



AMERICAN COLLEGE OF PHYSICIANS
INTERNAL MEDICINE | *Doctors for Adults*

FLORIDA CHAPTER

Florida Chapter ACP, Inc.

Tallahassee Update

February 8, 2008

Physician delegates from the University of South Florida traveled to Tallahassee to advocate for the Chapter's Legislative Agenda this week.

It is no secret that there is a crisis in Florida's emergency rooms. Seemingly interminable waits and specialist unavailability frustrate patients, while resource rationing, malpractice exposure, 2:00 a.m. calls and poor reimbursement plague the physicians who are called to staff these facilities.

SB 1372 is the product of an Interim study conducted by the Florida Senate Health Committee Staff that confirmed these alarming trends with regard to Emergency Room Access in this state. For instance, the study confirmed that there indeed was a paucity of physicians available to take call, and even fewer who were willing to do so. The staff concurred that many reasons were existed for the problem, such as poor and nonexistent reimbursement, malpractice liability, and the opportunity to perform services more comfortably and lucratively outside of the hospital.

Rather than addressing the core issues, however, SB 1372 attempts to address the symptom (i.e., few available physicians to accept call) instead of the fundamental problems. The most problematic portion of the bill would allow AHCA to develop rules that could prohibit physicians from performing elective procedures while on call or from taking simultaneous call at more than one hospital. The first prohibition would create an enormous economic disincentive for a physician to even be on staff, while the second ignores the most fundamental part of the crisis—that there simply are not enough specialists to provide 24/7 coverage at every hospital.

Not all of the Bill is bad, The bill authorizes the transfer of medical records between facilities when the patient is transferred (already allowed by HIPAA), and states that a patient may "stabilized" while still needing further emergency treatment. This latter definition would allow a patient to be stabilized by a hospital that may not possess the optimum specialty coverage and then transferred to a more suitable facility where greater expertise may exist; these definitions could allow both hospitals and their physicians to be deemed "emergency providers," for purposes of liability protection and managed care reimbursement, while still complying with EMTALA laws that forbid the transfer of a patient until he or she has been "stabilized." It is not yet known whether the Trial Bar and the Managed Care Industry will challenge these provisions.

SB 1372 underscores the challenges of health care advocacy. The problems are complex and do not lend themselves easily to quick fixes, and even the most well-intentioned proposals can lead to unforeseen and dire consequences. It is for this reason that advocacy at both the state and federal level of so vital to today's physician.

Special thanks go to Michael A. Zimmer, M.D., FACP, USF Program Chief resident Aliyah Baluch, M.D., and 2nd year resident David Wilson, M.D. who met with experienced Health Care leaders, and their district members.

Chapter members with legislative issues or questions may contact our lobbyist, Christopher L. Nuland, via e-mail at nulandlaw@aol.com. Thank you.