

IT'S TIME, FLORIDA!



**FLORIDA NURSES
ASSOCIATION**



A heritage of making a difference!

[Http://www.Floridanurse.org](http://www.Floridanurse.org)

1235 E. Concord St. • Orlando, FL 32803 • Phone: (407)896-3261 • Fax: (407)896-9042 • Email: info@floridanurse.org

Mailing Address: P.O. Box 536085 • Orlando, FL 32853-6085

2014 FNA FOR ACTION!



INTRODUCTION

The State of Florida continues to demonstrate poor health care outcomes. Our state has a high number of uninsured residents, limited access to healthcare services for poor and low income residents, increasing incidence of chronic illness and disease, and continued poor access to primary care services. These limitations have resulted in high rates of infant mortality, shortened life expectancy, increases in complications related to chronic illness such as diabetes and hypertension and increasing costs for healthcare delivery.

The Agency for Healthcare Research and Quality (AHRQ) has found that the state of Florida has fallen short in several key benchmarks relating to healthcare including; ability to see a primary care provider, management of chronic and acute illness, occurrence of short-term hospitalization relating to complications from diabetes and hypertension and avoidance of hospitalization related to acute illness.

These statistics are just a portion of the health problems facing our state. We believe that it is time for nurses to take a leadership position and convince our legislators that change is needed. The status quo can no longer be accepted for the health of our state and our nation.

This resource book is intended to provide nurses with information they need to help convince their legislators to make wise decisions regarding the health of our state. We hope you bring together your friends, family, and colleagues so that you can educate them in these important issues and convince them to contact their legislators and bring about necessary change.

WHAT CAN I DO?

As nurses we are professional healthcare providers that people trust, we hope to use this trust to convince people to contact legislators in our behalf and convince those leaders that change is needed.

This is what we hope you will do:

Step one

During the month of March 2014 invite some of your friends, Family members, or fellow nurses to meet with you at a local Starbucks, School, or at your home. This does not need to be a formal setting and should be casual.

Step two

Educate them in issues that concern you. Use the talking points provided in this manual. Make sure they understand the impact these issues have on our state and how they can make a difference. We provided some specific issues we would like you to discuss, however select issues that are important to you.

Step three

Encourage your friends, family members, and fellow nurses to contact their legislators and key Committee members regarding issues that you have discussed. They can contact their legislator by phone call, letter, E-mail, or visit the legislators Office. They can utilize the sample letters and talking points provided in this packet. Encourage them to follow the guidelines for contacting you legislator provided in this packet. Also consider contacting local media such as letters to the editor, local news programs, etc

TO FIND OUT WHO YOUR LEGISLATORS ARE GO TO:

<http://www.capwiz.com/fln/home/>

Step four

Encourage the people who attended this meeting to educate their friends, Family members, and coworkers on these issues. Through education and grassroots outreach we hope to convince legislators to make wise decisions for our state.

Step five

Encourage other people to get involved by sharing your meeting and its results on Facebook, Twitter and other social media.

INFORMATION ABOUT PENDING LEGISLATION

ACCESS TO HEALTHCARE FOR FLORIDA'S WORKING POOR

Background:

The Florida Legislature must decide whether to expand Medicaid coverage to individual who are at 138% (133% plus a 5% differential) of the federal poverty level. Florida currently provides no Medicaid coverage to childless adults and covers only those parents with incomes at or below 20% FPL — \$3,813 for a family of three. This expansion could provide up to 1.3 million Florida Residents with access to health insurance, many of them children or low-income workers (Georgetown University, Center for Children and Families, 2012). Last year Florida's legislators turned away Billions of dollars that could have been used to improve healthcare access in our state.

The federal government will pay the full costs of adding these individuals to the Medicaid program, but will phase down to 90% by 2020. However, cost savings can be achieved in several areas, including a drop in uncompensated care provided by hospitals to uninsured patients.

Key points:

- Nearly 20% of Floridians are uninsured (www.statehealthfacts.org); The money Florida has turned away are tax dollars our state has sent to Washington DC,
- Accepting the Federal money will provide insurance coverage to more working families, children, the elderly in nursing homes and others who will have access to basic health care services;
- These individuals will be more likely to get primary care services that can prevent more costly and complex health conditions. The majority of individuals who would benefit are families not earning enough to buy health insurance
- Nurses, particularly Advanced Registered Nurse Practitioners (ARNPs), are available to meet the increased demand for primary health care practitioners at a time when Florida faces a shortage of physicians;
- Registered nurses are fundamental to the success of emerging patient-centered care delivery models; Failure to accept federal dollars could result in hospitals being forced to cut back on nurse staffing and to close hospital units. If Florida does not draw down the money from the Federal Government it will go to another state who will utilize the dollars to care for their low income families

A bill Introduced in the Florida Senate (Garcia) and Florida House (Murphy) would take the federal monies and allow low income families to use these monies to buy private health insurance under the Florida Healthy Families program.

We are asking you to contact your legislators, House Speaker Will Weatherford and key committee members and ask them to support the Garcia/ Murphy bills that will draw down the funds from the federal government and utilize existing Florida programs to provide access to healthcare for Florida's working poor.

REMOVE UNNECESSARY RESTRICTIONS ON ADVANCED PRACTICE RN'S

AUTONOMOUS PRACTICE FOR NURSE PRACTITIONERS

The Florida Nurses Association supports legislation that would remove outdated physician supervision laws for advanced registered nurse practitioners (ARNPs). Lifting practice restrictions on ARNPs would allow them to serve the growing health care needs of our state.

ARNPs are educationally prepared (masters or doctorate level) to assume responsibility and accountability for health promotion and/or maintenance, as well as the assessment, diagnosis, and management of patient problems. This includes the use and prescription of pharmacologic and non-pharmacologic interventions (*American Nurses Association*). They deliver front-line primary and acute care and perform such services as diagnosing and treating common acute illnesses and injuries, providing immunizations, conducting physical exams, and managing high blood pressure, diabetes, and other chronic problems (*American Association of Colleges of Nursing*).

In Florida, an ARNP who wants to perform these functions in a private practice setting is required by law have a protocol agreement with a supervising physician.

This barrier has limited the expansion of retail clinics, where ARNPs provide a limited set of primary care services directly to patients. Similarly, the establishment of ARNP-managed health clinics in rural areas of Florida is stymied by outdated physician supervision laws.

It is time for policymakers to lift restrictions on ARNPs and allow them to serve the health care needs of our state.

- For years, physicians in Florida have utilized ARNPs in their private practices with no direct or onsite supervision of ARNPs.** In fact, physicians can own/manage up to five practices, so on any given day, a physician may be several miles away (they must be available by phone or other communication device). Removing supervisory requirements on ARNPs will not compromise patient safety. ARNPs would continue to consult with physician colleagues and make referrals as needed.
- The VA system already uses nurse practitioners as primary care providers to care for patients across all setting including inpatient and outpatient settings.
- AARP recommends that "current state nurse practice acts and accompanying rules should be interpreted and/or amended where necessary to allow APRNs to fully and **independently practice** as defined by their education and certification (AARP, 2010). The policy change, according to AARP, ensures that its members and all health care consumers, **especially in underserved settings such as urban and rural communities**, have increased access to high quality care.

FLORIDA NURSES ASSOCIATION

- Florida has the **most restrictive regulations** in the nation with regard to ARNPs; they cannot sign death certificates, initiate Baker Act proceedings, or order home health services. Nineteen states recognize ARNPs as autonomous primary care providers.

- Florida is the **only state** that does not allow nurse practitioners to obtain their DEA number that would authorize them to prescribe medically necessary medications that contain controlled substances.

HOUSE BILL HB7071 Advanced registered nurse practitioners

General Bill by Select Committee on Health Care Workforce Innovation and Pigman

Advanced Practice Registered Nurses: Redesignates ARNPs as advanced registered practice nurses (APRNs); provides for independent APRNs (IAPRNs) to practice advanced or specialized nursing; exempts IAPRNs from requirement that certain medical acts be supervised by physician; revises APRN certification requirements; authorizes APRNs to administer, dispense, & prescribe medicinal drugs pursuant to protocol; provides for registration of IAPRNs who meet certain requirements; specifies acts that IAPRNs are authorized to perform without physician supervision or protocol; provides for eligibility of IAPRNs for clinical privileges; requires IAPRNs to maintain medical malpractice insurance or provide proof of financial responsibility.

Effective Date: July 1, 2014

Last Event: Filed on Thursday, February 27, 2014 5:28 PM



Mythbusting Guide #1

Nursing Practice and Workforce PCB SCHCW1

Myth: A recent survey shows that 6 of 10 voters in Florida oppose allowing nurse practitioners to practice independently from a supervising physician.

FACT: The survey was commissioned by the Florida Medical Association, which raises questions about potential bias. While the FMA is opposed to the bill, the removal of restrictions to advanced practice nursing is supported by organizations representing nursing homes (Florida Health Care Association), large businesses (Florida Chamber and Associated Industries of Florida), the Florida Hospital Association, and Florida TaxWatch. Even AARP and the Robert Wood Johnson Foundation nationally support allowing nurse practitioners to practice to the full extent of their education and experience.

Myth: This bill is 153 pages and goes too far.

FACT: The length of this bill is largely due to a simple name change in various statutes to the phrase “Advanced Practice Registered Nurses” (APRN).

Myth: The legislation would expand scope of practice for registered nurses (RNs) by allowing them to prescribe medications and treatment regimens without physician oversight.

FACT: The bill does not expand medication prescribing to RNs, which has never been a consideration.

The bill would allow APRNs to write prescriptions for medically necessary controlled substances under the supervision of a physician. Only those APRNs who choose to seek independent status (IAPRN) would have the authority to write controlled substance prescriptions without a written agreement with a physician, and only after undergoing additional pharmacology training and meeting other criteria.

Myth: This bill will lead to higher health care costs.

FACT: It may result in savings, as it permits Medicaid managed care plans to recognize nurse practitioners – and they bill the Medicaid program at 80 percent of what physicians charge.

Furthermore, Florida TaxWatch estimates up to \$44 million in savings for Medicaid and \$339 million across all health care systems in Florida by removing practice restrictions on nurse practitioners.

Myth: This bill could “undo” strides in the pill mill epidemic.

FACT: The “pill mill epidemic” has occurred under the authority of Florida physicians. Nurse practitioners support the utilization of the prescription drug database for which physicians have had a miserable track record. To link nurse practitioners with over-utilization of medication is false information. This bill would require APRNs and IAPRNs to obtain a provider number through the federal Drug Enforcement Agency. They would also be tracked under the state’s Prescription Drug Monitoring Program. Furthermore, **every state except Florida allows APRNs to prescribe medically necessary controlled substances, and no states have repealed those laws.**



Mythbusting Guide #2

March 25, 2014

Nursing schools and APRN prescribing

MYTH: If nurses want to be doctors, they should go to medical school.

REALITY: Nurses want to be *nurses*, and that is why they go to *nursing* school. Nursing is different than medicine. The practices are based on two different philosophies with regard to health care. It is why separate colleges and professional boards of medicine and nursing exist.

The practice of medicine is largely focused on fixing a health care problem. Florida Statute 458.038 defines medicine as the “diagnosis, treatment, operation, or prescription for any human disease, pain, injury, deformity, or other physical or mental condition.”

In contrast, the practice of professional nursing is the “observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care; health teaching and counseling of the ill, injured, or infirm; and the promotion of wellness, maintenance of health, and prevention of illness of others,” according to Florida Statute 464.003(20). Nurse practitioners are also authorized to prescribe medications, with the exception of controlled substances.

There are some areas of overlap between the two practices, namely, diagnosing conditions and prescribing medications.

With more than 19 million residents in our state, there is room for both nurses and physicians to provide needed health care services.

MYTH: Nurse practitioners lack the education needed to prescribe controlled substances.

REALITY: As mentioned above, prescribing is one area shared by the practices of medicine and nursing. In fact, nursing and medical students often sit side-by-side in the same college-level pharmacology classes – many of which are taught by ARNPs.

Florida ARNPs have been prescribing medications with the exception of scheduled drugs since 1987. ARNPs are authorized to prescribe through a collaborative practice agreement with a physician and may only prescribe those medications used within their scope of practice and contained within the protocol. Many of those medications are for dangerous conditions such as high blood pressure. However, ARNPs are educated to prescribe controlled substances along with other medications.

Every state except Florida allows APRNs to prescribe medically necessary controlled substances, and no states have repealed those laws.

EMAILING YOUR LEGISLATOR

E-mail has changed the way that we communicate and in many ways has replaced other forms of communication, such as phone calls or handwritten letters. This technological tool is fast and efficient. However, because it is a fast and relatively informal means of communication, many legislators view it as less credible than other methods. If you use e-mail to communicate with your legislator, you should do so in the context of an ongoing relationship in which you use other methods as the foundation of your communication. To construct an e-mail with impact, follow these steps:

1. In the subject line, state that you are a constituent (for example Subject: Message from a constituent on xyz issue). Most legislators have their staff review and respond to their e-mail, and this strategy will increase the likelihood that your message is read.
2. State your request concisely. View your message as different from an electronic letter. Again, e-mail is less formal and much briefer than traditional written communication. Construct your message accordingly -keep it tight and short.
3. Provide personal examples and local context. Use similar principles as those in letter writing, but in a tighter format. If you are sending a generic e-mail written by a group of which you are a part, insert personal examples in the message.
4. Persuade a like-minded friend, family member, or colleague to send an e-mail as well. Quantity is critical. Legislators pay attention to issues when they believe that many of their constituents care about an issue. One e-mail is not convincing.
5. Report your e-mail. Carbon Copy (CC) the Florida Nurses Association or other organization you are affiliated with so they are aware of the email you sent and can have their lobbyist follow up with legislators regarding the issue.
6. Follow up. Again, because the impact of e-mail varies widely from legislator to legislator, be sure that you are using other methods to communicate with your legislator. Follow your e-mail with a phone call, handwritten letter or visit.
7. Communicate more than once. As with all other forms of communicating with your legislator, view your e-mail as part of an ongoing relationship. Keep in touch and tune in to your legislator and his or her position on the issue.

TO FIND OUT WHO YOUR LEGISLATOR IS GO TO:

<http://capwiz.com/fln/home/>

HOUSE HEALTH COMMITTEES

NOTE: If this document is opened in Adobe Acrobat Reader you should be able to click the name below and be brought to the email page for that legislator.

SELECT COMMITTEE ON WORKFORCE INNOVATION

Chair

[Oliva, Jose R. \[R\]](#)

Vice Chair

[Pigman, Cary \[R\]](#)

[Cummings, W. Travis \[R\]](#)

[Dudley, Dwight \[D\]](#)

[Harrell, Gayle B. \[R\]](#)

[Hudson, Matt \[R\]](#)

[Jones, Mia L. \[D\]](#)

[Magar, MaryLynn "ML" \[R\]](#)

[Nuñez, Jeanette M. \[R\]](#)

[Roberson, Kenneth L. "Ken" \[R\]](#)

[Rodríguez, José Javier \[D\]](#)

[Schwartz, Elaine J. \[D\]](#)

[Spano, Ross \[R\]](#)

[Stark, Richard \[D\]](#)

[Thurston, Jr., Perry E. \[D\]](#)

[Trujillo, Carlos \[R\]](#)

[Wood, John \[R\]](#)

HEALTH QUALITY

SUBCOMMITTEE

Chair

[Roberson, Kenneth L. "Ken" \[R\]](#)

Vice Chair

[Rooney, Jr., Patrick \[R\]](#)

Democratic Ranking Member

[Campbell, Daphne D. \[D\]](#)

[Diaz, Jr., Manny \[R\]](#)

[Nelson, Bryan \[R\]](#)

[Patronis, Jimmy \[R\]](#)

[Rader, Kevin \[D\]](#)

[Raulerson, Daniel D. "Dan" \[R\]](#)

[Rodríguez, José Javier \[D\]](#)

[Saunders, Joe \[D\]](#)

[Spano, Ross \[R\]](#)

[Watson, Jr., Clovis \[D\]](#)

HEALTH AND HUMAN SERVICES COMMITTEE

Chair

[Corcoran, Richard \[R\]](#)

Vice Chair

[Ahern, Larry \[R\]](#)

Democratic Ranking Member

[Jones, Mia L. \[D\]](#)

[Brodeur, Jason T. \[R\]](#)

[Clarke-Reed, Gwyndolen "Gwyn" \[D\]](#)

[Cummings, W. Travis \[R\]](#)

[Edwards, Katie A. \[D\]](#)

[Gibbons, Joseph A. "Joe" \[D\]](#)

[Harrell, Gayle B. \[R\]](#)

[Hudson, Matt \[R\]](#)

[Jones, Shevrin D. "Shev" \[D\]](#)

[Murphy, Amanda Hickman \[D\]](#)

[Oliva, Jose R. \[R\]](#)

[Patronis, Jimmy \[R\]](#)

[Pigman, Cary \[R\]](#)

[Renuart, Ronald "Doc" \[R\]](#)

[Roberson, Kenneth L. "Ken" \[R\]](#)

[Wood, John \[R\]](#)

SENATE HEALTH COMMITTEES

COMMITTEE ON HEALTH POLICY

<http://www.flSenate.gov/Committees/Show/HP/>

Senator Aaron Bean (R) Chair:

Senator Eleanor Sobel (D) VICE CHAIR

-
- Senator Jeff Brandes (R)
- Senator Oscar Braynon, II (D)
- Senator Anitere Flores (R)
- Senator Bill Galvano (R)
- Senator Rene Garcia (R)
- Senator Denise Grimsley (R)
- Senator Arthenia L. Joyner (D)

Appropriations Subcommittee on Health and Human Services

Senator Denise Grimsley (R):

Senator Anitere Flores (R)

-
- Senator Aaron Bean (R)
- Senator Lizbeth Benacquisto (R)
- Senator Bill Galvano (R)
- Senator Rene Garcia (R)
- Senator Audrey Gibson (D)
- Senator Tom Lee (R)
- Senator Bill Montford (D)
- Senator Garrett Richter (R)
- Senator Christopher L. Smith (D)
- Senator Eleanor Sobel (D)
- Senator John Thrasher (R)

Committee on Judiciary

Members

Chair: Senator Tom Lee (R) Vice Chair: Senator Darren Soto (D)

Senator Rob Bradley (R)

Senator Andy Gardiner (R)

Senator Arthenia L. Joyner (D)

Senator Jack Latvala (R)

Senator Garrett Richter (R)

Senator Jeremy Ring (D)

Senator John Thrasher (R)

CAMPAIGN FOR ACTION 2014

Every newspaper has a "letters to the editor" section on the editorial page. This page provides an opportunity to express your point of view on stories that appear in the newspaper or on issues of the day.

The editors of the newspaper will be especially interested in your reaction to their editorials.

FNA encourages you to write letters to the editor. Such letters should be short (no more than 350 words) and should state, in the first sentence, what the letter is responding to. For example, you may say, "In your editorial December 15, 2003 on 'Healthcare Access,' you said ... " or "in your news article, 'Governor Bush pushes Health Care Reform (Page A7, December 14, 2003),' "Governor Bush said ... " You would then go on to react to the statement and express nursing's point of view. We also encourage you to urge your colleagues to write letters to the editor. The more they appear, the better for our efforts in educating the public about nursing's agenda for health care reform and the pivotal role of nurses in the health care delivery system.

One final point: local newspapers, even big ones, like the local angle. If you can use local examples of how a particular policy will affect patients in your community, it will increase the chances of your story being published.

POPULAR NEWSPAPERS LETTERS TO EDITOR	WEB ADDRESS or EMAIL
floridatoday.com	http://www.floridatoday.com/content/services/news/index.shtml
Bradenton Herald	http://www.floridatoday.com/content/services/news/index.shtml
Naples News	http://www.naplesnews.com/send-a-letter/
Miami Herald	http://www.miamiherald.com/contact-us/
Tampa Bay Times	http://www.sptimes.com/letters/
Sun Sentinel	letters@sun-sentinel.com
Orlando Sentinel	http://www.orlandosentinel.com/letters

CAMPAIGN FOR ACTION 2014

POPULAR NEWSPAPERS LETTERS TO EDITOR	WEB ADDRESS or EMAIL
Tallahassee Democrat	letters@tallahassee.com
Gainesville Sun	http://www.gainesville.com/article/99999999/ MULTIMEDIA/69514377?template=art_plain#g sc.tab=0
Sarasota Herald Tribune	http://www.heraldtribune.com/article/99999999 9/MULTIMEDIA/100509925#gsc.tab=0
Tampa Tribune	http://tbo.com/list/news-opinion- letters/submit/

EXAMPLE LETTER TO THE EDITOR MEDICAID EXPANSION

Your Name

Your Address

Editor

Newspaper Name

Newspaper Address

RE: Florida Needs Medicare Expansion

Dear Editor,

Currently 20% of all Floridians have no health insurance and are unable to purchase it. The overwhelming majority of these are our neighbors, friends and family members who are employed and struggling to make ends meet. These are the people who bag our groceries, serve our food in restaurants and work in construction.

Right now there is a debate in Tallahassee over accepting Federal dollars to allow these Floridians to gain access to health insurance. These are Federal dollars that come from Florida taxpayers and are sent to Washington. If Florida refuses to accept this money it will go to other states like California and New York to help their citizens buy insurance. We need to keep our tax dollars here in Florida.

We need to take care of Florida's working poor and ensure that hospitals and emergency medical services that provide care are compensated for that care. Failure to accept the federal dollars will result in hospitals being forced to reduce services and staffing to remain financially viable.

We need people to tell their representatives to accept the federal dollars and help low income working families access health insurance.

Sincerely

LETTER TO LEGISLATOR REGARDING NURSE PRACTITIONERS
RE HB7071 Advanced Registered Nurse Practitioners.

To the honorable Senator/Representative _____,

I am contacting you in support of house bill # /Senate bill# HB7071/.

The healthcare needs of our state demands that all healthcare providers are able to practice to the full extent of their education and training. It is time that unnecessary and harmful constraints be removed from advanced practice nurses and they are allowed to practice to their full scope. Such constraints on prescribing authority and unnecessary physician “supervision” results in many individuals not having access to necessary healthcare and increases the cost of healthcare.

Available studies have demonstrated that nurse practitioners provide health care services that are safe, have similar outcomes to their physician colleagues with high levels of patient satisfaction. It is time that Florida cease being the most restrictive state for advanced practice nurses and allow these healthcare providers to meet the health needs of our state.

Thank you for your attention in this matter.

Sincerely yours,

Your name (Please include your professional title and any association affiliations)

Address

City, State, Zip

Phone number or email

(example: John Doe, RN member of the Florida Nurses Association)

LETTER TO LEGISLATORS REGARDING MEDICAID EXPANSION

To the honorable Senator/Representative _____,

I am contacting you in support of house bill # /Senate bill#_____.

I am contacting you as a health care provider and compassionate citizen of Florida. There are an estimate 700,000 hard working Floridians who do not earn enough to purchase health insurance but make to much money to presently qualify for Medicaid. This situation harms are friends, neighbors and coworkers. It is time that Florida take a stand for these hardworking families and ensure them the security of simple health care. I therefore ask you to support the **Negron/_____** bill that would draw down the federal monies that we have already sent to Washington and utilize these funds to help Floridans gain access to health insurance. Several independent studies have found that by providing such assistance Florida will improve its healthcare outcomes and potentially save money.

Further, if we fail to accept the Federal Monies there could be disastrous consequences for our State. Hospitals are facing significant loss of revenue and may be forced to close units and decrease their healthcare workforce. Public Health Departments will face greater demands on their services and emergency rooms can be further stressed. I therefore respectfully ask you to support the proposed legislation and utilize existing Florida programs combined with accepting federal monies to extend health insurance to low income Families.

Thank you for considering my views.

Sincerely yours,

Your name (Please include your professional title and any association affiliations)

Address

City, State, Zip

Phone number or email

(example: John Doe, RN member of the Florida Nurses Association)

REFERENCES

Nurse Practitioner

OnLine Reference List: http://doctoredthenurse.com/?page_id=51

American Academy of Nurse Practitioners, Legislation (2012). Retrieved on October 10, 2013 from <http://www.aanp.org/legislation-regulation>

ARNP Corner(2012). Retrieved on October 10, 2013 from <http://www.floridanurse.org/ARNPCorner/index.asp>

Buresh, B. and Gordon, S. (2006). *From silence to voice* (2nd ed.). Ithaca: ILR Press.

Health Care Reform and the APRN (2012). Retrieved on June 28,2012 from <http://www.nursingworld.org/aprnhealthreform>

Institute of Medicine. (2010). The future of nursing: Leading change, advancing health. *Robert Wood Johnson Initiative at the IOM*. Retrieved October 12, 2013 from

<http://www.iom.edu/Reports/2010/The-future-of-nursing-leading-change-advancing-health.aspx>

Take Healthcare Into Your Own Hands (2012). Retrieved on October 10, 2013 from <http://www.healthcare.gov/>

MEDICAID EXPANSION

Opting out of Medicaid Expansion: The Health and Financial Impact

<http://healthaffairs.org/blog/2014/01/30/opting-out-of-medicaid-expansion-the-health-and-financial-impacts/>

White Paper FLorida Chain

<http://floridachain.org/wp-content/uploads/2013/02/Florida-Legal-Services-Medicaid-Expansion-white-paper2.1.13.pdf>

Kaiser Family Foundation: Impact in States not Expanding Medicaid

<http://kff.org/disparities-policy/issue-brief/the-impact-of-the-coverage-gap-in-states-not-expanding-medicaid-by-race-and-ethnicity/>



2014 Legislative Session Bill Watch List -- 3/26

NURSING EDUCATION

SB 1036	Nursing Education Programs	<p>Revising definitions of the terms “clinical training” and “practice of practical nursing”; exempting nurses who are certified by an accredited program from 30 hour continuing education requirements; removing the limitation on the percentage of clinical training that may consist of clinical simulation; requiring nursing education programs that prepare students for the practice of professional nursing to be accredited within five years.</p>	<p>Health Policy; 9 Yeas, 0 Nays on 3/5; On Committee agenda - Education, 03/18/14, 8:00 am, 412 K 3/21/2014 Senate • Placed on Calendar, on 2nd reading - SJ 305 • Placed on Special Order Calendar, 03/26/14 3/26/2014 Senate • Retained on Special Order Calendar, 04/03/14 -SJ 335 3/21/2014 Senate • Placed on Calendar, on 2nd reading - SJ 305 • Placed on Special Order Calendar, 03/26/14 3/26/2014 Senate • Retained on Special Order Calendar, 04/03/14 -SJ 335</p>	<i>Sen. Grimsley</i>
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Note: the bill was amended 3/5 to put a 50 percent limit on clinical training that consists of clinical simulation. There is currently a 25 percent limit.

HB 1059	Nursing Education Programs	<p>Similar</p>	<p>Referred to Select Committee On Health Care Workforce Innovation; Health Care Appropriations Subcommittee; Education Committee; now in first committee but not yet placed on agenda</p>	<i>Rep. Pigman</i>
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NURSING PRACTICE

SB 1646	Telemedicine	Creates the "Florida Telemedicine Act"; creating licensure and registration requirements; providing requirements for reimbursement of telemedicine services under the Medicaid program; limits telemedicine services to physicians, etc	Health Policy; 7 Yeas, 2 Nays on 3/5	<i>Senate Health Policy/Bean</i>
<i>Note: an amendment was added to the bill that would limit telemedicine only to physicians. The FNA is opposed to this. Those voting against this bill were Sens. Brandes and Grimsley.</i>				
HB 751	Telehealth Services	Provides for maintenance of health records, standards of care, & scope of practice for telehealth providers, which include physicians, nurses, etc.	Select Committee on Health Care Workforce Innovation; 15 Yeas, 0 Nays on 3/3. Now in Health Care Appropriations Subcommittee	<i>Reps. Cummings, Jones</i>
<i>Note: while other versions of these telemedicine/telehealth bills have been filed, these are the bills that are under discussion.</i>				
SB 1230	Physician Assistants	Revises the number of physician assistants that a physician may supervise at any one time from four to eight; drops a licensure for two letters of recommendation; makes other changes with licensure paperwork.	Referred to Health Policy; Appropriations; Rules	<i>Sen. Hays</i>
SB 1275	Physician Assistants	Drops a licensure for two letters of recommendation; makes other licensure paperwork changes; <u>does not revise</u> the number of PAs a physician must supervise.	Referred to Select Committee on Health Care Workforce Innovation; Health Care Appropriations Subcommittee; Health & Human Services Committee; sent to first committee but has not been placed on agenda	<i>Rep. Ahern</i>

ADVANCED PRACTICE NURSING

HB 7071	Advanced Practice Registered Nurses	Renames ARNPs to Advanced Practice Registered Nurses; gives universal signature authority to APRNs; allows them to prescribe medically necessary Schedule II-V drugs; requires APRNs to meet certain criteria to become Independent APRNs and practice without a written collaborative agreement with a physician.	Passed the Select Committee on Health Care Workforce Innovation 13-2. Referred to Health & Human Services Committee; Appropriations Committee; now in Health & Human Services but not yet placed on agenda	<i>House Select Committee on Health Care Workforce Innovation; Pigman</i>
		Passed Senate Health Policy Committee; pending scheduling in Judiciary Committee		
SB 1352	Advanced Practice Registered Nurses	Renames ARNPs to Advanced Practice Registered Nurses; allows APRNs to prescribe controlled substances; orders the Board of Nursing to create a committee to consider an APRN prescribing formulary. Defines psychiatric-mental health APRNs and authorizes them to initiate Baker Act proceedings and release individuals.	Referred to Health Policy; Judiciary; Rules; 3/26/14 Passed health policy 5-4. • Pending reference review under Rule 4.7(2) - (Committee Substitute)	<i>Sen. Grimsley</i>
SB 1544	Involuntary Examinations under the Baker Act	Authorizes physician assistants & ARNPs to initiate involuntary examinations under Baker Act of persons believed to have mental illness.	Referred to Children, Families, and Elder Affairs; Health Policy; Appropriations. 3/26/14	<i>Sen. Braynon</i>
HB 829	Involuntary Examinations under the Baker Act	Same	Health Care Workforce Innovation; 16 Yeas, 0 Nays on 3/10; Civil Justice Subcommittee, 03/18/14, 9:00 am, 404 H	<i>Rep. Campbell</i>

Note: Rep. Campbell withdrew an amendment that would have required these practitioners to obtain 40 additional hours of mental illness training

SAFE WORK ENVIRONMENTS

SB 554	Safe Lifting	Requires hospitals to establish a protocol concerning the lifting and associated handling of patients by hospital employees; requires that the protocol be developed by a committee; providing for membership of the committee; provides factors for the committee to consider in developing the protocol; establishes continuous assessment and evaluation of the protocol, etc	Referred to Health Policy; Children, Families, and Elder Affairs; Community Affairs	<i>Sen. Thompson</i>
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HB 289	Patient Lifting and Handling Practices	Similar	Referred to Health Innovation Subcommittee; Rulemaking Oversight & Repeal Subcommittee; Health & Human Services Committee. Now in first committee but not yet on agenda	<i>Rep. Richardson</i>
HB 905	Florida Hospital Patient Protection Act	Requires minimum staffing levels of direct care registered nurses in health care facility; prohibits facility from imposing mandatory overtime; specifies required ratios of direct care registered nurses to patients; prohibits health care facility from using video cameras or monitors as substitutes for required level of care; requires annual evaluation of staffing levels; requires AHCA to develop uniform standards for nurse staffing requirements; prohibits health care facility from assigning unlicensed personnel to perform functions of licensed or registered nurse; authorizes direct care registered nurse to assign activities to other nursing staff; provides that direct care registered nurse has right of action against facility that violates provisions of act; prohibits facility from interfering with nurses' right to organize or bargain collectively; authorizes agency to impose fines	Referred to Health Innovation Subcommittee; Health Care Appropriations Subcommittee; Health & Human Services Committee; Now in Health Innovation Subcommittee	<i>Rep. Watson</i>
SB 1026	Florida Hospital Patient Protection Act	Request that the chief nursing officer of a health care facility prepare a written staffing plan that meets the direct care registered nurse staffing levels required by the act; requiring that certain documentation be submitted to the Agency for Health Care Administration and be made available for public inspection; requiring that the agency establish a toll-free telephone hotline to provide information and to receive reports of violations of the act; requiring that the agency post on its website information regarding health care facilities that have violated the act, etc.	Referred to Health Policy; Community Affairs; Appropriations Subcommittee on Health and Human Services; Appropriations	<i>Sen. Braynon</i>
STATE EMPLOYEES				
SB 184	Florida Retirement System	Requires that employees in the Elected Officers' or Senior Management Service classes join a 401k-type investment plan; applies only to those hired after 7/1/14,	Referred to Governmental Oversight and Accountability; Community Affairs; Appropriations	<i>Sen. Brandes</i>

SB 1110	Deferred Compensation	Atomically enrolls all state employees in a deferred compensation program; requires employees to contribute a minimum amount and each state agency must match the employee contribution up to a specified limit; requires that from Jan. 1, 2015, through Dec. 31, 2017, employees contribute at least \$25 monthly which would increase to a minimum of \$50 monthly Jan. 1, 2018; requires the state to match it \$100 a month or 2 percent of the employees, salary, whichever is less.	Referred to Governmental Oversight and Accountability; Appropriations	<i>Sen. Simpson</i>
SB 1114	Florida Retirement System	Establishes a cash balance retirement plan for Florida Retirement System (FRS) employees featuring individual employee accounts that are guaranteed a minimum retirement benefit; allows for cash balance accounts to be funded by employee and employer contributions based on a percentage of monthly compensation, a guaranteed 2 percent interest on the account balance, and 75 percent of any investment returns over 2 percent; allows for employees hired after July 1, 2015, to choose cash balance plan or existing investment plan; limits pension plan option only to special risk employees; allows for vesting in the cash balance plan after five years.	Governmental Oversight and Accountability; Appropriations	<i>Community Affairs</i>
SB 2506	State-administered Retirement Systems	Increases (starting 7/1) the employer paid contribution to the Retiree Health Insurance Trust Fund from 1.2% to 1.3% of gross compensation for each member of the Florida Retirement System, as well as Elected Officers', Senior Management, Regular, Special Risk, and Special Risk Administrative Support classes; Would provide roughly \$131.5 million of additional revenues on an annual basis for FRS system.	Filed 3/14; not yet referred to committees	<i>Governmental Oversight and Accountability</i>

Note: no House companions have been filed. In a March 13 news conference, Sen. Greg Evers, R-Crestview, said proposed changes to the Florida Retirement System probably won't pass in 2014.

HEALTH CARE ACCESS

HB 7	Florida KidCare Program	Allows "legally residing" immigrant children to enroll in the state's KidCare health insurance program without the five-year waiting period.	Health Innovation Subcommittee; 11 Yeas, 0 Nays on 2/11; now in Health Care Appropriations Subcommittee	<i>Rep. Diaz</i>
SB 282	Florida KidCare Program	Same.	Referred to Health Policy; Appropriations Subcommittee on Health and Human Services; Appropriations	<i>Sen. Garcia</i>

SB 710	Health Care	Creates a Healthy Florida program similar to Florida Healthy Kids Corp.; uses federal ACA dollars to make health plan coverage available to individuals and families making up to 138% of the federal poverty level. Others above the poverty level could cost-share.	Referred to Health Policy; Judiciary; Appropriations Subcommittee on Health and Human Services; Appropriations	<i>Sen. Garcia</i>
HB 869	Health Care	Same	Select Committee on PPACA; Health Care Appropriations Subcommittee; Health & Human Services Committee; Now in Select Committee on PPACA	<i>Rep. Murphy</i>
SB 1364	Employee Health Care Access Act	Revises the definition of employees who are eligible for small business health care coverage from those who work 25 hours a week to those who work 30 hours weekly.	Health Policy; 5 Yeas, 3 Nays	<i>Sen. Bradley</i>
HB 969	Employee Health Care Access Act	Same	Referred to Health Innovation Subcommittee; Appropriations Committee; Health & Human Services Committee; now in first committee	<i>Rep. Cummings</i>

Note: these bills would ELIMINATE health care coverage for individuals who work between 25 and 29 hours a week. They are unlikely to qualify for insurance on the federal marketplace; nor can they qualify for Medicaid because Florida has refused to accept federal dollars to make Medicaid eligible for individuals who make up to 138% of the federal poverty level.

HEALTH CARE FACILITIES

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SB 248	Assisted Living Facilities	Strengthens the enforcement of current regulations for assisted living facilities (ALFs) by revising fines for licensure violations, clarifying existing enforcement tools, and requiring an additional inspection for facilities having significant violations; clarifies the criteria under which the Agency for Health Care Administration (AHCA) must revoke or deny a facility's license; adds certain responsible parties and AHCA personnel to the list of people who must report abuse or neglect to the Department of Children and Families' central abuse hotline; and requires the AHCA to implement an ALF rating system by March 1, 2015 and to add certain content to its website by November 1, 2014, to help consumers select an ALF. Allows unlicensed staff to assist with self-administration of medication -- measuring vital signs; taking a prefilled insulin syringe to a resident; assisting with the use of a nebulizer, colostomy bags and glucometer; putting on and removing anti-embolism stockings; applying and removing an oxygen cannula, but not titrating the oxygen levels; use of a continuous positive airway pressure device, but not titrating the device.	Placed on Third Reading on Senate floor, 03/20	<i>Committees on Appropriations; Health Policy; and Children, Families, and Elder Affairs</i>
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Note: the bill does not allow for med techs.

HB 573	Assisted Living Facilities	Similar	Unanimously passed first two committees; Now in Health & Human Services Committee	<i>Rep. Ahern</i>
SB 380	Responsibilities of Health Care Facilities	Prohibits hospitals from employing or contracting with surgical assistant or surgical technologist who is not certified as such.	Scheduled for Senate floor Third Reading, 03/20	<i>Rep. Bean</i>

Note: This bill is silent on supervision, meaning that the supervision of surgical techs is left up to hospital policy, which dictates supervision by a circulating nurse. The content of this bill is expected to be amended onto a House bill.

SB 268	Certificates of Need	Repeals the moratorium on new community nursing homes and new beds; allows for expedited review of CON applications; prohibits the issuance of further CONS for nursing home beds once 5,000 total new beds have been approved (expires in 2019)	Children, Families, and Elder Affairs, 03/18/14, 8:00 am, 37 S	<i>Sen. Grimsley</i>
HB 287	Certificates of Need	Similar	Unanimously passed two committees; ready for second reading on Senate floor	<i>Rep. Artilles</i>

Background: In 2011, hospitals in Tampa Bay and Jacksonville areas challenged plans to open trauma centers at Blake Medical Center in Manatee County, Regional Medical Center Bayonet Point in Pasco County and Orange Park Medical Center in Clay County. More controversy ensued in 2012 when Ocala Regional Medical Center was allowed to open a trauma center. Courts have ruled that the DOH used an invalid rule in approving the trauma centers. DOH in February created a formula to consider trauma center applications in 19 areas of the state.

SB 1276	Trauma Centers	Requires DOH to provide an annual report on the trauma care system to the Legislature and the governor; places limits on the number of trauma centers for each designated area of the state, but removes the cap of 44 trauma centers statewide; allows current trauma centers to remain open.		<i>Sen. Grimsley</i>
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PUBLIC HEALTH

HB 491	Infectious Disease Elimination Pilot Program	Designates act as "Miami-Dade Infectious Disease Elimination Act (IDEA)"; requires DOH to establish pilot program in Miami-Dade County; provides for administration by DOH or designee; provides that distribution of needles & syringes under pilot program does not violate Florida Comprehensive Drug Abuse Prevention & Control Act or any other law; provides conditions under which pilot program staff member or participant may be prosecuted; requires report by OPPAGA. Effective Date: July 1, 2014	Passed Health Quality 13-0	<i>Rep. Pafford</i>
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SB 408	Infectious Disease Elimination Pilot Program	Similar	Assigned to four committees; passed two; other committee references removed; now in Rules for placement on the Senate calendar	<i>Sen. Braynon</i>
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SB 1030	Low-THC Marijuana and Cannabis	Allows Florida licensed physicians to order "Charlotte's web" low-THC marijuana under narrow circumstances, such as for a patient suffering from a physical medical condition, or treatment for a medical condition, that chronically produces symptoms of seizure or severe and persistent muscle spasms; authorizes up to four dispensing organizations; orders the DOH to create an online registry for physicians and patients to be accessed law enforcement and the dispensing organization in order to verify patient orders; legalizes non-intoxicating cannabis for medical use if it contains .5 percent or less of THC and more than 15 percent of Cannabidiol	Health Policy; 8 Yeas, 0 Nays on 3/11	<i>Sens. Bradley, Bean, Brandes</i>
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HB 843	Relating to Cannibas	Creates an affirmative defense for controlled substance offenses in situations in which cannabis was the only controlled substance involved in the violation; the person committing the offense intended that the cannabis be consumed in a non-smoking manner; and the person committing the offense intended that the cannabis be consumed by a person under the supervision of a physician or osteopath.	Criminal Justice Subcommittee; 12 Yeas, 1 Nay on 3/5	<i>Reps. Gaetz, Edwards</i>
<p><i>Note: similar bills filed by other lawmakers, including those to legalize marijuana, are not moving through the legislative process. The Florida Supreme Court has approved the placement of a constitutional amendment on the November ballot that would allow the use of marijuana for individuals with debilitating diseases as determined by a licensed Florida physician. The amendment further expands the proposal adding "... or other conditions for which a physician believes that the medical use of marijuana would likely outweigh the potential health risks for a patient."</i></p>				
SB 722	Newborn Health Screenings	Authorizes the State Public Health Library to release results of newborn hearing and metabolic screenings to the newborn's health care practitioner -- a physician; physician assistant; osteopath; ARNP, RN, LPN, midwife; a speech-language pathologist; audiologist; a dietician; or nutritionist.	Favorable with committee substitute by Health Policy; 8 Yeas, 0 Nays on 3/11	<i>Sen. Garcia; Health Policy</i>
<p><i>Note: a new amendment adds language that requires the Department of Health to list on its website a list of providers and institutions; requires that in the event a hearing impairment is diagnosed, the health care practitioner must offer the parent/guardian the opportunity to be contacted by service providers; the practitioner must fax the patient information to Early Steps providers or other interested providers.</i></p>				
HB 591	Newborn Health Screenings	Same, but without amendment.	Health Quality Subcommittee; 13 Yeas, 0 Nays on 2/18; Now in Health & Human Services Committee	<i>Rep. Harrell</i>
HB 465	Hepatitis C Testing	Requires hospitals and health practitioners (physicians, osteopaths, ARNPs, RNs and LPNs) to offer Hepatitis C testing to "Baby Boomers," or those born between 1945-1965. Also requires health care practitioners to offer services; requires the Department of Health to establish rules for Hepatitis C screenings.	Health Quality Subcommittee, 03/18/14, 3:00 pm, 306 H	<i>Rep. Jones</i>

<i>Note: a strike-all amendment by Rep. Jones removes RNs and LPNs from the definition of "health care practitioners"</i>				
SB 824	Hepatitis C Testing	Same	Health Policy, 03/19/14, 11:00 am, 412 K	Sen. Joyner
HB 708	Alzheimer's Disease	Creates the DOH-administered Ed and Ethel Moore Alzheimer's Disease Research Program to fund research leading to prevention of, or a cure for, Alzheimer's disease; allows for memory disorder clinic funding to be based on minimum performance standards and benchmark goals; adds memory disorder clinics to the list of entities and agencies that will provide registration information and assistance to their special needs clients or caregivers; allows physicians and any pharmacy to provide the registration information assistance to patients.	Health Quality Subcommittee; 11 Yeas, 0 Nays on 3/5; Now in Appropriations Committee	Rep. Hudson
SB 872	Alzheimer's Disease	Similar	Health Policy, 03/19/14, 11:00 am, 412 K	Sen. Richter
OTHER				
HB 739	Compensation for Personal Injury or Wrongful Death Arising from Medical Injury	Makes major changes to how medical malpractice cases are handled. Creates an out-of-court "Patient Compensation System" to review claims of medical malpractice allegedly committed by health care providers including nurses ; Creates a Medical Review Board and staff, an Office of Compensation, Office of Quality Improvement; funds the system through "contribution rates" levied on practitioners (\$100 per nursing license and \$250 per CRNA license); allows for practitioners to opt out of system; requires participating practitioners to inform patients of the system.	Judiciary Committee, 03/17/14, 3:00 pm, 404 H - Workshop	Rep. Brodeur
SB 1362	Compensation for Personal Injury or Wrongful Death Arising from Medical Injury	Similar	Referred to Judiciary; Health Policy; Appropriations	Sen. Grimsley

SB 306	Community Health Workers	Directs DOH to create a Community Health Worker (CHW) Task Force within a state college or university that will develop recommendations for including CHWs in efforts to enroll residents in health care programs or to navigate available health care services, and to be part of the safety net health care delivery team; directs the task force to collaborate with other statewide stakeholders, such as universities, to devise a process that leads to the standardization of qualifications and skills of CHWs who are employed in state-supported health care programs.	Health Policy; 5 Yeas, 0 Nays on 2/11; now in Education	<i>Sen. Braynon</i>
HB 211	Community Health Workers	Similar	Health Quality Subcommittee; Health Care Appropriations Subcommittee; Health & Human Services Committee; now in first committee	<i>Rep. Reed</i>