Preserving the Patient/Physician Relationship

2017 STATE LEGISLATIVE AGENDA

FLORIDA MEDICAL ASSOCIATION
For most physicians, medicine is a calling. They went to medical school and completed years of post-graduate training because of their desire to help people. The trusting relationships that physicians develop with their patients and the opportunity to care for people in their times of need are what make medicine such a rewarding profession. Unfortunately, practicing medicine has become more complex and less joyful because of burdensome regulations imposed by the federal government and the insurance industry. Physicians are inundated with bureaucratic administrative mandates that take away from their true focus: delivering compassionate patient care. In fact, The Physicians Foundation’s “2016 Survey of America’s Physicians” found that physicians spend 21 percent of their time on non-clinical paperwork, the equivalent of 168,000 physician FTEs not engaged in patient care.

The Florida Medical Association, representing over 22,500 physicians and medical students, is committed to helping physicians practice medicine. The overarching theme of our 2017 legislative agenda is to eliminate unnecessary, costly and counterproductive barriers that make it more difficult for physicians to care for patients.

The FMA believes in promoting the highest standards of medical care, maintaining choice for patients in a free-market health care system, and preserving the sacred relationship between patients and their physicians. The best way to achieve these objectives is by advocating for public policy that establishes fair and transparent insurance markets, reduces onerous red tape, and eliminates bureaucratic hassles that impede care and harm patients.

While much of the focus on health care policy over the next year will be on Washington, D.C., there are many things state legislators can do to improve the lives of their constituents and make Florida a leader in health policy innovation.
Direct Primary Care – Less Paperwork, More Care

One of the most promising developments in health care delivery in recent years has been the Direct Primary Care (DPC) movement. A growing number of primary care physicians nationwide are adopting this innovative model because they are frustrated by the excessive paperwork and regulatory burdens imposed by insurance companies. They are attracted to direct primary care because of their desire to spend more time with patients.

DPC is an alternative to the traditional fee-for-service model in which patients are charged a simple, affordable flat monthly fee for comprehensive coverage of all primary care services. DPC physicians have been able to control costs by preventing chronic illnesses and reducing administrative expenses. A growing body of evidence suggests that DPC leads to better patient care at a lower cost.

The FMA strongly supports House Bill 161 sponsored by Representative Danny Burgess and Senate Bill 240 sponsored by Senator Tom Lee, which would allow DPC to grow by defining direct primary care agreements as a medical service outside the scope of insurance regulation.
Right Medicine, Right Time

The FMA supports efforts by patient advocates to ensure that appropriate prescriptive treatments are based on a physician’s recommendation. Each year, thousands of Floridians are subjected to “fail first” protocols, whereby insurance companies impose their own treatment decisions ahead of treating physicians’ medical judgment. This causes delays in care that can lead to unnecessary hospitalizations and sometimes devastating consequences for patients.

Florida needs legislation that allows physicians and patients to override step therapy protocols when deemed medically necessary and in patients’ best interests. In addition, if a patient is currently stable on a drug, step therapy should not be required to continue usage of that drug because of changes in a health care benefit or plan. Finally, the FMA supports shortening the amount of time for a step therapy override to be granted. It is time to stop insurance companies from practicing medicine and getting in the middle of the patient-physician relationship.
Prior Authorization

One of the biggest hassles that physicians and patients deal with every day is obtaining prior authorizations from insurance companies. These authorizations can be related to medications, referrals to specialists, testing or other treatments. Numerous surveys have found that the amount of time physicians spend obtaining authorizations from health insurers for needed treatments and medications has increased substantially in the past few years. A recent report from the *Annals of Internal Medicine* found that, for every hour a physician spent seeing patients, another two hours were spent on paperwork. These excessive mandates have dramatically increased the cost of running a medical practice.

While prior authorizations are annoying to physicians, it is patients who suffer the most. Whether prior authorizations lead to unnecessary delays in treatment, less effective medications or lost time waiting for treatment decisions, patients’ lives are at risk.

The FMA supports legislation to standardize prior authorization requests for medications and treatment, and to reduce the amount of time health plans have to make medical necessity determinations. This is not only the right thing to do for patients, but also good common sense.
Network Transparency

Unfortunately, even when someone has insurance, his or her access to care is greatly compromised by inadequate coverage and a limited choice of physicians and hospitals. Many consumers purchase health insurance products without understanding their health care provider networks. Increasingly, health plans are developing “narrow networks” that restrict access and result in potentially high out-of-network costs to consumers. The FMA supports legislation to ensure that health plans maintain more comprehensive physician networks, and that requires insurers to offer patients coverage options for out-of-network care.

Health plans should be required to provide up-to-date information about their physician networks. Legislation is needed to prohibit “bait and switch” tactics, whereby health plans publish inaccurate information about their provider networks in order to attract premium dollars.

The FMA strongly believes it is time to hold insurance companies and health plans accountable for adequate networks and accurate consumer information.
Preserving the Economic Stability of Physicians

On a daily basis, the FMA hears complaints from physicians who are plagued by payment issues with insurance companies. Underpayment, lack of payment, and retroactive denials by health plans jeopardize the economic viability of physicians and their medical practices, which undermines access to care. Physician practices, many of which are small businesses, must be protected from pervasive abuses by insurance behemoths.

One of the FMA's top priorities during the 2017 Legislative Session is to prohibit insurance companies from retroactively denying payment for medical services they previously approved. It is not unreasonable for a physician to expect payment for providing care that was approved by the insurance company.

Eliminating Unnecessary Administrative and Regulatory Requirements

The FMA seeks to eliminate administrative burdens that take time away from delivering patient care. To that end, the FMA supports legislation passed in other states that prohibits public or private entities from requiring health care providers to comply with maintenance of certification requirements after achieving initial board certification, other than the continuing medical education (CME) requirements set by the health care provider’s licensing board. Such a measure would greatly improve health care market efficiency and eliminate unnecessary administrative and regulatory requirements imposed on physicians.
Use Technology to Increase Access to Care

There is no question that new technologies, if used appropriately, can provide enhanced benefits to patients. The FMA supports the use of telemedicine and telehealth to expand access to care. However, in order to ensure that these services become more widely available, legislation is needed to provide a payment mechanism. Health plans are increasingly providing telemedicine benefits to consumers, but they are not paying physicians for their professional services.

The FMA also believes that patients must be protected, and that the vital oversight role of state licensing boards should be maintained.

Ensuring an Adequate Physician Workforce by Supporting Graduate Medical Education

Florida needs more residency training slots to keep up with the state’s booming population and rapid medical school growth. To ensure that Florida has an adequate physician workforce in the future, funding graduate medical education and retaining medical students should be top priorities for state policymakers. Florida cannot afford to continue exporting medical students to other states because of a shortage of residency slots.
Healthy Floridians

As the leading voice of physicians in the state of Florida, the FMA is committed to improving the health of all Floridians. Physicians helping patients take responsibility for their own health is key to achieving this goal. FMA members understand that physicians have an obligation to participate in the development of public policy and initiatives that contribute to a better health care system and a healthier Florida. Here are the facts:

- Obesity is an epidemic. Thirty-six percent of Americans are obese and only 36 percent of Floridians are at a healthy weight. One in every three children (31.7 percent) ages 2 to 19 is overweight or obese.

- Each year, obesity-related diseases (muscle and joint problems, chronic diseases such as diabetes and heart disease, etc.) result in an estimated 400,000 deaths nationwide and $190 billion in health care costs – nearly 21 percent of all medical spending.

- At this rate, by 2030, over half of Florida’s population will be obese. This could cost an additional $91 billion by 2023 ($73 billion from lost productivity and $18 billion in costs associated with treating chronic disease).

Obesity and being overweight contribute to diabetes, hypertension, heart disease, cancer and strokes. Florida’s growing obesity crisis is a growing health care crisis.

The FMA is uniquely positioned to help policymakers address these health care cost drivers. Our goal is to help reduce incidents of chronic disease and bend the health care cost curve. We seek to partner with the state of Florida to provide Florida’s primary care physicians with specific tools and resources to educate their patients about the benefits of good nutrition and a healthy lifestyle.