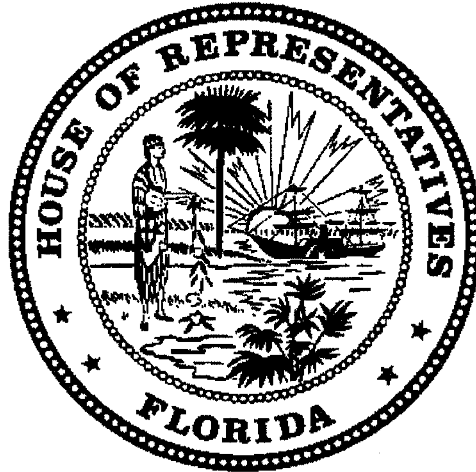

Health Care Regulation Policy Committee

Tuesday, February 2, 2010
9:00 AM – 12:00 PM
Morris Hall (17 HOB)

MEETING PACKET

Larry Cretul
Speaker

Nick Thompson
Chair

The Florida House of Representatives

Health Care Regulation Policy Committee

AGENDA

February 2, 2010
9:00 AM - 12:00 PM
Morris Hall (17 HOB)

I. **Opening Remarks by Chair Thompson**

II. **Consideration of the following bill(s):**

   HB 101 University of South Florida by Rep. McKeel

   HB 225 Dispensing of Controlled Substances by Rep. Legg

   HB 295 Food Service Inspections of Domestic Violence Centers by Rep. Hukill

III. **Presentation by Department of Health on the Children's Medical Services Program**

IV. **Closing Remarks by Chair**

V. **Adjournment**

HB 101

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 101 University of South Florida
SPONSOR(S): McKeel and others
TIED BILLS: **IDEN./SIM. BILLS:** SB 838

	REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1)	Health Care Regulation Policy Committee		Holt	Calamas
2)	State Universities & Private Colleges Appropriations Committee			
3)	Education Policy Council			
4)				
5)				

SUMMARY ANALYSIS

The bill approves the establishment of a new pharmacy school at the University of South Florida (USF). USF plans to enroll the first class of 50 students in fall 2011. The program would add 75 students in the second year and 100 students annually thereafter until reaching full capacity at 400 students in 2016. Once students were enrolled, the program would have to become accredited in order for students to meet the licensure requirements for a pharmacist.

By authorizing a new pharmacy school at USF, this bill will create an expectation for long-term financial support from the state. While USF has utilized funds from corporate and private donors to start planning for the pharmacy school, the university will request state funding beginning at a rate of $8,000 per student starting in fiscal year 2011-2012 and beyond (See "Fiscal Analysis").

The bill takes effect upon becoming a law.

HOUSE PRINCIPLES

Members are encouraged to evaluate proposed legislation in light of the following guiding principles of the House of Representatives

- Balance the state budget.
- Create a legal and regulatory environment that fosters economic growth and job creation.
- Lower the tax burden on families and businesses.
- Reverse or restrain the growth of government.
- Promote public safety.
- Promote educational accountability, excellence, and choice.
- Foster respect for the family and for innocent human life.
- Protect Florida's natural beauty.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

The bill approves the establishment of a doctor of pharmacy (PharmD) degree at the University of South Florida (USF), Tampa Campus.

Section 1004.03(3), F.S., requires the Legislature to approve the establishment of new colleges, schools, or functional equivalents of any program leading to a degree that is:

- Offered as a credential for a specific license granted; and
- Receiving support from tuition and fees or from funds appropriated by the Legislature.

Thus, a public institution wishing to establish a doctoral program for a licensed profession such as pharmacy has to receive authorization from the Legislature before offering the program.

PharmD Programs

PharmD programs currently exist at five institutions in Florida—two public universities (University of Florida and Florida A & M University) and three independent institutions (Nova Southeastern University, Palm Beach Atlantic University, and Lake Erie College of Medicine-Bradenton Campus). According to the Board of Governors (BOG), the University of Florida and Florida A & M University awarded 635 pharmacy degrees in 2008 and 557 pharmacy degrees in 2007. USF estimates that the three independent institutions will graduate approximately 382 pharmacy students each year.[1]

Licensed Pharmacists

The Florida Pharmacy Act[2] establishes the educational requirements for a person desiring to be licensed as a pharmacist. Any PharmD graduate desiring to become licensed must apply to the Florida Department of Health to take the licensure examination. In order to sit for the examination, an individual must submit proof that they have:[3]

- Earned a degree from a school or college of pharmacy accredited by an accrediting agency recognized and approved by the United States Office of Education; or

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[1] Board of Governors, 2010 Legislative Bill Analysis of House Bill 101, January 27, 2010.
[2] Chapter 465, F.S.
[3] Section 465.007(1)(b), F.S.

- Earned a degree from a 4-year undergraduate pharmacy program from a school or college of pharmacy located outside the United States and completed a minimum of 500 hours in a supervised work activity program in Florida under the supervision of a pharmacist licensed by the Department of Health.

Projected Need for Pharmacists in Florida

According to the Agency for Workforce Innovation (AWI), the annual growth rate of pharmacists statewide is 3.10 percent.[4] By 2017, AWI projects that there will be 20,795 available jobs, which is an increase 4,128 positions or 25 percent increase. AWI attributes the increased demand is due to the higher incidence of middle-aged and elderly individuals who use more prescription drugs; to scientific advances that will make more drug products available; and to the coverage of prescription drugs by a greater number of health insurance plans and Medicare.[5]

B. SECTION DIRECTORY:

Section 1. Creates s. 1004.387, F.S., authorizing a doctor of pharmacy degree program at the University of South Florida.
Section 2. Provides an effective date of upon becoming a law.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

The following fiscal impact reflects the minimum amount USF projects is needed to fund the direct costs for start-up and continual operations of the PharmD program at a financially sustainable level.[6] The proposal does not include the costs for planning, construction, and equipment for required for a facility to house the program. The charts below summarize the projected costs associated with three planning years and four implementation years to start a new PharmD program at USF.[7] According to BOG staff, the USF is on track to have the first classes begin in Fall 2011.[8]

1. Revenues:

Planning Years

The University of South Florida will utilize $1,025,000 of existing resources (not reflected in the charts below) to satisfy financial obligations borne by USF for costs incurred during the planning years.

Planning Years			
	Year 1 (08-09)	**Year 2 (09-10)**	**Year 3 (10-11)**
Receipts (i.e. Community donations, contracts & grants)	$ 25,000	$ 652,238	$ 1,322,762
Total Revenues:	**$ 25,000**	**$ 652,238**	**$ 1,322,762**

Implementation Years (Classes Begin)

[4] Agency for Workforce Innovation. Occupational Profile: Pharmacists, *available at:* http://www.whatpeopleareasking.com/occprofile.asp?soccode=291051 (last viewed January 29, 2010)
[5] Agency for Workforce Innovation, Labor Market Statistics Center, Florida Jobs: Employment Outlook by Workforce Region, spreadsheet on file with the Health Care Regulation Policy Committee staff.
[6] USF PharmD Business Plan, FBOG Table 2P, Summary of Costs for Proposed Doctor of Pharmacy (January 2009).
[7] Board of Governors, 2010 Legislative Bill Analysis of HB 101, dated January 27, 2010.
[8] E-mail correspondence with the Board of Governors and University of South Florida staff (January 29, 2010).

USF will request recurring appropriations based on a per student rate of $8,000.[9] USF anticipates the first class will start in 2011-2012 (year 1) with an enrollment of 50 students. By 2016-2017 (year 6), USF anticipates reaching capacity of 400 students and projects a total recurring General Revenue (GR) need of $3.2M. In fiscal years 2011-2012 and 2012-2013, USF projects needing additional funds and will request $2,792,059 non-recurring GR from the Legislature.

Implementation Years				
	Year 1 (11-12)	**Year 2 (12-13)**	**Year 3 (13-14)**	**Year 4 (14-15)**
Receipts	$ 800,000	$ -0-	$ -0-	$ -0-
Tuition	755,000	2,076,250	4,110,750	5,937,750
State Appropriations	1,409,358	2,782,701	1,800,000	2,600,000
Research Grants	- 0-	-0-	- 0-	2,250,000
Total Revenues:	**$ 2,964,358**	**$ 4,858,951**	**$ 5,910,750**	**$ 10,787,750**
#Students/Tuition per Student	50/$15,100	125/$16,610	225/$18,270	325/$18,270

Year 1 (FY 2011-2012)

For fiscal year 2011-2012, with the first class of 50 students expected for fall enrollment at a tuition rate of $15,100 (with 10 percent annual increases), USF expects $755,000 in tuition revenue and another $800,000 in community or industry donations. According to the BOG bill analysis, the university will request $400,000 in recurring GR funds to support the first class of 50 students and $1,009,358 in non-recurring GR funds to support the salaries and benefits of faculty and support staff that would be needed prior to the program reaches full enrollment. However, the Department of Education's Legislative Budget Request for fiscal year 2011-2012 does not reflect any specific funding for this purpose.

Year 2 (FY 2012-2013)

Starting in fiscal year 2012-2013 and beyond, tuition revenues are the only source of funding outside of projected state appropriations, and federal contracts. The university will request $1M in recurring GR and $1,782,701 non-recurring GR funds to support salaries and benefits for faculty and support staff.

Year 3 (FY 2013-2014)

The university will request $1.8M in recurring funds for fiscal year 2013-2014. According to the BOG analysis, USF reports a *deficit* of ($181,695) for fiscal year 2012-2013. The university felt that the amount was not sufficient to warrant the request of additional non-recurring GR and will absorb the deficit. USF projects, that tuition revenue will cover approximately 69 percent of the program costs after 2013-14.

Research Grants

USF is projecting receiving annual awards of more than $2.2M in competitive federal research funding starting in FY 2014-2015.

2. Expenditures:

Planning Years

According to the BOG, USF intends to pay for the cost of startup planning with private contributions and reallocated contract and grant dollars. USF expects a *deficit* of ($574,630) in fiscal year 2010-

[9] USF PharmD Business Plan, FBOG Table 2P, Summary of Costs for Proposed Doctor of Pharmacy (January 2009).

2011. The university intends to satisfy the shortfall through fundraising efforts. Year-to-date, USF has expended the following: $92,592 for recruitment and business items and $53,425 for salaries.[10]

Planning Years			
	Year 1 (08-09)	**Year 2 (09-10)**	**Year 3 (10-11)**
Salaries/Benefits	0	$ 551,800	$1,486,234
Expenses	$ 25,000	95,938	304,158
OCO	0	4,500	19,500
I&R Labs, Distance Learning Equipment	0	0	87,500
Total Expenditures:	**$ 25,000**	**$ 652,238**	**$ 1,897,392**

Implementation Years

According to the proposal, the largest instructional and research expenditure consist of faculty salaries and benefits followed by administrative and operational costs.

Implementation Years				
	Year 1 (11-12)	**Year 2 (12-13)**	**Year 3 (13-14)**	**Year 4 (14-15)**
Salaries/Benefits	$ 2,295,542	$ 4,249,251	$ 5,431,369	$ 6,028,216
Expenses	412,316	499,700	584,576	1,615,504
OCO	31,500	60,000	76,500	78,795
Data Processing	0	0	0	40,000
Library Resources	0	0	0	290,000
I&R Labs, Distance Learning Equipment	225,000	50,000	0	500,000
Total Expenditures:	**$ 2,964,358**	**$ 4,858,951**	**$ 6,092,445**	**$ 8,552,515**

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

   None.

2. Expenditures:

   None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

The proposed PharmD program at USF may provide graduates for retail outlets and other pharmacy related industries throughout the Tampa Bay area. The proposed PharmD program may reduce the number of enrollments at independent colleges and universities in Florida that currently offer a PharmD program (i.e. Nova Southeastern University; Palm Beach Atlantic University; and Lake Erie College of Medicine-Bradenton Campus).

D. FISCAL COMMENTS:

Lake Erie College of Medicine-Bradenton Campus (LECOM)

In recent years LECOM has received state funding to support health programs. In 2009-2010 General Appropriations Act, LECO received $785,106 GR and $1.6M Federal Stimulus funds to support Florida residents who are enrolled in the Osteopathic Medicine or Pharmacy Program at the LECOM/Bradenton. According to LECOM, they allocated $1.1M to the pharmacy program to provide subsidies for 481 students at $1,665 each.[11]

[10] E-mail correspondence with the Board of Governors and University of South Florida staff (January 29, 2010).

[11] Florida House of Representatives, State Universities & Private Colleges Appropriations Committee, 2010-2011 Base Budget Review, *available in* January 12, 2009 committee meeting packet.

Nova Southeastern University (Nova)
In recent years Nova has also received state funding to support health programs. In 2009-2010 General Appropriations Act, Nova received $3.4M GR and $1.6M to support Florida residents who are enrolled in the Osteopathic Medicine, Pharmacy, or Nursing Programs at Nova. According to Nova, they allocated $334,605 for the pharmacy program to provide subsidies for students.[12]

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

   Not applicable. This bill does not appear to: require the counties or cities to spend funds or take an action requiring the expenditure of funds; reduce the authority that cities or counties have to raise revenues in the aggregate; or reduce the percentage of a state tax shared with cities or counties.

2. Other:

   None.

B. RULE-MAKING AUTHORITY:

No additional rule-making authority is required to implement the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COUNCIL OR COMMITTEE SUBSTITUTE CHANGES

[12] *Ibid.*

1 A bill to be entitled
2 An act relating to the University of South Florida;
3 creating s. 1004.387, F.S.; authorizing a doctor of
4 pharmacy degree program at the university; providing an
5 effective date.
6
7 Be It Enacted by the Legislature of the State of Florida:
8
9 Section 1. Section 1004.387, Florida Statutes, is created
10 to read:
11 1004.387 Doctor of pharmacy degree program at the
12 University of South Florida.--A doctor of pharmacy degree
13 program is authorized at the University of South Florida.
14 Section 2. This act shall take effect upon becoming a law.

HB 225

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 225 Dispensing of Controlled Substances
SPONSOR(S): Legg
TIED BILLS: **IDEN./SIM. BILLS:**

	REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1)	Health Care Regulation Policy Committee		Calamas	Calamas
2)	Health & Family Services Policy Council			
3)				
4)				
5)				

SUMMARY ANALYSIS

House Bill 225 amends s. 465.0276, F.S. to prohibit practitioners from dispensing more than a 72-hour supply of controlled substances listed in Schedules II, III, and IV. The bill does not prohibit physicians from prescribing controlled substances. Under the bill's provisions, patients who receive prescriptions for controlled substances would fill them at pharmacies, rather than in physician offices or clinics.

The bill exempts controlled substances dispensed in the health care system of the Department of Corrections. Hospitals and other facilities dispensing through institutional pharmacies would be unaffected by the bill.

The bill appears to have no fiscal impact on state or local government.

The bill provides an effective date of July 1, 2010.

HOUSE PRINCIPLES

Members are encouraged to evaluate proposed legislation in light of the following guiding principles of the House of Representatives

- Balance the state budget.
- Create a legal and regulatory environment that fosters economic growth and job creation.
- Lower the tax burden on families and businesses.
- Reverse or restrain the growth of government.
- Promote public safety.
- Promote educational accountability, excellence, and choice.
- Foster respect for the family and for innocent human life.
- Protect Florida's natural beauty.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Current Situation

Controlled Substances Dispensing

Chapter 893, F.S., sets forth the Florida Comprehensive Drug Abuse Prevention and Control Act.[1] Controlled substances are classified into five schedules in order to regulate the manufacture, distribution, preparation, and dispensing of the substances. Substances in Schedule I have a high potential for abuse and have no currently accepted medical use in the United States. Schedule II drugs have a high potential for abuse and a severely restricted medical use. Cocaine and morphine are examples of Schedule II drugs. Schedule III controlled substances have less potential for abuse than Schedule I or Schedule II substances and have some accepted medical use. Substances listed in Schedule III include anabolic steroids, codeine, and derivatives of barbituric acid. Schedule IV and Schedule V substances have a low potential for abuse, compared to substances in Schedules I, II, and III, and currently have accepted medical use. Substances in Schedule IV include phenobarbital, librium, and valium. Substances in Schedule V include certain stimulants and narcotic compounds.

Pharmacists and Pharmacies

Section 893.04, F.S., authorizes a pharmacist, in good faith and in the course of professional practice to dispense controlled substances upon a written or oral prescription under specified conditions:

- An oral prescription must be promptly reduced to writing by the pharmacist;
- The written prescription must be dated and signed by the prescribing practitioner on the date issued; and
- The face of the prescription or written record for the controlled substance must include:
  - The full name and address of the person for whom, or the owner of the animal for which, the controlled substance is dispensed;
  - The full name and address of the prescribing practitioner and the prescriber's federal controlled substance registry number;
  - If the prescription is for an animal, the species of animal for which the controlled substance is prescribed;

[1] *See, also,* the federal Controlled Substances Act, 21 U.S.C. 812.

- The name of the controlled substance prescribed and the strength, quantity, and directions for the use thereof;
- The number of the prescription, as recorded in the prescription files of the pharmacy in which it is filed; and
- The initials of the pharmacist filling the prescription and the date filled.

Section 893.04(1)(d), F.S., requires the pharmacy in which a prescription for controlled substances is filled to retain the prescription on file for a period of 2 years. The original container in which a controlled substance is dispensed must bear a label with the following information:

- The name and address of the pharmacy from which the controlled substance was dispensed;
- The date on which the prescription for the controlled substance was filled;
- The number of the prescription, as recorded in the prescription files of the pharmacy in which it is filled;
- The name of the prescribing practitioner;
- The name of the patient for whom, or of the owner and species of the animal for which, the controlled substance is prescribed;
- The directions for the use of the controlled substance prescribed in the prescription; and
- A clear, concise warning that it is a crime to transfer the controlled substance to any person other than the patient for whom prescribed.

Chapter 893, F.S., imposes other limitations on controlled substance prescriptions. A prescription for a Schedule II controlled substance may be dispensed only upon a written prescription of a practitioner, except in an emergency situation, as defined by rule of the department. No prescription for a Schedule II controlled substance may be refilled.[2] No prescription for a controlled substance listed in Schedules III, IV, or V may be filled or refilled more than five times within a period of 6 months after the date on which the prescription was written unless the prescription is renewed by a practitioner.[3] A pharmacist may dispense a one-time emergency refill of up to a 72-hour supply of a prescribed medication, except for those listed in Schedule II.[4]

In addition to these requirements for dispensing controlled substances, pharmacies must comply with regulations that apply to all dispensing. A pharmacy cannot dispense a medication if the prescription is not based on a "valid practitioner-patient relationship". Such a relationship includes "a documented patient evaluation, including history and a physical examination adequate to establish the diagnosis for which any drug is prescribed".[5] Department of Health rules apply this standard to controlled substances:[6]

> The following criteria shall cause a pharmacist to question whether a prescription was issued for a legitimate medical purpose:
> (a) Frequent loss of controlled substance medications,
> (b) Only controlled substance medications are prescribed for a patient,
> (c) One person presents controlled substance prescriptions with different patient names,
> (d) Same or similar controlled substance medication is prescribed by two or more prescribers at same time,
> (e) Patient always pays cash and always insists on brand name product.

If any of those criteria are met the pharmacy must copy the patient's photo identification for its records, and confirm the prescription with the physician. The Department of Health inspects pharmacies at least once a year to ensure compliance with statutory and regulatory requirements.[7]

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[2] s. 893.04(1)(f), F.S.
[3] s. 893.04(1)(g), F.S.
[4] *See* 21 C.F.R. 1306.11(d)(1), which provides that in an emergency situation, a pharmacist may dispense a Schedule II controlled substance upon receiving oral authorization of a prescribing practitioner if the quantity prescribed and dispensed is limited to the amount adequate to treat the patient during the emergency period.
[5] S. 465.023(1)(h), F.S.
[6] Rule 64B16-27.831, F.A.C.
[7] Rule 64B16-28.101, F.A.C.

Physicians

Section 893.05, F.S., allows a practitioner, in good faith and in the course of professional practice only, to prescribe, administer, dispense, mix, or otherwise prepare a controlled substance. "Practitioner" means a licensed medical physician, a licensed dentist, a licensed veterinarian, a licensed osteopathic physician, a licensed naturopathic physician, or a licensed podiatrist, if such practitioner holds a valid federal controlled substance registry number.[8] Physician dispensing is regulated by the relevant medical boards within the Department of Health.

In order to dispense medications, rather than just prescribe them, physicians must register with the Department and pay a fee of $100.[9] Physicians who only dispense complimentary medications, and who receive no direct or indirect payment or remuneration for the medications, are not required to register.[10]

The Department must inspect any facility in which a physician dispenses medication, such as a physician office or medical clinic, with the same frequency as it inspects pharmacies, that is, at least once a year (see above).[11] Dispensing physicians are required to comply with all state and federal laws and regulations applicable to pharmacists and pharmacies (see above).[12] For example, a pharmacy is not permitted to dispense a drug if the prescription is not based on a valid practitioner-patient relationship, which requires a patient history and a physical examination adequate to establish the diagnosis. This requirement applies to dispensing physicians as well.

Dispensing Prohibitions

Currently, Florida law allows registered physicians to dispense any prescribed drug. Other states have varying degrees of regulation. 20 states allow dispensing and require some form of dispensing license.[13] 23 states allow dispensing do not require any license. One state allows dispensing, and requires a license to dispense controlled substances.

Some states prohibit physician dispensing entirely.[14] Montana, Texas and Utah prohibit all physician dispensing; Massachusetts allows physicians to dispense only a 72-hour supply for emergencies. These states do not distinguish between controlled substances and other medications; all are included in the prohibition.

Prescription Drug Diversion and Abuse

According to the Substance Abuse and Mental Health Services Administration, more than 6.3 million Americans reported using prescription drugs for nonmedical reasons in 2003.[15] Most people who take prescription medications take them responsibly; however, the nonmedical use or abuse of prescription drugs remains a serious public health concern in the United States. Certain prescription drugs – opioid substances, central nervous system depressants, and stimulants – when abused can alter the brain's activity and lead to dependence and possible addiction.

Prescription drug abuse also occurs when a person illegally obtains a legal prescription drug for nonmedical use. People obtain these drugs in a variety of ways, including "doctor shopping," in which the person continually switches physicians so that they can obtain enough of the drug to feed their addiction. By frequently switching physicians, the doctors are unaware that the patient has already been prescribed

[8] S. 893.02, F.S.
[9] S. 465.0276(2)(a), F.S.; Rule 64B8-3.006, F.A.C.
[10] S. 465.0276(5), F.S.
[11] S. 465.0276(3), F.S.
[12] S. 465.0276(2)(a), F.S.
[13] Dispensing Regulations by State, American Academy of Urgent Care Medicine, *available at* http://aaucm.org/Professionals/MedicalClinicalNews/DispensingRegulations/default.aspx (last viewed January 30, 2010).
[14] *Id.*
[15] Overview of Findings from the 2003 National Survey on Drug Use and Health, *see* http://oas.samhsa.gov/nhsda/2k3nsduh/2k3Overview.htm (last viewed January 30, 2010).

the same drug and may be abusing it. Some physicians prescribe and dispense medically unjustifiable amounts of controlled substances, and are aware of their patients' abuse.[16]

Use of prescription pain relievers without a doctor's prescription or only for the experience or feeling they cause ("nonmedical" use) is, after marijuana use, the second most common form of illicit drug use in the United States.[17] According to the Drug Abuse Warning Network (DAWN), approximately 324,000 emergency department visits in 2006 involved the nonmedical use of pain relievers (including both prescription and over-the-counter pain medications).[18]

According to research by the National Institute on Drug Abuse[19], the three most abused classes of prescription drugs are:

- Opioids, used to treat pain. Examples include codeine (Schedules II, III, V), oxycodone (OxyContin, Percocet – Schedule II), and morphine (Kadian, Avinza -Schedule II);
- Central nervous system depressants, used to treat anxiety and sleep disorders. Examples include barbiturates (Mebaral, Nembutal) and benzodiazepines (Valium, Xanax) (all in Schedule IV); and
- Stimulants, used to treat ADHD, narcolepsy, and obesity. Examples include dextroamphetamine (Dexedrine, Adderall) and methylphenidate (Ritalin, Concerta) (all in Schedule II).

The most commonly abused drugs (highlighted below) are found in all four prescribable controlled substance Schedules.[20]

Substance	Other Names
Schedule II - high potential for abuse; severely restricted medical use	
1-Phenylcyclohexylamine	Precusor of PCP
1-Piperidinocyclohexanecarbonitrile	PCC, precusor of PCP
Alfentanil	Alfenta
Alphaprodine	Nisentil
Amobarbital	Amytal, Tuinal
Amphetamine	Dexedrine, Biphetamine
Anileridine	Leritine
Benzoylecgonine	Cocaine metabolite
Bezitramide	Burgodin
Carfentanil	Wildnil
Coca Leaves	
Cocaine	Methyl benzoylecgonine, Crack
Codeine	Morphine methyl ester, methyl morphine

[16] See, Press Release, U.S. Att'y No. Dist. Fla., Destin Physician Sentenced to Life Imprisonment for Illegal Distribution of Controlled Substances, *available at* http://www.justice.gov/usao/fln/press%20releases/2010/jan/webb.html (last viewed January 30, 2010); The Oxycontin Express (Vanguard, 2009) *available at* http://www.hulu.com/watch/100279/vanguard-the-oxycontin-express (last viewed January 30, 2010).
[17] Substance Abuse and Mental Health Services Administration, Office of Applied Studies, Results from the 2007 National Survey on Drug Use and Health: National findings (DHHS Publication No. SMA 08-4343, NSDUH Series H-34) (2008), *see* http://oas.samhsa.gov/p0000016.htm (last viewed January 30, 2010); *cited in*, The NSDUH Report, Trends in Nonmedical Use of Prescription Pain Relievers: 2002 to 2007, Feb. 5, 2009, *see* http://www.oas.samhsa.gov/2k9/painRelievers/nonmedicalTrends.cfm (last viewed January 30, 2010).
[18] Substance Abuse and Mental Health Services Administration, Office of Applied Studies, Drug Abuse Warning Network, 2006: National Estimates of Drug-Related Emergency Department Visits, (August 2008), *see* http://dawninfo.samhsa.gov/files/ED2006/DAWN2K6ED.pdf (last viewed January 30, 2010), *cited in*, The NSDUH Report, Trends in Nonmedical Use of Prescription Pain Relievers: 2002 to 2007, Feb. 5, 2009, *see* http://www.oas.samhsa.gov/2k9/painRelievers/nonmedicalTrends.cfm (last viewed January 30, 2010).
[19] National Institutes of Health, National Institute on Drug Abuse, available at, http://www.drugabuse.gov/Researchreports/Prescription/prescription2.html.
[20] National Institutes of Health, National Institute on Drug Abuse, available at, http://www.drugabuse.gov/DrugPages/DrugsofAbuse.html (last viewed January 30, 2010); U.S. Drug Enforcement Administration, available at, http://www.justice.gov/dea/pubs/scheduling.html (last viewed January 30, 2010). This is a very basic list which describes the parent chemicals, not the salts, isomers and salts of isomers, esters, ethers and derivatives which may also be controlled substances.

Dextropropoxyphene, bulk (non-dosage forms)	Propoxyphene
Dihydrocodeine	Didrate, Parzone
Diphenoxylate	
Diprenorphine	M50-50
Ecgonine	Cocaine precursor, in Coca leaves
Ethylmorphine	Dionin
Etorphine HCl	M 99
Fentanyl	Innovar, Sublimaze, Duragesic
Glutethimide	Doriden, Dorimide
Hydrocodone	dihydrocodeinone
Hydromorphone	Dilaudid, dihydromorphinone
Isomethadone	Isoamidone
Levo-alphacetylmethadol	LAAM, long acting methadone, levomethadyl acetate
Levomethorphan	
Levorphanol	Levo-Dromoran
Meperidine	Demerol, Mepergan, pethidine
Meperidine intermediate-A	Meperidine precursor
Meperidine intermediate-B	Meperidine precursor
Meperidine intermediate-C	Meperidine precursor
Metazocine	
Methadone	Dolophine, Methadose, Amidone
Methadone intermediate	Methadone precursor
Methamphetamine	Desoxyn, D-desoxyephedrine, ICE, Crank, Speed
Methylphenidate	Ritalin
Metopon	
Moramide-intermediate	
Morphine	MS Contin, Roxanol, Duramorph, RMS, MSIR
Nabilone	Cesamet
Opium extracts	
Opium fluid extract	
Opium poppy	Papaver somniferum
Opium tincture	Laudanum
Opium, granulated	Granulated opium
Opium, powdered	Powdered Opium
Opium, raw	Raw opium, gum opium
Oxycodone	OxyContin, Percocet, Tylox, Roxicodone, Roxicet,
Oxymorphone	Numorphan
Pentobarbital	Nembutal
Phenazocine	Narphen, Prinadol
Phencyclidine	PCP, Sernylan
Phenmetrazine	Preludin
Phenylacetone	P2P, phenyl-2-propanone, benzyl methyl ketone
Piminodine	
Poppy Straw	Opium poppy capsules, poppy heads
Poppy Straw Concentrate	Concentrate of Poppy Straw, CPS
Racemethorphan	
Racemorphan	Dromoran
Remifentanil	Ultiva
Secobarbital	Seconal, Tuinal
Sufentanil	Sufenta
Thebaine	Precursor of many narcotics

Schedule III - (less potential for abuse than Schedules I or II substances; some accepted medical use)	
Amobarbital & noncontrolled active ingred.	Amobarbital/ephedrine capsules
Amobarbital suppository dosage form	
Anabolic steroids	"Body Building" drugs
Aprobarbital	Alurate
Barbituric acid derivative	Barbiturates not specifically listed
Benzphetamine	Didrex, Inapetyl
Boldenone	Equipoise, Parenabol, Vebonol, dehydrotestosterone
Buprenorphine	Buprenex, Temgesic
Butabarbital	Butisol, Butibel
Butalbital	Fiorinal, Butalbital with aspirin
Chlorhexadol	Mechloral, Mecoral, Medodorm, Chloralodol
Chlorotestosterone (same as clostebol)	if 4-chlorotestosterone then clostebol
Chlorphentermine	Pre-Sate, Lucofen, Apsedon, Desopimon
Clortermine	Voranil
Clostebol	Alfa-Trofodermin, Clostene, 4-chlorotestosterone
Codeine & isoquinoline alkaloid 90 mg/du	Codeine with papaverine or noscapine
Codeine combination product 90 mg/du	Empirin, Fiorinal, Tylenol, ASA or APAP w/codeine
Dehydrochlormethyltestosterone	Oral-Turinabol
Dihydrocodeine combination product 90 mg/du	Synalgos-DC, Compal
Dihydrotestosterone (same as stanolone)	see stanolone
Dronabinol in sesame oil in soft gelatin capsule	Marinol, synthetic THC in sesame oil/soft gelatin
Drostanolone	Drolban, Masterid, Permastril
Ethylestrenol	Maxibolin, Orabolin, Durabolin-O, Duraboral
Ethylmorphine combination product 15 mg/du	
Fluoxymesterone	Anadroid-F, Halotestin, Ora-Testryl
Formebolone (incorrect spelling in law)	Esiclene, Hubernol
Hydrocodone & isoquinoline alkaloid 15 mg/du	Dihydrocodeinone+papaverine or noscapine
Hydrocodone combination product 15 mg/du	Tussionex, Tussend, Lortab, Vicodin, Hycodan, Anexsia ++
Ketamine	Ketaset, Ketalar, Special K, K
Lysergic acid	LSD precursor
Lysergic acid amide	LSD precursor
Mesterolone	Proviron
Methandienone (see Methandrostenolone)	
Methandranone	
Methandriol	Sinesex, Stenediol, Troformone
Methandrostenolone	Dianabol, Metabolina, Nerobol, Perbolin
Methenolone	Primobolan, Primobolan Depot, Primobolan S
Methyltestosterone	Android, Oreton, Testred, Virilon
Methyprylon	Noludar
Mibolerone	Cheque
Morphine combination product/50 mg/100 ml or gm	
Nalorphine	Nalline
Nandrolone	Deca-Durabolin, Durabolin, Durabolin-50
Norethandrolone	Nilevar, Solevar
Opium combination product 25 mg/du	Paregoric, other combination products
Oxandrolone	Anavar, Lonavar, Provitar, Vasorome
Oxymesterone	Anamidol, Balnimax, Oranabol, Oranabol 10
Oxymetholone	Anadrol-50, Adroyd, Anapolon, Anasteron, Pardroyd
Pentobarbital & noncontrolled active ingred.	FP-3
Pentobarbital suppository dosage form	WANS
Phendimetrazine	Plegine, Prelu-2, Bontril, Melfiat, Statobex

Secobarbital & noncontrolled active ingred	various
Secobarbital suppository dosage form	various
Stanolone	Anabolex, Andractim, Pesomax, dihydrotestosterone
Stanozolol	Winstrol, Winstrol-V
Stimulant compounds previously excepted	Mediatric
Sulfondiethylmethane	
Sulfonethylmethane	
Sulfonmethane	
Talbutal	Lotusate
Testolactone	Teslac
Testosterone	Android-T, Androlan, Depotest, Delatestryl
Thiamylal	Surital
Thiopental	Pentothal
Tiletamine & Zolazepam Combination Product	Telazol
Trenbolone	Finaplix-S, Finajet, Parabolan
Vinbarbital	Delvinal, vinbarbitone
Schedule IV - (less potential for abuse than Schedules I, II, or III substances; some accepted medical use)	
Alprazolam	Xanax
Barbital	Veronal, Plexonal, barbitone
Bromazepam	Lexotan, Lexatin, Lexotanil
Butorphanol	Stadol, Stadol NS, Torbugesic, Torbutrol
Camazepam	Albego, Limpidon, Paxor
Cathine	Constituent of "Khat" plant
Chloral betaine	Beta Chlor
Chloral hydrate	Noctec
Chlordiazepoxide	Librium, Libritabs, Limbitrol, SK-Lygen
Clobazam	Urbadan, Urbanyl
Clonazepam	Klonopin, Clonopin
Clorazepate	Tranxene
Clotiazepam	Trecalmo, Rize
Cloxazolam	Enadel, Sepazon, Tolestan
Delorazepam	
Dexfenfluramine	Redux
Dextropropoxyphene dosage forms	Darvon, propoxyphene, Darvocet, Dolene, Propacet
Diazepam	Valium, Valrelease
Dichloralphenazone	Midrin, dichloralantipyrine
Diethylpropion	Tenuate, Tepanil
Difenoxin 1 mg/25 ug AtSO4/du	Motofen
Estazolam	ProSom, Domnamid, Eurodin, Nuctalon
Ethchlorvynol	Placidyl
Ethinamate	Valmid, Valamin
Ethyl loflazepate	
Fencamfamin	Reactivan
Fenfluramine	Pondimin, Ponderal
Fenproporex	Gacilin, Solvolip
Fludiazepam	
Flunitrazepam	Rohypnol, Narcozep, Darkene, Roipnol
Flurazepam	Dalmane
Halazepam	Paxipam
Haloxazolam	
Ketazolam	Anxon, Loftran, Solatran, Contamex
Loprazolam	

Lorazepam	Ativan
Lormetazepam	Noctamid
Mazindol	Sanorex, Mazanor
Mebutamate	Capla
Medazepam	Nobrium
Mefenorex	Anorexic, Amexate, Doracil, Pondinil
Meprobamate	Miltown, Equanil, Deprol, Equagesic, Meprospan
Methohexital	Brevital
Methylphenobarbital (mephobarbital)	Mebaral, mephobarbital
Midazolam	Versed
Modafinil	Provigil
Nimetazepam	Erimin
Nitrazepam	Mogadon
Nordiazepam	Nordazepam, Demadar, Madar
Oxazepam	Serax, Serenid-D
Oxazolam	Serenal, Convertal
Paraldehyde	Paral
Pemoline	Cylert
Pentazocine	Talwin, Talwin NX, Talacen, Talwin Compound
Petrichloral	Pentaerythritol chloral, Periclor
Phenobarbital	Luminal, Donnatal, Bellergal-S
Phentermine	Ionamin, Fastin, Adipex-P, Obe-Nix, Zantryl
Pinazepam	Domar
Pipradrol	Detaril, Stimolag Fortis
Prazepam	Centrax
Quazepam	Doral, Dormalin
Sibutramine	Meridia
SPA	1-dimethylamino-1,2-diphenylethane, Lefetamine
Temazepam	Restoril
Tetrazepam	
Triazolam	Halcion
Zaleplon	Sonata
Zolpidem	Ambien, Stilnoct,Ivadal
Schedule V - (low potential for abuse compared to Schedule IV substances; some accepted medical use)	
Codeine preparations - 200 mg/100 ml or 100 gm	Cosanyl, Robitussin A-C, Cheracol, Cerose, Pediacof
Difenoxin preparations - 0.5 mg/25 ug AtSO4/du	Motofen
Dihydrocodeine preparations 10 mg/100 ml or 100 gm	Cophene-S, various others
Diphenoxylate preparations 2.5 mg/25 ug AtSO4	Lomotil, Logen
Ethylmorphine preparations 100 mg/100 ml or 100 gm	
Opium preparations - 100 mg/100 ml or gm	Parepectolin, Kapectolin PG, Kaolin Pectin P.G.
Pyrovalerone	Centroton, Thymergix

The Substance Abuse and Mental Health Services Administration (SAMHSA) sponsors an annual national survey on drug use and health. The most recent survey[21] indicates there are 7.0 million (2.8 percent) persons aged 12 or older who used prescription-type psychotherapeutic drugs nonmedically in the past month. Of these, 5.2 million used pain relievers, an increase from 4.7 million in 2005.

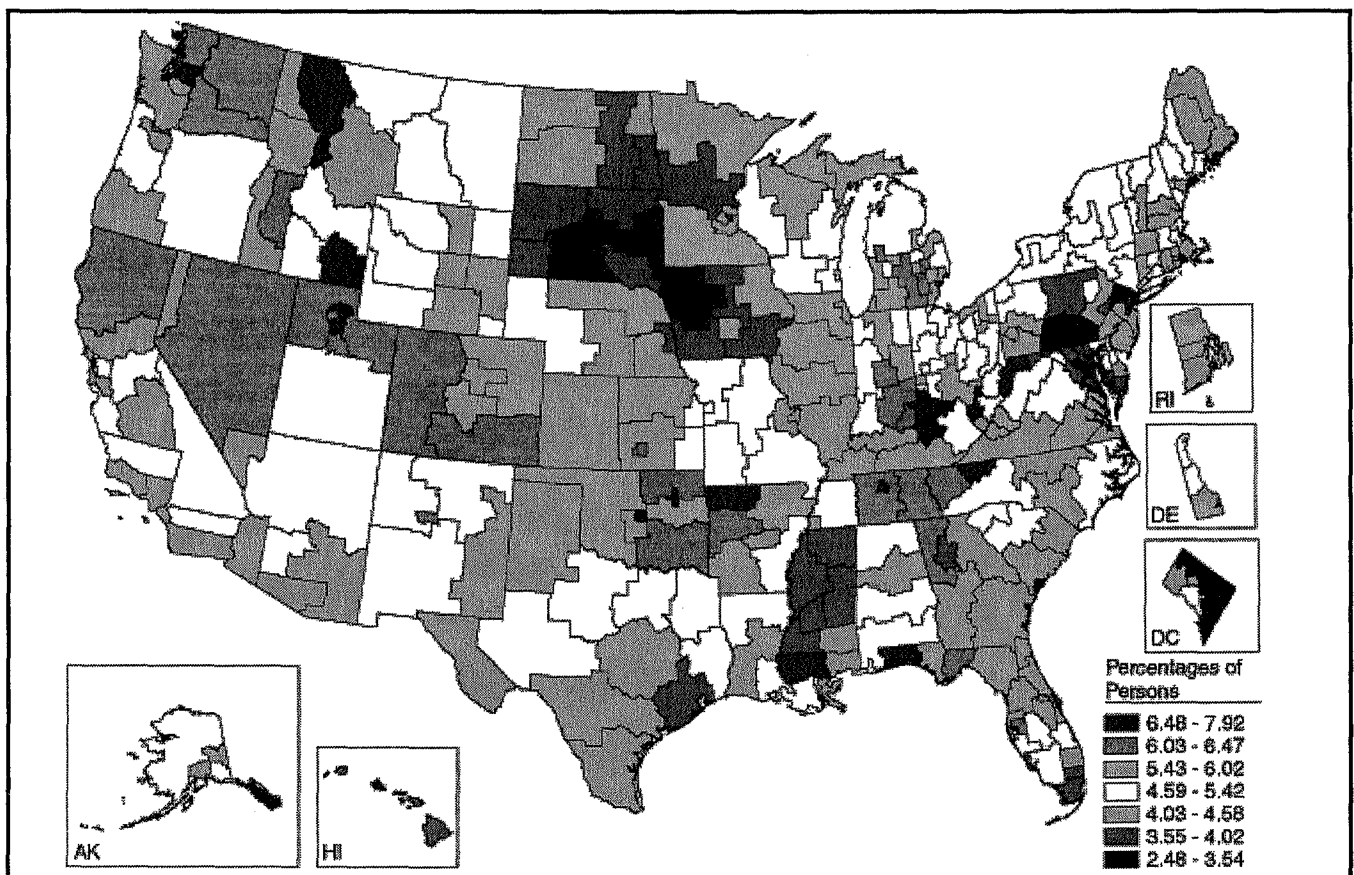
Of those 7 million people who used pain relievers nonmedically in a 12-month period, 55.7 percent reported they received the drug from a friend or relative for free. Another 9.3 percent bought the drugs from a friend or family member. Another 19.1 percent reported they obtained the drug through just one doctor. Only 3.9 percent got the pain relievers from a drug dealer or other stranger, and only 0.1 percent reported

[21] 2006 National Survey on Drug Use and Health, U.S. Substance Abuse and Mental Health Services Administration, *see* http://www.oas.samhsa.gov/nsduh/2k6nsduh/2k6Results.cfm#High (last viewed January 30, 2010).

buying the drug on the Internet. Among those who reported getting the pain reliever from a friend or relative for free, 80.7 percent reported in a follow-up question that the friend or relative had obtained the drugs from just one doctor, while only 1.6 percent reported that the friend or relative had bought the drug from a drug dealer or other stranger.[22]

National data indicate that the percent of the population using prescription pain relievers for nonmedical purposes in the past year ranged from a low of 2.48 percent in area of the District of Columbia to a high of 7.92 percent in northwest Florida. In Florida, for example: Palm Beach County measured 4.53 percent; Broward County measured 3.82 percent; Miami-Dade and Monroe Counties measured 3.59 percent; and Escambia, Okaloosa, Santa Rosa and Walton Counties combined measured 7.92 percent.[23]

Figure 1. Nonmedical Use of Pain Relievers in the Past Year among Persons Aged 12 or Older, by Substate Region*: Percentages, Annual Averages Based on 2004, 2005, and 2006 NSDUHs



Source: Substance Abuse and Mental Health Services Administration, Office of Applied Studies. (June 19, 2008). The NSDUH Report: Nonmedical Use of Pain Relievers in Substate Regions: 2004 to 2006.

The Florida Medical Examiners Commission reports on drug-related deaths in Florida, and specifically tracks deaths caused by abuse of prescriptions drugs[24]. According to the Commission, prescription drugs are found in deceased persons in lethal amounts more often than illicit drugs.[25] According to the Commission's data, 1,157 deaths in Florida from January 2009 through June 2009 were caused by prescription drugs, or about 6.3 deaths per day.[26]

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[22] *Id.*

[23] Substance Abuse and Mental Health Services Administration, Office of Applied Studies, The NSDUH Report: Nonmedical Use of Pain Relievers in Substate Regions: 2004 to 2006, June 19, 2008, *see* http://www.oas.samhsa.gov/2k8/pain/substate.cfm (last viewed January 30, 2010).

[24] Florida Department of Law Enforcement, Medical Examiners Commission, Drugs Identified in Deceased Persons Interim Report, November 2009, *see* http://www.fdle.state.fl.us/content/getdoc/036671bc-4148-4749-a891-7e3932e0a483/Publications.aspx (last viewed January 30, 2010).

[25] *Id.*

[26] *Id.*

According to recent U.S. DEA statistics, the top 25 pain management clinics for dispensing of time release opiods and other pain relievers are all located in Florida.[27] The U.S. Drug Enforcement Administration identified the 50 practitioners who dispense the most Oxycodone in the country. All 50 top-dispensing practitioners are in Florida, and 33 are in Broward County.[28]

Physician Dispensing of Oxycodone, by County[29]

County	Units Oxycodone
Broward	6,584,200
Palm Beach	1,809,400
Miami-Dade	450,000
Pinellas	308,400
Hillsborough	277,300
Lake	220,400
Orange	111,200
Seminole	109,760

Physician Dispensing of Oxycodone in Palm Beach, Broward, Miami-Dade Counties, by Zip Code[30]

Zip Code	Units Oxycodone
33311	1,235,700
33309	775,400
33334	727,600
33407	575,100
33313	442,800
33324	436,600
33009	396,000
33312	340,900
33020	329,000
33162	314,800
33301	285,900
33463	277,500
33417	241,700
33431	227,600
33325	198,800
33483	193,600
33323	186,800
33021	153,600
33487	151,200
33321	143,200
33445	142,700
33016	135,200
33024	130,200
33069	126,600
33023	122,800
33063	118,000
33073	111,900
33317	109,100
33308	107,000
33064	106,300

[27] Data drawn from the Automation of Reports and Consolidated Orders System, U.S. Department of Justice Drug Enforcement Administration, provided by the Florida Office of Drug Control via email March 22, 2009, on file with the Health Regulation Policy Committee, *see* http://www.deadiversion.usdoj.gov/arcos/index.html (last viewed January 30, 2010).

[28] Data drawn from the Automation of Reports and Consolidated Orders System, July-December 2008, U.S. Department of Justice Drug Enforcement Administration, provided by the Florida Office of Drug Control via email March 22, 2009, on file with the Health Regulation Policy Committee, *see* http://www.deadiversion.usdoj.gov/arcos/index.html (last viewed January 30, 2010)

[29] *Id.*

[30] *Id.*

In 2009, the State Attorney for the 17th Judicial Circuit (Broward County) empanelled a grand jury to consider the proliferation of pain clinics in Broward County and their effect on the community, and to make recommendations on what can be done to protect the public from the dangers of pain clinics. The grand jury interim report found that physicians in pain clinics dispense controlled substances directly to patients, rather than the patient going to a pharmacy to fill the prescription. Among other things, the grand jury recommended the state prohibit dispensing prescription drugs in pain clinics.[31]

Prescription Drug Monitoring Program

In the 2009 regular legislative session, the Legislature passed Senate bill 462 (Ch. 2009-198, Laws of Florida) to address the problem of prescription drug abuse. The bill:

- Required the Department of Health to establish a database of controlled substances dispensed to all patients in Florida;
- Required all pharmacies and all dispensing physicians are required to report all controlled substances dispensing to the Department within 15 days of dispensing;
- Required the Department to load the reported dispensing information into the database, and make it available to practitioners, regulators, and criminal justice entities upon their request;
- Established a registration requirement for pain clinics;
- Required the medical boards to adopt rules for the standards of medical practice in pain clinics
- Created a task force within the Executive Office of the Governor, chaired by the Office of Drug Control, to monitor and report on the implementation of the database; and
- Authorized the Office of Drug Control within the Executive Office of the Governor to establish a direct support organization to solicit public and private funding for the database.

As of January, 2010, the Department has implemented the clinic registration requirement, and the boards have begun rulemaking on the standards of practice. The Office of Drug Control has established the direct support organization. To date, $400,000 has been generated to fund the database, via a grant from the U.S. Department of Justice awarded to the Department of Children and Families prior to the passage of the bill. Current projections of the cost for the program are $449,665 in non-recurring first year costs, and $480,486 in recurring annual costs.[32]

Effect of Proposed Changes

The bill amends s. 465.0276, F.S. to prohibit practitioners from dispensing more than a 72-hour supply of controlled substances listed in Schedules II, III, and IV. The bill does not prohibit physicians from prescribing controlled substances. Under the bill's provisions, patients who receive prescriptions for controlled substances would fill them at pharmacies, rather than in physician offices or clinics.

The bill exempts controlled substances dispensed in the health care system of the Department of Corrections. Hospitals and other facilities dispensing through institutional pharmacies would be unaffected by the bill.

The bill provides an effective date of July 1, 2010.

B. SECTION DIRECTORY:

Section 1. Amends s. 465.0276, F.S., related to dispensing practitioners.

Section 2. Provides an effective date of July 1, 2010.

[31] The Proliferation of Pain Clinics in South Florida, Interim Report of the Broward County Grand Jury, Circuit Court of the Seventeenth Judicial Circuit, November 19, 2009.
[32] PL2009-198 Implementation of the Prescription Drug Monitoring Program & Pain Clinic Registration Florida Department of Health, Florida Department of Health, presentation to the House Health Regulation Policy Committee, January 12, 2010; Prescription Drug Monitoring Program PL2009 – 198 Implementation Status Plan, Florida Office of Drug Control, Executive Office of the Governor, presentation to the House Health Regulation Policy Committee, January 12, 2010.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

   None.

2. Expenditures:

   None. According to the Department of Health, which regulates dispensing practitioners, House Bill 225 has no fiscal impact on the Department.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

   None.

2. Expenditures:

   None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None identified.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

   This bill does not appear to require counties or municipalities to take an action requiring the expenditure of funds, reduce the authority that counties or municipalities have to raise revenue in the aggregate, nor reduce the percentage of state tax shared with counties or municipalities.

2. Other:

   None.

B. RULE-MAKING AUTHORITY:

No additional rule-making authority is required to implement the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COUNCIL OR COMMITTEE SUBSTITUTE CHANGES

Amendment No.

COUNCIL/COMMITTEE ACTION

ADOPTED ___ (Y/N)
ADOPTED AS AMENDED ___ (Y/N)
ADOPTED W/O OBJECTION ___ (Y/N)
FAILED TO ADOPT ___ (Y/N)
WITHDRAWN ___ (Y/N)
OTHER ___

1 Council/Committee hearing bill: Health Care Regulation Policy
2 Committee
3 Representative(s) Legg offered the following:
4
5 **Amendment (with title amendment)**
6 Remove everything after the enacting clause and insert:
7 Section 1. Section 408.0513, Florida Statutes, is created
8 to read:
9 408.0513 Access to prescription drug medication history.—
10 (1) The agency shall, by December 1, 2010, contract with
11 an entity that operates a multi-state electronic prescribing
12 network to provide access to Schedule II, III, and IV controlled
13 substance information available on the network to:
14 (a) A criminal justice agency, as defined in s. 119.011,
15 which enforces the laws of this state or the United States and
16 which has initiated an active investigation involving a specific
17 violation of law.
18 (b) A judge or a probation or parole officer administering
19 a drug or the probation program of a criminal defendant arising

20 out of a violation of chapter 893 or of a criminal defendant who
21 is documented by the court as a substance abuser and who is
22 eligible to participate in a court-ordered drug diversion,
23 treatment, or probation program.

24 (c) The Department of Health or the relevant health
25 regulatory board responsible for the licensure, regulation, or
26 discipline of practitioners, pharmacists, or other persons who
27 are authorized to prescribe, administer, or dispense controlled
28 substances and who are involved in a specific investigation
29 involving a designated person.

30 (2) The agency shall contract with a vendor to develop an
31 electronic system to store information submitted pursuant to
32 paragraph (3) for the purpose of regularly making such
33 information available to an entity that operates a multi-state
34 electronic prescribing network. The electronic system shall be
35 operational by June 30, 2011.

36 (3) Upon implementation of the electronic system described
37 in subsection (2), a pharmacy permitted under chapter 465 shall,
38 each time a Schedule II, III, or IV controlled substance is
39 dispensed to an individual and the individual is directly billed
40 for the controlled substance rather than a third party payer,
41 report the dispensing of the controlled substance to the agency
42 in a uniform format. The dispensing information shall be
43 submitted no more than 15 days after the date the controlled
44 substance is dispensed. For purposes of this subsection, "third
45 party payer" includes, but is not limited to, an entity licensed
46 under chapter 624, chapter 636, or chapter 641.

47 (4) Subsection (3) shall not apply to the dispensing of a
48 Schedule II, III, or IV controlled substance:
49 (a) By a pharmacy that provides dispensing information for
50 Schedule II, III, or IV controlled substances under an agreement
51 with or connection to an entity that operates a multi-state
52 electronic prescribing network.
53 (b) To a person who receives a single dose of the
54 controlled substance while receiving care at a hospital licensed
55 under chapter 395, a nursing home licensed under part II of
56 chapter 400, a hospice licensed under part IV of chapter 400, or
57 an intermediate care facility for the developmentally disabled
58 licensed under part VII of chapter 400.
59 (c) To a person receiving care through the health care
60 system of the Department of Corrections.
61 (5) Any person who knowingly fails to report the
62 dispensing of a controlled substance listed in Schedule II, III,
63 or IV as required by this section commits a misdemeanor of the
64 first degree, punishable as provided in s. 775.082 or s.
65 775.083.
66 (6) The Board of Pharmacy within the Department of Health
67 shall adopt rules to administer this section under ss.
68 120.536(1) and 120.54.
69 (7) The agency shall adopt rules under ss. 120.536(1) and
70 120.54 to administer the provisions of this section, including
71 the method of access to the information provided under
72 subsection (1) and the format of information required to be
73 submitted under subsection (3).

74 (8) The agency shall seek federal grants and donations
75 from private entities to implement this section.
76 Section 2. Subsection (4) of section 458.309, Florida
77 Statutes, is amended to read:
78 458.309 Rulemaking authority.—
79 (4) All privately owned pain-management clinics,
80 facilities, or offices, hereinafter referred to as "clinics,"
81 which advertise in any medium for any type of pain-management
82 services, or employ a physician who is primarily engaged in the
83 treatment of pain by prescribing or dispensing controlled
84 substance medications, must register with the department by
85 January 4, 2010, unless that clinic is licensed as a facility
86 pursuant to chapter 395. The department shall deny registration
87 to any clinic not fully owned by a physician or group of
88 physicians. The department shall deny registration to any clinic
89 owned by or with any contractual or employment relationship with
90 a physician whose Drug Enforcement Administration number has
91 ever been suspended or revoked, or against whom the board has
92 taken final administrative action related to the physician's
93 impairment due to the misuse or abuse of alcohol or drugs. The
94 department shall deny registration to any clinic in which
95 ownership or any controlling interest is held by any person who
96 was convicted of, or entered a plea of guilty or nolo contendere
97 to, regardless of adjudication, a felony under chapter 893. The
98 department shall deny registration to any clinic with a medical
99 director who is not board certified in pain medicine. A
100 physician may not practice medicine in a pain-management clinic
101 that is required to but has not registered with the department.

102 Each clinic location shall be registered separately regardless
103 of whether the clinic is operated under the same business name
104 or management as another clinic. If the clinic is licensed as a
105 health care clinic under chapter 400, the medical director is
106 responsible for registering the facility with the department. If
107 the clinic is not registered pursuant to chapter 395 or chapter
108 400, the clinic shall, upon registration with the department,
109 designate a physician who is responsible for complying with all
110 requirements related to registration of the clinic. The
111 designated physician shall be licensed under this chapter or
112 chapter 459 and shall practice at the office location for which
113 the physician has assumed responsibility. The department shall
114 inspect the clinic annually to ensure that it complies with
115 rules of the Board of Medicine adopted pursuant to this
116 subsection and subsection (5) unless the office is accredited by
117 a nationally recognized accrediting agency approved by the Board
118 of Medicine. The actual costs for registration and inspection or
119 accreditation shall be paid by the physician seeking to register
120 the clinic.
121 Section 2. Paragraph (nn) of subsection (1) of section
122 458.331, Florida Statutes, is amended to read:
123 458.331 Grounds for disciplinary action; action by the
124 board and department.—
125 (1) The following acts constitute grounds for denial of a
126 license or disciplinary action, as specified in s. 456.072(2):
127 (nn) Practicing medicine in a pain-management clinic that
128 is required to but has not registered with the department
129 pursuant to s. 458.309.

130 (oo) Using any communication media to promote or advertise
131 the use, sale, or dispensing of any controlled substance
132 appearing in any schedule in chapter 893.
133 (pp) Violating any provision of this chapter or chapter
134 456, or any rules adopted pursuant thereto.
135 Section 3. Subsection (3) of section 459.005, Florida
136 Statutes, is amended to read:
137 459.005 Rulemaking authority.—
138 (3) All privately owned pain-management clinics,
139 facilities, or offices, hereinafter referred to as "clinics,"
140 which advertise in any medium for any type of pain-management
141 services, or employ a physician who is licensed under this
142 chapter and who is primarily engaged in the treatment of pain by
143 prescribing or dispensing controlled substance medications, must
144 register with the department by January 4, 2010, unless that
145 clinic is licensed as a facility under chapter 395. The
146 department shall deny registration to any clinic not fully owned
147 by a physician or group of physicians. The department shall deny
148 registration to any clinic owned by or with any contractual or
149 employment relationship with a physician whose Drug Enforcement
150 Administration number has ever been suspended or revoked, or
151 against whom the board has taken final administrative action
152 related to the physician's impairment due to the misuse or abuse
153 of alcohol or drugs. The department shall deny registration to
154 any clinic in which ownership or any controlling interest is
155 held by any person who was convicted of, or entered a plea of
156 guilty or nolo contendere to, regardless of adjudication, a
157 felony under chapter 893. The department shall deny registration

158 to any clinic with a medical director who is not board certified
159 in pain medicine. A physician may not practice osteopathic
160 medicine in a pain-management clinic that is required to but has
161 not registered with the department. Each clinic location shall
162 be registered separately regardless of whether the clinic is
163 operated under the same business name or management as another
164 clinic. If the clinic is licensed as a health care clinic under
165 chapter 400, the medical director is responsible for registering
166 the facility with the department. If the clinic is not
167 registered under chapter 395 or chapter 400, the clinic shall,
168 upon registration with the department, designate a physician who
169 is responsible for complying with all requirements related to
170 registration of the clinic. The designated physician shall be
171 licensed under chapter 458 or this chapter and shall practice at
172 the office location for which the physician has assumed
173 responsibility. The department shall inspect the clinic annually
174 to ensure that it complies with rules of the Board of
175 Osteopathic Medicine adopted pursuant to this subsection and
176 subsection (4) unless the office is accredited by a nationally
177 recognized accrediting agency approved by the Board of
178 Osteopathic Medicine. The actual costs for registration and
179 inspection or accreditation shall be paid by the physician
180 seeking to register the clinic.
181 Section 4. Paragraph (pp) of subsection (1) of section
182 459.015, Florida Statutes, is amended to read:
183 459.015 Grounds for disciplinary action; action by the
184 board and department.—

185 (1) The following acts constitute grounds for denial of a
186 license or disciplinary action, as specified in s. 456.072(2):
187 (pp) Practicing osteopathic medicine in a pain-management
188 clinic that is required to but has not registered with the
189 department pursuant to s. 458.309.
190 (qq) Using any communication media to promote or advertise
191 the use, sale, or dispensing of any controlled substance
192 appearing in any schedule in chapter 893.
193 (rr) Violating any provision of this chapter or chapter
194 456, or any rules adopted pursuant thereto.
195 Section 5. Section 465.018, Florida Statutes, is amended
196 to read:
197 465.018 Community pharmacies; permits.—Any person desiring
198 a permit to operate a community pharmacy shall apply to the
199 department. If the board office certifies that the application
200 complies with the laws of the state and the rules of the board
201 governing pharmacies, the department shall issue the permit. No
202 permit shall be issued unless a licensed pharmacist is
203 designated as the prescription department manager responsible
204 for maintaining all drug records, providing for the security of
205 the prescription department, and following such other rules as
206 relate to the practice of the profession of pharmacy. The
207 permittee and the newly designated prescription department
208 manager shall notify the department within 10 days of any change
209 in prescription department manager. No permit shall be issued
210 unless the applicant demonstrates ability to participate in a
211 multi-state electronic prescribing network.

212 Section 6. Subsection (1) of section 465.023, Florida
213 Statutes, is amended to read:
214 465.023 Pharmacy permittee; disciplinary action.—
215 (1) The department or the board may revoke or suspend the
216 permit of any pharmacy permittee, and may fine, place on
217 probation, or otherwise discipline any pharmacy permittee if the
218 permittee, or any affiliated person, partner, officer, director,
219 or agent of the permittee, including a person fingerprinted
220 under s. 465.022(3), has:
221 (a) Obtained a permit by misrepresentation or fraud or
222 through an error of the department or the board;
223 (b) Attempted to procure, or has procured, a permit for
224 any other person by making, or causing to be made, any false
225 representation;
226 (c) Violated any of the requirements of this chapter or
227 any of the rules of the Board of Pharmacy; of chapter 499, known
228 as the "Florida Drug and Cosmetic Act"; of 21 U.S.C. ss. 301-
229 392, known as the "Federal Food, Drug, and Cosmetic Act"; of 21
230 U.S.C. ss. 821 et seq., known as the Comprehensive Drug Abuse
231 Prevention and Control Act; or of chapter 893;
232 (d) Been convicted or found guilty, regardless of
233 adjudication, of a felony or any other crime involving moral
234 turpitude in any of the courts of this state, of any other
235 state, or of the United States;
236 (e) Been convicted or disciplined by a regulatory agency
237 of the Federal Government or a regulatory agency of another
238 state for any offense that would constitute a violation of this
239 chapter;

240 (f) Been convicted of, or entered a plea of guilty or nolo
241 contendere to, regardless of adjudication, a crime in any
242 jurisdiction which relates to the practice of, or the ability to
243 practice, the profession of pharmacy;
244 (g) Been convicted of, or entered a plea of guilty or nolo
245 contendere to, regardless of adjudication, a crime in any
246 jurisdiction which relates to health care fraud; ~~or~~
247 (h) Dispensed any medicinal drug based upon a
248 communication that purports to be a prescription as defined by
249 s. 465.003(14) or s. 893.02 when the pharmacist knows or has
250 reason to believe that the purported prescription is not based
251 upon a valid practitioner-patient relationship that includes a
252 documented patient evaluation, including history and a physical
253 examination adequate to establish the diagnosis for which any
254 drug is prescribed and any other requirement established by
255 board rule under chapter 458, chapter 459, chapter 461, chapter
256 463, chapter 464, or chapter 466;~~.~~
257 (i) Failed to participate in a multi-state electronic
258 prescribing network; or
259 (j) Failed to report controlled substance prescribing
260 pursuant to s. 408.0513.
261 Section 7. Subsection (1) of section 465.0276, Florida
262 Statutes, is amended to read:
263 465.0276 Dispensing practitioner.—
264 (1)(a) A person may not dispense medicinal drugs unless
265 licensed as a pharmacist or otherwise authorized under this
266 chapter to do so, except that a practitioner authorized by law
267 to prescribe drugs may dispense such drugs to her or his

268 patients in the regular course of her or his practice in
269 compliance with this section.
270 (b) A practitioner registered under this section may not
271 dispense more than a 72-hour supply of a controlled substance
272 listed in Schedule II, Schedule III, or Schedule IV as provided
273 in s. 893.03. This paragraph does not apply to controlled
274 substances dispensed in the health care system of the Department
275 of Corrections.
276 Section 9. This act shall take effect July 1, 2010.
277
278
279
280 ---
281 **T I T L E A M E N D M E N T**
282 Remove the entire title and insert:
283 An act relating to controlled substances; creating s. 408.0512;
284 requiring the Agency for Health Care Administration to enter
285 into a contract with a multi-state electronic prescribing
286 network to provide access to certain information on certain
287 controlled substances; providing for access to controlled
288 substance information in the network by a criminal justice
289 agency, entities administering certain probation programs, and
290 the Department of Health or relevant regulatory board; requiring
291 pharmacies to report controlled substance transactions not
292 involving third party payers to the multi-state network;
293 providing for exemptions; providing penalties; requiring
294 rulemaking; requiring the agency to seek grants and donations to
295 implement the act; amending s. 458.309, F.S.; limiting

296 ownership of pain management clinics; requiring medical
297 directors of pain management clinics to be board certified in
298 pain management; amending s. 458.331, F.S.; making the practice
299 of medicine in an unregistered pain management clinic grounds
300 for licensure disciplinary action; making advertising the use,
301 sale, or dispensing of controlled substances grounds for
302 licensure disciplinary action; amending s. 459.005, F.S.;
303 limiting ownership of pain management clinics; requiring medical
304 directors of pain management clinics to be board certified in
305 pain management; amending s. 459.015, F.S.; making the practice
306 of osteopathic medicine in an unregistered pain management
307 clinic grounds for licensure disciplinary action; making
308 advertising the use, sale, or dispensing of controlled
309 substances grounds for licensure disciplinary action; amending
310 s. 465.018, F.S.; requiring community pharmacy permit applicants
311 to demonstrate ability to participate in a multi-state
312 electronic prescribing network; amending 465.023, F.S.; making
313 failure to participate in a multi-state electronic prescribing
314 network grounds for community pharmacy permit disciplinary
315 action; making failure to report controlled substance
316 prescribing grounds for community pharmacy permit disciplinary
317 action; amending s. 465.0276, F.S.; prohibiting registered
318 dispensing practitioners from dispensing more than a specified
319 amount of certain controlled substances; providing an exception;
320 providing an effective date.

1 A bill to be entitled
2 An act relating to dispensing of controlled substances;
3 amending s. 465.0276, F.S.; prohibiting registered
4 dispensing practitioners from dispensing more than a
5 specified amount of certain controlled substances;
6 providing an exception; providing an effective date.
7
8 Be It Enacted by the Legislature of the State of Florida:
9
10 Section 1. Subsection (1) of section 465.0276, Florida
11 Statutes, is amended to read:
12 465.0276 Dispensing practitioner.--
13 (1)(a) A person may not dispense medicinal drugs unless
14 licensed as a pharmacist or otherwise authorized under this
15 chapter to do so, except that a practitioner authorized by law
16 to prescribe drugs may dispense such drugs to her or his
17 patients in the regular course of her or his practice in
18 compliance with this section.
19 (b) A practitioner registered under this section may not
20 dispense more than a 72-hour supply of a controlled substance
21 listed in Schedule II, Schedule III, or Schedule IV as provided
22 in s. 893.03. This paragraph does not apply to controlled
23 substances dispensed in the health care system of the Department
24 of Corrections.
25 Section 2. This act shall take effect July 1, 2010.

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

HB 295

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: HB 295 Food Service Inspections of Domestic Violence Centers
SPONSOR(S): Hukill
TIED BILLS: **IDEN./SIM. BILLS:** SB 532

	REFERENCE	ACTION	ANALYST	STAFF DIRECTOR
1)	Health Care Regulation Policy Committee		Guy	Calamas
2)	Health Care Appropriations Committee			
3)	Health & Family Services Policy Council			
4)				
5)				

SUMMARY ANALYSIS

House Bill 295 requires the Florida Department of Health to conduct food service inspections for all certified domestic violence centers as facilities having five or fewer residents without regard to the actual number of residents.

Current law provides for a tiered system of food services inspection, the requirements of which increase in proportion to the number of residents. The bill provides an exemption for certified domestic violence centers from the definition of "food service establishment" for which the most stringent level of food service inspection applies.

The bill has an insignificant positive fiscal impact to the Department of Health (see Fiscal Comments).

The bill takes effect July 1, 2010.

HOUSE PRINCIPLES

Members are encouraged to evaluate proposed legislation in light of the following guiding principles of the House of Representatives

- Balance the state budget.
- Create a legal and regulatory environment that fosters economic growth and job creation.
- Lower the tax burden on families and businesses.
- Reverse or restrain the growth of government.
- Promote public safety.
- Promote educational accountability, excellence, and choice.
- Foster respect for the family and for innocent human life.
- Protect Florida's natural beauty.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Current Situation

Certified Domestic Violence Centers

There are 42 certified domestic violence centers ("Centers") in Florida which serve all 67 counties.[1] In 2008-2009, these Centers provided emergency shelter to 14,667 individuals, the majority of which were women and children.[2] The Centers combined have a capacity of 1,818 beds and range in size from 16-bed to 102-bed facilities.[3] The average capacity is 41 beds.[4]

Domestic violence centers are annually certified and regulated by the Florida Department of Children and Families ("DCF") under Chapter 39, F.S. Certified centers must, at a minimum, provide: temporary emergency shelter for more than 24 hours; counseling; and information and referral services.[5] The Centers "...strive to offer a homelike setting where [domestic violence] survivors may seek refuge and feel safe."[6]

For certification purposes, the DCF requires Centers to have a satisfactory environmental health inspection report completed by the local county health department.[7] Most Centers have kitchen areas which are equipped with basic supplies and tools, but do not provide prepared meals to residents. One of the 42 certified centers provides meal service to residents.[8]

Florida Department of Health Food Service Protection

The Florida Department of Health ("DOH") regulates food services for group-care-facilities under Section 381.006(16), F.S. Certified domestic violence centers are not specifically referenced in this section, but DOH treats the Centers as group-care-facilities for inspection purposes.[9] Generally, DOH

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[1] Florida Coalition Against Domestic Violence, see http://www.fcadv.org/about.php (last visited January 26, 2010).
[2] Florida Coalition of Against Domestic Violence, *Domestic Violence Annual Report 7/1/2008 – 6/30/2009*, see http://www.dcf.state.fl.us/domesticviolence/publications/dv0809.pdf (last visited January 26, 2010).
[3] Florida Department of Children & Families, *Domestic Violence Annual Report 2007-2008*, see http://www.dcf.state.fl.us/domesticviolence/publications/dvff0708.pdf (last visited January 26, 2010).
[4] *Id.*
[5] S. 39.905(1)(c), F.S.
[6] Florida Department of Children & Families, *Domestic Violence Annual Report 2007-2008*, see http://www.dcf.state.fl.us/domesticviolence/publications/dvff0708.pdf (last visited January 26, 2010).
[7] Rule 65H-1.102, F.A.C.
[8] Department of Children and Family Services Staff Analysis and Economic Impact, House Bill 295 (November 5, 2009).
[9] Department of Children and Family Services Staff Analysis and Economic Impact, House Bill 295 (November 5, 2009).

food services and facilities regulation is authorized under Section 381.0072, F.S. All residential facilities are subject to annual physical plant inspections.[10]

DOH uses a tier system based on number of residents to determine the level of regulation and inspection required for any community-based residential facility that provides food preparation facilities to its residents.[11] Tier One applies to facilities with 1-5 residents; Tier Two applies to facilities with 6-10 residents; and Tier Three applies to facilities with 11 or more residents.[12] The Tier system is designed to apprehend the risk of food-borne illness that increases as the number of residents in a facility increases.[13] The Tier system is predicated upon number of residents in a facility, not whether those residents prepare their own meals or meals are prepared for them by others.

Regulations for Tiers One and Two are less stringent than Tier Three and, according to DOH, "...allow smaller operations to maintain a home-like environment in their kitchens...."[14] Tier Three facilities, with larger numbers of residents, are subject to the more rigorous requirements of Rule 64E-11, F.A.C.[15] Typically, Tier Three facilities provide meal service to residents and these facilities have a professional kitchen and food preparation staff.[16] Tier Three facilities are subject to quarterly inspections by DOH[17] and are inspected according to the following risk factors: types of food served; amount of preparation required; population served; and, quantity of food prepared.[18] Currently, most certified domestic violence centers house over 11 residents and thus are inspected as Tier 3 facilities.

Effect of Proposed Changes

House Bill 295 requires food inspection services and regulation performed by DOH to treat all certified domestic violence centers as having five or fewer residents notwithstanding the actual number of residents in each Center. The effect of this requirement is to subject certified domestic violence centers to the lowest threshold of food service regulation and inspection requirements – Tier One.

House Bill 295 requires DOH to inspect all certified domestic violence centers as facilities having five or fewer residents, without regard to the actual number of residents in each center. Any Center with six or more residents would be excepted from DOH food inspection regulations and would be subject to lower inspection regulations than other types of facilities with six or more residents. Currently, no Center has a residential capacity lower than 16 beds.

House Bill 295 provides an exemption for certified domestic violence centers from the definition of "food service establishment" in Section 381.0072(1)(b), F.S. This exemption clarifies that certified domestic violence centers are not subject to the food service regulatory scheme in Rule 64E-12.004, F.A.C., which requires facilities to be inspected according to the number of residents housed.

B. SECTION DIRECTORY:

Section 1: Amends s. 381.006, F.S., relating to environmental health.

Section 2: Amends s. 381.0072, F.S., relating to food service protection.

Section 3: Provides an effective date of July 1, 2010.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

[10] According to DOH staff, annual inspections are required by DOH procedures as outlined in the Environmental Health Program Manual 150-4.
[11] Rule 64E-12.004, F.A.C.
[12] *Id.*
[13] Department of Health Bill Analysis, Economic Statement and Fiscal Note, House Bill 295 (November 18, 2009).
[14] *Id.*
[15] Rule 64E-11.001, F.A.C., prescribes the sanitary practices for food service establishments that serve food or drink to the public.
[16] Department of Health Bill Analysis, Economic Statement and Fiscal Note, House Bill 295 (November 18, 2009).
[17] According to DOH staff, quarterly inspections are required by DOH procedures as outlined in the Environmental Health Program Manual 150-4.
[18] http://www.doh.state.fl.us/Environment/community/food/index.html

1. Revenues:

   See Fiscal Comments.

2. Expenditures:

   See Fiscal Comments.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

   None.

2. Expenditures:

   None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

None.

D. FISCAL COMMENTS:

According to the Department of Health, some certified domestic violence centers would no longer be subject to quarterly inspection or sanitation certification resulting in a $4,125 savings to DOH.

	1st Year	***2nd Year***
Estimated Revenue		
Estimated savings in reduced inspection requirements	$7,500	$7,500
Estimated reduction in sanitation certificate revenues (inspections would have to be paid out of unallocated general revenue)	($3,375)	($3,375)
Total Estimated Revenue	$4,125	$4,125

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

   This bill does not appear to require counties or municipalities to take an action requiring the expenditure of funds, reduce the authority that counties or municipalities have to raise revenue in the aggregate, nor reduce the percentage of state tax shared with counties or municipalities.

2. Other:

   None.

B. RULE-MAKING AUTHORITY:

C. The Department of Health has sufficient rule-making authority to implement provisions of the bill 295.

D. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COUNCIL OR COMMITTEE SUBSTITUTE CHANGES

Amendment No. ______

COUNCIL/COMMITTEE ACTION

ADOPTED __ (Y/N)
ADOPTED AS AMENDED __ (Y/N)
ADOPTED W/O OBJECTION __ (Y/N)
FAILED TO ADOPT __ (Y/N)
WITHDRAWN __ (Y/N)
OTHER ______

1 Council/Committee hearing bill: Health Care Regulation Policy
2 Committee
3 Representative(s) Hukill offered the following:
4
5 **Amendment**
6 Remove line 66 and insert:
7 of chapter 39 if the center does not prepare and serve food to
8 its residents, and does not advertise food or drink for public
9 consumption.

1 A bill to be entitled
2 An act relating to food service inspections of domestic
3 violence centers; amending s. 381.006, F.S.; including the
4 investigation of domestic violence center food service
5 programs within the Department of Health's environmental
6 health program; amending s. 381.0072, F.S.; revising the
7 definition of the term "food service establishment" to
8 exclude domestic violence centers; providing an effective
9 date.
10
11 Be It Enacted by the Legislature of the State of Florida:
12
13 Section 1. Subsection (18) is added to section 381.006,
14 Florida Statutes, to read:
15 381.006 Environmental health.--The department shall
16 conduct an environmental health program as part of fulfilling
17 the state's public health mission. The purpose of this program
18 is to detect and prevent disease caused by natural and manmade
19 factors in the environment. The environmental health program
20 shall include, but not be limited to:
21 (18) A food service inspection function for domestic
22 violence centers that are certified and monitored by the
23 Department of Children and Family Services under part XIII of
24 chapter 39, which shall be conducted annually and be limited to
25 the requirements in department rule applicable to community-
26 based residential facilities with five or fewer residents.
27

28 The department may adopt rules to carry out the provisions of
29 this section.
30 Section 2. Paragraph (b) of subsection (1) of section
31 381.0072, Florida Statutes, is amended to read:
32 381.0072 Food service protection.--It shall be the duty of
33 the Department of Health to adopt and enforce sanitation rules
34 consistent with law to ensure the protection of the public from
35 food-borne illness. These rules shall provide the standards and
36 requirements for the storage, preparation, serving, or display
37 of food in food service establishments as defined in this
38 section and which are not permitted or licensed under chapter
39 500 or chapter 509.
40 (1) DEFINITIONS.--As used in this section, the term:
41 (b) "Food service establishment" means any facility, as
42 described in this paragraph, where food is prepared and intended
43 for individual portion service, and includes the site at which
44 individual portions are provided. The term includes any such
45 facility regardless of whether consumption is on or off the
46 premises and regardless of whether there is a charge for the
47 food. The term includes detention facilities, child care
48 facilities, schools, institutions, civic or fraternal
49 organizations, bars and lounges and facilities used at temporary
50 food events, mobile food units, and vending machines at any
51 facility regulated under this section. The term does not include
52 private homes where food is prepared or served for individual
53 family consumption; nor does the term include churches,
54 synagogues, or other not-for-profit religious organizations as
55 long as these organizations serve only their members and guests

56 and do not advertise food or drink for public consumption, or
57 any facility or establishment permitted or licensed under
58 chapter 500 or chapter 509; nor does the term include any
59 theater, if the primary use is as a theater and if patron
60 service is limited to food items customarily served to the
61 admittees of theaters; nor does the term include a research and
62 development test kitchen limited to the use of employees and
63 which is not open to the general public; nor does the term
64 include a domestic violence center certified and monitored by
65 the Department of Children and Family Services under part XIII
66 of chapter 39.
67 Section 3. This act shall take effect July 1, 2010.

DOH
Presentation on
CMS

Welcome to CMS

Health care for children with special needs.

Children's Medical Services

Presentation to House Health Regulation Committee

February 2010

cms network Children's Medical Services

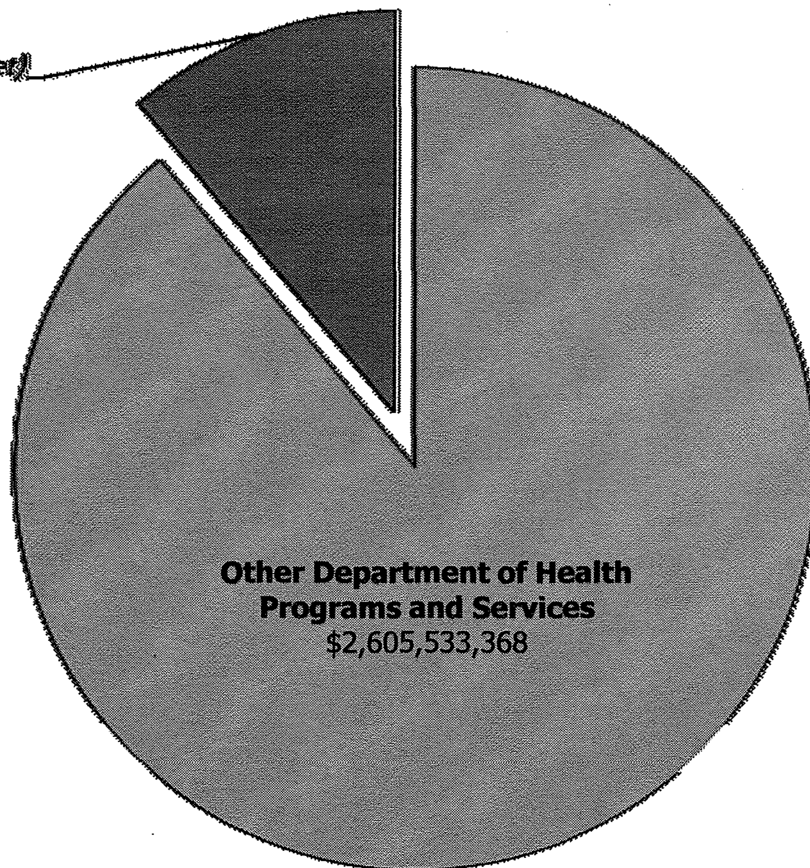
FLORIDA DEPARTMENT OF HEALTH

What is Children's Medical Services?

- Children's Medical Services (CMS) ensures a comprehensive system of care and medical home for children with special health care needs and their families
  - Clinical/medical assistance
  - Family assistance with enrollment and retention
- Principal provider in Florida for children with special health care needs (Title V of the Social Security Act)

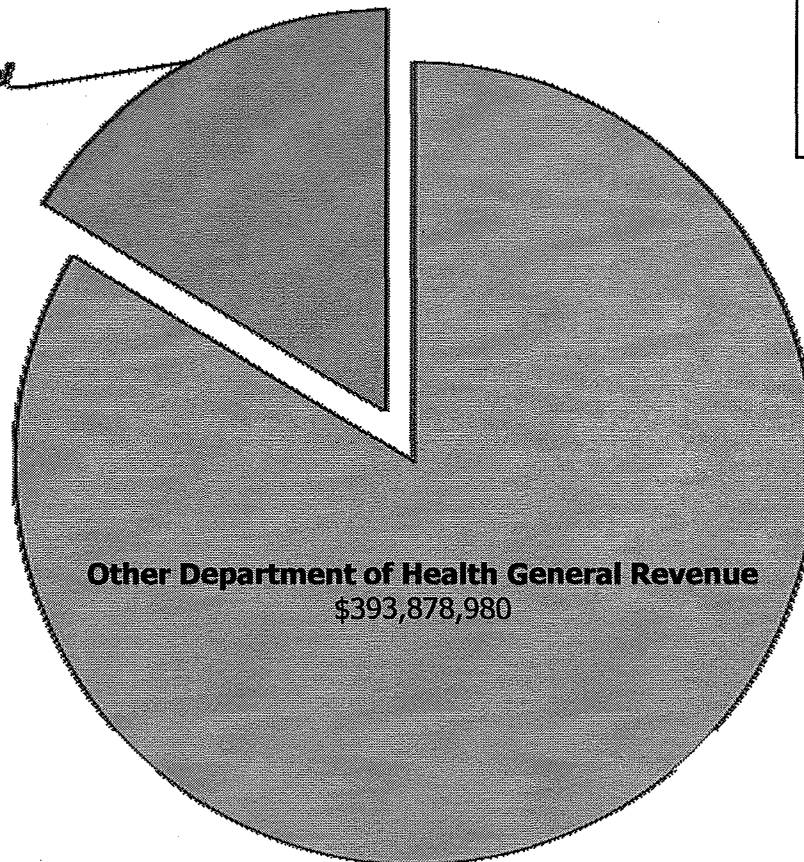
CMS as Percent of Total Department of Health Budget

Children's Medical Services
$323,516,212
(11% of Total Budget)



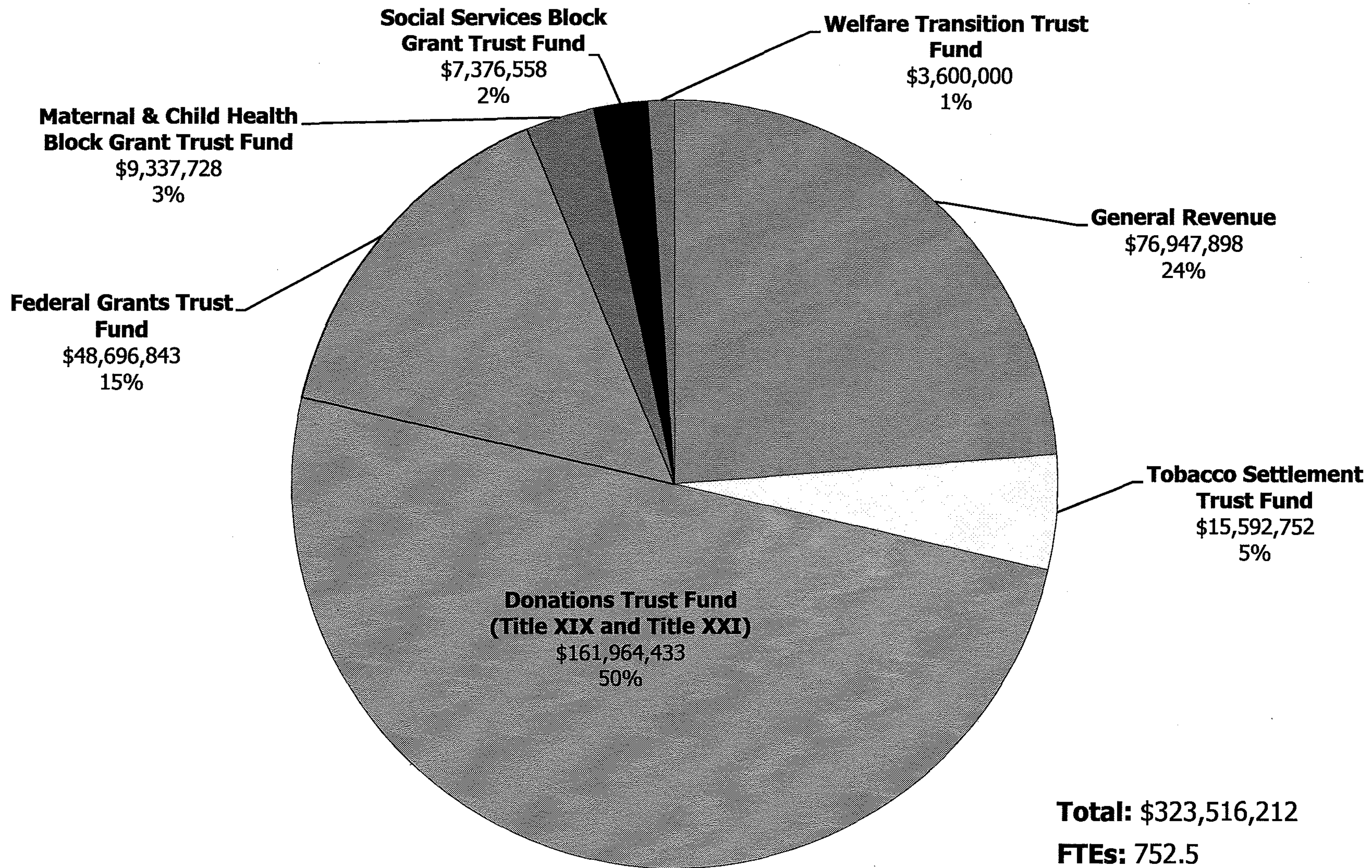
Department of Health Total Budget:
$2,929,049,580

CMS General Revenue as % of Total Department of Health General Revenue Budget



Department of Health
Total General Revenue:
$470,826,878

FY 2009-10 CMS Appropriations by Fund Source



Total: $323,516,212

FTEs: 752.5

CMS Positions by Fund Source

General Revenue:	$19,712,989
Donations Trust Fund:	$14,900,092
Federal Grant Trust Fund:	$6,376,266
Total:	$40,989,347

				Donations Trust Fund		
Program	**FTEs**	**General Revenue**	**Federal Grant TF**	**Federal Title XIX**	**Federal Title XXI**	**State TF**
CMS Network Central Office & CMS Area Offices	693.5	48%		36.5%	15.5%	
Early Steps	25		100%			
Prevention & Intervention Central Office	10	100%				
Provider Credentialing	1	100%				
Children's Multidisciplinary Assessment Team Clinical Staff	10.5	25%	75%			
Children's Multidisciplinary Assessment Team Support Staff	7.5	50%	50%			
Newborn Screening	2					100%
Newborn Screening	2		100%			
Newborn Screening	1	100%				
Total Positions (FTEs)	752.5					

A Brief History ...

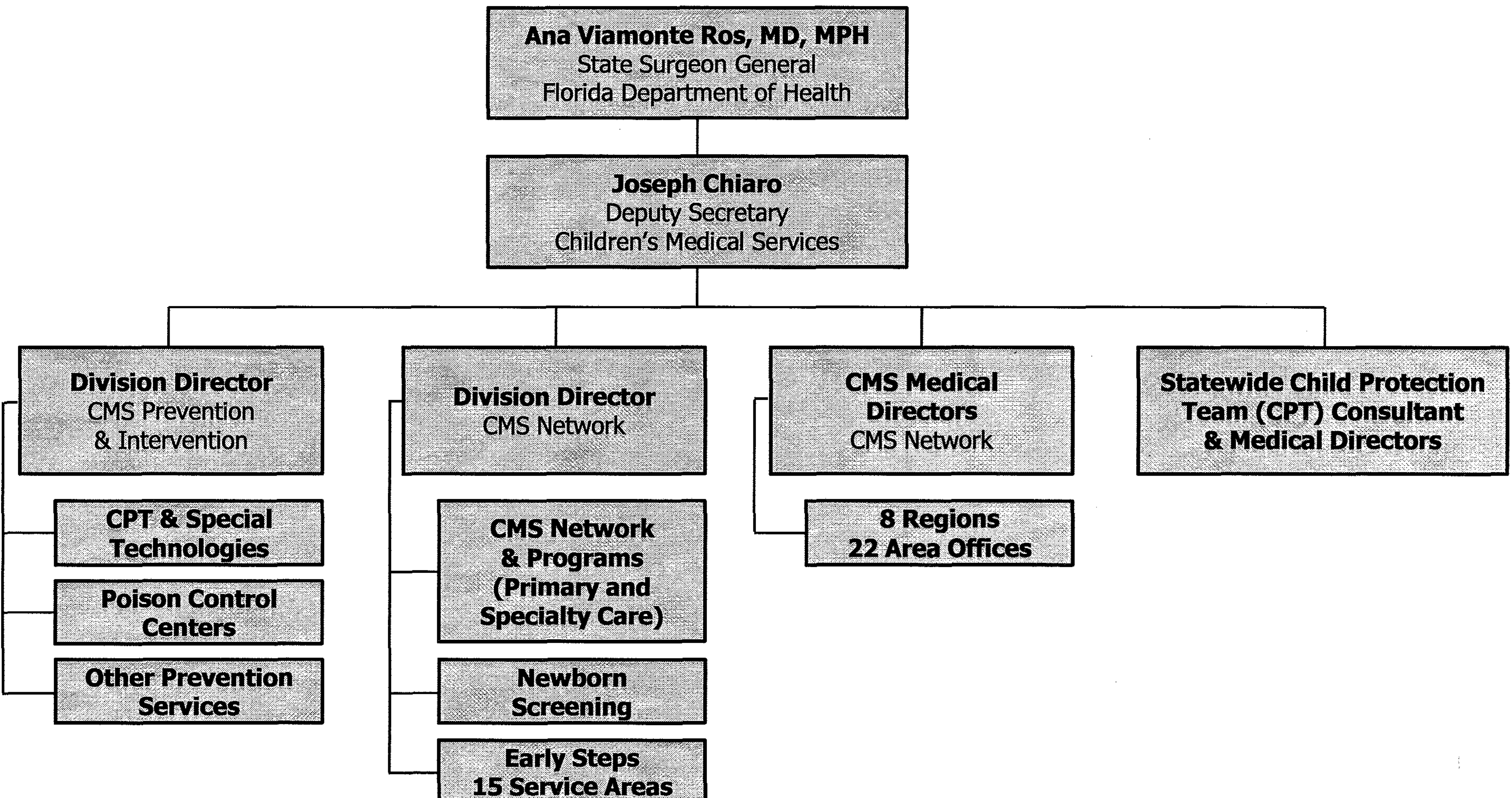
- **1906 through 1928:** Small steps toward a crippled children's program
- **1929:** Florida Crippled Children's Commission; $50,000 appropriation for 562 children; 3 positions
- **1935:** Title V of the Social Security Act includes crippled children
- **1975:** Children's Medical Services (CMS) becomes a division in Department of Health & Rehabilitative Services by state law
- **1975-1984:** Expansion of regional and statewide specialty programs; primary care program networks; Newborn Screening follow-up
- **1989:** Medicaid expansions, Rewrite of Title V to focus on family-centered, comprehensive and coordinated care
- **1996:** CMS transferred to new Department of Health; CMS Network created and becomes a Medicaid managed care option
- **1998:** Florida KidCare Act; CMS Network is a Title XXI provider to children with special health care needs
- **2001:** Medicaid capitation waiver approved for CMS Network
- **2006:** CMS Network is recognized as a plan option for Medicaid reform in Broward and Duval Counties; also authorized to serve Baker, Clay, and Nassau
- **2010:** $324 million budget; 752.5 FTEs statewide

Statutory Authorization (State)

"Children with special health care needs younger than 21 years of age who have chronic physical, developmental, behavioral, or emotional conditions and who also require health care and related services of a type or amount beyond that which is generally required by children."

- Chapter 20, F.S., Section 20.43, F.S. (Division of Children's Medical Services Network, Division of Children's Medical Services Prevention and Intervention)
- Chapter 39, F.S. (Child Protection Teams)
- Chapter 383, F.S. (Regional Perinatal Intensive Care Centers, Newborn Screening)
- Chapter 391, F.S. (Children's Medical Services and Early Steps)
- Chapter 395, F.S. (Poison Control Centers)
- Chapter 409, Sections 409.810-409.821, F.S. (Florida KidCare Act)
- Chapter 409, F.S. (Medicaid—CMS Network as a Managed Care Plan)

Organizational Structure



CMS Program Divisions

- CMS Network
  - Primary Care
  - Specialty Care
- Newborn Screening Program
- Early Steps

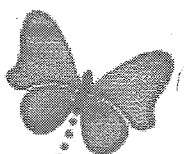
- Child Abuse Death Review Team
- Child Abuse Prevention Activities
- Child Protection Teams
- Poison Control Centers

Central Office Roles

- 77.5 FTEs and 22 contract positions
- Administration of Central Office and Area Offices
- Compliance with federal and state laws and rules
- Contract administration, management and monitoring
- Financial management
- Data analysis and reporting
- Policy and program development
- Network development
- Quality management and improvement
- Provider credentialing/approval
- Technical assistance
- Coordination with other federal, state and private entities

Division of Prevention and Intervention

- 10 FTEs CMS Central Office
- 49 contracts
- Child Protection Team (CPT)
  - Supplements the child protective investigation activities of the Department of Children & Families and designated sheriffs offices
  - CMS contracts with non-profit agencies, hospitals, universities, and county government for services; 24/7 requirement
- Sexual Abuse Treatment Program
- Child Abuse Death Review
- Telemedicine/Telehealth
- Prevention and Education
- Poison Information Centers Network. Specially trained personnel respond to hotline calls. Three nationally accredited centers (Jacksonville, Tampa, Miami)
  - Saves $7.00 in health care expenditures for every $1.00 invested
  - Ranks 2nd only to childhood immunization programs in ability to save health care dollars

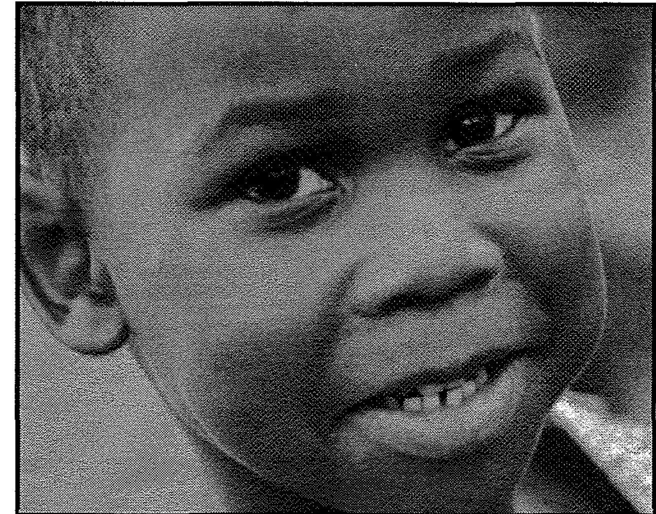


cms network

Children's Medical Services

Division of Children's Medical Services Network

- Provides a family centered, comprehensive and coordinated statewide managed system of care for children with special health care needs
- Provides a primary care medical home for children with special health care needs, including preventive, evaluative, specialty and early intervention services



CMS Eligibility

Clinical Eligibility (Determined by CMS)	Financial Eligibility
Children with medical, behavioral, developmental or other health condition that has lasted or is expected to last at least 12 months	Medicaid (Title XIX): Department of Children and Families determines financial eligibility; under age 21
Florida KidCare application and Medicaid choice counseling serve as first level screen for special health care needs	CHIP (Title XXI): Florida Healthy Kids Corporation/ACS determines financial eligibility; under age 19
Final clinical eligibility determined by a CMS nurse using a screening instrument	Safety Net: CMS staff determines financial eligibility for CMS Safety Net Services

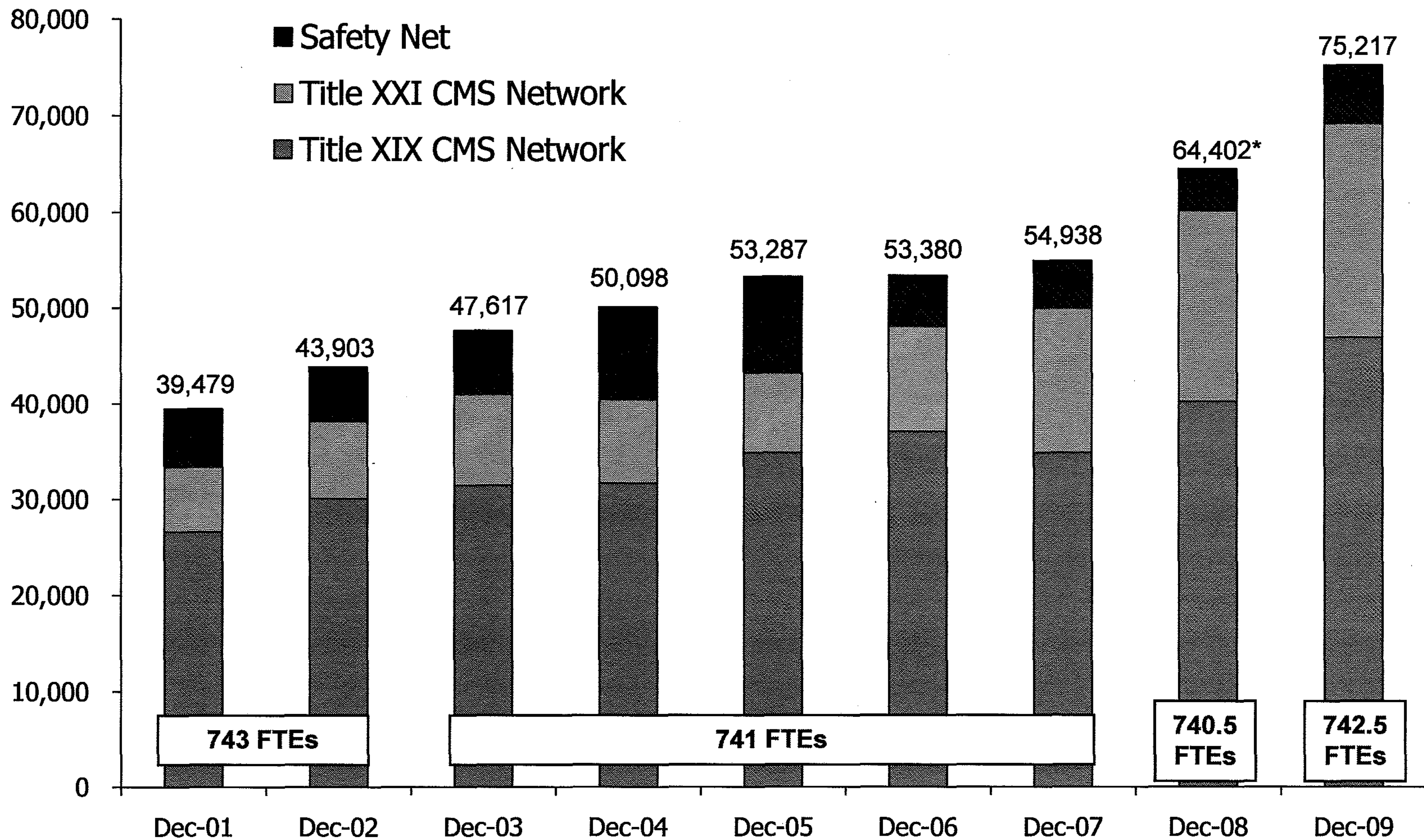
CMS Network Major Populations

- Florida KidCare children with special health care needs
  - Medicaid (Title XIX)
  - Children's Health Insurance Program-CHIP (Title XXI)
  - No full pay CMS Network benefit package for children with special health care needs with family incomes over 200% of federal poverty level (served by MediKids for young children or Healthy Kids for school age children)
- "Safety Net": Family incomes over 200% FPL with spend-down to Medicaid level; limited services subject to availability of state funds; not eligible for Medicaid or CHIP funding; family financial participation based on income
- High-risk pregnant women (Medicaid only)
- Newborns with possible genetic, metabolic or hearing problem (Newborn Screening)
- Infants and toddlers 0-3 with developmental delay (Early Steps)

Referral Sources

- Referrals to CMS Network come from a variety of sources, such as:
  - Parent self-identifies (might answer "yes" to Florida KidCare application question indicating child may have additional health care needs.)
  - Florida KidCare/Healthy Kids
  - Health care provider
  - Friends or family
  - School
  - Community organization
  - Another state agency
- Referrals to CMS Network do not automatically qualify a child; only CMS health professional staff can determine clinical eligibility

Children's Medical Services Network Enrollment (by Fund Source)



*73,700 clients served in FY 2008-09

Major CMS Network Components

- FY 2009-10 CMS Network: $187.3 million
  - Title XXI Florida KidCare ($114.5 million for patient services, including pharmacy)
  - Title XIX Medicaid ($27.2 million for Medicaid reform in Broward and Duval counties; covers administration, primary care physician management fee, and transportation)
  - Safety Net Services ($26 million; fee-for-service, including pharmacy)
  - Specialty Care Programs ($13.8 million)
  - Primary Care Programs ($5.8 million)
- Early Steps ($47 million plus ARRA non-recurring funds of $11.5 million)
- CMS Newborn Screening ($300,000 for tracking and follow-up)

Specialty Program Fund Sources (FY 2009-10)

Program Name	State (General Revenue)	State Trust Funds	Federal Trust Funds	Total
Consolidated Contracts, including •Diabetes/Endocrine Program •Pediatric Pulmonary/Cystic Fibrosis Program	$1,292,682	$1,192,768		$2,485,450
Pediatric HIV-AIDS Program	$2,119,231			$2,119,231
Medical Foster Care Program	$1,748,803			$1,748,803
Regional Perinatal Intensive Care Centers	$1,509,156			$1,509,156
Sickle Cell Education & Screening	$1,310,686			$1,310,686
Kidney Disease Program	$1,150,747			$1,150,747
Genetics Program (Newborn Screening)	$995,456			$995,456
Craniofacial/Cleft Lip & Cleft Palate Program	$975,153			$975,153
Children's Cardiac Program	$833,963			$833,963
Pediatric Hematology/Oncology Program			$479,061	$479,061
Pediatric Liver Transplant Program	$250,441			$250,441
TOTAL	$12,186,318	$1,192,768	$479,061	$13,858,147

Brain & Spinal Cord Injury Program services funded through DOH Family Health Services Brain & Spinal Cord Injury Trust Fund
Partners in Care services funded by Medicaid waiver through AHCA

Regional & Area Office Structure

Regional Structure

- Created in 2000 to create efficiencies for certain administrative functions (purchasing, personnel, IT, member services)
- Regional Medical Director (part-time), Regional Nursing Director, Regional Program Administrator
- Legal and certain personnel functions procured through county health departments

Area Office Structure

- Medical and nursing supervision
- Care coordinators (nurses and social workers)
- Financial and administrative support services

Area Office Roles

- Supervision: Part-time OPS medical directors (private practitioners); authorized in state law (Chapter 391, F.S.)
- 675 FTEs
- Program implementation
- Determine clinical eligibility
- Care coordination and medical management
- Children's Multidisciplinary Assessment Team (level of care and utilization review)
- Coordination with community and regional services and partners
- Service authorization and claims payment
- Utilization review
- Provider recruitment
- Family assistance with enrollment and retention
- Specialty service clinics (certain locations)

Partnership Roles

- Partner with multiple state and local agencies
- Florida KidCare
  - Staff the Florida KidCare Coordinating Council and maintain Florida KidCare web site
  - Participate in outreach activities
- Department of Children and Families
  - Participate in interagency coordination for children in foster care
  - Partner with Children's Mental Health for Behavioral Health Network
  - Many CMS Area Offices are ACCESS community partners

CMS Network Providers

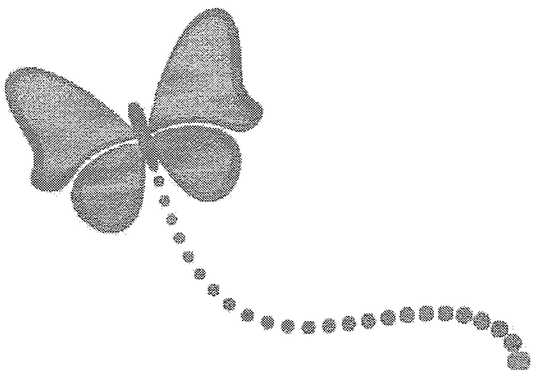
- 22 CMS Area Offices/8 Regions
- 15 Local Early Steps Offices
- 13 Primary Care Programs or Networks
- Teams of trained nursing, social work professionals & support staff coordinate care with families and providers
- Over 5,600 approved private sector physicians & dentists (board certified primary care physicians & pediatric sub-specialists) — Not FTEs
- Other approved public/private partners and providers
  - 3,600 licensed health care professionals
  - 770 non-licensed health care professionals (e.g., behavioral analysts, hearing and vision specialists)
  - 102 approved hospitals (tertiary and community hospitals)
  - 187 service and commodity providers (e.g., day care, hearing aid vendors, personal care services, transportation providers)
  - Title XXI-funded enrollees with serious emotional disturbances are served by the Behavioral Health Network, administered by the Department of Children and Families (limited slots)

Benefits

- Full range of care, including prevention & early intervention services; primary & specialty care; long term care
- Medicaid and Title XXI-funded CMS Network enrollees receive the full Medicaid benefit package, including:
  - Physician and extender services
  - Hospital inpatient & outpatient
  - Prescribed medicine
  - Lab & X-ray
  - Child Health Check-Up/EPSDT
  - Dental
  - Early Intervention Services
  - Case management and care coordination
  - Hospice
  - Mental Health
  - Home health
  - Physical, respiratory, speech, occupational therapy
  - Hearing and vision services
  - Medical equipment
  - Assistive devices
  - Nursing facility
  - Personal care
  - Private duty nursing
  - Prescribed Pediatric Extended Care
  - Patient transportation
  - Partners in Care*
  - Telemedicine*
- Other services that are medically necessary under Chapter 391, F.S., such as:
  - Respite
  - Genetic Testing
  - Genetic & Nutritional Counseling
  - Parent Support

**Unique to CMS Network enrollees only*

PROGRAMS AND SERVICES

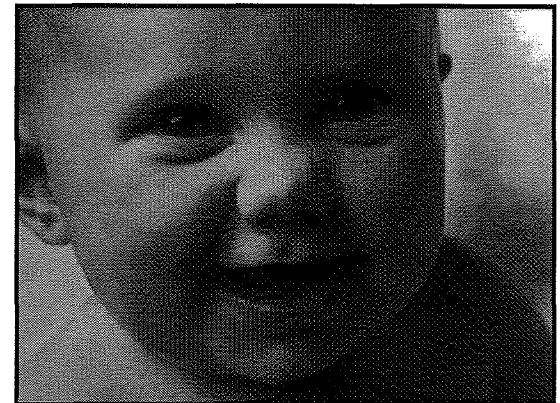


Florida KidCare

- **Medicaid (Title XIX of the Social Security Act)**
  - Eligible for and enrolled in Medicaid program, cost sharing prohibited by federal law
  - Child is clinically eligible for CMS Network and chooses it as provider
  - Full Medicaid benefit package
  - Fee-for-service reimbursement
- **Children's Health Insurance Program (Title XXI of the Social Security Act)**
  - Not eligible for Medicaid, income less than 200% federal poverty level, monthly premium required, no copayments
  - Child is clinically eligible for CMS Network and chooses it as provider
  - Full Medicaid benefit package, except waivers
  - $446.52 fixed monthly per child payment; Medicaid reimbursement rates
  - 872 children enrolled in Behavioral Health Network as of January 2010 (DCF Children's Mental Health)

Newborn Screening

- **Key Components**
  - Testing for 35 life-threatening or disabling disorders, including infant hearing
  - Partnership between hospitals, state lab, CMS and referral centers
  - Cost savings of $900,000 throughout the child's life for each baby found through the newborn screening program
- **Eligibility**
  - All babies born in Florida are eligible



Newborn Screening (continued)

231,658 babies served in FY 2008
632 babies with conditions

- **Follow-up Services**
  - CMS staff refer any baby with a suspected condition to contracted regional programs for diagnosis
  - Referral and enrollment to the CMS Network if baby has a confirmed condition and is financially eligible
  - CMS staff provide information to primary care providers about baby's condition (electronic communication system)
- **Funding**
  - Commercial insurance, Medicaid
  - Statutory hospital fee for all live births ($15)
  - Hospital fees used as state match for federal Medicaid funds

Early Steps

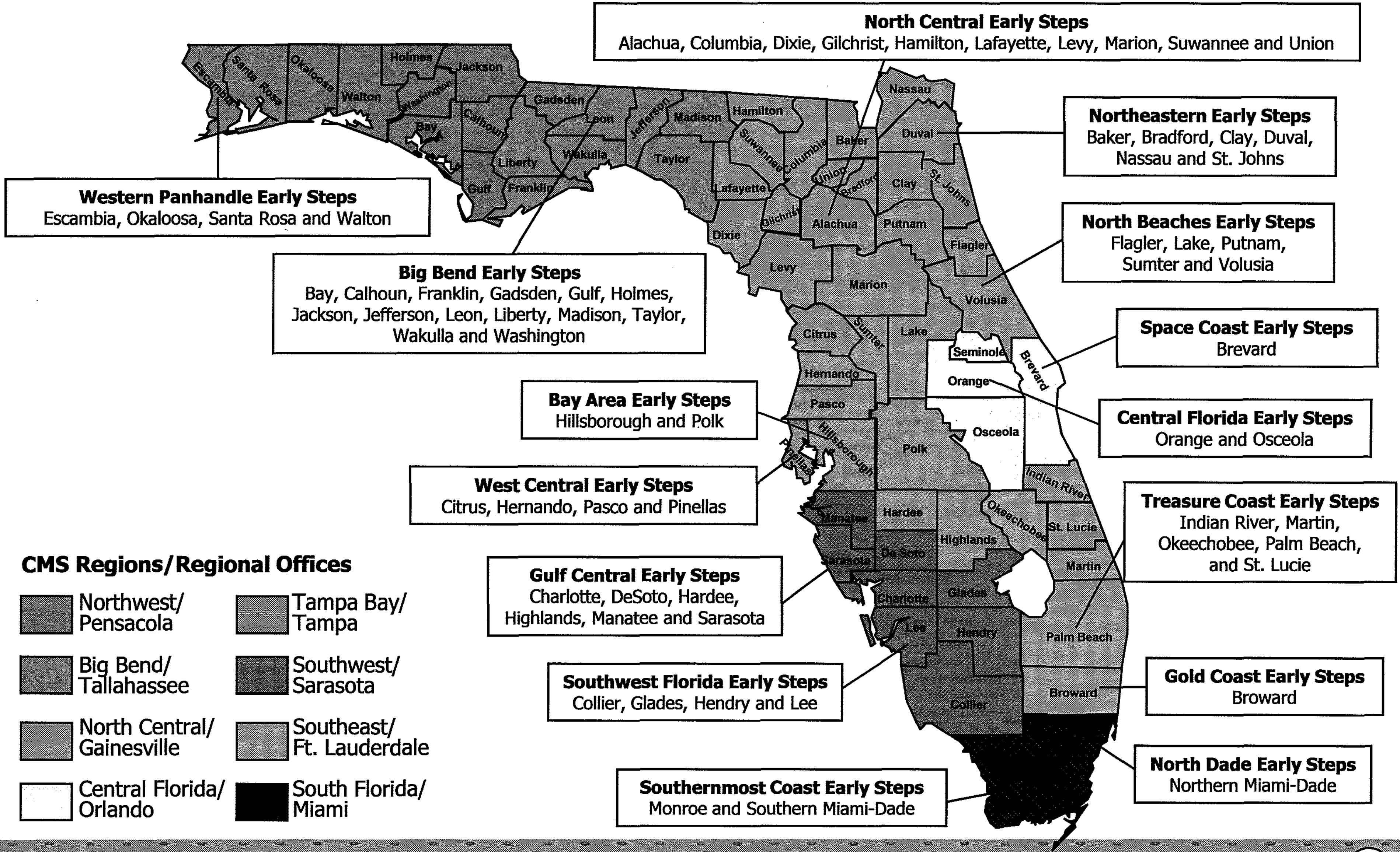
- **Federal Authority**
  - Individuals with Disabilities Education Act (IDEA), Part C-20 USC 1431-1443
  - Code of Federal Regulations – 34 Part 303
- **Key Components**
  - 15 local Early Steps organizations contract with multiple community service providers
  - Individualized family support plan (time frame for services, service coordination, authorization of services)
  - Transition to school system at age 3
  - Provide services in natural environment, recognizing everyday routines
- **Eligibility**
  - Birth to age 3, all incomes
  - Developmental delay as established by standard assessment
  - Established condition (genetic and metabolic disorders, neurological disorder, autism spectrum disorder, severe attachment disorder, significant sensory impairment
  - Licensed physician or other health care practitioner provides documentation of the condition
  - Majority of children enter Early Steps based on concerns about developmental delay

Early Steps (continued)

47,150 children served in FY 2008-09; Average growth per year: 6.15%

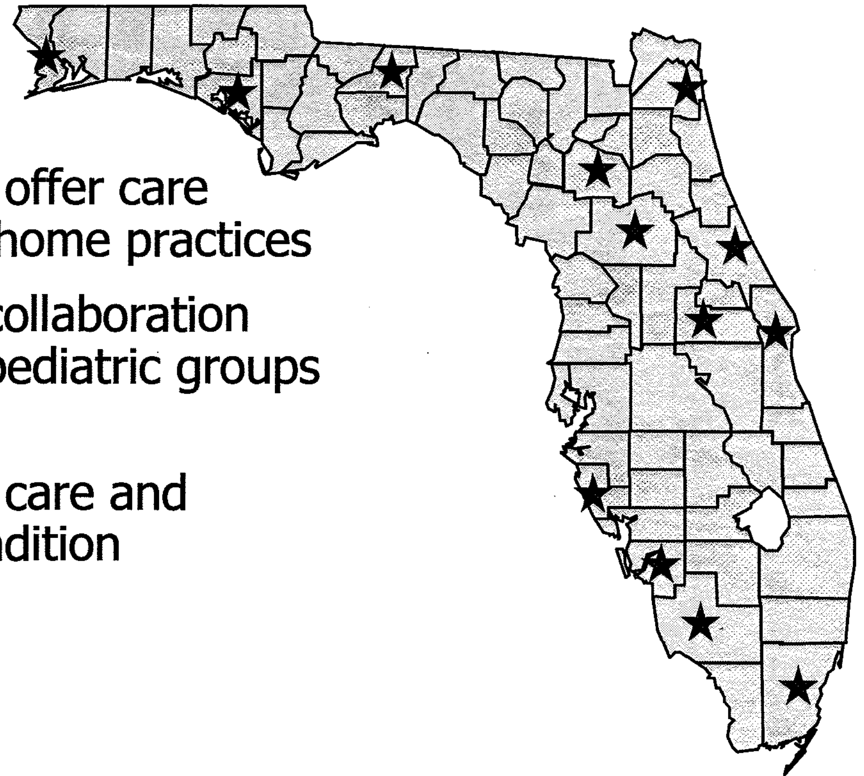
- **Types of Services**
  - Physical, occupational, speech therapy
  - Hearing and vision services
  - Assistive Technology
  - Infant and toddler developmental specialist services in the natural environment
  - Other early intervention services that will promote the developmental goals for the child
  - Coordination of health care with private providers and the CMS Network
- **Funding**
  - Commercial insurance, Medicaid and other community resources are utilized along with Part C monies to ensure service delivery
  - Part C funding considered payer of last resort to other federal and state funds
  - Federal funding allocation based primarily upon census of children birth through age 2 in each state; ARRA stimulus funds (non-recurring)
  - Maintenance of effort required
  - FY 2007-08 annual budget amount per child: $1,261
FY 2008-09 annual budget amount per child: $1,131

CMS Regions & Early Steps Service Areas



Primary Care

- Every CMS Network Title XIX or XXI child has a primary care provider who serves as a medical home
- CMS area offices offer choice of primary care providers
- In 13 areas CMS area office refers the child to contracted programs for choice of primary care providers
  - These programs recruit providers, offer care coordination and support medical home practices
  - The programs are an example of collaboration between state government, local pediatric groups and community providers
- The medical home offers continuity of care and management of the child's chronic condition



Contracted Specialty Programs

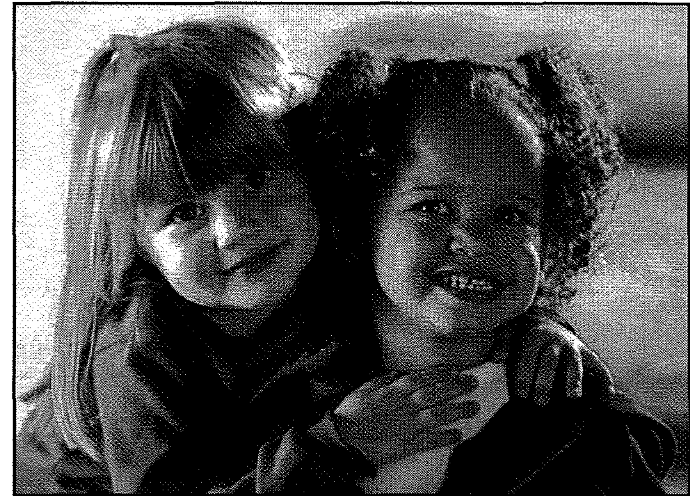
- Brain & Spinal Cord Injury Program (502 children in FY 2008-09)
- Children's Cardiac Program (734 children in FY 2008-09)
- Craniofacial/Cleft Lip & Cleft Palate Program (1,428 children in FY 2008-09)
- Genetics Program (1,779 children in FY 2008-09)
- Diabetes/Endocrine Program (1,801 children in FY 2008-09)
- Kidney Disease Program (737 children in FY 2008-09)
- Pediatric Liver Transplant Program (634 children in FY 2008-09)
- Medical Foster Care Program (719 children in FY 2008-09)
- Partners in Care (840 children since 2006)
- Pediatric Hematology/Oncology Program (1,906 children in FY 2008-09)
- Pediatric HIV-AIDS Program (2,000 children in FY 2008-09)
- Pediatric Pulmonary/Cystic Fibrosis Program (937 children in FY 2008-09)
- Regional Perinatal Intensive Care Centers/High-risk Obstetrical Satellite Clinics (17,373 patients in FY 2008-09)
- Sickle Cell Education & Screening (1,109 community education events conducted in FY 2008-09)

NATIONAL MODEL
Partners in Care: Together for Kids

- **Authority**
  - Title XIX 1915(b)(3) waiver
  - Title XXI State Plan Amendment
- **Key Components**
  - First publicly funded pediatric palliative care program in the nation; integral component of the CMS Network
  - Authorized statewide. Currently operating in 32 counties, 19 counties in progress
  - Enables children receiving curative care for potentially life-limiting medical conditions to benefit from palliative care services in addition to medical services
  - Partnership between licensed hospices, CMS area offices and AHCA area offices
  - Evaluation of Service Needs plan of care (time frame for services, evaluation of service needs, coordination, service authorization, family and child goals, quarterly re-evaluation)
- **Eligibility**
  - Enrolled in the CMS Network
  - Child must be certified annually by CMS primary care physician as having a potentially life-limiting condition
  - Primary care physician must authorize services annually

Partners in Care (continued)

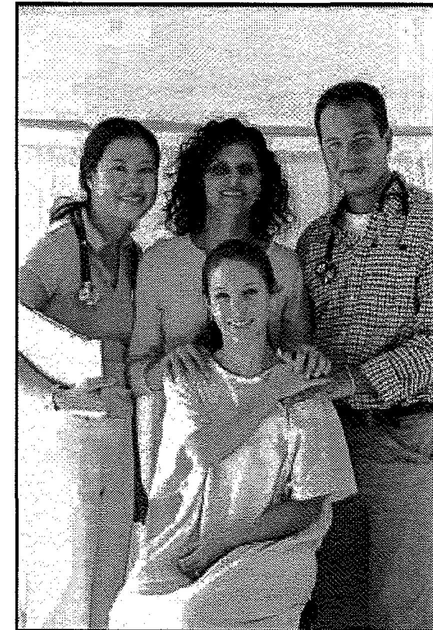
- **Types of Services**
  - Therapeutic counseling for child and family, including bereavement support
  - Nursing
  - Respite
  - Specialized personal care
  - Pain and symptom management
  - Art, music, and play therapies for child and family



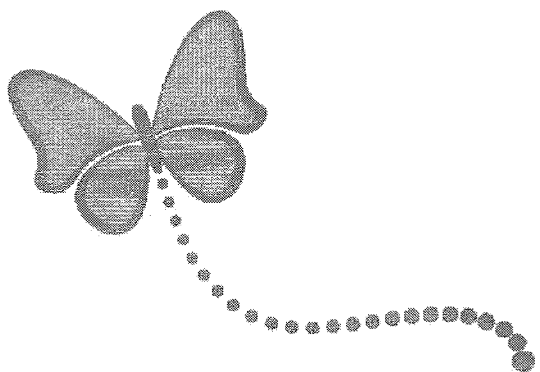
- **Funding**
  - Title XIX Medicaid (940 slots available statewide)
  - Title XXI CHIP (150 slots available statewide)
  - CMS Safety Net, subject to availability of state funds

Innovations

- CMS Network: Unique national model: fully integrated network of private, public and university providers; medical home for children with special health care needs. Primary/preventive care through tertiary and specialty care.
  - Title XIX Medicaid managed care option
  - Title XXI Florida KidCare program partner
- Palliative Care: Partners in Care program for children enrolled in the CMS Network with potentially life-limiting conditions: First publicly funded pediatric palliative care program in the nation
- CMS selected to participate in three national medical home learning collaboratives; promotes access, continuity, overall management and coordination of care
- Youth Transition to Adulthood Strategic Plan and Development of Care Models
- Patient Access: Telehealth/telemedicine
- Automated provider credentialing system
- Peer review, Medical Procedures and Equipment Committee
- Davis Productivity Awards: CMS Network, pharmacy benefits management (human growth hormone and anti-hemophiliac drug), telemedicine



HOW IT WORKS



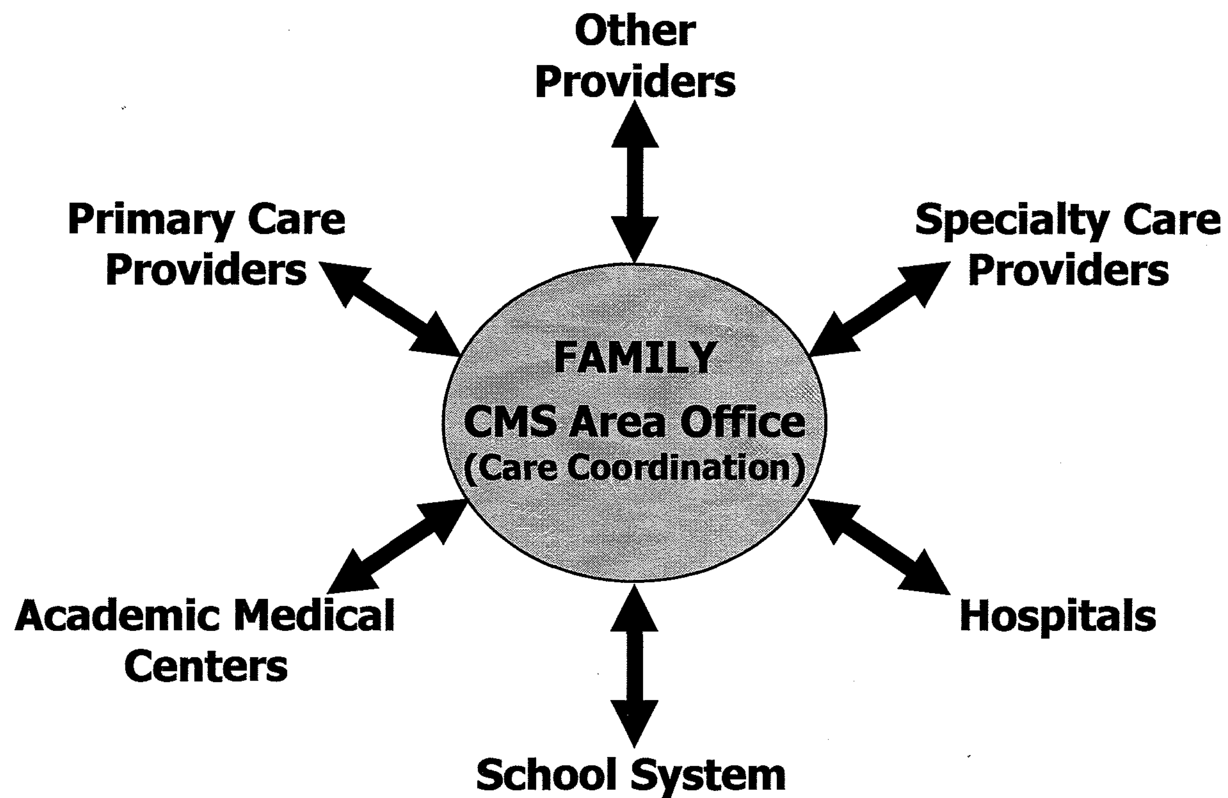
Maintaining Continuity of Care

- If child loses Title XXI coverage, CMS uses Purchased Client Funds (PCS) or contracts to cover services for the child's emergency medical condition until Title XXI coverage is reinstated
- Bridges transitions between Title XIX-funded and Title XXI-funded CMS Network enrollees; ensures continuity of care during transition (same providers, same care coordinator)

Care Coordination

- 303 FTEs (has not changed since the mid-1990s)
- Current average caseload per FTE care coordinator: 246
- No additional care coordination FTEs authorized for Title XXI implementation (1998)
- Expansion of Medical Foster Care and addition of Title XXI enrollment necessitated OPS care coordination staff
- Nurse care coordinators acts as links between family and child's physicians and other health care providers
  - Identify family and child needs
  - Arrange for necessary services and facilitate information transfer across health care providers
  - Offer health education and guidance
  - Works with the medical home to create and implement individualized care plans
  - Identify other available community programs or services
  - Assist family with eligibility, enrollment and retention of coverage
  - Communicate with teachers and support staff at school and/or daycare

CMS Area Office Linkages



How a Child is Served

Baby is born with cleft lip/cleft palate

Hospital screens baby for metabolic and hearing disorders

Baby fails hearing screen; Hospital refers baby to CMS Newborn Screening

CMS Network Newborn Screening

- Confirmatory testing through private providers
- Confirms referral to CMS Network occurred
- Makes referral to Early Steps

Hospital refers baby to CMS Network for craniofacial condition

CMS Network

- Clinical eligibility determined
- Medical Home
- Craniofacial Center
- Genetics Center
- Local Specialists

Early Steps

- Early Intervention
- Audiology Services
- Speech therapy

Care Coordination

How Child's Bill is Paid
(Medicaid eligible)

Medicaid Pays for:	CMS Network pays for:
Hospital	Contracted social worker
Confirmatory test	Nutritionist in craniofacial center
Medical home and specialty physician services	Multi-disciplinary evaluations
Care Coordinator	Genetic testing in the genetics center
Therapies	Early Steps services not paid by Medicaid are covered by federal Part C (e.g., provider transportation to natural environment)

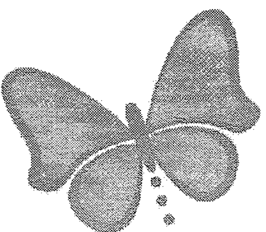
Care Coordination

Payment Methods

- **Area Offices**
  - Title XXI premiums and Safety Net funds allocated to offices based on allocation methodology*
  - Bills paid on a Fee-for-Service basis at Medicaid rates
- **Central Office**
  - Disburse funds to area offices
  - Develop and disburse Title XXI premiums to Integrated Care Systems
  - Develop contract allocation methodologies
  - Process contract payments

** Financial Management Work Group develops allocation formulas and monitors expenditures*

ACCOUNTABILITY



Contract Management and Accountability

- 128 CMS Network contracts managed by CMS Central Office; primarily 3-year term with 3-year renewal option
- Examples of largest contracts: Integrated Care Systems, Early Steps and Pharmacy Benefits Management
  - Competitive procurement (e.g., pharmacy benefits management, integrated care system, third party administrator)
  - Sole source (e.g., major regional medical centers for cystic fibrosis, end stage renal disease, genetics)
  - Health services exemption
- Payment methods
  - Fixed price
  - Negotiated rates
  - Cost reimbursement
  - Fee-for-service based on Medicaid rates
  - Monthly premium
- Program monitoring conducted by Central Office staff
  - On-site review
  - Desk review
  - Data analysis
- Administrative monitoring conducted by Department of Health Contract Management

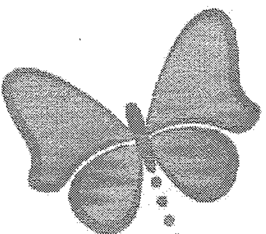
Third Party Administrator
(TPA) Procurement Status

- Legislative authority to procure a replacement for the CMS legacy system
- Competitive procurement
- Governance oversight: Internal and External
- January 2010: Decision to award contract with MED 3000 (Florida licensed TPA)
- 18-24 month development and pilot testing following contract execution
- $4.2 million

Third Party Administrator (continued)

- Claims processing (service authorization tied to care plan)
- Statewide single claims processing system; removes claims payment functions from CMS area offices
- Claims edits (CMS area offices would continue to be responsible for addressing questionable claims with providers)
- HIPAA compliance
- Allow University of Florida data center to focus on federally required performance reporting (no longer claims processing)
- Eliminates limitations of legacy system, including:
  - Lack of electronic system edits
  - Paper claims only

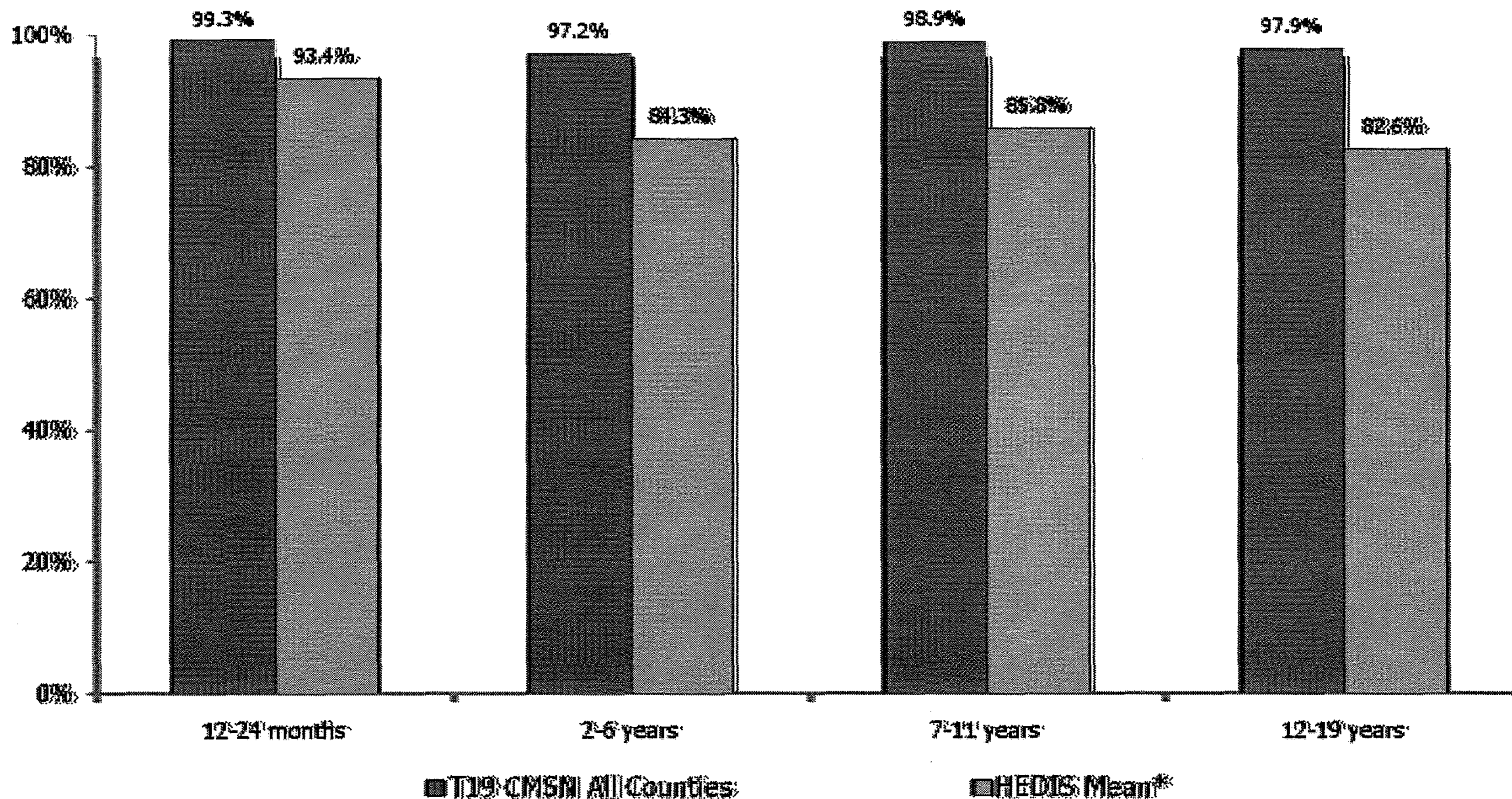
QUALITY MEASUREMENT



Ensuring Quality of Care

- Healthcare Effectiveness Data and Information Set (HEDIS)
- Consumer Assessment of Healthcare Providers and Systems (CAHPS) – patient satisfaction
  - 95% of parents satisfied with child's primary care provider
  - 95% would recommend the CMS Network to parents of children with special health care needs
- Asthma measure of % of members with persistent asthma on a controller: 95.4%
- Annual Florida KidCare Evaluation
- Mortality and morbidity reviews in regional programs
- Peer review of primary and specialty care
- On-site reviews of primary care practices and regional programs

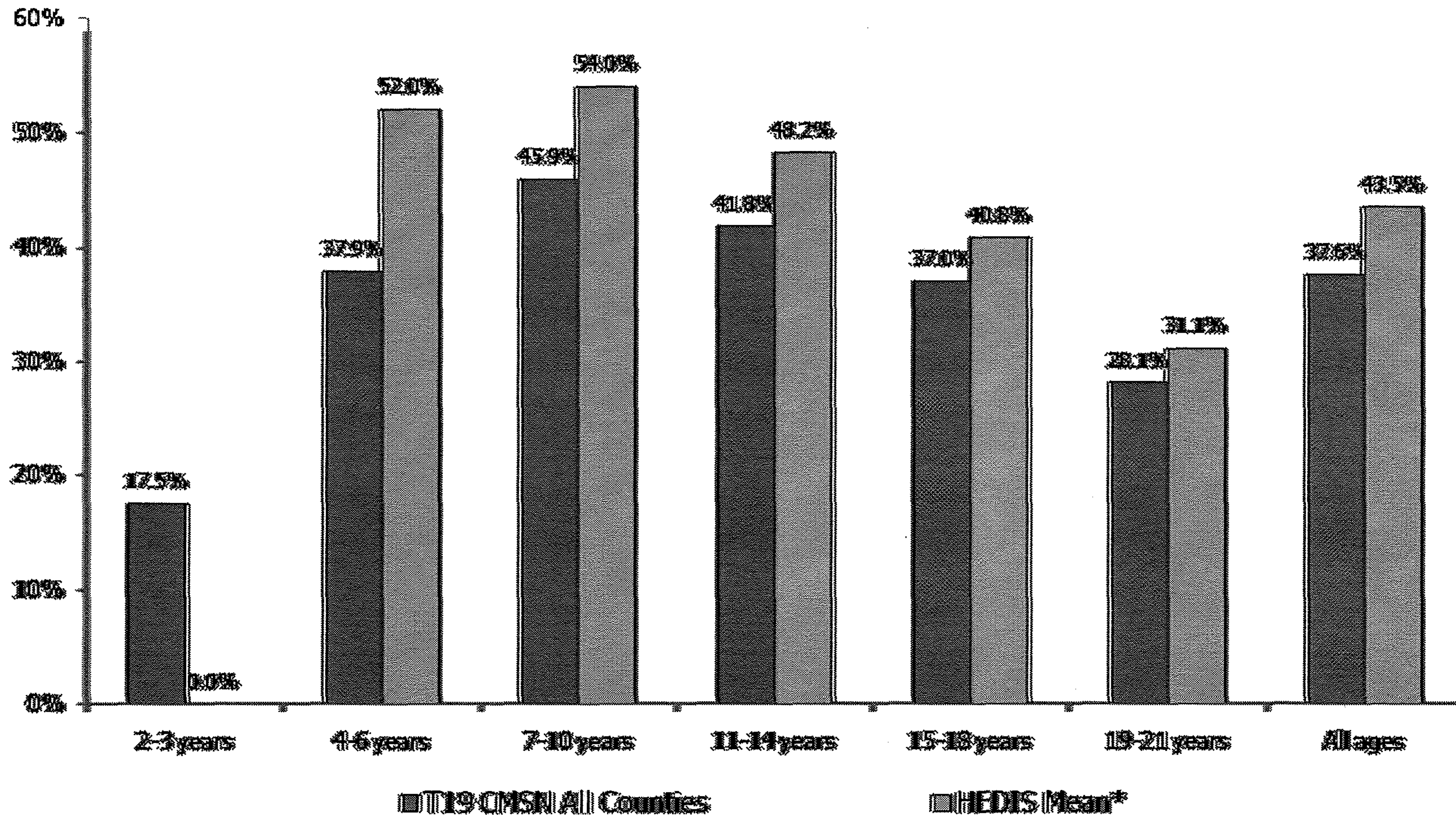
HEDIS Children's Access to Primary Care Providers, 2007



*Medicaid managed care plan national voluntary reports to NCQA

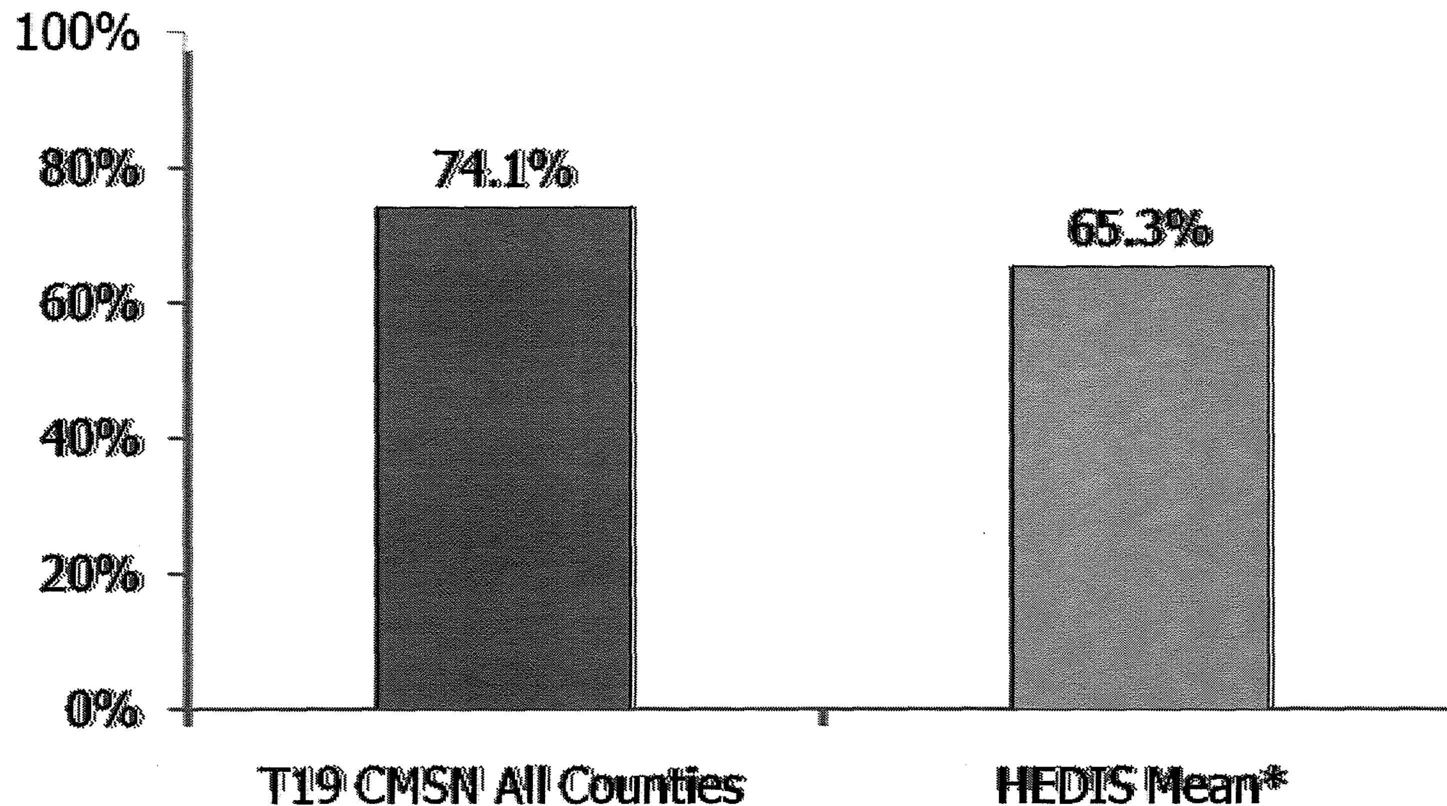
Source: *Quality of Care HEDIS Measures: A Chart Book for the Florida KidCare Program Evaluation, 2007*

HEDIS Annual Dental Visit, 2007



*Medicaid managed care plan national voluntary reports to NCQA
Source: *Quality of Care HEDIS Measures: A Chart Book for the Florida KidCare Program Evaluation, 2007*

HEDIS Well-child Visits in the 3rd, 4th, 5th and 6th Years of Life, 2007



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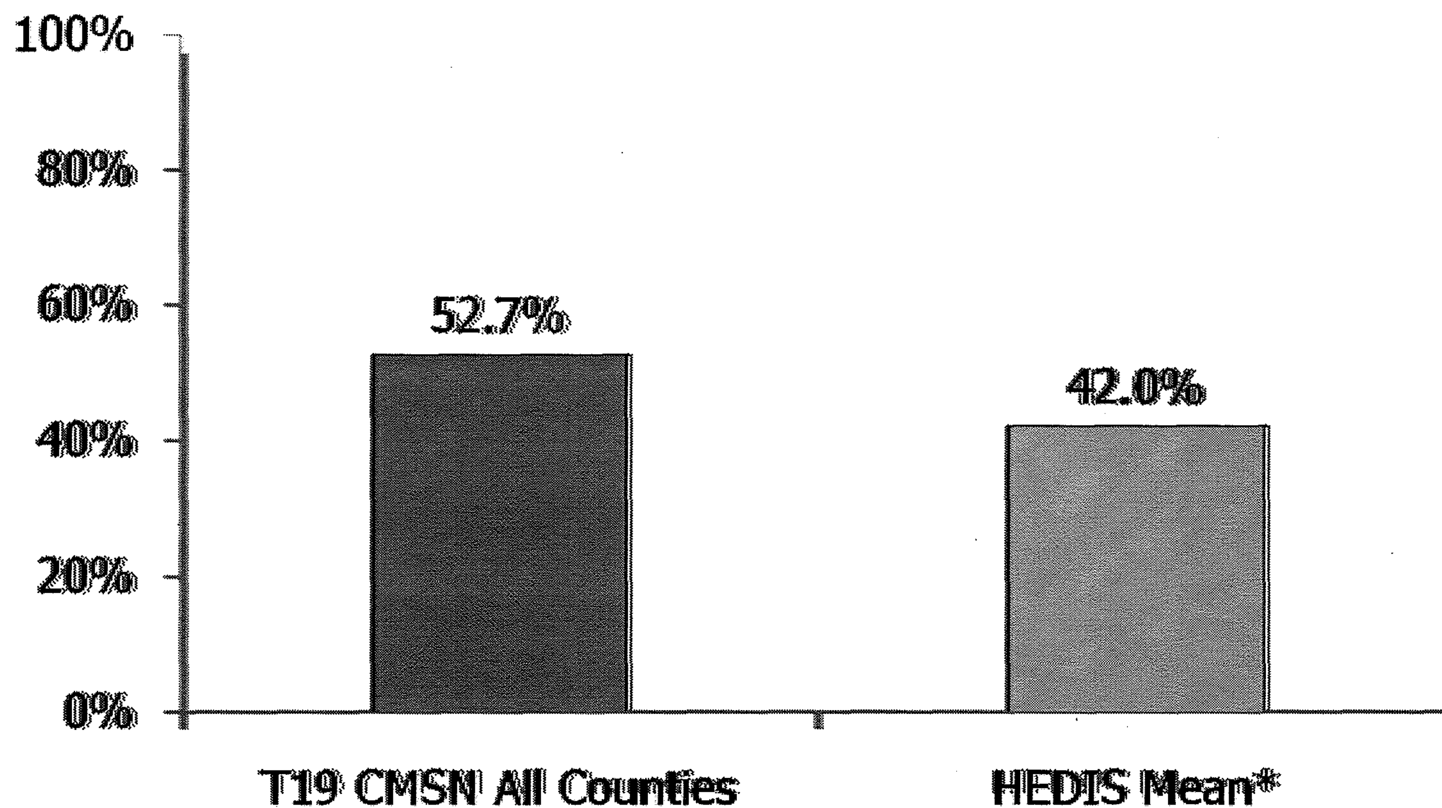
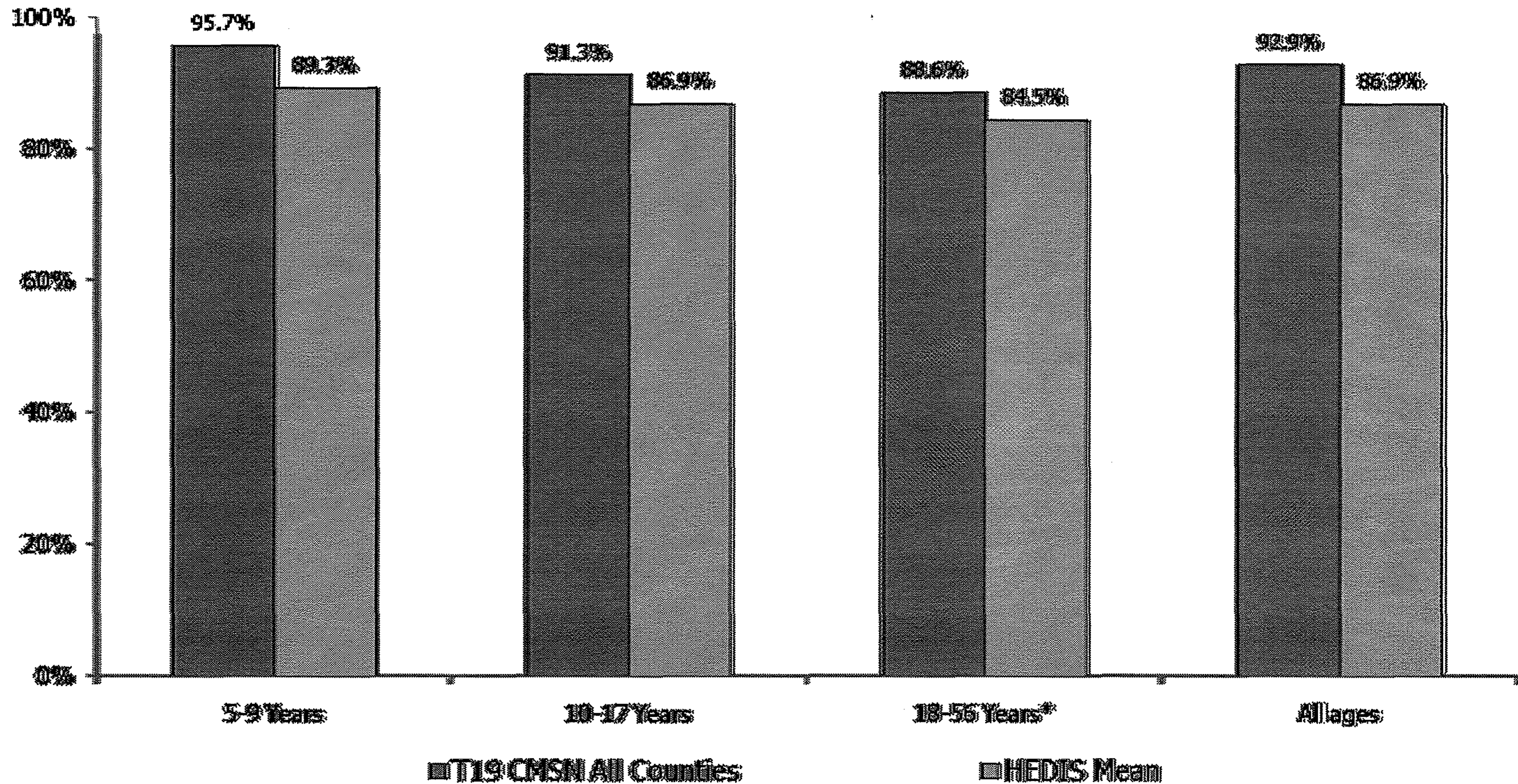
Source: *Quality of Care HEDIS Measures: A Chart Book for the Florida KidCare Program Evaluation, 2007*

HEDIS Adolescent Well-Care Visits, 2007



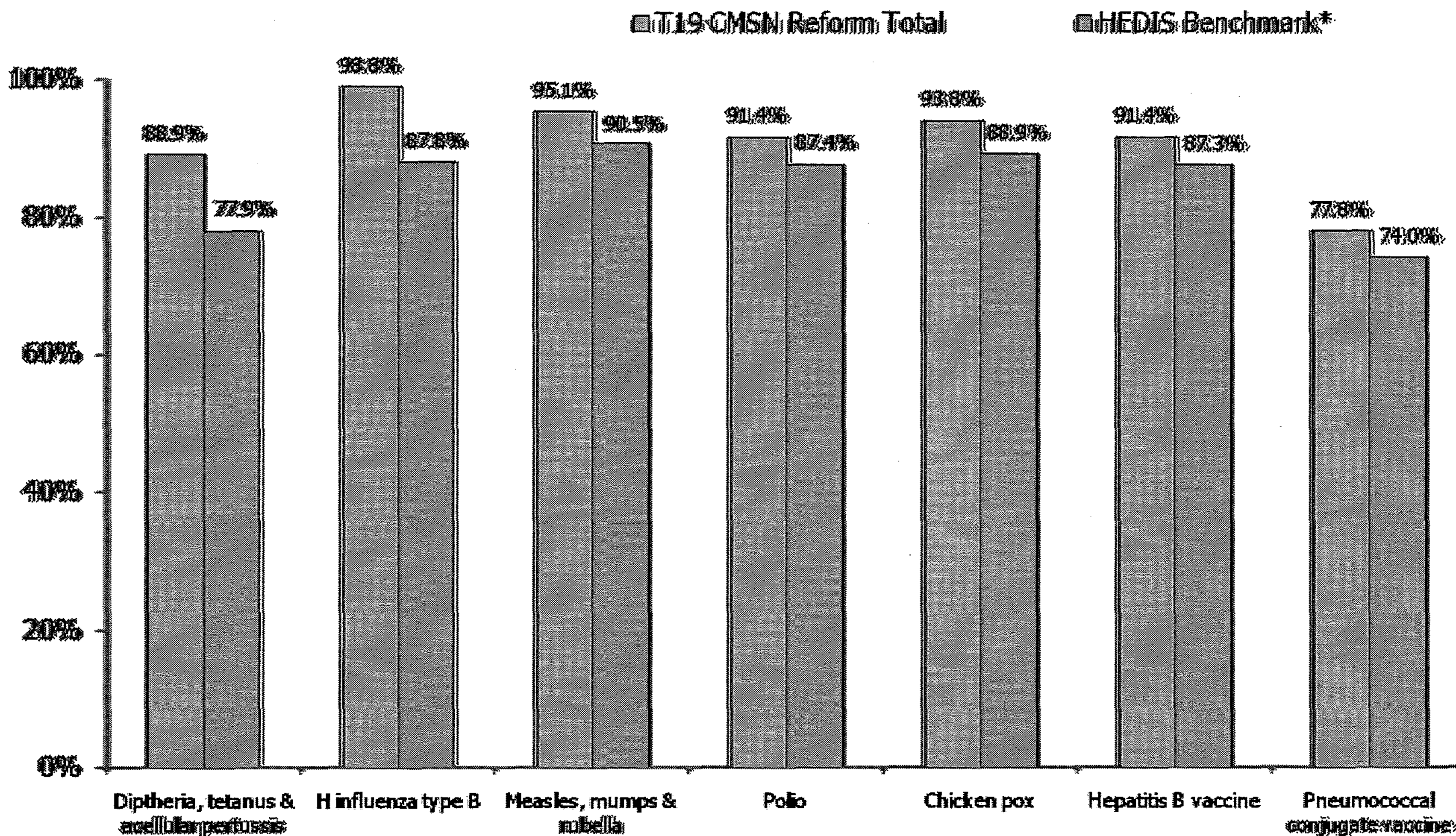
*Medicaid managed care plan national voluntary reports to NCQA
Source: *Quality of Care HEDIS Measures: A Chart Book for the Florida KidCare Program Evaluation, 2007*

HEDIS Use of Appropriate Medications for People With Asthma, 2007



*CMSN eligibility up to age 21 for Medicaid enrollees
Source: *Quality of Care HEDIS Measures: A Chart Book for the Florida KidCare Program Evaluation, 2007*

HEDIS Childhood Immunization Status, 2008*



*Medicaid managed care plan national voluntary reports to NCQA

Source: *Children's Medical Services Network Provider Service Network for Title XIX Enrollees in Broward and Duval Counties, 2008-2009, Institute for Child Health Policy, University of Florida*

Welcome to CMS

Health care for children with special needs.

Questions?

cms network
Children's Medical Services

FLORIDA DEPARTMENT OF HEALTH