



EMERGENCY MEDICINE DAYS 2021: *VIRTUAL ADVOCACY*

April 8-9, 2021
FREE EVENT

REGISTER NOW 

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Support our Advocacy Efforts Donate to our Political Action Committees (PAC)



Help us fight for pro-emergency care legislation by donating to FCEP’s political action committees (PAC). Emergency Medicine Days cannot be successful without your continued support.

DONATE NOW



Dear FCEP Members,

Welcome to Emergency Medicine Days 2021. Over the past year, we have navigated the most challenging times for our patients, our specialty and ourselves. Now, we are witnessing lower case counts and fatalities and increasing vaccination rates that will move us beyond this crisis, but we are still dealing with complex workforce issues that threaten our specialty's existence. Thus, our work on advocacy and government relations remains a vital cornerstone of FCEP's service to its members and the house of medicine.

The Florida legislature was forced to utilize various pandemic precautions this year to ensure the safety of our elected officials, staff and guests as they continue the daily work of state government. Likewise, your FCEP Government Affairs team conducted its own virtual remix for our advocacy in Tallahassee and made great changes to this year's program. We adjusted the agenda and the dates to bring you the most relevant information and program at the best time for the issues in play during this year's state legislative session.

FCEP's work before and during this year's legislative session has been solid and will continue through its conclusion. From testimony and advocacy on key pieces of legislation, such as personal injury protection and the reimbursement safety net in auto insurance law changes, to monitoring a myriad of health policy and regulatory matters, such as infringements on our scope of practice—we are set up for success.

We hope you will join us for this series of virtual but vital meetings to learn more and ensure our voice and the needs of emergency medicine are heard clearly by key leaders in government. This year's program includes a look into agency advocacy efforts that are important to achieving success on key issues when a regulatory or legal solution is the path forward in lieu of legislation. And, we are doing all we can to nail down quick advocacy calls with key legislators.

Using the FCEP 2021 Priority Issues Legislative Briefing and other links we provide, you can proudly and creatively share the story of our healers' work, in our 50th year and during the global pandemic, as we bring forth the right solutions and policies for the best patient outcomes and delivery of quality emergency medicine and health care policy for all Floridians in the better years to come.

Thank you for your input, involvement and support of EM Days 2021. We will see you virtually on April 8-9, 2021, and in person very soon.

Sincerely,



Damian Caraballo, MD, FACEP
*Vice President & Government
Affairs Committee Co-Chair*



Blake Buchanan, MD
*Government Affairs Committee
Co-Chair*



RON DeSANTIS
GOVERNOR

EMERGENCY MEDICINE DAYS IN FLORIDA

WHEREAS, Florida is committed to empowering its residents to reach their full potential and lead healthy lives; and

WHEREAS, emergency medicine is a specialty dedicated to the diagnosis and treatment of unforeseen illness and injury, as defined by the American College of Emergency Physicians; and

WHEREAS, emergency personnel are dedicated to providing lifesaving medical care and improving their communities by playing a critical role in caring for Floridians in need; and

WHEREAS, emergency physicians contribute to the planning and provision of emergency medical care by strengthening all-hazards preparedness and disaster response capabilities; and

WHEREAS, Florida's emergency medical personnel receive extensive training and continuing education to ensure that every resident and visitor will receive the highest standard of emergency care; and

WHEREAS, the Florida College of Emergency Physicians has been serving and training emergency physicians, health care providers, and first responders across our state for 50 years; and

WHEREAS, Florida's emergency medical personnel have proven to be invaluable, front line leaders in the fight against the COVID-19 virus; and

WHEREAS, Emergency Medicine Days in Florida is an opportunity to recognize those who dedicate their lives to providing medical care and improving our state and nations communities.

NOW, THEREFORE, I, Ron DeSantis, Governor of the State of Florida, do hereby extend greetings and best wishes to all observing April 8-9, 2021, as *Emergency Medicine Days in Florida*.



IN WITNESS WHEREOF, I have hereunto set my hand and caused the Great Seal of the State of Florida to be affixed at Tallahassee, the Capital, this 8th day of April, In the year two thousand twenty-one.


Governor



Conference Agenda

All events will take place virtually

Thursday, April 8, 2021

2021 Priority Issues Discussion with FCEP Leaders

10:00 am–11:00 am

**REGISTER
NOW** 

FCEP's government affairs leaders will welcome all members and review our priorities for this Legislative Session. The floor will open up for Q&A at the end.

By **Drs. Damian Caraballo & Blake Buchanan**, *Government Affairs Committee Co-Chairs*; **Toni Large**, *Lobbyist*; **Jon Dolan**, *Executive Director*

Lobbying 101 Virtual Lunch

11:30 am–12:30 pm | 1.0 CME available

**REGISTER
NOW** 

Never met with a legislator before? Come and learn from the experience of experience over lunch with fellow members! A digital gift card will be provided to attendees that sign up for this session.

Accreditation Statement

ACCME: This activity has been planned and implemented in accordance with the accreditation requirements and policies of the Accreditation Council for Continuing Medical Education (ACCME) through the joint providership of the Emergency Medicine Learning and Resource Center and the Florida College of Emergency Physicians. The Emergency Medicine Learning and Resource Center is accredited by the ACCME to provide continuing medical education for physicians.

AMA: Emergency Medicine Learning and Resource Center designates this Internet live activity for a maximum of 1.0 *AMA PRA Category 1 Credit™*. Physicians should claim only the credit commensurate with the extent of their participation in the activity.

Agency Advocacy Virtual Meetings

1:00 pm–3:00 pm

**REGISTER
NOW** 

State agency representatives from AHCA and more will outline their priorities this Session and stick around for Q&A with members afterwards.

Invited agency representatives include: **Beth Kidder**, Deputy Secretary, Division of Medicaid; **Melissa Vergeson**, Bureau Chief of Medicaid Quality; **John Reilly**, Deputy Commissioner of Health & Life, Office of Insurance Regulation; **Dr. Shamarial Roberson**, Deputy Secretary, Florida Department of Health, speaking on DOH's new Community Paramedicine Initiative

Friday, April 9, 2021

Legislative Advocacy Virtual Meetings

Varied times, TBD

Meet with a legislator via Zoom to talk about issues affecting emergency medicine. Due to scheduling at the Capitol, appointment times with legislators will vary. FCEP staff will aim to schedule appointments on Friday, April 9, but some meetings may happen on a different date. **You must register for an EM Days Session in order to meet with a legislator.**



EMERGENCY MEDICINE DAYS 2021:

LEGISLATIVE BRIEFING ON PRIORITY ISSUES

Dear FCEP Members,

Your Government Affairs team is pleased to be advocating for you and our specialty in 2021. While there have been changes and challenges in Tallahassee, from no in-person lobbying at the Capitol to a pandemic-driven budget, they pale in comparison to what you all have faced as emergency physicians during the global coronavirus pandemic.

This is the year to share your story with your legislators as best as you are willing and able to. Know that your FCEP leaders and staff remain on message, working hard and smart on all the issues we care about and that will have a positive impact on our specialty in this our 50th year.

In my 25 years in government affairs and serving as both a legislator and lobbyist, I know we can get the attention we need on the issues that matter most to the healers that you are. Please know that despite partisan divides and difficult public policy debates, the great majority of elected leaders do appreciate your service, take their own service seriously, are people just like us who want to hear from you.

Please enjoy this useful 2021 Legislative Briefing on Priority Issues and share your thoughts with us on these and other issues that are important to you. Finally, please know that *advocacy counts and works!* So, join us for our Virtual Emergency Medicine Days on Thursday, April 8 and Friday, April 9, 2021.

Gratefully,



Jonathan Dolan
Executive Director

2021 PRIORITY ISSUES

1

PIP Repeal

3

Scope of Practice
Expansion

5

MAXIMUS and
the IDR Process

2

COVID-19 Liability
Protections

4

Pelvic Consent
Law

6

“Healthcare Heroes”
License Plate

1

PERSONAL INJURY PROTECTION (PIP) REPEAL

BACKGROUND

Legislation has been filed to repeal Florida's mandatory Personal Injury Protection (PIP) on auto insurance coverage and replace it with mandatory Bodily Injury (BI) coverage at higher limits. Additionally, the legislation seeks to repeal Florida's "no fault" accident provisions in the law, which would make at-fault drivers and their insurance provider liable for any damages they cause.

These proposed "reforms" are common in nearly all other states, but Florida has had a hard time moving the legislation forward due to conflicts among auto insurers, health insurers and personal injury attorneys.

How this affects emergency physicians: PIP's biggest asset is that it assures prompt payment to emergency physicians who provided mandatory care for injured motorists and especially uninsured motorists. The PIP system is working for us.

THE DATA

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

BILLS MOVING FORWARD

HB 0719: Motor Vehicle Insurance



Rep. Erin Grall (R)
House District 54
Serving St. Lucie & Indian River counties

- \$5,000 physician set-aside
- Drivers must "opt out" in writing from med pay purchase
- No clarity on coordination of benefits process

[Bill Details](#) 

SB 0054: Motor Vehicle Insurance



Sen. Danny Burgess (R)
House District 54
Serving St. Lucie & Indian River counties

- \$5,000 physician set-aside
- Mandatory "offering" of med pay to uninsured drivers
- No clarity on coordination of benefits process

[Bill Details](#) 

WHAT WE NEED

Any change in coverage needs to preserve first dollar coverage for the care we provide.

We must ensure the 2.8 million Floridians without proof of health insurance are required to purchase or opt-out of Medical Payments coverage, similar to the coverage mandated under the current PIP laws. This way, our physicians, all healthcare systems and Floridians are not adversely impacted with the unintended consequence of carrying the burden of those not covered by health or auto insurance to pay their medical bills.

1) More clarity on first dollar coverage: The health insurer must pay us and reconcile with the auto insurer later, if and when fault is established. This way, patients and providers will not be caught in the middle of any fault or payment of benefits dispute. The necessary language of the coordination of benefits is needed, proscribes the payment process and is how the BI system works in other states.

» *An early win on this issue...* is the \$5,000 physician set-aside language in both bills, which is key to assuring liens do not give hospitals priority access to Medical Payment funds.

2) Better policy: While the “offering” or “opt-out form” for medical payments coverage, in the Senate and House versions of the legislation respectively, is a good start, FCEP advocates a mandatory purchase of this coverage if a customer has no proof of health insurance coverage.

3) More fairness: The Independent Dispute Resolution (IDR) process must ensure a mandatory and fair fight for this and other billing issues. FCEP’s work on this issue applies to this and other billing issues.

OUR STRATEGY

- Promote these messages and amendments to strengthen the legislation.
- Secure the \$5,000 physician set-aside in the legislation.
- On January 26, 2021, Jon Dolan testified on SB 54 in Tallahassee. [Read More](#)
- In February, Jon Dolan, Toni Large and Dr. Daniel Brennan met virtually with Sen. Burgess to express our concerns and promote our amendments.
- On March 10, 2021, Jon Dolan testified on HB 719 in Tallahassee.
- Now, we are adjusting our strategy for passage of some version of the measure. While the bill may not pass due to complexity and controversy, especially with the “no fault” provisions, it has more agreement than before, so we must work hard and smart.

2

COVID-19 LIABILITY PROTECTIONS FOR HEALTHCARE PROVIDERS

BACKGROUND

While many states acted to provide liability protection for healthcare providers through executive order or legislation earlier in the pandemic, others did not. Now, many states, like Florida, are considering these protections for healthcare providers and impacted businesses during their legislative sessions.

State Sen. Jeff Brandes and Rep. Colleen Burton filed versions of “COVID-19 Liability Protections” seeking to protect Florida businesses (restaurants, gyms, etc.) and all healthcare facilities and providers. The trial bar and certain advocacy groups challenged such protections, but were ultimately unsuccessful.

The initiatives cleared the House and Senate as one bill with minor amendments, and Governor DeSantis signed it into law on March 29.

FCEP supports the expansion of these protections to our physicians and other providers who acted in a reasonable manner to serve and protect their patients.

WHAT FCEP DID

- While organizations like the FHA (hospitals) and FHCA (Long Term Care) worked at the forefront, garnering the most media attention and amendment activity common in such a debate, FCEP’s government relations team worked with key players in the background, learning that there would be one bill and that the measure *would* move through each house.
- FCEP continued supporting key players and the House of Medicine as the bills moved through their respective committees.

BILLS MOVING FORWARD

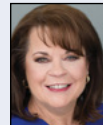
SB 72: Civil Liability for Damages Relating to COVID-19



Sen. Jeff Brandes (R)
House District 24
Pinellas county

[Bill Details](#) 

CS/HB 7005: Civil Liability for Covid-19-Related Claims Against Certain Health Care Providers



Rep. Colleen Burton (R)
House District 58
Hillsborough county

[Bill Details](#) 

Key components of both bills are on the next page >

KEY COMPONENTS INCLUDED IN THE FINAL COVID-19 LIABILITY BILL

- Healthcare facilities and professionals have a special duty to patients and residents in their care. The bill applies to claims under existing medical malpractice and long-term care laws related to:
 - Contracting COVID-19
 - Delay/omission in scheduling surgery caused by the pandemic
 - Injuries in emergency care caused by the pandemic
 - Treating COVID-19 patients with new or experimental therapies
 - Injuries from the exacerbation of pre-existing conditions by COVID-19
- Plaintiffs who file a COVID-19-related lawsuit must prove that the healthcare provider's conduct constituted gross negligence or intentional misconduct.
- Claims must be filed within one year after the date of death, hospitalization, or first diagnosis of COVID-19. The bill establishes procedures to filter out claims that have insufficient factual support.
- Current law provides different procedures for negligence claims against nursing homes and assisted living facilities than for other types of healthcare providers, such as doctors and hospitals.
- The bill would take effect upon becoming a law and applies retroactively, except to defendants named in lawsuits filed before the effective date of the bill.
- The liability protections will apply until one year after the termination or expiration of the state public health emergency relating to COVID-19, or any nationwide emergency declaration by the Federal Government; whichever is later.

Claim Requirements

- *Third Party Claims:* will require a physician's affidavit to support a plaintiff's claim, i.e. that the plaintiff contracted the coronavirus on the defendant's premise. Further, the plaintiff must prove the defendant failed to make a good faith effort to comply with applicable government guidance at the time of exposure. Finally, the plaintiff must prove by clear and convincing evidence that the defendant's actions were at least grossly negligent.
- *Patient Claims:* will require the plaintiff to prove the defendant's actions were at least grossly negligent. Defendants have an affirmative defense that they followed government guidance. The court must consider the effects of the COVID-19 pandemic on the standard of care.

3

SCOPE OF PRACTICE EXPANSION FOR ADVANCED PRACTICE PROVIDERS

BACKGROUND

FCEP continues its diligent and passionate work opposing scope of practice legislation that is unsafe for patient care, unnecessary for quality outcomes, and unfair, especially if the expressed intent of the expansion does not meet the reality or promises made for its promised use.

Unfortunately, last year saw key legislative leaders relent on the nurse practitioner (NP) issue. The bill signed into law granted certain groups of NPs autonomous practice in primary care settings. This year, bills have been introduced for both NPs and physician assistants (PAs) to practice autonomously throughout Florida, regardless of specialty. While alarming, many of these bills will not advance.

The legislation that *is* moving forward is SB 894. The Senate Health Policy committee amended it to remove the autonomous practice language and instead lift the cap on the number of PAs a physician can supervise. There was some hesitation from legislators regarding the quality of care Floridians would be receiving, but the proposal passed with a 7-3 vote. The measure has two more committees to clear and similar House versions have yet to be heard.

WHAT WE NEED

Clarify the definition and application of “supervision” to make the statute match the reality of the healthcare setting. This way, any passage allows the right approach and use of PA’s with direct or indirect supervision, allowing the physician-led team approach to be paramount versus unwarranted and unsafe independent practice.

BILLS MOVING FORWARD

SB 0894: Physician Assistants



**Sen. Manny Diaz
(R)**
House District 36
Miami-Dade county

- ☐ No autonomous practice language
- ☐ Lifts the cap on the number of PAs a physician can supervise

[Bill Details](#) 

NOT MOVING FORWARD

- HB 111: Autonomous Practice by an APRNs (Maggard)
- SB 424: Autonomous Practice by APRNs (Brandes)
- HB 431: Practice of PA’s (Rommel)
- HB 1299: Autonomous Practice by PA’s (Rizo)

OUR STRATEGY

- FCEP continues to pull every lever and use every fact and resource to oppose unwarranted, unnecessary and/or unsafe scope of practice expansions.
- Before any further scope of practice expansion bills pass, it is prudent for legislators to evaluate last year's law based on the intent and promises made, as well as the impact to healthcare.
 - What has the new NP law accomplished? If the goal was to increase access to primary care, did that actually occur?
 - If expansion of primary care into rural areas was the intent, are we seeing that outreach? Or are autonomous NPs expanding in wealthy areas, suggesting the push was for NP use in cosmetic clinics and/or independent practice?
 - What consideration is being given to the hospital quality of care and physician workforce issues brought about by these changes and the global pandemic?
 - What metrics have been or will be established for patient safety, quality and outcomes related to NP or PA expansion goals?

DATA & TALKING POINTS

As evident by their training requirements and data from other states, **NPs and PAs were never meant to practice outside of a collaborative, physician-led team.**

Before seeing their first patient independently, physicians receive:

4 years of graduate-level education averaging 5,000 hours of clinical training	+	3 years minimum of residency training averaging 8,000-10,000 hours of clinical training	+	11 years minimum of college-level education and 13,000-15,000 hours of clinical training
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In contrast, physician assistants receive 2-2.5 years of graduate-level education averaging 2,000 hours of clinical training and nurse practitioners receive 2-4 years of graduate-level education averaging 500-1,500 hours of clinical training. The bill passed last year requires NPs to earn just 3,000 hours of clinical practice under physician supervision before applying for autonomous practice.

Data from other states show:

- NPs/PAs order more imaging and ancillary tests than physicians, driving up the cost of care for each patient
- NPs/PAs are 1.9x more likely to inappropriately refer patients to specialists, driving up the cost of care for each patient
- 85% of NPs work in metropolitan counties while only 5.5% practice in rural counties

4 PELVIC CONSENT LAW

BACKGROUND

Last year, a bill was passed requiring written consent in lieu of verbal consent for pelvic examinations. Over the summer, FCEP worked with coalition partners to address some deep concerns with the implementation of this bill.

Our Concerns:

- Clarification of terms:** The language used in the 2020 bill did not align with prior statute and created confusion. For example, a practitioner doesn't know if the "pelvic examination is immediately necessary to avert a serious risk of imminent substantial and irreversible physical impairment of a major bodily function of the patient" until after the exam has been performed.
 - What we asked for:** The pelvic exam language should track back to s. 395.002(9), which defines emergency treatment and care.
- Potential delays in care:** Getting verbal consent in the ED gave practitioners the opportunity to provide real-time reassurance and education through "casual" conversation. The written consent process puts a halt to the traditional physician/patient medical exam by forcing the practitioner to stop and bring in non-clinician staff with additional forms. In an emergency setting where time is of the essence, this process delays care unnecessarily, and may even scare patients into declining the procedure altogether.
 - What we asked for:** A single, general consent specifying that a pelvic may or will be performed should be used as opposed to requiring a separate, unique for the pelvic examination.

THE OUTCOME

Needed corrections were made, and now the Senate version of the new legislation has passed unanimously through the Senate Health Policy Committee. FCEP has and will continue to use its advocacy, policy influence and expertise to advance this legislation and fix the glitches with the 2020 law.

BILLS MOVING FORWARD

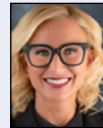
HB 0316: Consent for Pelvic Examinations



Rep. Evan Jenne (R)
House District 99
Broward county

[Bill Details](#) 

SB 0716: Consent for Pelvic Examinations



Sen. Lauren Book (D)
House District 32
Broward county

[Bill Details](#) 

- Revises definition of "pelvic examination"
- Revises circumstances under which a pelvic exam may be performed without written consent
- Authorizes written consent to be obtained as part of a general consent form
- Allows multiple healthcare practitioners or students to perform the examination

5

MAXIMUS AND THE INDEPENDENT DISPUTE RESOLUTION PROCESS

BACKGROUND

In the 2016 Legislative Session, FCEP, in good faith, agreed to legislation that would ban physicians from balance billing insured patients treated in the emergency department in return for appropriate reimbursement, as defined by statute, from the insurer. The bill “requires insurers to provide coverage for emergency services without a prior authorization determination and regardless of whether the provider is a participating provider.”

The 2016 bill created an independent dispute resolution (IDR) process for physicians and insurers to resolve payment disputes. Several physician groups have utilized this Statewide Provider and Health Plan Claim Dispute Resolution Program, referred to as MAXIMUS, which is housed at AHCA.

MAXIMUS has often ruled in favor of physicians. Consequently, health insurers are “opting out” of the process, claiming a loophole is available to allow them to decline participation because of past case law. Now, physicians sometimes have no easy way to challenge underpayments because of the insurer’s claimed ability to resist or refuse participation in the IDR process.

WHAT WE NEED

To clarify if the statute or case law does or does not allow parties to opt-out of the IDR process.

OUR STRATEGY

- Our “Virtual Insurance Summit” last December highlighted this issue for agency heads and legislators. Three different specialty physician groups who are facing unintended consequences of well-intended laws and/or “insurers behaving badly” presented examples of what they are experiencing. All are in need of agency, regulatory or legislative changes to allow the process to work as intended for patients and providers.
- FCEP sought bill sponsors for an IDR fix that would require insurers to participate in the IDR process this session. Unfortunately, we discovered that our simple fix is not so simple, at least not this session and without an agency or court opinion supporting our case. We continue to make the case to AHCA & OIR, and you can help us do that during this year’s EM Days virtual meetings.
- FCEP will make this a 2021 agency advocacy priority and a 2022 legislative priority. We encourage our physicians to utilize the IDR / MAXIMUS process and even take an “opt out” case to court in order to clarify the law.

6

“SUPPORT HEALTHCARE HEROES” LICENSE PLATE

BACKGROUND

Healthcare workers have borne the brunt of so many challenges and tragic circumstances during the global pandemic. Honoring them with a specialty license plate that says “Support Healthcare Heroes” is a worthy endeavor that FCEP Board Member, Dr. Rajiv Bahl, encouraged us to pursue this session.

- **Design:** The plate was designed to be inclusive of all healthcare specialties and families. We believe the stethoscope with a heart and first aid cross symbols, paired with a calming blue color scheme and “Support Healthcare Heroes” message, will meet the needs of the department and the public.



It is a broad and appealing design that can garner support while avoiding any specific opposition or offense to any medical specialty.

- **Funding Repository:** By targeting any funds raised (est. \$250K annually) to the Florida DOH Emergency Medical Services Trust Fund, we can provide financial support for EMS and promote the care that is so essential to the safety of all Floridians before, during and after the pandemic.

OUR STRATEGY

FCEP is working with Sen. Gayle Harrell to promote the legislative language that will be included in a larger transportation bill and hopefully passed this session. Although this is a non-controversial issue, we must compete for legislative calendar time and prioritization in a busy session to get this passed and signed into law. If we cannot pass it this session, we will promote the plate in the next session.

ADDITIONAL BILLS WE'RE MONITORING

SB 614 & HB 1625: Assault & Battery on Hospital Personnel

This bill extends protections and minimum sentences, to all hospital personnel, the protections already in law and granted to law enforcement officers, firefighters, emergency medical personnel and public transit officers.

» **Our Position:** *FCEP supports the extension of these protections to other healthcare workers.*

SB 1976 & HB 1157: Freestanding Emergency Departments

Prohibits freestanding emergency departments from holding itself out as an urgent care center and requires signage and website references to say the same.

» **Our Position:** *FCEP understands the need for transparency in communications and accuracy for equitable reimbursement based on the care needed and setting required.*

CS/HB 183: Office of Minority Health & Health Equity

Requires one representative from each county health department to serve as a minority health liaison at the Office of Minority Health & Health Equity and develop statewide policies, programs and practices that will increase health equity in this state.

» **Our Position:** *FCEP supports the statewide implementation of initiatives that will increase health equity, particularly for racial and ethnic minority populations that are exposed to more negative social determinants of health and adverse experiences, placing them at greater risk for life-threatening medical and behavioral conditions.*

SB 1084 & HB 805: Volunteer Ambulance Services

Authorizing certain volunteer and NFP Ambulance service personnel to use emergency lights to respond to calls and exempts them from certificate of public convenience and necessity requirements.

» **Our Position:** *FCEP understands and respects the need for religious and ethnically appropriate care and communication. They and their EMS members advise all ambulance providers to attain ALS and BLS certifications appropriate for EMS transport and ensure proper training according to state standards.*

SB 388 & HB 697: Injured Canines

Authorizes licensed life support services to transport and EMS personnel to treat canine officers and provides liability protections for the same.

» **Our Position:** *FCEP understands the respect and care needed for our injured canine officers but also encourages the state and law enforcement community to collaborate with the medical community to ensure the best transport, treatment, personnel and settings can be utilized concurrent with proper protocols and practices for veterinary and human healthcare.*



Session 2021 Leadership



Wilton Simpson (R)
Senate President
Spring Hill, FL
*Representing District 10:
Citrus, Hernando & Pasco*



Chris Sprowls (R)
Speaker of the House
Clearwater, FL
*Representing District 65:
Pinellas County*

Senate Healthcare Leadership



Debbie Mayfield (R)
Senate Majority Leader
Melbourne, FL
*Representing District 17:
Brevard & Indian River*



Aaron Bean (R)
Chair, HHS Appropriations
Jacksonville, FL
*Representing District 4:
Duval & Nassau*



Manny Diaz (R)
Chair, Health Policy
Hialeah Gardens, FL
*Representing District 36:
Miami-Dade*

House Healthcare Leadership



Will Robinson (R)
**Chair, Public Health
Subcommittee**
Bradenton, FL
*Representing District 71:
Manatee & Sarasota*



Colleen Burton (R)
Chair, HHS Committee
Lakeland, FL
*Representing District 40:
Polk county*



Clay Yarborough (R)
**Chair, Finance & Facilities
Subcommittee**
Jacksonville, FL
*Representing District 12:
Duval county*

About Emergency Physicians

Every year, 1 in 3 people will require emergency care.

Emergency physicians are the backbone of the healthcare safety net, providing care in emergency departments (EDs) 24/7/365. They meet people in their worst moments of fear, distress and need, and are bound by oath and by law to provide the best care possible without regard to race, gender, creed, socioeconomic status or severity of illness.

As the COVID-19 pandemic demonstrated last year, emergency physicians play a vital role in public health and safety. As frontline healers, they are the first to witness emerging trends and novel diseases, ranging from coronaviruses to drug epidemics. Every day, they rely on their 11 years of post-graduate training to make rapid diagnostic decisions in highly intense and chaotic environments where *seconds matter*. Their days are long, but rewarding—and they use their experiences to educate their communities and others in healthcare, contributing to best practices and public interventions.

Emergency physicians represent only 4% of the nation's total physician workforce, but provide 67% of all medical care to uninsured patients and 50% of all care to Medicaid and CHIP pediatric patients. In Florida, each emergency physician provides an average of \$193,000 in uncompensated care every year—and the average bill for treatment in an ED is only \$800-\$1200. Meanwhile, private health insurance companies have employed aggressive tactics to avoid their financial responsibilities for insured patients, narrowing their networks of physicians and downcoding or outright denying reimbursement for medical care that may have saved a patient's life.

An unstable reimbursement model threatens the availability of adequate staffing in Florida's EDs by physicians who are appropriately trained to make lifesaving medical decisions. And without emergency physicians, America's healthcare safety net will collapse.

Over the last 50 years, the state of Florida has benefited from staffing EDs with emergency physicians who are experts in providing acute, unscheduled care. Their value to society has never been more apparent than now with the COVID-19 pandemic. Emergency physicians deserve to be recognized and paid fairly for the lifesaving care they provide when no one else can.



About FCEP

The **Florida College of Emergency Physicians (FCEP)** is a state chapter of the **American College of Emergency Physicians (ACEP)**. FCEP is the largest specialty society for emergency physicians in Florida with more than 2,000 members, and is recognized within the Florida Medical Association (FMA). We represent our physician members, patients, and the industry of emergency medicine personnel who provide lifesaving care in Florida every day.

Learn more at fcep.org



Emergency Medicine (EM) Days is the premier advocacy event for FCEP members. Every year, emergency physicians, residents and medical students meet with Florida legislators to discuss current bills, priorities and issues affecting their ability to provide high quality emergency care.

Contact Us

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Samantha League, Director of Communications
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ADDITIONAL RESOURCES

2021 *Know Your Legislators Book*



*Click to
access*

View and download the handy *2021 Know Your Legislators* book that is normally handed out during the conference. The book contains key information about each legislator and state agencies.

2021 Capitol Updates



*Click to
access*

Written weekly by our lobbyist, Toni Large, during Session. Capitol Updates cover what healthcare bills are moving forward, news and media related to those bills, and more.

EM Days Conference Webpage



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Visit our webpage for the most up-to-date information on Emergency Medicine Days 2021, including links to register for each free meeting.

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