

## Florida Renal Coalition 2017 Conclusion of Session Report

The 2017 Legislative Session came to a close on Monday, May 8<sup>th</sup>, instead of the scheduled “sine die” of Friday, May 5<sup>th</sup>. This session like so many others of late was marked with major policy disagreements between the House and Senate chambers, leadership, and the Governor. The dysfunction led to a budget extension and to the fewest number of bills passing (231) during any regular 60-day session in over a decade. Many major issues were left on the table to include; gambling, workers compensation, PIP, medical marijuana, gun rights and others. However, Senate President Joe Negron was able to prevail on two of his legislative priorities passing his water legislation dealing with the reservoir south of Lake Okeechobee as well as higher education funding and policy. His counterpart in the House, Speaker Corcoran achieved his doubling of the homestead exemption constitutional amendment and major charter school reforms.

As noted above, the legislative Session was extended until May 8<sup>th</sup> to approve the final conference report on the \$83.4 billion budget. The extension of session applied only to budget matters, so all other pending bills died on Friday evening when they adjourned. The final budget, which has yet to be acted upon by Governor Scott, includes over \$500 million in Medicaid cuts to hospitals. Hopefully, this reduction in funds will be offset by the recently approved federal extension of the Low Income Pool (LIP) of up \$1.5 billion. Because the LIP terms and conditions have yet to be finalized, this additional funding was not included directly in the budget. However, once the federal details are finalized, the up to \$1.5 billion can be distributed through the Legislative Budget Commission. Since LIP funding still requires local matching monies and the details of who gets what and how much are still undecided, the final LIP amounts available are presently uncertain.

The majority of the 2017 health care legislation never made it to the finish line. Every bill on our tracking chart failed to pass, minus the prescription drug price transparency legislation. Major issues left on the table included; telemedicine, direct primary care, clinical lab de-regulation, retroactive denials, certificate-of-need de-regulation, HMO’s litigation reforms, 24 hr. surgical centers and changing drug formularies. The third party payer issue never surfaced during 2017. With the success we enjoyed last year passing all of our Florida Renal Coalition (FRC) priorities, the FRC lobbying team posture was somewhat defensive in nature this year, monitoring legislation and ensuring no harm to our industry or patients. I am pleased to say we prevailed on those two key initiatives.

**Our biggest legislative fight was preserving the continuation of proviso language in the budget conference report.** This language has been included in the budget for many years, but was not included in the 2017-18 Senate proposal. We contacted all Senators and Representatives on the Health and Human Services Conference Committee to stress the importance of maintaining this proviso. It sets a “floor” for the

minimum Medicaid reimbursement for dialysis at \$125, ensures pharmaceutical coverage and encourages stakeholder education of peritoneal dialysis.

“Funds in Specific Appropriation 204 are for the inclusion of freestanding dialysis clinics in the Medicaid program. The Agency for Health Care Administration shall limit payment to \$125.00 per visit for each dialysis treatment. Freestanding dialysis facilities may obtain, administer and submit claims directly to the Medicaid program for End-Stage Renal Disease pharmaceuticals subject to coverage and limitations policy. All pharmaceutical claims for this purpose must include National Drug Codes (NDC) to permit the invoicing for federal and/or state supplemental rebates from manufacturers. Claims for drug products that do not include NDC information are not payable by Florida Medicaid unless the drug product is exempt from federal rebate requirements.

From the funds in Specific Appropriation 204, the Agency for Health Care Administration shall work with dialysis providers, managed care organizations, and physicians to ensure that all Medicaid patients with End Stage Renal Disease (ESRD) are educated and assessed by their physician and dialysis provider to determine their suitability for peritoneal dialysis (PD) as a modality choice. Further, the agency shall consult with the dialysis community concerning suitable voluntary reporting to the state Medicaid program on members’ PD suitability.

Listed below is all the health care legislation that passed this session. (Click on bill number for a link to additional information):

<a href="#">HB 101</a>	Certificates of Non-viable Birth
<a href="#">HB 229</a>	Impaired Practitioners
<a href="#">HB 249</a>	Drug Overdoses
<a href="#">HB 371</a>	Assistive Technology Devices
<a href="#">SB 474</a>	Hospice Care
<a href="#">HB 477</a>	Controlled Substances
<a href="#">HB 543</a>	Health Care Practitioner Regulation
<a href="#">HB 557</a>	Controlled Substance Prescribing
<a href="#">HB 589</a>	Prescription Drug Price Transparency
<a href="#">SB 800</a>	Medication Synchronization
<a href="#">HB 883</a>	Memory Disorder Clinics
<a href="#">HB 1041</a>	Laboratory Screening
<a href="#">SB 1124</a>	Newborn Screenings
<a href="#">HB 1253</a>	Rights and Responsibilities of Patients
<a href="#">HB 1037</a>	Physician Assistant Workforce Surveys

The 2018 session begins in January, 2018, instead of the regular March starting time. Committee meetings could start as early as September. This will mean a tentative date in early November for our annual, “Florida Kidney Day”.

If you have any questions or concerns, please do not hesitate to contact either Bob Reynolds or Ron Watson.