

The Florida Senate
COMMITTEE MEETING EXPANDED AGENDA

HEALTH POLICY
Senator Diaz, Chair
Senator Brodeur, Vice Chair

MEETING DATE: Wednesday, October 20, 2021
TIME: 10:00 a.m.—12:00 noon
PLACE: *Pat Thomas Committee Room, 412 Knott Building*

MEMBERS: Senator Diaz, Chair; Senator Brodeur, Vice Chair; Senators Albritton, Baxley, Bean, Book, Cruz, Garcia, Jones, and Powell

TAB	BILL NO. and INTRODUCER	BILL DESCRIPTION and SENATE COMMITTEE ACTIONS	COMMITTEE ACTION
1	Department of Health Implementation Update on:		Presented
	HB 59 — Automated Pharmacy Systems (2020)		
	HB 389 — Practice of Pharmacy (2020)		
	SB 366 — Infectious Disease Elimination Programs (2019)		
Other Related Meeting Documents			

THE FLORIDA SENATE
2020 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/HB 59 — Automated Pharmacy Systems

by Health and Human Services Committee; Health Quality Subcommittee; and Rep. Willhite and others (CS/CS/SB 708 by Rules Committee; Health Policy Committee; and Senator Hutson)

The bill expands current law to permit a licensed community pharmacy to provide outpatient pharmacy services for the dispensing of medicinal drugs through the use of an automated pharmacy system (APS) that need not be located at the same location as the community pharmacy if:

- The APS is under the supervision and control of the community pharmacy;
- The APS is housed in an indoor environment area and in a location to increase patients' access to their prescriptions, including, but not limited to:
 - Medical facilities;
 - Places of business where essential goods and commodities are sold;
 - Large employer workplaces; or
 - Locations where access to a community pharmacy is limited.
- The community pharmacy providing services through the APS notifies the Board of Pharmacy (BOP) of the location of the APS and any changes in such location;
- The APS has a mechanism that provides live, real time patient counseling by a pharmacist licensed in Florida, before the dispensing of any medicinal drug;
- The APS does not contain or dispense any controlled substance;
- The community pharmacy maintains a record of the drugs dispensed, including the identity of the pharmacist responsible for verifying the accuracy of the dosage and directions and providing patient counseling;
- The APS ensures confidentiality of personal health information; and
- The community pharmacy maintains written policies and procedures to ensure the proper, safe, and secure functioning of the APS.

A community pharmacy using an APS must annually review the policies and procedures and maintain a record of such policies and procedures for at least four years. The annual review must be documented in the community pharmacy's records and must be made available to the BOP upon request. The policies and procedures must address numerous issues relating to the operation, maintenance, filling, stocking, restocking, testing, and security of an APS, as well as the training of persons authorized to access the APS. The bill requires a community pharmacy to maintain an ongoing quality assurance program for the performance of its APS.

The bill requires that medicinal drugs stored in bulk or unit of use in an APS used for outpatient dispensing are part of the inventory of the pharmacy providing such outpatient dispensing with the APS.

The bill deletes the current-law requirement for the BOP to adopt rules governing a pharmacy's use of an APS and instead authorizes the BOP to adopt such rules.

If approved by the Governor, these provisions take effect July 1, 2020.
Vote: Senate 27-12; House 115-1

THE FLORIDA SENATE
2020 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/HB 389 — Practice of Pharmacy

by Health and Human Services Committee and Rep. Sirois and others (CS/SB 714 by Health Policy Committee and Senator Hutson)

The bill (Chapter 2020-7, L.O.F.) expands the scope of practice for pharmacists in two ways, by creating specified parameters under which pharmacists may:

- Enter into a collaborative pharmacy practice agreement with a physician to treat that physician’s patients for chronic health conditions; and
- Test or screen for and treat minor, nonchronic health conditions for any patient who qualifies for such testing and treatment under the provisions and requirements of a written protocol with a supervising physician.

Collaborative Pharmacy Practice for Chronic Health Conditions

Under the bill, a “collaborative pharmacy practice agreement” (collaborative agreement) means a written agreement between a pharmacist who meets qualifications specified in the bill and a Florida-licensed allopathic or osteopathic physician in which the collaborating physician authorizes the pharmacist to provide specified patient care to the physician's patients named in the agreement.

The bill defines “chronic health condition” to mean arthritis, asthma, chronic obstructive pulmonary diseases, type 2 diabetes, HIV/AIDS, obesity, or any other chronic condition adopted in rule by the Board of Pharmacy (BOP) in consultation with the Board of Medicine (BOM) and the Board of Osteopathic Medicine (BOOM).

Before providing services under a collaborative agreement, a pharmacist must be certified by the BOP according to rules adopted by the BOP in consultation with the BOM and BOOM. Requirements for certification include minimum standards for experience and education, including completion of an initial 20-hour course providing instruction on topics such as performing patient assessments, ordering and interpreting laboratory tests, evaluating and managing diseases and health conditions, and other subjects required by the BOP. Certification also requires a pharmacist to maintain at least \$250,000 in professional liability insurance coverage and to establish a system to maintain patient records for five years.

The terms and conditions of a collaborative agreement must be appropriate to the pharmacist’s training, and services delegated to the pharmacist must be within the collaborating physician’s scope of practice. A copy of the pharmacist’s certification issued BOP must be included as an attachment to the collaborative agreement. A collaborative agreement must, among other requirements, include:

- The names of the physician’s patient(s) who may be treated by the pharmacist;
- Each chronic health condition to be collaboratively managed;
- Specific drugs to be managed by the pharmacist for each patient;

- Circumstances under which the pharmacist may order, perform, or evaluate lab or clinical tests; and
- Conditions that require the pharmacist to notify the collaborating physician.

A pharmacist who enters into a collaborative agreement must submit a copy of the signed agreement to the BOP before the agreement may be implemented. A collaborative agreement will automatically terminate two years after execution if not renewed.

The bill prohibits a pharmacist from:

- Modifying or discontinuing drugs prescribed by a health care practitioner with whom he or she does not have a collaborative agreement; or
- Entering into a collaborative agreement while acting as an employee of a pharmacy without the written approval of the pharmacy owner.

The bill prohibits a physician from delegating the authority to initiate or prescribe controlled substances to a pharmacist.

A pharmacist who practices under a collaborative agreement must complete an eight-hour continuing education course approved by the BOP that addresses issues related to collaborative pharmacy practice with each biennial renewal of the pharmacist's license, in addition to continuing education requirements he or she must meet under preexisting law.

The bill requires the BOP, in consultation with the BOM and BOOM, to adopt rules to implement the bill's provisions for collaborative pharmacy practice.

Testing and Screening for and Treatment of Minor, Nonchronic Health Conditions by Pharmacists

The bill authorizes pharmacists who meet qualifications specified in the bill to test or screen for and treat minor, nonchronic health conditions within the framework of a written protocol with a supervising allopathic or osteopathic physician licensed in Florida. Under the bill, a minor, nonchronic health condition is typically a short-term condition that is generally managed with minimal treatment or self-care and includes:

- Influenza;
- Streptococcus;
- Lice;
- Skin conditions, such as ringworm and athlete's foot; and
- Minor, uncomplicated infections.

To qualify under the bill, a pharmacist must be certified by the BOP to have met certain educational requirements, including completion of a 20-hour education program approved by the BOP in consultation with the BOM and BOOM which must address patient assessments, point-of-care testing procedures, safe and effective treatments, and identification of contraindications.

A pharmacist so certified by the BOP must provide evidence of the certification to the supervising physician.

A pharmacist who tests and treats under the bill must also maintain at least \$250,000 in liability coverage; furnish a patient's records, upon the patient's request, to a health care practitioner designated by a patient; and maintain patient records for five years from each patient's most recent provision of service.

The BOP is required to adopt by rule a formulary of drugs that a pharmacist may prescribe under a test-and-treat protocol for minor, nonchronic health conditions covered under the protocol. Such drugs must be approved by the federal Food and Drug Administration which are indicated for the treatment of such conditions. The formulary may not include controlled substances.

The bill provides that a pharmacist who tests and treats may use any tests that guide the diagnosis or clinical decision-making which the federal Centers for Medicare & Medicaid Services has determined qualify for a waiver under the federal Clinical Laboratory Improvement Amendments of 1988, or federal rules adopted thereunder, or any established screening procedures that can safely be performed by a pharmacist.

A written protocol between a pharmacist and supervising physician must include particular terms and conditions imposed by the supervising physician relating to the testing and screening for and treatment of minor, nonchronic health conditions. The terms and conditions must be appropriate to the pharmacist's training. A pharmacist who enters into such a protocol with a supervising physician must submit the protocol to the BOP. The protocol must include:

- Specific categories of patients who the pharmacist is authorized to test or screen for and treat minor, nonchronic health conditions;
- The physician's instructions for obtaining relevant patient medical history for the purpose of identifying disqualifying health conditions, adverse reactions, and contraindications to the approved course of treatment;
- The physician's instructions for the treatment of minor, nonchronic health conditions based on the patient's age, symptoms, and test results, including negative results;
- A process and schedule for the physician to review the pharmacist's actions under the protocol;
- A process and schedule for the pharmacist to notify the physician of the patient's condition, tests administered, test results, and course of treatment; and
- Any other requirements as established by the BOP in consultation with the BOM and BOOM.

A pharmacist certified by the BOP to test and treat under the bill must complete a three-hour continuing education course approved by the BOP that addresses issue related to minor, nonchronic health conditions with each biennial renewal of the pharmacist's license, in addition to continuing education requirements he or she must meet under preexisting law.

A pharmacist providing test-and-treat services under the bill may not perform such services while acting as an employee of a pharmacy without the written approval of the pharmacy owner.

A pharmacist who tests and treats under the bill must provide a patient with written information to advise the patient to seek follow-up care from his or her primary care physician. The BOP must adopt rules for the circumstances under which such information must be provided.

A pharmacy in which a pharmacist tests and treats under the bill must prominently display signage indicating that any patient receiving testing, screening, or treatment services as authorized under the bill is advised to seek follow-up care from his or her primary care physician.

The bill provides that its test-and-treat provisions do not apply with respect to minor, nonchronic health conditions when treated with over-the-counter products.

Other Provisions

The bill:

- Provides that its two requirements for \$250,000 in professional liability coverage (the first for collaborative pharmacy practice and the second for testing for and treating minor, nonchronic health conditions) are not duplicative and that coverage for either satisfies both requirements;
- Adds pharmacists who are authorized to perform or order and evaluate laboratory or clinical tests under a collaborative pharmacy practice or test-and-treat protocol, to the list of health care practitioners and facilities that, upon the diagnosis or suspicion of the existence of a disease of public health significance, must immediately report that fact to the Department of Health; and
- Amends the statutory definition of “practice of the profession of pharmacy” to conform to the bill’s provisions.

These provisions became law upon approval by the Governor on March 11, 2020, and take effect July 1, 2020.

Vote: Senate 28-12; House 98-17

THE FLORIDA SENATE
2019 SUMMARY OF LEGISLATION PASSED
Committee on Health Policy

CS/CS/SB 366 — Infectious Disease Elimination Programs

by Appropriations Committee; Health Policy Committee; and Senators Braynon, Pizzo, Book, Stewart, and Rader

CS/CS/SB 366 creates the *Infectious Disease Elimination Act (IDEA)*.

The bill defines an “exchange program” as a sterile needle and syringe exchange program established under the IDEA. An exchange program must offer the free exchange of clean, unused needles and hypodermic syringes for used needles and hypodermic syringes as a means to prevent the transmission of HIV, AIDS, viral hepatitis, or other blood-borne diseases among intravenous drug users and their sexual partners and offspring.

The IDEA uses the current University of Miami pilot program as a model to authorize voluntary exchange programs statewide, provided such programs operate under the approval and authority of a county commission at one or more fixed locations or through a mobile unit in the applicable county. The bill provides that the overall goal of any exchange program established under the IDEA is the prevention of disease transmission.

Before a county commission can establish an exchange program, the county commission must:

- Authorize the program under a county ordinance;
- Execute a letter of agreement with the Department of Health (DOH) in which the county commission agrees to operate the program in accordance with the IDEA’s statutory requirements;
- Enlist the local county health department (CHD) to provide ongoing advice, consultation, and recommendations for program operations; and
- Contract with one of the following entities to operate the county program:
 - A hospital licensed under chapter 395;
 - A health care clinic licensed under part X of chapter 400;
 - A medical school in Florida accredited by the Liaison Committee on Medical Education or the Commission on Osteopathic College Accreditation;
 - A licensed addictions receiving facility as defined in s. 397.311(26)(1), F.S., or
 - A 501(c)(3) HIV/AIDS service organization.

The bill includes other programmatic requirements for a county’s exchange program:

- Development of an oversight and accountability system which meets the approval of the county commission, ensures compliance with statutory and contractual requirements, including measurable objectives and a tracking mechanism, application of consequences for noncompliance, and a requirement for routine reporting;
- Provision for maximum security at sites where needles and syringes are exchanged or equipment is used;
- A requirement that educational materials must be offered wherever needles and syringes are exchanged;

- Provision of on-site counseling and referrals for drug abuse prevention, education, and treatment;
- Provision of on-site HIV and viral hepatitis screening and referrals for such screening, or if not able to test and screen on-site, provide a referral where a test can occur within 72 hours in rural areas;
- Provision of emergency opioid antagonist kits or referral to a program that can provide such kits; and
- Collection of data as statutorily required for reporting to the CHD, county commission, and the state.

The bill also provides for immunity from civil liability for any law enforcement officer who arrests or charges a person in good faith who is thereafter determined to be immune from prosecution as provided under the IDEA.

The bill prohibits state, county, or municipal funds to be used to operate an exchange program. An exchange program may only be funded through grants and donations from private resources.

The original Miami-Dade needle and syringe pilot program established under chapter 2016-68, Laws of Florida, is authorized to continue to operate under that chapter until the Miami-Dade Board of County Commissioners establishes an IDEA-compliant exchange program, or until July 1, 2021, whichever occurs first.

A severability clause is included in the bill, providing that if any provision of the IDEA or its application to any person or circumstances is held invalid, the invalidity would not affect the other provisions or application of those other provisions of the IDEA which can be given effect without the invalid provision or application.

If approved by the Governor, these provisions take effect July 1, 2019.

Vote: Senate 40-0; House 111-3

Department of Health

Medical Quality Assurance Legislative Implementation Update



Jessica Sapp, Executive Director
Division of Medical Quality Assurance

The Florida Senate
Senate Health Policy

Practice of Pharmacy

HB 389 (2020), Chapter 2020-7, Laws of Florida

Automated Pharmacy Systems

HB 59 (2020), Chapter 2020-124, Laws of Florida

Expands the scope of practice for eligible pharmacists to:

- Provide specified patient care services through a written collaborative practice agreement with a physician.
- Test for and treat minor, nonchronic health conditions through a written protocol with a physician.

Requires consultation with the Boards of Medicine and Osteopathic Medicine.





Practice of Pharmacy - Certification Requirements

Certification Criteria

Hold an active, unencumbered Florida pharmacist license.

Have a doctor of pharmacy degree or five years of experience.

Complete a 20-hour initial certification course.

Maintain at least \$250,000 of professional liability coverage.

Have a system to maintain records of patients receiving services.

Rules developed by the Board of Pharmacy

- Developed and incorporated certification application forms.
- Submission requirements for collaborative practice agreements and written protocols.
- A formulary of medicinal drugs for the treatment of minor, nonchronic health conditions.
- Furnishing patient records.
- Information on when to seek follow-up care.
- Continuing education requirements.

Rules developed in consultation with the Boards of Medicine and Osteopathic Medicine

- Certification requirements.
- Initial course requirements.
- Additional chronic health conditions for collaborative management.
- Additional requirements for the written protocol.

Practice of Pharmacy – Joint Committee

Joint committee comprises members from the Board of Pharmacy (5), the Board of Medicine (2), and the Board of Osteopathic Medicine (2) to develop and recommend rules regarding collaborative practice and the testing and treating for minor conditions to the Board of Pharmacy.

Beginning in March 2020, the Board of Pharmacy held five meetings and three joint committee meetings to draft rules.

Engaged with association partners and stakeholders.

Practice of Pharmacy – Initial Certification Course Approval

October 2020

Rules regarding initial course requirements became effective.

December 2020

Held Joint Committee meeting to review and recommend approval of first initial certification courses.

February 2021

Held Board meeting to approve courses.

April 2021

First certification courses given by provider.

- Certification for Collaborative Practice Pharmacists
 - Number of applications received: **39**
 - Number of applications approved: **32**
- Certification for Test and Treat Pharmacists
 - Number of applications received: **15**
 - Number of applications approved: **10**

Authorizes a community pharmacy to provide outpatient dispensing through the use of an automated pharmacy system.

- Must not contain controlled substances.
- Does not need to be located at the same location as the community pharmacy.
- Operations must be supervised by a Florida licensed pharmacist.

Requirements for Automated Pharmacy Systems

Housed in an indoor environment.

Locations must be reported to the Board.

The system provides live, real-time patient counseling by a pharmacist.

Maintain records of the medicinal drugs dispensed.

Ensure confidentiality of personal health information.

July 1, 2020

Legislation became effective.

July 23, 2020

Received first notification of an Automated Pharmacy System location.

August 2020

Held first Rules Committee meeting to review and discuss necessary rulemaking.

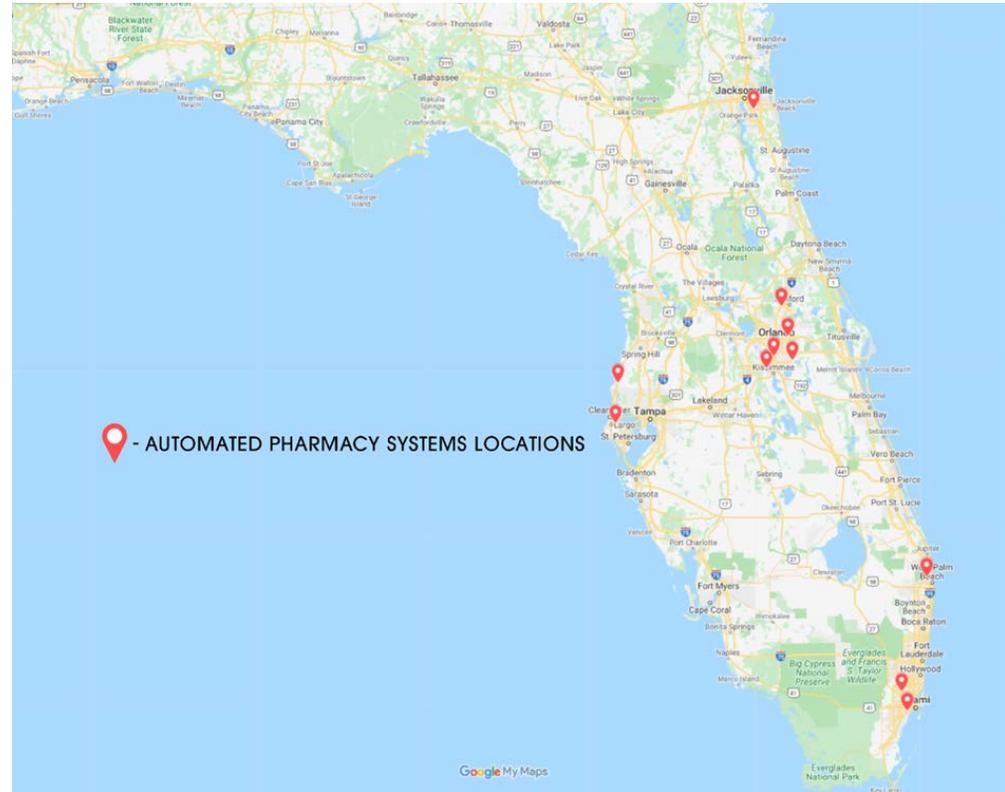
June 2021

Rules Committee determined additional rulemaking unnecessary.

Number of Automated Pharmacy Systems used by community pharmacies: **11**

Counties

- Broward: **1**
- Duval: **1**
- Miami-Dade: **1**
- Orange: **3**
- Osceola: **1**
- Palm Beach: **1**
- Pasco: **1**
- Pinellas: **1**
- Seminole: **1**



Questions?

Contact

Jessica Sapp, Executive Director
Florida Board of Pharmacy
Division of Medical Quality Assurance
(850) 245-4463

Jessica.Sapp@flhealth.gov

Syringe Exchange Programs: Expansion of the Infectious Disease Elimination Act (IDEA)

**October 20, 2021
Update**



**Emma C. Spencer, PhD, MPH, HIV
Division of Disease Control and Health Protection
Bureau of Communicable Diseases
Florida Department of Health**

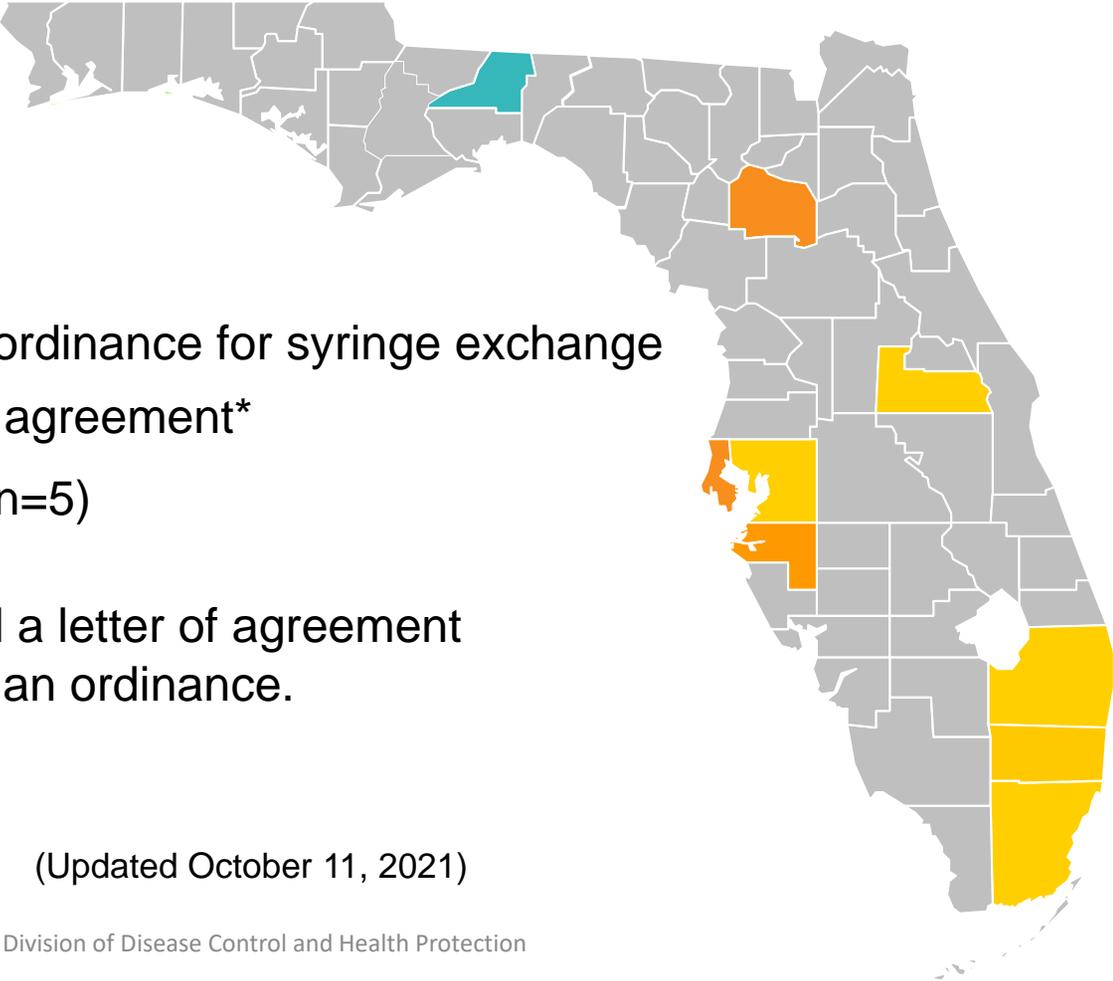
SB366 - IDEA Exchange Expansion Bill

- Amendment to section 381.0038, Florida Statutes, expanded the program to allow county commissions to authorize sterile needle and syringe exchange programs (SEPs) by way of a county ordinance
- Applicable to all counties in Florida
- State, county, or municipal funds **may not** be used to operate an exchange program. Exchange programs shall be funded through grants and donations from private resources and funds.

Steps to Implement a SEP in Florida

1. County Commission (CC) must pass a county ordinance to authorize SEP establishment.
2. CC enters into a letter of agreement with the Department of Health (DOH).
3. CC must establish contract with eligible entity to operate the SEP.
4. SEP must comply with statutory requirements:
 - Provide onsite HIV/Hepatitis C screening or referrals for screening
 - Operate a one-to-one exchange
 - Provide Naloxone kits
 - Provide educational materials and onsite/referrals for counseling
 - Collect and report data annually
5. DOH aggregated data report must be submitted by October 1, annually.

Current Florida SEP Implementation Status



- County with approved county ordinance for syringe exchange
- County with executed letter of agreement*
- County with operational SEP (n=5)

*Counties that have executed a letter of agreement with DOH have also passed an ordinance.

(Updated October 11, 2021)

Division of Disease Control and Health Protection



2021 Annual Aggregate Data from Four SEPs in Florida, July 1, 2020–June 30, 2021

Aggregate SEP Data (July 1, 2020–June 30, 2021)	
Participants served	1,118
Used syringes/needles received	400,297
Clean/unused syringes/needles distributed	375,500
Linkages to drug counseling or treatment	130
Participants entering drug counseling or treatment	97
Participants tested for HIV	360
Participants tested for hepatitis C (HCV)	278

Annual aggregate-level data reflects the activities of four current operational SEP programs.

Division of Disease Control and Health Protection



Contact Information

Emma C Spencer, PhD, MPH
Chief

Emma.Spencer@flhealth.gov
850-245-4432

Bureau of Communicable Diseases
Florida Department of Health

Division of Disease Control and Health Protection



October 20, 2021

Meeting Date

Senate Health Policy

Committee

The Florida Senate

APPEARANCE RECORD

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

HB389

Bill Number or Topic

Amendment Barcode (if applicable)

Name Michael Jackson

Phone (850) 222-2400

Address 610 North Adams Street
Street

Email Jackson@pharmview.com

Tallahassee

Florida

32301

City

State

Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

I am appearing without compensation or sponsorship.

I am a registered lobbyist, representing:

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

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

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S-001 (08/10/2021)

The Florida Senate

APPEARANCE RECORD

Deliver both copies of this form to
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Automated Pharmacy
Bill Number or Topic
Dispensing
Amendment Barcode (if applicable)

10-20-2021
Meeting Date

Health Policy
Committee

Name Richard Pinsky

Phone _____

Address 201 E. Park Ave
Street

Email _____

Tallahassee FL 32301
City State Zip

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

PLEASE CHECK ONE OF THE FOLLOWING:

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THE FLORIDA SENATE

Tallahassee, Florida 32399-1100

COMMITTEES:

Education, *Vice Chair*
Appropriations Subcommittee on Health and
Human Services
Finance and Tax
Health Policy
Transportation

JOINT COMMITTEE:

Joint Administrative Procedures Committee

SENATOR SHEVRIN D. "SHEV" JONES

35th District

October 20, 2021

The Honorable, Manny Diaz, Jr.

Chairman, Senate Committee on Health Policy

306 Senate Building

404 South Monroe Street

Tallahassee, FL 32399-1100

Dear Chairman Diaz, Jr.,

I respectfully request an excused absence from the Health Policy meeting scheduled for Wednesday, October 20, 2021 at 10:00am, as I will be traveling home to be with family after the passing of my beloved Grandmother, Arlene Gallagher, 91.

Thank you in advance for your consideration of this request. As we prepare for future committees, if I may be of assistance to answer questions, comments or concerns, please do not hesitate to contact me or my office.

Sincerely,

A handwritten signature in blue ink, appearing to read "Shev Jones".

Shevrin Jones

Senator, District 3

REPLY TO:

- 606 NW 183rd Street, Miami Gardens, Florida 33169 (305) 493-6022
- 1965 South State Road 7, West Park, Florida 33023 (954) 893-5003
- 214 Senate Building, 404 South Monroe Street, Tallahassee, Florida 32399-1100 (850) 487-5035

Senate's Website: www.flsenate.gov

WILTON SIMPSON
President of the Senate

AARON BEAN
President Pro Tempore

CourtSmart Tag Report

Room: KB 412

Case No.: -

Type:

Caption: Senate Health Policy Committee

Judge:

Started: 10/20/2021 10:01:00 AM

Ends: 10/20/2021 11:02:22 AM Length: 01:01:23

10:01:01 AM Meeting called to order by Chair Diaz
10:01:14 AM Roll call
10:01:28 AM A quorum is present
10:01:36 AM Comments by Chair Diaz
10:01:49 AM Tab 1: an update on the implementation of House bills 59 and 389 (2020) and Senate Bill 366 (2019)
10:02:05 AM First hearing from Jessica Sapp Executive Director of Medical Quality Assurance
10:02:22 AM Director Sapp presents updates on the pharmacy bills
10:11:41 AM Comments by Chair Diaz
10:11:56 AM Questions; yes
10:12:02 AM Questions by Senator Cruz
10:12:18 AM Response by Director Sapp
10:12:35 AM Follow-up question by Senator Cruz
10:13:00 AM Response by Director Sapp
10:13:46 AM Comment by Chair Diaz
10:13:56 AM Question by Senator Albritton
10:14:30 AM Response by Director Sapp
10:14:57 AM Question by Senator Powell
10:15:22 AM Response by Director Sapp
10:15:39 AM Follow-up by Senator Powell
10:15:50 AM Response by Director Sapp
10:16:12 AM Additional question by Senator Albritton
10:16:32 AM Response by Director Sapp
10:17:11 AM Follow-up question by Senator Albritton
10:17:36 AM Response by Director Sapp
10:18:55 AM No further Questions
10:19:04 AM Appearance and public testimony by Michael Jackson speaking on HB 389
10:23:22 AM Questions for Mr. Jackson? none.
10:24:23 AM Appearance and public testimony by Richard Pinsky
10:26:52 AM Question by Chair Diaz
10:27:18 AM Response by Mr. Pinsky
10:28:30 AM Question by Senator Cruz
10:29:04 AM Response by Mr. Pinsky
10:31:17 AM Follow-up by Senator Cruz
10:31:31 AM Response by Mr. Pinsky
10:32:06 AM Question by Senator Cruz
10:32:18 AM Response by Mr. Pinsky
10:33:19 AM Question by Senator Cruz
10:33:39 AM Response by Mr. Pinsky
10:33:52 AM Question by Chair Diaz
10:34:20 AM Response by Mr. Pinsky
10:35:09 AM Next, Presentation by Dr. Emma Spencer from the Division of Disease Control and Health Protection
10:41:53 AM Questions for Dr. Spencer? Yes
10:42:54 AM Question by Senator Bean
10:43:36 AM Response by Dr. Spencer
10:44:02 AM Question by Senator Bean
10:44:36 AM Response by Dr. Spencer
10:44:48 AM Question by Senator Bean
10:45:10 AM Response by Dr. Spencer
10:45:20 AM Question by Senator Brouder
10:45:33 AM Response by Dr. Spencer
10:45:58 AM No further questions
10:46:15 AM No further business before the committee, Motion to adjourn by Senator Baxley, the meeting adjourned.

10:47:50 AM Monitor has changed View