

# Grimsley to introduce series of high-profile health care bills



Denise Grimsley. (AP Photo/Phil Sears)

By **CHRISTINE SEXTON** 6:02 a.m. | Aug. 20, 2015

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TALLAHASSEE — State Sen. Denise Grimsley told POLITICO Florida on Wednesday that she will introduce four high-profile health-care bills in the 2016 session. They will deal with certificate of need, prescribing privileges for advanced registered nurse practitioners, ambulatory surgical centers, and “direct primary care.”

The package sounds a lot like the priorities that the state House of Representatives advanced during the 2015 regular and special legislative sessions as an alternative to a Medicaid expansion which the Senate endorsed.

But Grimsley, a Republican from Sebring, doesn't see it that way.

For instance, Grimsley said she has no interest in eliminating certificate of needs for all new hospital construction, as the House proposed last year.

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Instead, she said, she wants to craft a bill that addresses rural hospitals. Specifically, she would like to change the requirement that a replacement facility be within one mile of the original facility in order to circumvent the expensive certificate of need process.

Grimsley said the one-mile restriction is difficult for rural counties and that it should be



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expanded. “Rural hospitals operate very differently,” said Grimsley, a nurse by trade. “If they are the sole provider in the area, why burden them when they are trying to improve themselves?”

Her top priority for the 2016 session will be legislation to allow advanced registered nurse practitioners to prescribe controlled substances

(SB 152). They will not be able to practice and prescribe independently of a physician, though, which is something that Rep. Cary Pigman, himself a doctor, championed. That approach was adamantly opposed by the Florida Medical Association, which represents the state's physicians.

Grimsley said the chambers were “really close to an agreement” on a health-care package that included the prescribing privileges before budget negotiations imploded during the 2015 regular session and the House adjourned.

Another issue she wants to address is the licensure of ambulatory surgical centers and outpatient surgery centers. Grimsley was planning to meet with the Agency for Health Care Administration this week when she was in Tallahassee to discuss the issue with the health-care regulators.

At issue for Grimsley is the delay that occurs when a hospital buys an ambulatory surgical center. She says a hospital must close the centers and renovate them to ensure they comply with hospital licensure requirements before they can treat patients.

That can take a month or two. And in the meantime, she said, patients wait for care.

There were 4.39 million outpatient surgical procedures done in Florida in 2014, the majority of them, or 2.4 million, were conducted in ambulatory surgical centers, state figures show.

“I am working with the agency to see how the process can be more seamless,” she said adding that, for her, it makes no sense for the facilities to have disparate licensure requirements.

“Patients don’t ‘care that the rules are different,” she said, adding that ownership doesn’t affect safety. “If it’s safe, it’s safe,” she said.

Ambulatory surgical centers are licensed separately from a hospital whereas outpatient surgery centers are licensed as part of the hospital. Ambulatory surgical centers operate exclusively for the provision of surgical services to patients who are admitted and released the same day. They are not authorized to stay overnight.

There are 429 ambulatory surgical centers licensed in the state, agency figures show.

The House bill on ambulatory surgical centers didn’t focus on the different licensure requirements. Instead, the proposal would have changed state law to allow patients to stay overnight. Currently, patients must be treated and released in the same working day.

Additionally, the House also contained language that would have established in law standards for “recovery care centers.” There are no regulations for these facilities in

Florida today. The hospital industry adamantly opposed the proposal.

The centers would be authorized to provide post-surgical and and post-diagnostic medical and nursing care to medically stable patients for upward of 72 hours.

Grimsley said she can see a need for recovery care centers, especially for seniors who may need assistance after surgery but don't have a living spouse or children nearby to care for them. She isn't sure, though, that establishing a new licensure requirement would increase access or lower the costs of health care as the House maintains.

She also isn't sure why the recovery care center issue was included in an ambulatory surgical center bill. She predicted that the issue, along with 24 hour stays at ambulatory surgical centers, would be "brought up.

"We're going to have to talk about that," she said.

One bill Grimsley will file that may not be different from its House counterpart would authorize what National Federation of Independent Business Florida calls "direct primary care."

The idea is to amend insurance statutes to clarify that doctors can enter into contracts with patients that spell out a certain set of services they will receive in exchange for a set monthly payment without running afoul of state insurance codes.

Physicians would be precluded from billing insurers for providing the health care services to the patient. NFIB Florida championed the issue last year and it was advanced by the House as an alternative approach to providing access to health care.

While the bill enjoyed support in the House, the Senate did not consider the proposal until the waning weeks of session. NFIB Florida Executive Director Bill Herrle said direct primary care, when coupled with a catastrophic health insurance policy, meets the mandate requirement in the Affordable Care Act and should be authorized.

"It's disruptive innovation. It's one of those V8 moments. It's so simple you think, 'why didn't I think of it sooner?'

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