

1 **Meeting Minutes**
2 **Florida Board of Medicine**
3 **Telephone Conference Call**

4
5 **Wednesday, March 3, 2010**
6 **12:00 Noon EST**
7 **Conference Call Number (888) 808-6959**
8 **Conference Code: 2454131**
9

10
11 Roll Call: 12:05 p.m.

12
13 **Members Present:**

14 Onelia Lage, M.D., Chair
15 Michael Chizner, M.D., Vice Chair
16 Fred Bearison, M.D.
17 H. Frank Farmer, M.D.
18 Bradley Levine, Consumer Member
19 Robert Nuss, M.D.
20 Steven Rosenberg, M.D.
21 George Thomas, M.D. (12:09 p.m.)
22 Elisabeth Tucker, M.D.
23 Gary Winchester, M.D.

13 **Members Absent:**

Tully Patrowicz, M.D.
Jason Rosenberg, M.D.
Brigitte Georsch, Consumer Member
Trina Espinola, M.D.
Donald Mullins, Consumer Member

24
25 **Staff Present:**

26 Larry G. McPherson, Jr., Exec. Dir.
27 Ed Tellechea, Board Counsel
28 Nancy Murphy, Paralegal
29 Crystal Sanford, Program Administrator
30 Whitney Bowen, Board Staff
31 Gwyn Willis, Board Staff
32 Trish Clark, Board Staff
33 George Johnson, Board Staff
34 Camela Randolph, Board Staff
35 Kaye Howerton, Exec. Dir. Board of Osteopathic Medicine
36 Lucy Gee, Division Director, Medical Quality Assurance
37 Cassandra Pasley, Bureau Chief, Health Care Practitioner Regulation
38

25 **Others Present:**

Liz Rotruck with For the Record Court Reporting

39 **Rule 64B8-9.0131 – Standards of Practice for Physicians Practicing in Pain Management**
40 **Clinics**

41
42 Dr. Lage opened the meeting by thanking the committee members for their hard work, dedication
43 and the extreme time commitment it took to get to this point.

44
45 Mr. McPherson explained the process for the conference call and advised no public comment
46 would be taken at this meeting. He explained the Board members have a copy of the proposed

1 rule as it came out of the joint meetings between the Board of Medicine and Osteopathic
2 Medicine as well as a copy of the rule as revised by the Board of Osteopathic Medicine.

3
4 Dr. Thomas called in at 12:09 p.m

5 Dr. Bearison summarized the preamble of the proposed rule with Osteopathic Medicine's
6 revision.

7
8 A motion was made, seconded and carried unanimously to accept the proposed rule as revised by
9 the Board of Osteopathic Medicine.

10
11 Dr. Bearison then reviewed the definitions with the addition of a definition for "Board-eligible in
12 pain management".

13
14 Mr. Tellechea asked the Board to skip that portion until later in the meeting when another
15 portion of the proposed rule is reviewed.

16
17 A motion was made, seconded and carried unanimously to approve section 1 and section 2(a-e)
18 as revised by the Osteopathic Board except for the definition of "Board-eligible in pain
19 management".

20
21 Dr. Bearison then introduced section 2(f) – Drug Testing.

22
23 A motion was made, seconded and carried unanimously to approve section 2(f) as revised by the
24 Board of Osteopathic Medicine.

25
26 Dr. Bearison introduced section 2(g) – Medical Records.

27
28 A motion was made, seconded and carried unanimously to approve section 2(g).

29
30 Dr. Bearison discussed section 2(h) – Denial or Termination of Controlled Substance Therapy.

31
32 A motion was made, seconded and carried unanimously to approve section 2(h).

33
34 Dr. Bearison then discussed section 2(i) – Facility and Physical Operations.

35
36 A motion was made, seconded and carried unanimously to approve section 2(i).

37
38 Dr. Bearison introduced section 2(j) – Infection Control.

39
40 A motion was made, seconded and carried unanimously to approve section 2(j).

41
42 Dr. Bearison then introduced sections 2(k) – Health and Safety and 2(l) – Quality Assurance.

43
44 A motion was made, seconded and carried unanimously to approve both sections 2(k-l).

45
46 Dr. Bearison discussed section 2(m) – Data Collection and Reporting and indicated a revision by
47 the Board of Osteopathic Medicine.

1
2 A motion was made, seconded and carried unanimously to approve section 2(m) as amended by
3 the Osteopathic Board.

4
5 Dr. Bearison provided an explanation of section 2(n) – Training Requirements and the
6 amendments made by the Board of Osteopathic Medicine.

7
8 Mr. Tellechea was asked to explain Osteopathic Medicine’s reasoning for changing the 80-120
9 hour course from every two years to every six. He said pain medicine may not change every two
10 years and the course would be redundant. He explained the suggestion was to change to every
11 six years thinking a pain management physician would take the 80-120 hour course during the
12 first biennium, take the 20 hour course the 2nd biennium and then the 80-120 hour course again
13 during the third biennium.

14
15 Dr. S. Rosenberg stated the number of hours required for a Fellowship is extensive and he did
16 not think the course should be changed from two years. This would allow physicians with less
17 training to attend the course less often. He was open to changing the requirement to every four
18 years though.

19
20 Dr. Thomas agreed and stated it should not be a burden; otherwise, we are allowing less qualified
21 physicians to practice pain medicine.

22
23 Mr. Tellechea advised the Boards could have a different rule, but it would be more favorable for
24 Osteopathic Physicians to practice pain medicine. He said the Board of Osteopathic Medicine
25 may be willing to change it to four years.

26
27 Dr. Tucker advised she was the one who originally suggested the two years because board
28 certified physicians are required to do maintenance of certification and the number of hours is
29 tremendous. She reminded the members this course is not to test physicians on new information
30 or changes, but to test the physician’s ability to practice pain medicine.

31
32 Dr. Chizner also felt strongly about leaving it at two years. He also pointed out that the language
33 on page 23 needs to have the words “be considered” added so it will state:

34 *Completion of the course and passage of the test or examination shall be considered evidence of*
35 *compliance with the educational component of this paragraph 6.*

36
37 Dr. Nuss agreed the rule should stay at two years.

38
39 A motion was made and seconded to adopt the language as revised by the Board of Osteopathic
40 Medicine except for the portion regarding the 80-120 hour course which shall remain every two
41 years.

42
43 Dr. Lage asked if a letter should be sent to the Board of Osteopathic Medicine regarding this
44 issue.

1 Mr. Tellechea stated the members could informally talk to members of the Osteopathic Board as
2 long as they did not serve on the Joint Committee. He said there would be other opportunities
3 for the two Boards to discuss this portion of the rule.

4
5 Dr. Nuss expressed concern regarding section 2(o) where the Board of Osteopathic Medicine
6 added “or a physician board-eligible in pain management”. He said this seems to be open-ended
7 and maybe a date certain should be added because a physician could be board eligible and never
8 sit for the examination to become certified.

9
10 Mr. Tellechea explained the Board of Osteopathic Medicine added this language because there
11 could be a period of time from the point a physician becomes eligible before he/she sits for the
12 examination. He said it is not open-ended because the certifying organization only allows a
13 specific period of time in which the physician must sit for the examination and if the physician
14 does not sit in that time frame, then he/she is not longer board eligible.

15
16 Dr. Nuss stated that period of time can be extended by request and again suggested a time frame
17 be added to this portion of the rule.

18
19 Dr. S. Rosenberg reminded the Board that no other area requires board certification to practice
20 that specialty.

21
22 Mr. Tellechea stated that the term “Board eligible” is no longer used by the American Board of
23 Medicine Specialties (ABMS), but is still used by the Osteopathic specialty organization and this
24 may be something specific to the Osteopathic physicians.

25
26 Dr. Nuss stated this portion of the rule should be more rigid.

27
28 Dr. Lage clarified that physicians can be board certified in another specialty area and still
29 practice pain medicine. She supported leaving this section [2(o)] as originally written to ensure
30 that at least one physician in a pain management clinic will be board certified.

31
32 Dr. Thomas amended the original motion to accept changes the changes on line 19, page 23
33 regarding the wording “be considered”. The amendment was accepted.

34
35 Dr. Winchester suggested leaving board eligible out of the rule for now since it is ambiguous.
36 He stated the Board could always add it later if necessary or if additional information is received
37 concerning board eligibility.

38
39 The motion passed unanimously: adopt the language as revised by the Board of Osteopathic
40 Medicine except for the portion regarding the 80-120 hour course which shall remain every two
41 years and to add language “be considered” to page 23, line 19 as pointed out by Dr. Chizner.

42
43 **Rule 64B8-9.0132 – Requirements for Pain Management Clinic Registration; Inspection or**
44 **Accreditation**

45
46 A motion was made, seconded and carried unanimously to approve this rule as written.

1
2 Dr. Bearison asked the Board to return to the section on definitions [1(d)]. He stated the
3 definition for board eligible in pain management is not necessary.
4
5 A motion was made, seconded and carried unanimously to approve section 1 except for the
6 definition for board eligible in pain management.
7
8 Dr. Lage thanked the members and staff again for their hard work.
9
10 Mr. Tellechea asked the members if this rule would have an impact on small business.
11
12 A motion was made, seconded and carried unanimously to state this rule does have an impact on
13 small business and a statement of regulatory costs (SERC) must be completed.
14
15 The meeting adjourned at 12:40 p.m.