Florida Laws & Rules
Osteopathic Medicine

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Disclosure Statement

I have no financial relationship in regard to the content of this presentation - JDW
Educational Objectives
Florida Laws and Rules

• 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.
• How to protect their right to practice.
Current licenses expire midnight, Eastern Time, March 31, 2016.

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: Osteopathic Physicians licensed after July 1 of the second year of the biennium (odd year), are only required to complete the HIV/AIDS, Florida Laws and Rules, Professional & Medical Ethics, Federal & State Laws Related to the Prescribing of Controlled Substances and Prevention of Medical Errors courses.
## 2014-2016 Requirements

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<thead>
<tr>
<th>REQUIRED SUBJECT</th>
<th>REQUIRED NUMBER OF HOURS</th>
<th>IMPORTANT INFORMATION</th>
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<tbody>
<tr>
<td>General Hours*</td>
<td>20</td>
<td>20 must be AOA 1-A</td>
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<tr>
<td>General Hours*</td>
<td>15</td>
<td>These hours can be AOA or AMA</td>
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<tr>
<td>Medical Errors</td>
<td>2</td>
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<tr>
<td>Professional &amp; Medical Ethics</td>
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<td>Florida Laws and Rules</td>
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<td>Federal &amp; State Laws Related to</td>
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<td>the Prescribing of Controlled Substances</td>
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<tr>
<td><strong>TOTAL HOURS</strong></td>
<td>40**</td>
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* Licensees must obtain 2 hours of domestic violence every third renewal period
FOMA Reports to CE BROKER

• THE FOMA REPORTS THE HOURS YOU RECEIVE HERE TODAY TO CE BROKER ON YOUR BEHALF! CE BROKER IS THE STATEWIDE CLEARING HOUSE FOR ALL CONTINUING EDUCATION HOURS FOR HEALTH CARE PROFESSIONALS. FOMA REPORTS FOR YOU!
Who’s on First?

- Dept. of Health (DOH) – licenses health care practitioners
- Board of Osteopathic 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

Florida Statutes (F.S.): *Laws*
- Chapter 459: Osteopathic Medicine
- Chapter 456: Health Professions and Occupations: General Provisions
- Chapter 120: Administrative Procedure Act

Florida Administrative Code (F.A.C.): *Rules*
- Rules: Chapter 64B15: Board of Osteopathic Medicine, F.A.C.
- Rules: Chapter 64B: Division of Medical Quality Assurance, F.A.C.
HEALTH PROFESSIONS AND OCCUPATIONS:

• 456.001 Definitions
• THROUGH
• 456.50 Repeated Medical Malpractice

GENERAL HEALTH CARE PROVISION FOR ALL LICENSED HEALTH CARE PROVIDERS
456.44 Florida Statute
(not complete statute)

(1) DEFINITIONS.—

(e) “Chronic nonmalignant pain” means pain unrelated to cancer which persists beyond the usual course of disease or the injury that is the cause of the pain or more than 90 days after surgery.

(2) REGISTRATION.—Effective January 1, 2012, a physician licensed under chapter 458, chapter 459, chapter 461, or chapter 466 who prescribes any controlled substance, listed in Schedule II, Schedule III, or Schedule IV as defined in s. 893.03, for the treatment of chronic nonmalignant pain, must:

(a) Designate himself or herself as a controlled substance prescribing practitioner on the physician’s practitioner profile.

(b) Comply with the requirements of this section and applicable board rules.

(3) STANDARDS OF PRACTICE.—The standards of practice in this section do not supersede the level of care, skill, and treatment recognized in general law related to health care licensure. (a)-(g)
FS 459 Osteopathic Medicine

OSTEOPATHIC MEDICINE

• 459.001 Purpose.

• THROUGH

• 459.026 Reports of adverse incidents in office practice settings.

STATUTE APPLIES TO ALL DO’s and Physician assistants & Anesthesiologist Assistants.
Whenever an osteopathic physician licensed under this chapter renders professional services to a patient, the osteopathic physician is required, upon request, to submit to the patient, the patient’s insurer, or the administrative agency for any federal or state health program under which the patient is entitled to benefits an itemized statement of the specific services rendered and the charge for each, no later than the osteopathic physician’s next regular billing cycle which follows the fifth day after the rendering of professional services. An osteopathic physician may not condition the furnishing of an itemized statement upon prior payment of the bill. Whenever the itemized statement is submitted to the patient’s insurer or the administrative agency, a copy of the itemized statement shall simultaneously be provided to the patient. Such copy of the itemized statement which is sent to the patient shall, in boldfaced letters, state that: “THIS IS A DUPLICATE COPY OF A STATEMENT SUBMITTED TO YOUR INSURER OR OTHER AGENCY.”

History.—s. 4, ch. 79-198; s. 2, ch. 81-318; ss. 13, 27, 29, ch. 86-290; 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)
64B15-14.007 Standard of Care for Office Surgery (not complete Rule)

(3) Level I Office Surgery.

(a) Scope. Level I office surgery includes the following:

4. Anesthesia is local, topical, or none, and preoperative medicines are limited to a single anxiolytic drug not in the opiate class. The cumulative dose of the anxiolytic drug shall not exceed the maximum recommended dose (as per the manufacturer’s recommendation).

Amended 5/24/2015; Different than MD Rule presently; Ongoing meetings of the joint committee of BOOM and Board of Medicine - Office Surgery Rule

Discussions by BOOM and BOM to further amend Level I office surgery use of Anesthesia.
II. Investigations
Florida Department of Health (DOH)

How can an investigation begin?
1) Upon written complaint signed by complaining individual;
2) Anonymous Complaint; 3) Confidential Informant complaint; and 4) DOH.

Does the Department tell me if I am being investigated?

Notice of Investigation – letter of investigation.

Exceptions = Criminal charge or DOH believes notice will be detrimental to investigation
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)
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
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
(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.

(f) Failure to conspicuously list the name of the osteopathic physician in an advertisement as required in paragraph 64B15-14.001(2)(k), F.A.C. The fine shall be $500.
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

• Entire investigative report with all exhibits is forwarded to Departments legal section in Tallahassee –

*If a Citation, then case does NOT go to PCP – licensee receives notice of Citation and must comply.

Case then presented to PCP to determine whether probable cause exists and an administrative complaint issued. If no finding of probable cause – case dismissed.

PCP = Probable Cause Panel
III. 64B15-19.007 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.

(e) Failure to report to the Board within 30 days after the licensee has been convicted or found guilty of, or entered a plea of nolo contendere to, regardless of adjudication, a crime in any jurisdiction. The fine shall be $800.
(4) 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 of Osteopathic Medical Examiners. For violations of paragraphs (3)(a) through (c) and (3)(e) through (o) above, the subject has 30 days from the date the citation becomes a final order to pay the fine and costs. For violations of paragraph (3)(d) above, the subject has one year from the date the citation becomes a final order to pay the fine and costs and to submit certified documentation of completion of all CEU requirements for the period for which the citation was issued.

Failure to pay the fine and costs within the prescribed time period constitutes a violation of Section 459.015(1)(bb), 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 pursuant to Rule 64B15-19.003, F.A.C.
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.

64B15-9.006 (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

Electronically record all proceedings; Recorded by a certified court reporter

Transcripts may be obtained from the court reporter, Request copy of transcript of the probable cause panel proceeding – must meet test of being “meaningful” – Discussion of evidence by PC members

Must be some evidence to reasonably indicate finding of PC

The Department must justify actions but board may Not just “rubber stamp” recommendation

Transcript - the best place to start
Findings of PCP

NO Probable Cause = Case dismissed or receipt of Letter of concern
Violation exists – formal charges not being filed
Issued without an opportunity for hearing or to refute or dispute allegations
Becomes public record
Unclear – considered disciplinary actions
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

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

Extension of time from department through legal counsel or request

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 Osteopathic Medicine.
  - Physician MUST NOT dispute the facts of the alleged complaint.
  - Physician goes before BOOM and presents testimony/evidence requesting for leniency in their penalties for the violation.
  - BOOM 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 BOOM 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.
  - BOOM may accept the Agreement, or reject the Agreement. If BOOM 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

Licensee has due process PROPERTY rights, including, but not limited to:
Right to Remain Silent
Proper and adequate notice and adequate time to respond
See agency’s investigative file, called discovery including subpoena’s issues, depositions
Right to Counsel with Right to Examine and cross examine witnesses
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

64B15-19.002(4) False, deceptive or misleading advertising. (459.015(1)(d)FS) 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

(11) Kickbacks and unauthorized fee arrangements. (459.015(1)(j)FS) 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.

(35) Presigning blank prescription forms. (459.015(1)(ee), FS) 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
VI. DEA Changes in Laws and Rules

Determination Transfer Hydrocodone Combination Products (HCPs) to Schedule II

DEA rescheduled hydrocodone Based on consideration of all comments, the scientific and medical evaluation and accompanying recommendation of the HHS, and based on the DEA's consideration of its own eight-factor analysis, the DEA finds that these facts and all other relevant data constitute substantial evidence of potential for abuse of HCPs. As such, the DEA has rescheduled HCPs as a schedule II controlled substance under the CSA.
DEA Changes in Laws and Rules

Placement of Tramadol Into Schedule IV

Based on consideration of all comments, the scientific and medical evaluation and accompanying recommendation of the HHS, and based on the DEA's consideration of its own eight-factor analysis, the DEA finds that these facts and all other relevant data constitute substantial evidence of potential for abuse of tramadol. As such, the DEA is scheduling tramadol as a controlled substance under the CSA.

Based on these findings, the Deputy Administrator of the DEA concludes that tramadol, including its salts, isomers, and salts of isomers, warrants control in schedule IV of the CSA. 21 U.S.C. 812(b)(4).
Florida Changes in Laws

Prescription Drug Monitoring Program (PDMP)

Any physician prescribing controlled substances level II-IV should be registered through the PDMP. While not mandatory, if you prescribe a controlled substance II-IV and not view the PDMP, you may be falling below the standard of care. As of July 2014 30.5% of participating physicians were Osteopathic Physicians.

456.44, F.S. REGISTRATION.—Effective January 1, 2012, a physician licensed under chapter 458, chapter 459, chapter 461, or chapter 466 who prescribes any controlled substance listed in schedule II, schedule III, or schedule IV, as defined in s. 893.03, for the treatment of chronic nonmalignant pain, must:

(a) Designate himself or herself as a controlled substance prescribing practitioner on the physician’s practitioner profile.

(b) Comply with the requirements of this section and applicable board rules.
Changes in Telemedicine Rule

• Beginning October 2014, the BOOM, after promulgating Rule 64B15-14.0081, took action to repeal 64B15-14.008 and place some of this rule language into the newly promulgated rule. Effective December 2014, 64B15-14.008 was repealed.

• The BOOM in May of 2014, noticed their rule for further amendment to address the issue of ordering (not prescribing) controlled substances for hospitalized patients through the use of telemedicine.

• The rule amendment does not prescribe the behavior or actions of any regulated entity or licensee but rather clarifies that physicians can indeed order controlled substances for hospitalized patients through the use of telemedicine.
Telemedicine Rule
64B15-14.0081

- The rule became effective July 22, 2014.
- Thereafter, the BOOM merged Rule 64B15-14.008 with 64B15-14.0081
- The merged rule resulted in a final (final, final) rule of 64B15-14.0081 becoming effective December 2014.
- The rule sets the standards all Florida Osteopathic Physicians must follow during their use of telemedicine.
(1) “Telemedicine” means the practice of medicine by a licensed Florida physician or physician assistant where patient care, treatment, or services are provided through the use of medical information exchanged from one site to another via electronic communications. Telemedicine shall not include the provision of health care services only through an audio only telephone, email messages, text messages, facsimile transmission, U.S. Mail or other parcel service, or any combination thereof.

(2) The standard of care, as defined in Section 456.50(1)(e), F.S., shall remain the same regardless of whether a Florida licensed physician or physician assistant provides health care services in person or by telemedicine.

(3) Florida licensed physicians and physician assistants providing health care services by telemedicine are responsible for the quality of the equipment and technology employed and are responsible for their safe use. Telemedicine equipment and technology must be able to provide, at a minimum, the same information to the physician and physician assistant which will enable them to meet or exceed the prevailing standard of care for the practice of medicine.

(4) Controlled substances shall not be prescribed through the use of telemedicine. This provision does not preclude physicians from ordering controlled substances through the use of telemedicine for patients hospitalized in a facility licensed pursuant to Chapter 395, F.S.
(5) Prescribing medications based solely on an electronic medical questionnaire constitutes the failure to practice medicine with that level of care, skill, and treatment which is recognized by reasonably prudent physicians as being acceptable under similar conditions and circumstances, as well as prescribing legend drugs other than in the course of a physician’s professional practice.

(6) Physicians and physician assistants shall not provide treatment recommendations, including issuing a prescription, via electronic or other means, unless the following elements have been met:

- (a) A documented patient evaluation, including history and physical examination to establish the diagnosis for which any legend drug is prescribed.
- (b) Discussion between the physician or the physician assistant and the patient regarding treatment options and the risks and benefits of treatment.
- (c) Maintenance of contemporaneous medical records meeting the requirements of Rule 64B15-15.004, F.A.C.
• (7) The practice of medicine by telemedicine does not alter any obligation of the physician or the physician assistant regarding patient confidentiality or recordkeeping.

• (8) A physician-patient relationship may be established through telemedicine.

• (9)(a) Nothing contained in this rule shall prohibit consultations between physicians or the transmission and review of digital images, pathology specimens, test results, or other medical data by physicians or other qualified providers related to the care of Florida patients.

• (b) This rule does not apply to emergency medical services provided by emergency physicians, emergency medical technicians (EMTs), paramedics, and emergency dispatchers. Emergency medical services are those activities or services to prevent or treat a sudden critical illness or injury and to provide emergency medical care and prehospital emergency medical transportation to sick, injured, or otherwise incapacitated persons in this state.

• (c) The provisions of this rule shall not apply where a physician or physician assistant is treating a patient with an emergency medical condition that requires immediate medical care. An emergency medical condition is a medical condition manifesting itself by acute symptoms of sufficient severity that the absence of immediate medical attention will result in serious jeopardy to patient health, serious impairment to bodily functions, or serious dysfunction of a body organ or part.

• (d) The provisions of this rule shall not be construed to prohibit patient care in consultation with another physician who has an ongoing relationship with the patient, and who has agreed to supervise the patient’s treatment, including the use of any prescribed medications, nor on-call or cross-coverage situations in which the physician has access to patient records.

Rulemaking Authority 459.015(1)(z) FS. Law Implemented 459.015(1)(z) FS. History—New 3-12-14, Amended 7-22-14, 12-9-14.
Changes in 64B15-14.007
Office Surgery Rule

OLD  Rule 64B15-14.007 Standard of Care for Office Surgery
(3)Level I Office Surgery
   (a)Scope. Level I office surgery includes the following:
       4. Pre-operative medications not required or used other than minimal pre-operative tranquilization of the patient; anesthesia is local, topical, or none. No drug-induced alteration of consciousness other than minimal pre-operative tranquilization of the patient is permitted in Level I Office Surgery.

NEW  Rule 64B15-14.007 Standard of Care for Office Surgery
(3)Level I Office Surgery
   (a)Scope. Level I office surgery includes the following:
       4. Anesthesia is local, topical, or none, and preoperative medicines are limited to a single anxiolytic drug not in the opiate class. The cumulative dose of the anxiolytic drug shall not exceed the maximum recommended dose (as per the manufacturer’s recommendation).
Recent Board Rulings


Action – Reprimand, $7.5k fine, Laws Course, UF Drug Course, Risk Mgmt., Permanent restriction not own, operate or practice in Pain Mgmt Clinic, probation 2 yrs direct, 3 yrs indirect, may not prescribe 2-5 CS
Recent Board Rulings

Allegations: Section 459.015(1)(b), FS., - license to practice osteopathic medicine acted against by another jurisdiction

  Action – Suspension until receipt of unencumbered license in other state, CE hours, Boundaries course

Allegations: Section 456.072(1)(c), FS., - convicted of crime related to the practice

  Action – Reprimand, Permanent restriction CS II, probation for 2 yrs indirect supervision
VII. What if I don’t like…

A Rule as promulgated by the Board of 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.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!

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KNOW YOUR LEGAL RIGHTS AND HOW TO PROTECT THEM