



2018 Position Statement Overview

Support:

Appropriate Utilization of Opioids - SB 8 (Benacquisto) HB 21 (Boyd) - SB 458 (Bean)

One of the greatest challenges facing communities across the country is the crisis with opioid use and treating dependency. The FOS supports restrictions in the supply of opioids. The FOS does have concerns with the potential ramifications to the health of some patients that may need opioids to recover from major trauma, surgery, or for end-of-life care and is working to institute appropriate safeguards to balance the needs of appropriate pain relief while limiting the supply on the streets.

Ambulatory Surgery Centers and Recovery Care Centers – SB 250 (Steube) HB 23 (Renner and Fitzenhagen) - Expands ASC Services providing that patients must be discharged within 24 hours (eliminates no overnight stay language). This is similar to the definition used by the Federal Government (CMS) as well as a majority of the states across the US. Creates Recovery Care Centers and provides statutory framework for Recovery Care Centers with a limited stay of up to 72 hours. Requires all RCC's to include patient education, nutrition, pharmacy, and additional required services to comply with state law.

Mandatory Coverage for Motorcycle Riders – HB 419 (Hahnfeldt)

Currently only motor vehicles with 4 wheels or more are required to adhere to the financial responsibility requirements for insurance coverage. The FOS strongly believes that motorcycle riders need to be required to carry the same amount of coverage as other drivers due to the significant cost of treating motorcycle riders after accidents. The FOS supports applying the same basic level of insurance to all motor vehicles.

Direct Primary Care – Less Paperwork, More Care – SB 80 (Lee) and HB 37 (Burgess & Miller)

A growing number of primary care physicians nationwide are adopting this innovative model because they are frustrated by the excessive paperwork and regulatory burdens imposed by insurance companies. They are attracted to direct primary care because of their desire to spend more time with patients. DPC is an alternative to the traditional fee-for-service model in which patients are charged a simple, affordable flat monthly fee for comprehensive coverage of all primary care services. DPC physicians have been able to control costs by preventing chronic illnesses and reducing administrative expenses. A growing body of evidence suggests that DPC leads to better patient care at a lower cost. The FOS strongly supports legislation which would allow DPC to grow by defining direct primary care agreements as a medical service outside the scope of insurance regulation.

Right Medicine, Right Time – SB 98 (Steube) HB 199 (Harrison)

The FOS supports efforts by patient advocates to ensure that appropriate prescriptive treatments are based on a physician's recommendation. Each year, thousands of Floridians are subjected to "fail first" protocols, whereby insurance companies impose their own treatment decisions ahead of treating physicians' medical judgment. This causes delays in care that can lead to unnecessary hospitalizations and sometimes devastating consequences for patients.

Florida needs legislation that allows physicians and patients to override step therapy protocols when deemed medically necessary and in patients' best interests. In addition, if a patient is currently stable on a drug, step therapy should not be required to continue usage of that drug because of changes in a health care benefit or plan. Finally, the FMA supports shortening the amount of time for a step therapy override to be granted. It is time to stop insurance companies from practicing medicine and getting in the middle of the patient-physician relationship.

Retroactive Denials – SB 162 (Steube) HB 217 (Hager)

The FOS supports legislation that eliminates the ability of insurance carriers to retroactively deny claims when they have provided a physician with authorization and the physician renders that service in good faith.

Maintenance of Certification – SB 628 (Grimsley) and HB 81(Gonzalez)

The FOS supports legislation that prohibits the Board of Medicine, Department of Health, a health care facility, or an insurer from requiring maintenance of certification or recertification as a condition of licensure, reimbursement, employment, or admitting privileges for a physician who practices medicine and has achieved initial board certification in a subspecialty as recognized in the Florida Statutes.

Oppose:

PIP Repeal – SB 150 (Brandes) and HB 19 (Grall)

The FOS supports maintaining the current automobile no-fault system due to the potential harm that can be caused to our emergency and trauma system in return for minimal financial relief for consumers. The Pinnacle study released in 2016 notes that drivers in Florida would save \$82 a year with the repeal of PIP. However, without PIP or some other form of mandated emergency med pay coverage, more injured drivers and passengers would rely on commercial insurance to cover the cost of their medical care while they litigated fault in the accident. Most patients carry commercial coverage with far higher deductibles and co-pays that would have to be utilized for care currently provided under their PIP benefit. Emergency Physicians and On-Call Specialists would likely face increased unfunded care and extended delays in reimbursement as fault is determined in each accident. While the current PIP system is far from ideal, it does provide a relatively in-expensive medical benefit that contributes significantly to our current trauma care system.

Workers Compensation – Proposed Committee Bill 18-01 (Commerce Committee)

The FOS opposes this legislation as it further reduces access to care for injured workers by severely reducing reimbursement for facilities that participate in the Workers Compensation system. Florida already has some of the lowest reimbursement in workers compensation for physicians in the nation. Many physicians only participate due to the capability to utilize the facility to render care. We feel drastic reductions in reimbursement will lead to access to care issues for injured workers. Florida already has some of the lowest patient satisfaction scores for injured workers according to research performed by the Workers Compensation Research Institute. We feel these reductions will further decrease the quality of care rendered to our injured workers.