

#FSHP2018



Law Update

Karen R. Sando, Pharm.D., BCACP, BC-ADM
 L. David Harlow, BS, Pharm.D.
 Lawrence Gonzalez, JD
 Bill Kernan, Pharm.D., BCPS

Break Through

Branch Out

Session Objectives

- Discuss activity from the last legislative session that may affect health-system pharmacists or pharmacies.
- Review activities of the Board of Pharmacy that may affect health-system pharmacists or pharmacies.
- Describe steps to improve member engagement in legislative advocacy

Break Through

#FSHP2018

Branch Out

Introduction to the L&R Council



Break Through

#FSHP2018

Branch Out

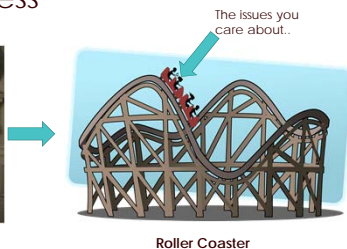


Legislative Session Updates

The Political Process



Popular Netflix Series House of Cards



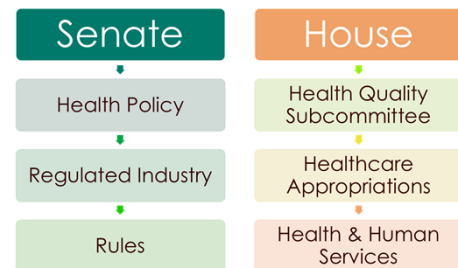
Roller Coaster

Break Through

#FSHP2018

Branch Out

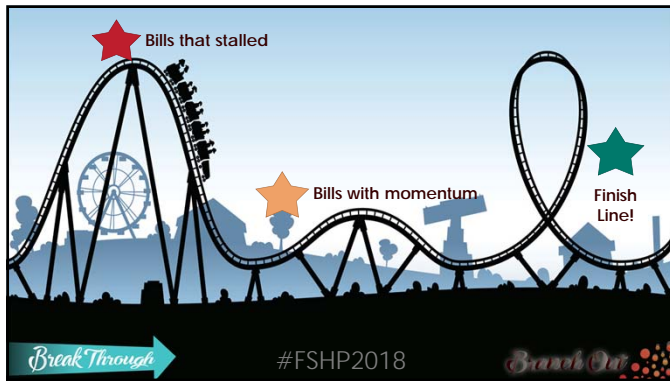
The Political Process



Break Through

#FSHP2018

Branch Out



Bills that Stalled

HB 431 (Rep. Plascencia)/SB 524 (Sen. Brandes) – Test and treat for influenza and streptococcal infections



- Authorization for RPh to test and treat streptococcal infections through written protocol between RPh and MD
- Certified by Board of Pharmacy and approval of written protocol
- Minimum of \$200,000 professional liability insurance
- Minimum of 8 hours CE on POCT and treatment of influenza and streptococcus
- Passed House Health Quality Subcommittee
- Treatment of streptococcal infections language removed in Senate Health policy committee

Temporarily postponed in Senate Health Policy



#FSHP2018



Bills with Momentum



• HB 689 (Rep. Byrd)/SB 914 (Sen. Garcia) – Collaborative Practice

- Amend section 465.003 and 465.0125 authorizing physicians and pharmacists to enter into collaborative practice agreements with physicians to provide comprehensive medication management pursuant to such agreements.
- Consultant pharmacists would be authorized to:
 - Order and evaluate laboratory or clinical tests;
 - Conduct patient assessments, as appropriate to monitor and evaluate drug therapy;
 - Initiate, modify, or discontinue medications;
 - Administer medications
- Passed all House committees favorably



#FSHP2018



Legislator Voices



HB 689/SB 914 Collaborative Practice

- Furthest this language has been – should celebrate this accomplishment!!
- Friends in the House
 - Bill sponsor – Rep. Byrd
 - Drs. Cary Pigman and Ralph Massulo
- Added a physician voice – Dr. Jeffrey Block, Anesthesiologist and Florida Medical Association (FMA) member
- AMA Support of pharmacist role



Available at: <https://www.stepsforward.org/modules/embedded-pharmacists>



#FSHP2018



HB 689/SB 914 Collaborative Practice

- However, hurdles to overcome
 - Fewer Senate relationships – unable to gain traction
 - Physician group opposition
 - “Initiate” and “Order” = Physician responsibilities
 - Level of physician supervision/oversight? – Immediately available, remote, none?
 - Setting comfort level – Health system >> Physician office >> Community Pharmacy
 - Legislator AND physician group education on role and training of pharmacists
 - Clear messaging – improve access, decrease costs, improve outcomes



#FSHP2018



Bills with Momentum

- HB 679 (Rep. Ponder)/SB 848 (Sen. Grimsley) – Remote Dispensing Site Pharmacies
 - Authorize registered pharmacy technicians to compound and dispense medications in remote locations under the supervision of pharmacists by electronic means (e.g. audio-video technology)
 - Techs must have 2080 hours experience over past 2 years
 - Prohibited from sterile or nonsterile compounding
 - Cannot hold, store, or dispense controlled substances
 - Prescription dept. manager can oversee up to 2 sites
 - Pharmacy must be in an area defined as rural and at least 10 miles from an existing community pharmacy



Cleared House and Senate committees, but died on 2nd reading (House) and in messages (Senate)

Break Through

#FSHP2018

Branch Out

The Tables Have Turned...



Bills at the Finish Line

HB 675 (Rep. Brodeur)/SB 1128 (Sen. Stargel)

- Creates new Class III Institutional pharmacy permit for hospital-affiliated institutional pharmacies, including central distribution facilities that provide the same services authorized by a Class II permit
- Exempts Class III permit holders from obtaining additional permits from the Department of Business and Professional Regulation (DBPR) to distribute medical drugs or packaged drug products between entities under common control.
- Exempts those participating in 340B program from obtaining a restricted prescription drug distributor permit
- Approved by Governor 3/23/18 – Effective July 1, 2018



Break Through

#FSHP2018

Branch Out

Bills at the Finish Line

HB 351 (Rep. Santiago)/SB 1494 (Sen. Montford) – Prescription Drug Price Transparency

- Contract between Pharmacy Benefit Manager (PBM) and a health plan include prohibitions on certain practices that limit patient access to pricing information
- PBMs must update maximum allowable cost (MAC) once every 7 days
 - Added to Insurance code, giving Office of Insurance Regulation enforcement authority over PBMs for the first time
- Pharmacist can communicate less costly alternative and if patient's cost sharing exceeds retail cost of the drug without insurance coverage
- Signed by Governor 3/23/18 - Effective July 1, 2018



Break Through

#FSHP2018

Branch Out

Bills at the Finish Line

CS/CS/HB 21 Controlled Substances Bill

- Governor signed 3/19/18 – Effective July 1, 2018
- Addresses opioid abuse by establishing prescribing limits, requiring continuing education on controlled substance prescribing, expand required use of Prescription Drug Monitoring Program (PDMP) – EFORCSE
 - Prescribers must take 2-hour Board approved CE course by 1/31/19
 - Limits prescribing to 3-day supply of Schedule II opioid to alleviate **acute pain**. May include 7-day supply for acute pain if:
 - More than a 3-day supply is needed based on professional judgment
 - Indicates "acute pain exception" on the Rx AND
 - Documents the justification for deviating in medical record



Break Through

#FSHP2018

Branch Out

Controlled Substances Bill

- Prescriptions for **nonacute pain**
 - Must indicate "Nonacute pain" on the prescription
- Pain management clinics must be registered with DOH
- Consulting PDMP
 - Prescriber and dispenser or his/her designee must consult PDMP system to evaluate controlled substance dispensing history each time a controlled substance is prescribed or dispensed to a patient > 16 years of age
 - Exceptions include:
 - Patient < 16 years of age
 - Drug prescribed is nonopioid Schedule V
 - System is not operational
 - Requestor has technological or electrical failure

Break Through

#FSHP2018

Branch Out

Session Take Aways



- Seek partners to share in our advocacy efforts
 - Physicians
 - Health-system leaders
 - Florida Hospital Association
 - Others
- Focus messaging on public health – improving patient outcomes, access to care, and reducing healthcare costs
- Strengthen legislative relationships in the “off season”

Break Through

#FSHP2018

Branch Out



PHARMACISTS
PROVIDE CARE

National Provider Status Efforts

H.R. 592/S. 109

Pharmacy and Medically Underserved Areas Enhancement Act, Sponsor – Rep. Brett Guthrie (R, Kentucky); Sen. Chuck Grassley (R, Iowa)

- House – 271 Co-sponsors
 - 18 Florida (10 Dem, 8 R) out of 27
- Senate – 52 Co-sponsors
 - 1 Florida (Bill Nelson, Dem)
- Congressional Budget Office (CBO) estimate has not been completed
- Current strategies include placing within opioid legislation

Break Through

#FSHP2018

Branch Out

H.R. 592/S. 109 – Is my congressman a co-sponsor?



Board of Pharmacy Updates

Board of Pharmacy Updates

Technician to Pharmacist supervision ratios (64B16-27.410)

- Dispensing pharmacies (non-sterile compounding) ratio increased from 4:1 to 6:1
 - May allow up to 8:1 in any “physically separate area of the pharmacy from which medicinal drugs are not dispensed.” Physically separate is defined as an area that is “separated by a permanent wall or other barrier which restricts access between the two areas.”
- Non-dispensing pharmacies ratio increased from 6:1 to 8:1
- Sterile compounding shall not exceed a ratio of 3:1
- Determination of appropriate supervision ratio shall be made by Prescription Department Manager or Consultant Pharmacist of Record. No other person, permittee, or licensee shall interfere with PDM or Consultant pharmacist professional judgment.

Break Through

#FSHP2018

Branch Out

Board of Pharmacy Updates

Additional Immunization or Vaccines Which May be Administered (64B16-27.630)

- Zoser Vaccine Recombinant, Adjuvanted (Shingrix)

Definition of Compounding (64B16-27.700)

- Amended language so rule does not conflict with state or federal law and to make clear that office use compounding of products (sterile and non-sterile) shall require being registered as an Outsourcing Facility

Break Through

#FSHP2018

Branch Out

Board of Pharmacy Updates

HB 675 (Rep. Brodeur)/SB 1128 (Sen. Stargel) – Class III Institutional Permits

- Insert updates from June BOP meeting

Break Through

#FSHP2018

Branch Out

Multidisciplinary Board Meeting 11/3/17 Orlando

- Fact Finding Workgroup on Controlled Substances
- Multiple Boards represented including (but not limited to): pharmacy, nursing, medicine, physical therapy, dentistry, etc.
- Objective: to review current information on opioid epidemic and to identify multidisciplinary strategies to address the epidemic.
- Discussed various topics including current process for ordering and prescribing, PDMP, education pre- and post- licensure
- Most recent activity of this group has focused on board implementation of HB 21



Break Through

#FSHP2018

Branch Out

Other Board of Pharmacy Updates

- Update applications for pharmacists and permits to bring into compliance with legislative changes
- Revise and clarify definition of Prescription Department Manager (PDM) (64B16-27.450)
 - Supervising licensed RPh in Special Parenteral and Enteral, Special Closed System, or Nuclear pharmacy be designated as PDM
 - Added language regarding electronic fingerprint information
- Discussion and support of telepharmacy and remote dispensing concepts
- Pharmacy automation and innovative pilot programs

Break Through

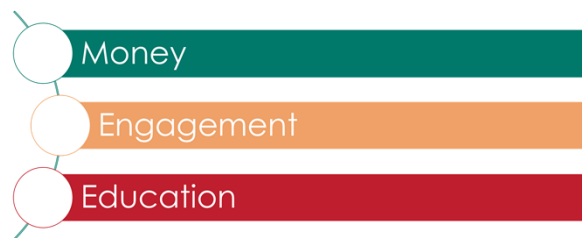
#FSHP2018

Branch Out



Engagement in Advocacy

Challenges in Pharmacy Advocacy



Break Through

#FSHP2018

Branch Out

Political Capital

Candidate/Committee	Date	Amount Payee Name
Florida Medical Association Political Ac (PAC)	01/26/2015	25,000.00 FLORIDA REPUBLICAN SENATORIAL CAMPAIGN C
Florida Medical Association Political Ac (PAC)	02/02/2015	500.00 MATT GAETZ CAMPAIGN FUND
Florida Medical Association Political Ac (PAC)	02/02/2015	1,000.00 JASON PROCTOR REMOVED FUND
Florida Medical Association Political Ac (PAC)	02/02/2015	1,000.00 STEVE WAGNER CAMPAIGN FUND
Florida Medical Association Political Ac (PAC)	02/02/2015	1,000.00 DANA YOUNG CAMPAIGN FUND
Florida Medical Association Political Ac (PAC)	02/02/2015	1,000.00 CAMERON TAYLOR, TLT
Florida Medical Association Political Ac (PAC)	02/10/2015	1,000.00 DOROTHY HUELL CAMPAIGN FUND
Florida Medical Association Political Ac (PAC)	02/10/2015	1,000.00 MAITE HUDSON CAMPAIGN FUND
Florida Medical Association Political Ac (PAC)	02/10/2015	1,000.00 JEANETTE NUNUZ CAMPAIGN FUND
Florida Medical Association Political Ac (PAC)	02/10/2015	5,000.00 JOBS AND PROSPERITY FOR FLORIDA
Florida Medical Association Political Ac (PAC)	02/10/2015	10,000.00 PEOPLE IN NEED OF GOVERNMENT ACCOUNTABIL
Florida Medical Association Political Ac (PAC)	02/10/2015	1,000.00 INNOVATE FLORIDA
Florida Medical Association Political Ac (PAC)	02/10/2015	1,000.00 BOB CORLIS CAMPAIGN FUND
Florida Medical Association Political Ac (PAC)	02/12/2015	1,000.00 RICHARD CONGRAN CAMPAIGN FUND
Florida Medical Association Political Ac (PAC)	02/12/2015	1,000.00 CHRISTOPHER HODGES CAMPAIGN FUND
Florida Medical Association Political Ac (PAC)	02/12/2015	1,000.00 DENISE GRIMSLEY CAMPAIGN FUND
Florida Medical Association Political Ac (PAC)	02/12/2015	1,000.00 ALAN HAYS CAMPAIGN FUND
Florida Medical Association Political Ac (PAC)	02/12/2015	1,000.00 JOHN LEGG CAMPAIGN ACCOUNT
Florida Medical Association Political Ac (PAC)	02/12/2015	1,000.00 JOSE OLIVA CAMPAIGN FUND
Florida Medical Association Political Ac (PAC)	02/12/2015	1,000.00 KELLY STARGEL CAMPAIGN FUND
Florida Medical Association Political Ac (PAC)	02/12/2015	5,000.00 FLORIDANS FOR EFFICIENCY IN GOVERNMENT
Florida Medical Association Political Ac (PAC)	02/12/2015	10,000.00 FLORIDA ROUNDTABLE
Florida Medical Association Political Ac (PAC)	02/12/2015	10,000.00 CONSERVATIVE PRINCIPLES FOR FLORIDA
Florida Medical Association Political Ac (PAC)	02/12/2015	10,000.00 REBUILD FLORIDA
Florida Medical Association Political Ac (PAC)	02/12/2015	10,000.00 CITIZENS UNITED FOR LIBERTY AND FREEDOM
Florida Medical Association Political Ac (PAC)	02/12/2015	22,222.22 THE CONSERVATIVE
Florida Medical Association Political Ac (PAC)	02/12/2015	10,000.00 FRIENDS OF DANA YOUNG
Florida Medical Association Political Ac (PAC)	02/12/2015	111.54 CREDIT COLLECTION SERVICES

Political Capital



\$2.3 Million

FMA Political Action
Committee Fund (2015-
2016 Election Cycle



\$30,000

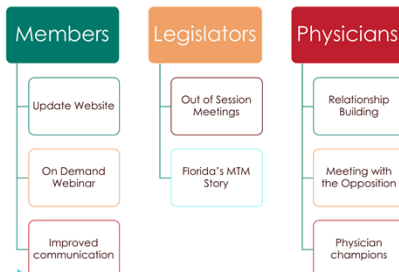
FSHP Political Action
Committee (Start of
2018 Session)

Break Through

#FSHP2018

Branch Out

Education



Break Through

#FSHP2018

Branch Out

Florida MTM Story



TABLE OF CONTENTS

Pharm Facts	4
Featured Locations	5
Collaborative Practice	6
Stories	7
Access to Care	7
Cost effective care	10
Patient Safety	13
Primary care shortage	17
Quality outcome	18



FSHP PAC Update

Pharmacist for Improved Healthcare Outcomes

Break Through

#FSHP2018

Branch Out

FSHP PAC Mission



- FSHP PAC's mission is to support those legislators who support and advance the pharmacy profession.
 - Advocate for election or defeat of candidate
 - Sponsor public relations materials
 - Sponsor constitutional amendment

Funds are separate from FSHP

Break Through

#FSHP2018

Branch Out

"Its Politics"



"Money is the mothers milk of politics"

Nearly 90% of candidates who raise the most money win their elections

House and Senate campaigns can cost up to \$1 million per candidate

Break Through

#FSHP2018

Branch Out

What did we use money for?



- Rep Cord Byrd
 - FSHP Legislator of the Year
 - Jacksonville Beach
 - Sponsored Collaborative Practice bill
- House Health Quality Subcommittee



Break Through

#FSHP2018

Branch Out

What did we use money for?



House Health Quality Subcommittee



Break Through

#FSHP2018

Branch Out

What did we use money for?



- Commissioner Adam Putman
 - Commissioner of Agriculture
 - Served in congress for 10 years
- Next Governor of Florida?



Break Through

#FSHP2018

Branch Out

What did we use money for?



- Senator Galvano
 - Next President of the Senate
- Push collaborative practice?



Break Through

#FSHP2018

Branch Out

How much is out there?



- If every FSHP pharmacist member gave \$500/year, we would have
\$1.3M each election cycle (\$10/week)

- <https://secure.anedot.com/pharmacists/donate>

\$1.3 Million

Break Through

#FSHP2018

Branch Out

Summary and Looking Ahead



- Celebrate legislative successes in 2018
- Health-system hot topics – expansion of technician duties, opioid crisis, drug shortages, telepharmacy/remote site dispensing
- Continued work on collaborative practice and updating pharmacy practice act

Break Through

#FSHP2018

Branch Out

#FSHP2018



Law Update

Karen R. Sando, Pharm.D., BCACP, BC-ADM

L. David Harlow, BS, Pharm.D.

Lawrence Gonzalez, JD

Bill Kernan, Pharm.D., BCPS

Break Through

Branch Out