

FLACP

The Florida Chapter of the American College of Physicians

Legislative Update
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Tallahassee Session Week Five
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The 2014 Florida Legislative Session hurled through its midpoint this week, while the Florida Board of Medicine addressed office procedures in a marathon 14 hour Committee day on Thursday, April 3rd.

In Tallahassee, consideration of the FMA's Managed Care Reform package was delayed a week in order to address technical language concerns, but has already been set for another hearing this coming Tuesday. Likewise, our Health Care Clinic is also up for its third committee vote this coming Tuesday..

In Telemedicine news, the Senate Bill was amended to allow out of state telemedicine providers without a Florida license if they are part of an insurance or hospital network. We vigorously maintain that ALL telemedicine providers must be Florida licensed physicians and will oppose the bill if that provision is not changed.

With regard to Scope of Practice, bills to increase the number of physician assistants that may be supervised by a single physician from four to eight advanced in each chamber, although efforts to eliminate medspa regulation were minimized. In other Scope of Practice news, it appears that the House measure to allow for independent ARNP practice will be heard again this coming week.

Meanwhile, at the Board of Medicine, the Rules Committee confirmed that its recently enacted Telemedicine Rule does NOT prohibit the ordering of controlled substances in a hospital setting through telemedicine. While the Committee differentiated between a prescription (which is for outpatient use) and "ordering" (which is to be used in the inpatient setting), the Committee will also be issuing a clarification of the rule in the near future.

Perhaps more importantly, the Board engaged in a line by line edit of the Office Surgery Rule. While most of the changes were technical, most of our suggestions were accepted and should lead to easier compliance without compromising patient safety. Among the changes:

A. Level I administered medications are now limited to a single anxiolytic drug that does not exceed the maximum recommended dosage. This will hopefully eliminate the practice of incapacitating person with oral medications and then not having a crash cart. Likewise, Atropine and epinephrine will now be required in many Level I offices, although we did secure the exemption for minor procedures involving the skin and subcutaneous tissue.

B. A breast biopsy or simple fracture reduction will no longer be automatically categorized as a Level II procedure, making them easier to perform in an office setting.

C. The list of Level II and III medications was amended to allow for therapeutic substitutions in the case of drug shortages.

D. We defeated a proposal to limit office surgeries by BMI.

E. Dantrolene will now be required only if halogenated anesthetics or succinylcholine is used.

These changes are not yet final and will be brought back in June for final consideration.

Please continue to watch for legislative alerts and updates.

Thank you for your continued support!