



## **REPORT OF ACTIONS FROM THE 2017 HOUSE OF DELEGATES AND UPDATES**

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**Action on Recommendations from the Board of Governors – pgs. 3-4.**

**Action on 2017 Resolutions - pgs. 5-16.**

**Resolutions Referred to the Board of Governors:**

- 17-103 Prohibiting Natural Gas Fracking in Florida to Protect Human Health  
*Duval County Medical Society*
  
- 17-115 Clarification of the Definition of 'Board Certified' Physician in State of Florida  
*Ellen W. McKnight, M.D.*
  
- 17-202 Constitutional Amendment on Malpractice  
*South Florida Caucus*
  
- 17-203 Pharmacy Solicitation Resolution  
*South Florida Caucus*
  
- 17-303 Physician Payments on Same Day of Service  
*Hillsborough County Medical Association*
  
- 17-304 Recognition and Reimbursement for POLST  
*Orange County Medical Society*
  
- 17-306 Drug Prescribing for Veterans  
*South Florida Caucus*
  
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*Brevard County Medical Society*
  
- 17-314 Transitional Contracts for New Practices

*Brevard County Medical Society*  
17-410 Physician Right to Decline Supervision of Non-Physician Clinicians  
*Collier County Medical Society*

## Action on Recommendations from the Board of Governors

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### Board Recommendation A-1 2009 FMA Policy Review – Reaffirm and Sunset.

House Action: Adopted policies to reaffirm and sunset as presented in original report.

Updated policy compendium

### Board Recommendation A-2 Informational Report from the FMA Board of Governors

House Action: Report A filed for information.

### Board Recommendation B-1 Bylaws Amendment, Chapter IV, Elections, Section 2. Eligibility

House Action: Adopted.

This recommendation adds language to require that a prospective candidate running for any office or seat on the Board of Governors meet the following criteria: (1) must have been an active member of the FMA for at least three years; and (2) have been a delegate to and attended the FMA Annual Meeting at least once previously. The resident physician and young physician seats on the Board of Governors are exempt from this provision.

FMA Bylaws updated

### Board Recommendation C-1 Resolution 16-312 Ambulatory Surgery Centers (2016 House of Delegates)

House Action: Adopted.

RESOLVED, That the Florida Medical Association ~~support seek~~ an administrative rule change and/or legislation that would allow for dual licensure of ambulatory surgical centers, while maintaining adequate continuity of care for patients.

Added to the FMA Policy Compendium as P 460.003

Added to the 2018 Legislative Agenda

**Board Recommendation C-3**  
**Information Report from the Board of Governors**

House Action: Report C filed for information.

**Board Recommendation D-1**  
**Information Report from the Board of Governors**

House Action: Report D filed for information.

## Final Actions on 2017 Resolutions

*\*Referred to the FMA Board of Governors*

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### Resolution 17-101

#### Prevention of Sudden Cardiac Death in Student Athletes

John J. Lanza, M.D., PhD, MPF, FAAP

**House Action: Adopted as amended.**

RESOLVED, That the FMA encourages the education of parents, school authorities, and physicians on the risk of sudden cardiac arrest (SCA) in student athletes and further encourages schools, teams, and any other youth-focused organizations to implement a Cardiac Emergency Response Plan that includes CPR training for students, educators, athletic personnel, and anyone involved with youth; and be it further

RESOLVED, That the FMA also encourages schools to have Automated External Defibrillators (AEDs) available in athletic departments that would be accessible during school athletic events; and be it further

RESOLVED, That the FMA encourages the Florida Department of Health and the Florida Department of Education, to study the feasibility and cost-effectiveness of a school cardiovascular screening program.

Added to the FMA Policy Compendium as P 445.022

The FMA is working on an educational piece to be published in FMA News.

**\*House Action: Referred to Board of Governors for Decision**

RESOLVED, That the FMA encourages all local hospitals, health facilities, and health care providers (especially cardiologists), and other interested organizations with the ability to perform electrocardiogram (ECG) and echocardiogram (cardiac ECHO) screenings to partner with appropriate schools in their geographic area to provide screenings for eligible young athletes to reduce the incidence of sudden cardiac arrest and death.

January 2018: The Board of Governors discussed this resolution and has tabled the discussion until the May Board of Governors meeting.

May 2018: After reviewing existing guidelines and discussing with the author of the resolution, the Board of Governors voted to not adopt this resolution.

### Resolution 17-102

#### Trauma-informed Care Learning Communities

John Lanza, M.D., PhD, MPH, FAAP

**House Action: Adopted.**

RESOLVED, That the FMA recognizes that there is a significant relationship between cumulative Adverse

Childhood Experiences and numerous health, social, and behavioral problems throughout a person's lifespan, including substance use disorders and premature death; and be it further

RESOLVED, That the FMA encourages communities in Florida to adopt the principles and practices of trauma-informed care learning prevention and intervention programs.

Added to the FMA Policy Compendium as P 420.041  
The FMA is working on an educational piece to be published in FMA News.

**\* Resolution 17-103**  
**Prohibiting Natural Gas Fracking in Florida to Protect Human Health**  
Duval County Medical Society

**House Action: Referred to the Board of Governors for decision.**

RESOLVED, That the Florida Medical Association supports legislation that would prohibit fracking for oil & natural gas extraction in Florida.

October 2017: This resolution has been sent to the Council on Medical Education, Science and Public Health who will review and present recommendation to Board of Governors.

January 2018: The Board of Governors reviewed this resolution and voted to not adopt it.

**Resolution 17-105**  
**Medicaid Outcomes Resolution**  
South Florida Caucus

**House Action: Adopted as amended.**

RESOLVED, That the Florida Medical Association seek or conduct a study regarding the reasons for the disparities in health outcomes between cancer patients who are Medicaid recipients and those with private insurance. The study should include the effect of low reimbursement, the effect of non-compliance and personal health habits, and the effect of managed care on treatment outcomes.

Added to the FMA Policy Compendium as P 70.009  
This resolution has been sent to the Council on Medical Education, Science and Public Health for a recommendation on how best to achieve the requested study

**Resolution 17-106**  
**Mental Health Confidentiality for Physicians and Medical Students**  
South Florida Caucus

**House Action: Adopted as amended.**

RESOLVED, That the Florida Medical Association seek administrative action to change the questions on the Florida physician licensure application regarding prior mental illness and mental health treatment to ask

whether there are any physical or mental conditions that would currently interfere with the safe practice of medicine.

Added to the FMA Policy Compendium as P 140.015

The FMA petitioned the Board of Medicine for the changes to the licensure application in October. The process is ongoing.

**Resolution 17-107**  
**Educational Assistance for Private Practice Physicians**  
Brevard County Medical Society

**House Action: Adopted as amended.**

RESOLVED, That the FMA establish a CME curriculum that addresses at a minimum the following issues: selecting a legal practice entity, obtaining a tax ID and group NPI number, creating a business plan, obtaining state and local business licenses, enrolling with Medicare, credentialing with third party payors, negotiating contracts with third party payors, medical real estate issues, CAQH enrollment, obtaining appropriate insurance for practice, establishing a compliance program, and selecting an EMR/Practice Management/Billing company; and be it further

RESOLVED, That the FMA study the feasibility of offering this CME curriculum on the FMA website; and be it further.

RESOLVED, That the FMA continue to support the educational efforts of county medical societies in this area when possible.

Added to the FMA Policy Compendium as P 145.016

Staff is working to achieve the directives outlined in the resolution.

**Resolution 17-108**  
**Compliance Plan Toolkit**  
Brevard County Medical Society

**House Action: Adopted as amended**

RESOLVED, That the FMA develop a customizable compliance plan toolkit that addresses at a minimum the following commonly cited issues: employee code of conduct and handbook, compliance officer position description, OSHA regulations, antitrust laws, privacy practices, DEA certification, CLIA regulations, Sunshine Act, dismissing a patient, non-retaliation, non-discrimination, sexual harassment, and the use non-physician providers.

RESOLVED, That the FMA study the feasibility of offering this compliance plan toolkit on the FMA website.

Added to the FMA Policy Compendium as P 145.017

Staff is preparing the requested toolkit

**Resolution 17-109**  
**Vaccination Patient Decision; Physician Vaccination Record Completion Requirement; Regulation,  
Legislation, and Downstream Consequences**

Brevard County Medical Association, Broward County Pediatric Society

**House Action: Adopted as amended**

RESOLVED, that the FMA support legislative or administrative action to allow physicians to refuse to provide “incomplete” or “non-up-to-date” administrative forms regarding immunization records to or on behalf of any child that does not complete all of the immunizations required at the time of the immunization request; and be it further

RESOLVED, that the FMA support legislation, or administrative action to prohibit children from entering and/or attending Public Schools or private schools unless they possess and submit a completed and up to date immunization records or administrative forms, unless they have a medical exemption signed by a physician.

Added to the FMA Policy Compendium as P 445.023

Added to the 2018 Legislative Agenda

**Resolution 17-110**  
**TDAP and Flu Vaccine Coverage**

American Congress of Obstetrics and Gynecologists (ACOG) District XII

**House Action: Adopted as amended**

RESOLVED, That our Florida Medical Association support legislation to assure Tdap and flu vaccines are covered for all pregnant patients, and may be administered in physician offices.

Added to the FMA Policy Compendium as P 485.010

Added to the 2018 Legislative Agenda

**Resolution 17-111**  
**Zika Education for Physicians**

American Congress of Obstetricians and Gynecologists (ACOG) District XII

**House Action: Not adopted**

RESOLVED, The Florida Medical Association will support the education of physicians that provide direct patient care to be up-to-date about possible Zika exposure; be it further

RESOLVED, The Florida Medical Association will provide a direct link to the Centers for Disease Control Zika virus page on its website for Health Care Providers as a resource.

**Resolution 17-112**



**Improving Health Outcomes by Addressing Air Quality in Florida**  
Orange County Medical Society

**House Action: Adopted as amended**

RESOLVED, that our FMA will support collaboration with interested organizations to examine evidence based policies to determine the potential benefits of improved emission standards and polices in Florida, with an emphasis on protecting the respiratory and cardiovascular health of all Floridians.

Added to the FMA Policy Compendium as P 420.042

**Resolution 17-113**

**Promotion of Life-Long Learning for Maintenance of Certification**

South Florida Caucus, Escambia County Medical Society, Santa Rosa Medical Society, Sarasota County Medical Society

**House Action: Adopted in lieu of Resolutions 17-113 and 17-114 including title change**

Resolved, that the FMA reaffirms P. 285.023 that it opposes any efforts to require Maintenance of Certification (MOC) as a condition of medical licensure.

Resolved, that the FMA reaffirms P. 285.029 that “health care providers shall not be required, by any public or private entity to comply with Maintenance of Certification requirements after achieving initial board certification, other than the continuing medical education (CME) requirements set by the health care provider’s licensing board.”

Resolved, that our FMA recognizes life-long learning for a physician is best achieved by ongoing participation in a program of high quality continuing medical education (CME) appropriate to that physician’s medical practice as determined by the relevant specialty society.

Resolved, that the FMA call upon the ABMS and its component boards to end the current MOC process, that includes high-stakes interval testing in favor of life-long learning with a program of high quality CME courses appropriate to that physician’s medical practice as determined by the relevant specialty society.

Resolved, that the FMA will actively support legislation that advances our stated policy on Maintenance of Certification and aggressively promote these policies to the appropriate organizations.

Added to the FMA Policy Compendium as P 285.032

Added to 2018 Legislative Agenda

FMA staff attended conference on MOC with ABMS in Chicago on December 4, 2017

MOC letter completed and sent to AMA, requesting the formation of an alternative to ABMS

Legislation sponsored by Representative Gonzalez and Senator Grimsley failed during the 2018 legislative session.

**\* Resolution 17-115**

**Clarification of the Definition of ‘Board Certified’ Physician in the State of Florida**

**House Action: Referred to Board of Governors for decision**

RESOLVED, that the Florida Medical Association supports legislation that defines a ‘board-certified’ physician to be a physician, who upon the completion of an accredited residency/fellowship program, has taken and passed an initial secure comprehensive board-certifying examination, administered by a recognized certifying agency. A physician, who from that point forward, meets the CME requirements of the Florida State Board of Medicine may hold himself or herself out as board-certified in the state of Florida.

October 2017: The Board of Governors is scheduled to consider this issue at the Winter Board of Governors meeting.

January 2018: This resolution was discussed at the Winter Board of Governors meeting. After lengthy discussion, this resolution was tabled for decision for the Spring Board of Governors meeting.

May 2018: Due to the evolving nature of this topic, the Board of Governors voted to not adopt this resolution.

**Resolution 17-201**  
**FMA to Encourage AMA Membership**  
Hillsborough County Medical Association

**House Action: Adopted**

RESOLVED, that the Florida Medical Association enhance and intensify its efforts to encourage its members to become members of the American Medical Association.

Added to the FMA Policy Compendium as P 55.012  
Recently FMA News has featured articles on AMA collaboration, and will continue to do so.

**\* Resolution 17-202**  
**Constitutional Amendment on Malpractice**  
South Florida Caucus

**House Action: Referred to Board of Governors for decision**

RESOLVED, that the FMA contact this new committee to construct a constitutional amendment similar to the State of Texas Constitution regarding malpractice reform.

October 2017: The Board is scheduled to consider this issue at the Winter BOG meeting.

January 2018: FMA staff discussed with the CRC the concept of amending Florida's constitution to allow a cap on noneconomic damages similar to what Texas did. FMA supporters on the CRC did not feel the issue was one that could pass the CRC, much less gain approval by voters.

**\* Resolution 17-203**  
**Pharmacy Solicitation**  
South Florida Caucus

**House Action: Referred to the Board of Governors for study and report back**

RESOLVED, that when notified with appropriate documentation the FMA will send a letter of concern to the State Attorney General and the State Surgeon General to consider investigation of possible HIPAA violations by using personal health information.

October 2017: The Board is scheduled to discuss this issue at the Winter BOG meeting.

January 2018: The Board reviewed this resolution. The Board voted to table the resolution until the Spring Board of Governors meeting.

May 2018: The Board reviewed an extensive study related to pharmacy solicitation and is recommending to the 2018 House of Delegates to not adopt this resolution.

**Resolution 17-204**  
**Enacting Florida Medical Association Policy Regarding Cannabis**  
Capital Medical Society

**House Action: Adopted substitute resolution**

RESOLVED, That the Florida Medical Association educate physicians of the fact that, despite the passage of Amendment 2 to the Florida Constitution in 2016, the act of certifying a patient as eligible to receive medical marijuana is a potential violation of federal law, which could result in adverse legal and professional consequences for participating physicians; and be it further

RESOLVED, That the Florida Medical Association, if possible, include a disclaimer in the 2-hour educational course required by s. 381.986(3), Florida Statutes, that makes it clear that the FMA does not endorse the concept that cannabis is an accepted treatment for the qualifying medical conditions set forth in s. 381.986(2), Florida Statutes.

Added to the FMA Policy Compendium as P 307.003  
In the CME course, the FMA incorporated a section on the supremacy of federal law and the potential consequences (including criminal liability) of certifying patients under Florida law. The FMA also included the disclaimer regarding any FMA endorsement of medical marijuana into the 2 hour course.

**Resolution 17-301**

## **Creation of a New Medical License Entitled “Assistant Physician”**

James LaPolla, M.D.

### **House Action: Not adopted**

RESOLVED, That the Florida Medical Association seek legislation creating a new license entitled “Assistant Physician” for medical school graduates who are residents and citizens of the United States (who qualified and entered the NRMP) but have not entered into a postgraduate residency.

### **Resolution 17-302**

#### **Insurance for Motorcycle Medical Expenses**

Duval County Medical Society, Florida Orthopedic Society

### **House Action: Adopted**

RESOLVED, the FMA will support legislation in the State of Florida to require the same levels of insurance for medical expenses for motorcycle registration as those for automobiles.

Added to the FMA Policy Compendium as P 260.043

Added to the 2018 Legislative Agenda

### **\* Resolution 17-303**

#### **Physician Payments to Same Day of Service**

Hillsborough County Medical Association

### **House Action: Referred to Board of Governors for study and report back**

RESOLVED, That the FMA seek legislation to require health insurance companies to pay physicians at the time of service (office visit, ER visit, procedure, treatment, radiologic test); be it further

RESOLVED, That the FMA establish policy to support health insurance companies paying physicians at the time of service (office visit, ER visit, procedure, treatment, radiologic test); be it further

RESOLVED, That the FMA AMA Delegation encourage the AMA to adopt a policy supporting health insurance companies paying physicians at the time of service (office visit, ER visit, procedure, treatment, radiologic test).

October 2017: The Council on Medical Economics is reviewing and will present recommendations at an upcoming Board of Governors meeting.

January 2018: The Council on Medical Economics reviewed the resolution and presented the Board of Governors with a recommendation to the House of Delegates to adopt the amended resolution. The Board of Governors further amended the resolution and recommended that the House of Delegates adopt this resolution as amended.

**\* Resolution 17-304**

**Recognition and Reimbursement for POLST (Physician Orders for Life-Sustaining Treatment)**  
Orange County Medical Society

**House Action: Refer to the Board of Governors for study and report back**

RESOLVED, That our Florida Delegation to the American Medical Association support the fundamental foundation of the goals and objectives of the POLST Form; be it further

RESOLVED, That our Florida Medical Association support POLST legislation in the next legislative session; be it further

RESOLVED, That our Florida Delegation to the American Medical Association support a financial reimbursement at the highest complexity to those providers that partake and document the discussion of the POLST Form, whether the form is ultimately signed or not.

October 2017: The Council on Medical Education, Science and Public Health is reviewing and will present findings to the Board of Governors at an upcoming Board of Governors meeting.

January 2018: The Council of Medical Education, Science, and Public Health, studied the issue and presented a recommendation to the Board of Governors at the Winter Board of Governors meeting. The Board thoroughly studied and discussed the resolution, and recommended that the House of Delegates adopt the amended resolution.

**Resolution 17-305**

**Insurance Coverage for Patients Diagnosed with Hepatitis C**  
Orange County Medical Society

**House Action: Not adopted**

RESOLVED, that the FMA will support legislation that makes it mandatory for all medical insurance companies licensed to operate in the state of Florida, as well as the Medicaid Program to authorize coverage and treatment of their patients who have been diagnosed with Hepatitis C; with the appropriate medication depending on the Genotype, either Harvoni or Eplclusa.

**\* Resolution 17-306**

**Drug Prescribing for Veterans**  
South Florida Caucus

**House Action: Referred to Board of Governors for decision**

RESOLVED, that the FMA, via its AMA representatives, should foster legislation that would allow veterans to obtain their medications in a more efficient and cost effective manner through private physician access to the VA formulary. The large amount of funds saved by this plan could be used to help supplement the high risk pools for patients aged 50-64.

October 2017: The Council on Medical Economics will review this and present its recommendation to the Board of Governors and an upcoming meeting.

January 2018: The Council on Medical Economics studied this resolution. The Board of Governors reviewed the recommendation from the Council and voted to not adopt this resolution.

**\* Resolution 17-307**

**Limit Scope of Practice in Cosmetic and/or Dermatologic Surgery**

South Florida Caucus

**House Action: Referred to Board of Governors for decision**

RESOLVED, The Florida Medical Association will work with Legislators to limit the practice of Cosmetic and/or Dermatologic Surgery and/or Facial Aesthetics to Allopathic and Osteopathic Physicians.

Referred to the Council on Legislation. The COL presented its recommendation at the October Board of Governors meeting. The Board voted not to adopt this resolution.

**Resolution 17-308**

**Transparency Resolution**

South Florida Caucus

**House Action: Adopted as amended**

RESOLVED, that the FMA will support legislation that requires health insurance companies to provide their subscribers with itemized statements on prescription coverage that accurately reflect actual payments made, rather than misleading statements about the amount of money the patient “saved.”

Added to the FMA Policy Compendium as P 260.044

Added to 2018 Legislative Agenda

**\* Resolution 17-313**

**Pre-Treatment Arbitration Agreements**

Brevard County Medical Society

**House Action: Referred to Board of Governors for decision**

RESOLVED, That the FMA, in consultation with constitutional law experts and medical malpractice insurance underwriters, develop a pre-treatment arbitration agreement in consideration of the recent Florida Supreme Court opinions.

RESOLVED, That the FMA offer this pre-treatment arbitration agreement available for download on the FMA website to all members for free or a nominal charge as a membership benefit.

October 2017: The Board is scheduled to consider this resolution at the Winter BOG meeting.

January 2018: The Board discussed this resolution at the Winter Board of Governors meeting and voted to not adopt Resolution 17-313.

**\* Resolution 17-314**  
**Transitional Contracts for New Practices**  
Brevard County Medical Society

**House Action: Referred to Board of Governors for decision**

RESOLVED, That the FMA support legislation or administrative rules that would allow existing in network providers to operate under the same terms of their current contract when transitioning to a new practice for a period of not less than six months.

Referred to the Council on Legislation. The COL presented its recommendation at the October Board of Governors meeting. The Board voted not to adopt this resolution.

**Resolution 17-315**  
**Immunization Coverage-Reimbursements and Vaccine Preventable Diseases**  
Broward County Medical Association, Broward County Pediatric Society, Emerald Coast Medical Association

**House Action: Adopted as amended**

RESOLVED, That the FMA implement Resolution 15-408 as soon as possible to in order to assist physicians in the practice of medicine.

Resolution 15-408 that passed the House of Delegates reads as follows:

RESOLVED, That the Florida Medical Association take proactive steps and send a public letter of its position about vaccination coverage in Florida to all appropriate third party payers; and be it further

RESOLVED, That the Florida Medical Association will include in the letter and publication that it is united to protect our community by promoting wellness, availability and access to immunizations through cost effective measures and education to eliminate vaccine preventable diseases; and be it further

RESOLVED, That the Florida Medical Association will include in the letter and publication, that immunization and vaccination are preventative care and should be covered by all insurance plans; and be it further

RESOLVED, That the Florida Medical Association will include in the letter and publication that the FMA will seek legislation to ensure physician and other entities be covered 100% for all vaccination related costs as preventative care without co-pay and or deductibles at levels properly above costs of storage, administration and other E&M codes and CPT codes associated with immunization.

Added to the FMA Policy Compendium as P 485.011  
The FMA is working to develop letter, send to relevant third-party payers.

**Resolution 17-316**  
**Out-of-Network Principles**  
Brevard County Medical Society

**House Action: Adopt as amended**

RESOLVED, That the Florida Medical Association support legislation based on the following principles related to unexpected out-of-network care:

1. Insurers must meet appropriate network adequacy standards that include adequate patient access to care and hospital-based physician specialties. State regulators should uphold such standards in approving health insurance company plans.
2. Insurers must be transparent and proactive in informing enrollees about all deductibles, copayments and other out-of-pocket costs that enrollees may incur.
3. Insurers must maintain at all times an accurate and complete list of all in-network physicians. This information shall be contained in a public database, which must be easily accessible online by health care consumers.
4. Prior to scheduled procedures, insurers must provide enrollees with reasonable and timely access to in-network physicians.
5. Patients who are seeking emergency care should be protected under the “prudent layperson” legal standard as established in state and federal law, without regard to prior authorization or retrospective denial for services after emergency care is rendered.
6. Out-of-network payments must not be based on a contrived Medicare rate or a rate under the control of the insurance company.
7. In lieu of balance billing of patients, an appropriate and fair minimum benefit standard for unexpected out-of-network services should be created. The minimum benefit standard should accurately reflect reasonable physician charges, such as through the establishment of a charge-based reimbursement schedule connected to an independently recognized and verified database that is geographically specific, completely transparent, and independent of the control of either payers or providers.
8. The primary determinant in any provider-carrier dispute resolution process should be based on the usual and customary charges from an independently recognized and verified database that is geographically specific, completely transparent, and independent of the control of either payers or providers.

RESOLVED, that the FMA establish a database of physician underpayments based upon carriers' unilateral determination of allowable provider charges arrived at without reference to the usual and customary charges from an independently recognized and verified database that is geographically specific, completely transparent, and independent of the control of either payers or providers.

Added to the FMA Policy Compendium as P 260.045

Added to 2018 Legislative Agenda

The FMA is compiling a database of physician underpayments

**Resolution 17-317**  
**Opposition to Any Inclusion of Smoked Marijuana as Medical Marijuana**  
Florida Society of Addiction Medicine

**House Action: Adopted**



RESOLVED, that the Florida Medical Association oppose any legislation supporting the use of smoked medical marijuana, seeds, leaves or flower, in Florida and/or the changing SB 8-A's prohibition of the administration of marijuana in the form of smoking, seeds, leaves or flower.

Added to the FMA Policy Compendium as P 307.004

Added to 2018 Legislative Agenda

**Resolution 17-318**  
**Pharmacy Benefit Managers**  
Florida Society of Rheumatology

**House Action: Adopted as amended**

RESOLVED, That the Florida Medical Association work with interested groups to educate Florida state legislators, citizens, physicians, and state advocacy organizations about Pharmacy Benefit Managers (PBMs) and their role in the prescription drug market; and be it further

RESOLVED, That the Florida Medical Association support legislation that would increase transparency for PBMs, reduce patient cost-sharing obligations for prescription drugs, restrict health plan and PBM use of step therapy, prior authorization, non-medical switching, and other utilization management techniques, and further regulate the rebate system, PBM practices, and the drug market in order to ensure patients have access to effective and affordable medication therapies.

Added to the FMA Policy Compendium as P 300.031

Added to 2018 Legislative Agenda

**Resolution 17-401**  
**Delegating Prior Authorization Responsibilities to the Patient**  
Hillsborough County Medical Association

**House Action: Substitution resolution adopted**

RESOLVED, that the FMA seek legislation to allow physicians to charge a standalone fee to insurers for the service of obtaining all prior authorizations.

Added to the FMA Policy Compendium as P 260.046

Added to 2018 Legislative Agenda

**Resolution 17-402**  
**Keep Patient Satisfaction Separate from Reimbursement and Incentive**  
Orange County Medical Society

**House Action: Adopted**

RESOLVED, that our Florida Medical Association take a public stance on keeping patient satisfaction scores separate from physician payment and incentive bonuses.

RESOLVED, that our Florida delegation to the American Medical Association encourage a national stance on keeping patient satisfaction scores separate from physician payment and incentive bonuses.

Added to the FMA Policy Compendium as P 55.013  
AMA Policy D-385.958 accomplishes this resolution and has been reaffirmed twice.

**Resolution 17-403**  
**Additional Funding for Medicaid**  
Broward County Medical Association

**House Action: Not adopted**

RESOLVED, that the FMA, via its AMA representatives, encourage state governments to tax those absentee parents who refuse to support their offspring. The monies so generated would be used to support state Medicaid programs.

**Resolution 17-405**  
**Letter Regarding Medicaid Reimbursement**  
Broward County Medical Association

**House Action: Adopted as amended**

RESOLVED, That the Florida Medical Association will consider sending a letter after due diligence of the letter creation to all Medicaid managed care insurance companies reminding them about the law and recommending to them to increase Medicaid reimbursement to Medicare rates as a solution for Healthcare reform.

October 2017: The Board is scheduled to consider this resolution at the Winter BOG meeting.

January 2018: The Board reviewed this resolution and previous action steps that have been taken in regards to this issue. The Board declined to send a letter, as previous attempts have proven futile.

**Resolution 17-408**  
**Study of Methodology to Track Uncompensated Care in Florida**  
Collier County Medical Society

**House Action: Adopted**

RESOLVED, that the FMA identify current resources for tabulating the costs of uncompensated or under-compensated care and share these resources with Florida physicians and policymakers.

RESOLVED, should no reliable current resources be identified, that the FMA study mechanisms that would facilitate the tabulation of the costs of uncompensated or under-compensated care and report back possible delivery of such means to Florida physicians.

RESOLVED, that the FMA compile data for uncompensated and under-compensated care based on practice type, specialty and locality, ensuring that any form of data collection from physicians be as seamless and burden-free as possible, and report this data to Florida physicians and policymakers.

The FMA is working to determine if resources exist to tabulate costs; if it does, data will be compiled and will be reported in the next publication of the FMA magazine. If this does not exist, the FMA will study how to get this data.

**Resolution 17-409**  
**Patient Right to Decline Treatment by Non-Physician Clinicians**  
Collier County Medical Society

**House Action: Adopted as amended**

RESOLVED, that the FMA affirm that patients have the right to be treated by a physician and to decline treatment by a non-physician clinician.

Added to the FMA Policy Compendium as P 360.006

**\* Resolution 17-410**  
**Physician Right to Decline Supervision of Non-Physician Clinicians**  
Collier County Medical Society

**House Action: Referred to the Board of Governors for Study and report back**

RESOLVED, that the FMA affirm the rights of physicians to decline to supervise non-physician clinicians based on patient safety issues such as inadequate supervision time, lack of cooperation from non-physician clinicians, or quality of care concerns.

RESOLVED, that the FMA conduct research to propose legislation or regulatory changes that prohibit non-physician clinician supervision as a term of employment and protect physicians' right to decline supervision of non-physicians.

October 2017: FMA staff is collecting information for the Board of Governors to review. The Board is scheduled to consider this resolution at the Winter Board of Governors meeting.

January 2018: The Board of Governors tabled this resolution and will revisit at the Spring Board of Governors meeting.

May 2018: The Board of Governors reviewed an extensive report on this issue and voted to recommend that the 2018 House of Delegates not adopt this resolution.