

LEGISLATIVE ACTION

Senate House

Floor: WD/2R 04/27/2011 02:29 PM

Senator Fasano moved the following:

Senate Amendment (with directory and title amendments)

Delete lines 529 - 559 and insert:

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- (a) A physician may not practice medicine in a painmanagement clinic, as described in subsection (4), if:
- 1. The pain-management clinic is not registered with the department as required by this section; or
- 2. Effective July 1, 2012, the physician has not successfully completed a pain-medicine fellowship that is accredited by the Accreditation Council for Graduate Medical Education or a pain-medicine residency that is accredited by the Accreditation Council for Graduate Medical Education or, prior

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to July 1, 2012, met one of the following qualifications: does not comply with rules adopted by the board.

- a. Board certification by a specialty board recognized by the American Board of Medical Specialties and holds a subspecialty certification in pain medicine.
- b. Board certification in pain medicine by the American Board of Pain Medicine.
- c.(I) Successful completion of a residency program in physical medicine and rehabilitation, anesthesiology, neurology, neurosurgery, family practice, internal medicine, orthopedics, or psychiatry approved by the Accreditation Council for Graduate Medical Education.
- (II) Sub-specialty certification in hospice and palliative medicine or geriatric medicine recognized by American Board of Medical Specialties.
- d. Staff privileges at a Florida-licensed hospital to practice pain medicine or perform pain-medicine procedures.
- e. Three years of documented full-time practice, which is defined as an average of 20 hours per week each year, in painmanagement and after October 1, 2011, attended and successfully completed 40 hours of in-person, live-participatory AMA Category I CME courses in pain-management, which address all the following subject areas:
- (I) The goals of treating both short-term and ongoing pain treatment.
- (II) Controlled substance prescribing rules, including controlled substances agreements.
- (III) Drug screening or testing, including usefulness and limitations.



- 43 (IV) The use of controlled substances in treating shortterm and ongoing pain syndromes, including usefulness and 44 45 limitations. (V) Evidenced-based, noncontrolled pharmacological pain 46 47 treatments. 48
 - (VI) Evidenced-based, nonpharmacological pain treatments. (VII) A complete pain-medicine history and a physical examination.
 - (VIII) Appropriate progress note keeping.
 - (IX) Comorbidities with pain disorders, including psychiatric and addictive disorders.
 - (X) Drug abuse and diversion, and prevention of same.
 - (XI) Risk management.
 - (XII) Medical ethics.

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In addition to the CME requirements set forth in this sub-subsubparagraph, physicians must be able to document hospital privileges at a hospital licensed in this state; practice under the direct supervision of a physician who is qualified in subsub-subparagraphs a. through c.; or have the practice reviewed by a Florida-licensed risk manager and document compliance with all recommendations of the risk management review. Upon completion of the 40 hours of CME requirements set forth in this sub-sub-subparagraph, a physician must also document the completion of 15 hours of live lecture format, Category I CME in pain management for every year the physician is practicing pain management.

(b) Any physician who qualifies to practice medicine in a pain-management clinic pursuant to rules adopted by the Board of 72

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Medicine as of July 1, 2012, may continue to practice medicine in a pain-management clinic as long as the physician continues to meet the qualifications set forth in the board rules. A physician who violates this paragraph is subject to disciplinary action by his or her appropriate medical regulatory board.

(c) (b) A person may not dispense any medication, including a controlled substance, on the premises of a registered painmanagement clinic unless he or she is a physician licensed under this chapter or chapter 459.

(d) (c) A physician, an advanced registered nurse practitioner, or a physician assistant must perform an appropriate medical a physical examination of a patient on the same day that the physician he or she dispenses or prescribes a controlled substance to a patient at a pain-management clinic. If the physician prescribes or dispenses more than a 72-hour dose of controlled substances for the treatment of chronic nonmalignant pain, the physician must document in the patient's record the reason such dosage is within the standard of care. For the purpose of this paragraph, the standard of care is set forth in rule 64B8-9.013(3), Florida Administrative Code for prescribing or dispensing that quantity.

(e) (d) A physician authorized to prescribe controlled substances who practices at a pain-management clinic is responsible for maintaining the control and security of his or her prescription blanks and any other method used for prescribing controlled substance pain medication. The physician shall comply with the requirements for counterfeit-resistant prescription blanks in s. 893.065 and the rules adopted pursuant to that section. The physician shall notify, in writing, the



department within 24 hours following any theft or loss of a prescription blank or breach of any other method for prescribing pain medication.

(f) (e) The designated physician of a pain-management clinic shall notify the applicable board in writing of the date of termination of employment within 10 days after terminating his or her employment with a pain-management clinic that is required to be registered under subsection (1).

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===== D I R E C T O R Y C L A U S E A M E N D M E N T ====== And the directory clause is amended as follows:

Delete lines 496 - 499

and insert: 113

> Section 7. Paragraph (a) of subsection (1) and subsection (2) of section 458.3265, Florida Statutes, are amended, and paragraphs (f) and (g) are added to subsection (5) of that section, to read:

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119 ======= T I T L E A M E N D M E N T ========== And the title is amended as follows: 120

Delete lines 42 - 44

122 and insert:

> as a pain-management clinic; specifying qualifications for a physician to practice medicine in a painmanagement clinic; requiring a physician, an