

FSOMA wants to reiterate to our Members that Acupuncturists licensed under Chapter 457 are “essential healthcare” providers. No one from the Governor’s office or FSOMA has ever suggested otherwise. This is an important distinction for the profession, but it is NOT the only important factor to consider when evaluating your treatment options for meeting your patients’ needs at this time.

Several questions about COVID-19 remain unanswered. Uncertainty exists around the timeline between exposure and symptoms (2-11 days), the list of infection symptoms continues to change and grow, the incubation period is 1-14 days (median 5 days), likelihood of re-infection is now real and the number of asymptomatic viral carriers is estimated in the millions.

The only thing known for sure about this virus is that when people remain at home and physically distanced, the transmission and infection rates reduce. The primary goal of federal and state guidelines, proclamations and Executive Orders has been to first, reduce transmission, because conserving PPE’s and helping reduce ER burden is meaningless if the virus transmission and infection rates climb.

The central questions for ANY healthcare provider, including Acupuncturists to answer before responsibility and now legally allowing a patient to come into their office for treatment are:

- Can this patient be appropriately managed in a manner which DOES NOT INCREASE the risk of COVID-19 transmission to and among myself, my staff, and the patient?
- Does my office have the PPE inventory needed to reduce transmission of COVID-19?
- Are you following and documenting the CDC and FDOH screening, referring and reporting guidelines for COVID-19?
- Can you implement enhanced “infection control” standards to reduce COVID-19 transmission equal to, or the same as, if your office had remained closed?
- Is the patient’s chief complaint an urgent or emergency condition?
- Is your treatment intervention broadly accepted as the medical standard-of-care for your patient’s urgent or emergency condition?

It is understood and fair to say that all individuals take RISKS every time they leave their home. This was true a 6 months ago and it will be true tomorrow. They take RISKS going to the store, going to get gas, going to a movie and going to an appointment. In the last ten years, untold thousands of people have unfortunately left their home to see a health care provider and died before reaching the office. Accidents happen. So do sudden health related fatalities and bridge collapses.

Other risks, like COVID-19 transmission are foreseeable and can be reduced. Measuring the risk of viral transmission is not complex. If the risk of transmission is very low or zero for those who remain physically isolated, then every other person moving-about is at INCREASED risk of acquiring or transmitting COVID-19. All the available data supports that the risk of transmission INCREASES when people move-about outside the home. So, to reduce transmission rates EVERY effort must be made by EVERY person to help others remain at home.

FSOMA's recommendations for best practices during this unprecedented time are based advice from our attorneys who reviewed Governor DeSantis' Exec Order 20-72 issued March 23, 2020. It does not list, name, identify or describe "essential providers" – at all. No Florida profession is included or excluded as "essential." Instead the Order provides a prohibition on elective, medically unnecessary, non-urgent and non-emergency PROCEDURES.

The Governor's office has provided very little clarification regarding the Orders intentions or meaning despite certain professions efforts and assertions to the contrary. The only clarification received states:

*While some specific examples of which procedures should be postponed are also contained within Executive Order 20-72, licensed health care practitioners are tasked with exercising reasonable and appropriate professional judgment in evaluating their patients' specific circumstances, overall health, and the medical necessity of any procedures performed. Therefore, the Executive Order explicitly leaves discretion on proceeding with procedures to the medical professional, based on his or her expertise and the specific factual situation of each patient. Only the medical professional can make that determination.*

That's it...

FSOMA members have been asking about comments and guidance related to DC's and PT's, specifically from the Florida Chiropractic Association (FCA); and its statement that:

"Because [Cybersecurity & Infrastructure Security Agency] CISA was specific in including Chiropractic Physicians as essential healthcare workers, Chiropractors in Florida can continue to conduct business as it has been, following necessary safety protocols. As we continue to state, this is a personal choice, yet one that supports the profession along with other physician groups as essential healthcare workers."

The complete language related to DCs from the CISA report is below:

IDENTIFYING ESSENTIAL CRITICAL INFRASTRUCTURE WORKERS: The following list of identified essential critical infrastructure workers is intended to be overly inclusive reflecting the diversity of industries across the United States.

Healthcare providers and Caregivers including physicians, dentists, psychologists, mid-level practitioners, nurses and assistants, infection control and quality assurance personnel, pharmacists, physical and occupational therapists and assistants, social workers, optometrists, speech pathologists, chiropractors, and diagnostic and therapeutic technicians and technologists

It is unclear how CISA's inclusion of DC's here has any specific bearing on chiropractic practice in Florida. Reminder: The Governor's Exec Order contained NO "essential provider" requirement, only a prohibition on elective, medically unnecessary, non-urgent and non-emergency PROCEDURES.

The CISA report does not contain an all-inclusive list of "essential HC providers." I hope that anyone reading the FCA statement and the CISA statement can clearly see that the FCA is "reaching" to find a way to support its conclusion that DC's can "continue to conduct business as it has been, following necessary safety protocols...and that, this is a personal choice."

This is a convenient way for the FCA to say, the association has reminded you to follow the CDC & FDOH guidelines, choosing to continue treating patients is your choice and that the FCA is not responsible for any harm done to you, your family, your patients or license as a result of your decision.

FSOMA feels the same way...except the Association has provided its members with best-practice guidance and the legal and ethical rationale for its recommendations. FSOMA is pro-business but feels a responsibility to list and share practical concerns that any acupuncturist treating patients in their offices needs to consider.

Newton's third law states, "every action has an equal and opposite reaction." That is true for ALL things and ALL healthcare providers during these trying times. Everyone's decisions will have consequences – some good and some not. **FSOMA is reminding everyone that OF COURSE "you are essential providers and that treating in-person is your choice, just like the FCA is telling DC's.**

FSOMA maintains that any acupuncturist, who chooses to make personal contact with a patient in this time, has to answer, "Are my choices and actions creating more risk of COVID-19 transmission to my patient, my staff, my community and myself."

This can only be answered, "No," based on a provider's ability to treat patients while simultaneously not increasing COVID-19 transmission. Irrespective of providers motivation and desire to help, their "essential provider" status, and their patients preference for acupuncture, those providers whose treatment options include personal contact, which is now known to increase COVID-19 transmission should consider postponing office visits in favor of using telemedicine as needed and applicable.