

GROWTH OF TELEHEALTH RAISES NEW QUESTIONS

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TALLAHASSEE --- Increased use of telehealth has been described as a silver lining of the COVID-19 pandemic, allowing patients who have been staying home to see their doctors via technology.

But members of the Florida Board of Medicine are grappling with whether it can be used by physicians for other purposes.

The board late last week shot down a proposed change to rules that would have allowed physicians to use telehealth, also known as telemedicine, as a way to directly supervise electrologists who work for them.

And on another telehealth-related issue, the board rejected a request from a South Florida physician who wanted a declaratory statement that would have authorized emergency medical technicians to administer medications for home health patients. The EMTs, normally used in emergency medical situations, would be dispatched to sites while physicians would use remote methods to examine and treat the patients, said Jose E. Garcia, who requested approval from the board and is affiliated with American Care, Inc.

The board considered the changes as the use of telehealth in the state of Florida has increased. For example, Florida Medicaid providers, once reticent to use telehealth, turned to the technology to care for patients as COVID-19 swept the state.

Medicaid director Beth Kidder said as of June 30, 15,945 Medicaid providers offered telehealth services, up from 657 at the end of 2019. Also, 192,038 Medicaid patients received telehealth services as of June 30, up from 23,616 at the end of 2019.

"This is the future of medicine in the state of Florida," Board of Medicine General Counsel Ed Telechea said at the Board of Medicine meeting where the issues were discussed. "You're going to see a lot of this telemedicine stuff going on."

Garcia said he wanted the EMT arrangement approved so he could treat patients who are in rural areas and don't want to leave their houses. Garcia said the first responders would be performing basic tasks such as offering flu shots and administering electrocardiography. But



The panel, which oversees physicians across the state, was more torn on whether to change rules to allow physicians to use telehealth to directly supervise electrologists.

Attorney Larry Gonzalez, who represents the Electrolysis Society of Florida and the Electrolysis Association of Florida, told the board that electrologists have a “stellar record of performing laser hair removal without harming patients” and that the proposed change would update a rule that had been in effect prior to 2019, when the Legislature authorized telehealth.

Board of Medicine member Kevin Cairns, a Fort Lauderdale physician, supported the proposed change and asked whether there was any data that showed how the current regulations work.

“My big issue in all my experience in going into different offices I’ve never once seen a physician in an office where laser hair removal is performed actually interact with an electrologist,” he said. “I just think we are not being really realistic on what’s currently being done right now.”

Current law requires that electrologists be directly supervised by physicians.

The regulations require that the physicians have training in hair removal and be located on the same premises as the electrologists.

But Board of Medicine Chairman Zachariah Zachariah noted that the rules don’t include any restrictions on the size of buildings and encouraged the board to support the change, despite opposition from groups like the Florida Society of Plastic Surgeons, the Florida Society of Dermatology and Dermatologic Surgery and the Florida Medical Association.

“I know some of the associations don’t like it, but the reality is the world has changed,” Zachariah, a Fort Lauderdale physician, said.

Tampa physician Hector Vila, the vice chairman for the Board of Medicine, argued that the change the board was considering would transcend electrologist licensure and touch on all facets of medicine where physicians are directed to supervise.

“We are treading on very thin ice here,” said Vila, who is an anesthesiologist. “Whatever you do here will create a precedent and redefine direct supervision.”

Ultimately, the board rejected the proposed electrologist rule change by a 7-5 vote.