaking: ☐ For ☒ Against ☐ InformationWaive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)Representing H/When/How: Lawyering for Reproductive JusticeAppearing at request of Chair: ☐ Yes ☒ NoLobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

THE FLORIDA SENATE
APPEARANCE RECORD

4-8-19

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB1774

Bill Number (if applicable)

Topic Parental Consent for Abortion

Amendment Barcode (if applicable)

Name Kathryn Judge

Job Title Student

Address 2636 W Mission Rd Unit 167

Phone (813) 407-7196

Street

Tallahassee

FL

32304

City

State

Zip

Email kdj16@my.fsu.edu

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Student of Florida State University

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/2019
Meeting Date

~~1774~~ 1774
Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name Corrie Pfeffer

Job Title _____

Address 4793 94th Place
Street

Phone 321-230-3903

Live Oak FL 32060
City State Zip

Email corrie@pfefferindustries.com

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing 4 Life Task Force

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

1774

Bill Number (if applicable)

Topic

Parental consent

Amendment Barcode (if applicable)

Name

Melissa Hayes

Job Title

hair salon owner

Address

1037 Harlem St.

Phone

888 331-1204

Street

Taell

City

FL

State

32304

Zip

Email

wellmicky15@gmail.com

Speaking:

☐

For

☐

Against

☐

Information

Waive Speaking:

☐

In Support

☒

Against

(The Chair will read this information into the record.)

Representing

Myself

Appearing at request of Chair:

☐

Yes

☒

No

Lobbyist registered with Legislature:

☐

Yes

☒

No

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S-001 (10/14/14)

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

9/8/19

Meeting Date

1774

Bill Number (if applicable)

Topic

Parental Consent

Amendment Barcode (if applicable)

Name

Haley Brown

Job Title

Address

799 W Gaines St

Street

Tallahassee

City

FL

State

32304

Zip

Phone

386-290-1165

Email

brown-haley@aol.com

Speaking:

☐

For

☐

Against

☐

Information

Waive Speaking:

☐

In Support

☒

Against

(The Chair will read this information into the record.)

Representing

Myself

Appearing at request of Chair:

☐

Yes

☐

No

Lobbyist registered with Legislature:

☐

Yes

☒

No

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

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

4-8-19 (Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)
Meeting Date

1774
Bill Number (if applicable)

Topic Abortion - Parental Consent

Amendment Barcode (if applicable)

Name Pam Olsen

Job Title President - Florida Prayer Network

Address PO Box 14017
Street

Phone 850-906-9170

TLH, FL-32312
City State Zip

Email _____

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

1774

Bill Number (if applicable)

Topic

Parental Consent

Amendment Barcode (if applicable)

Name

Erin Jensen

Job Title

Address

3003 Kevin St

Phone

Street

Tallahassee

FL

32301

City

State

Zip

Email

Speaking:

☐

For

☐

Against

☐

Information

Waive Speaking:

☐

In Support

☒

Against

(The Chair will read this information into the record.)

Representing

Myself

Appearing at request of Chair:

☐

Yes

☒

No

Lobbyist registered with Legislature:

☐

Yes

☒

No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4-18-19

1774

Topic Parental Consent SB 1774

Amendment Barcode (if applicable)

Name Michael Hopkins

Job Title _____

Address 1815 Meriadow Road
Street

Phone 850-300-3223

Tallahassee Fla 32313

Email_____

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Myself

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19
Meeting Date

1774
Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

X Name _____

Job Title _____

X Address _____
Street

Phone _____

City

State

Zip

Email _____

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Myself

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19
Meeting Date

1774
Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name Beth Babcock

Job Title _____

Address 5635 Jacksons Gap Rd.

Phone _____

Street

Tallahassee FL 32317

City

State

Zip

Email _____

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Myself

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4-8-19
Meeting Date

1774
Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name Devon Graham

Job Title _____

Address 2624 Malin Dr.

Phone _____

Tallahassee FL 32309
City State Zip

Email _____

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing myself

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

1774

Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name Amelia Zehnder

Job Title

Address 6817 Butterfly Dr

Phone

Street

Saint Cloud

FL

State

34773

Zip

Email

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Myself

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

1774

Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name Rachel Wilkins

Job Title _____

Address 1607 Sauls St. Apt A
Street

Phone _____

Tallahassee FL 32308
City State Zip

Email _____

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Myself

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

1774

Bill Number (if applicable)

Topic parental consent

Amendment Barcode (if applicable)

Name Kalisa Harvey

Job Title _____

Address 1305 Domingo Dr

Street

Phone _____

Tallahassee

City

FL

State

32304

Zip

Email kalisaharvey@msn.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Myself

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

04/08/19

Meeting Date

SB1774

Bill Number (if applicable)

Topic SB1774

Amendment Barcode (if applicable)

Name Paige Armstrong

Job Title Organizer

Address 45 John St.

Phone 636 376-7464

Street

St. Augustine

City

FL

State

32084

Zip

Email _____

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing SELF

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

4/8/2019

Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

SB 1774

Bill Number (if applicable)

Topic SB 1774

Amendment Barcode (if applicable)

Name Estefania Abbate

Job Title Student

Address 1106 NW 79th Drive

Street

Plantation

City

FL

State

33322

Zip

Phone 561-603-2374

Email abbate.stef@gmail.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Self

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

SB 1774

Bill Number (if applicable)

Topic SB 1774

Amendment Barcode (if applicable)

Name Alysa Walchak

Job Title Student

Address 1236 Avon wood ct

Street

Lutz

City

FL

State

33559

Zip

Phone 813-334-5565

Email

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Self

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

Bill Number (if applicable)

Topic

Amendment Barcode (if applicable)

Name

Job Title

Address

Phone

Street

City

State

Zip

Email

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/14

Meeting Date

SB1774

Bill Number (if applicable)

Topic SB1774

Amendment Barcode (if applicable)

Name Jack White

Job Title _____

Address 12165 Key Line blvd

Street

Phone _____

West Palm Beach FL 33412

City

State

Zip

Email jdwhite837@gmail.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Self

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

04.08.2019
Meeting Date

SB 1774
Bill Number (if applicable)

Topic SB 1774

Amendment Barcode (if applicable)

Name Ana Robles

Job Title _____

Address 4606 Terranova St.
Street

Phone (561) 921-7206

Winter Haven FL 33884
City State Zip

Email anamcardena@gmail.com

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Self

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

4/8/19
Meeting Date

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

1774
Bill Number (if applicable)

Topic Abortion Restrictions for Young

Name Trina Farga

Job Title Retiree

Address 375 144th Ave

Phone 487-797-4747

Street
Madera Beach
City State Zip

Email Hard 610@gmail

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

04-08-19

Meeting Date

1774

Bill Number (if applicable)

Topic abortion

Amendment Barcode (if applicable)

Name Lauren Brenzel

Job Title _____

Address 1973 Maymeadow Ln

Street

Tallahassee FL

City

State

32303

Zip

Phone 615-727-4862

Email _____

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

1774

Bill Number (if applicable)

Topic Parental Consent

Amendment Barcode (if applicable)

Name LAURA NEWTON

Job Title Retired

Address 4541 Pecan Branch

Phone _____

Street

Tall. FL 32309

City

State

Zip

Email _____

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Myself

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

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: CS/SB 1778

INTRODUCER: Health Policy Committee and Senator Stargel

SUBJECT: Public Records/Minor's Petition to Waive Consent/Abortion

DATE: April 9, 2019

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Looke	Brown	HP	Fav/CS
2.			GO	
3.			RC	

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Technical Changes

I. Summary:

CS/SB 1778 creates s. 390.01118, F.S., to establish a public records exemption for any information that can be used to identify a minor who is petitioning a circuit court for a judicial waiver pursuant to the Parental Consent for Abortion Act established in SB 1774. Specifically, the bill provides that any such information is:

- Confidential and exempt from article I section 24(a) of the State Constitution, if held by a circuit court or an appellate court; and
- Confidential and exempt from article I section 119.07(1) and section 24(a) of the State Constitution, if held by the office of criminal conflict and civil regional counsel or the Justice Administrative Commission.

The bill provides legislative findings that the public records exemption is a public necessity and provides that the public records exemption is subject to the Open Government Sunset Review Act and will be repealed on October 2, 2024, unless reviewed and saved from repeal by the Legislature.

The bill takes effect on the same date as SB 1774, or other similar legislation, if such legislation is adopted in the same session and becomes a law.

II. Present Situation:

Public Records Law

The State Constitution provides that the public has the right to inspect or copy records made or received in connection with official governmental business.¹ This 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.²

Chapter 119, F.S., known as the Public Records Act, constitutes the main body of public records laws.³ The Public Records Act states “[i]t is the policy of this state that all state, county, and municipal records are open for personal inspection and copying by any person. Providing access to public records is a duty of each agency.”⁴

The Public Records Act typically contains general exemptions that apply across agencies. Agency- or program-specific exemptions often are placed in the substantive statutes relating to that particular agency or program.

The Public Records Act does not apply to legislative or judicial records.⁵ Legislative records are public pursuant to s. 11.0431, F.S. Public records exemptions for the Legislature are codified primarily in s. 11.0431(2)-(3), F.S., and adopted in the rules of each house of the Legislature.

A public record includes virtually any document or recording, regardless of its physical form or how it may be transmitted.⁶ The Florida Supreme Court has interpreted public records as being “any material prepared in connection with official agency business which is intended to perpetuate, communicate, or formalize knowledge of some type.”⁷

The Florida Statutes specify conditions under which public access to governmental records must be provided. The Public Records Act guarantees every person’s right to inspect and copy any state or local government public record at any reasonable time, under reasonable conditions, and under supervision by the custodian of the public record.⁸ A violation of the Public Records Act may result in civil or criminal liability.⁹

¹ FLA. CONST. art. I, s. 24(a).

² *Id.*

³ Public records laws are found throughout the Florida Statutes.

⁴ Section 119.01(1), F.S.

⁵ *Locke v. Hawkes*, 595 So. 2d 32 (Fla. 1992). Also see *Times Pub. Co. v. Ake*, 660 So. 2d 255 (Fla. 1995).

⁶ Section 119.011(12), F.S., defines “public record” to mean “all 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 connection with the transaction of official business by any agency.” 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.”

⁷ *Shevin v. Byron, Harless, Schaffer, Reid and Assoc. Inc.*, 379 So. 2d 633, 640 (Fla. 1980).

⁸ Section 119.07(1)(a), F.S.

⁹ Section 119.10, F.S. Public records laws are found throughout the Florida Statutes, as are the penalties for violating those laws.

Only the Legislature may create an exemption to public records requirements.¹⁰ An exemption must be created by general law and must specifically state the public necessity justifying the exemption.¹¹ Further, the exemption must be no broader than necessary to accomplish the stated purpose of the law. A bill enacting an exemption may not contain other substantive provisions¹² and must pass by a two-thirds vote of the members present and voting in each house of the Legislature.¹³

When creating or expanding a public records exemption, the Legislature may provide that a record is “confidential and exempt” or “exempt.”¹⁴ Records designated as “confidential and exempt” may be released by the records custodian only under the circumstances defined by the Legislature or pursuant to a court order. Records designated as “exempt” may be released at the discretion of the records custodian under certain circumstances.¹⁵

The Open Government Sunset Review Act (the Act) prescribes a legislative review process for newly created or substantially amended public records or open meetings exemptions,¹⁶ with specified exceptions.¹⁷ It requires the automatic repeal of such exemption on October 2nd of the fifth year after creation or substantial amendment, unless the Legislature reenacts the exemption.¹⁸ 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 to meet such public purpose.¹⁹

Office of Criminal Conflict and Civil Regional Counsel (Office)

In 2007, the Legislature created the Office to provide adequate representation to persons entitled to court-appointed counsel under the U.S. or Florida Constitution or as authorized by general law. In creating the Office, the Legislature intended to provide adequate representation in a fiscally sound manner, while safeguarding constitutional principles.²⁰ The Office provides counsel only in cases where a judge appoints the office. Counsel may be provided in both criminal and civil cases.²¹

¹⁰ FLA. CONST. art. I, s. 24(c).

¹¹ *Id.*

¹² The bill may; however, contain multiple exemptions that relate to one subject.

¹³ FLA. CONST. art. I, s. 24(c).

¹⁴ If the Legislature designates a record as confidential, such record may not be released to anyone other than the persons or entities specifically designated in the statutory exemption. *WFTV, Inc. v. The Sch. Bd. of Seminole*, 874 So. 2d 48, 53 (Fla. 5th DCA 2004).

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

¹⁶ Section 119.15, F.S. An exemption is substantially amended if the amendment expands the scope of the exemption to include more records or information or to include meetings as well as records (s. 119.15(4)(b), F.S.). The requirements of the Act do not apply to an exemption that is required by federal law or that applies solely to the Legislature or the State Court System (s. 119.15(2), F.S.).

¹⁷ Section 119.15(2)(a) and (b), F.S., provide that exemptions that are required by federal law or are applicable solely to the Legislature or the State Court System are not subject to the Open Government Sunset Review Act.

¹⁸ Section 119.15(3), F.S.

¹⁹ Section 119.15(6)(b), F.S.

²⁰ Section 27.511, F.S.

²¹ See <https://rc1fl.com/about-us/case-types>, (last visited on April 4, 2019).

The Justice Administrative Commission

The Justice Administrative Commission (JAC), created in 1965, provides administrative services on behalf of 49 judicial related offices. Currently, the JAC administratively serves 20 Offices of State Attorney, 20 Offices of Public Defender, 5 Offices of Criminal Conflict and Civil Regional Counsel, 3 Offices of Capital Collateral Regional Counsel, and the Statewide Guardian ad Litem Program. Services provided are primarily in the areas of accounting, budget, financial services, and human resources. While the JAC administratively serves these offices, the JAC does not supervise, direct, or control the offices it serves.²²

III. Effect of Proposed Changes:

CS/SB 1778 creates s. 390.01118, F.S., to establish a public records exemption for any information that can be used to identify a minor who is petitioning a circuit court for a judicial waiver pursuant to the Parental Consent for Abortion Act established in SB 1774, if SB 1774 becomes law. Specifically, the bill provides that any such information is:

- Confidential and exempt from article I, section 24(a) of the State Constitution, if held by a circuit court or an appellate court; and
- Confidential and exempt from article I, section 119.07(1) and section 24(a) of the State Constitution, if held by the office of criminal conflict and civil regional counsel or the Justice Administrative Commission.

The bill provides legislative findings of public necessity as follows:

- It is a public necessity to keep confidential and exempt from public disclosure information contained in a court record which could be used to identify a minor who is petitioning the court for a waiver from the statutory requirement that a parent or legal guardian give consent before the minor may obtain an abortion. The information contained in these records is of a sensitive, personal nature regarding a minor petitioner, release of which could harm the reputation of the minor, as well as jeopardize her safety. Disclosure of this information could jeopardize the safety of the minor in instances when child abuse or child sexual abuse against her is present by exposing her to further acts of abuse from an abuser who, if the information was not held confidential, could learn of her pregnancy, her plans to obtain an abortion, and her petition to the court.
- It is a public necessity to keep this identifying information in records held by the court confidential and exempt in order to protect the privacy of the minor. The State Constitution contains an express right of privacy in section 23 of article I. Further, the United States Supreme Court has repeatedly required parental-consent laws to contain judicial-bypass procedures and to preserve confidentiality at every level of court proceedings in order to protect the privacy rights of the minor. Without the confidentiality and exemption provided in this act, the disclosure of personal identifying information would violate the right of privacy of the minor and would place the constitutionality of the state's program providing for a judicial waiver of consent in question.

²² See <https://www.justiceadmin.org/commissioners/history.aspx>, (last visited on April 4, 2019).

The bill also provides that the public records exemption is subject to the Open Government Sunset Review Act and will be repealed on October 2, 2024, unless reviewed and saved from repeal by the Legislature.

The bill takes effect on the same date as SB 1774, or other similar legislation, if such legislation is adopted in the same session and becomes a law.

IV. Constitutional Issues:

A. Municipality/County Mandates Restrictions:

None.

B. Public Records/Open Meetings Issues:

Voting Requirement

Article I, section 24(c) of the State Constitution requires a two-thirds vote of the members present and voting for final passage of a newly created or expanded public record exemption. Because the bill creates a public record exemption, it requires a two-thirds vote for final passage.

Public Necessity Statement

Article I, section 24(c) of the State Constitution requires a bill that creates or expands 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 exemptions.

Breadth of Exemption

Article I, section 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 public necessity statement in section 2 of the bill provides findings that the State Constitution contains an express right of privacy in section 23 of article I. Further, the United States Supreme Court has repeatedly required parental-consent laws to contain judicial-bypass procedures and to preserve confidentiality at every level of court proceedings in order to protect the privacy rights of the minor. Without the confidentiality and exemption provided in this act, the disclosure of personal identifying information would violate the right of privacy of the minor and would place the constitutionality of the state's program providing for a judicial waiver of consent in question.

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:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

VIII. Statutes Affected:

This bill creates section 390.01118 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.)

CS by Health Policy on April 8, 2019:

The CS ties the effective date of the bill to the effective date of SB 1774, or other similar legislation, if such legislation is passed in the same legislative session and becomes law.

B. Amendments:

None.



647174

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/08/2019	.	
	.	
	.	
	.	

The Committee on Health Policy (Stargel) recommended the following:

Senate Amendment

Delete line 67
and insert:
SB 1774 or similar legislation takes effect if such legislation

By Senator Stargel

22-02504A-19

20191778__

A bill to be entitled

An act relating to public records; creating s. 390.01118, F.S.; providing a public records exemption for information that could identify a minor which is contained in a record held by the court relating to the minor's petition to waive consent requirements to obtain an abortion; providing for future legislative review and repeal under the Open Government Sunset Review Act; providing a statement of public necessity; providing a contingent effective date.

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

Section 1. Section 390.01118, Florida Statutes, is created to read:

390.01118 Public records exemptions; minors seeking waiver of consent requirements.—Any information that can be used to identify a minor who is petitioning a circuit court for a judicial waiver, as provided in s. 390.01117, of the consent requirements under the Parental Consent for Abortion Act is:

(1) Confidential and exempt from s. 24(a), Art. I of the State Constitution, if held by a circuit court or an appellate court.

(2) Confidential and exempt from s. 119.07(1) and s. 24(a), Art. I of the State Constitution, if held by the office of criminal conflict and civil regional counsel or the Justice Administrative Commission.

This section is subject to the Open Government Sunset Review Act

22-02504A-19

20191778__

in accordance with s. 119.15 and shall stand repealed on October 2, 2024, unless reviewed and saved from repeal through reenactment by the Legislature.

Section 2. (1) The Legislature finds that it is a public necessity to keep confidential and exempt from public disclosure information contained in a court record which could be used to identify a minor who is petitioning the court for a waiver from the statutory requirement that a parent or legal guardian give consent before the minor may obtain an abortion. The information contained in these records is of a sensitive, personal nature regarding a minor petitioner, release of which could harm the reputation of the minor, as well as jeopardize her safety. Disclosure of this information could jeopardize the safety of the minor in instances when child abuse or child sexual abuse against her is present by exposing her to further acts of abuse from an abuser who, if the information was not held confidential, could learn of her pregnancy, her plans to obtain an abortion, and her petition to the court.

(2) The Legislature further finds that it is a public necessity to keep this identifying information in records held by the court confidential and exempt in order to protect the privacy of the minor. The State Constitution contains an express right of privacy in Section 23 of Article I. Further, the United States Supreme Court has repeatedly required parental-consent laws to contain judicial-bypass procedures and to preserve confidentiality at every level of court proceedings in order to protect the privacy rights of the minor. Without the confidentiality and exemption provided in this act, the disclosure of personal identifying information would violate the

22-02504A-19

20191778__

59 right of privacy of the minor and would place the
60 constitutionality of the state's program providing for a
61 judicial waiver of consent in question. Thus, the
62 confidentiality and exemption provided by this act are necessary
63 for the effective administration of the Parental Consent for
64 Abortion Act, for which administration would be impaired without
65 the exemption.

66 Section 3. This act shall take effect on the same date that
67 SB ____ or similar legislation takes effect if such legislation
68 is adopted in the same legislative session or an extension
69 thereof and becomes a law.

**The Florida Senate
Committee Notice Of Hearing**

IN THE FLORIDA SENATE
TALLAHASSEE, FLORIDA

IN RE: Executive Appointment of
Mary C. Mayhew
Secretary of Health Care Administration

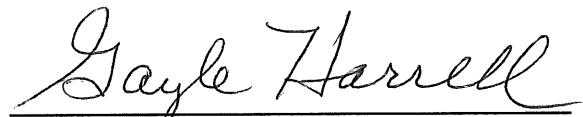
NOTICE OF HEARING

TO: Secretary Mary C. Mayhew

YOU ARE HEREBY NOTIFIED that the Committee on Health Policy of the Florida Senate will conduct a hearing on your executive appointment on Monday, April 8, 2019, in the Pat Thomas Committee Room, 412 Knott Building, commencing at 12:30 p.m., pursuant to Rule 12.7(1) of the Rules of the Florida Senate.

Please be present at the time of the hearing.
DATED this the 4th day of April, 2019

Committee on Health Policy

A handwritten signature in cursive script, reading "Gayle Harrell", written in black ink.

Senator Gayle Harrell
As Chair and by authority of the committee

cc: Members, Committee on Health Policy
Office of the Sergeant at Arms

35

**STATE OF FLORIDA
DEPARTMENT OF STATE
Division of Elections**

I, Laurel M. Lee, Secretary of State,
do hereby certify that

Mary C. Mayhew

is duly appointed

Secretary,

Agency for Health Care Administration

for a term beginning on the Twenty-Second day of January,
A.D., 2019, to serve at the pleasure of the Governor and is
subject to be confirmed by the Senate during the next regular
session of the Legislature.

*Given under my hand and the Great Seal of the
State of Florida, at Tallahassee, the Capital, this
the Fifth day of March, A.D., 2019.*



Secretary of State



RON DeSANTIS
GOVERNOR

RECEIVED
DEPARTMENT OF STATE
2019 MAR -5 PM 3: 36
DIVISION OF ELECTIONS
TALLAHASSEE, FL

January 13, 2019

Secretary Michael Ertel
Department of State
R.A. Gray Building, Room 316
500 South Bronough Street
Tallahassee, FL 32399-0250

Dear Secretary Ertel:

Please be advised I have made the following appointment under the provisions of Section 20.42 Florida Statutes:

Ms. Mary Mayhew

as the Secretary of Health Care Administration, subject to confirmation by the Senate. This appointment is effective January 22, 2019, for a term ending at the pleasure of the Governor.

Sincerely,

A handwritten signature in black ink, appearing to read "Ron DeSantis".

Ron DeSantis
Governor

RD/mm

OATH OF OFFICE

(Art. II, § 5(b), Fla. Const.)

STATE OF FLORIDA

County of LEON

2019 FEB 11 PM 12:07

I do solemnly swear (or affirm) that I will support, protect, and defend the Constitution and Government of the United States and of the State of Florida; that I am duly qualified to hold office under the Constitution of the State, and that I will well and faithfully perform the duties of

SECRETARY of AGENCY for HEALTH CARE ADMINISTRATION

(Title of Office)

on which I am now about to enter, so help me God.

[NOTE: If you affirm, you may omit the words "so help me God." See § 92.52, Fla. Stat.]

Mary C. Mayhew
Signature

Sworn to and subscribed before me this 8th day of February, 2019.

Mary Gay Templeton
Signature of Officer Administering Oath or of Notary Public

Mary Gay Templeton
Print, Type, or Stamp Commissioned Name of Notary Public



Personally Known ☒ OR Produced Identification ☐

Type of Identification Produced _____

ACCEPTANCE

I accept the office listed in the above Oath of Office.

Mailing Address: ☐ Home ☒ Office

2727 Mahan Drive, Mail Stop 1

Street or Post Office Box

Tallahassee, Florida 32308

City, State, Zip Code

Mary C. Mayhew

Print Name

Signature Mary C. Mayhew

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/2019

Meeting Date

N/A

Bill Number (if applicable)

N/A

Amendment Barcode (if applicable)

Topic Senate Confirmation Hearing: Secretary Mayhew, Mary C

Name Audrey Brown

Job Title President & C.E.O

Address 200 W. College Ave

Street

Tallahassee

City

FL

State

32301

Zip

Phone 850-386-2904

Email Audrey@fahp.net

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Association of Helath Plans

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/2019

Meeting Date

Bill Number (if applicable)

Topic Secretary Mary Mayhew Confirmation

Amendment Barcode (if applicable)

Name Melanie Brown-Wooffter

Job Title President and CEO

Address 316 Park Ave

Phone 850-224-6048

Street

Tallahassee

FL

32301

Email melanie@fccmh.org

City

State

Zip

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Council for Behavioral Healthcare

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

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4/8/19

Meeting Date

Bill Number (if applicable)

Topic Confirmation Hearing - Mary Mayhew

Amendment Barcode (if applicable)

Name Steve Bahmer

Job Title President/CEO

Address 1812 Riggins Rd
Street

Phone 850/671-3700

Tallahassee
City

FL
State

32308
Zip

Email sbahmer@leadingageflorida.org

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☒ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Leading Age Florida

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

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4-8-19

Meeting Date

Bill Number (if applicable)

Topic CONFIRMATION

Amendment Barcode (if applicable)

Name MARY C. MAYHEW

Job Title SECRETARY

Address 2727 N. MAHANT DR

Phone 412-3600

Street

TALLAHASSEE

City

FL

State

32308

Zip

Email mary.mayhew@ahca.myfloridachoice.com

Speaking: ☐ For ☐ Against ☒ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Agency For Health Care Administration

Appearing at request of Chair: ☒ Yes ☐ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

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4/8/19
Meeting Date

Bill Number (if applicable)

Topic Confirmation of AHCA Secretary

Amendment Barcode (if applicable)

Name Bob Aszalos

Job Title Chief Lobbyist

Address 307 W Park Ave
Street

Phone 850-284-1166

Tallahassee FL 32301
City State Zip

Email baszalos@fha.org

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Health Care Association

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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S-001 (10/14/14)

THE FLORIDA SENATE
APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

Bill Number (if applicable)

Topic I want to speak on this Confirmation

Amendment Barcode (if applicable)

Name Greg Pound

Job Title _____

Address 9166 Sunrise Dr.

Phone _____

Street

Largo

City

FL

State

33773

Zip

Email _____

Speaking: ☐ For ☐ Against ☒ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing _____

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

Meeting Date

Confirmation

Bill Number (if applicable)

AHCA Sec.

Amendment Barcode (if applicable)

Topic Confirmation Hearing AHCA Secretary

Name Karen Woodall

Job Title Exec-Director

Address 579 E. Call St.

Phone 850-321-9386

Tallahassee, FL 32301

Email fcbp@yahoo.com

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing FI Center for Fiscal & Economic Policy

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

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: CS/SB 832

INTRODUCER: Health Policy Committee and Senator Rader

SUBJECT: Adoption Records

DATE: April 10, 2019

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Rossitto-Van Winkle	Brown	HP	Fav/CS
2.	_____	_____	JU	_____
3.	_____	_____	RC	_____

Please see Section IX. for Additional Information:

COMMITTEE SUBSTITUTE - Substantial Changes

I. Summary:

CS/SB 832 changes the title of the bill to an act relating to adoption records and authorizes the disclosure of specified information from adoption records upon written authorization or court order.

The bill has an effective date of July 1, 2019.

II. Present Situation:

Vital Statistics

Vital statistics consists of official records of birth, death, fetal death, marriage, and dissolution of marriage. Official collection of Florida's birth and death records started in 1917. Annual reporting of vital statistics began in 1919. Florida became a nationally recognized death registration jurisdiction in 1919 and a nationally recognized birth registration jurisdiction in 1924. Marriage and dissolution records have been filed with Florida's BVS since June 1927.¹

¹ Department of Health, *Florida Vital Statistics Annual Report* (June 2018), p. vii, available at <http://www.flpublichealth.com/VSBOOK/pdf/2017/vscomp.pdf> (last visited April 2, 2019).

The BVS is responsible for the uniform registration, compilation, storage, and preservation of all vital records in the state.² The BVS maintains more than 22-½ million vital records. In addition to the state office, which operates under the direction of the state registrar, district offices operate under the direction of local registrars. The BVS issues more than 2.8 million certified copies annually. A centralized database allows all 67 counties to issue:

- Birth certifications, 1,860 to present; and
- Death and fetal death certifications, 2,009 to present.³

Birth Registration

A certificate for each live birth that occurs in this state must be filed within 5 days after the birth. The certificate may be filed with the local registrar of the district in which the birth occurred or submitted electronically to the state registrar. Responsibility for filing the certificate is assigned to various persons, depending upon the location in which the birth occurs. For example, if the birth occurs in a hospital, birth center, or other health care facility, or in route thereto, the person in charge of the facility is responsible for filing the certificate. The health care practitioner in attendance is responsible for providing the facility with the information required for the birth certificate. If the birth occurs outside a facility and a physician, certified nurse midwife, midwife, or a public health nurse was in attendance, then that person must file the certificate.⁴

Adoptee Birth Certificates in Florida

Florida Adoption Records Law

Florida enacted the state's first adoption law in 1885. No new birth certificate was issued with an adoption, but the adoption was done through a court proceeding and the court file was a matter of public record.⁵ In 1939, Florida law first authorized the issuance of a new birth certificate in cases of adoption and legitimacy.⁶ The original birth certificate was sealed, but adoptees had the right to obtain the original birth certificate upon request to the registrar.⁷ In 1943, Florida repealed and replaced its 1885 adoption laws.⁸ The new laws did not make any records or files confidential, and original birth certificates continued to be available to adoptees upon request.⁹

In 1947, the Legislature amended Florida's adoption laws to make court "records, papers, and files" of adoptions of minors confidential and accessible only by court order.¹⁰ In 1949, the Legislature modified the vital public records law to provide access to original birth certificates in cases of illegitimacy or unknown parentage if the applicant was of legal age.¹¹

² Section 382.003, F.S. The statutes refer to an Office of Vital Statistics under the direction of the State Registrar; however, the DOH has established this responsibility at the bureau level under the Public Health Statistics and Performance Management Division. See the Department's Organizational chart available at <http://www.floridahealth.gov/about-the-department-of-health/documents/orgchart.pdf> (last visited April 2, 2019).

³ Department of Health, *Senate Bill 832 Analysis* (February 7, 2019) (on file with the Senate Committee on Health Policy).

⁴ Section 382.013, F.S.

⁵ Chapter 3594, No. 39, Laws of Fla. (1885); ss. 1536 – 1541, F.S. (Revised 1892).

⁶ Chapter 19063, s. 2, Laws of Fla (1939).

⁷ *Id.*

⁸ Chapter 21759, s. 20, Laws of Fla. (1939).

⁹ Chapter 21759, ss. 1- 20, Laws of Fla. (1943).

¹⁰ Sections 72.01-72.39 (Suppl. 1947).

¹¹ Chapter 25372, s.18, Laws of Fla. (1949).

In 1967, the Legislature enacted s. 119.07, F.S., Florida's Sunshine Records Law, which required every public records custodian to permit the public records in his or her control to be inspected and copied, unless exempt by law to be confidential.¹² In 1976, Betty Patricia Mullarkey successfully sued the Department of Health and Rehabilitative Services after the department refused to provide her with her original birth certificate.¹³

In 1977, the Legislature enacted legislation that required a court order for an adoptee to request and obtain an original birth certificate. The law; however, did not actually repeal prior language from the 1939 vital records law, which entitled the adoptee to obtain the record upon request. Rather, the new law made the request for original birth certificates subject to review by the court in adoption proceedings.¹⁴ In 1987, the Legislature deleted the original 1939 statutory language that gave adoptees unrestricted access to their original birth certificates upon request in ch. 63, F.S., to require the adoptee to obtain a court order under s. 63.162, F.S., to obtain birth records.^{15,16}

Section 382.015(1)(a), F.S., requires the court clerk in adoption, paternal status, or paternity cases to, within 30 days of final disposition, forward to the BVS a certified copy of the court order, including sufficient information to identify the original birth certificate and to enable the preparation of a new birth certificate. Upon receipt, the BVS must prepare and file a new birth certificate, absent an objection by the court, the adoptive parents, or the adult adoptee. The new certificate must have the same file number as the original birth certificate. The names and identifying information of the adoptive parents are to be entered on the new certificate without any reference to the parents being adoptive. All other information will remain the same, including the date of registration and filing.¹⁷

Once a new birth certificate is prepared, the DOH must substitute the new birth certificate for the original certificate on file. All copies of the original birth certificate in the custody of a local registrar must be forwarded to the state registrar. Thereafter, when a certified copy of the birth certificate is issued, it must be a copy of the new birth certificate, except when a court order requires issuance of a certified copy of the original birth certificate. In adoptions, change in paternity, affirmation of parental status, undetermined parentage, or court-ordered substitution, the DOH must place the original birth certificate, and all papers pertaining to it, under seal, and the seal must not be breached except by court order or as otherwise provided by law.¹⁸

Section 382.025, F.S., provides that all birth records of this state are confidential and exempt from disclosure pursuant to s. 119.07(1), F.S., except birth records over 100 years old that are not

¹² Chapter 67-125, s.7, Laws of Fla. (1967).

¹³ See *Dep't of Health and Rehabilitative Services v. Mullarkey*, 340 So.2d 123 (Fla 1st DCA 1976).

¹⁴ Chapter 77-446, s. 3, Laws of Fla (1977). This law went into effect June 30, 1977, and is not retroactive.

¹⁵ Chapter 87-387, s. 13, Laws of Fla. (1987).

¹⁶ Section 63.162, F.S., requires that all hearings held in adoption matters be held in closed court without admittance of any person other than essential officers of the court, the parties, witnesses, counsel, persons who have not consented to the release of information.

¹⁷ Section 382.015 (1)(a), F.S.

¹⁸ Section 382.015(4), F.S.

under seal pursuant to court order. This includes certified copies of an original birth certificate, a new or amended certificate, or affidavits¹⁹.

The BVS may only release copies of birth records upon receipt of a request and payment of the fee,²⁰ and only:

- To the registrant, if he or she is of legal age, is a certified homeless, or is a minor who has had the disabilities of non-age removed under s. 743.01 or s. 743.015, F.S.;
- To the registrant's parent or guardian or other legal representative;
- Upon receipt of the registrant's death certificate, to the registrant's spouse, child, grandchild, or adult sibling, or legal representative of any of these persons;
- To any person if the birth record is over 100 years old and not under seal;
- To law enforcement agencies for official purposes;
- To any agency of the state or the United States for official purposes upon approval of the DOH; or
- Upon court order.²¹

Section 63.162(2), F.S., provides that all papers and records pertaining to an adoption, including the original birth certificate, are confidential and subject to inspection only upon order of the court. A person may not disclose from adoption records the name or identity of a birth parent, an adoptive parent, or an adoptee, unless:

- The birth parent authorizes the release of his or her name in writing;
- The adult adoptee authorizes the release of his or her name in writing or, if the adoptee is a minor, written consent to disclose the adoptee's name from an adoptive parent;
- The adoptive parent authorizes the release of his or her name in writing; or
- Upon court order for good cause.²²

In determining whether good cause exists, s. 63.162(4)(d), F.S., requires the court give primary consideration to the best interests of the adoptee but must also give due consideration to the interests of the adoptive and birth parents. Factors to be considered in determining whether good cause exists include, but are not limited to:

- The reason the information is sought;
- The existence of means available to obtain the desired information without disclosing the identity of the birth parents, such as by having the court, a person appointed by the court, the DOH, or the licensed child-placing agency contact the birth parents and request specific information;
- The desires of the adoptee, the adoptive parents, and the birth parents, to the extent known;
- The age, maturity, judgment, and expressed needs of the adoptee; and
- The recommendation of the DOH, licensed child-placing agency, or professional who prepared the preliminary study and home investigation, or the DOH if no study was prepared, concerning the advisability of disclosure.²³

¹⁹ Section 382.025, F.S.

²⁰ See s. 382.0255, F.S.

²¹ Section 382.025, F.S.

²² Section 63.162(4), F.S.

²³ Section 63.162(4)(d), F.S.

III. Effect of Proposed Changes:

CS/SB 832 amends s. 63.162, F.S., to provide that certain information pertaining to an adoption may be disclosed without a court order, including:

- The name and identity of the birth parent if he or she authorizes in writing the disclosure of his or her name;
- The name and identity of the adoptee if he or she is 18 years of age or older and authorizes in writing the disclosure of his or her name; and
- The name and identity of the adoptive parent if he or she authorizes in writing the disclosure of his or her name.

The bill allows the name and identity of the persons referenced above to be disclosed from adoption records upon court order if the court finds good cause, even if such a person has not authorized the disclosure.

The bill has effective date of July 1, 2019.

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:

None.

C. Government Sector Impact:

None.

VI. Technical Deficiencies:

None.

VII. Related Issues:

The bill authorizes the disclosure of the “name and identity” of an adoptee, birth parent, or adoptive parent upon written authorization of the disclosure of his or her “name.” In this way, the bill authorizes the release of information about a person (identity) that the person has not authorized to be released. The bill does not define the term “identity,” does not draw a distinction between “name” and “identity,” and does not indicate what information the term “identity” encompasses.

VIII. Statutes Affected:

This bill substantially amends section 382.05 of the Florida Statutes.

IX. Additional Information:

A. Committee Substitute – Statement of Substantial Changes:
(Summarizing differences between the Committee Substitute and the prior version of the bill.)

CS by Health Policy on April 8, 2019

The committee substitute:

- Removes the underlying bill’s creation of a new subsection of s. 385.015, F.S.;
- Removes the underlying bill’s references to the Florida Adoption Reunion Registry;
- Removes references to a “noncertified copy of an original birth certificate,” which was the underlying bill’s instrument for conveying the information in question under the bill;
- Provides that certain information pertaining to an adoption may be disclosed without a court order, including:
 - The name and identity of the birth parent if the birth parent authorizes the disclosure of his or her name in writing;
 - The name and identity of the adoptee if he or she is 18 years of age or older and authorizes the disclosure of his or her name in writing;
 - The name and identity of the adoptive parent if he or she authorizes the disclosure of his or her name in writing; and
- Provides that the name and identity of the persons referenced above may be disclosed from adoption records upon court order if the court finds good cause, even if the person has not authorized the disclosure.

B. Amendments:

None.

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



267296

LEGISLATIVE ACTION

Senate	.	House
Comm: RCS	.	
04/08/2019	.	
	.	
	.	
	.	

The Committee on Health Policy (Rader) recommended the following:

Senate Amendment (with title amendment)

Delete everything after the enacting clause
and insert:

Section 1. Subsection (4) of section 63.162, Florida
Statutes, is amended to read:

63.162 Hearings and records in adoption proceedings;
confidential nature.—

(4) (a) A person may ~~not~~ disclose the following from the
records without a court order ~~the name and identity of a birth~~



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~~parent, an adoptive parent, or an adoptee unless:~~

~~1.(a) The name and identity of the birth parent if the birth parent authorizes in writing the release of his or her name;~~

~~2.(b) The name and identity of the adoptee, if the adoptee is 18 or more years of age or older and , authorizes in writing the release of his or her name; or, if the adoptee is less than 18 years of age, written consent to disclose the adoptee's name is obtained from an adoptive parent; or~~

~~3.(c) The name and identity of the adoptive parent if the adoptive parent authorizes in writing the release of his or her name. ~~;~~ ~~or~~~~

~~(b)(d) A person may disclose from the records the name and identity of a birth parent, an adoptive parent, or an adoptee upon order of the court for good cause shown. In determining whether good cause exists, the court shall give primary consideration to the best interests of the adoptee, but must also give due consideration to the interests of the adoptive and birth parents. Factors to be considered in determining whether good cause exists include, but are not limited to:~~

~~1. The reason the information is sought;~~

~~2. The existence of means available to obtain the desired information without disclosing the identity of the birth parents, such as by having the court, a person appointed by the court, the department, or the licensed child-placing agency contact the birth parents and request specific information;~~

~~3. The desires, to the extent known, of the adoptee, the adoptive parents, and the birth parents;~~

~~4. The age, maturity, judgment, and expressed needs of the~~



267296

adoptive; and

5. The recommendation of the department, licensed child-placing agency, or professional which prepared the preliminary study and home investigation, or the department if no such study was prepared, concerning the advisability of disclosure.

Section 2. This act shall take effect July 1, 2019.

===== T I T L E A M E N D M E N T =====

And the title is amended as follows:

Delete everything before the enacting clause
and insert:

A bill to be entitled

An act relating to adoption records; amending s.
63.162, F.S.; providing that the name and identity of
a birth parent, an adoptive parent, and an adoptee may
be disclosed from the adoption records without a court
order under certain circumstances; providing an
effective date.

By Senator Rader

29-01095A-19

2019832__

1 A bill to be entitled
 2 An act relating to adoptee birth certificates;
 3 amending s. 382.015, F.S.; requiring the Department of
 4 Health to issue a noncertified copy of an original
 5 certificate of birth to certain adoptees if certain
 6 requirements are met; providing that an adoptee does
 7 not need his or her adoptive parents' permission to
 8 receive such certificate of birth; providing an
 9 effective date.
 10
 11 Be It Enacted by the Legislature of the State of Florida:
 12
 13 Section 1. Present subsections (5) and (6) of section
 14 382.015, Florida Statutes, are renumbered as subsections (6) and
 15 (7), respectively, and a new subsection (5) is added to that
 16 section, to read:
 17 382.015 New certificates of live birth; duty of clerks of
 18 court and department; noncertified copy of original certificate
 19 of birth.—The clerk of the court in which any proceeding for
 20 adoption, annulment of an adoption, affirmation of parental
 21 status, or determination of paternity is to be registered, shall
 22 within 30 days after the final disposition, forward to the
 23 department a certified copy of the court order, or a report of
 24 the proceedings upon a form to be furnished by the department,
 25 together with sufficient information to identify the original
 26 birth certificate and to enable the preparation of a new birth
 27 certificate. The clerk of the court shall implement a monitoring
 28 and quality control plan to ensure that all judicial
 29 determinations of paternity are reported to the department in

Page 1 of 3

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

29-01095A-19

2019832__

30 compliance with this section. The department shall track
 31 paternity determinations reported monthly by county, monitor
 32 compliance with the 30-day timeframe, and report the data to the
 33 clerks of the court quarterly.
 34 (5) NONCERTIFIED COPY OF ORIGINAL CERTIFICATE OF BIRTH.—A
 35 noncertified copy of an original certificate of birth is a
 36 summary of the original certificate of birth, similar in form to
 37 a certified copy of an original certificate of birth, that
 38 consists of only the full names and ages of the birth parents,
 39 the date when the child was born, the county where the child was
 40 born, and the full name given to the child at birth.
 41 (a) Notwithstanding any other provision of law, an adoptee
 42 who is of legal age, or if the adoptee is deceased, a descendant
 43 of the adoptee who is of legal age, may apply to the department
 44 for a noncertified copy of the adoptee's original certificate of
 45 birth. The department shall issue a noncertified copy of the
 46 original certificate of birth within 45 days after receipt of
 47 the application if the application complies with the
 48 requirements of this subsection.
 49 (b) An adoptee, or a descendant of the adoptee, may apply
 50 for adoption registry services through the Florida Adoption
 51 Reunion Registry (FARR) and connect with at least one of the
 52 adoptee's birth parents before applying to the department for a
 53 noncertified copy of an original certificate of birth. An
 54 adoptee, or a descendant of the adoptee, must attach written
 55 proof to the application that a connection with a birth parent
 56 was made.
 57 (c) The permission of an adoptee's adoptive parents is not
 58 required for an adoptee, or a descendant of the adoptee, to

Page 2 of 3

CODING: Words ~~stricken~~ are deletions; words underlined are additions.

29-01095A-19

2019832__

59 receive a noncertified copy of an original certificate of birth
60 under this subsection.

61 Section 2. This act shall take effect July 1, 2019.



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Governmental Oversight and Accountability, *Vice Chair*
Agriculture
Appropriations Subcommittee on Health
and Human Services
Children, Families, and Elder Affairs

JOINT COMMITTEE:

Joint Legislative Auditing Committee

SENATOR KEVIN J. RADER
29th District

February 15, 2019

Chair Gayle Harrell
Committee on Health Policy
530 Knott Building
404 S. Monroe Street
Tallahassee, FL 32399-1100

Chair Harrell,

I respectfully request that you place SB 832, relating to Adoptee Birth Certificates, on the agenda of the Committee on Health Policy at your earliest convenience.

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

Kindest Regards,

A handwritten signature in cursive script that reads "Kevin Rader".

Senator Kevin J. Rader
Florida Senate, District 29

cc: Allen Brown, Staff Director
Celia Georgiades, Administrative Assistant

REPLY TO:

- ☐ 5301 North Federal Hwy, Suite 135, Boca Raton, Florida 33487 (561) 443-8170
- ☐ 222 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5029

Senate's Website: www.flsenate.gov

BILL GALVANO
President of the Senate

DAVID SIMMONS
President Pro Tempore

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

832

Bill Number (if applicable)

Topic Adoption

Amendment Barcode (if applicable)

Name Bill Barrett

Job Title

Address 4001 Hudson Terr

Phone 321-403-6410

Street Tampa FL 33618

Email bbarrett-spg@gmail.com

Speaking: ☒ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida Adoption Reform & Education

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

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 410

INTRODUCER: Senator Berman and others

SUBJECT: Long-acting Reversible Contraception Pilot Program

DATE: April 5, 2019

REVISED: _____

	ANALYST	STAFF DIRECTOR	REFERENCE	ACTION
1.	Lloyd	Brown	HP	Favorable
2.			AHS	
3.			AP	

I. Summary:

SB 410 directs the Department of Health (DOH) to establish a long-acting reversible contraception (LARC) pilot program in Duval, Hillsborough, and Palm Beach counties. The DOH must contract with eligible family planning providers to deliver the services. A report on the effectiveness of the pilot program is due to the Governor, the President of the Senate, and the Speaker of the House of Representatives by January 1, 2021.

The bill provides a non-recurring general revenue appropriation of \$100,000 for the 2019-2020 fiscal year and directs the DOH to divide the funds equally among the three counties. The funds may not replace or supplant any existing state funds to family planning providers or to the DOH for family planning services.

The bill has an effective date of July 1, 2019.

II. Present Situation:

Unintended Pregnancy Rates

After a long period of little to no change in the unintended pregnancy rate, a study published in *The New England Journal of Medicine* in 2016 showed that the rate changed significantly in the United States in the time period between 2008 and 2011.¹ In 2008, the rate of unintended pregnancy was 54 per 1,000 women and girls aged 15 to 44. By 2011, this rate had declined by 18 percent to 45 unintended pregnancies for 1,000 women and girls aged 15 to 44.² The study's authors noted that this was the first substantial decline in the unintended pregnancy rate since at

¹ Lawrence B. Finer, Ph.D., and Mia R. Zolna, M.P.H., *Declines in Unintended Pregnancy in the United States, 2008-2011*, *NEW ENG. J. MED.* 2016; 374; 843-852, available at <https://www.nejm.org/doi/full/10.1056/NEJMsa1506575> (last visited April 3, 2019).

² Finer and Zolna, *supra* note 1, at 843.

least 1981, and declines were recorded in all racial and ethnic groups.³ The authors attributed the likely cause for the decline predominantly to the change in the type and frequency of contraception used over time, noting that use of long-acting methods, such as intrauterine devices (IUD), had grown in popularity during that span from four percent to 12 percent across almost all demographic groups.⁴

In the United States for 2011, approximately 45 percent of all pregnancies were unintended.⁵ Adolescents especially use contraceptive methods with relatively higher failure rates, such as condoms, withdrawal, or oral contraceptive pills.⁶ In Florida, the unintended pregnancy rate was 58 per 1,000 women in 2010 for females aged 15 - 44, and the teen pregnancy rate was 50 per 1,000 women.⁷ For 2017, the repeat birth rate for teens was 15 percent or 1,626 births.⁸

In 2010, nearly 9 million women received family planning services from publicly supported providers nationwide.⁹ A study by the *Guttmacher Institute* determined that such services resulted in net savings to the public of \$10.5 billion in 2010.¹⁰ Averted costs included unintended pregnancies prevented, sexually transmitted diseases treated early or averted, HIV testing costs and preventive care, cervical cancer testing and prevention screenings. For every public dollar spent, it was estimated that \$7.09 was saved.¹¹

Types of Long Acting Reversible Birth Control Methods

The LARC methods are the most effective forms of reversible birth control available, with fewer than one in 100 women using a LARC method becoming pregnant, the same range as for sterilization.¹² LARC methods include an IUD or a birth control implant. Both methods last for several years, are reversible, and can be removed at any time.

³ Finer and Zolna, *supra* note 1, at 847.

⁴ Finer and Zolner, *supra* note 1, at 851.

⁵ Finer and Zoler, *supra* note 1, at 843.

⁶ American College of Obstetricians and Gynecologists, *Committee Opinion: Adolescents and Long-Acting Reversible Contraception: Implants and Intrauterine Devices*, (October 2012), <http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Adolescent-Health-Care/Adolescents-and-Long-Acting-Reversible-Contraception>, (last visited April 3, 2019).

⁷ Guttmacher Institute, *State Facts About Unintended Pregnancy: Florida* (2014), <http://www.guttmacher.org/statecenter/unintended-pregnancy/pdf/FL.pdf> (last visited April 3, 2019.)

⁸ FL HealthCharts, Florida Birth Query System, *Births- Repeat Births to Tens by Year of Birth by County* (2017), <http://www.flhealthcharts.com/FLQUERY/Birth/BirthRpt.aspx> (report generated on April 3, 2019).

⁹ Jennifer J. Frost, et al, *Return on Investment: A Fuller Assessment of the Benefits and Cost Savings of the U.S. Publicly Funded Family Planning Program, Original Investigation*, *The Millbank Quarterly*, Vol. 92, No. 4, 2014 (pp. 667-720), <https://onlinelibrary.wiley.com/doi/epdf/10.1111/1468-0009.12080> (last visited on April 3, 2019).

¹⁰ Jennifer J. Frost, et al, *supra* note 9, at 669.

¹¹ Jennifer J. Frost, et al, *supra* note 9, at 696.

¹² American College of Obstetricians and Gynecologists, *ACOG Practice Bulletin: Clinical Management Guidelines for Obstetrician-Gynecologists: Long Acting Reversible Contraception: Implants and Intrauterine Devices* (Number 186, November 2017, Replaces Practice Bulletin Number 121, July 2011), <https://www.acog.org/Clinical-Guidance-and-Publications/Practice-Bulletins/Committee-on-Practice-Bulletins-Gynecology/Long-Acting-Reversible-Contraception-Implants-and-Intrauterine-Devices> (last visited April 3, 2019).

An IUD is a small, T-shaped, plastic device that is inserted and left inside the uterus. There are two types of IUDs. The hormonal IUD releases progestin and is approved for up to 5 years. The copper IUD does not contain hormones and is approved for up to 10 years.¹³

The birth control implant is a single flexible rod about the size of a matchstick that is inserted in the upper arm under the skin and releases progestin. The implant lasts for 3 years.

Both the IUD and the implant may be placed or removed by a health care provider. There are few side effects to either method, and almost all women are eligible for an IUD or implant.¹⁴

While being cost-effective over the long-term, the high up-front costs of the LARC methods may be a barrier to widespread use, as the wholesale cost of an IUD or implant can be as high as \$1600, plus the cost of insertion.¹⁵ In February 2015, the federal Food and Drug Administration approved a new IUD, Liletta, which was developed by a non-profit organization and was originally made available by that organization to public clinics for as low as \$50, a savings to the clinics of more than \$700.¹⁶ A patient savings card is also currently available for qualified patients who may not qualify for services in the clinics or CHDs allowing the patient to pay \$100.¹⁷

Most insurance plans under the federal Patient Protection and Affordable Care Act and Medicaid cover contraception and the associated services with no out-of-pocket costs; however, individuals without insurance coverage may face other financial hurdles such as high out of pocket costs or transportation issues. The American College of Obstetricians and Gynecologists (ACOG) also recognized these as barriers to the widespread use of LARCs by adolescents in particular in its updated *Committee on Adolescent Health Care Long-Acting Reversible Contraception Working Group* opinion document in May 2018. Also cited in that document are concerns with a provider's own lack of familiarity with or misconceptions about the methods, access issues, and a provider's concerns about the safety of LARC use in adolescents (ages 9 - 11).¹⁸

Unique issues about confidentiality, patient informed consent, and parental involvement with adolescents can also complicate the conversation between provider and patient. Since LARCs will not protect against sexually transmitted infections, the health care practitioner must also follow up with supplemental testing guidelines.

¹³ American College of Obstetricians and Gynecologists, *supra* note 12.

¹⁴ Brooke Winner, et al., *Effectiveness of Long-Acting Reversible Contraception*, N ENGL J MED 366; 21, nejm.org, May 24, 2012.

¹⁵ Bhadra Shah, M.D., *How Much Does an IUD Cost Without Insurance?* <https://spendonhealth.com/iud-cost-without-insurance/> (last visited April 3, 2019).

¹⁶ Karen Weise, *Warren Buffett's Family Secretly Funded a Birth Control Revolution*, Bloomberg Business (July 30, 2015), <http://www.bloomberg.com/news/articles/2015-07-30/warren-buffett-s-family-secretly-funded-a-birth-control-revolution> (last visited April 3, 2019).

¹⁷ Liletta Patient Savings Program, <https://www.liletta.com/acquiring/savings-card> (last visited April 3, 2019).

¹⁸ American College of Obstetricians and Gynecologists, *supra* note 12, at 2.

Women aged 25 - 34 and women who have already had at least one child use LARC at the highest rates.¹⁹ LARC use has more than doubled among Hispanic and non-Hispanic white women in the most recent time periods after having had one of the lowest participation rates.²⁰ Overall, the ACOG Committee found LARC methods to be top-tier contraceptives based on effectiveness, with pregnancy rates of less than one percent per year for perfect use and typical use. Adolescents are at high risk of unintended pregnancy and may benefit from increased access to LARC methods.²¹ For example, adolescent women are more than twice as likely as women aged 30 or older to experience a pill failure.²²

Current Family Planning Services

County Health Departments (CHD)

The DOH currently provides comprehensive family planning services, including LARC services, in all 67 Florida counties.²³ Funding for these services has been provided through a Title X federal grant in the past and through state general revenue pharmacy funds. The DOH's Family Planning Program (FPP) has received consistent funding of approximately \$4.7 million in general revenue for contraceptives over the last 5 years.²⁴ These funds are allocated to the DOH's Bureau of Statewide Pharmacy. Ordering higher-cost contraceptives such as LARCs is done through the FPW and paid for through funds that are separate and distinct from the general revenue funds.

The Central Pharmacy at DOH purchases LARC methods through a pharmacy distributor at 340B²⁵ prices, and CHD pharmacies are then able to keep a supply of LARCS on hand.²⁶ For Medicaid recipients, the Central Pharmacy purchases LARC methods at market-value cost and receives a Medicaid match upon placement of the LARC device.²⁷ Only one discount can be applied.

¹⁹ Amy Branum, M.S.P.H, Ph.D., and Jo Jones, Ph.D., , U.S. Department of Health and Human Services, Centers for Disease Control, National Center for Health Statistics, *Trends in Long-Acting Reversible Contraception Use Among U.S. Women Aged 15-44 (February 2015)* <https://www.cdc.gov/nchs/data/databriefs/db188.pdf> (last visited April 3, 2019).

²⁰ Amy Branum, *supra* note 19, at 5.

²¹ American College of Obstetricians and Gynecologists, *supra* note 6, at 1.

²² Heather D. Boonstra, *Leveling the Playing Field: The Promise of Long-Acting Reversible Contraceptives for Adolescents*, Guttmacher Policy Review, Vol. 16, p. 14, <https://www.guttmacher.org/pubs/gpr/16/4/gpr160413.html> (last visited April 3, 2019).

²³ The only exception to LARC services not being provided in a county health department (CHD) is when there is personnel turnover and there is not a trained provider available for LARC methods. The DOH Family Planning Program Office requires that each CHD have a trained provider for LARC methods.

²⁴ Email from Bryan P. Wendel, Department of Health, *supra* note 29.

²⁵ The 340B Drug Discount Program is a federal government program created in 1992 that requires drug manufacturers to provide outpatient drugs to eligible health care organizations and covered entities at significantly reduced prices.

²⁶ Department of Health, *Summary of Long Acting Reversible Contraceptive (LARC) Utilization in Department of Health County Health Departments*, on file with Senate Committee on Health Policy (April 4, 2019).

²⁷ Department of Health, *Summary of Long Acting Reversible Contraceptive (LARC) Utilization in Department of Health County Health Departments*, on file with Senate Committee on Health Policy (April 4, 2019).

Spending on LARCs since FY 2013-2014²⁸			
State Fiscal Year	General Revenue	Title X Federal Funds	Total Funds
2013-2014	\$1,827,561	\$47,058	\$1,874,625
2014-2015	\$1,060,045	\$377,237	\$1,437,282
2015-2016	\$2,899,732	\$210,956	\$3,110,688
2016-2017	\$1,469,080	\$0	\$1,469,080
2017-2018	\$2,404,782	\$0	\$2,404,782

According to the DOH, more than 120,000 individuals received family planning services in 2016 with 68 percent of the clients having incomes at or below 150 percent of the federal poverty level.²⁹ For a family of two, 150 percent of the federal poverty level is \$25,365.³⁰ Of those served by the DOH for family planning services, 39.4 percent were covered by public insurance, such as Medicaid and 29.2 percent were uninsured.³¹

Men and women served under this program have access to FDA-approved birth control methods and supplies, abstinence counseling, pregnancy testing, physical examinations, screenings, and HIV counseling and testing.³² Services are provided on a sliding scale, based on family size and income, resulting in persons under 100 percent of the federal poverty level paying no fees. For every dollar spent on family planning services, an estimated \$1.44 was saved as a result of averting expenditures for public programs that support women with unintended pregnancies and their infants.³³

The majority of family planning services are delivered at CHD clinic sites. There are 150 total Title X clinics in Florida.³⁴ A small number of CHDs contract with outside providers for family planning services, including the three below.³⁵

Numbers of Clinic Sites, including Contracted Sites³⁶	
Duval CHD	5
Hillsborough CHD	11
Palm Beach CHD	9

²⁸ Florida Department of Health, *Summary of Long Acting Reversible Contraceptive (LARC) Utilization in Department of Health County Health Departments*, on file with Senate Committee on Health Policy (April 4, 2019).

²⁹ Florida Department of Health, *Family Planning Fact Sheet*, <http://www.floridahealth.gov/programs-and-services/womens-health/family-planning/fp-facts.html> (last visited April 3, 2019).

³⁰ 2019 Federal Poverty Guidelines, <https://aspe.hhs.gov/2019-poverty-guidelines> (last visited April 3, 2019).

³¹ Florida Department of Health, *Family Planning Fact Sheet*, <http://www.floridahealth.gov/programs-and-services/womens-health/family-planning/fp-facts.html> (last visited April 3, 2019).

³² Florida Department of Health, *Family Planning*, <http://www.floridahealth.gov/programs-and-services/womens-health/family-planning/index.html> (last visited April 3, 2019).

³³ Florida Department of Health, *supra* note 26.

³⁴ Florida Department of Health. *Title X Family Planning Program*, on file with the Senate Committee on Health Policy (last visited April 4, 2019).

³⁵ Florida Department of Health, *2016 Agency Bill Analysis - SB 1116*, Dec. 16, 2015. (on file with Senate Health Policy Committee).

³⁶ Florida Department of Health. *Title X Family Planning Program* (on file with the Senate Committee on Health Policy).

In State Fiscal Year 2017-2018, the CHDs provided family planning services to 13,384 clients who were using a LARC method or 12.23 percent of all clients.³⁷ The table below illustrates the total number of family planning services in the proposed pilot counties and statewide.

Long Acting Reversible Contraceptives (LARCs) Use by County, Florida Fiscal Year 2017-2018 ³⁸									
County	Age <15-19			Age 20-45+			Total		
	# of Clients with LARCs	# of Clients	%	# of Clients with LARCs	# of Clients	%	Total # of Clients with LARCs	Total Clients	%
Duval	135	704	19.18%	585	3,195	18.31%	720	3,899	18.47%
Hillsborough	73	321	22.74%	987	4,376	22.55%	1,060	4,697	22.57%
Palm Beach	125	1,192	10.49%	931	6,488	14.35%	1,056	7,680	13.75%
Statewide	1,810	18,744	9.66%	11,574	90,724	12.76%	13,384	109,468	12.23%

Florida Medicaid Program

Family planning services are also covered under Medicaid for recipients of child-bearing age and include reimbursement for:

- New and established patient visits;
- Required laboratory tests;
- Selection of contraceptive method, provision of supplies;
- Post examination review;
- Counseling visits;
- Supply visits;
- HIV Counseling;
- Coverage for insertion and removal of IUD;
- Services associated with decision to use long-acting injectable or implantable contraceptives; and
- Pregnancy testing.³⁹

Family planning services for Medicaid recipients are funded through Title XIX federal funds and state general revenue. The statutory authority for these services is under s. 381.0051, F.S.

Family planning services are also provided through a family planning waiver (FPW) for females aged 14 through 55 who lose Medicaid coverage at the end of their 60 days postpartum coverage and who have family income at or below 185 percent of the federal poverty level at the time of their annual redetermination, or for females who have lost their Medicaid coverage. Enrollees must also not be otherwise eligible for Medicaid, Children's Health Insurance Program (CHIP), or other health insurance coverage with family planning services. Eligibility is limited to 2 years after losing Medicaid coverage and must be re-determined every 12 months.

³⁷ Email from Bryan P. Wendel, Government Analyst II, Department of Health, to Jennifer Lloyd, Senate Health Policy Committee (Jan. 13, 2016) (on file with Senate Committee on Health Policy).

³⁸ Florida Department of Health. *Title X Family Planning Program*, (on file with the Senate Committee on Health Policy).

³⁹ Agency for Health Care Administration, *Practitioner Services Coverage and Limitations Handbook*, pgs. 51-55, http://portal.flmmis.com/FLPublic/Portals/0/StaticContent/Public/HANDBOOKS/Practitioner%20Services%20Handbook_A_doption.pdf (last visited April 3, 2019).

The FPW was first implemented in 1998 and has been through several extension periods. The most recent extension was requested through December 31, 2022 in June 2017, following a 30-day public comment period.⁴⁰

Covered services under the FPW are limited to those services and supplies whose primary purpose is family planning. Those services under the FPW include:

- Approved methods of contraception;
- Sexually transmitted infection (STI) testing;
- Sexually transmitted disease (STD) testing;
- Pap smears and pelvic exams;
- Approved sterilizations;
- Drugs, supplies, or devices related to women's health services; and
- Contraceptive management, patient education, and counseling.⁴¹

The FPW does not cover emergency room visits, inpatient services, or any other non-family planning related services.

The FPW has four specific objectives:

- Increase access to family planning services;
- Increase child spacing intervals through effective contraceptive use;
- Reduce the number of unintended pregnancies in Florida; and
- Reduce Florida Medicaid costs by reducing the number of unintended pregnancies by women who otherwise would be eligible for Florida Medicaid-eligible pregnancy-related services.

During the most recent reporting period on the FPW, the state highlighted these findings from its waiver:

- Increased the average birth interval from 17 months to 18.5 months during Demonstration Year 17 (SFY 2014/2015);
- Dispensed more than 283,000 contraceptive items between July 2016 and June 2017 to participants in the FPW (Demonstration Year 19);
- Posted a decrease in the number of unintended pregnancies by 1,735;
- Saved Florida Medicaid \$25.3 million in DY 17 in averted costs by reducing unintended pregnancies.⁴²

Family planning services and supplies under Medicaid are funded with a 90-percent federal matching rate while costs relating to the processing of claims is matched at 50 percent.⁴³

⁴⁰ Agency for Health Care Administration, *Family Planning Waiver – 1115 Research and Demonstration Waiver #11-W-00135/4: Public Notice Document* (May 1 – 30, 2017), http://ahca.myflorida.com/medicaid/Family_Planning/pdf/Public_Notice_Document_05-01-2017.pdf (last visited April 3, 2019).

⁴¹ Agency for Health Care Administration, *Extension of the Florida Medicaid Family Planning Waiver*, (June 27, 2014) p. 23, http://ahca.myflorida.com/Medicaid/Family_Planning/pdf/FPW_Extension_Request_6-27-14_final.pdf (last visited April 3, 2019).

⁴² Agency for Health Care Administration, *Florida's Medicaid 1115 Family Planning Waiver Post Award Forum* (November 1, 2017), *Presentation – Public Meeting*, https://ahca.myflorida.com/medicaid/mcac/docs/2017-11-01_Meeting/FPW_Waiver_Post_Award_Forum_11-1-2017.pdf (last visited April 3, 2019).

⁴³ Agency for Health Care Administration, *supra* note 37, at 32.

III. Effect of Proposed Changes:

The bill creates s. 381.00515, F.S., and the LARC pilot program within the DOH. The pilot program is established in Duval, Hillsborough, and Palm Beach counties with the purpose of improving the provision of LARC services in those counties. Under the pilot program, the DOH is directed to contract with eligible family planning providers to implement the program. A contract for LARC services must include:

- Provision of intrauterine devices, implants, and injections to participants;
- Training for provider staff regarding LARC devices, counseling strategies, and the management of side effects;
- Technical assistance to providers regarding issues such as coding, billing, pharmacy rules, and clinic management due to increased use of LARC services;
- General support to providers to expand service capacity of family planning clinics; and
- Marketing and community outreach regarding the availability of LARC services and other currently available contraceptive services.

The bill also directs the DOH to seek federal grants and funds from other sources to supplement state funds provided for the pilot program.

By January 1, 2021, the DOH must submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives on the effectiveness of the pilot program. The report shall publish the report on the DOH's website. The report must include, but need not be limited to:

- An assessment of the operation of the pilot program, including any progress made in the reduction of unintended pregnancies and subsequent births, especially among teenagers;
- An assessment on the effectiveness of the pilot program in increasing the availability of LARC services;
- The number and location of family planning providers who participated in the pilot program;
- The number of clients served by family planning providers;
- The number of times LARC services were provided by participating family planning providers;
- The average cost per client served;
- The demographic characteristics of clients served;
- The sources and amounts of funding used for the pilot program;
- A description of federal grants the DOH applied for in order to provide LARC services, including the outcomes of the grant applications;
- An analysis of the return on investment associated with the provision of LARC services with regard to tax dollars saved on health and social services;
- A description and analysis of marketing and outreach activities conducted to promote the availability of LARC services; and
- Recommendations for improving the pilot program.

For the 2019-2020 fiscal year, \$100,000 in non-recurring general revenue funds is appropriated to the DOH for the purpose of implementing the bill. The DOH is directed to divide these funds equally among the three pilot sites. These funds may not be used to supplant or reduce any other

appropriation of state funds to family planning providers or to the DOH for family planning services.

The bill is effective July 1, 2019.

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:

Under SB 410, a reduction in unintended pregnancies in the pilot counties may have a fiscal and operational impact on the private sector by reducing costs and business interruptions related to unplanned pregnancies on private employers and taxpayers. The evaluation report for demonstration year 18 of the family planning waiver showed the total number of averted, unintended births was 2,422, and with an average Medicaid birth costing \$17,854 in 2015-2016, cost savings based on the costs of the births alone would be over \$43 million.⁴⁴

⁴⁴ Agency for Health Care Administration, *Florida Medicaid Family Planning Waiver Program: Final Evaluation Report (DY) 18 (SFY 2015-2016 and DY 19 –(SFY 2016-2017) MED 184: Deliverable 7* (June 28, 2018), p.35, http://ahca.myflorida.com/Medicaid/Policy_and_Quality/Quality/performance_evaluation/MER/contracts/med184/MED184_Deliverable_7_Final_Evaluation_Report.pdf (last visited April 3, 2019).

The bill also anticipates marketing and outreach efforts to promote the availability of LARC services, and private business may benefit from funds or other resources spent on such a campaign.

C. Government Sector Impact:

The DOH estimates the need for one OPS position (Training and Research Consultant) for this project for a total impact in Year One of \$48,749.75 and \$55,180 in Year Two as shown in the chart below.

Department of Health Fiscal Impact Analysis – SB 410⁴⁵		
Expenditures:	Year One	Year Two
Salaries		
1 – Training & Research Consultant @ \$22.30 per hour 1 OPS Computed with 1.45% Fringe (minus a 25 percent hiring delay in Year One <i>This position will provide project oversight and monitoring; provide technical assistance and consultation; collect and compile project information and prepare the report to the Governor and Legislature.</i>	\$32,577.75	\$43,437.00
Expenses – Non-Recurring	\$4,429	
Expenses – Recurring		
1 OPS <i>Calculated with standard DOH professional package (expenses and limited travel @ \$11,636)</i>	\$11,636	\$11,636
Human Resources Services		
1 OPS	\$107	\$107
Total Estimated Expenditures:	\$48,749.75	\$55,180

Under the bill, the state could benefit in other health care cost savings in the Medicaid program if the pilot program results in fewer unintended pregnancies. Each birth covered by Medicaid costs the state on average \$17,854 while the highest priced LARC ranges from \$800 to \$1,000.⁴⁶ The extent of this potential effect is indeterminate.

VI. Technical Deficiencies:

None.

VII. Related Issues:

None.

⁴⁵ Department of Health, *Senate Bill 410 Analysis* (January 28, 2019) (on file with the Senate Committee on Health Policy).

⁴⁶ Agency for Health Care Administration, *supra* note 41.

VIII. Statutes Affected:

This bill creates section 381.00515 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.

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

By Senator Berman

31-00481B-19

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A bill to be entitled

An act relating to a long-acting reversible contraception pilot program; creating s. 381.00515, F.S.; requiring the Department of Health to establish a long-acting reversible contraception pilot program in Duval, Hillsborough, and Palm Beach Counties; providing the purpose of the pilot program; requiring the department to contract with family planning providers to implement the pilot program; requiring such contracts to include specified provisions; requiring the department to apply for grants for additional funding; requiring the department to submit a report to the Governor and the Legislature by a specified date; requiring the department to publish the report on its website; specifying requirements for the report; providing an appropriation; requiring the department to distribute appropriated funds equally among the participating counties; providing an effective date.

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

Section 1. Section 381.00515, Florida Statutes, is created to read:

381.00515 Long-acting reversible contraception pilot program.—

(1) The Department of Health shall establish a long-acting reversible contraception (LARC) pilot program in Duval, Hillsborough, and Palm Beach Counties. The purpose of the pilot

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program is to improve the provision of LARC services to women residing in the pilot program counties. The department shall contract for LARC services with eligible family planning providers to implement the pilot program in each of the three counties. Each contract must provide for all of the following:

(a) The provision of LARC services, including the administration of implants, injections, and intrauterine devices to participants.

(b) The training of provider staff regarding the provision of LARC services, counseling strategies, and the management of side effects.

(c) Technical assistance to providers regarding issues such as coding, billing, pharmacy rules, and clinic management necessitated by the increased use of LARC services.

(d) General support to providers to expand their service capacity.

(e) Marketing and community outreach regarding the availability of LARC services and other currently available contraceptive services.

(f) Other services that the department considers necessary to ensure the health and safety of women who receive LARC services.

(2) The department shall apply for grants from federal agencies and other sources to supplement state funds provided for the pilot program.

(3) By January 1, 2021, the department shall submit a report to the Governor, the President of the Senate, and the Speaker of the House of Representatives on the effectiveness of the pilot program. The department shall publish the report on

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its website. The report must include, but need not be limited to:

(a) An assessment of the operation of the pilot program, including any progress made in reducing the number of unintended pregnancies and subsequent births, especially among teenagers.

(b) An assessment of the effectiveness of the pilot program in increasing the availability of LARC services.

(c) The number and location of family planning providers that participated in the pilot program.

(d) The number of clients served by participating family planning providers.

(e) The number of times LARC services were provided by participating family planning providers.

(f) The average cost per client served.

(g) The demographic characteristics of clients served.

(h) The sources and amounts of funding used for the pilot program.

(i) A description of federal grants the department applied for in order to provide LARC services, including the outcomes of the grant applications.

(j) An analysis of the return on investment associated with the provision of LARC services with regard to tax dollars saved on health and social services.

(k) A description and analysis of marketing and outreach activities conducted to promote the availability of LARC services.

(l) Recommendations for improving the pilot program.

Section 2. For the 2019-2020 fiscal year, the sum of \$100,000 in nonrecurring funds is appropriated from the General

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Revenue Fund to the Department of Health for the purpose of implementing this act. The department shall distribute the funds equally among the three counties participating in the pilot program. These funds may not be used to supplant or reduce any other appropriation of state funds to family planning providers or to the department for family planning services.

Section 3. This act shall take effect July 1, 2019.



The Florida Senate

Committee Agenda Request

To: Chair Gayle Harrell
Committee on Health Policy

Subject: Committee Agenda Request

Date: February 5, 2019

I respectfully request that **Senate Bill #410**, relating to Long-acting Reversible Contraception Pilot Program, be placed on the:

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



Senator Lori Berman
Florida Senate, District 31

cc: Allen Brown, Staff Director

From: [Lloyd, Jennifer](#)
To: [Georgiades, Celia](#)
Subject: FW: SB 1116 Analysis Follow-Up
Date: Friday, April 5, 2019 12:05:01 PM
Attachments: [image001.png](#)

From: Wendel, Bryan P <Bryan.Wendel@flhealth.gov>
Sent: Wednesday, January 13, 2016 12:07 PM
To: LLOYD.JENNIFER <LLOYD.JENNIFER@flsenate.gov>
Subject: SB 1116 Analysis Follow-Up

Jennifer,

Please see responses from staff RE: your questions. Please let me know if you have additional questions.

Bryan P. Wendel

Government Analyst II / Office of Legislative Planning / Florida Department of Health
Office: (850) 245-4006 / bryan.wendel@flhealth.gov



Can the Department tell me how many individuals already receive LARCS statewide and in the three proposed pilot counties in the last year (or whatever the most current data period is available)?

In FY 14/15, the County Health Departments (CHDs) provided services to 10,806 clients who were using a LARC method. Of the 10,806 clients seen by the CHDs, 5,451 of these clients were new users and received the LARC during the FY 14/15.

See table below for Hillsborough, Pinellas and Palm Beach.

And confirm the payment source for those services; the analysis indicates Title V and GR.

The payment for LARC services varies. The Department's Family Planning Program (FPP), over the last five years, has received level funding of approximately 4.7 million dollars (in GR) for contraceptives that is allocated to the Bureau of Statewide Pharmacy. Since there is a finite amount of GR funding, ordering higher cost LARCs such as Mirena and Nexplanon (hormonal implant) is done through the FPP and paid for with funding that may be available separate and apart from the GR. The reason for this is because LARCs have a high up front cost and if all the County Health Departments (CHDs) were able to freely order the devices to be paid out of the 4.7 million dollars there would not be funding for those clients who wish to have a different contraceptive (i.e. the "pill", Depo-provera, etc). Note: Utilization of the Pharmacy funds is assessed throughout the year and if it appears the funding is not going to be utilized by the end of the year there is an allocation of funds designated for LARCs (this varies from year to year) and these funds are distributed to the CHDs according to their need which is determined by the CHDs client requests and known utilization rate.

Other funding sources – in FY14/15 the legislature had a line item appropriation of \$300,000 for LARCs to the Department and this was quickly spent by all 67 CHDs due to a demand for IUDs and Nexplanon; in FY 15/16 there was not a legislative appropriation and the Maternal Child Health (MCH) program at the department allocated Title V funds to the CHDs allowing them to choose from three Title V priorities (one being well woman) which allowed them to provide LARCs to women who desired them. The three proposed pilot counties did not request their funding to be designated towards well woman visits.

	Age <15-19			Age 20-45+			Total		
County	Number of Clients with LARCs	Number of Clients	%	Number of Clients with LARCs	Number of Clients	%	Total Number of Clients with LARCs	Total Clients	%
Hillsborough	52	493	10.55%	726	4,748	15.29%	778	5,241	14.84%
Palm Beach	38	1,529	2.49%	842	8,139	10.35%	880	9,668	9.10%
Pinellas	15	1,714	0.88%	242	7,749	3.12%	257	9,463	2.72%
Statewide	963	24,027	4.01%	9,843	118,205	8.33%	10,806	142,232	7.60%

From: Runk, Paul

Sent: Tuesday, January 12, 2016 12:03 PM

To: Wendel, Bryan P <Bryan.Wendel@flhealth.gov>

Subject: Fwd: SB 1116 Analysis Follow-Up

Sent from my iPhone

Begin forwarded message:

From: LLOYD.JENNIFER <LLOYD.JENNIFER@flsenate.gov>

Date: January 12, 2016 at 11:56:34 AM EST

To: "Runk, Paul" <Paul.Runk@flhealth.gov>

Subject: SB 1116 Analysis Follow-Up

Paul –

I am reading the analysis for SB 1116 (long-acting reversible contraception). The analysis indicates that the Department and the CHDs already provide LARCs as part of its family planning services.

Can the Department tell me how many individuals already receive LARCS statewide and in the three proposed pilot counties in the last year (or whatever the most current data period is available)? And confirm the payment source for those services; the analysis indicates Title V and GR.

Thanks,
Jennifer

Jennifer K. Lloyd
Chief Legislative Analyst
Senate Health Policy Committee
(850) 487-5824

Title X Family Planning (FP) Program: The Family Planning Program provides comprehensive, culturally sensitive family planning clinical services to persons of reproductive age on a voluntary basis. County Health Departments (CHD) provide services in all 67 counties, there are 150 total Title X clinics in Florida. Family Planning services include physical examinations, screening for hypertension, access to FDA approved methods of contraception and supplies, abstinence counseling, reproductive health information, pregnancy testing and counseling, breast and cervical cancer screenings, screening for sexually transmitted diseases, including HIV counseling, testing, and referral, and related preventive health services. Information is provided to all who want and are in need of these services. Priority is given to persons from low-income families. Services are provided on a sliding fee scale, based on family household income and size. Persons determined to have incomes at or below 100% of the federal poverty level do not pay fees for services.

Duval CHD has five clinic sites providing FP services. Hillsborough CHD has eleven clinic sites and Palm Beach CHD has nine clinic sites providing these family planning services.

<u>Long Acting Reversible Contraceptives (LARCs) Use by County, Florida Fiscal Year 2017-2018 **</u>									
	Age <15-19			Age 20-45+			Total		
County	# of Clients with LARCs *	Total # of Clients	%	# of Clients with LARCs *	Total # of Clients	%	Total # of Clients with LARCs *	Total Clients	%
Duval	135	704	19.18%	585	3195	18.31%	720	3,899	18.47%
Hillsborough	73	321	22.74%	987	4,376	22.55%	1,060	4,697	22.57%
Palm Beach	125	1,192	10.49%	931	6,488	14.35%	1,056	7,680	13.75%
Statewide	1,810	18,744	9.66%	11,574	90,724	12.76%	13,384	109,468	12.23%

*This number reflects clients who received a LARC method at the County Health Department (CHD) and clients coming into the CHD with a LARC method in place.

**This information pertains to clients seen with funding provided to CHDs.

Family Planning SFY 19-20 Title X Funding Allocation*			
County	Title X GR Funding	3-month Funding	9-month Funding
Duval	208,954	49,685	209,083
Hillsborough	102,107	63,590	267,595
Palm Beach	360,987	83,651	352,018
Statewide	4,245,455	1,305,709	5,494,627

*This information pertains to total funding provided to CHDs.

Family Planning SFY Pharmacy LARC Order Spending as of December 31, 2018*					
County		Nexplanon	Mirena	Paragard	Liletta
Duval	FY 16/17	\$ 90,174	\$ 7,944	\$ 27,261	\$ 2,347
	FY 17/18	\$ 167,181	\$ 5,719	\$ 19,609	\$ 2,065
	FY 18/19	\$ 62,643	\$ 9,532	\$ 4,783	\$ 1,455
Hillsborough	FY 16/17	\$ 77,007	\$ 81,977	\$ 51,891	\$ 563
	FY 17/18	\$ 185,535	\$ 66,408	\$ 44,717	\$ -
	FY 18/19	\$ 44,289	\$ 13,981	\$ 16,978	\$ 939
Palm Beach	FY 16/17	\$ 7,980	\$ 6,355	\$ 49,261	\$ -
	FY 17/18	\$ 144,837	\$ 36,540	\$ 58,826	\$ -
	FY 18/19	\$ 67,032	\$ 53,063	\$ 23,674	\$ -
Statewide	FY 16/17	\$ 949,620	\$ 365,083	\$ 525,369	\$ 12,812
	FY 17/18	\$ 2,082,381	\$ 564,942	\$ 487,586	\$ 11,920
	FY 18/19	\$ 1,012,622	\$ 846,777	\$ 246,304	\$ 11,873

*Price data is from April 2019 pricing, may not reflect actual pricing at time of purchase

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4/8/19

Meeting Date

410

Bill Number (if applicable)

Topic Long Acting Reversible Contraception Amendment Barcode (if applicable)

Name Ingrid Delgado

Job Title Associate for Social Concerns & Respect Life

Address 201 W Park Av Phone _____
Street

Tallahassee FL 32301 Email _____
City State Zip

Speaking: ☐ For ☐ Against ☐ Information

Waive Speaking: ☐ In Support ☒ Against
(The Chair will read this information into the record.)

Representing Florida Conference of Catholic Bishops

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☒ Yes ☐ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)

THE FLORIDA SENATE

APPEARANCE RECORD

(Deliver BOTH copies of this form to the Senator or Senate Professional Staff conducting the meeting)

4-8-19

Meeting Date

SB-410

410

Bill Number (if applicable)

Topic Long Acting Reversible Contraceptives

Amendment Barcode (if applicable)

Name Dr. Diane Gowski

Job Title Florida State Director for Catholic Medical Association (CMA)

Address 1383 Temple St

Phone 727-480-7574

Street

Clearwater

FL

33756

City

State

Zip

Email dianetg@aol.com

Speaking: ☐ For ☒ Against ☐ Information

Waive Speaking: ☐ In Support ☐ Against
(The Chair will read this information into the record.)

Representing Florida guilds of the Catholic Medical Association (CMA)

Appearing at request of Chair: ☐ Yes ☒ No

Lobbyist registered with Legislature: ☐ Yes ☒ No

While it is a Senate tradition to encourage public testimony, time may not permit all persons wishing to speak to be heard at this meeting. Those who do speak may be asked to limit their remarks so that as many persons as possible can be heard.

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

S-001 (10/14/14)



THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Appropriations Subcommittee on Agriculture,
Environment, and General Government, *Chair*
Children, Families, and Elder Affairs, *Vice Chair*
Appropriations
Environment and Natural Resources
Health Policy

SENATOR DEBBIE MAYFIELD

17th District

February 5, 2019

Chair Gayle Harrell
310 Senate Office Building
404 South Monroe Street
Tallahassee, FL 32399-1100

Re: Health Policy Committee

Dear Chair Harrell,

I am respectfully requesting an excused absence from Health Policy Committee on April 8th, 2019, scheduled from 1:30pm – 3:30pm.

I appreciate your consideration of this request and I look forward to our continued work on the Health Policy Committee. If you have any questions or concerns, please do not hesitate to call me directly.

Thank you,

A handwritten signature in cursive script that reads "Debbie Mayfield".

Debbie Mayfield
Senator, District 17

REPLY TO:

- ☐ 900 East Strawbridge Avenue, Melbourne, Florida 32901 (321) 409-2025 FAX: (888) 263-3815
- ☐ 1801 27th Street, Vero Beach, Florida 32960 (772) 226-1970
- ☐ 322 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5017

Senate's Website: www.flsenate.gov

BILL GALVANO
President of the Senate

DAVID SIMMONS
President Pro Tempore