LEE COUNTY MEDICAL SOCIETY

Bulletin

THE VOICE OF LEE COUNTY MEDICINE

VOLUME 21, NO. 1

Fort Myers, Florida
John W. Snead, M.D.

March, 1997

MARCH GENERAL MEMBERSHIP MEETING
Monday, March 17, 1997
Royal Palm Yacht Club

6:30 p.m. - Social Time

7:00 p.m. - Dinner

DINNER BY RESERVATION ONLY

Spouse or Guest - Dinner $25.00

SPEAKER & TOPIC

REV. JOE LA MAR, DIRECTOR

CORPORATE SOCIAL RESPONSIBILITY

"THE BALANCE OF SOCIAL & FISCAL RESPONSIBILITY"

Father La Mar has been seen on CNN, Headline News, heard on CBS, NPR, NPR-Marketplace and other media productions.

As physicians we have an interest in the well being of all people. Regardless of where you are in your ideological struggle with these issues, you will find the story of Father La Mar's quest to put people first through a blend of social and fiscal responsibility, a compelling and provocative one. I invite you to hear Father La Mar at the March 17th LCMS meeting.

CANCELLATIONS: By Noon Friday before meeting. ◆

1997 DUES STATEMENTS HAVE BEEN MAILED

Your LCMS can only operate and provide you with services if all members join and pay their dues. Please mail your check today!

TOGETHER WE STAND TALL; DIVIDED WE FALL.

A smile adds a great deal to face value.

E-MAIL ADDRESS CORNER

Below is the Lee County Medical Society's E-Mail Address:

lcms1@ibm.net

If you would like to share your E-Mail address in this space, please send it to the LCMS office.

American Medical Association
http://www.ama.assn.org

Florida Medical Association
http://www.medone.org

FMA/LCMS 1997 LEGISLATIVE AGENDA
Legislative Session: March 4 - May 2

I. Physician Profiling

II. Physician Discipline

III. Managed Care Forms
- A. Due process for physicians terminated from managed care plans
- B. Prohibit gag clauses and hold harmless clauses in contracts
- C. Prohibit requirements for exclusive contracts with a particular HMO
- D. Reimbursement for non-contracted to providers rendering services for HMO patients

IV. Tort Reform – Support the affiliated industries and the chamber of commerce coalition to pursue meaningful Tort Reforms.
- A. Require an expert witness to be actively practicing in the same specialty as the defendant physician
- B. Allowing the defense attorney to speak informally with subsequent treating physicians regarding the patient's care

V. Telemedicine
- A. Require that all physicians that are interpreting pathology or radiologic studies, ultrasound studies, electrocardiograms, etc. that are performed in the state of Florida be fully licensed physicians in the state of Florida subject to the Board of Medicine's rules and regulations.

VI. Clinical Lab Regulations (CLIA)
- A. Prevent dual fees and dual regulations by the state and the federal government
- B. Repeal CLIA 88 statewide regulations for office labs

VII. Support the ability of physicians to self insure for professional liability coverage

VIII. Prevent the expansion of the Wrongful Death Statute

IX. Support the non-discrimination of mental illness

X. Exclude physicians and physicians' practices from the assessment of the Public Medical Assistance Trust Fund (a 1.5% tax repeal)

All LCMS members, spouses and office staff are encouraged to keep a vigil on this legislative session. Communication to our area legislators is very important about the House of Medicine's issues. You will receive under separate cover a list of our area legislators. Post this in your office.

Editor's Note: The President's message will return in the next issue. ◆

PHYSICIANS IN THE NEWS

Alexander M. Eaton, M.D. has been invited to serve as clinical assistant professor, Department of Ophthalmology at the University of South Florida.

Gary M. Price, M.D. has been selected a Fellow of the American College of Physicians (ACP). Election to the ACP is recommended by one's peers and signifies high achievement in internal medicine.

John W. Snead, M.D. has been invited to serve as clinical assistant professor, Department of Ophthalmology at the University of South Florida. ◆

In This Issue...

AS I RECALL...

ROGER D. SCOTT, M.D.

"LET'S EAT"

Even tho some physicians think we're immortal (not immoral) we must still eat, and so for many years the Lee County Medical Society has had dinner meetings. I originally thought that I remembered most of the places the Society had met since 1958, but was not sure of the precise dates. I perused the minutes of the LCMS from 1958 on through 1979 when the Royal Palm Yacht Club seemed to become a permanent home for the meetings.

In 1958 the Lee, Charlotte, Collier, and Hendry County Medical Society met at the Gondola Inn. This was an Italian restaurant run by the D'Alessandro family, built on pilings where the current Chart House exists. In 1959-60 meetings were held at the Lamplighter Cafeteria, which was the first building one saw when crossing the old Edison Bridge (and only bridge) into Ft. Myers, the current site of the Sheraton Hotel. Some meetings were held at the River House (former Gondola Inn) in 1960 and it was noted that there were 22 members present for one of the meetings. In 1961 meetings were held in various locations, including the first time at the Ft. Myers Country Club which was on the site of the present County Club (Smitty's Restaurant now) in an old wood-frame building put up during WWII; the food was awful, and I'm not sure why we continued to meet there intermittently over the years! In fact, there were very few places in Ft. Myers where one could get a good meal. In 1961 we also met at the Bamboo Inn, a Chinese restaurant located across from Page Field where the Rooms to Go building is now. The first truly great place to eat and meet was Smitty's Restaurant and this was first visited in March 1962. Smitty's opened on the ground floor of the 2-story Elk's Club (now demolished) on the corner of Edwards Drive and Hendry St. In 1962-63 there were several meetings at Johnny Shay's Bar and Lounge on Cleveland just north of the Coca-Cola plant. Meetings were scattered throughout '63-64 among the previously mentioned establishments, but in 1964 we first met at the Holiday Inn which was a nice new inn on First Street (now demolished for the Mariner Caper Condo). We met intermittently over the years at the Holiday Inn, County Club, and Smitty's. By October 1969 a nice new Sheraton Motor Inn opened (current Raddison) on south 41 which offered a large banquet room, and meeting attendance was soaring to 95 diners. This was a permanent meeting place until the Royal Palm Yacht Club in March of '79.

Collier County formed its own medical society about 1959 and soon thereafter Charlotte withdrew. We were Lee and Hendry County Medical Society until 1972 when Hendry decided to join with Palm Beach and we became LCMS Inc.

In the late 50's to early 60's the society was small, and one meeting for the doctors and wives every year was hosted by Dr. and Mrs. H.Q. Jones, Sr. in their home on McGregor. It seemed that every meeting would last 3 hours with arguments which were at times "heated," and I'm not sure exactly how much was accomplished. As the society has grown and grown, it has become necessary to have more executive action. Committees have been expanded and so now our meetings can be relatively short, with speakers and, as a rule, not so much debate as in the "old days."

Like the old dining places, the old members are vanishing. ◆

LEE COUNTY MEDICAL SOCIETY BULLETIN
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The Lee County Medical Society Bulletin is published monthly with the June and August Editions omitted.

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The Editors welcome contributions from the members. Opinions expressed in the BULLETIN are those of the individual authors and do not necessarily reflect policies of the Society.

MEMBERSHIP ACTIVITIES

APPROVED FOR ACTIVE STATUS

Edward Danhey, M.D.

Eduardo Gomez, M.D.

David Gutstein, M.D.

Alexander Magno, M.D.

Daniel Robertson, M.D.

Linda Saether, M.D.

Annette St. Pierre-MacKoul, M.D.

MOVED

Scott Barron, M.D.

RETIRED MEMBERS

Frank M. Bryan, M.D.

Practiced Medicine for 40 years

Education is what's left over ofter you've forgotten all the facts.

WE MUST DEFEND THE CUP!

The 2nd Annual Legal/Medical Challenge Cup Golf Tournament will be held at the Lexington Country Club on Saturday, April 12, 1997 at 1:00 P.M. A more detailed participation form has been mailed to all members. For more information or a registration form, contact the society office or Dr. John Petersen at 939-9939.

We are also looking for sponsors to make this a successful charity event for the Boys & Girls Club.

MINUTES ON FILE

The LCMS Board of Governors minutes and General Membership minutes are on file. Please call LCMS if you wish a copy.

LEE COUNTY MEDICAL SOCIETY ALLIANCE/FOUNDATION NEWS

Respectfully submitted by Sue Backstrand, Corresponding Secretary

DOCTORS DAY

This year's Doctors Day picnic will be held on Saturday, March 23rd at Lakes Park from 12:00 p.m. to 4:00 p.m. In recognition of the doctors of Lee County and all that they do, please come and join us for good food and lots of fun. Chicken and sandwiches from Boston Chicken will be available. Exciting new games from Resort Sports will highlight this fun family event. Please R.S.V.P. to Beverly Goethe at 482-5334, by March 15th. ◆

CHARITY BALL

The Charity Ball Committee members are all working diligently to insure that the 14th Annual Charity Ball, "A Night on the River Nile," to be held on May 24th, 1997 at the Ritz-Carlton, Naples, will be the event of the year! As most of you know, this year's Charity Ball's major recipient of 70% of the funds raised is Abuse Counseling and Treatment, Inc. (ACT); the other 30% will go to fund our mini-grant program. Keeping that in mind, here's what's happening with the fund raising:

*Many sponsorship donations have already been received and we are very grateful to all who have so generously contributed. The most recent sponsors to add to our list are:

Hunt Construction Company, Inc. (Contributing)

Lee County Medical Society, Inc. (Contributing)

Retina Consultants of Southwest Florida (Silver)

The Nemours Children's Clinic (Silver)

Saks Fifth Avenue (Gold)

Lee Memorial Dept. of Neurological Surgery (Contributing)

Thank You! Thank You! Thank You!

*The second batch of sponsorship request letters have been mailed. Please be on the lookout for them at your office.

*The tickets for the Charity Ball will again be $295 per couple (this includes the Sunday Brunch for 2 adults and 2 children under 12 years old). Although invitations will not be mailed out until April, tickets can be purchased now by mailing your check payable to LCMSAF, P.O. Box 6445, Fort Myers, FL 33911-6445. As an incentive for you to purchase your tickets early, we are going to raffle off a Kahuna Katamarans Luau Sail Cruise for a party of 8 (valued at $480.00). Here's how the winner will be chosen: the names of the purchasers of the first 25 couple tickets bought will be entered into a drawing and one lucky name will be picked. Tickets for the Ball need to be purchased and payment must be received by March 31st, 1997. The cruise needs to be redeemed by April 30th, 1997 and is not refundable for cash or transferable. Good luck to all who enter!!!

If you have any questions or need further information please call Nancy Barrow at 768-3394, Franky Margolin at 561-2947 or Maruchi Rodriquez at 482-2636. ◆

Always remember that strength is attained by meeting resistance.

MEDICAL BOARD VOTES TO OPPOSE ASSISTED SUICIDE

Knight-Ridder News Service

ORLANDO – For the first time in Florida, the Board of Medicine has taken a stand on physician-assisted suicide: Don't do it.

In a close and emotional vote Saturday, the state's disciplinary panel threatened to move against the medical license of any physician who helps a patient end his or her life.

"I think this is the most important vote that this board has taken," said Jacksonville physician Georges ElBahri, , who led the motion against assisted suicide. "I think we should have a very clear statement that this board opposes it."

The board unexpectedly was faced with taking a position after a circuit court in Palm Beach opened the way last week for Dr. Cecil McIver to assist AIDS patient Charles Hall in dying.

Reflecting a national reluctance among politicians and physicians to set policy, several board members wavered – a few even tried to avoid casting votes – frustrating others at the Orlando meeting.

"I'm begging you to please not skirt it today," said Florida Assistant Attorney General, Allen Grossman, who counsels the medical board. "It is possible right this moment as we speak that this act is occurring."

The board voted on two conflicting motions before making its decision.

The 9-6 vote against assisted suicide means that McIver, free for now from criminal prosecution, could still face medical disciplinary action.

Florida's doctor-dominated Board of Medicine routinely ends the careers of collegues who maim, kill and commit crimes.

By their actions, the 15 board members set precedence for the level of compassion, medical training and treatment afforded patients.

The first of the two votes was to treat each assisted suicide separately, implicitly suggesting that doctor participation might in some instances be acceptable.

"I don't think any of us on the board can come up with a magic formula," said Dr. Faud Ashkar of Miami. "I think the board has enough experience and wisdom to deal with these things on a case-by-case basis."

Six members raised their hands in favor of the proposal; eight signaled opposition, according to vote counters, who could not explain later why the tally was 14 instead of 15.

NEWS-PRESS, SUNDAY, FEBRUARY 9, 1997

THE QUESTION MAN

OPINIONS - EDITORIALS
LETTERS TO THE EDITOR
John W. Snead, M.D.

"WILL REGIONAL HOSPITAL-INITIATED PHO'S CONTROL MANAGED CARE CONTRACTS IN OUR AREA?"

Steve Levine, M.D.
Pathology

"PHO's will continue to be effective as long as physician and hospital components are reasonable and equitable. Although PHO's ability to offer integrated care is extremely appealing to many plans, some plans may prefer to contract separately for services (or at least some services). The marketplace will demand choice, competition, quality, and value."

Lawrence Antonucci, M.D.
Obstetrics/Gynecology

"There will always be payers who prefer to contract through PHO's. Conversely, there will be payers who refuse to contract with PHO's. As a result there will continue to be contracting performed through many different vehicles, both physician-directed and hospital-directed."

Michael J. Sweeney, M.D.
General & Vascular Surgery

"Hospital-initiated PHO's have filled a role in this area and many other areas of the country in the initial organization and integration of physicians for managed care contracting. In the long run, however, I do not believe that the PHO model is sustainable. Despite best intentions and carefully constructed governance design, the PHO by its nature has the potential to interfere with the traditional doctor-patient relationship. It is my opinion that physician-directed independent contracting entities will be the most appropriate and sustainable models for managed care contracting in the future."

APRIL'S QUESTION

"WHO BENEFITS FROM MANAGED CARE? WHO LOSES FROM MANAGED CARE?"

Send your comments to the Medical Society. Bulletin deadline is the 15th of each month....we want to see you in the print media! ◆

PHYSICIAN LIABILITY DATA ON INTERNET SHOULD BE CHECKED

The Florida Department of Insurance is planning to make information about closed liability claims available on the Internet on March 3, and the DOI has provided early access so that physicians and other professionals can check their information now, prior to public release of the information.

To review the information for accuracy, access the site at

http://www.DOI.STATE.FL.US/Liability. ◆

ALERT: LET FMA KNOW ABOUT MEDICAID REIMBURSEMENT DELAYS

If physicians in your area are not receiving prompt Medicaid reimbursements through Unisys due to Medicaid Provider Re-enrollment, please call Judy Cooper, Vice President of Health Policy and Regulations, or Roberta Kelley, Healthcare and Financial Specialist, at FMA Headquarters immediately. FMA staff will be meeting with the Medicaid director in the near future to address these problems. ◆

LCMS FLAMPAC MEMBERSHIP

WHO IS FLAMPAC?

We are a bipartisan, political action committee created by the FMA in 1949 to elect pro-medicine candidates to state and national legislative offices. The membership of FLAMPAC includes physicians, their spouses and associated staff.

WHAT IS FLAMPAC?

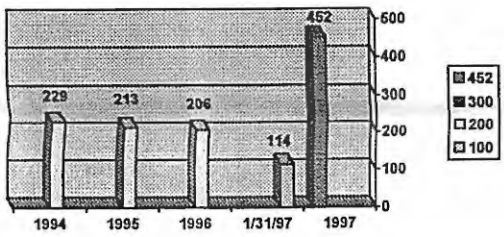
It is a political action committee that solicits voluntary contributions from physicians, their spouses and others interested in effective health care legislation. A portion of your contribution is allocated to the AMPAC which supports national campaigns for U.S. Senators and Congressmen.

WHY FLAMPAC?

If elected officials, voting on vital medical issues, are going to decide how medicine will be practiced, then organized medicine needs to decide who gets elected.

AS A MEMBER ARE YOU DOING YOUR FAIR SHARE?

1997 LCMS GOAL IS 452 MEMBERS



1996 EXPENDITURES TO ELECT AND INFLUENCE STATE LEGISLATION

TRIAL BAR	$ 554,840
INSURANCE INDUSTRY	$1,911,158
CHIROPRACTORS	$ 315,798
MEDICINE/FLAMPAC	$ 198,048

CAN WE COUNT ON "YOU" TO PROTECT "YOUR" PROFESSION?

EVERY MEMBER NEEDS TO DO HIS/HER PART

YOUR $ COST IS:

- AMPAC/FLAMPAC $100.00
- 1000 CLUB – YOU ARE CALLED TO MAKE A CONTRIBUTION THROUGHOUT THE YEAR UP TO $1000. THIS CAN BE DONE BY EACH PHYSICIAN GROUP PLEDGING THE $1000 IN AN ELECTION YEAR.

YOUR INVOLVEMENT COST IS:

- KNOW THE ISSUES
- WRITING OR CALLING LEGISLATORS
- TAKE TIME TO VISIT WITH AREA LEGISLATORS
- CONTRIBUTE INDIVIDUALLY IN MONEY OR TIME TO A CAMPAIGN
- REGISTER TO VOTE ALL FAMILY MEMBERS ◆

Live your life so you don't have to hide your diary.

CALL FOR RESOLUTIONS

THE FMA HOUSE of Delegates will meet May 28 - June 1, 1997

Sheraton Bal Harbour, Miami Beach.

Is there an issue that you want your organization to address? Business is conducted by Resolutions and should be submitted to the FMA by April 1, 1997.

Therefore, please apprise your LCMS Delegates, Officers or Staff as to your concerns and we will help draft a resolution for approval by Delegates and the Board of Governors.

LCMS Delegates:
Cecil C. Beehler, M.D.
George C. Kalemeris, M.D.
Valerie C. Crandall, M.D.
David M. Shapiro, M.D.
Steven R. West, M.D.
Ronald J. Delans, M.D.
Francis L. Howington, M.D.
Richard G. Kilfoyle, M.D.
David M. Reardon, M.D.
James H. Rubenstein, M.D.
Alan D. Siegel, M.D.

SEXUAL HARASSMENT UPDATE

by Barbara Harty-Golder, M.D., J.D.

Even a brief perusal of the morning paper confirms that sexual harassment has become a "hot topic" in litigation, and one no medical office can afford to ignore. Increasingly broad definitions of sexual harassment as well as the increasing willingness of those offended to resort to litigation as a means of redress make it imperative that medical practices address the issue nf sexual harassment in the workplace. Understanding a few basic concepts makes immunizing your practice against sexual harassment suits much easier.

1. Understand what sexual harassment is.

The legal definition of sexual harasstment encompasses two very different forms of sexual impropriety. The first is of the "casting couch" variety: a demand for sexual favors in return for employment or advancement, as a condition of continued work. The other involves creating a hostile workplace as a result of unwelcome sexual advances – either by continuing such advances, or by retaliating against an employee who rebuffs such advances.

2. Remember that *unwelcome* is not the same as *voluntary*.

An employee may voluntarily participate in activity which is unwelcome, often because participation is a condition of employment or advancement, or because a refusal to participate, no matter how well founded, may result in prejudice to the employee's pocketbook. Just because an employee does not object to dirty jokes, sexual innuendo, or the nudie calendar on the wall does not mean all is well.

3. Every workplace needs a written policy against sexual harassment.

Such a policy can be very short – one page – and need only express the commitment of the employer against practices of sexual harassment, procedures for reporting, and a commitment to investigate and discipline if harassment is found. Absence of a written policy has been taken by the courts to imply the approval of the employer of such activities occurring in the workplace.

4. Make sure that all employees understand the rules and abide by them.

The simplest sexual harassment policy comes in three easy rules of thumb: Don't do (or say) anything at work that you wouldn't do or say in the presence of your sainted grandmother. If anyone objects to conversation or conduct, stop. And if you are offended by conduct or conversation, speak up – preferably to someone in authority.

5. Establish clear lines of communication, and make it the responsibility of every employee to report instances of harassment for investigation.

Further, make reporting responsibilities a condition of employment, and enforce discipline against those who know of harassment but keep silent. The employer is often presumed to know of harassment that occurs in the workplace, and it is in the best interest of the employer to be involved, accessible and to require assistance from his employees.

6. Don't forget about regular "non-employees."

Sexual harassment of employees by regular visitors to the workplace, such as suppliers, deliverymen and – potentially – patients – can satisfy the legal basis for workplace harassment if the employer knows (or should know) of the harassment, and does nothing to prevent it.

7. Treat every complaint seriously and investigate it promptly.

If harassment is found, the offending employee must be disciplined. The discipline must be real and must correspond to the severity of the harassment – a slap on the wrist is not sufficient for pervasive and destruetive conduct.

8. If harassment is found, the victim must be made "whole."

This may mean separating the victim and offender, adjusting pay, raises or bonuses which were denied on the authority of the offender, and deleting unfavorable references from the offender in the victim's employment file. Under no circumstances must the victim be penalized for the situation – for example, reassigned to a less favorable or less remunerative position.

9. Don't be afraid to fire an employee for sexual harassment.

As is true with all job terminations, care must be taken to insure that the employee record will support discharge, but the reality of life is that those inclined to sexual harassment are not likely to change their behavior without long-term intervention. Keeping a known harasser in the workplace poses a continuing risk. For medical practices, the risk is double – both employees and patients may be in a position to sue for offensive conduct.

Sexual harassment is serious business. Actions against physicians are increasingly common, even in the civilized environ of the Gulf Coast. Settlements are often significant. The publicity which emanates from a lawsuit involving sexual harassment is strong enough to ruin the best of practices, even if the employer ultimately prevails in court. Don't be caught (risk management-wise) with your pants down! SCMS TOPICS, FEBRUARY, 1997 ◆

MANAGED CARE INFORMATION

If you have information you would like to share with your colleagues on managed care, use this Bulletin space.

HOW TO MINIMIZE THE RISKS OF CAPITATION

Across the country, the consensus is that capitation will continue to expand and become a more popular form of reimbursement for physician and hospital services. Presently, capitation is more common for primary care services than for specialty physician services. However, as HMOs try to reduce their risk for the cost of medical services and as the premium wars among HMOs escalate, the payors may step up the use of capitation. From the HMOs' perspective, capitation is attractive because it produces a fixed cost and transfers the financial risk to the providers.

Learn More About Capitation

With the possibility of continued expansion of capitation, it is increasingly important for physicians and other healthcare providers to be knowledgeable about capitation. This is particularly true as HMOs expand into the Medicare and Medicaid populations that are subject to wide variations in the use of services, making capitation even riskier. For example, in the Medicare population, the use of certain services such as cataract surgery and hip replacements may be three or four times greater than in the commercial population. The risk associated with the capitation of these difficult and expensive services is greater in the Medicare population because the use is more difficult to project.

Points for Consideration

The first item to look at is the size of the capitated panel. Different medical specialties require a different size population to produce a predictable risk and to minimize variation in the use of services to a point where capitation becomes feasible. The physician specialties that provide low volume but highly complicated services requiring higher levels of reimbursement need a substantially larger capitated population to reduce their risk to predictable levels and minimize swings in use that produce extreme financial risk. One of the prominent healthcare actuarial firms has estimated that, in specialties such as neurosurgery and neonatology, more than 50,000 covered lives are required for reasonably "safe" capitation. In the physician specialties providing more frequently used services, such as lab tests, X-ray tests and internal medicine services composed primarily of office visits, a capitated panel of 1,000 patients is adequate to reduce the risk to acceptable levels. This reflects the number of lives to reach a level of 80% predictability, that in four or five years, the capitation will cover the cost of providing services. In regard to capitation of specialist services, the basic recommendation is that the highly specialized services should remain fee-for-fee service until an adequate capitated population can be achieved.

To minimize the risk of capitation, it is necessary to fully understand a variety of factors in the agreement.

A clear definition of the covered services that are included in the capitation.

Certain services may be provided by several different specialties and may or may not be included in the capitation of a particular specialty. For example, orthopedists and neurosurgeons both perform spine surgery. Each of these specialties must know whether the capitation includes these procedures. There are many similar examples of diagnostic and surgical procedures that cut across many different specialties.

A clear definition of the demographic characteristics of the capitated population.

As mentioned, the Medicare and Medicaid populations are more frequent users of services than the commercial population. The age profile of the Medicare patients also produces significant variations in the services. Capitation amounts should adequately reflect the age-adjusted characteristics of the population.

Assumptions or actual statistical information on the use of services within the population to be capitated.

Most payors have this information available and it is extremely important for providers to understand that the frequency assumptions and statistical information are key determinants of the capitation levels. Final consideration in capitation is stop-loss coverage or reinsurance. One way to reduce risk in capitation is to purchase stop-loss coverage at a fairly low threshold. The cost of reinsurance is directly related to the level of coverage. For example, stop-loss coverage at a $5,000 level for professional services is much more expensive than such coverage at a $10,000 threshold.

Understand the Risks

Capitation is not for the faint of heart. By definition, capitation involves risk and diving into uncharted waters. The best way of proceeding under such conditions is to be cautious, seek as much information as possible, rely on the experiences of other providers and professionals who have operated under capitation, and understand the nature of capitation contracting.

GERALD P. GIGLIA, CPA, REX MEIGHEN & COMPANY, REPRINTED FROM "RX FOR PRACTICE MANAGEMENT" CALL (813) 251-1010 FOR MORE INFORMATION. REPRINT WITH PERMISSION HCMA BULLETIN.◆

Greener pastures often have higher fences.

LEGISLATION WOULD BAN 'GAG CLAUSES'

WASHINGTON - Saying doctors should not be muzzled, President Clinton backed a bill Thursday ensuring physicians can discuss medical procedures that are not covered by a patient's insurance policy.

The bipartisan legislation before Congress would forbid "gag clauses" – provisions in insurance plans that restrict what doctors can say about medical procedures that are not covered by the plans.

"This is unacceptable," Clinton said.

However, there is some question about how widespread the problem is. Alixe Glen, spokeswoman with BlueCross BlueShield Association, said none of the company's policies representing 70 million Americans contain a gag clause.

Glen said the White House has exaggerated the problem. – THE ASSOCIATED PRESS

MARCH GENERAL MEMBERSHIP MEETING
Monday, March 17, 1997
Royal Palm Yacht Club
6:30 p.m. - Social Time
7:00 p.m. - Dinner
DINNER BY RESERVATION ONLY
Spouse or Guest - Dinner $25.00
SPEAKER & TOPIC
REV. JOE LA MAR, DIRECTOR
CORPORATE SOCIAL RESPONSIBILITY
"THE BALANCE OF SOCIAL & FISCAL RESPONSIBILITY"
CANCELLATIONS: By Noon Friday before meeting.

Lee County Medical Society Cares About You

LEE COUNTY MEDICAL SOCIETY
P.O. Box 60041
Fort Myers, Florida 33906-0041

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Permit No. 534