

FLAAEM Sends Director to Tallahassee

Dear Colleagues:

It is hard to believe Florida has had a total of six constitutions since 1838 dating back to before it was granted statehood in 1845, including secession in 1861. The State Capitol gives the appearance of having existed forever unchanged. Luckily, for those of us fighting for legislative reform, it changes continuously.

First of all, it was nothing like *Mr. Smith Goes to Washington* and legislators are not dying to hear our opinions about the medical profession. Despite that fact, each of us should take time to visit and learn about our bicameral Florida State Legislature, particularly if we get the opportunity to do it during the flurry of activity that constitutes the legislative session from March through May. As advocates for integrity in emergency medicine care in the face of the corporate practice of medicine, we should begin by acknowledging that it will take more than a few visits to sustain any of our efforts.

The current session has been filled with enthusiasm for Governor Rick Scott's top priority: the budget and, more narrowly, passing cuts to the state corporate tax rate. It is difficult to imagine how to cause shifts in this preoccupation that would bring us any closer to the ideal of emergency medicine specialists in control of equitable stakes in our practices. It was humbling to be endorsed by you to represent FLAAEM in order to try. Though the sum of my discussions with legislators and lobbyists seemed like a drop in the ocean of the legislative process in Tallahassee, I was honored to take part.

From the moment I arrived in town, the Florida Osteopathic Medicine Association (FOMA) delegation could not have been more helpful. They welcomed me formally and informally and initiated me to the workings of the State Capitol. One of the first conversations we had made clear our groups were closely aligned on support for tort reform and increasing the level of scienter requirement for negligence cases. We recalled that legislative action in 2004 Florida led to voter approval of limiting attorney's fees and banning the 'three strikes you're out' measure regarding malpractice judgments. We can now be grateful a new bill that could further reform medical malpractice in Florida was approved by a House panel in the current session. In brief, the measure requires plaintiffs to meet a greater burden of proof in med mal cases and stiffens penalties for experts whose testimony is determined to be misleading. The Health Care Appropriations subcommittee approved measure, House Bill 479, and it is now up for a general vote in the House. Additionally, Senate Bill 1590 (HB 479's sister bill), which includes requirement that non-Florida licensed physicians to be certified by Florida Board of Medicine, unanimously passed committee is also up for a general vote. I am grateful to FOMA's directors for introducing me to legislators on these committees and hopeful our time with them, together with the efforts of Florida Medical Association (FMA) and others will have a positive effect on the outcome of these initiatives.

We also spent some time promoting the importance of the narcotic drug-database initiative. Several reports have identified that addicts and drug dealers from Ohio to Kentucky have been flocking to Florida to exploit the opportunity our lax narcotic drug dispensation clinics or “pill mills” provide. EDP’s know better than any other provider the burden prescription narcotics represent, beyond the direct threat to lives. We know the risk added by distraction from bona fide emergencies as we struggle with a growing population of drug seekers. Florida will need more than law enforcement sting operations to change our status as a narcotic drug pipeline to the nation. We need improved regulation that could have been compromised by Governor Scott favoring tougher law enforcement alone but moving not to fund the narcotic drug database. That system has been used successfully in thirty-four states to require dispensing be reported to central database in order to detect doctor and ED “shoppers.” The Florida Legislature approved the database two years ago. We can be thankful our collective effort may have helped lead the Governor to reverse himself on the matter as funding the drug database was ultimately approved.

On a sobering note, we saw no significant movement with regard to defining professionalism in our specialty. Physicians not certified by ABEM or ABOEM continue to represent themselves as alternately certified to practice emergency medicine through the American Association of Physician Specialists (AAPS). The historical impact of Florida Board of Medicine decision in 2002 to grant AAPS as a specialty recognizing agency is still a challenge to us. We must continue to partner with FMA, FCEP and FOMA in the effort to challenge Board Certification in Emergency Medicine (BCEM). One key may be, as was pointed out me by a former Florida legislator, to design a study method to systematically investigate practice outcomes that support our cause and present the evidence to legislators in Tallahassee. Public safety is, in fact, at risk, a fact we should be able to prove.

Let me close the summary of our trip by mentioning that several colleagues pledged to continue the work we started. We have set up follow-up meetings with local legislators that lead Health and Human Services Committees or have interests that overlap ours in preserving the integrity of emergency medicine practice. A great deal of work remains and the few issues reviewed here are far from exhaustive of matters important for us to address at FLAAEM. I look forward to hearing other concerns from you and sharing more details of my time at the capitol in our future meetings.

Thank you again for asking me to take part,

LE Gomez MD MBA
Director-At-Large FLAAEM BOD

“Healing is a matter of time, but it is sometimes also a matter of opportunity.”
-Hippocrates

“In order to diagnose, one must observe and reason.”
-Galen of Pergamon