

2008 Legislative Session in Review

BY TONI LARGE, FCEP LOBBYIST



The 2008 Legislative Session ended on May 4. The budget was the one issue that dominated the political process this Session with a lack of general revenue dollars to finance ongoing projects in our state. Much of the session was devoted to finding ways to cut the state budget, meaning reductions to health care programs across the board. Few projects were spared.

The Legislature also looked for ways to help address the increasing number of uninsured Floridians with SB 2534. With 3.8 million of our neighbors lacking health insurance, the governor spearheaded a proposal that will offer more primary care insurance options at cheaper prices for the individual and small group health insurance market. Also passed this session:

- **SB 2326 CON** - Streamlines the Certificate of Need process for general hospitals, speeding up the time frame for permitting new general hospitals in the state.
- **SB 1648 HIV Testing/Informed Consent** - Allows HIV testing on a patient's blood without patient consent when significant exposure has occurred and the timing of the test is critical in order to treat affected medical personnel.
- **SB 564 AEDs** - Creates greater immunity for businesses that make available automated external defibrillators, as long as the devices are equipped with audible, visual or written instructions on their use. Also removes requirement to register AEDs with EMS medical director but instead encourages notification of their location.
- **SB 1012 Health Insurance Claims Payments** - Revises the assignment of benefit/direct pay safeguard for emergency care providers by including ambulance providers to the list of covered entities entitled to benefit. Shortens the "look-back" period to 12 months

from payment of claims for challenges by HMO or doctors on under- and overpayments. Provides requirements, limitations and procedures for leasing, renting or granting access to participating providers for third parties (silent PPOs).

- **SB 2630 Organ & Tissue Donation** - Updates Florida's Organ & Tissue Donation Program with goal of increasing the number of donors and use of technology to streamline process. Establishes an online donor registration process and revises Florida law to more closely align to the Uniform Anatomic Gift Act. The bill modifies who can authorize or block a donation.

Sovereign Immunity- Communication is Key

Sovereign Immunity for emergency care providers, HB 839 by Representative Ed Homan, was heard in the Florida House of Representatives this year and was an important vehicle, allowing legislative discussion on the crisis we are currently experiencing in emergency departments across our state. Though passage of the legislation did not occur this session, the discussion that surrounded its debate was successful in spotlighting the need to address this issue at a statewide level.

Though session is over, it's time to act. I challenge every member of FCEP to use the summer while legislators are back in their district offices (as well as many new candidates running for office) to educate YOUR local legislator on this issue. Though they hear from your lobbying team and emergency physicians in Tallahassee during Emergency Medicine Days, now is the time to contact them and let them hear YOUR voice at home. Help them understand this is a pressing issue in their own backyards and in their own community.

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Individual appointments by our FCEP members with their state elected officials are key in educating them on this important issue that must be addressed to assure patient access to quality emergency care. Take the time this summer to invite your state senator or state representative to visit your emergency department and experience firsthand the problems and complex issues that our sovereign immunity bill, if passed, will help to alleviate. Or take the time to meet with them at the legislative office. Or even take a Saturday and go on a campaign walk on their behalf.

Communication is key to accomplishing this legislative goal. We continue to encourage each FCEP member to donate to the Emergency Physicians of Florida CCE, and our associates to donate to People for Access to Emergency Care CCE. Both CCEs are used by FCEP to make donations to pro-emergency medicine candidates running for these elected offices and make sure friends of medicine are elected to office. On the FCEP website you can make a donation, and if you

contact the FCEP office, they will be happy to provide contact information for your legislators.

The challenge is yours to take, and one that is essential as we wage the war on behalf of our patients to preserve access to quality emergency care in our state. Let those voting on your behalf at the Florida Capitol know that this issue is important to you, will help you assure life-saving care is received by your patients, and is necessary in addressing the crisis in Florida. Use this opportunity to add to FCEP's list of key legislators that will stand with us during the 2009 Session and work to push this over the finish line and create an environment in Florida where physicians choose to practice in our state and in our emergency departments. Team work will help us succeed, and we need every member of FCEP to be part of our legislative team and to communicate our message to legislators. And, as always, me and the FCEP team are here to help you. Just give us a call and we will be more than happy to help facilitate a meeting on your behalf.

“AN EMERGENCY MINUTE” (Continued from Page 30)

I believe that emergency physicians often feel a pressure from the patient to do a large number of tests and prescribe unnecessary narcotics and antibiotics and saying “no” is akin to denying candy to a child. “Of course” and “Why not?” are promises which lead to good times, high patient satisfaction and monthly bonuses. How many of us can rattle off the costs of the tests we order, or give an estimation of the medical bill at the end of the emergency visit? Have you ever ordered a “special” at a restaurant which was not presented with a linked price, only to receive a “special” bill at the end? In better times, a friend of mine went to the ED with a twisted ankle, only to receive a bill for \$1,500 (which included \$18 worth of Ibuprofen). Another friend of mine received “the works” for abdominal pain and was discharged from the ED to receive a bill of \$12,000. That's a lot of gas at the

pump.

Before we address the larger, complex issues of financing healthcare, the state's role in providing health to all residents, malpractice issues, and other delightfully titillating intellectual quandaries, it may be worth our time to start at the very bottom of the heap, at the person who it's all about - our patient. It is my hope that we take a baby step, an emergency minute, a pause to consider who this patient is and what our responsibilities to this patient are. Before, of course, we launch off with big, bold moves like electing presidents or letters to the governor or whatever. Who is your patient?