

LEE COUNTY MEDICAL SOCIETY

Bulletin



THE VOICE OF LEE COUNTY MEDICINE

VOLUME 27, NO. 07

FORT MYERS, FLORIDA
John W. Snead, M.D.

NOVEMBER 2003

GENERAL MEMBERSHIP MEETING

NOVEMBER MEETING
THURSDAY, NOVEMBER 20,
2003

HIV/AIDS AND DOMESTIC VIOLENCE
2 HOURS MANDATORY CME CREDITS

Royal Palm Yacht Club
2360 West First Street
Downtown Fort Myers

6:00 p.m. – Dinner/7:00 p.m. – Program

Speakers:

Robert Schwartz, MD, Infectious Disease
James E. Harrell, MD, Domestic Violence

These activities have been planned and implemented in accordance with the Essential Areas and policies of the Accreditation Council for Continuing Medical Education through the joint sponsorship of the Florida Medical Association and First Professionals Insurance Company. The Florida Medical Association is accredited by the Accreditation Council for Continuing Medical Education to provide continuing medical education for physicians.

The Florida Medical Association designates activities for a maximum of 2 hours in Category 1 credit towards the AMA Physician's Recognition Award. Each Physician should claim only those hours of credit that he/she actually spent in the educational activity.

LCMS Members Dinner NC, CME \$50—Total \$50
Retired, Applicants, Spouses, Physician member PAs
Dinner \$25, CME \$50—Total \$75
Non-Members Dinner \$25, CME \$100—Total \$125

Please RSVP:

LCMS, PO Box 60041, Ft Myers, FL 3390
Tel: 239-936-1645 Fax: 239-936-0533

Inserts

- 1 ANNUAL MEMBERSHIP MEETING NOTICE
- 2 FLORIDA REQUIREMENTS FOR PHYSICIANS CME
- 3 RESOLUTION OF LEE COUNTY COMMISSIONERS IN OPPOSITION OF REDUCTION IN PHYSICIAN MEDICARE REIMBURSEMENT
- 4 ADVERTISEMENT: FIDDLESTICKS COUNTRY CLUB INSERT

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President's Message

"WHO'S THE BOSS?"

Ralph Gregg, M.D.



It's been rough going, trying to get the Constitutional Amendment going under severe time and economic restraint. There have been tedious and time-consuming issues such as can a 501(c) (3) corporation actively support the Constitutional Amendment to limit contingency fees in malpractice cases. Then how about a 501(c) (4)? Additionally, there have been paper work headaches. The latter issue surrounds how and where to designate who contributed to the effort economically and how to declare it to the prospective signers. Thus, another revision of the signature forms. These headaches are inevitable in a complex effort such as this; especially when it is conducted at the grassroots level. It would have been easier to hire a specialty firm to acquire the signatures in support of the amendment. But that is not what this effort is about, and only the plaintiffs' attorneys could have afforded it. Despite these challenges, our campaign to place the proposed Constitutional Amendment on the ballot is gaining steam. The details are being worked out. If you or someone in your office has questions, please contact the Lee County Medical Society. We have answers and want to help. The Lee County Medical Society Alliance is coordinating much of the legwork such as delivering information packets and collecting signed petitions. At the state level, a war chest is beginning to accumulate and a professional public relations campaign is being developed.

The administrative and logistical details of a Constitutional Amendment effort are difficult and sometimes maddening, but they can be overcome. Something infinitely more problematic was witnessed by me personally last week when I accompanied my son to a doctor's appointment. There was no information about the contingency fee limiting amendment displayed in the waiting room nor was it mentioned any time during the visit. This, as you might expect, concerned me. Therefore, after the visit, I discussed it with the physician. After a brief talk, he was all in favor of our efforts and agreed to collect signatures in his office. Things were going well until check out time when I mentioned my discussion with the doctor to the office manager. She informed that she had received the information packet from the Lee County Medical Society but did not agree with collecting signatures from patients in the doctor's office, therefore, she did not do it. I attempted to discuss this issue with her further to no avail. Whose office is it anyway?

If you are reading this, you are most likely collecting signatures in your office, and your office staff is on board. However, this campaign should be more than the same hard working people putting in the effort for the rest of the medical community. As I have said before. This is about organized medicine going on the offensive. With our efforts last year, and now with the contingency fee amendment, we are attempting to forge a more positive practice environment in Florida. What may be equally as important is that this campaign is an opportunity to involve more physicians in pro-medical political activism. It is an opportunity to bring in those physicians who have been sitting passively on the sidelines. With more active voices, we have more power.

Every physician in Lee County, not just FMA members, has been sent an information packet with the materials to start a signature collecting effort in their office. It is necessary for us, the informed and involved physician, to talk to those physicians sitting on the sidelines. Personal physician to physician contact seems to be the best way to motivate those who need it. As you talk to colleagues about the importance of their participation, remind them not to let their office staff keep them out of the loop or make decisions for them. If we are successful with contingency fee reform, we may reap the benefits of an improved medical legal environment as well as a rejuvenated organized medical community.

LEE COUNTY MEDICAL SOCIETY NOMINATIONS FOR 2004 OFFICERS

The following slate of nominations for the 2004 officers of the Lee County Medical Society is presented for your consideration. The membership will vote at the November 20, 2003 General Membership Meeting. If you wish to nominate someone else for an office, please be sure to have that person's approval before nominating them from the floor.

President Elect: Richard Murray, M.D.

Secretary: M. Erick Burton, M.D.

Treasurer: Julio L. Rodriguez, M.D.

Members-At-Large:

Ronica Kluge, M.D. (2004)

Trevor Elmquist, D. O. (2005)

Paul B. Engel, M.D. (2005)

Larry Hobbs, M.D. (2005)

Raymond Kordonowy, M.D. (2005)

Grievance Committee Chairman:

R. Thad Goodwin, M.D.

Committee On Ethical & Judicial

Affairs: (3 Year Appointment)

Susanna F. Beshai, M.D. (2006)

John J. Green, D. O. (2006)

EMA Delegates

Howard Barrow, M.D.

Michael Fletcher, M.D.

James Fuller, M.D.

Ralph Gregg, M.D.

Larry Hobbs, M.D.

Elliott Hoffman, M.D.

David Reardon, M.D.

Cherrie Morris, M.D.

Julio L. Rodriguez, M.D.

James H. Rubenstein, M.D.

Alan D. Siegel, M.D.

Douglas Stevens, M.D.

Dean Traiger, M.D.

Steven R. West, M.D.

Alternates:

M. Erick Burton, M.D.

Valerie Crandall, M.D.

Stuart Bobman, M.D.

Trevor Elmquist, D. O.

Paul B. Engel, M.D.

Gerardo Gamez, M.D.

F. L. Howington, M.D.

Ronica Kluge, M.D.

Rudolf Kotula, M.D.

Lawrence D. Leigh, M.D.

Richard Murray, M.D.

Rick Palmom, M.D.

Michael Rosenberg, M.D.

Previously Elected Members Of The LCMS Board Of Governors:

2004 President – Douglas Stevens, M.D.

2003 President – Ralph Gregg, M.D.

Members-At-Large:

Cherrie Morris, M.D. (2004)

Dean Traiger, M.D. (2004)

Previously Elected Members Of The Committee On Ethical And Judicial Affairs:

Michael Raymond, M.D. - (2004) Chairman

Joseph P. O' Bryan, M.D. (2004)

Craig R. Sweet, M.D. (2004)

Shahid Sultan, M.D. (2004)

Michael Kim, M.D. (2005)

Chaim Jay Margolin, M.D. (2005)

P. Jeff Richards, M.D. (2005)

As I Recall...

Roger D. Scott, M.D.

KENANSVILLE



Each November (my birth month) I seem to regress to memories of my childhood. The A.I.R. article of November 1997 (Can six years have already passed?) was on the discovery of my heretofore unknown birthplace location, Sumica, Florida that was not shown on any map. With the aid of modern

technology, I did discover and return to my birthplace for the first time.

We moved to Kenansville Florida in 1928 when I was two and this is where my first youthful memories were developed until I was five years old. Getting to Kenansville (named for Henry Flagler's third wife) was an adventure as it was in the true way back woods & wilds of Osceola County, Florida. The trip began in the small cow town of Kissimmee traveling on a graded unpaved road East (now US 441&192) towards Melbourne in your Model T or Model A Ford for 25 miles to Holopaw, turn South (now US 441) onto two dirt ruts for the next 21 miles arriving at Kenansville. The "town" (population approximately ten or a few more) had two buildings; a small sundries store made of river rock & the two-story brick "Heartbreak Hotel" of approximately eight rooms. (I have often wondered how the brick manufactured far to the north was transported there, but suspect that the Florida East Coast Railroad shipped it. The F.E.C. Railroad is seen going to Kenansville on a 1915 map I just received.) The hotel was mainly frequented by lumbermen and cowboys. Driving South another 14 miles in the dirt ruts, you reached Yeehaw Junction with a population of six or seven. Our rare trips to town were north 50 miles to Kissimmee.

Now here is a bit about the sawmill & life there. It is hard to imagine how such a large mill could be transported from Sumica to Kenansville, and unfortunately, I never asked my father how it was done. I would assume that the mill was dismantled and transported by our own railway equipment, (two large locomotives and two small ones) using the Florida East Coast railroad track system. The largest individual items that could not be broken down were the six massive boilers for making steam. All power was steam, man, or mule. The trains & railcars traveling along our own many miles of railroad tracks in the woods were used for hauling the cut logs to the sawmill to be made into lumber. The addition of such a large structure and the large contingent of people it brought to Kenansville was big news. Including their families, there were over 1,000 people new to this community (approximately 30 whites and 970 blacks). There was no electric power and no running water. My playmates consisted of Sammy (a young black boy about my age & my best friend even in the segregated South), a young white boy, and Eunice who was a victim of severe cerebral palsy. There was no TV or radio so our amusements consisted of many games & playing with my goat and rabbit. We built toys out of scrap lumber, tin cans, & any old piece of discarded equipment we found. Climbing & rolling around in the big tall sawdust piles was fun as was playing on and around the operating machinery of the mill. Massive buzz saws, running machines, big logs, and lumber in high stacks were our playground. It is truly amazing that we had no major injuries. I was usually allowed to be the "engineer" for the smaller locomotive, but it was necessary to have a man help me pull the throttle & apply the brake, as I was so small. My brothers taught me to drive a Model T Ford (the ruts kept the car on track, the gas was controlled on the steering post, and it braked by simply turning the gas off). The first corpse I ever saw was my Uncle Joe, who was shot by a drunk worker Uncle had just fired.

There's so much to tell but not enough space for it. It was a great childhood despite none of today's "comforts of home".

See AS I RECALL, page 2

LEE COUNTY MEDICAL SOCIETY
BULLETIN

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FMA: www.fmaonline.org
AMA: www.ama-assn.org

The Lee County Medical Society Bulletin is published monthly, with the June and August editions omitted.

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MANAGING EDITOR

Ann Wilke, 936-1645

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

PRINTERS

Distinct Impressions 482-6262

MEMBERSHIP ACTIVITY

RESIGNED/RELOCATED

Michael Steier, M.D. (Retired)
Middlebury, Vermont

NEW OFFICE LOCATION

Leonard Benitez, M.D.
4048 Evans Avenue, Ste 306
Fort Myers, FL 33906

LEE COUNTY MEDICAL
SOCIETY 2003-04 PICTORIAL
DIRECTORY CORRECTIONS

Cut out and place in your directory the following information:

M. ANNABELLE MARTIN, M.D.
University of the Philippines 1991

Our apologies to Dr. Mehalik and his practice for omitting this information in the directory.



JOHN MEHALIK, M.D.
Orthopedic Surgery
Sports Med & Joint
Replacement Specialists
8350 Riverwalk Park Blvd.
Fort Myers, FL 33919
(239) 482-2663

LCMS STATS

September 15, 2003-October 16, 2003

Current YTD

PHONE CALLS RECEIVED 592 4878

From Physicians and Office Staff 126 990

For Referrals 139 1582

For Background Checks 31 245

Filing Complaints 2 32

Regarding Non-Members 13 179

Regarding Alliance 38 104

Regarding CMS, FMA, and AMA 42 238

Miscellaneous Calls 201 1508

APPLICATIONS SENT TO PHYSICIANS 21 61

MEETINGS 7 53

Attended on behalf of LCMS 3 19

Society Meetings 4 34

DIRECTORIES DISTRIBUTED 747 855

LCMS ALLIANCE NEWS

Lynn Bacon, Co-President
LCMS Alliance & Foundation

Our Alliance year began with a commitment to the Medical Society to help in any way possible with the petition drive for the Citizens For a Fair Share constitutional amendment. Putting other projects on hold in order to focus on the legislative effort, our members spent many hours delivering petitions to offices of LCMS members.

The petition drive was the big news at the Annual Florida Medical Association Alliance Meeting held concurrently with the FMA Annual Meeting in September. Lee County, the second largest Alliance in the state, once again won awards for our newsletter; most Family Component/Physicians Recovery Network fruit sales (proceeds benefiting programs for impaired physicians); best fundraising project for our Reaching Out Program of Giving; and best youth-oriented project, our second state SAVE (Stop America's Violence Everywhere) award.

October is national SAVE month, when many medical alliances across the country conduct anti-violence and conflict resolution programs in their communities. Our own Bullies and Victims Workshop has been an award-winning part of this American Medical Association Alliance initiative. Featuring SuEllen Fried, nationally renowned expert in the field of child violence, the workshop trains and certifies facilitators to implement the program in their schools. The workshop, held last month for its third and final season, was provided free to area guidance counselors, mental health providers, and social workers. Considered one of the best in the country, our SAVE program has won the AMAA Health Awareness Promotion (HAP) Award two years in a row!

Another ongoing project, our *Buckle Bear Program* has been teaching early school students about seat belt safety for seven years. *Medi-bag* collections benefit the area's homeless, and the newly instituted *Used Stethoscope Collection Program* will help provide medical services to the poor worldwide. The LCMSA Foundation raises money year-round for health-related charitable endeavors and, thanks to a successful fundraising gala last May, will be distributing over \$20,000 through its mini-grant program this winter.

We had an opportunity to introduce our programs to prospective members at our Welcome Brunch in September, and new physicians and spouses were greeted at our annual Potluck in Paradise. Our November meeting will feature holiday entertaining ideas and the talents of Chef Martin of the Blue Pepper Gourmet Market. The December holiday party will be a joint Medical Society-Alliance event, and monthly supper club meetings provide yet another social venue for physicians and spouses—and are among the hottest tickets in town! The Alliance offers both fellowship and worthwhile volunteer opportunities to our members. Please encourage your spouse to join and support our Alliance activities.

NEW EMTALA RULES LIGHTEN MEDICAL STAFF LOAD

Jeffrey Cohen, Esq.

Changes to EMTALA (the "Emergency Medical Treatment and Active Labor Act" or the "Anti-Dumping Law") rules were implemented by the Centers for Medicare and Medicaid Services September 9th. The changes create flexibility for medical staffs, but raise serious concerns about their effect on the availability of emergency care. The new regulations will become effective November 11th, and concern has already been voiced by some lawmakers and groups.

EMTALA, simply put, is the federal law which basically entitles anyone who comes to the emergency department of a hospital to receive medical screening and to have any emergency medical condition stabilized, regardless of whether the person is able to pay for the services. Florida's Access to Emergency Services law nearly mirrors the federal law. For years, hospitals and physicians have claimed that the law is too restrictive and have asked for modifications. They should be pretty happy with the changes.

For both hospitals and physicians, the law's requirement to provide all electively provided services on an emergency basis 24/7 has been particularly challenging in this time because:

1. Medical staffs are aging, and the older members do not have call obligations;
2. Medical practices are not growing as fast as they once were, so there is a diminishing supply of physicians to take call;
3. Liability for treating ED patients is especially high; and
4. The incidence and severity of malpractice awards is growing

So how do the new regulations help? Hospitals are given greater flexibility in establishing call schedules. The law limits the scope of its application by clarifying which facilities are subject to EMTALA. It states that specialist coverage does not have to be 24/7. Moreover, physicians can cover multiple EDs at once and are also specifically permitted under the rule to perform elective procedures while they are on call. The new rule also clarifies that EMTALA does not apply once a patient has been admitted to the hospital. This should clarify some confusion over the law's application to a hospitalized patient who experiences a new emergency situation.

Proponents say the new regs will stimulate specialist availability and will increase their productivity. Critics say the net effect will be even further shrinkage of specialist availability and access to emergency services.

CONCLUSION

Medical staffs need to evaluate their emergency staffing plans in light of the new regulations. Though they may encounter increased resistance from specialists in light of the new law, they need to consider their obligations, both legally and ethically, in light of all relevant authorities, including state law, licensing regs and the ethical guidelines of their profession. At a minimum, they may find their hospitals to be more facilitative and collaborative when it comes to the emergency services issue.

Mr. Cohen worked as Associate General Counsel to the Florida Medical Association from 1989 to 1993. He is a shareholder in the Delray Beach law firm of Strawn, Monaghan & Cohen, P.A. and is Board Certified by the Florida Bar as a specialist in Health Law. Mr. Cohen may be reached by calling (561) 278-9400.

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AS I RECALL, from page 1

Unfortunately, Kenansville reverted to its original size in 1931 when the mill moved. Enter "Florida Photographic Collection" in your web browser and then enter Kenansville in the Collection search and you can view one of our large engines (the date of 1945 should be 1928) & T.T. Scott Lumber Co. You can also see the Heartbreak Hotel where we stayed during the 1928 Hurricane. I'm not sure if I remember the wood (not glass windows) shutters blowing out and Mother holding me to keep me from blowing away or whether she just told me of the events. The Heartbreak Hotel is still open and has recently been extensively remodeled (internally). The roads are paved now and all of these towns are seen on the current map. The area still remains predominately uninhabited and wild. It is a beautiful location for hunting & fishing. Glad you are still on the map, Kenansville!

2004 FMA LEGISLATIVE AGENDA

Oppose All Scope Of Practice Expansions

Tort Reform – Protect the recommendations set forth in the report of the Governor's Task Force on Health Care Professional Liability Insurance that are enacted into law in 2003 and in 2004 continue to pursue any necessary provisions that are not enacted into law.

Anesthesiology Assistants – Continue to support legislation creating a licensure category entitled "Anesthesiology Assistants" who would work under the direct supervision of a doctor.

If you have not already become a Key Contact Physician, please consider doing so. The legislative team depends on our Key Contacts to contact legislators during session on issues of importance to Florida physicians.

VOLUNTARY CE TRACKING ERROR

Francie Plendl, J.D., Director,
Division of Governmental Affairs
Florida Medical Association

The Florida Medical Association has gotten information that the Department of Health and a vendor, CE Broker, have sent out information stating that a **voluntary** CE tracking system is mandatory. The statement, which is not accurate, states, "only continuing education hours tracked in CE Broker will meet your continuing education requirements." This is not true, it is a voluntary system that a physician may pay to use if he or she chooses to do so.

The Department of Health have agreed to send a postcard to all of the physicians that got the misinformation about CE Broker in their renewal notices (this is 1/2 of the MD licensees – the other half renew next year).

The Department will explain that subscribing to the CE Broker system is completely voluntary for both licensees and CE providers. (Note that this system is mandatory for many other licensees, but not for MDs.)

Please contact the FMA with any questions at 1-800-762-0233.

IMPORTANT LABORATORY
LICENSURE INFORMATION

The Florida Medical Association (FMA) is in the process of asking the Agency for Health Care Administration (AHCA) to consider allowing physicians who inadvertently allowed their state clinical lab license to lapse to go through the renewal process rather than apply for a new license. In January 2003, AHCA sent notices to all lab licensees that stated that due to fiscal constraints it will no longer send renewal notices and forms to licensees except those mandated by CLIA. The letter stated that providers are required to download the licensure renewal form from the AHCA Web site, and submit it with renewal fee 60 days before the date that the licensure is due to expire.

Although the FMA is asking AHCA to allow those who missed the deadline to file a late renewal, you should be aware that operating a laboratory without a current license is prohibited by law.

To obtain more information, visit the Agency's Web site at <http://www.fdhc.state.fl.us/MCHQ/HealthFacilityRegulation/Laboratory/index.shtml>. If you have questions about this notice, you may contact the AHCA Laboratory Unit at 850.487.3109.

The FMA will keep you abreast of any changes regarding this issue.

ASK YOUR LEGISLATORS TO
SUPPORT THE MEDICARE PHYSICIAN
PAYMENT UPDATE

Please contact your Senators and Representatives and urge them to stress these several main points:

- Tell Senators and Representatives to support the House-passed provision on the Physician Payment Update to provide for two years of positive payment updates rather than two years of cuts which would begin with a cut of more than 4% on January 1, 2004. Tell Senators and Representatives to support the inclusion of the Medical Physician Payment Update fix in the final House-Senate Conference Report.
- Tell Senators and Representatives to oppose the House-passed provision that would give CMS the authority to mandate that ICD-10 be adopted as the coding and reporting standard, replacing the Current Procedural Terminology (CPT) System. Switching to ICD-10 would add significant financial and administrative complexity rather than providing regulatory relief and would require that physicians move from 8,000 codes to a system with over 170,000 new codes.
- Tell Senators and Representatives to oppose the House-passed provision that would mandate that physicians begin electronic prescribing by 2006. Mandating a complex system such as this with very little time and resources to implement it constitutes an unfounded mandate that could have adverse consequences on care or patients. The Senate provision does not include a mandate and would instead focus on developing standards for an e-prescribing System.

Members please use the:
AMA Grassroots Hotline – 1-800-833-6354
AMA in Washington Website – www.ama-assn.org/grassroots

Lee County Public Health Department

WEIGHTY THOUGHTS

Michael Barnaby, Public Information Officer

More than half of our county's residents are either overweight or obese, and no matter what a physician's specialty, studies have shown that he or she can play an important role in influencing a patient's physical activity and weight loss decisions and actions.

It goes without saying that sensitivity and tact are essential in dealing with these issues. But how, exactly, can a physician counsel a patient about weight control and physical activity when the physician's only opportunity to interact with the patient is a brief office visit? A complex issue, it can be approached in many ways; one possible framework for advising patients is described by the acronym AIM, which stands for three aspects of weight management counseling:

- Advise all patients to be physically active;
- Identify at-risk, overweight, or obese patients by calculating BMI;
- Motivate high-risk patients to take steps toward adopting healthy types of lifestyle behavior.

Some simple, inexpensive, and easy to implement changes in your waiting and examining rooms might include:

- Providing several sturdy, armless chairs in the waiting area.
- Ensuring that weighing takes place in a private setting, and not in the presence of other patients or staff.
- Recording patient weight silently, free of any commentary – positive or negative.
- Providing extra-large examining gowns for your large patients.
- Providing a sturdy stool for large patients to assist them in getting on the examination table.

Although not complicated measures, these changes (and others) can do wonders towards making all your patients feel understood and at ease.

MEDICAL LIABILITY REFORM

Donald J. Palmisano, M.D., President
American Medical Association

The fight for medical liability reform continues as the Senate Republican leadership plans to proceed with specialty-specific medical liability reform bills. The AMA is willing to support specialty-specific bills, but only if they are consistent with principles of MICRA, H.R. 5 and S. 11.

The first of a possible series of medical liability reform bills would focus on obstetrical services. Unfortunately, S. 607 is under consideration as the "base" bill and it contains three items that would be detrimental to our policy.

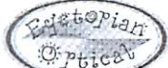
First, it does not provide a flexicap, and thus would fail to protect states such as Indiana, New Mexico and Louisiana, who have additional limits on damage awards.

Second, it contains troublesome subrogation language that would allow health plans to recoup from physicians and hospitals any payments made in case of alleged malpractice. Not only does this language not follow MICRA, it would specifically undermine California's collateral source and subrogation language and any state that has followed it.

Lastly, S. 607 contains ERISA language that could reverse hard-fought court victories won by state and national medical specialties and the AMA. Opponents of medical liability reform would be at the ready with arguments about protecting HMOs at the expense of patients.

I've said it before and I'll say it again – organized medicine needs to deliver a unified and consistent message. If different groups are delivering even slightly different messages, our chances of obtaining medical liability reform are dramatically decreased. Please don't hesitate to contact me or the AMA's Vice President of Government Affairs Rich Deem, in our Washington, D.C., office.

medical liability reform are dramatically decreased. Please don't hesitate to contact me or the AMA's Vice President of Government Affairs Rich Deem, in our Washington, D.C., office.

The Promenade
Bonita Springs
(239) 498-4420The Bell Tower Shops
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LEE COUNTY MEDICAL
SOCIETY DUES ARE DUE BY
DECEMBER 31, 2003

NEW PHYSICIANS TO OUR
COMMUNITY

Please contact the Society Office for an application for all new doctors to our area.

New 2003-04 Pictorial Directories are now available.

CONTRIBUTIONS TO THE
BULLETIN

Please support your paper rag with articles, interesting bits of information and updates on changes to your practices.

MEDICAL SOCIETY IN NEED
OF CREDIT MACHINE

If you have an extra credit card machine contact us.

NEW MEMBER APPLICANTS

Active members are requested to express to the Committee on Ethical and Judicial Affairs or Board of Governors any information or opinions they may have concerning the eligibility of the applicants.

JOHN A. CHURCHILL, M.D. – PEDIATRIC ORTHOPEDICS

Medical School: Indiana University School of Medicine, Indianapolis, IN (1985-89)

Internship: West Virginia University, Morgantown, WV (1989-90)

Residency: West Virginia University, Morgantown, WV (1990-94)

Fellowship: Nemours Children's Clinic, Jacksonville, FL (1994-95)

Board Certification: American Board of Orthopedic Surgery

Dr. Churchill is employed at Children's Orthopedics at 9800 S. Health Park Drive Suite 110, Fort Myers, FL 33908.

ROBERT GROHOWSKI, M.D. – INTERNAL MEDICINE/
CARDIOVASCULAR DISEASE

Medical School: University of Michigan, Ann Arbor, MI (1992-96)

Internship: University of Michigan, Ann Arbor, MI (1996-97)

Residency: University of Michigan, Ann Arbor, MI (1997-99)

Fellowship: University of Michigan, Ann Arbor, MI (1999-2003)

Board Certification: American Board of Internal Medicine in Internal Medicine and Cardiovascular Disease

Dr. Grohowski is in group practice with S.W. Florida Heart Group at 8540 College Parkway, Fort Myers, FL 33919.

CITIZENS FOR A FAIR SHARE

Sandra Mortham, FMA, CEO, EVP

The new Citizens for a Fair Share website is now up and running. You can go to the site to contribute online, download the petition or get answers to frequently asked questions.

The estimated cost for a successful campaign is more than \$12 million. In order to raise the necessary resources to ensure patients receive their fair share, we will need EVERY physician to help fund this initiative. We are asking you to join the fight by contributing ONLY \$41.66 each month for the next 12 months. \$41.66 is probably less than your monthly cable bill. Don't you feel it's worth \$41.66 to help the future of the medical profession in Florida? The future of this important constitutional initiative is in your hands. We cannot proceed without the necessary resources. This is a small sacrifice to make for the patients and physicians of the State of Florida. Some have stepped up to the plate and have contributed \$5,000 individually.

The website address is <http://www.citizensforafairshare.org>.

Contributions: Checks should be written to **CITIZENS FOR A FAIR SHARE, INC.**
Citizens For A Fair Share, Inc., P.O. Box 10269, Tallahassee, FL 32302

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LEGIBLE PRESCRIPTION LAW

Frequently Asked Questions:

The Lee County Medical Society has been receiving telephone calls regarding the Legible Prescription Law that is now in effect. We visited the Department of Health website and were able to find answers to all your questions on http://www.doh.state.fl.us/mqa/pharmacy/info_faq-prescription.pdf.

Q: What is the Legible Prescription Law?

A. Section 456.42 Florida Statutes- Written prescriptions for medicinal drugs. -A written prescription for a medicinal drug issued by a health care practitioner licensed by law to prescribe such drug must be legibly printed or typed so as to be capable of being understood by the pharmacist filling the prescription; must contain the name of the prescribing practitioner, the name and strength of the drug prescribed, the quantity of the drug prescribed in both textual and numerical formats, and the directions for use of the drug; must be dated with the month written out in textual letters; and must be signed by the prescribing practitioner on the day when issued.

Q: Who Sponsored this Law?

A. Senator Wasserman-Schultz and Representative Vana.

Q: Why was this law passed?

A. The law was created in the interest of reducing prescription errors and keeping Florida citizens and visitors safe.

Q: When was it passed?

A. The bill was signed into law by Governor Bush on May 23, 2003 and became effective on July 1, 2003.

Q: What are the basic new requirements of this law?

A. That the prescription be legibly written or typed; that the quantity of the drug must be written in numerical and textual format (e.g. 10 -ten); that the date of the prescription must be written in textual letters (e.g. July 1, 2003); and that the practitioner must sign the prescription on the day it is issued.

Q: Does the law prohibit a prescribing practitioner from using the standard abbreviations such as "p.o. t.i.d."?

A. No.

Q: Does the law require it to be written in such a way that the patient can read and understand it?

A. No. The law requires that it must be capable of being understood by the pharmacist.

Q: Does this law apply to written orders by a prescribing practitioner in an institutional setting?

A. The law clearly references written prescriptions, not written orders. There is a distinct difference between the two. An order relates to administration; a prescription relates to dispensing. Thus, in our interpretation, the law does not apply to written orders.

Q: Does the law apply to telephone prescriptions that are reduced to writing by the pharmacist?

A. No. The law applies to a "written prescription for a medicinal drug issued by a health care practitioner licensed by law to prescribe such drug..." A pharmacist is not licensed by law to prescribe drugs.

Q: Does the law grant a "grace" period before it takes effect?

A. The law does not grant a "grace" period. It went into effect on July 1, 2003. The Department's focus in the first year will be on education, not punishment.

Q: What if I have preprinted prescription blanks that don't contain the required information?

A. Any information not contained on the preprinted prescription should be hand printed.

Q: What happens if a doctor gives the patient a prescription that is not written as required by the new law?

A: The pharmacist will handle the script in the same manner as it was handled prior to July 1, 2003. If the pharmacist would have filled the prescription on June 30, then nothing in the law prevents the pharmacist from filling it on July 1.

Q: Is the pharmacist required to tell the Department each time a script is missing part of the new law's requirements?

A. There is no reporting requirement in the law, however, arguably, if a prescription written by a health care practitioner does not meet the requirements it could be viewed as a general violation of the law. Again, for the first year the department's focus will be educational not punishment.

Q: Is the pharmacist subject to Discipline if he/she fills a prescription that does not meet the new requirements?

A. The law does not prohibit filling a prescription that the pharmacist would otherwise have filled prior to July 1, 2003. Keep in mind also that pharmacists, as a routine standard of practice, have always verified with a physician a prescription that was unclear or illegible.

Q: Will the Board of Pharmacy be considering any rule changes?

A. Although the law doesn't grant specific rulemaking authority, the Board of Pharmacy, at its August meeting, will consider whether or not to draft a rule specifying the standard of practice for pharmacists on how to handle a prescription that does not meet the new requirements.

Q: How have pharmacists traditionally handled a prescription that was illegible?

A. The pharmacist, as a practice standard, has always had the responsibility of verifying an illegible prescription with the physician.

Q: Will the Department prosecute practitioners who do not write prescriptions legibly and in the manner required by the law?

A. The purpose of the law is to improve patient safety by reducing errors in prescription medications. The law does not specify how the Department shall handle prescription writers who do not comply. The Department will work closely with the licensing boards, health care associations, and other interested groups to implement this law. As with all new laws and programs, we cannot predict what will happen in every situation, however, the Department is now focused on how best to implement the law not on how to discipline health care providers who are doing their best to learn and acclimate to this new prescription format. The Department focus the first year is to educate prescribing practitioners, pharmacists and consumers about the law. The licensing boards have a variety of options available to deal with violations, including a letter of advice that would be sent to non-compliant practitioners. This would be followed by a notice of non-compliance, and if appropriate, a citation. The licensing boards have not yet had the opportunity to address this issue.

Q: Will a pharmacist return a prescription to a patient if the script does not meet the requirements?

A. The patient should not be inconvenienced by this new requirement. Hopefully, consumers themselves, when presented with a prescription that is illegible will clarify the drug, dosage strength or other component of the prescription with the doctor before taking it to the pharmacy.

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