

Without the FMA...

The number of bills hostile to the practice of medicine filed during the 2019 legislative session was the most in at least a quarter century. Through the efforts of the FMA PAC and the FMA lobbying team, the vast majority of these bills were defeated outright while

the remainder were significantly amended from their original versions. Had the FMA not expended a tremendous amount of time and resources fighting this legislative onslaught, the practice of medicine could have been severely affected as follows:



1. APRNs and physician assistants would be able to practice independently without any physician supervision.

2. Pharmacists would be able to diagnose and treat “minor, nonchronic health conditions,” such as the flu,

streptococcus, lice, skin conditions, uncomplicated infections. They also would be able to “collaboratively manage” chronic conditions, such as arthritis, asthma, congestive heart failure, COPD, diabetes, emphysema, HIV, hypertension, obesity and renal disease.

3. Consultant pharmacists would be able to initiate, modify or discontinue medications.

4. Psychologists would be able to prescribe medications, including controlled substances.



5. Physicians would have to refer patients to a chiropractor, acupuncturist, physical therapist or massage therapist prior to prescribing a controlled substance.

6. Coverage for hearing aids for children would be mandatory, but only audiologists would get paid for providing the service.

7. A “Health Innovation Commission” would exist and could grant exemptions that would allow allied health providers to practice beyond their statutory scope of practice, or even practice medicine without a Florida license at all.



8. Any physician who performed any type of office surgery would have to get an ambulatory surgical center license.

9. Physicians would have to provide a “non-opioid directive form” to patients every time they prescribed, ordered or

administered an opioid. Physicians who failed to follow a patient’s non-opioid directive would be subject to disciplinary action.

10. Physician fees would be capped at 200 percent of Medicare for all services in all instances. Of course, insurance companies would be able to pay less than that amount.

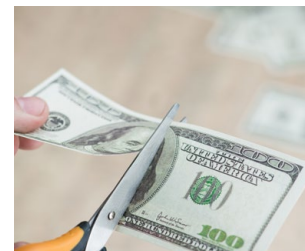
11. Physicians would have to prescribe electronically in all situations, regardless of whether they had the capability to do so. Paper scripts would not be allowed.

12. Personal injury protection benefits under Florida’s no-fault insurance system would disappear. Physicians would have to wait years to get paid, and if the patient had no insurance and didn’t win his or her lawsuit, would not get paid at all.

13. Health insurance companies would receive \$30 million in tax credits for providing telehealth services, but would not have to cover all telehealth services and could pay physicians less for providing telehealth than for providing in-person care.

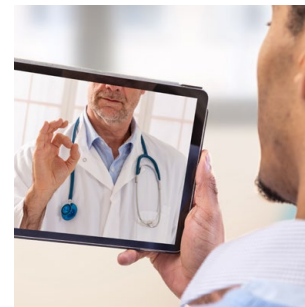
14. Physicians would face increased medical malpractice liability as more patients would be allowed to sue for pain and suffering. Medical liability insurance rates would increase.

15. The maximum that physicians would receive for treating patients injured due to the fault of a third party would be the Medicare rate. If the patient was on Medicaid, the physician would be limited to the Medicaid rate, regardless of whether he or she participated in Medicaid.



16. Physicians would be prohibited from providing any healthcare services to a minor without parental consent. Physicians who did so could be sent to prison for up to a year.

17. Allied health professionals would be able to practice telemedicine in Florida without having to get a Florida license or having to comply with any of the statutes and regulations licensed providers have to meet, and without being subject to disciplinary action for violating any provision of their applicable practice act.



18. Physicians who referred a patient to a healthcare provider who did not participate in the patient’s insurance network would be required to inform the patient in writing and document in the medical records that the provider referred to is out-of-network, and that seeing this provider could result in additional cost-sharing responsibilities. Physicians, rather than patients, would be responsible for determining the network status of all healthcare providers referred to. Physicians who failed to satisfy this obligation would be subject to discipline.