

About Emergency Physicians

Emergency physicians are Florida's healthcare safety net.

Emergency physicians are trained in the specialty of emergency medicine, which was first recognized as a specialty in 1979 by the American Board of Medical Specialists. They provide care in the emergency department (ED) 24 hours a day, 7 days a week, 365 days a year. **In Florida, emergency physicians provide care for over 10.7 million patient visits every year.**

Emergency physicians work closely with local EMS and Fire & Rescue agencies, and collaborate in oversight and planning for natural disasters, mass casualty events, disasters involving hazardous materials, and preparedness for all acts of terrorism. The ED is also on the frontline for treating drug overdoses: per CDC data, EDs across the country bear the greatest burden of this epidemic, handling over 100,000 overdoses per year.

Emergency physicians have to practice in highly intense and often chaotic environments, where rapid decisions on diagnostic treatments must be made many times without the benefit of access to comprehensive patient records or the advantage of an established doctor-patient relationship.

Despite being only 4% of the total physician work force in the U.S., emergency physicians provide 67% of all medical care to uninsured patients and 50% of all care to Medicaid and CHIP pediatric patients.

With the passage of the Emergency Medicine Treatment and Active Labor Act (EMTALA) in 1986, emergency physicians are the **only** physicians who are mandated to provide a medical screening exam for any patient, regardless of insurance status or ability to pay. Emergency physicians bear the brunt of this unfunded mandate, with each emergency physician in Florida providing nearly \$140,000 in uncompensated care.

Further, 20% of patients seen each year in Florida (roughly 2.1 million) are uninsured. The cost of caring for patients without funding cannot be sustained without some form of additional subsidy or cross subsidy from commercial payers.

Many emergency physicians are not hospital employees and therefore have to contract with hospitals and bill separately for services.

Recent unilateral tactics by insurance companies have narrowed the networks of emergency physicians, increasing deductibles and copays for patients while decreasing or denying reimbursement for emergency physicians. These tactics have severely diminished the ability of emergency physicians to negotiate with insurance companies for reasonable in-network rates. This has the potential to further jeopardize adequate staffing of EDs by trained physicians.

Further, EMTALA limits providers from discussing cost of care before providing the actual care needed. The ability to provide estimates on cost of care is not possible in an emergency

setting under current federal law. A stable reimbursement environment is key to maintaining Florida's safety net, and commercial insurers should be required to contribute their fair share to the cost of federally mandated care.

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.

FREQUENTLY ASKED QUESTIONS:

Q. What type of training does an emergency physician have?

A. Emergency physicians are trained as either an MD (allopathic) or a DO (osteopathic) in emergency medicine and are usually board-certified. The nationally recognized Board Certifications are through the American Board of Emergency Medicine and the American Osteopathic Board of Emergency Medicine. FCEP believes that all emergency physicians should be board-certified, and that all emergency physicians entering the work force after 2000 should be trained at an ACGME- or AOA-accredited emergency medicine residency program to ensure that all patients of Florida receive the highest quality emergency care.

Q. Legally, how do emergency physicians function?

A. Emergency physicians are mandated by federal (the 1986 Emergency Medical Treatment and Active Labor Act, or EMTALA) and state (Florida Access to Care Law) laws to provide initial emergency care to everyone who comes to an emergency department, regardless of the patient's ability to pay for that care. This is an unfunded mandate in that there are no state or federal funds provided to meet this obligation.

Q. How many emergency medicine residency programs are there in Florida?

A. There are currently 17 emergency medicine residency programs in Florida—a number which has grown by almost 200% in the last five years.

EMERGENCY MEDICINE RESIDENCY PROGRAMS:

JACKSONVILLE

· UF, Jacksonville

GAINESVILLE

· UF, Gainesville
· North Florida Regional

OCALE

· UCF at Ocala

BROOKSVILLE

· Oak Hill Hospital

TAMPA

· Brandon Regional
· Univ. of South Florida

ORLANDO

· Orlando Health
· AdventHealth East
· Osceola Regional

SARASOTA

· FSU at Sarasota

PORT ST. LUCIE

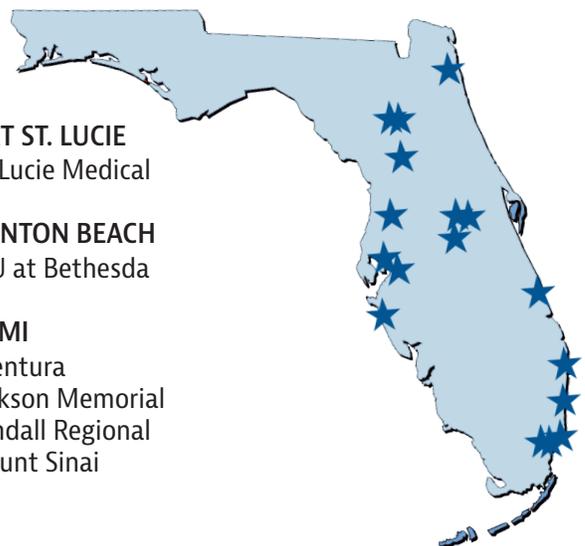
· St. Lucie Medical

BOYNTON BEACH

· FAU at Bethesda

MIAMI

· Aventura
· Jackson Memorial
· Kendall Regional
· Mount Sinai



PIP VS BODILY INJURY

SUPPORT SB 1052 by Senator Lee

- As there are many PIP bills, Senator Lee's proposal is a good compromise that reforms the system while retaining reimbursement for emergency care. The Florida Legislature safeguards the emergency care network in the bill by retaining the no-fault system reimbursement for emergency physician care as well as necessary follow up care.
- It also retains the "physician set aside," retaining \$5,000 as first dollar for physicians providing care in hospitals across our state.

OPPOSE HB 733 by Rep Grall & SB 896 by Senator Brandes

- **Oppose mandatory bodily injury bills that do not include an emergency medpay component.** Bodily injury coverage delays payment to physicians until fault is determined, and such court actions are typically several years past the time care was rendered. Emergency physicians are mandated to provide care, and the appropriate payment for that care should not be delayed. It's time we put coverage to protect the patient at a higher priority than coverage to fix a crashed car.

SET PHYSICIAN FEE SCHEDULE

OPPOSE HB 1317 by Rep Burton & SB 1790 by Senator Perry

- Although these two bills contain provisions modifying the PIP statute and mandating a 200% of Medicare fee schedule for all care provided to auto injury patients under PIP, they also contain provisions that modify chapter 395 FS and chapter 456 FS that would cap reimbursement for ALL physician care provided both inpatient

and outpatient in hospitals and facilities in Florida. As written, they are even broader than just modifications to the PIP statute (ch 627 FS), and would apply to all reimbursement regardless of payer, having a huge negative impact to the care team in hospital ERs.

- The current language would set a fee schedule capped at 200% of Medicare for all medical care in Florida (includes hospitals, physicians, surgery centers).
- Price-ceilings lead to shortages

PHARMACIST SCOPE OF PRACTICE EXPANSION

OPPOSE HB 111 by Rep Plasencia and SB 300 by Senator Brandes

- Though the bill began as legislation allowing pharmacist to diagnosis and treat both flu and strep, it went through major modification in the House at its first stop. The bill now lumps "minor health conditions" into a category that **pharmacists are allowed to diagnosis and treat, and those minor health conditions include strep and flu.**
- FCEP disagrees that strep and flu are "minor" conditions, and believes a patient would be better served if referred to a physician for care.
- The bill also creates a new collaborating pharmacist category, and **allows patients with chronic conditions (eg COPD, CHF, HIV) to be managed by a pharmacist, including modifying drug therapy written by that patient's physician, solely if the pharmacist has a collaborative agree with a physician, not necessarily the physician who wrote the prescription for the patient.**

SUBSTANCE USE DISORDER LEGISLATION

- **SUPPORT HB 307 Silvers/SB 360 Insurance Coverage Parity for Mental Health and Substance Use Disorders** – will make sure insurances cover for substance use, will help in mental health treatment.
- **SUPPORT SB 528/HB 369; SB900 (Harrel) /HB 1187 (Stevenson)** – defines peer specialists, sets standardization of peer specialists.

E-PRESCRIBING

- Though FCEP supports the move to e-prescribing, many emergency departments across our state would not be able to meet the January 2020 implementation date in **HB 831 by Rep Mariano and SB 1192 by Senator Bean**. FCEP believes the legislation should mirror the federal legislation, and incorporate the ability for the Florida Surgeon General to grant time-specific exemptions to practices actively working to completely move to e-prescribing. Once a practice has transition to e-prescribing, exemptions need to also be included in the Florida legislation that allow a physician a waiver when e-prescribing would delay access to a drug, resulting in patient harm. Such examples would be after a declared health emergency such as a hurricane, or when internet access is temporarily down.

LIMITED BENEFIT PLANS

- FCEP is concerned with any plan that would weaken mandatory coverage for emergency care. Insurance should cover the essential health benefit of emergency care, and any policy sold without such emergency care puts a patient at risk of underinsured liability.
- **Emergency care needs to be an essential health benefit**