



Florida Orthopaedic Society **2017 Position Statement Overview**

1-24-17

Support:

Ambulatory Surgery Centers and Recovery Care Centers – SB 222 (Steube) HB 145 (Fitzenhagen) - Expands ASC Services providing that patients must be discharged within 24 hours (eliminates no overnight stay language). This is similar to the definition used by the Federal Government (CMS) as well as a majority of the states across the US. Creates Recovery Care Centers and provides statutory framework for Recovery Care Centers with a limited stay of up to 72 hours. Requires all RCC's to include patient education, nutrition, pharmacy, and additional required services to comply with state law.

Oppose SB 232 Grimsley. SB 232 adds unnecessary and expensive regulatory burdens to ASCs that keep patients less than 24 hours.

Attachment 1: ASC Regulations

Attachment 2: ASC Cost Savings

Prior Authorization and Administrative Simplification – SB 102 (Steube) HB 579 (Hager) - The FOS supports legislation that eliminates the ability of insurance carriers to retroactively deny claims when they have provided a physician with authorization and the physician renders that service in good faith.

Patient Clarity and Transparency Protections – The FOS supports legislation that will provide transparency on medical treatment guidelines insurers use to make coverage decisions; prohibit carriers from denying claims if authorization is provided for a specific procedure, but the procedure ultimately performed to alleviate or diagnose a medical condition could be reasonably substituted based on medical standards in the community, existing medical literature, or practice guidelines; prohibit carriers from implementing prior authorization procedures for physicians who are on-call and responding to consultation and treatment requests for patients who are admitted or in observation and need acute care. Insurers have expanded utilization of all of these tactics which causes confusion, frustration, and shifts financial burden to patients. Patients are often unaware or find out after the fact that their insurance company has denied medically necessary care due to hidden coverage decisions or procedural roadblocks.

Workers Compensation Reforms –Florida has the lowest Workers Compensation Patient Satisfaction scores compared to all of the states studied according to research from the Workers Compensation Research Institute. Poor patient experiences in the Workers Compensation system leads to increased litigation. According to NCCI, 25% of injured workers seek legal representation to guide them through the system. The FOS believes litigation can be reduced and return to work enhanced by providing greater access to quality care by addressing physician reimbursement and more freedom for patients to select their treating physician. Reimbursement for physician services in Florida is the lowest in the nation and due to carrier selection of treating physicians, actual reimbursement is often below Medicare levels according to WCRI. The statutory timelines for responding to treatment authorization requests should be tightened to facilitate timely provision of care and rapid return to work.

Attachment 3: Physician Reimbursement in Workers Compensation

Attachment 4: Patient Satisfaction in Workers Compensation

Maintenance of Certification – HB 723 (Gonzalez) The FOS supports legislation that prohibits the Board of Medicine, Department of Health, a health care facility, or an insurer from requiring maintenance of certification or recertification as a condition of licensure, reimbursement, employment, or admitting

privileges for a physician who practices medicine and has achieved initial board certification in a subspecialty as recognized in the Florida Statutes.

Oppose:

PIP Repeal – SB 156 (Brandes) – The FOS supports maintaining the current automobile no-fault system due to the potential harm that can be caused to our emergency and trauma system in return for minimal financial relief for consumers. The Pinnacle study released last fall notes that drivers in Florida would save \$82 a year with the repeal of PIP. However, without PIP or some other form of mandated emergency med pay coverage, more injured drivers and passengers would rely on commercial insurance to cover the cost of their medical care while they litigated fault in the accident. Most patients carry commercial coverage with far higher deductibles and co-pays that would have to be utilized for care currently provided under their PIP benefit. Emergency Physicians and On-Call Specialists would likely face increased unfunded care and extended delays in reimbursement as fault is determined in each accident. While the current PIP system is far from ideal, it does provide a relatively in-expensive medical benefit that contributes significantly to our current trauma care system.

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