

Florida Legislative Report Florida April 2019

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A notice was published on March 25, 2019 in Vol. 45/No. 58 of the Florida Administrative Register for rules 59A-8.002 and 59A-8.003, F.A.C. relating to definitions and licensure requirements within Chapter 59A-8, Minimum Standards for Home Health Agencies. The notice can be found on the Register's website at: <https://www.flrules.org/>. It is important for RMAs who work in nursing homes to be aware of changes that may impact the personnel makeup for the Home Health Agencies.

The state of Florida has a PROMPT service which is a web-based dashboard that allows subscribers of the Encounter Notification Service® (available in Florida) to increase utilization of a patient's admit, discharge, transfer (ADT) data. It serves as a lightweight care management tool and also supports follow-up workflows by providing bulk access to attributed information (such as emergency department high utilizers).

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A notice was published on March 25, 2019 in Vol. 45/No. 58 of the Florida Administrative Register for a rule (59A-6.020, F.A.C., Licensure Procedure) within Chapter 59A-6, Multiphasic Health Testing Center Licensure. The notice can be found on the Register's website at: <https://www.flrules.org/>.

- March 25, 2019- Update to the Multi Phasic Testing facilities licensed as part of a hospital group (1) A license from the agency is required to conduct, maintain or operate a multiphasic health testing center in this state, unless such center is exempt from licensure as specified in Section [483.285, F.S.](#)

(2) The following documents shall accompany the initial or renewal application:

(a) For a corporate applicant, a current certificate of status or authorization pursuant to Section [607.0128, F.S.](#)

(b) Roster of personnel employed by the center including a listing of health care professionals performing fecal occult blood and dipstick urinalysis authorized in subsection [59A-6.022\(15\)](#), F.A.C., which includes title, position held, and current certification number, if applicable. **(This refers to RMAs who are non-licensed**

allied health CLIA testing).

- (c) A statement of services offered including a list of equipment and test menu.
- (d) Name and address of hospitals, providers of laboratory and electrocardiograph services, or other facilities or individuals providing services for the center.
- (h) If a center performs waived testing as defined by Section [483.041, F.S.](#), evidence of authorization under the federal Clinical Laboratory Improvement Amendments of 1988 to perform such testing must be submitted. (CLIA certificate)
- (i) Evidence of current registration under Chapter 404, F.S., for all x-ray equipment.

thereafter.

(5) A separate license shall be required for each multiphasic health testing center when more than one (1) multiphasic health testing center, is operated under the same ownership or management.

(6) A licensee shall notify the agency by certified mail of impending closure of a licensed center, thirty (30) days prior to such closure. The license shall be surrendered to the agency 21659438. The Agency is proposing to amend Rule 59A-6.020.

National Issues Affecting Allied Healthcare Professionals

March 18- 20, 2019 AMT along with the other lab organizations attended Legislative Action Day in Washington DC.

Issues Discussed:

1. Clinical Laboratory Workforce Shortages

There is a rapid increase in demand for laboratory services as 18 million people will be over 65 years of age between 2015-2025. The shortages are due to four main factors:

- 1. Aging workforce in the lab fields.
- 2. An increase in demand for laboratory services
- 3. The development of more accurate test systems
- 4. Vacancy rates that exceed the numbers of MTs and MLTs

It is to be noted that training programs have been decreasing as more schools are not being funded. **The Lab Coalition has proposed the following to Congress to address shortages:**

- a) Support the expansion of Title VII which authorizes federal funded education for healthcare professionals to include to clinical laboratory science

- b) Support the CLIAC recommendation that the HHS Secretary issue a recommendation to the US Department of Education to include laboratory science professions in the STEM programming so grant funding opportunities can be made available to AMT MLT and MT members
 - c) Support a career ladder for staff recruitment and retention as outlined in a 2004 position paper submitted by numerous lab organizations
 - d) Support laboratory professional certification as a benchmark for appropriately educated and adequately trained staff
 - e) Support the work of the CCCLW (Clinical Laboratory Workforce) in their mission to address the shortages especially in the VA system.
2. Protecting Access to the Medicare Act (PAMA of 2014). **The following was proposed to Congress on the continuing PAMA reimbursement:**
- a) Make a statutory adjustment to the CLFS (Clinical Laboratory Fee Schedule) payments that provide for short term relief and allows time to revise the rate-setting process conducted by CMS.
 - b) Ensure a valid stratified random data sample is collected by CMS that represents all the segments of the laboratory market
 - c) Require data collection requirements streamline collection to reduce the burden on participating laboratories by focusing on data specific to the private market.
 - d) Revise PAMA statutory requirements to calculate final CLFS payment rates per code as a weighted mean proportionate to laboratory-types, market share and geography.
3. LDT (Laboratory Developed Tests) regulations by Congress as part of the VALID ACT (also known as the verifying accurate leading edge development act of 2018).
- a) We are asking Congress to allow for ore public stakeholder discussions before they allow the FDA to propose rules for regulating these types of tests.