

**FLORIDA MEDICAL ASSOCIATION
HOUSE OF DELEGATES 2021**

**CONSENT CALENDAR
REFERENCE COMMITTEE III
Legislation**

Aaron Sudbury, M.D., Chair

Reference Committee III recommends that the following Consent Calendar be adopted. The item number listed below corresponds with the item number in the attached report.

RECOMMENDED FOR ADOPTION

- (C-1) Report C of the Board of Governors – Recommendation C-1
- (C-2) Report C of the Board of Governors – Recommendation C-2
- (2) Resolution 21-301; Marijuana Use While Pregnant

RECOMMENDED FOR ADOPTION AS AMENDED

- (6) Resolution 21-306; Office of Coordinated Affairs
- (7) Resolution 21-307; Transparency of Care
- (13) Resolution 21-313; Corporate Practice of Medicine
- (14) Resolution 21-314; Credentialing of Anesthesiologist Assistants
- (16) Resolution 21-316; PA Name Change
- (17) Resolution 21-317; Repeal Parental Consent

RECOMMENDED FOR NOT ADOPTION

- (3) Resolution 21-302; Bleeding Control Kits in Schools and Public Spaces
- (4) Resolution 21-303; Country of Origin Designation
- (9) Resolution 21-309; Independent APRN
- (10) Resolution 21-310; Restrictive Covenants
- (12) Resolution 21-312; Physician Contract Non-Compete Clause
- (15) Resolution 21-315; Timely Actions on Credentialing Applications

RECOMMENDED FOR REFERRAL TO BOARD OF GOVERNORS FOR STUDY AND REPORT BACK

- (5) Resolution 21-304; Pharmacies

RECOMMENDED FOR REFERRAL TO BOARD OF GOVERNORS FOR DECISION

- (8) Resolution 21-308; Medical Cannabis
- (11) Resolution 21-311; Opioid Use Disorder Treatment

FLORIDA MEDICAL ASSOCIATION

HOUSE OF DELEGATES 2021

Report of

Reference Committee No. III – Legislation

Presented by: Aaron Sudbury, M.D., Chair

1 Madame Speaker, Reference Committee No. III – Legislation has considered each of the items referred
2 to it and presents the following report. The Committee’s recommendation on each item will be
3 submitted separately, and I respectfully suggest that each item be acted upon before going to the next.
4

5 **(1) REPORT C OF THE BOARD OF GOVERNORS**

6
7 This report as presented in the FMA Delegate Handbook, contained one recommendation from
8 the Board of Governors for the House to consider. The report also contains a summary of major
9 actions taken on recommendations from the Council on Legislation and the Florida Medical
10 Association Political Action Committee (FMA PAC).
11

12 **(C-1) Board Recommendation C-1: Limit Expansion of Cosmetic, Dermatologic Surgery, and/or**
13 **Facial Aesthetics be not adopted.**

14
15 Madame Speaker, your Reference Committee concurs with the Board’s recommendation to
16 not adopt C-1.
17

18 The resolution reads as follows:

19
20 *RESOLVED, The Florida Medical Association shall support legislation to restrict the*
21 *practice of cosmetic and/or dermatologic surgery and/or facial aesthetics to MDs or Dos*
22 *unless done by dentists or APRNs under the direct supervision of an MD or DO.*
23

24 The Committee received one online comment that agreed with the language of the resolution.
25 However, the FMA BOG report stated current statutes do not define “dermatologic surgery” or
26 “facial aesthetics” which would create difficulty in supporting or developing legislation to
27 accomplish the directive of this resolution. The Committee agreed with the Board’s
28 recommendation.
29

30 There was no in-person testimony.
31
32

33 **(C-2) Recommendation C-2:**

34
35 Madame Speaker, your Reference Committee recommends that the remainder of Board
36 Report C of the Board of Governors be filed for information.
37
38

39 **(2) RESOLUTION 21-301; Use of Marijuana in Pregnancy, American College of Obstetricians and**
40 **Gynecologists, District XII**

41
42 **Recommendation:**

1
2 Madame Speaker, your Reference Committee recommends that **Resolution 21-301 be**
3 **adopted.**

4
5 The resolution reads as follows:

6
7 *RESOLVED, The Florida Medical Association support legislation to remove current*
8 *statutes that allow the use of medical marijuana in pregnancy at any dose.*

9
10 The Committee received overwhelming online testimony in support of this resolution. In
11 alignment with FMA Policy on medical marijuana the reference Committee recommends
12 adoption.

13
14 There was no in-person testimony.

15
16
17 **(3) RESOLUTION 21-302; Bleeding Control Kits in Schools and Public Spaces, Florida Chapter,**
18 **American College of Surgeons**

19
20 **Recommendation:**

21
22 Madame Speaker, your Reference Committee recommends **Resolution 21-302 be not adopted.**

23
24 The resolution reads as follows:

25
26 *RESOLVED, That the Florida Medical Association seek state appropriation to fund*
27 *purchase, placement, and maintenance of bleeding control kits in schools and high-*
28 *trafficked public spaces in Florida.*

29
30 The Committee received mixed online testimony on this resolution. Testimony supported the
31 concept of the Stop the Bleed campaign; however, the Committee felt that the existing FMA
32 policy (P 420.0445) adopted in 2019 sufficiently supports the legislative initiative of funding of
33 bleeding control kits and is therefore the most prudent use of FMA resources.

34
35 The Committee heard mixed in person testimony on this resolution. The proponents stated this
36 is an urgent public health problem that could save lives in an emergency. The opponents stated
37 this is more about training and education, than having the actual bleeding control kit, which
38 contents could be frequently improvised. The committee did not receive any testimony with
39 data that the initiative that passed in Georgia in 2017 improved the morbidity or mortality rates.
40 Without actual data whether “kits” or education improve patient outcomes, from a public health
41 standpoint, the committee felt that current FMA policy is sufficient.

42
43
44 **(4) RESOLUTION 21-303; Country of Origin Designation; Hillsborough County Medical**
45 **Association**

46
47 **Recommendation:**

48
49 Madame Speaker, your Reference Committee recommends that **Resolution 21-303 be not**
50 **adopted.**

51

1 The resolution reads as follows:
2

3 *RESOLVED, That the Florida Medical Association seek legislation to require the labeling*
4 *“Country of Origin” on all the generic medications dispensed by local and online*
5 *pharmacies.*
6

7 The Committee received mixed online testimony on this resolution. The Committee failed to
8 see how the country of origin would change physician prescribing practices nor how it would
9 help physicians practice medicine. This issue centers around chain of custody rather than
10 labeling of medications and this is already accomplished through the Drug Supply Chain
11 Security Act of 2013. The Committee felt this resolution was not a good use of FMA resources.
12

13 The Committee only heard in-person testimony from the author of the resolution. He stated it
14 is important to know the origins of the medicines dispensed to their patients. The Committee
15 stands by the original recommendation as this is a chain of custody, rather than labeling origin
16 of medications and this is already accomplished through the Drug Supply Chain Security Act of
17 2013.
18

19
20 **(5) RESOLUTION 21-304; Pharmacies to Inform Physicians When Lower Cost Medication Options**
21 **are on Formulary, Capital Medical Society**
22

23 **Recommendation:**
24

25 Madame Speaker, your Reference Committee recommends that **Resolution 21-304 be**
26 **referred to the Board for study and report back.**
27

28 The resolution reads as follows:
29

30 *RESOLVED, That the FMA supports legislation or regulatory action to require that in the*
31 *event a patient cannot afford the medication prescribed, either because it is not on the*
32 *formulary or it is priced higher than other medications on the formulary, the*
33 *pharmacist must communicate to the prescriber a medication option in the same class*
34 *prescribed with the lowest out-of-pocket cost to the patient.*
35

36 The Committee received online testimony in opposition to this resolution. The consensus was
37 that this would cause an increased burden on physicians as well as other health care
38 professionals. It was stated that most EMRs already have the capability to accomplish this. It
39 should not depend on the patient’s ability to pay; physicians should have accurate real time
40 pricing information readily available from PBMs. This is a very complex issue, and the
41 Committee feels it needs to be studied further.
42

43 The Committee heard mixed in-person testimony on this resolution. Transparency in drug
44 pricing is an important issue. It was stated that this is a complex issue that involves insurers,
45 pharmacy benefits managers, manufacturer assistance programs and pharmacy pricing that
46 needs to be comprehensively studied. Therefore, the committee agrees with the original
47 recommendation.
48

49
50 **(6) RESOLUTION 21-306; Forming an Office for the Coordination of Interdisciplinary Affairs,**
51 **Northeast Florida Delegation**

1
2 **Recommendation:**

3
4 Madame Speaker, your Reference Committee recommends that **resolution 21-306 be adopted**
5 **as amended by substitution.**

6
7 The original resolution reads as follows:

8
9 *RESOLVED, That the FMA establish a task force to study whether building an office or a*
10 *department of interdisciplinary coordinated affairs will assist the FMA with its legislative*
11 *agenda and present a report to the Board of Governors prior to the 2022 Annual*
12 *Meeting.*

13
14 The substitute language reads as follows:

15
16 ~~*RESOLVED, That the FMA establish a task force to study whether building an office or a*~~
17 ~~*department of interdisciplinary coordinated affairs will assist the FMA with its legislative*~~
18 ~~*agenda and present a report to the Board of Governors prior to the 2022 Annual*~~
19 ~~*Meeting.*~~

20
21 **Resolved, That the FMA continues to work with other health care professions on issues of**
22 **common interests, when appropriate.**

23
24 The Committee received online testimony in opposition to this resolution. The FMA regularly
25 collaborates with other health care professional organizations and works together on mutual
26 issues. The Committee did not feel that creating a task force would be beneficial.

27
28 The Committee only received in-person testimony from the author who agreed with the
29 committee's original recommendation.

30
31
32 **(7) RESOLUTION 21-307; Transparency of Care by Non-Physician Providers, Megan Core, M.D.,**
33 **Physicians Society of Central Florida**

34
35 **Recommendation:**

36
37 Madame Speaker, your Reference Committee recommends that **Resolution 21-307 be**
38 **adopted as amended.**

39
40 The original resolution reads as follows:

41
42 *RESOLVED, That the Florida Medical Association seek legislation requiring health care*
43 *facilities and medical practices that are utilizing non-physician practitioners without*
44 *physician supervision to provide notice to patients through the posting of signage in*
45 *waiting rooms and public areas that the facility does not have physicians providing*
46 *oversight of the patient's care; and be it further,*

47
48 *RESOLVED, That the Florida Medical Association seek legislation that requires non-*
49 *physician providers that are working without physician supervision to secure written*
50 *informed consent from patients that they understand that they are being assessed and*
51 *treated by non-physician providers practicing without physician oversight.*

1
2 The resolution as amended reads as follows:

3
4 *RESOLVED, That the Florida Medical Association seek support legislation requiring*
5 *independent health care facilities and medical practices that are utilizing non-physician*
6 *practitioners without physician supervision to provide notice to patients through the*
7 *posting of signage in waiting rooms and public areas in their work setting that the*
8 *facility practitioner does not have a physician's providing oversight of the patient's*
9 *care; and be it further,*

10
11 *RESOLVED, That the Florida Medical Association seek support legislation that requires*
12 *non-physician providers that are working without physician supervision independently*
13 *to secure written informed consent from patients that they understand that they are*
14 *being assessed and treated by non-physician providers practicing without physician*
15 *oversight.*

16
17 The Committee received online testimony in support of this resolution. It is crucial for patient
18 safety to know who is providing care especially in instances where a non-physician provider is
19 rendering care without physician supervision. The Committee agrees this is an important issue
20 but in understanding the legislative process felt that changing seek to support gives the FMA
21 the discretion to handle appropriately.

22
23 The Committee heard in-person testimony in opposition to the Committee's preliminary
24 recommendation. While much of the testimony was in support of actively seeking legislation,
25 the committee felt that such an avenue of action would be counterproductive to the FMA
26 legislative agenda. Given the current sentiment in the Florida Legislature regarding scope of
27 practice issues, the Committee felt it was better to adopt this as FMA policy that could be used
28 to support amendments to any scope of practice legislation that may be working its way
29 through the committee process.

30
31
32 **(8) RESOLUTION 21-308; More Cannabis and Related Products Use for Medical Purposes, Florida**
33 **Society of Addiction Medicine**

34
35 **Recommendation:**

36
37 Madame Speaker, your Reference Committee recommends that **Resolution 21-308 be referred**
38 **to the Board for decision.**

39
40 The resolution reads as follows:

41
42 *RESOLVED, That the FMA support policies that advance the following in the State of*
43 *Florida:*

- 44
45
- 46 • *Cannabis should not be recommended to pregnant persons. All patients should be*
47 *screened for cannabis and other substance use disorders and referred to treatment as*
48 *appropriate before receiving a recommendation to use cannabis for medical purposes;*
 - 49 • *Cannabis should not be recommended for the treatment of opioid use disorder;*
 - 50 • *Cannabis recommended by Florida clinicians should be reported to Florida's Prescription*
51 *Drug Monitoring Program. Healthcare professionals who recommend cannabis should*
check the PDMP prior to making any such recommendation;

- 1 • *Potency of non-FDA approved cannabis should be determined and clearly displayed on*
2 *the label. Healthcare professionals should consider the ratio of CBD to THC with respect*
3 *to the indication and minimize potential adverse effects;*
- 4 • *Combustion or vaporization of cannabis as a drug delivery method should be*
5 *discouraged; and*
- 6 • *Robust state funding for state university scientific and clinical research on cannabis and*
7 *its compounds. Research needs for cannabis to be used for medical purposes include*
8 *basic outcomes studies for well-defined conditions using well-defined medical cannabis*
9 *products.*

10
11 The Committee received online testimony in support of this resolution. FMA policy states clear
12 opposition to all forms of medical marijuana. Due to the complexity of this issue as it relates to
13 scientific research, the Committee recommends it be referred to the Board for decision.

14
15 The Committee heard no in-person testimony and stands by its original recommendation.

16
17 **(9) RESOLUTION 21-309; Independent APRN Patient Safety Resolution, South Florida Caucus**

18
19 **Recommendation:**

20
21 Madame Speaker, your Reference Committee recommends that **Resolution 21-309 be not**
22 **adopted.**

23
24 The resolution reads as follows:

25
26 *RESOLVED, That Independent APRNs come under the regulation of the Florida*
27 *Board of Medicine through the FMA seeking legislation and/or policy changes; and*
28 *be it further*

29
30 *RESOLVED, That the FMA seek legislation to increase malpractice limits from*
31 *100,000/300,000 for Independent APRNs to a minimum of 500,000/1,000,000; and*
32 *be it further*

33
34 *RESOLVED, that the Florida Medical Association seek legislation requiring clear*
35 *posted notice to patients in settings where there is not a physician on site or*
36 *providing oversight to the patient's care; and be it further,*

37
38 *RESOLVED, that the Florida Medical Association seek legislation that requires the*
39 *education of patients and written informed consent by patients prior to said patients*
40 *being treated by Independent APRNs.*

41
42 The Committee received online testimony in support of this resolution. It was noted that this
43 resolution is comparable to Resolution 21-307. The Committee did not think it was appropriate
44 to move APRNs under the Board of Medicine. This move could potentially give them more
45 equity to physicians. The Committee felt that we should not ask the legislature to increase
46 malpractice limits on APRNs when it is not required for physicians to carry it. This could lead to
47 unintended consequences of reopening the discussion of physician liability coverage. The last
48 two resolves are similar to Resolution 21-307 that is being recommended for adoption and
49 therefore we recommend this resolution not be adopted.

50
51 The Committee heard no in-person testimony and stands by its original recommendation.

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3 **(10) RESOLUTION 21-310; Restrictive Covenants, Polk County Medical Association**

4
5 **Recommendation:**

6
7 Madame Speaker, your Reference Committee recommends that **Resolution 21-310 be not**
8 **adopted.**

9
10 The resolution reads as follows:

11
12 *RESOLVED, That the Florida Medical Association adopts a policy to oppose restrictive*
13 *covenants and non-complete clauses as it applies to physicians.*

14
15 The Committee received limited online testimony in support of this resolution. In 2019, the
16 HOD referred Resolution 19-317 Restrictive Covenants to the FMA Board of Governors. The
17 issue was extensively studied and after considerable discussion the Board concluded that the
18 best approach would be to educate physicians through a variety of methods. Accordingly, the
19 Board voted to adopt the following policy:

20
21 **P 395.010 RESTRICTIVE COVENANTS**

22 The FMA will proactively educate physicians, through webinars, white papers, CME
23 programs, and other means, on the legal and practical aspects of restrictive covenants and
24 their application to physicians, physician practices and physician employers. (BOG May
25 2021, Motion 02-21-03)

26
27 The Committee heard mixed in-person testimony on the preliminary recommendation. Those
28 opposed to the Committee's recommendation stated that restrictive covenants unfairly burden
29 young physicians and those with little negotiating power. Those who support the Committee's
30 recommendation stressed the importance of preserving practice investment and the
31 devastating impact that prohibiting restrictive covenants would have on practice viability. The
32 Committee felt that the new policy (listed above) adopted by the Board of Governors was the
33 most appropriate way to handle the competing concerns addressed by the opponents and
34 proponents.

35
36
37 **(11) RESOLUTION 21-311; Access to Evidence-Based Opioid Disorder Treatment in Florida**
38 **Correctional Facilities, Florida Society of Addiction Medicine (FSAM)**

39
40 **Recommendation:**

41
42 Madame Speaker, your Reference Committee recommends that **Resolution 21-311 be referred**
43 **to the Board for study and decision.**

44
45 The resolution reads as follows:

46
47 *RESOLVED, That our Florida Medical Association (FMA) amend policy P 125.00, "DRUGS-*
48 *ABUSE," to add a new section P 125.004 to read as follows:*

49
50 *P 125.004 Medications for Opioid Use Disorder in Florida Correctional Facilities*

1. *Our FMA endorses the medical treatment model of employing medications for opioid use disorder (OUD) as the standard of care for persons with OUD who are incarcerated.*
2. *Our FMA advocates for legislation, standards, policies and funding that require correctional facilities in Florida to increase access to evidence-based treatment of OUD, including initiation and continuation of medications for OUD, in conjunction with psychosocial treatment when available and desired by the person with OUD, in correctional facilities within Florida and that this apply to all individuals who are incarcerated, including individuals who are pregnant, postpartum, or parenting.*
3. *Our FMA advocates for legislation, standards, policies, and funding that require correctional facilities within Florida to work in ongoing collaboration with addiction treatment physician-led teams, case managers, social workers, and pharmacies in the communities where patients, including individuals who are pregnant, postpartum, or parenting, are released to offer post-incarceration treatment plans for OUD, including education, medication for addiction treatment and counseling, and medication for preventing overdose deaths, including naloxone (or any other medication that is approved by the FDA for the treatment of an opioid overdose), and help ensure post-incarceration medical coverage and accessibility to mental health and substance use disorder treatments, including medications for addiction treatment.*
4. *Our FMA advocates for all correctional facilities in Florida to use a validated screening tool to identify opioid withdrawal and take steps to determine potential need for treatment for OUD and opioid withdrawal syndrome for all persons upon entry.*
5. *Our FMA supports partnerships and information sharing between correctional systems, community health systems and state insurance programs in Florida to provide access to a continuum of health care services for juveniles and adults in the correctional system.*
6. *That our FMA encourages the Agency for Health Care Administration to work with the Florida Department of Corrections, prisons, and jails to assist incarcerated juveniles and adults who may not have been enrolled in Medicaid at the time of their incarceration to apply and receive an eligibility determination for Medicaid.*

The Committee received online testimony in support of the resolution. Due to the complexities of this issue and the multitude of actions called for in the resolution, the Committee recommends referral to the Board for decision prior to the creation of policy.

The Committee heard limited in-person testimony from the author and stands by its original recommendation.

(12) RESOLUTION 21-312; Physician Contract Non-Compete Clause, Escambia County Medical Society

Recommendation:

Madame Speaker, your Reference Committee recommends that **Resolution 21-312 be not adopted.**

1 The resolutions reads as follows:
2

3 *RESOLVED, That within one year the FMA Board of Governors choose between a*
4 *legislative vs constitutional amendment strategy to limit enforcement of non-compete*
5 *clauses in physician contracts to those cases where termination of the contract is sought*
6 *by the physicians within two years of the initial employer physician contract.*
7

8 The Committee received online testimony both for and against this resolution. The Board
9 recently conducted a thorough study of physician non-compete clauses in Florida and concluded
10 that the best approach would be to educate physicians through a variety of methods including
11 webinars, white papers, CME programs, and other means on the legal and practical aspects of
12 restrictive covenants. The Committee realizes there are physicians on both sides of this issue. A
13 legislative initiative or constitutional amendment would cause a great divide, as well as the
14 notable cost of a constitutional amendment. The Committee feels that the new FMA policy (P
15 395.010, referenced in Resolution 21-310) on restrictive covenants is the appropriate response
16 at this time.
17

18 The Committee heard no in-person testimony on this recommendation. Given the rationale in
19 Resolution 21-310, the Committee stands by the original recommendation.
20

21
22 **(13) RESOLUTION 21-313; Corporate Practice of Medicine, South Florida Caucus**
23

24 **Recommendation:**
25

26 Madame Speaker, your Reference Committee recommends that **Resolution 21-313 be adopted**
27 **as amended.**
28

29 The resolution reads as follows:
30

31 *RESOLVED, That FMA will prepare a comprehensive review of the legal and regulatory*
32 *matters related to the corporate practice of medicine and fee splitting in Florida. The*
33 *results of this review will be compiled into a resource and announced to members as an*
34 *available electronic download; and be it further*
35

36 *RESOLVED, That the FMA will provide information on the legal issues involved in the*
37 *employment of physicians by corporations and other non-physician owned entities to*
38 *physician owned groups (if all the members of group are FMA members) and upon*
39 *request, will provide a referral to a reputable attorney or law firm that specializes in this*
40 *area of the law.*
41

42 *RESOLVED, That FMA will seek legislation for the further restriction of the corporate*
43 *practice of medicine similar to dentistry and optometry statutes, limiting ownership*
44 *of physician practices or groups to physicians only.*
45

46 The resolution as amended reads as follows:
47

48 *RESOLVED, That FMA will prepare a comprehensive review of the legal and regulatory*
49 *matters related to the corporate practice of medicine and fee splitting in Florida. The*
50 *results of this review will be compiled into a resource and announced to members as an*
51 *available electronic download; and be it further*

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RESOLVED, That the FMA will provide information on the legal issues involved in the employment of physicians by corporations and other non-physician owned entities to physician owned groups (if all the members of group are FMA members) and upon request, will provide a referral to a reputable attorney or law firm that specializes in this area of the law.

RESOLVED, That FMA will seek legislation for the further restriction of the corporate practice of medicine similar to dentistry and optometry statutes, limiting ownership of physician practices or groups to physicians only.

The Committee received online testimony in support of this resolution. Testimony received stated that corporate entities should allow physicians to make decisions when it involves healthcare. The Committee understands this is a complex issue and believes more information is needed to educate physicians in how corporate entities and private equity can bring resources that benefit physicians and patients. The Committee stated that fee splitting is already regulated at the State and Federal level. They feel the legislature will not want to interfere with who can have equity in physician groups.

The Committee heard conflicting in-person testimony regarding the necessity and practicality of seeking legislation to restrict the corporate practice of medicine. The Committee recognized the tremendous practical, legal and constitutional complications that would result from pursuing such legislation. While this legislation may have been a viable option 70 years ago, and given the myriad of existing practice structures that often cross state lines, instituting a ban on corporate practice of medicine is simply not a feasible option in the State of Florida at this time and the committee stands by its original recommendation.

28 (14) **RESOLUTION 21-314; Credentialing of Anesthesiologist Assistants**, Florida Society of Anesthesiologists

31 **Recommendation:**

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33 Madame Speaker, you Reference Committee recommends that **Resolution 21-314 be adopted as amended.**

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36 The resolution reads as follows:

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RESOLVED, That the Florida Medical Association seek a change in statute that Certified Anesthesiology Assistants (C-AA) may not be denied clinical privileges at hospitals or ambulatory surgical centers, except for cause, so long as the supervising physician is a staff member in good standing.

The resolution as amended reads as follows:

*RESOLVED, That the Florida Medical Association seek **support** a change in statute that Certified Anesthesiology Assistants (C-AA) may not be denied clinical privileges at hospitals or ambulatory surgical centers, except for cause, so long as the supervising physician is a staff member in good standing.*

The Committee heard mixed testimony on this resolution. Those in support, believe that this change in statute could help ease an access to care issue. The Anesthesiology Assistants are a

1 vital part of the Anesthesia team. It was stated that the FMA should be prioritizing issues that
2 more broadly effect physicians and the FMA can support the efforts of the Florida Society of
3 Anesthesiology, instead of being the legislative lead. The Committee recommended changing
4 the language from seek to support.
5
6

7 **(15) RESOLUTION 21-315; Timely Actions on Credentialing Applications, Florida Society of**
8 **Anesthesiologists**

9
10 **Recommendation:**

11
12 Madame Speaker, your Reference Committee recommends that **Resolution 21-315 be not**
13 **adopted.**

14
15 The resolution reads as follows:

16
17 *RESOLVED, That Florida Medical Association seek a change in statute that would require*
18 *hospitals and ambulatory surgical centers to credential Certified Anesthesiology*
19 *Assistants within ninety (90) days of their initial completed application.*
20

21 The Committee heard no testimony on this resolution and given the similarities to Resolution
22 21-314 the Committee recommends to not adopt.
23
24

25 **(16) RESOLUTION 21-316; PA Name Change, Megan Core, M.D.**

26
27 **Recommendation:**

28
29 Madame Speaker, you Reference Committee recommends that **Resolution 21-316 be adopted**
30 **as amended by substitution.**

31
32 The resolution reads as follows:

33
34 *RESOLVED, That the FMA join the AMA and work with other medical societies to actively*
35 *oppose efforts and legislation that seeks to change the title of “physician assistant” to*
36 *“physician associate” in state and federal policies.*
37

38 The substitute resolution reads as follows:

39
40 **RESOLVED, That the Florida Medical Association adopt policy to oppose efforts and**
41 **legislation that seeks to change the title of the “physician assistant” to “physician**
42 **associate” or any term that would elevate their status in a manner in which would**
43 **confuse a patient as to the role and education of a Physician versus a “physician**
44 **assistant.”**

45
46 **RESOLVED, That the FMA continue working with the AMA and other medical societies to**
47 **actively oppose efforts and legislation that seeks to change the title of “physician**
48 **assistant” to “physician associate” in state and federal policies.**
49

50 The Committee heard testimony largely in support of the resolution. It was stated that this
51 should be added to FMA Policy and the FMA should continue its activities as directed in the

1 original resolve. The committee felt an additional resolve should be added and adopted as
2 amended.

3
4
5 **(17) RESOLUTION 21-317; Repeal Parental Consent, Broward County Medical Association**

6
7 **Recommendation:**

8
9 Madame Speaker, your Reference Committee recommends that **Resolution 21-317 be adopted**
10 **as amended by substitution.**

11
12 The resolution reads as follows:

13
14 *RESOLVED, The Florida Medical Association will actively and aggressively seek repeal of*
15 *the "Parent's Bill of Rights" legislation.*

16
17 The substituted resolution reads as follows:

18
19 **RESOLVED, That the Florida Medical Association seek legislation to fix the problems in**
20 **HB 241 mandating parental consent for the treatment of minors.**

21
22 The Committee heard testimony in support of clarification to the "Parent's Bill of Rights" as it
23 may have created unintended consequences and lack of clarity. The committee recommends
24 adoption as amended.

25
26
27 Madame Speaker, your Chair wishes to thank each member of the reference Committee:

28
29 Dr. Mike Cromer
30 Dr. Elizabeth Devos
31 Dr. Karen Harris
32 Dr. James Kerr III
33 Dr. Brooke Orr
34 Dr. Paresh Patel
35 Dr. Jason Wilson

36
37 I would also like to thank Chris Clark, Shari Hickey and Drew Heffley, FMA Staff, for their support of the
38 Committee and the members of the Association who attended our meeting and presented testimony.

39
40 **Recommendation:**

41
42 Madame Speaker, I move that the Report of **Reference Committee III be adopted.**