

2017 FCAAP Legislative Highlights

Guns: There were 16 pro-gun bills filed this Session, and the committee chairmanships lined up in a way which appeared to guarantee their passage. The Florida Chapter and other gun safety organizations expressed opposition to the many bills. A number of the senate bills were sponsored by the Judiciary Chairman, and he quickly placed them on his committee agenda. He appeared to have the votes until Senate President Pro Tem and Judiciary Committee member Anitere Flores sided with Democrats and expressed her opposition to the bills. This high level opposition was enough to keep the bills stalled for the entire Session and was a big win for gun safety advocates.

Child Abuse Fellowship: The Florida Chapter proposed and was the primary advocate in support of a \$300,000 appropriation to fully fund a three year fellowship for a pediatrician to become certified by the Sub-Board on Child Abuse of the American Board of Pediatrics. Representative Gayle Harrell and Senator Rob Bradley sponsored this project which is in the budget approved by the Legislature but which has not yet been delivered to the Governor.

Child Protection: The Florida Chapter proposed and was the primary advocate in support of significant child protection legislation which passed the full Legislature. House Bill 1269 was sponsored by Representative Gayle Harrell and its companion was sponsored by Senator Doug Broxson. This bill makes the following changes:

- Requires the Surgeon General and Deputy Secretary for Children’s Medical Services to consult with the Statewide Medical Director for Child Protection on decisions regarding screening, employment, and termination of CPT medical directors within the 15 districts statewide.
- Allows family medicine physicians to serve as CPT medical directors, but shortens the time frame for before which such medical director must become sub-board certified in Child Abuse or third party credentialed.
- Requires DOH to develop, maintain, and coordinate one or more sexual abuse treatment programs, details requirements for the programs, and retitles s. 39.303, F.S., to include sexual abuse treatment programs (this is a codification of an existing program).
- Requires DOH to convene a task force to develop a standardized protocol for forensic interviewing for children suspected of having been abused and provide staff to support the task force, as needed.
- Expands the cases in which an expert witness certificate must be used by our of state physicians to include cases involving abandonment, dependency, and sexual abuse.

Medical Marijuana: While the Medical Marijuana bill did not pass, it is very likely that the Florida Legislature will convene a Special Session to address this issue. The regular Session Medical Marijuana bill contained numerous provisions requested by the Florida Chapter and we are working to ensure that they are also in any bill debated during a Special Session. The child protection language in the bill includes:

- The definition of “medical use” of marijuana specifically excludes use or administration on the grounds of a preschool, primary school, school bus, or secondary school.

- Edibles may not contain more than 200 milligrams of tetrahydrocannabinol and a single serving portion of an edible may not exceed 10 milligrams of tetrahydrocannabinol. Edibles may have a potency variance of no greater than 15 percent.
- Edibles may not be attractive to children; be manufactured in the shape of humans, cartoons, or animals; be manufactured in a form that bears any reasonable resemblance to products available for consumption as commercially available candy; or contain any color additives. To discourage consumption of edibles by children, DOH shall determine by rule any shapes, forms, and ingredients allowed and prohibited for edibles.
- Marijuana must be packaged in compliance with the United States Poison Prevention Packaging Act of 1970, 15 U.S.C. ss. 1471 et seq. (which requires design and construction to be significantly difficult for children under 5 to open).
- The product name may not contain wording commonly associated with products marketed by or to children.
- Packaging must include a patient package insert with information related to warnings and precautions (to be determined in rulemaking).
- Edible receptacles must be plain, opaque, and white without depictions of the product or images other than the medical marijuana treatment center's department-approved logo and the marijuana universal symbol including a legible and prominent warning to keep away from children.
- A medical marijuana treatment center's trade name and logo may not contain wording or images, including cartoon characters or similar images, commonly associated with marketing targeted toward children or which promote recreational use of marijuana.
- A medical marijuana treatment center cultivating or processing facility may not be located within 500 feet of the real property that comprises a public or private elementary school, middle school, or secondary school.
- DOH shall implement a statewide cannabis and marijuana education and illicit use prevention campaign to publicize accurate information regarding:
 - Safe use of marijuana, including preventing access by persons other than qualified patients as defined in s. 381.986, particularly children.
 - The short-term and long-term health effects of cannabis and marijuana use, particularly on minors and young adults.
 - The department may work with school districts, community organizations, and businesses and business organizations and other entities to provide training and programming.
 - The evaluations shall assess the reach and impact of the campaign, success in educating the citizens of the state regarding the legal parameters for marijuana use, success in preventing illicit access by adults and youth, and success in preventing negative health impacts from the legalization of marijuana. The first year of the program, the evaluator shall conduct surveys to establish baseline data on youth and adult cannabis use, the attitudes of youth and the general public toward cannabis and marijuana, and any other data deemed necessary for long-term analysis.
- The Department of Highway Safety and Motor Vehicles shall implement a statewide impaired driving education campaign to raise awareness and prevent marijuana-related and cannabis-related impaired driving and may contract with one or more vendors to implement the campaign. The Department of Highway Safety and Motor Vehicles may

use television messaging, radio broadcasts, print media, digital strategies, social media, and any other form of messaging deemed necessary and appropriate by the department to implement the campaign.

- The Coalition for Medical Marijuana Research and Education is established and shall include a board position for a pediatrician (to be appointed by Moffitt Cancer Center).
- Each district school board shall adopt a policy and a procedure for allowing a student who is a qualified patient, as defined in s. 381.986, to use marijuana obtained pursuant to that section. Such policy and procedure shall ensure access by the qualified patient; identify how the marijuana will be received, accounted for, and stored; and establish processes to prevent access by other students and school personnel unnecessary to the implementation of the policy.

Pediatric Cardiac Advisory Panel: HB 1121 establishment of the pediatric cardiac technical advisory panel within the Department of Health to develop procedures and standards for measuring outcomes of pediatric cardiac catheterization programs and pediatric open- heart surgery programs. The legislative champion on this issue was Senator Aaron Bean.

Newborn Screening: SB 1124 by Sen. Lauren Book requires the Department of Health to adopt rules requiring every newborn, at the appropriate age, to be tested for any condition included in the federal Recommended Uniform Screening Panel (RUSP) that the Genetics and Newborn Screening Advisory Council (GNSAC) advises should be included in the Newborn Screening Program's (NSP) panel of hereditary and congenital disorders.

School Recess: HB 7069 requires non-charter public elementary schools to provide at least 100 minutes of supervised, safe, and unstructured free-play recess each week for students in kindergarten through grade 5 so that there are at least 20 consecutive minutes of free-play recess per day.