



# The Florida Academy of **PAIN MEDICINE** Integration & Innovation

## September President's Message

Dear Colleagues,

I hope everyone has enjoyed their summer and all are ready to get back into the swing of things. I would like to start off by thanking Dr Albert Ray our immediate past president for his leadership and tireless efforts in serving our organization over the past two years; as well as, Dr. Felix Linetsky, Dr Kenneth Webster and the entire FAPM board of directors for putting on an excellent educational program at this year's annual scientific conference. If you were unable to attend this year's conference you certainly missed out and I hope to see you at the conference next year. In fact, place it on your calendar today! (June 20-22, 2014). The Florida Academy of Pain Medicine largely exists to advocate for and to protect the rights of the chronic pain patients and the physician community that serves them within the State. [Your membership in this organization](#) is of paramount importance and without your support we would not have a voice in Tallahassee. I personally value your [membership](#) in the Academy and believe that together we are making a difference in your practice and patients' lives. I hope each of you will see fit to renew your membership this year. If you know of a colleague that is not presently a member of FAPM, please encourage him or her to join today!

Once again, all physicians will be facing our annual double digit cuts to Medicare reimbursement in 2014 if the Sustainable Growth Rate (SGR) formula is not amended or repealed. While I am hopeful that the planned MC cuts this year will once again be averted by a temporary Congressional fix, it is unlikely that the SGR formula will be repealed in this political environment. Given the uncertainty of our MC compensation into the future, I would suggest that all physicians take an opportunity to review their commercial insurance contracts to make sure they are not linked to "current" year MC fee schedules. If they are you may want to proactively consider renegotiating them to a specific year's MC fee schedule if possible.

Unfortunately, FAPM's goal of passing state preemption of the licensure and regulation of pain management clinics has yet to be achieved. Going forward, we continue to believe that preempting the regulation of pain management clinics to the state is still a viable policy in Florida, and passing legislation to accomplish this is a goal that can be achieved. Last year there seemed to be universal understanding by legislators and staff that many local governments have gone too far in attempts to attack pill mills, and legitimate physicians (as well as their patients) are now being harmed in the process. We have kept lines of communication open with leadership in the House of Representatives, Senate and Governor's office since the end of the last legislative session and believe we are well positioned to advance this legislative initiative in 2014.

Over the past two years, private insurance carriers have begun to deny payment for many interventional pain management procedures based upon them now being deemed "experimental and/or investigational". The specific procedures being denied vary by carrier and remove from coverage any procedures that the "insurer" in its sole discretion deems experimental/investigational. The method used by insurance carriers to deem these procedures as experimental/investigational; involves the hiring of consultants, advisors and/or scientists who then develop an "internal" technology assessment process for each procedure targeted, by using "objective and scientific" factors as much as possible (ha-ha). The insurers "internal" assessment is neither shared with the

physician community or the insured. In many respects, they are developing their own set of evidenced based medicine (EBM) criteria under the veil of secrecy to alter the locus of decision-making power in the health care community. I believe this is a self-serving policy representing a huge conflict of interest that disenfranchises the patients we serve. If physicians do nothing, this process will continue unabated to the detriment of our patients and Academy members. The leadership at FAPM is committed to addressing this untenable situation and plans the following:

- 1) Discussion with the FMA and other concerned specialty societies to help gain their support and assistance in forcefully addressing this issue in the 2014 legislative session.
- 2) Lobbying for a state specific statute mandating private insurer's coverage for pain management procedures that are "at minimum" presently covered by other State and Federal health care programs.
- 3) A comprehensive public relations program to gain media support for our initiate on behalf of the patients we serve.
- 4) Consideration of a class action lawsuit to recover payment for services wrongfully denied as experimental/investigational.

During the last legislative session, several initiatives detrimental to the physician community were thwarted including bills, requiring PDMP usage at each visit when a CS is prescribed, allowing expansion in the scope of practice for nurse anesthetists in performance of IPM procedures and attempts to disallow physician compounding services by WC carriers. We will remain vigilant in monitoring and quashing any legislation that threatens physician scope of practice and autonomy during the next legislative session.

The house of medicine continues to face many challenges and leadership at the FAPM stands firmly committed to making certain that your voices are loudly heard both in Tallahassee and Washington.



Sincerely,  
Jeffrey A. Zipper, M.D.  
President FAPM