

Florida Laws, Rules and Medical Ethics



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Disclosure Statement

**I have no financial
relationship in regard to
the content of this
presentation - JDW**

Educational Objectives Florida Laws, Rules and Medical Ethics

Understanding of applicable Laws & Rules for licensed Osteopathic Physicians.

Knowledge of the disciplinary process.

Learning of rights afforded to physicians in licensure disciplinary cases.

Ability to locate applicable statutes and rules through online resources.

What constitutes medical ethics?

Why should I be concerned about medical ethics?

TRUE OR FALSE?

When prescribing controlled substances to a patient 16 years of age or older (not non-opioid V) I DO NOT HAVE TO CONSULT E-FORCSE.

TRUE OR FALSE?

When I refer a patient to an entity I am an investor in, the patient must know and I must provide other options.

What Florida Statute is the General Health Care Practitioner Practice Act?

A. Florida Statute Chapter 456

B. Florida Statute Chapter 458

C. Florida Statute Chapter 459

D. Florida Statute Chapter 461

What Florida Statute is the Osteopathic Physician Practice Act?

A. Florida Statute Chapter 456

B. Florida Statute Chapter 458

C. Florida Statute Chapter 459

D. Florida Statute Chapter 461

What Fla Rule applies to DO's?

A. Florida Rule 64B8

B. Florida Rule 64B9

C. Florida Rule 64B15

D. Florida Rule 64B18

LICENSE RENEWAL Osteopathic Physician

Current licenses expire at midnight, Eastern Time, on March 31, 2026.

To ensure you receive your renewal notification from the department, your current mailing address must be on file. Failure to renew an active or inactive license by the expiration date will result in the license being placed in delinquent status. Failure by a delinquent licensee to renew before the expiration of the current licensure cycle renders the license null and void without any further action by the board or the department.

A licensee who remains on inactive status for more than two consecutive biennial licensure cycles and who wishes to reactivate the license may be required to demonstrate the competency to resume active practice by sitting for a special purpose examination or by completing other reactivation requirements.

If you are reactivating your license, please refer to the Laws & Rules governing your practice for additional requirements.

The department will renew your license upon receipt of:

- Completed renewal application
- Required fees
- Updated Practitioner Profile
- Completed Physician Workforce Survey
- Completed Financial Responsibility Form

NOTE- Domestic Violence is required every third biennium

LICENSE RENEWAL Osteopathic Physician

64B15-13.001 Continuing Education for Biennial Renewal

Every person licensed pursuant to Chapter 459, F.S., except those licensed as physician assistants pursuant to Section 459.022, F.S., shall be required to complete forty (40) hours of continuing medical education courses approved by the Board in the twenty-four (24) months preceding each biennial renewal period as established by the Department. Continuing medical education (CME) requirements for biennial renewal of licensure are set forth in this rule. The CME required by this rule may be obtained by completion of courses offered in any format, including in a distance learning format, with the proviso in paragraph (1)(a).

(1)(a) For each biennial renewal, a licensee shall complete a one (1) hour continuing medical education course in Florida Laws and Rules/Professional and Medical Ethics, and a two (2) hour course in Prevention of Medical Errors. For purposes of this rule, Florida Laws and Rules means Chapters 456 and 459, F.S., and rule Title 64B15, F.A.C. These CME courses may be obtained in any format, including in a distance learning format, provided that the format includes an ability to interact with the presenter of the course.

NEW BACKGROUND SCREENING REQUIREMENTS

New Background Screening Requirements Now Effective

Cleared to Care Launched July 1!

As of July 1, 2025, all health care practitioners in Florida must comply with new background screening requirements when applying for an initial license or renewing an existing license. Compliance with this new law is essential to maintain licensure and continue practicing.

Act Now – Understand Your Timeline!

Failure to complete the required background screening will prevent you from obtaining or renewing your license. Given the multiple steps and processing time involved, delaying this requirement could lead to licensing delays or expiration.

- Initial Licensure: A new background screening is required as part of your application—don't wait!
- License Renewal: The renewal period opens 90 days before expiration. Complete your background screening well in advance to avoid interruptions in your ability to practice.

Why This Matters

- Enhanced Public Protection – Background screening ensures health care practitioners meet high safety and integrity standards, fostering public trust.
- Streamlined Licensure Process – The new background screening requirement is integrated into the licensure process, making compliance simple.
- Improved Practice Reputation – Maintaining compliance demonstrates professionalism, prevents disciplinary action, and strengthens your credibility in the industry.

Stay ahead of the deadline! Prepare now to ensure a smooth transition under the new requirements.

For more information, visit flhealthsource.gov/background-screening/.

Report to CE BROKER

REPORT THE HOURS YOU
RECEIVE HERE TODAY TO CE
BROKER! CE BROKER IS THE
STATEWIDE CLEARING HOUSE
FOR ALL CONTINUING
EDUCATION HOURS FOR HEALTH
CARE PROFESSIONALS.

<https://cebroker.com/>

Recent action by the Florida Legislature!

- ▶ Over the last several years, the Florida Legislature has passed new laws that affect the practice of osteopathic medicine! Here are some the highlights - understanding that we cannot fit all the bills that passed and became law, even for just this most recent session, we can highlight the ones of greatest importance.

Actions for Recovery of Damages for Wrongful Death

HB 6017 by Rep. Dana Trabulsy (R-Fort Peirce) removes the prohibition on recovery of noneconomic wrongful death damages in medical negligence cases by the decedent's children who are 25 years of age or older and parents of a deceased child who was 25 years of age or older at the time of death.

- HB 6017 was approved by the House 104-6, was approved by the Senate 33-4 and next goes to the Governor for consideration.

**VETOED BY
GOVERNOR
ON JUNE 2,
2025**

Other 2025 Bills that passed!

- ▶ **HB 1607** by Rep. Taylor Michael Yarkosky (R-Clermont) requires school districts to provide basic training in first aid and CPR training to students once in middle school and once in high school through physical education or health classes. The bill also requires by July 1, 2027, public schools, including charter schools, to have at least one automated external defibrillator on school grounds.
- ▶ **SB 738** by Sen. Colleen Burton (R-Winter Haven) directs the Department of Children and Families (DCF) to create minimum standards for the licensure of child care facilities and revises several requirements. The bill also repeals statute which requires child care facilities to provide the following information: (1) the causes, symptoms and transmission of the influenza virus; and (2) potential for distracted adults to forget a child in the back seat of a car.
- ▶ **SB 1490** by Sen. Gayle Harrell (R-Stuart) transfers the operation of Children's Medical Services Managed Care Plan from DOH to AHCA effective July 1, 2025. The DOH will retain responsibilities for clinical eligibility determination and provide ongoing consultation to ACHA on services. The bill also eliminates the CMS Network Advisory Council and CMS program technical advisory panels and requires AHCA to redesign the Medicaid model waiver to include tier services for private duty nursing services.

Other 2025 Bills that passed!

- ▶ **HB 1299** by Rep. Taylor Yarkosky (R-Clermont) postpones until June 1, 2027 the scheduled repeal of the definition of “messenger ribonucleic and vaccine”, requires additional reporting of medical marijuana treatment centers and medical marijuana testing laboratories, defines the term “party state” in the Physical Therapy Compact, and amends the Mobile Opportunity by Interstate License Endorsement Act to reduce from 3 to 2 years the required timeframe of active practice for licensure by endorsement, **revises the list of institutions that DOH can issue a medical facility certificate to include Orlando College of Osteopathic Medicine, Lincoln Memorial University DeBusk College of Osteopathic Medicine in Orange Park, FL, and Loma Linda University School of Medicine.**
- ▶ **SB 1070** - by Sen. Corey Simon (R-Tallahassee) Beginning in the 2026/2027 school year, requires certain students to receive electrocardiograms to participate in interscholastic athletic competition unless the parent objects in writing based on religious tenets or secures a certificate of medical exemption. The bill requires each school district to pursue public and private partnerships to provide low-cost EKGs for students and exempts a student if the school district can not provide for less than \$50.
- ▶ **SB 168** by Sen. Jennifer Bradley (R-Fleming Island) creates the “Tristin Murphy Act” aimed to add alternative pathways for prosecuting defendants with mental illness. The bill encourages communities to apply for grants to establish pretrial felony mental health diversion programs and expands eligibility for the Forensic Hospital Diversion Pilot Program to include Hillsborough County.

Other 2025 Bills that passed!

- ▶ **SB 1808**- by Sen. Colleen Burton (R-Winter Haven) requires health care practitioners and health facilities to **refund to the patient any overpayment** no later than 30 days after the date that the health care practitioner or facility determines that such overpayment was made.
- ▶ **HB 711** by Rep. David Borrero (R-Doral) requires the Department of Law Enforcement, in cooperation with the Department of Transportation, the Department of Highway Safety and Motor Vehicles, the Department of the Lottery, and local law enforcement agencies, to establish and implement the *Spectrum Alert for missing children with autism spectrum disorder* which is compatible with existing alert systems.
- ▶ **SB 1768** by Sen. Jay Trumbull (R-Panama City) authorizes **physicians to perform stem cell therapies that have not been approved by the FDA for orthopedics, wound care, and pain management**. The bill establishes the type of stem cells that may be used, the type of facilities from which a physician may obtain stem cells as well as notice and informed consent requirements.

Recent Legislative Changes 2025 456.0625 - Patient overpayments; refunds.

▶(1) A health care practitioner who tenders charges for reimbursement, or any billing department, management company, or group practice that accepts payment for services rendered by the health care practitioner, shall refund to the patient the amount of any overpayment made by the patient no later than 30 days after the date the health care practitioner determines that an overpayment was made. **For purposes of this section, the term “tenders charges for reimbursement” means that the health care practitioner, department, company, or practice files a claim for reimbursement with any government-sponsored program or private health insurer or health maintenance organization for services rendered by the health care practitioner to the patient.**

▶(2) This section does not apply to an overpayment subject to s. 627.6131 or s. 641.3155.

▶(3) A health care practitioner’s violation of this section constitutes grounds for disciplinary action under s. 456.072

▶-----

▶So, this new law will require prompt reimbursement to patients for any overpayment of health care practitioner charges within 30 days of identifying an overpayment. The law mandates **refunds** for overpayments made to health care practitioners or affiliated billing entities within 30 days of discovery. It excludes overpayments already covered by certain other insurance-related statutes. Failing to comply may result in disciplinary action by the Department of Health.

▶Wait a minute, what if the patient is owed a refund of less than a dollar? Unfortunately, the law does not contemplate a specific dollar amount or threshold amount. The law requires you refund any overpayment to the patient, regardless of the amount. So, if the patient is owed .35 (thirty-five) cents, does this mean you have to mail them a check? What about a \$1.00 (one) dollar?

▶The short answer is, you must refund the patient any overpayment. If the patient is willing to accept the refund as a credit on their account, then the refund has been made. The consent of the patient is key, if contact with the patient is made and the patient requires the overpayment be refunded by check, then check it shall be to ensure compliance with this new law!

Changes in Laws - Fingerprinting and Background Screening

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Recent Legislative Changes 2024 SB1600 Interstate Mobility

Effective Date: July 1, 2024

[SB 1600 \(Full Text\)](#)

Summary:

The bill creates the “Mobile Opportunity by Interstate Licensure Endorsement Act” (MOBILE Act) within Chapter 456, F.S., which establishes a new universal process for licensure by endorsement for health care professions regulated by the Florida Department of Health’s (the Department’s) Division of Medical Quality Assurance. To qualify, the health care practitioner must meet specific criteria, including various testing, training, and experience qualifications for their profession. The bill also repeals existing licensure by endorsement statutes from various individual practice acts.

The bill establishes criteria under which health care practitioners can be licensed by endorsement.

Recent Legislative Changes 2024 SB1600 Interstate Mobility

The bill mandates that applicants comply with the required fingerprint-based criminal history checks for professional licenses, outlines grounds for ineligibility for licensure under this act, such as pending disciplinary proceedings or criminal convictions related to the health care profession, and directs the Department to utilize the National Practitioner Data Bank for verifying applicant credentials.

Each applicable board, or the Department if there is no board, shall adopt rules incorporating application forms for the MOBILE Act licensure pathway within six months after its effective date.

The bill amends current law for licensure by endorsement in various practice acts to conform to the provisions of the MOBILE Act. The bill does not alter current law relating to licensure by endorsement for radiologist assistants, radiologic technologists, or respiratory therapists.

Recent Legislative Changes 2024 SB1600 Interstate Mobility

The bill provides that, notwithstanding the changes made to the Florida Statutes by the MOBILE Act, a board or the Department, as applicable, may continue processing applications for licensure by endorsement as authorized under the Florida Statutes (2023) until the rules adopted by such board or the Department to implement the changes made by the MOBILE Act take effect or until six months after the bill's effective date, whichever occurs first.

The bill requires the Department to submit an annual report to the Governor, the President of the Senate, and the Speaker of the House of Representatives which details, by profession, the number of applications received, licenses issued, denials, complaints received, and disciplinary actions taken against health care practitioners licensed under the MOBILE Act.

Oldies but
goodies!!!

Changes in
Laws -2022
Telehealth
House Bill 17

Section 1. Paragraph (c) of subsection (2) of section 456.47, Florida Statutes, is amended to read:

456.47 Use of telehealth to provide services.—

(2) PRACTICE STANDARDS.—

(c) A telehealth provider may not use telehealth to prescribe a controlled substance listed in Schedule II of s. 893.03 unless the controlled substance is prescribed for the following:

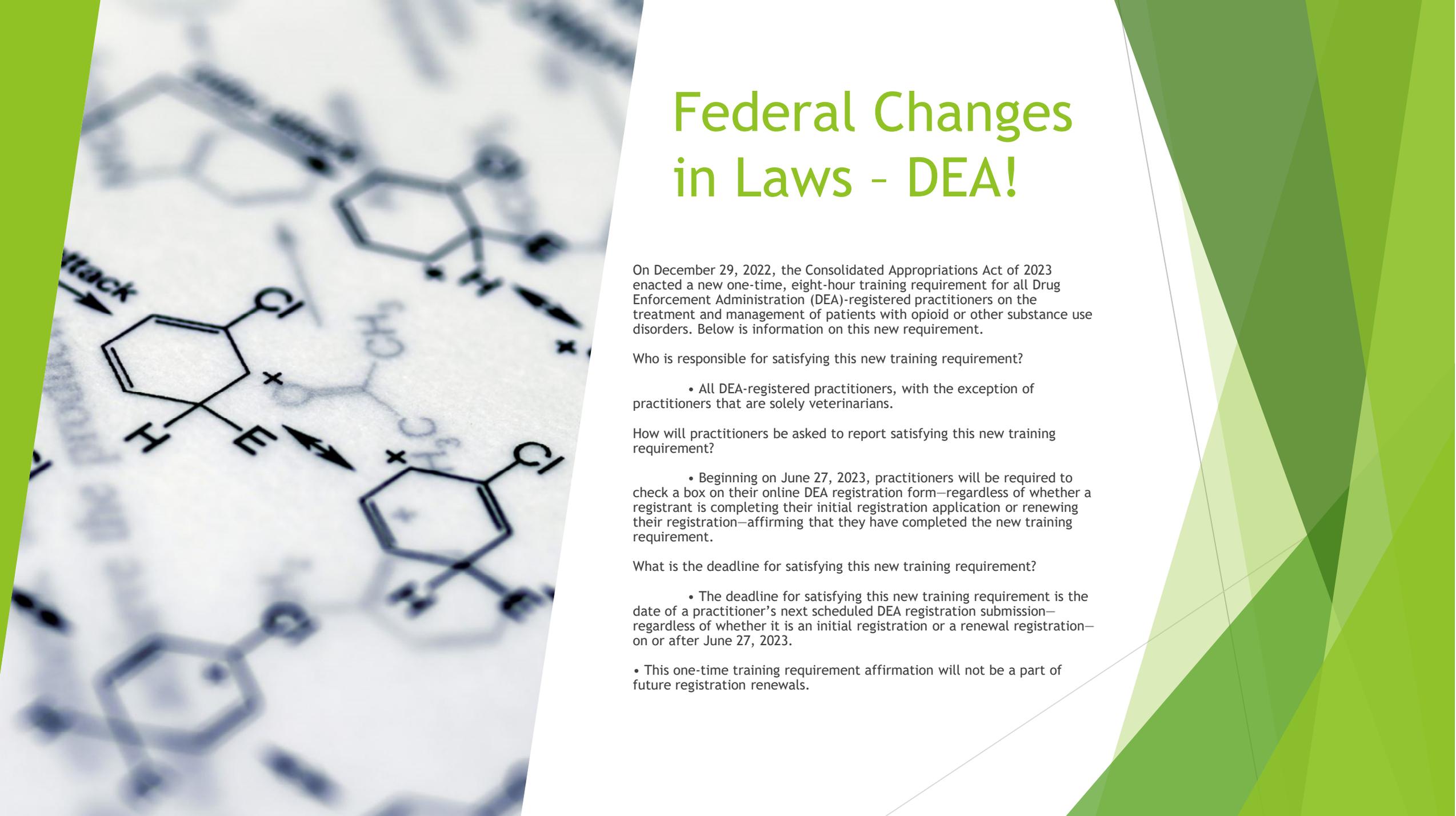
1. The treatment of a psychiatric disorder;
2. Inpatient treatment at a hospital licensed under chapter 395;
3. The treatment of a patient receiving hospice services as defined in s. 400.601; or
4. The treatment of a resident of a nursing home facility as defined in s. 400.021.

Section 2. This act shall take effect July 1, 2022

Oldies but
goodies!!!

Changes in
Laws - 2023
Telehealth
House Bill 267

The bill revises the definition of telehealth to include audio-only telephone call in the telehealth technology authorization statute.



Federal Changes in Laws - DEA!

On December 29, 2022, the Consolidated Appropriations Act of 2023 enacted a new one-time, eight-hour training requirement for all Drug Enforcement Administration (DEA)-registered practitioners on the treatment and management of patients with opioid or other substance use disorders. Below is information on this new requirement.

Who is responsible for satisfying this new training requirement?

- All DEA-registered practitioners, with the exception of practitioners that are solely veterinarians.

How will practitioners be asked to report satisfying this new training requirement?

- Beginning on June 27, 2023, practitioners will be required to check a box on their online DEA registration form—regardless of whether a registrant is completing their initial registration application or renewing their registration—affirming that they have completed the new training requirement.

What is the deadline for satisfying this new training requirement?

- The deadline for satisfying this new training requirement is the date of a practitioner's next scheduled DEA registration submission—regardless of whether it is an initial registration or a renewal registration—on or after June 27, 2023.
- This one-time training requirement affirmation will not be a part of future registration renewals.

Federal Changes in Laws - DEA!

How can practitioners satisfy this new training requirement?

There are multiple ways that practitioners can satisfy this new training requirement.

- First, the following groups of practitioners are deemed to have satisfied this training:

1. Group 1: All practitioners that are board certified in addiction medicine or addiction psychiatry from the American Board of Medical Specialties, the American Board of Addiction Medicine, or the American Osteopathic Association.

2. Group 2: All practitioners that graduated in good standing from a medical (allopathic or osteopathic), dental, physician assistant, or advanced practice nursing school in the United States within five years of June 27, 2023, and successfully completed a comprehensive curriculum that included at least eight hours of training on:

- Treating and managing patients with opioid or other substance use disorders, including the appropriate clinical use of all drugs approved by the Food and Drug Administration for the treatment of a substance use disorder; or

- Safe pharmacological management of dental pain and screening, brief intervention, and referral for appropriate treatment of patients with or at risk of developing opioid and other substance use disorders.

Federal Changes in Laws - DEA!

Second, practitioners can satisfy this training by engaging in a total of eight hours of training on treatment and management of patients with opioid or other substance use disorders from the groups listed below. A few key points related to this training:

1. The training does not have to occur in one session. It can be cumulative across multiple sessions that equal eight hours of training.
2. Past trainings on the treatment and management of patients with opioid or other substance use disorders can count towards a practitioner meeting this requirement. In other words, if you received a relevant training from one of the groups listed below— prior to the enactment of this new training obligation on December 29, 2022—that training counts towards the eight-hour requirement.
3. Past DATA-Waived trainings count towards a DEA registrant's 8-hour training requirement.
4. Trainings can occur in a variety of formats, including classroom settings, seminars at professional society meetings, or virtual offerings.

WHO is WHO?

Dept. of Health (DOH) - licenses ALL health care practitioners

Board of Osteopathic Medicine/Board of Medicine/Board of Podiatric Medicine **(Board)** - rulemaking, and disciplinary hearings

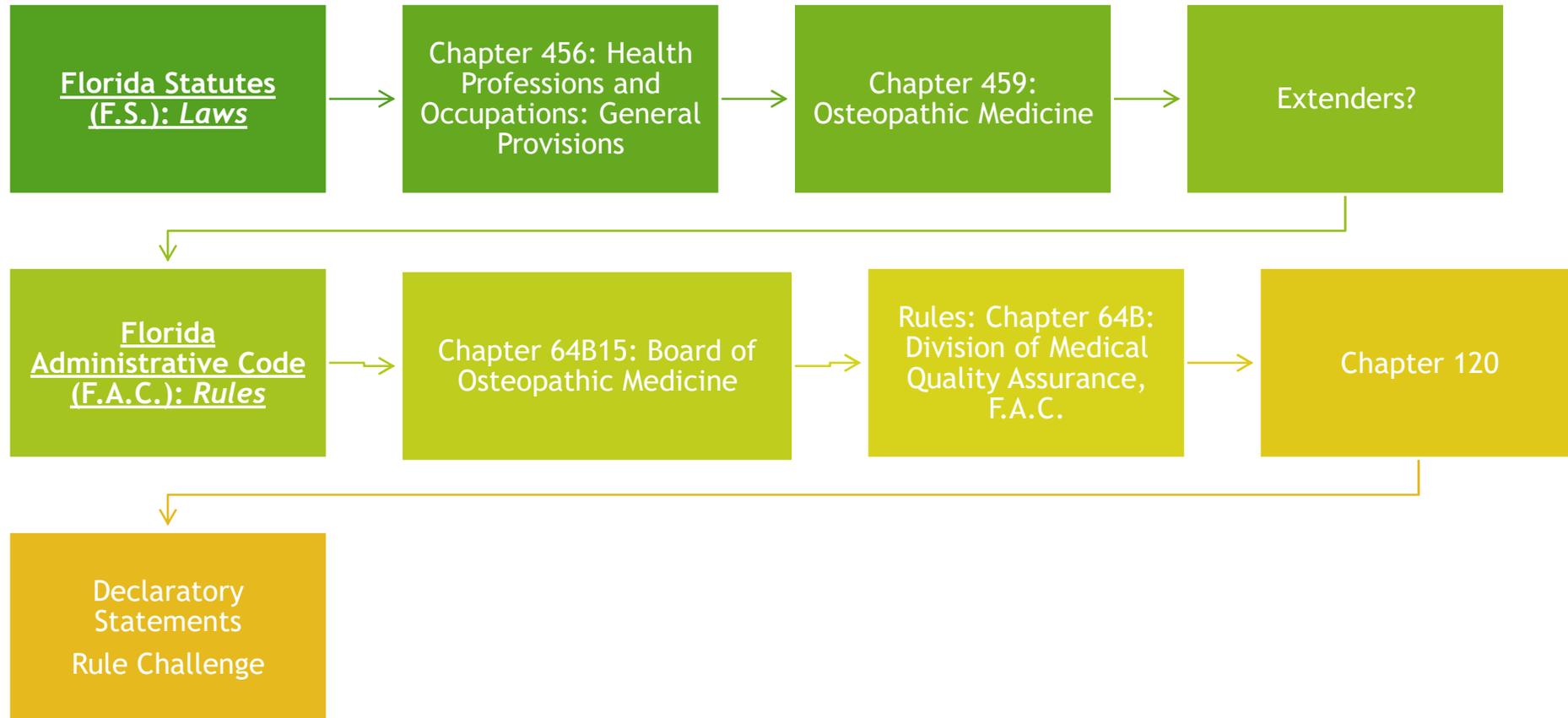
Attorney Generals Office (AG) - provide an Attorney for the Board as Gen Counsel

Also, provide Attorney(s) from Prosecution Services Unit to represent DOH during prosecution of discipline before Board

District Court of Appeal (DCA) - court hears appeals from Board and DOAH

Div. of Admin. Hearings (DOAH)- court hears Formal hearings for disciplinary cases

I. Laws and Rules for Osteopathic Physicians





FS 456 GENERAL PROVISIONS

HEALTH PROFESSIONS AND OCCUPATIONS:

456.001 Definitions

THROUGH

456.62 Communication of COVID-19 treatment alternatives.

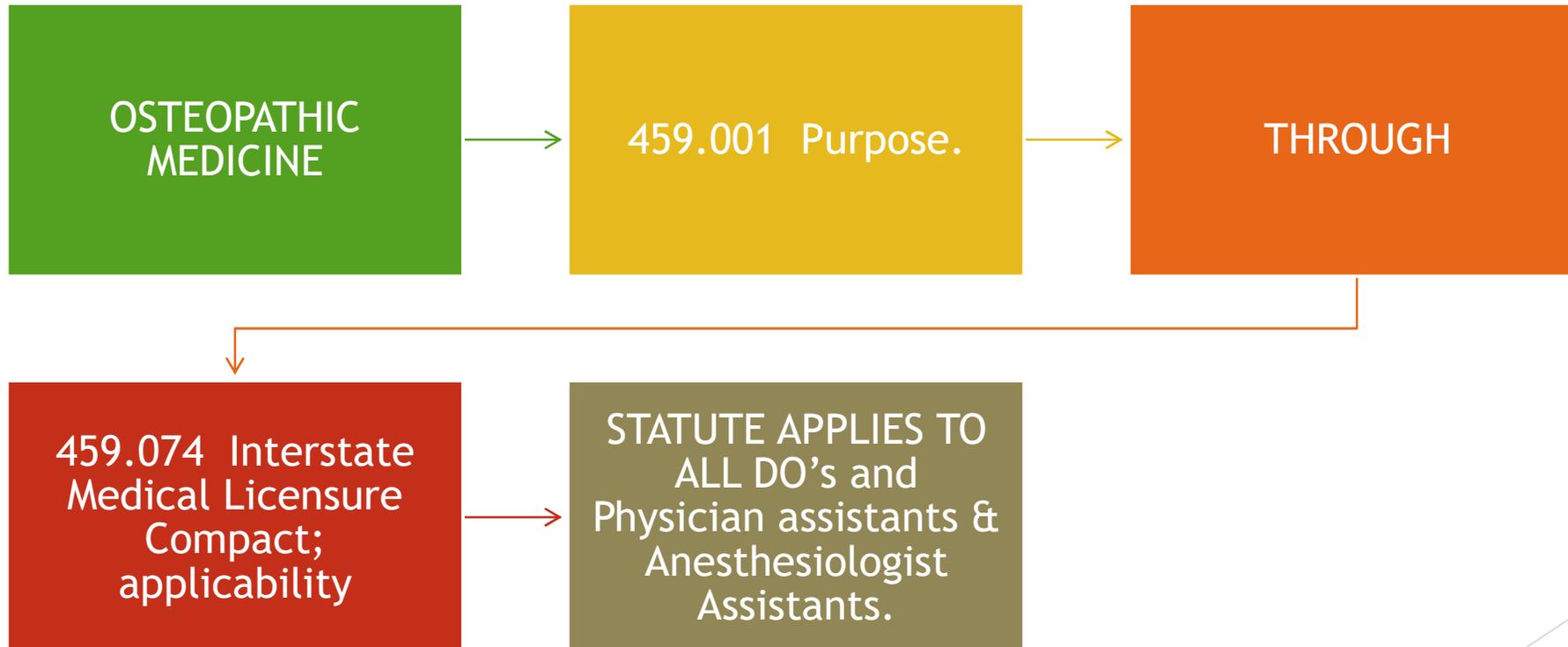
GENERAL HEALTH CARE PROVISION FOR ALL LICENSED HEALTH CARE PROVIDERS



F.S. § 456.035 Address of record.

- ▶(1) Each licensee of the department is solely responsible for notifying the department in writing of the licensee's current mailing address and place of practice, as defined by rule of the board or the department if there is no board. Electronic notification shall be allowed by the department; however, it shall be the responsibility of the licensee to ensure that the electronic notification was received by the department. A licensee's failure to notify the department of a change of address constitutes a violation of this section, and the licensee may be disciplined by the board or the department if there is no board.
- ▶(2) Notwithstanding any other law, service by regular mail to a licensee's last known address of record with the department constitutes adequate and sufficient notice to the licensee for any official communication to the licensee by the board or the department except when other service is required under s. 456.076.
- ▶History.—s. 97, ch. 97-261; s. 39, ch. 98-166; s. 62, ch. 2000-160; s. 13, ch. 2001-277.
- ▶Note.—Former s. 455.717.

FS 459 Osteopathic Medicine



459.0125, F.S.

Breast cancer; information on treatment alternatives.

(1) **DEFINITION.**—As used in this section, the term “medically viable,” as applied to treatment alternatives, means modes of treatment generally considered by the medical profession to be within the scope of current, acceptable standards.

(2) **COMMUNICATION OF TREATMENT ALTERNATIVES.**—

(a) It is the obligation of every physician treating a patient who is, or in the judgment of the physician is at high risk of being, diagnosed as having breast cancer to inform such patient of the medically viable treatment alternatives available to such patient; to describe such treatment alternatives; and to explain the relative advantages, disadvantages, and risks associated with the treatment alternatives to the extent deemed necessary to allow the patient to make a prudent decision regarding such treatment options. In compliance with this subsection, the physician may, in her or his discretion, orally communicate such information directly to the patient or the patient’s legal representative.

(b) In providing such information, the physician shall take into consideration the emotional state of the patient, the physical state of the patient, and the patient’s ability to understand the information.

(c) The physician may, in her or his discretion and without restriction, recommend any mode of treatment which is in the physician’s judgment the best treatment for the patient.

Nothing in this subsection shall reduce other provisions of law regarding informed consent.

(3) **RECORDS.**—Every physician treating a patient who is, or in the judgment of the physician is at high risk of being, diagnosed as having breast cancer shall indicate on such patient’s medical record compliance or noncompliance with the provisions of subsection (2).

History.—s. 4, ch. 84-222; s. 1, ch. 85-65; ss. 27, 29, ch. 86-290; s. 3, ch. 90-314; s. 62, ch. 91-220; s. 4, ch. 91-429; s. 2, ch. 93-267; s. 216, ch. 97-103; s. 1013, ch. 2002-387; s. 3, ch. 2014-118.

459.015, F.S.

Grounds for disciplinary action; action by the board and department



(1) The following acts constitute grounds for denial of a license or disciplinary action, as specified in s. 456.072(2):



459.015(s) Performing professional services which have not been duly authorized by the patient or client or his or her legal representative except as provided in s. 743.064, s. 766.103, or s. 768.13.

456.063(1)
459.0141
Sexual
Misconduct

The physician-patient relationship is founded on mutual trust. Sexual misconduct in the practice of medicine means violation of the physician-patient relationship through which the physician uses said relationship to induce or attempt to induce the patient to engage, or to engage or attempt to engage the patient, in sexual activity outside the scope of the practice or the scope of generally accepted examination or treatment of the patient. Sexual misconduct in the practice of medicine is prohibited.

History.—ss. 1, 8, ch. 79-302; s. 296, ch. 81-259; ss. 2, 3, ch. 81-318; ss. 25, 26, ch. 86-245; s. 4, ch. 91-429.

Rule 64B15 Osteopathic Medicine

64B15-6 PHYSICIAN ASSISTANT(19)

64B15-7 ANESTHESIOLOGIST ASSISTANTS (14)

64B15-9 PROCEDURE (6)

64B15-10 FEES (12)

64B15-12 EXAMINATIONS AND LICENSURE (10)

64B15-13 CONTINUING EDUCATION (6)

64B15-14 PRACTICE REQUIREMENTS (16)

64B15-15 MEDICAL RECORDS (5)

64B15-16 RESIDENT INTERNSHIP (2)

64B15-18 PRESCRIPTIONS OF CERTAIN MEDICINAL DRUGS BY PHARMACISTS (4)

64B15-19 DISCIPLINARY GUIDELINES (10)

64B15-20 FINANCIAL RESPONSIBILITY (3)

64B15-22 REGISTRATION OF HOSPITAL RESIDENTS AND INTERNS (4)

Rule - 64B15-14.001 Osteopathic Medicine

The rule for advertising as a DO

- ▶ 64B15-14.001 Advertisings.
- ▶ (1) The Board permits the dissemination to the public of legitimate information in accordance with the Board's rules, regarding the practice of osteopathic medicine and where and from whom osteopathic medical services may be obtained, so long as such information is in no way false, deceptive, or misleading.
- ▶ *Wait, What about the LAW????*
- ▶ 456.072(t) - Failing to identify through written notice, which may include the wearing of a name tag, or orally to a patient the type of license under which the practitioner is practicing. **Any advertisement for health care services naming the practitioner must identify the type of license the practitioner holds.** This paragraph does not apply to a practitioner while the practitioner is providing services in a facility licensed under chapter 394, chapter 395, chapter 400, or chapter 429. Each board, or the department where there is no board, is authorized by rule to determine how its practitioners may comply with this disclosure requirement.

RULE - CITATIONS

64B15-19.007

(1) As used in this rule, “citation” means an instrument which meets the requirements set forth in Section 456.077, F.S., and which is served upon a licensee or certificate holder for the purpose of assessing a penalty in an amount established by this rule.

(2) In lieu of the disciplinary procedures contained in Section 456.073, F.S., the Department is hereby authorized to dispose of any violation designated herein by issuing a citation to the subject for a complaint that is the basis for the citation.

(3) The following violations with accompanying fines may be disposed of by citation.

If it is not listed as a citation, then it is handled through a **FORMAL COMPLAINT**

RULE – MEDIATION

64B15-19.008

(1) The provisions set forth in subsection (2), below, shall qualify for mediation only when the violation can be remedied by the licensee and there is no intentional misconduct.

(a) False, deceptive or misleading advertising not involving intentional misconduct;

(b) Failure to comply with the requirements of Sections 381.026 and 381.0261, F.S., to provide patients with information about their patient rights and how to file a patient complaint;

(c) Failure to provide, upon request, patient records to a patient or a patient's legal representative 64B18-14.011 Mediation.

(d) Negligently failing to file a report or record required by state or federal law;

(e) Falsely certifying compliance with required continuing medical education hours for the purpose of renewing a license or certification;

(f) Failure to verify profile information or failure to comply with the requirements for profiling and credentialing;

(g) Failure to notify the Department of change of practice or mailing address;

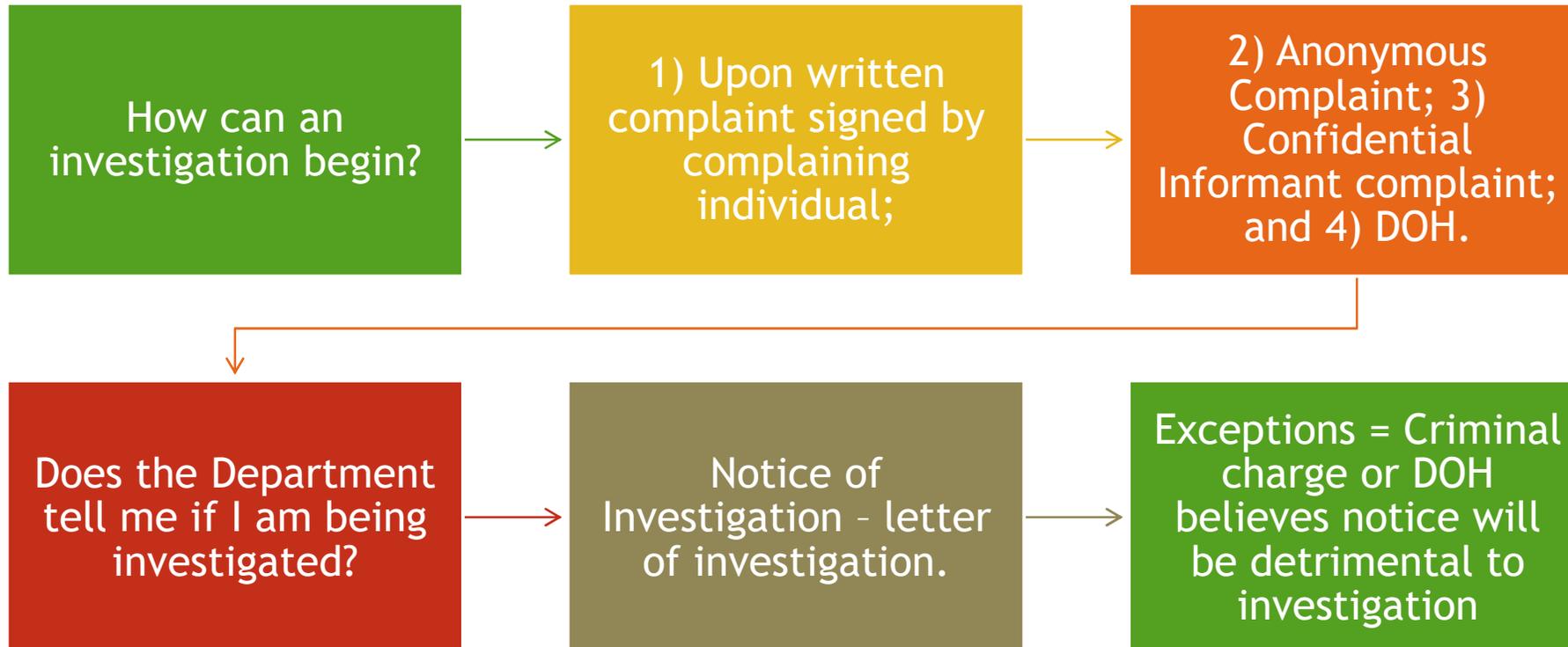
(h) Charging copying fees for patient records in violation of Rule 64B15-15.003, F.A.C.; and,

(i) Failure to pay the fines or costs imposed by Board order.

(3) If a licensee is no longer eligible for mediation or if mediation fails, the above-referenced violations shall be eligible for the issuance of a citation pursuant to Rule 64B15-19.007, F.A.C.

II. Investigations

Florida Department of Health (DOH)



Due Process Rights

Constitutional right to remain silent



5th Amendment Due Process right to remain silent as applied to the Federal Government



14th Amendment Due Process right to remain silent as applied to the States



You DO NOT have to respond to any questions by DOH investigator



ALL communications - through your attorney



Right to Remain Silent Contact by DOH

You need to fully understand your rights.

After you receive written notification about investigation, you will receive a phone call from a Department Investigator

He/She will try to convince you he/she is your friend

Often DOH Investigators will try to convince you there is nothing to this Complaint - talk to us and we will close it out! (not always a true statement)

Why should I invoke my right to remain silent?



Physician receives letter of investigation for improper advertising, the physician failed to conspicuously identify the osteopathic physician by name in the advertisement or failed to conspicuously identify the osteopathic physician referred to in the advertising as an osteopathic physician. 64B15-14.001(2)(k), FAC

*Violation is considered a Citation 64B15-19.007(2)(f) FAC

Physician decided not to remain silent but to write the DOH on his own behalf....result?

Why should I invoke my right to remain silent?

Response?

Physician writes letter to DOH on letterhead without correctly identifying himself as DO., only - Dr. John Doe

Physician received initial letter for failing to identify Dr. as DO and in letter to DOH he again failed to identify himself on letterhead as DO. - so, Dr receives a second complaint!!!!

If letter written by Attorney No Second Violation, letter by Dr. and because second complaint it is NO LONGER a Minor Violation

Other Due Process Rights

Right to counsel - make sure when you hire counsel, they are well versed in administrative law. Also, it doesn't hurt to have one that is able to effectively communicate the position of the client - maybe not as a "cat lawyer"

**The
Guardian**

**The
Guardian**

Letter from DOH

At this point, you **SHOULD HAVE** an attorney - sound legal advice

DOH - **MUST** promptly furnish a copy of complaint or document

Within 45 days - you **MUST** submit a written response - it **MUST** be considered by probable cause panel for the Board of Osteopathic Medicine

An attorney is able to extend the response timeframe through properly filed motions

DOH Resources

Investigative Subpoena's

Supported by Affidavit

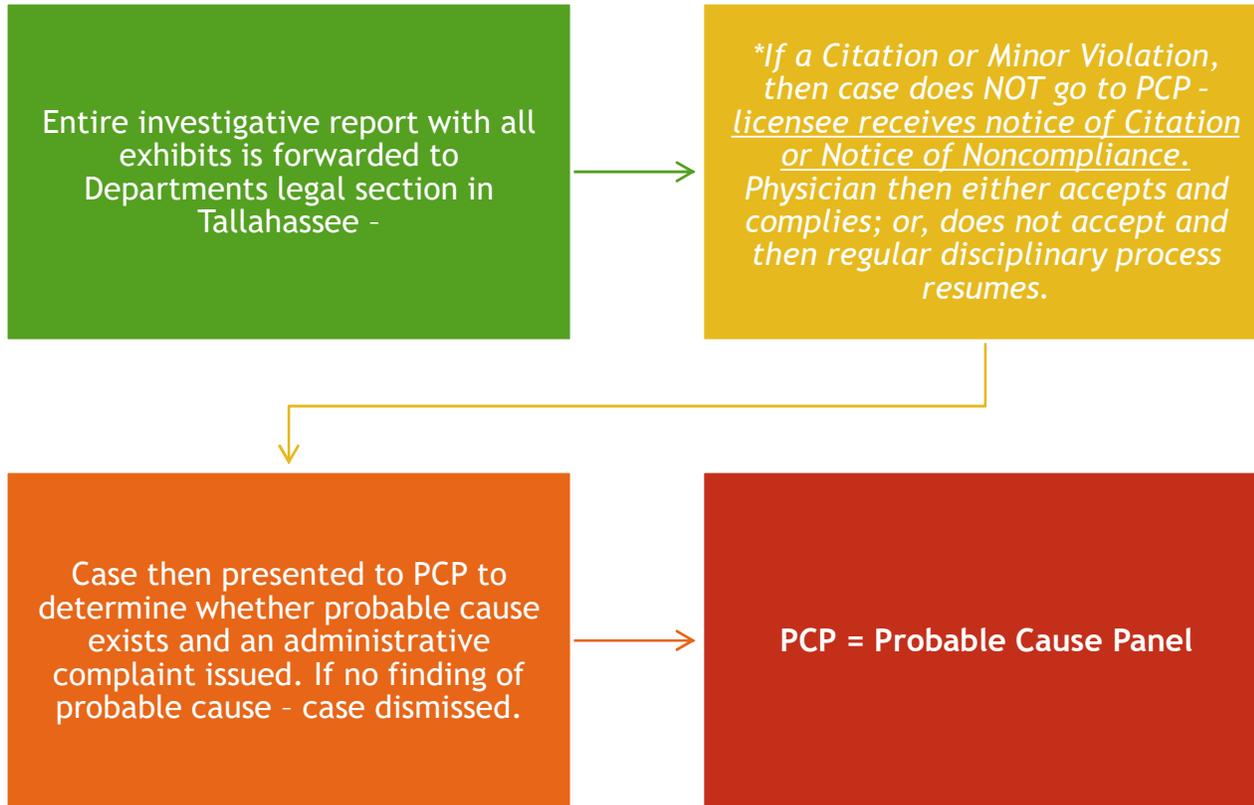
Departments initiative or
request by probable cause

The validity may be challenged
- Was it unlawfully issued?

It is unreasonably broad in
scope or Requires production of
unreasonable materials

Investigative Depositions - Be
aware - using deposition at
subsequent formal hearing
against you DOH may take
depositions - own initiative or
request probable cause panel;
DOH gives you NO NOTICE

Investigation Conclusion



III. CITATIONS

(a) - Falsely certifying compliance with required continuing medical education hours for the purpose of renewing a license or certificate. The fine shall be \$2,000.

(b) - Failure to keep current mailing or practice address on file with the Board. The fine shall be \$250.

(c) - Failure to register as a dispensing practitioner. The fine shall be \$500.

(i) Failure to timely provide medical records, upon request to a patient or a patient's legal representative. The fine shall be \$500.00.

(j) Charging copying fees for patient records in violation of Rule 64B15-15.003, F.A.C. The fine shall be \$750.00.

Affect of Citations

If the subject does not dispute the matter in the citation in writing within 30 days after the citation is served by personal service or within 30 days after receipt by certified mail, the citation shall become a final order of the Board..



Failure to pay the fine and costs within the prescribed time period constitutes a violation of F.S., which will result in further disciplinary action. All fines and costs are to be made payable to “Department of Health - Citation.”



(5) Once the citation becomes a final order, the citation and complaint become a public record pursuant to Chapter 119, F.S., unless otherwise exempt from the provisions of Chapter 119, F.S. The citation and complaint may be considered as aggravating circumstances in future disciplinary actions.

Mediation

(1) The provisions set forth in subsection (2), below, shall qualify for mediation only when the violation can be remedied by the licensee and there is no intentional misconduct.

(2) The Board finds that the following offenses may be mediated if the offense meets the criteria of Section 456.078, F.S.:

(a) False, deceptive or misleading advertising not involving intentional misconduct;

(b) Failure to comply with the requirements of Sections 381.026 and 381.0261, F.S., to provide patients with information about their patient rights and how to file a patient complaint;

(c) Failure to provide, upon request, patient records to a patient or a patient's legal representative;

(d) Negligently failing to file a report or record required by state or federal law;

(e) Falsely certifying compliance with required continuing medical education hours for the purpose of renewing a license or certification;

(f) Failure to verify profile information or failure to comply with the requirements for profiling and credentialing;

(g) Failure to notify the Department of change of practice or mailing address;

(h) Charging copying fees for patient records in violation of Rule 64B15-15.003, F.A.C.; and,

(i) Failure to pay the fines or costs imposed by Board order.

(3) If a licensee is no longer eligible for mediation or if mediation fails, the above-referenced violations shall be eligible for the issuance of a citation pursuant to Rule 64B15-19.007, F.A.C.

*Rulemaking Authority
456.078 FS. Law
Implemented 456.078 FS.
History-New 11-30-94,
Formerly 59W-19.008,
Amended 5-3-05, 7-29-08,
10-8-12.*

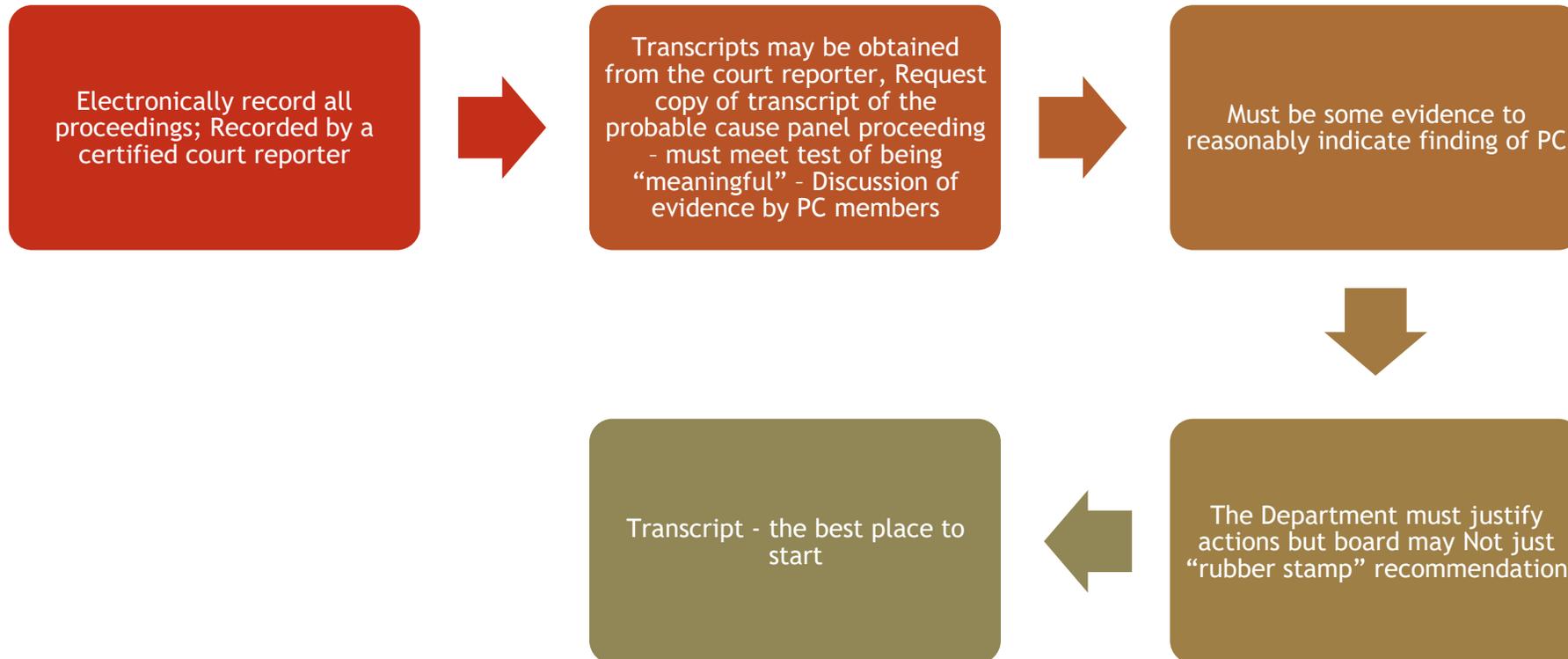
IV. Probable Cause Panel (PCP)

456.073, FS (4) The determination as to whether probable cause exists shall be made by majority vote of a probable cause panel of the board, or by the department, as appropriate. Each board may provide by rule for multiple probable cause panels composed of at least two members. Each board by rule establishes members of PCP.

(1) The probable cause panel shall be composed of at least two (2) members and not more than three (3) members. *1 BOOM Board Member, 2 may be professional or former consumer board member, and no more than 1 lay member.*

(4) The determination as to whether probable cause exists that a violation of the provisions of Chapters 456 and 459, F.S., and/or the rules promulgated pursuant thereto, has occurred shall be made by a majority vote of the probable cause panel of the Board.

Recordings of PCP



Findings of PCP

NO Probable Cause
= Case dismissed or
receipt of Letter of
Guidance

Violation exists -
formal charges not
being filed - Letter
of Guidance

Issued without an
opportunity for
hearing or to refute
or dispute
allegations

YES Probable Cause
= Formal charges -
Administrative
Complaint

V. Administrative Complaint and Election of Rights



Administrative complaints are sent to a licensee after conclusion of the investigation, presentation to the probable cause panel, and sent with a form titled - Election of Rights.



The sending of the Administrative Complaint by DOH is deemed served upon the licensee after mailing, and **should never be ignored.**

Election of Rights

01

Once received, you must file within 21 days and Failure to file - licensee in default and license may be suspended by the DOH

02

Extension of time from department through legal counsel or request

03

Three ways to proceed (must choose only one way to proceed):

- Formal hearing
- Informal hearing
- Settlement agreement

Election of Rights

Formal Hearing
before a hearing
officer DOA
Hearings

Full evidentiary
hearing - DOH must
meet its burden of
proving up the
material

Quite similar to a
criminal or civil
case

Absolutely foolish -
to go this route
WITHOUT legal
assistance



Election of Rights

Informal Hearing - before the Board of Medicine/Osteopathic Medicine.

Physician **MUST NOT** dispute the facts of the alleged complaint.

Physician goes before Board and presents testimony/evidence requesting for leniency in their penalties for the violation.

Board can reduce penalties, keep the penalties as offered by the Prosecutor, increase the penalties, or go as far as reduce the charges or dismiss the complaint.

Physician should go with counsel, or at the least, after consultation with counsel.

Election of Rights

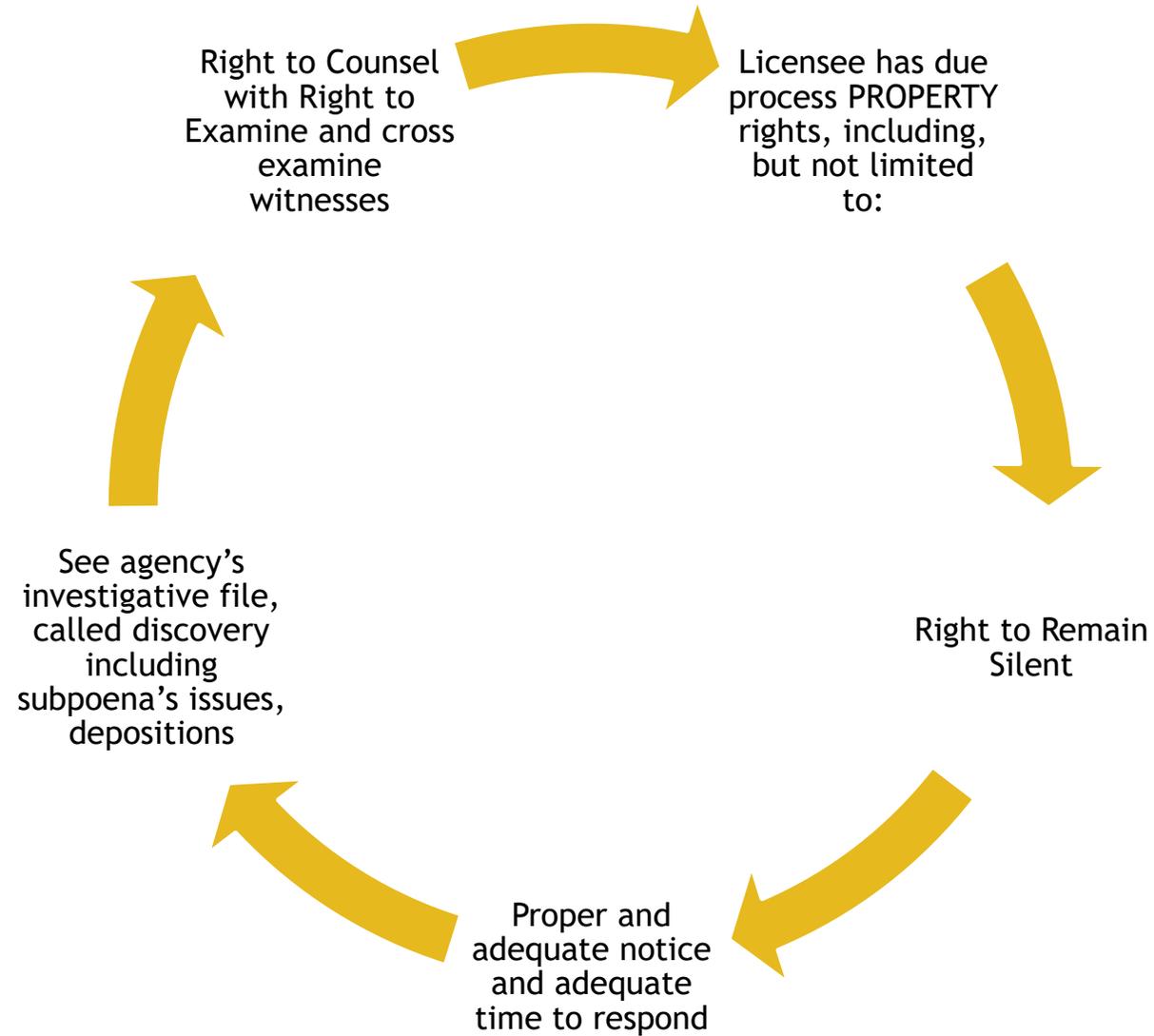
Settlement Agreement - presented by the Prosecutor to resolve the matter.

Physician will have to appear before the Board for the Board to accept.

Physician's appearance will be after agreeing to the Prosecutor's negotiated penalties for the alleged violations in the complaint.

Board may accept the Agreement, or reject the Agreement. If Board rejects, they will make a counter-offer to resolve the matter. The physician can either accept the counter-offer immediately, or up to 7-14 days later; or reject the counter-offer and go to either a Formal or Informal Hearing (likely to have same result at Informal Hearing as the counter-offer).

Prosecution of Administrative Complaint



Prosecution of Administrative Complaint

Attorney's from the Attorney General's office presents the case to the Full Board of Osteopathic Medicine for Informal Hearings or Settlement Agreements & to the Administrative Law Judge for Formal Hearings



After completion of the case, and a finding of guilt by either the Board or ALJ, an Order is entered with penalties:



Penalties can include a reprimand, probation, practice restrictions, or revocation of licensure.

Prosecution Penalties

64B8-8.001(2)(d) & 64B15-19.002(4)
False, deceptive or misleading advertising. 1st offense letter of concern to reprimand and \$1k fine, 2nd offense probation and up to \$5k fine, 3rd offense up to 1 yr suspension followed by probation up to \$5k fine

64B8-8.001(i) & 64B15-19.002(11)
Kickbacks and unauthorized fee arrangements. 1st offense probation or suspension and up to \$5k fine or denial, 2nd offense denial, revocation, or suspension followed by probation up to \$10k fine.

64B8-8.001(aa) & 64B15-19.002(35)
Presigning blank prescription forms. 1st offense reprimand or suspension and \$5k fine, 2nd offense probation/revocation up to \$10k fine

Judicial Review and Stays of Final Order

Upon Order, one party wins - one party loses. If you lose, you can file a Motion to Stay the Order while you Appeal! The burden of proof is on the agency to prove probable danger to the community.

You will be the unhappy party; **Rarity** - Department feels need to appeal the decision!



Seek judicial review -
District Court of Appeal.

Five District Court of Appeals
Each has jurisdiction to hear appeals from licensing boards final orders



MEDICAL MARIJUANA

MEDICAL MARIJUANA RULES

To access the medical marijuana **consent form** visit:

- ▶ <https://flboardofmedicine.gov/forms/medical-marijuana-consent-form.pdf>
- ▶ <https://floridasosteopathicmedicine.gov/forms/medical-marijuana-consent-form.pdf>

To access the medical marijuana statutorily **required documentation** form visit:

- ▶ https://flboardofmedicine.gov/forms/statutorily-required-documentation_revised%204-20.pdf
- ▶ <https://floridasosteopathicmedicine.gov/forms/statutorily-required-documentation-smm.pdf>



New Practice Standards Related to Smoking Marijuana for Medical Use

<https://flboardofmedicine.gov/forms/medical-marijuana-consent-form.pdf>

Under the authority of § 381.986, Florida Statutes (F.S.), new practice standards for the certification of smoking marijuana as a route of administration became effective on July 13, 2021. All osteopathic physicians who are authorized to issue a certification for the medical use of marijuana in a form for smoking as defined in § 381.986(1), F.S., must now comply with the new practice standards set forth in Rule 64B15-14.0131, Florida Administrative Code (F.A.C.). The new practice standards address a number of issues including patient evaluation, establishment of treatment plans, informed consent, periodic patient review and consultation, and the maintenance of medical records. Qualified osteopathic physicians must at all times remain in compliance with Rule 64B15-14.0131, F.A.C., and all state laws and regulations addressing the issuance of certifications for the medical use of marijuana in a form for smoking. In addition to the new practice standards, qualified osteopathic physicians must have patients who will use smoking marijuana as a route of administration sign an updated “Medical Marijuana Consent Form,” which is incorporated by reference in Rule 64B15-14.013, F.A.C.



Medical Marijuana and Tele-Health

381.986 Medical use of marijuana.

- ▶ The Governor's executive order has expired and there is no longer the ability for physicians to treat medical marijuana patients through telemedicine.
- ▶ 1(l) “Qualified patient” means a resident of this state who has been added to the medical marijuana use registry by a qualified physician to receive marijuana or a marijuana delivery device for a medical use and who has a qualified patient identification card.
- ▶ 1(m) “Qualified physician” means a person who holds an active, unrestricted license as an allopathic physician under chapter 458 or as an osteopathic physician under chapter 459 and is in compliance with the physician education requirements of subsection (3).
- ▶ (4) PHYSICIAN CERTIFICATION
- ▶ (a) A qualified physician may issue a physician certification only if the qualified physician:
 1. Conducted a physical examination while physically present in the same room as the patient and a full assessment of the medical history of the patient.

Medical Ethics - Why should I be concerned?



AMA, AOA & APMA
CODE OF ETHICS



THIS CODE TO GUIDE ITS MEMBER PHYSICIANS IN THEIR PROFESSIONAL LIVES. THE STANDARDS PRESENTED ARE DESIGNED TO ADDRESS THE OSTEOPATHIC PHYSICIAN'S ETHICAL AND PROFESSIONAL RESPONSIBILITIES TO PATIENTS, TO SOCIETY, TO THE AOA, TO OTHERS INVOLVED IN HEALTH CARE AND TO SELF.



FURTHER, THE ASSOCIATION HAS ADOPTED THE POSITION THAT PHYSICIANS SHOULD PLAY A MAJOR ROLE IN THE DEVELOPMENT AND INSTRUCTION OF MEDICAL ETHICS.

I have ethics, yes I do, I have ethics,
how about you?

The image shows a Zoom meeting interface with three participants. The top-left window shows a man in a blue checkered shirt and a patterned face mask, with a background featuring 'THE BEE' logo, an American flag, and a California state seal. The top-right window shows a man in a dark shirt and a white face mask, with a background of an operating room. The bottom window shows a man in a dark uniform, with a background of a plain wall. A banner at the bottom right of the meeting area contains the text 'SUPERIOR COURT OF CALIFORNIA COUNTY OF SACRAMENTO' and 'Powered by Zoom'. The name '018596, A. Monroe' is visible at the bottom left of the bottom window.

Sacramento Superior Court Department ...

Scott Green

018596, A. Monroe

SUPERIOR COURT OF CALIFORNIA
COUNTY OF SACRAMENTO

Powered by Zoom

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Sacramento Superior Court Department ...

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SUPERIOR COURT OF CALIFORNIA
COUNTY OF SACRAMENTO

Powered by Zoom

What is Medical Ethics?

Medical ethics involves examining a specific problem, usually a clinical case, and using values, facts, and logic to decide what the best course of action should be.

Some ethical problems are fairly straightforward, such as determining right from wrong. But others can also be more perplexing, such as deciding between two "rights"—two values that are in conflict with each other—or deciding between two different value systems, such as the patient's (or their guardian) versus the doctor's.

What are the Basic Principles of Medical Ethics?

Autonomy

Requires that the patient have autonomy of thought, intention, and action when making decisions regarding health care procedures. Therefore, the decision-making process must be free of coercion or coaxing. In order for a patient to make a fully informed decision, she/he must understand all risks and benefits of the procedure and the likelihood of success. Because ARTs are highly technical and may involve high emotions, it is difficult to expect patients to be operating under fully-informed consent.

Justice

The idea that the burdens and benefits of new or experimental treatments must be distributed equally among all groups in society. Requires that procedures uphold the spirit of existing laws and are fair to all players involved. The health care provider must consider four main areas when evaluating justice: fair distribution of scarce resources, competing needs, rights and obligations, and potential conflicts with established legislation. Reproductive technologies create ethical dilemmas because treatment is not equally available to all people.

Beneficence

Requires that the procedure be provided with the intent of doing good for the patient involved. Demands that health care providers develop and maintain skills and knowledge, continually update training, consider individual circumstances of all patients, and strive for net benefit.

Non-maleficence

Requires that a procedure does not harm the patient involved or others in society. Infertility specialists operate under the assumption that they are doing no harm or at least minimizing harm by pursuing the greater good. However, because

assistive reproductive technologies have limited success rates uncertain overall outcomes, the emotional state of the patient may be impacted negatively. In some cases, it is difficult for doctors to successfully apply the do no harm principle.

Examples of medical ethics scenarios



Medical ethics issues?

The Medical Practice Act defines unprofessional conduct in each state. Although laws vary from state to state, some examples of unprofessional conduct include the following:

Physician abuse of a patient

Inadequate record keeping

Failing to meet the standard of care

Prescribing drugs in excess or without legitimate reason

Failing to meet continuing medical education requirements

Dishonesty

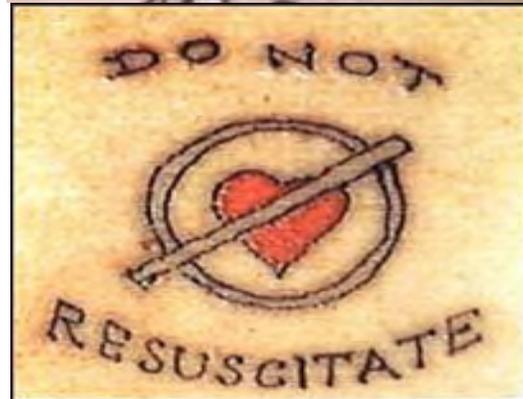
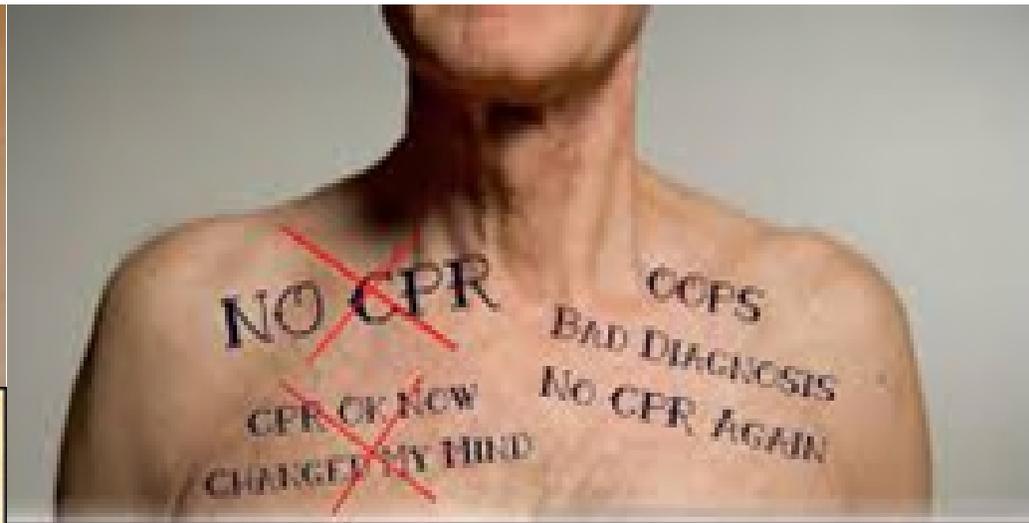
Conviction of a felony

Delegating the practice of medicine to an unlicensed individual

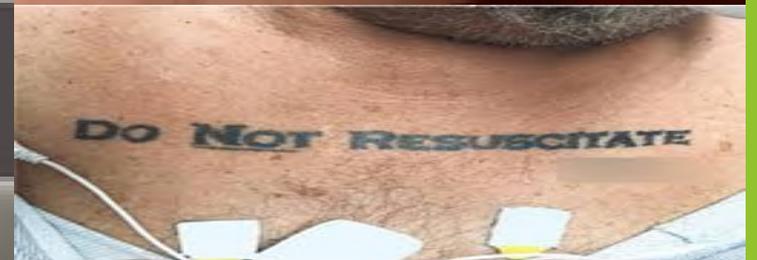
Minor fee disagreements and poor customer service are not considered unprofessional conduct.



TATOOS, WHAT ARE THEY GOOD FOR?



DNR TATTOOS



Paramedics brought to the emergency department an unconscious 70-year-old man with “Do Not Resuscitate” tattooed on his chest. The ICU team decided to honor the preference expressed in the tattoo. Subsequently, a copy of his written DNR request was obtained.

But in the new case, the man's doctors were conflicted about the decision not to honor the tattoo, because of "the patient's extraordinary effort to make his presumed advance directive known."

So they consulted a medical ethics expert, who advised the doctors to honor the patient's tattoo. The expert "suggested that it was most reasonable to infer that the tattoo expressed an authentic preference," the report said.

Later, the hospital found that the man actually did have an official DNR order with the Florida Department of Health. The man's doctors were "relieved" to find that their decision matched this official request.

The man's condition soon deteriorated, and he died without undergoing CPR or invasive life-support methods.

The doctors conclude that "this patient's tattooed DNR request produced more confusion than clarity," and that the case "neither supports nor opposes the use of tattoos to express end-of-life wishes."

The report was published Nov. 30 in the New England Journal of Medicine.



DO NOT RESUSCITATE ORDER

State of Florida, Section 401.45, Florida Statutes

PATIENT'S OR AUTHORIZED PERSON'S STATEMENT

I, _____, _____,
(Print or Type Full Legal Name) (Date of Birth)

being informed of my right to refuse cardiopulmonary resuscitation (CPR), including artificial ventilation, cardiac compression, endotracheal intubation, and defibrillation, direct that CPR be withheld or withdrawn from me.

By: _____ Date: _____
(Signature of Patient or Authorized Person)

I, _____, am authorized to sign on the patient's behalf
(Print or Type Name of Authorized Person)

as the patient's surrogate, proxy, or minor patient's principal (per s. 765.101, F.S.); or I am expressly authorized to make the patient's health care decisions under a guardianship (per s. 744.102, F.S.), or power of attorney (per s. 709.2102, F.S.).

HEALTH CARE PROVIDER'S STATEMENT

I, _____, license number _____,
(Print or Type Full Legal Name)

am the patient's physician, osteopathic physician, autonomous practice registered nurse, or physician assistant authorized by law to sign this order. I direct the withholding or withdrawal of CPR from the patient in the event of the patient's cardiac or respiratory arrest.

By: _____ Date: _____ Ph: _____
(Signature of Health Care Provider) (Emergency No.)

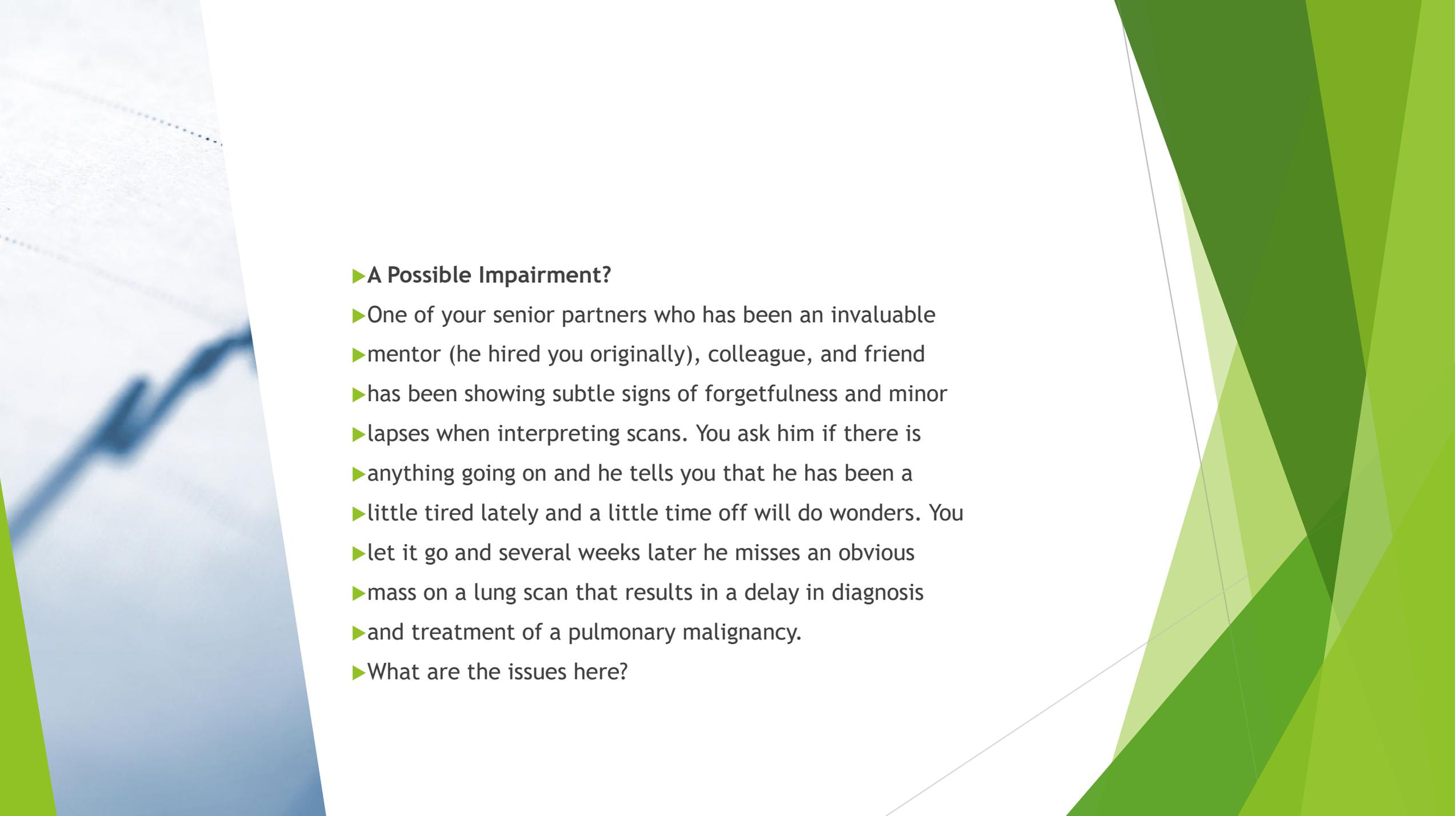
A copy of this order reproduced on yellow paper (any shade) is valid as the original.

Cut along line and fold in half to create DNRO Device (wallet card).

PATIENT'S OR AUTHORIZED PERSON'S STATEMENT	HEALTH CARE PROVIDER'S STATEMENT
I, _____, _____, (Print or Type Full Legal Name) (Date of Birth)	I, _____, (Print or Type Full Legal Name)
being informed of my right to refuse cardiopulmonary resuscitation (CPR), including artificial ventilation, cardiac compression, endotracheal intubation, and defibrillation, direct that CPR be withheld or withdrawn from me.	license number _____
By: _____ Date: _____ (Signature of Patient or Authorized Person)	am the patient's <input type="checkbox"/> physician, <input type="checkbox"/> osteopathic physician, <input type="checkbox"/> autonomous practice registered nurse, or <input type="checkbox"/> physician assistant authorized by law to sign this order. I direct the withholding or withdrawal of CPR from the patient in the event of the patient's cardiac or respiratory arrest.
I, _____, am authorized to sign on the patient's behalf (Print or Type Name of Authorized Person)	By: _____ (Signature of Health Care Provider)
the patient's behalf as the patient's <input type="checkbox"/> surrogate, <input type="checkbox"/> proxy, or <input type="checkbox"/> minor patient's principal (per s. 765.101, F.S.); or I am expressly authorized to make the patient's health care decisions under a <input type="checkbox"/> guardianship (per s. 744.102, F.S.), or <input type="checkbox"/> power of attorney (per s. 709.2102, F.S.).	Date: _____
	Ph: _____ (Emergency No.)
	<i>A copy of this order reproduced on yellow paper (any shade) is valid as the original.</i>

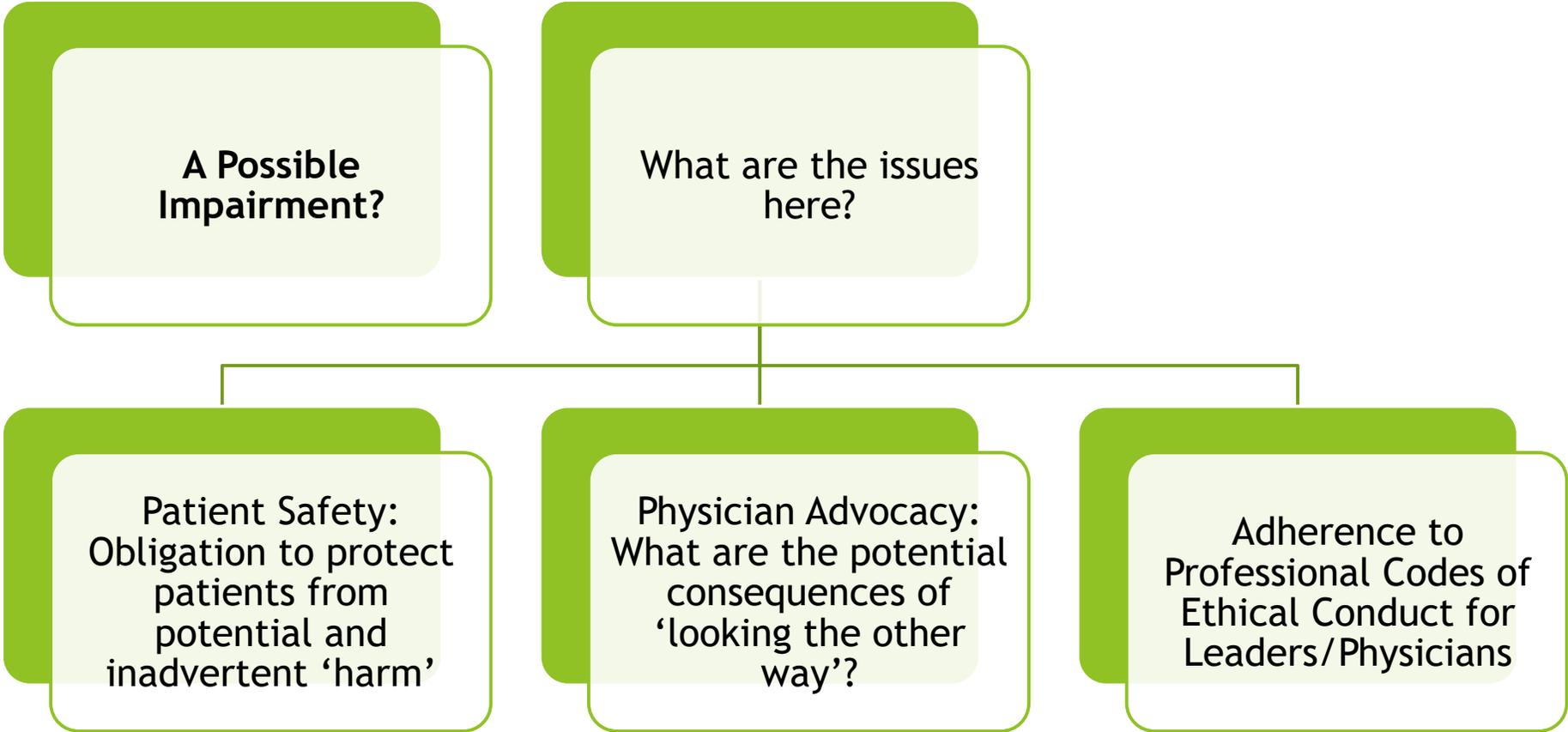
IS STILL REQUIRED TO BE ON **YELLOW PAPER** - can be signed by DO, MD, AutoAPRN and PA's.

64J-2.018 (c) "Original" means the completed DNRO or DNRO Device on **yellow paper** that bears the manual signatures of the patient or authorized person and the patient's health care provider. **Any shade of yellow is acceptable.**



▶ **A Possible Impairment?**

- ▶ One of your senior partners who has been an invaluable
- ▶ mentor (he hired you originally), colleague, and friend
- ▶ has been showing subtle signs of forgetfulness and minor
- ▶ lapses when interpreting scans. You ask him if there is
- ▶ anything going on and he tells you that he has been a
- ▶ little tired lately and a little time off will do wonders. You
- ▶ let it go and several weeks later he misses an obvious
- ▶ mass on a lung scan that results in a delay in diagnosis
- ▶ and treatment of a pulmonary malignancy.
- ▶ What are the issues here?



456.063 Sexual misconduct; disqualification for license, certificate, or registration

(1) Sexual misconduct in the practice of a health care profession means violation of the professional relationship through which the health care practitioner uses such relationship to engage or attempt to engage the patient or client, or an immediate family member, guardian, or representative of the patient or client in, or to induce or attempt to induce such person to engage in, verbal or physical sexual activity outside the scope of the professional practice of such health care profession. Sexual misconduct in the practice of a health care profession is prohibited.

(2) Each board within the jurisdiction of the department, or the department if there is no board, shall refuse to admit a candidate to any examination and refuse to issue a license, certificate, or registration to any applicant if the candidate or applicant has:

(a) Had any license, certificate, or registration to practice any profession or occupation revoked or surrendered based on a violation of sexual misconduct in the practice of that profession under the laws of any other state or any territory or possession of the United States and has not had that license, certificate, or registration reinstated by the licensing authority of the jurisdiction that revoked the license, certificate, or registration; or

(b) Committed any act in any other state or any territory or possession of the United States which if committed in this state would constitute sexual misconduct.

For purposes of this subsection, a licensing authority's acceptance of a candidate's relinquishment of a license which is offered in response to or in anticipation of the filing of administrative charges against the candidate's license constitutes the surrender of the license.

(3) Licensed health care practitioners shall report allegations of sexual misconduct to the department, regardless of the practice setting in which the alleged sexual misconduct occurred.



459.0141, F.S. Sexual misconduct in the practice of osteopathic medicine

The osteopathic physician-patient relationship is founded on mutual trust. Sexual misconduct in the practice of osteopathic medicine means violation of the osteopathic physician-patient relationship through which the osteopathic physician uses the relationship to induce or attempt to induce the patient to engage, or to engage or attempt to engage the patient, in sexual activity outside the scope of the practice or the scope of generally accepted examination or treatment of the patient. Sexual misconduct in the practice of osteopathic medicine is prohibited.

History.—ss. 13, 17, ch. 89-374; s. 4, ch. 91-429.

Patient Boundaries Case Study



Physician saw patient in inappropriate things to his office as a patient.

Then he started calling her, multiple times, to offer a job.

Later he called back and was “breathing heavily and his tone of voice had changed”.

He proceed to stated

the patient regarding her body and how he wanted to touch her.

Action taken:

Revocation

Its only my ethics, Right?

456.072(1)(i) Except as provided in s. 465.016, failing to report to the department any person who the licensee knows is in violation of this chapter, the chapter regulating the alleged violator, or the rules of the department or the board. However, a person who the licensee knows is unable to practice with reasonable skill and safety to patients by reason of illness or use of alcohol, drugs, narcotics, chemicals, or any other type of material, or as a result of a mental or physical condition, may be reported to a consultant operating an impaired practitioner program as described in s. 456.076 rather than to the department.



456.072(1) other ethical violations

Exercising

- Exercising influence on the patient or client for the purpose of financial gain of the licensee or a third party.

Failing

- Failing to comply with the requirements of ss. 381.026 and 381.0261 to provide patients with information about their patient rights and how to file a patient complaint.

Engaging or attempting

- Engaging or attempting to engage in sexual misconduct as defined and prohibited in s. 456.063(1).

VII. What if I don't like...



A Rule as promulgated by the Board of Medicine or Osteopathic Medicine?

File for Variance or Waiver of a Rule - 120.542, FAC. Variances and waivers shall be granted when the person subject to the rule demonstrates that the purpose of the underlying statute will be or has been achieved by other means by the person and when application of a rule would create a substantial hardship or would violate principles of fairness. Hearing before the Board of Osteopathic Medicine.



A Law in statute?

Requires the Florida Osteopathic Medicine Practice Act to be opened up and subject to change in all sections of the Practice Act of 459, FS. Through legislative process.

Resources

www.floridahealth.gov Florida Department of Health Home Page - Verify a License

www.floridasosteopathicmedicine.gov/ Board of Osteopathic Medicine Homepage

www.flboardofmedicine.gov/ Board of Medicine Homepage

www.floridaspodiatricmedicine.gov Board of Podiatric Medicine

www.leg.state.fl.us/Statutes/index.cfm All Florida Statutes

www.flrules.org/default.asp All Florida Rules of Board, and All Boards

Thank you for your time!

Jason D. Winn, Esq.



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<https://media.giphy.com/media/tYOA3u3Xqg0TK/giphy.mp4>