



# CAP SCAN

A CAPITAL MEDICAL SOCIETY PUBLICATION

JUNE EDITION, VOLUME 2017, NO. 6

## FLORIDA LEGISLATIVE SESSION ENDS WITH MOST MAJOR HEALTH POLICY ISSUES FAILING

The 2017 Legislative Session came to a dramatic conclusion on May 5 with many health policy issues remaining undecided and failing to advance. After several months of hearings and debate, the failure to act means it is status quo for most of our priority issues. Below is a quick summary of those bills that CMS was monitoring that either passed or failed.

### 2017 Legislative Session Final Report

#### Support Bills:

#### Ambulatory Surgery Centers – (SB 222 & HB 145)

Summary: Bill extends length of stay in an ASC to 24 hours from the start of the procedure. Creates licensure and regulations for Recovery Care Centers that enable patients to stay up to 72 hours.

Outcome: Bill passed the House but passed only one committee in the Senate. Was withdrawn from consideration.

#### Retroactive Denials – (SB 102 and HB 579)

Summary: Bill prohibits insurance carriers from denying claims for patient ineligibility if they have provided a treatment authorization to the physician.

Outcome: Passed the Senate. Passed only one committee in the House. Withdrawn from consideration.

#### Workers Compensation – (SB 1582 and HB 7085)

Summary: The Legislature is being asked to address the 14.5% increase in workers compensation premiums that took effect last fall based on two

Supreme Court rulings that addressed attorney fees and duration of benefits. The FMA is championing decreased litigation through increased access to care and patient choice of treating physician and ancillary services. Our efforts to increase access to care include prior authorization reform and increases in physician expert witness fees and the physician fee schedule.

Outcome: Different versions of the bill were passed by both chambers. They could not agree on final language. The bill was withdrawn from consideration.

#### Maintenance of Certification – (SB 1354 and HB 723)

Summary: This legislation will prohibit hospitals from requiring physicians to participate in MOC in order to maintain staff privileges. The bill also prohibits insurance companies from requiring MOC in order to participate in their networks. The bill differentiates between original Board Certification and MOC, so hospitals and insurers can still require initial certification.

Outcome: Passed one committee in both chambers. Withdrawn from consideration.

#### Right Medicine, Right Time – Fail First – (SB 530 & HB 877)

Summary: This legislation will provide pathways for physicians to bypass fail first protocols implemented by insurance carriers under certain circumstances. The bill also requires more transparency and advanced notification from insurance carriers that want to implement such protocols.

CONTINUED ON PAGE 3

### CAPITAL MEDICAL SOCIETY 2017 MEETINGS CALENDAR

#### June 12, 2017

Connect the Docs Craft Beer Tasting and Tour sponsored by Brett Thompson-Financial Group of Raymond James & Associates  
5:30 - 7:30 pm  
GrassLands Brewing Company  
(603 W Gaines Street, #7)

#### August 26, 2017

Connect the Docs Family Picnic  
11:00 am - 2:00 pm  
Maclay Gardens  
(\$6 entrance fee)

#### September 19, 2017

CMS Membership & CME Meeting  
Genomic Medicine  
Michael Stone, M.D., Stone Medical, PC  
6:00 pm  
Maguire Center for Lifelong Learning  
at Westminster Oaks



# CLINICAL EXPANSION AT FSU COLLEGE OF MEDICINE

By John Fogarty, M.D., Dean, and Daniel Van Durme, M.D., MPH,  
Associate Dean for Clinical & Community Affairs, FSU College of Medicine

The FSU College of Medicine is actively exploring the potential for an interdisciplinary primary-care health center on an FSU-owned parcel of land at 2908 Ridgeway Street in Tallahassee. This is across the street from Sabal Palm Elementary School, and is in a diverse and medically underserved community approximately three miles southwest of the College of Medicine's central campus. At this juncture, we are considering all possibilities on this property, including refurbishing existing space or developing a new facility on adjacent land.

This health center will be the home of a new clinical service line called FSU Primary Health, which joins the existing FSU Senior Health, our four-year old geriatrics consultation practice. We are also piloting FSU TeleHealth in Perry for geriatric consultations in conjunction with Doctors' Memorial Hospital.

An essential piece of the mission of the Florida State University College of Medicine is, "to be

responsive to community needs, especially through service to elder, rural, minority and underserved populations." That interest extends to the central focus of our medical education program – to produce more physicians who will work in Florida's medically underserved communities. This is not something that happens by chance, as patterns in growth of the physician workforce have clearly illustrated for several decades now.

The next step, for us, is to develop a clinical facility where students across all four years have the opportunity for regular and longitudinal exposure to patients whose health-care needs are not being met elsewhere. We are planning a center that will provide integrated primary and behavioral health care with a small group of five or six primary-care clinicians and mental health workers. This will also serve as a teaching center for our students and a clinical home for our faculty. Our business plan is that it will break even and is not designed to be a revenue stream for other College of Medicine functions.

Our current plan includes:

- Community meetings and dialogue with the residents of the neighborhood to learn of their needs and perspectives.
- Meetings with local organizations and agencies to discuss potential partnerships and shared opportunities for community engagement.
- Ongoing dialogue with other interested FSU colleges to discuss inter-professional care and teaching to provide the optimal scope of services to future patients.
- Starting engineering studies and assess land-use issues to determine costs/feasibility of size and scope of potential clinical operations.

We welcome input from the local medical community. Contact [Daniel.vandurme@med.fsu.edu](mailto:Daniel.vandurme@med.fsu.edu).

CONTINUED FROM PAGE 14

(4) Zip your lip when you are tired or stressed. When you have been up all night on call, a harsh word or look can poison relationships with patients, families, coworkers. Much time may be required to repair the damage.

(5) Be calm under fire. This is an acquired skill for warriors like

Navy SEALS, and doctors need it, too. William Osler, the first Chief of Medicine at Johns Hopkins Hospital, wrote an essay entitled "Aequanimitas." A copy of this essay is given to the new medical interns at Johns Hopkins each year. The word means imperturbability and has to do with clear thinking in times of great danger, and good judgment when a life hangs in the balance. None of us was born with

this trait, but we can all pursue it. The long hours of house staff training and the following years of subsequent clinical experience provide us the opportunity to become imperturbable.

In closing, I like to think I am calmer in the trenches now than I used to be. I am still working on zipping my lip.