Bill No. CS/CS/HB 21, 1st Eng. (2018)

Amendment No.

	CHAMBER ACTION
	<u>Senate</u> <u>House</u>
	•
1	Representative Geller offered the following:
2	
3	Amendment (with title amendment)
4	Between lines 2813 and 2814, insert:
5	Section 20. Licensed pharmaceutical representatives and
6	medical affairs professionals
7	(1) Definitions.—As used in this section, the term:
8	(a) "ACMA" means the Accreditation Council for Medical
9	Affairs.
10	(b) "Health care professional" means any physician or
11	other health care practitioner who is licensed to provide health
12	care services or to prescribe pharmaceutical or biologic
(	639079
	Approved For Filing: 2/28/2018 10:21:06 AM

# Page 1 of 9

Bill No. CS/CS/HB 21, 1st Eng. (2018)

Amendment No.

13	products. However, the term does not include persons who work
14	exclusively with animals.
15	(c) "Medical affairs professionals" means medical and
16	scientific professionals within medical affairs functions within
17	pharmaceutical companies, including medical science liaisons.
18	(d) "Medical science liaison" means a person typically
19	with a doctoral degree in science or medicine who engages in
20	nonpromotional scientific exchange with health care
21	professionals and does not market, sell, or promote
22	pharmaceuticals to health care professionals. Medical science
23	liaisons may also be known by other titles, including but not
24	limited to, medical liaison, medical manager, regional
25	scientific manager, clinical liaison, and scientific affairs
26	manager.
27	(e) "Pharmaceutical representative" means a person who
28	markets or promotes pharmaceuticals to health care
29	professionals. The term dos not include medical science
30	liaisons, wholesale distributors, and pharmaceutical
31	representative managers or supervisors who do not interact
32	directly with health care professionals while in this state.
33	(f) "Wholesale distributor" means a person engaged in
34	wholesale distribution who is not a manufacturer, a
35	<pre>manufacturer's co-licensed partner, a third-party logistics</pre>
36	provider, or repackager.

639079

Approved For Filing: 2/28/2018 10:21:06 AM

Page 2 of 9

Bill No. CS/CS/HB 21, 1st Eng. (2018)

Amendment No.

37	(2) EDUCATION REQUIREMENTS There are professional
38	education requirements which must be satisfied to obtain a
39	license. An applicant must complete the standardized
40	independent, online programs offered by the ACMA for the
41	respective license described in subsections (3) and (4). Proof
42	of completion of the online course must accompany the
43	application for the pharmaceutical representative or medical
44	affairs license.
45	(3) MEDICAL AFFAIRS PROFESSIONALS
46	(a) Medical affairs professionals must become board
47	certified in medical affairs by completing the board certified
48	medical affairs specialist program (BCMAS). Once board
49	certified, they would be eligible to use the "BCMAS" designation
50	in their professional title and obtain their license.
51	(b) The Board Certified Medical Affairs Specialist Program
52	(BCMAS) covers the following:
53	1. The pharmaceutical industry.
54	2. The medical device industry.
55	3. The diagnostics industry.
56	4. Rules governing interactions with health care
57	professionals.
58	5. Health economics outcomes research.
59	6. Evidence-based medicine.
60	7. Clinical trial designs.
61	8. Presentation and communication skills.
(	639079
	Approved For Filing: 2/28/2018 10:21:06 AM

Page 3 of 9

Bill No. CS/CS/HB 21, 1st Eng. (2018)

Amendment No.

62	9. Regulatory affairs.
63	10. Compliance.
64	11. Abstract and medical writing.
65	12. Publication practices.
66	13. Drug development process.
67	14. Medical information.
68	15. Medical science liaisons and field based medical
69	teams.
70	16. Grant and investigator initiated study funding and
71	process.
72	17. Advisory boards.
73	18. Phase IV/post-marketing studies.
74	19. Risk evaluation and mitigation strategies.
75	20. Medication safety and pharmacovigilance.
76	(4) PHARMACEUTICAL REPRESENTATIVES
77	(a) Pharmaceutical representatives must complete the
78	Pharmaceutical Representative Credentialing Program offered by
79	the ACMA. In order to renew a pharmaceutical representative
80	license, applicants must maintain their certification according
81	to ACMA requirements.
82	(b) The pharmaceutical representative credentialing
83	program covers the following:
84	1. Medical terminology and abbreviations.
85	2. Federal Food and Drug Administration laws and
86	regulations related to pharmaceutical industry marketing.
	639079
	Approved For Filing: 2/28/2018 10:21:06 AM

Page 4 of 9

Bill No. CS/CS/HB 21, 1st Eng. (2018)

Amendment No.

87	3. Comparison of therapeutic drug classes, their
88	mechanisms of action, and delivery systems.
89	4. Principles of pharmacoeconomics or health care
90	economics.
91	5. Professional ethics related to opioid use for
92	pharmaceutical industry professionals.
93	6. Analyzing peer-reviewed literature on pharmacological
94	treatments.
95	7. Anatomical and physiological effects of drugs.
96	8. Basic Principles of pharmacology.
97	9. Preventing fraud and abuse of prescription drugs.
98	(5) CONTINUING EDUCATIONThe ACMA will audit a selection
99	of renewal applications to confirm that licensees completed the
100	continuing education requirements. Upon request, licensees must
101	provide information on courses completed, including the title
102	and date of the course, number of credit hours completed, name
103	of the education provider, and signed certificate of completion.
104	The state may confirm this information with the ACMA. If the
105	continuing education requirements have not been met or were
106	fraudulently affirmed, the individual in violation may face
107	suspension or revocation of the license, inclusion in a public
108	list whose licenses have been revoked, and a fine of no less
109	than \$1,000 and no more than \$3,000 per day of violation.
110	(6) DISCLOSURE.—

639079

Approved For Filing: 2/28/2018 10:21:06 AM

Page 5 of 9

Bill No. CS/CS/HB 21, 1st Eng. (2018)

Amendment No.

111	(a) After a pharmaceutical representative or medical
112	affairs professional receives the initial license, he shall
113	provide the information required by the ordinance upon request
114	by the Commissioner of Public Health. The pharmaceutical
115	representative shall compile and submit the information to the
116	Florida Department of Public Health in a format that will be
117	described on the Florida Department of Public Health's website.
118	Only pharmaceutical representatives and medical affairs
119	professionals who educate, market or promote pharmaceuticals,
120	pharmacologic classes, or categories of pharmaceuticals will be
121	obliged to disclose the information required by the ordinance.
122	This includes medical affairs professionals who engage in
123	research activities with health care providers or institutions
124	or are involved in educating on investigational drugs by
125	providing disease state information.
126	(b) When the Commissioner of Public Health requests the
127	information, the information will be due within 30 days of the
128	request and shall cover a time period designated by the
129	Commissioner of Public Health, provided that the time period
130	covers no more than 1 year and ends no later than 30 days before
131	the request was made and does not cover business that the
132	pharmaceutical representative conducted prior to the day of
133	initial licensure or eligibility.
134	(c) The disclosure obligations shall not apply to
135	activities that take place at large conferences, symposia,
6	539079
	Approved For Filing: 2/28/2018 10:21:06 AM

Page 6 of 9

Bill No. CS/CS/HB 21, 1st Eng. (2018)

Amendment No.

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136	conventions, or like gatherings that are expected to be attended
137	by a regional, national, or international audience and where
138	representatives from at least three pharmaceutical companies,
139	which shall not be subsidiaries or affiliations of the same
140	company or parent company, are marketing or promoting products.
141	This exemption shall not apply to activities that take place
142	concurrently with such an event but that are not officially part
143	of the event.
144	(7) ETHICAL STANDARDSLicensed pharmaceutical
145	representatives and board certified medical affairs
146	professionals shall adhere to the following ethical standards:
147	(a) They shall not engage in any illegal, fraudulent, or
148	other deceptive marketing of a pharmaceutical product, including
149	the knowing concealment, suppression, omission, misleading
150	representation, or misstatement of any material fact.
151	(b) They shall not use a title or designation that could
152	reasonably lead a health care professional, or an employee or
153	representative of a health care professional, to believe that
154	the pharmaceutical representative is licensed to practice
155	medicine, nursing, dentistry, optometry, pharmacy, or any other
156	similar health occupation, unless the pharmaceutical
157	representative holds an active license to practice that health
158	occupation.
159	(c) They shall not attend patient examinations without the
160	express, written consent of the patient. The representatives
6	539079
	Approved For Filing: 2/28/2018 10:21:06 AM

Page 7 of 9

Bill No. CS/CS/HB 21, 1st Eng. (2018)

Amendment No.

161	also shall not enter an area meant primarily for health care
162	providers and patients, other than a designated waiting area,
163	unless invited in by a health care provider working on site.
164	(d) They shall comply with the applicable policies and
165	procedures of the health care facilities and health care
166	professionals' offices he visits.
167	(e) They shall not harass, intimidate, or coerce a health
168	care professional, or an employee or representative of a health
169	care professional, through any form of communication.
170	(f) They shall cease making sales calls to a health care
171	professional, or an employee or representative of a health care
172	professional, if the health care professional requests it in
173	writing or verbally to the pharmaceutical representative or the
174	representative's employer.
175	(g) They shall not make any misleading statements to gain
176	access to a health care professional.
177	(h) They shall provide health care professionals with
178	information that is truthful, accurate, and nonmisleading,
179	consistent with Food and Drug Administration laws and
180	regulations.
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183	TITLE AMENDMENT
184	Remove line 122 and insert:
	639079
	Approved For Filing: 2/28/2018 10:21:06 AM

Page 8 of 9

Bill No. CS/CS/HB 21, 1st Eng. (2018)

Amendment No.

185	the act; providing definitions; specifying professional
186	education requirements for licensed pharmaceutical
187	representatives and medical affairs professionals;
188	providing continuing education requirements; providing for
189	licensure; requiring disclosures; specifying ethical
190	standards; providing effective dates.

639079

Approved For Filing: 2/28/2018 10:21:06 AM

Page 9 of 9