

FCEP is the 4th largest chapter of ACEP representing 2,100 members.

1. Proper and transparent use of the title "Physician".

SUPPORT

HB 0583 by Rep. Massullo: Health Care Practitioner Titles and Abbreviations

SB 0230 by Sen. Harrell: Health Care Practitioner Titles and Designations

- Practitioner's who mislead, deceive, or otherwise misrepresent their educational degree or professional ability by misuse of titles should be considered to be practicing without a license.
- A practitioner's name tag must include his or her name and profession when treating or consulting with a patient unless the practitioner's license is prominently displayed, and the practitioner verbally identifies to all new patients by name and profession.
- Any advertisement naming a practitioner must include the practitioner's profession and educational degree.

2. Health insurance identification card transparency for consumers.

SUPPORT

HB 1545 by Rep. Stevenson: Health Insurance Identification Card Transparency

SB 1500 by Sen. Brodeur: Health Insurance Identification Card Transparency

- Modifies what must be included on health insurance and pharmacy benefit identification cards to include the type of plan (whether federal or state regulated) and a QR code for patients to access web resources.
- This legislation would help identify the regulation of each plan, and who to go to for help if the consumer is at an impasse with their insurer for their contractual obligations.
- Texas (SB 1264) and Illinois (SB 3910) have both passed laws that create health insurance identification card transparency for consumers.

3. Fair Pricing of prescription medications and accountability of PBMs through comprehensive reform legislation.

SUPPORT

HB 1509 by Rep. Chaney: Prescription Drugs

SB 1550 by Sen. Brodeur: Prescription Drugs

- Six in 10 adults report taking at least one prescription medication and see their pharmacist twice as often as any other health-care provider.
- Middlemen in the U.S. prescription ecosystem known as pharmacy benefit managers, or PBMs, put profits over patients by engaging in harmful practices that restrict both patient access to their local pharmacist and access to low-cost generic drugs.
- PBMs leverage the collective buying power of their health plan enrollees to negotiate drug prices, purportedly to save money for the organizations they represent.
- Enabled by a lack of oversight, PBMs engage in "spread pricing," where they charge health plans and consumers more than they reimburse the pharmacy and keep the difference, or "spread," as profit.
- Current PBM practices drive up patient costs.

4. Physician-led care teams in all aspects of healthcare.

OPPOSE

HB 1067 by Rep. Giallonbardo: Autonomous Practice by Advanced Practice Registered Nurses

SB 1058 by Sen. Rodriguez: Autonomous Practice by an Advanced Practice Registered Nurse

- A Medical Doctor must complete 4 years of medical school followed by 3 or more years of graduate medical education, which includes at least 15,000 clinical training hours. To compare, Advanced Practice Registered Nurses (APRNs) are not required to complete any training beyond graduate school and obtain only 500 - 1,500 clinical training hours.

- Even in the states where APRNs can practice independently, research shows that they have not changed their practice location and have not alleviated the shortage problems in rural areas.
- APRNs are not Trained to Practice Specialty Medicine.
- APPs are 34% more likely to order imaging studies and ancillary tests than physicians, and 1.8x more likely to inappropriately refer patients to specialists, increasing the cost of care for patients. Patients with an APP spend, on average, \$43 more a month than patients with a PCP.

5. Ensure reimbursement of emergency care remains timely if PIP is repealed.

OPPOSE

HB 0429 (Alvarez) & SB 0586 (Grall): Motor Vehicle Insurance

Replacing Florida's PIP system with a BI system could:

- Create a real battle of "who pays?" between insurers.
- Drive the cost of coverage up by 5.3%, or \$67/year, for certain drivers.
- Cost shift \$470 M towards private health insurers (which would get passed to consumers through higher health insurance premiums).
- Lead to even more personal injury auto claims from the end of "no fault" law.

PIP's biggest asset is that it assures prompt payment to emergency physicians who provided mandatory care for injured motorists and especially uninsured motorists. **If PIP must be repealed, we would support it under the following conditions:**

- The \$5,000 physician set aside language, key to assuring liens do not give hospitals priority access to Medical Payment funds. This language is included in this year's bills.
- **Drivers should "opt out" in writing from the purchase of Medical Payments coverage. The language in this year's bills is weaker, requiring a mandatory "offering" for the purchase of medical payments insurance coverage.**

FCEP ALSO SUPPORTS

HB 267 & SB 298: Telehealth Practice Standards (Fabricio/Amesty/Porras/Rizo/Boyd'

HB 121 & SB 246: Florida Kidcare Program Eligibility (Bartleman/Calatayud)

HB 825 & SB 568: Assault or Battery on Hospital Personnel (Berfield/Rodriguez)

HB 183 & SB 112: Step-Therapy Protocols for Mental Illness (Gonzalez-Pittman/Harrell)

HB 517 & SB 274: Pathway for Military Combat Medics Act (Rudman/Avila)

FCEP ALSO OPPOSES

HB 401 & SB 604: Sovereign Immunity (Beltran/Gruters)



Legislative Reception

Wednesday, March 29

5:00 pm - 6:30 pm

Rootstock - Blue Room

228 S Adams St, Tallahassee, FL 32301