

## **CS/CS/SB 2272 and CS/SB 2722 — Pain Management**

by Criminal Justice Committee; Health Regulation Committee; and Senators Fasano, Gardiner, Aronberg, Gaetz, Gelber, and Crist

The bills require all privately owned pain-management clinics that primarily engage in the treatment of pain by prescribing or dispensing controlled substance medications to register with the Department of Health. Exceptions to registration and regulation as a pain-management clinic include a clinic:

- That is licensed as a hospital, ambulatory surgery center, or mobile surgical facility;
- In which the majority of the physicians primarily provide surgical services;
- That is owned by a publicly held corporation whose total assets at the end of the corporation's most recent fiscal quarter exceeded \$50 million;
- That is affiliated with an accredited medical school at which training is provided;
- That does not prescribe or dispense controlled substances for the treatment of pain; or
- That is owned by a corporate entity exempt from federal taxation under 26 U.S.C. s. 501(c)(3).

A registered pain-management clinic must be owned by a medical physician, osteopathic physician, or group of medical or osteopathic physicians, or be licensed as a health care clinic under other provisions of law. Certain regulatory or criminal actions will prevent physicians owning or having a contractual or employment relationship with a pain-management clinic.

A grandfathering provision authorizes physicians who qualify to continue to practice in a pain-management clinic after July 1, 2012. On and after that date, a physician must have completed a pain medicine fellowship or a pain medicine residency in order to practice in a pain-management clinic.

Certain activities pertaining to a pain-management clinic are regulated, including, but not limited to: the maximum number of prescriptions for certain controlled substances that may be written at a clinic during any 24-hour period; requiring a physician to perform a physical examination of a patient on the same day that the patient receives controlled substances or a prescription for controlled substance; and prohibiting a practitioner from dispensing more than a 72-hour supply of controlled substances to a patient who pays for the medication by cash, check, or credit card, with certain exceptions. In addition, disciplinary action may be taken for promoting or advertising the use, sale, or dispensing of controlled substances.

The Department of Health, with input from others, is required to develop rules for identifying indicators of controlled substance abuse. The program manager for the prescription drug monitoring program is authorized to provide relevant information to the applicable law enforcement agency upon determining that a pattern consistent with these rules and having cause to believe that certain violations related to controlled substances has occurred.

The Department of Health is authorized to obtain patient records without patient authorization when investigating an offense involving the inappropriate prescribing, overprescribing, or diversion of controlled substances involving a pain-management clinic.

If approved by the Governor, these provisions take effect October 1, 2010.

*Vote: Senate 33-0; House 116-0*