



Trouble viewing e-mail? [Click Here](#)



Dear Colleagues:

The 2012 Florida legislative session kicked off this week with a full slate of issues that will consume every second of its allotted 60 days.

On Tuesday, lawmakers formally convened in chambers as House Speaker Dean Cannon and Senate President Mike Haridopolos presented their opening day remarks and Gov. Rick Scott presented his State of the State address.

On Wednesday, the House Insurance and Banking Committee passed HB 119 relating to Personal Injury Protection (PIP). The FMA has substantial concerns about this proposal. HB 119 would scrap the personal injury protection (PIP) no-fault law and instead establish Emergency Care Coverage (ECC). This new ECC would provide \$10,000 in benefits, but they would be limited to emergency transport, care rendered at a hospital within 72 hours of an accident, and inpatient hospital admissions within 72 hours of an accident. Benefits also would cover care rendered after the 72-hour cutoff so long as it is for an emergency medical condition related to the initial emergency room diagnosis, and for limited follow-up care.

To qualify for coverage under any of these circumstances, the care would have to be administered by a licensed physician, a licensed dentist, a licensed physician's assistant, or a licensed nurse practitioner. Benefits would not cover chiropractic or massage therapy. The bill contains significant limitations on attorney fees that may be recovered against insurance companies. It confers substantial authority on insurance companies to demand examinations under oath.

The Senate's version of PIP reform, SB 1860, takes a wholly different approach. SB 1860 leaves the current PIP process largely intact and instead focuses on fraud prevention measures. It does not contain objectionable attorney fees and examination under oath language. Unfortunately, it removes from current law the \$5,000 "set aside" that the FMA worked hard to obtain for physicians. HB 119 has several more committee stops and SB 1860 is awaiting committee references.

On Thursday, the House Health and Human Services Quality Subcommittee deferred consideration of HB 381 by Rep. Ana Rivas Logan, which would eliminate the "direct" supervision by a licensed physician requirement

for electrologists. After intense lobbying against this bill by the FMA and the Florida Society of Dermatology and Dermatologic Surgery, it became apparent the bill would not pass the committee. The sponsor consequently asked for the bill to be Temporarily Passed (TP'd). The FMA would like to thank Marc Inglese, M.D., a Tallahassee dermatologist and member of the FMA's Council on Legislation and Board of Governors, and Joshua Lenchus, D.O., a Miami internist and member of the FMA's Board of Governors, for being on hand to address the committee and speak against the bill if needed.

Also this week, the governor's staff presented his budget recommendations for Fiscal Year (FY) 2012-13 to the various House and Senate committees. Once again, Florida is anticipating another budget shortfall, which is estimated at \$2 billion. As a result, legislators will be forced to make significant cuts in a variety of budget areas, including health care. The FMA will follow the budget process closely over the next seven weeks to protect physicians' interests.

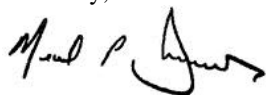
Next week, the House Health and Human Services Quality Subcommittee will hear HB 1143, relating to Emergency Suspension Orders by the Department of Health. This bill grants authority to the Department to suspend or restrict a physician's license if the physician is under investigation for various criminal offenses. In short, it would allow a government agency to take or limit a physicians' constitutionally protected property interest without due process of law. While defeating this proposal as written is an FMA priority, FMA staff and the Department have been negotiating a better solution. The Surgeon General, Frank Farmer, M.D., has been especially helpful in this regard. I hope that in next week's letter I am able to report that the Department has resolved most, if not all, of our concerns with the bill.

Finally, please note that Rep. Richard Corcoran has filed HB 1329 relating to "price transparency." The FMA is very concerned about this proposal. It would require all physicians to provide their patients, in writing at each visit, a schedule of charges of their 50 most frequently provided services. The bill also would prohibit the balance billing of patients in the following circumstances: When the patient is treated in the emergency room after arriving via ambulance; when a patient is treated for a nonemergency condition in a hospital that is a contracted provider with the patient's PPO, by a physician who is not a contracted provider, and the patient does not have an opportunity to choose a provider who is contracted with the patient's PPO.

The bill also would impose on a physician treating a patient in a hospital for nonemergency services, when the physician is not a contracted provider with the patient's PPO, the duty to disclose to the patient, in writing, prior to providing medical services, whether the patient will be billed for the amount of the physician's bill that the PPO refuses to pay. If the physician does not make this disclosure, then the patient is not liable for the difference. Please contact Rep. Corcoran's office at (850) 488-8528 or richard.corcoran@myfloridahouse.gov if you share the FMA's concerns with this proposal.

It has never been more important that we are involved in the legislative and regulatory processes. If you have a relationship with your legislators, keep up the good work. If you don't, you need to work with them in a positive manner to help them make good decisions. They want and deserve our help.

Sincerely,



Neal Dunn, M.D.
Chairman, FMA Council on Legislation