



2024 HCMA LEGISLATIVE PRIORITIES

Hillsborough County Medical Association
3001 W. Azeele St., Tampa, 33609

SCOPE OF PRACTICE

The HCMA promotes quality of healthcare by requiring medical school training and licensure to practice medicine in FL. A physician-led healthcare team is vital to safe and quality care. The amount of clinical training hours is very different between a nurse practitioner (500), vs. a physician assistant (2,000) vs. a medical student by the end of 4th year (6,000), vs. a physician with three years of residency (15,000).

We strongly believe that reducing physician oversight is not in the best interest of Floridians, there must be clear boundaries on the scope of practice for physicians, ARNPs, PAs, and CRNAs as well as other areas including psychology, optometry, and pharmacy.

FAIRNESS IN DISPUTE RESOLUTION

Under current law, claim disputes between physicians and health plans can be mediated through the state's third-party dispute resolution organization. Unfortunately, the law provides these health plans with the ability to "opt out" of mediation, which is taken advantage of when the facts of the claim denial would likely result in a judgment against the plan. By opting out of mediation, health plans are counting on the fact that formal legal challenges will be too burdensome for physicians to pursue – a process that is both costly and time-consuming, detracting from actual patient care. We are advocating for the elimination of this unfair opt-out provision in order to give physicians more power in the dispute resolution process.

PRIOR AUTHORIZATION

Health plans require time-consuming prior authorization requirements to control patient access to certain treatments. To reduce the burdensome impact that prior authorization requirements have on patients, physicians, and the healthcare system, the HCMA believes that reforms are needed including, but not limited to, requiring electronic prior authorization requests, procedural transparency, reducing the medically unnecessary and duplicative information plans currently require, and implementing time limits for approval or denial.

RETROACTIVE DENIALS

The HCMA supports reform related to the payment of healthcare claims, in particular requiring health insurers/HMOs should not be able to retroactively deny a claim because of insured ineligibility if the health insurer has confirmed the insured's eligibility at the time of treatment or granted prior authorization for the treatment. The costs of retroactive denials to the administrative burden that physicians face significantly impede their ability to deliver medically necessary care.

PHYSICIAN PAYMENT REFORM

A national issue the HCMA feels should remain at the forefront of all legislative discussions. Continued cuts to the Medicare Physician Fee Schedule conversion factor will not only affect the business of medicine but access to healthcare for our patients.

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