



Florida Chapter

of the

American Academy of Emergency Medicine

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December 22, 2011

Office of Governor Rick Scott
State of Florida
The Capitol
400 S. Monroe St.
Tallahassee, FL 32399-0001

Dear Governor Scott,

As the President of the Florida Chapter of the American Academy of Emergency Medicine, an organization representing ABEM and AOBEM Board Certified Emergency Physicians in the State of Florida, I would like to relay several concerns our members and our organization have with the impending implementation of HB 7095.

We have received many emails from our member physicians expressing concerns that they are neither exempt from HB 7095 nor can they meet the requirements as set forth in the statute.

Emergency physicians across this State treat thousands of patients each day for acute pain. Studies have demonstrated that pain is under treated in the emergency departments across our country.

I understand HB 7095 and its commendable attempts to finally put a stop to the "pill mills" and in preventing fraudulent activity. I applaud this bill, however, emergency physicians must either be included in the exemption clause or we must have a clear signal that we are not required to register.

As emergency medicine physicians, we provide episodic acute care and do not have follow up with the patients we see. As such several of the requirements are simply not feasible for our specialty. Requirements #2, #4, and #5 below are especially onerous for our specialty and are not practical to implement in our practices:

- 1) Full History and Physical exam.
- 2) Development of a written individualized treatment plan for each patient with objective.
- 3) Discussion with patient concerning the risks and benefits.
- 4) A written controlled substance agreement between patient and physician that includes reason for which drug therapy may be discontinued and that controlled substance shall be prescribed by a single treating physician, unless otherwise authorized.
- 5) Regular follow up appointments at least every 3 months to assess the efficacy and appropriateness of treatment.
- 6) Referrals to specialists.
- 7) Maintenance of accurate and complete records on each patient.

There are many conditions we routinely treat in the emergency department that may be chronic in nature, yet present with acute exacerbation. Several examples include sickle-cell disease, chronic pancreatitis, trigeminal neuralgia, vertebral compression fractures, post herpetic neuralgia and many others. My fear and what I predict will happen is emergency physicians will stop treating exacerbations of chronic nonmalignant pain in the emergency department due to their inability to comply with the statute's requirements.

Emergency physicians represent an important safety net for the citizens of Florida and are the only resource available 24 hours per day 7 days per week for many patients who are suffering from exacerbation of their chronic painful conditions. While we applaud the effort to control the pill mills we are looking to you to help us prevent the unintended consequence of further limiting necessary pain control treatment in our emergency departments.

We have received conflicting opinions from legal experts as to whether or not emergency physicians are required to register under this statute. Our organization humbly requests clarification as to 1) whether or not emergency physicians need to register, and, if so 2) would you agree that emergency physicians should be added to the list of exempted specialties.

Sincerely,

A handwritten signature in black ink, appearing to read 'David A. Farcy', with a stylized flourish at the end.

David A. Farcy, MD FAAEM FACEP FCCM
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