

**FLORIDA MEDICAL ASSOCIATION
HOUSE OF DELEGATES 2021**

**Preliminary CONSENT CALENDAR
REFERENCE COMMITTEE IV
MEDICAL ECONOMICS**

Rebekah Bernard, M.D., Chair

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

RECOMMENDED FOR ADOPTION

- (D-1) Report D of the Board of Governors – Recommendation D-1
- (D-3) Report D of the Board of Governors – Recommendation D-3
- (D-4) Report D of the Board of Governors – Recommendation D-4
- (D-5) Report D of the Board of Governors – Recommendation D-5
- (4) Resolution 21-405, Insurance Coverage for HPV Vaccination

RECOMMENDED FOR ADOPTION AS AMENDED

- (2) Resolution 21-403; Facilitating Timely and Accurate Price Transparency
- (3) Resolution 21-404; Billing and Collections Transparency

RECOMMENDED FOR REFERRAL TO BOARD OF GOVERNORS FOR DECISION

- (D-2) Report D of the Board of Governors – Recommendation D-2

FLORIDA MEDICAL ASSOCIATION

HOUSE OF DELEGATES 2021

Report of

Reference Committee No. IV – Medical Economics

Presented by: Rebekah Bernard, M.D., Chair

Madame Speaker, Reference Committee No. IV – Medical Economics has considered each of the items referred to it and presents the following report. The Committee's recommendation on each item will be submitted separately, and I respectfully suggest that each item be acted upon before going to the next.

(1) REPORT D OF THE BOARD OF GOVERNORS

This report as presented in the FMA Delegate Handbook, contained four recommendations from the Board of Governors for the House to consider. This report also contains information items as presented by the Council on Medical Economics and Practice Innovation.

(D-1) Board Recommendation D-1: Medicare Reimbursement Standard for Out-of-Network Medicaid Treatment not be adopted

Madame Speaker, your Reference Committee concurs with the Board's recommendation to not adopt D-1.

The resolution reads as follows:

RESOLVED, That the Florida Medical Association send a letter to the Governor's Office and the Agency for Health Care Administration with a request to reconsider their position on not mandating out-of-network physicians receive the same Medicare Level reimbursement rates when treating Pediatric Medicaid Beneficiaries as in-network physicians; and be it further

RESOLVED, That the Florida Medical Association pursues legislation that will mandate that all physicians treating Pediatric Medicaid Beneficiaries shall receive Medicare level reimbursement for their services if the Governor's Office and Agency for Health Care Administration do not reverse their policy.

The Committee began by reviewing the report provided by the Board, which offered background information regarding the recommendation. While the Committee members were sympathetic to the need to address low payment rates under the Medicaid program, the Committee concurred with the Board that the resolution as drafted would only affect a small subset of physicians and that numerous in-network physicians also receive low Medicaid payment rates. Additionally, during the discussion, it was noted that the Agency for Health Care Administration has since modified its Medicaid Physician Incentive Program to include higher Medicaid rates for out-of-network facility-based and emergency room physicians, thereby making progress towards addressing the disparity specified in the resolution. The Committee was further supportive of the FMA's ongoing advocacy to increase Medicaid rates for all Florida physicians.

No in-person testimony was received.

(D-2) Board Recommendation D-2: Initial Assessment and Treatment Recommendations by Specialists be adopted as amended

Madame Speaker, your Reference Committee recommends that **Board Recommendation D-2 be referred back to the Board of Governors for decision.**

The original resolution reads as follows:

RESOLVED, that the FMA communicate to the various specialty societies, either directly or through their representatives, the concern regarding the increasing and, at times, risky use of nurse practitioners and physician assistants for initial evaluation of patients referred to specialist physicians, and be it further

RESOLVED, that the FMA encourage the various specialty societies to develop and adopt appropriate clinical guidelines to ensure patients referred to specialist physicians have their initial assessment, diagnostic evaluation, and formulation of a treatment plan performed by the specialty physician rather than a non-physician practitioner.

The amended substitute language reads as follows:

RESOLVED, that the FMA request that the various primary care and specialty societies develop and publish appropriate guidelines on the use of Advanced Registered Nurse Practitioners and Physician Assistants for referrals and evaluations.

The Committee discussed the recommendation extensively. It was noted that the surgical specialties receive large numbers of inappropriate referrals from midlevel practitioners. It was argued that an underlying issue is a lack of professional communication between practices regarding referrals. Other members of the committee also expressed concern that referrals from midlevel providers pose a challenge in the practice of medicine. The Committee determined that a request for appropriate guidelines, as proposed by the Board, would be unlikely to adequately address these concerns. Therefore, the Committee chose not to recommend adoption of the Board's recommendation and suggests that the Board instead continue to study the issue and convene a task force with the inclusion of medical school representatives and other relevant primary care and physician specialists to formulate a proposed response.

No in-person testimony was received. However, the Committee discussed this issue further in its executive session. The Committee would like to see a more comprehensive set of guidelines adopted without laying too much of a burden on the individual specialty and primary care societies. The Committee reiterated its position that additional research should be performed by the Board in the form of a task force.

(D-3) Board Recommendation D-3: The ASAM Criteria Addiction Treatment Guidelines and ASAM Continuum as Standard for Third Party Payor Reimbursement be amended by substitution

Madame Speaker, your Reference Committee recommends that **Board Recommendation D-3 be adopted.**

The original resolution reads as follows:

RESOLVED, That the Florida Medical Association petitions the Florida Office of Insurance Regulation, to accept a position statement that supports the established, nationally accepted and recognized treatment guidelines of the various national medical specialty organizations as the standard for third party payor payment criteria, treatment criteria, placement criteria and all additional matters relating to the medical care of patients and strongly discourages the use of other self-created, non-evidence based, non-validated and non-nationally established treatment guidelines.

The substitute language reads as follows:

RESOLVED, That the Florida Medical Association continue to work with the various state and national medical societies, including the Florida Society of Addiction Medicine, to identify and evaluate gaps in coverage that limit access to medically necessary care for Floridians; and be it further

RESOLVED, That the Florida Medical Association shall work with the various state and national medical societies, including the Florida Society of Addiction Medicine, to resolve gaps in coverage that limit access to medically necessary care for Floridians, such as by supporting appropriate legislative and regulatory remedies.

The Committee concurred with the Board's recommendation of substitute language.

There was no in-person testimony.

(D-4) Board Recommendation D-4: Inclusion of Medical Students as Recipients of Benefits of Workers Compensation be amended by substitution

Madame Speaker, your Reference Committee recommends that **Board Recommendation D-4 be adopted.**

The original resolution reads:

RESOLVED, That our Florida Medical Association support legislation that would guarantee medical students at a state medical school the benefits provided by section 440.09, Florida Statutes, if the medical student suffers an accidental compensable injury or death arising out of actions performed in the course and scope of their medical school education.

The substitute language reads as follows:

RESOLVED, That our Florida Medical Association will encourage medical schools to have policies in place addressing diagnosis, treatment, and follow-up at no cost to medical students exposed to a needlestick injury in the course of their medical student duties.

There was no in-person testimony. The Committee believed that it would helpful to the House to have additional background information. In 2020, The Council on Medical Economics and

Practice Innovation studied this resolution. The authors of this Resolution were unable to attend the meeting in which this resolution was discussed but provided the Council with written comments. These comments explained that upon further investigation, it would be more problematic than useful for medical students to subject themselves to the workers compensation system. The authors felt that the new language maintains the spirit of the original Resolved without involving the state's Workers Compensation or any other external payor/coverage system. This substitute language attempts to address an issue wherein injured medical school students, whom are not eligible for Workers Compensation under current law, sometimes incur out-of-pocket expenses due to needlestick injuries.

(D-5) Recommendation:

Madame Speaker, your Reference Committee recommends that **the remainder of Board Report D of the Board of Governors be filed for information.**

(2) RESOLUTION 21-403; Facilitating Timely and Accurate Price Transparency, Physicians Society of Central Florida

Recommendation:

Madame Speaker, your Reference Committee recommends that **Resolution 21-403 be adopted as amended.**

The original resolution reads as follows:

RESOLVED, That the FMA seek legislation that would mandate commercial insurers set up a dashboard for providers and patients that would provide accurate and up to date estimates of a patient's out of pocket costs for inpatient services, outpatient physician services, and facility fees and an enforcement mechanism to promote insurance carrier compliance.

The resolution as amended reads as follows:

*RESOLVED, That the FMA seek **support** legislation that would mandate commercial insurers set up a dashboard for providers and patients that would provide accurate and up to date estimates of a patient's out of pocket costs for inpatient services, outpatient physician services, and facility fees and an enforcement mechanism to promote insurance carrier compliance.*

The Committee received online testimony in support of the resolution. The Physician Society of Central Florida, the Northeast Delegation and two individual delegates, including the author, spoke in favor of the resolution. In addition, the Florida Chapter of the American College of Surgeons and the Lower West Coast Caucus both suggested modifying the resolution to "support legislation", rather than "seek legislation". The Committee reviewed the testimony provided and agreed with the recommendation to change "seek legislation" to "support legislation". In reaching this decision, the Committee considered the complexity of the issue, such as the existence of pending federal regulations concerning health plan price transparency, and the likelihood of amending current state law concerning price transparency at the present

time. The Committee agreed with the underlying objective of the resolution and contends that this matter should be pursued at an appropriate time, through state and/or federal action.

The Committee heard in-person testimony that spoke against the Committee's proposed amendment. There was concern that the term 'support' would not adequately address the intent of this resolution. Additional testimony noted that there is currently support for addressing price transparency and that current state law does not adequately do so. The Committee also heard concerns that if a dashboard were to be implemented, insurance companies may not provide accurate information. Ultimately the Committee concluded that, because the FMA has a robust legislative agenda, amending the resolution to "seek" legislation rather than "support" legislation would not be in the best interest of the organization at this time.

(3) RESOLUTION 21-404; Billing and Collections Transparency, South Florida Caucus

Recommendation:

Madame Speaker, your Reference Committee recommends that **Resolution 21-404 be adopted as amended.**

The original resolution reads as follows:

RESOLVED, That FMA supports the physician's right to see what is billed and collected for his or her service, regardless of whether or not billing and collection is assigned to another entity within the limits of state and federal law. The physician shall not be asked to waive access to this information; be it further

RESOLVED, That no member of FMA will, directly or indirectly, deny another physician the ability to receive detailed itemized billing and remittance information for medical services they provide; be it further

RESOLVED, That FMA will petition the appropriate state legislative and regulatory bodies to establish the requirement that revenue cycle management entities, regardless of their ownership structure, will directly provide every physician it bills or collects for with a detailed, itemized statement of billing and remittances for medical services they provide on at least a quarterly basis.

The resolution as amended reads as follows:

RESOLVED, That FMA supports the ~~physician's~~ right of physicians to see what is billed and collected for his or her services, regardless of whether ~~or not the~~ billing and collection is assigned to ~~another~~ a third-party entity ~~within the limits of state and federal law.~~ ~~The physician shall not be asked to waive access to this information;~~

~~RESOLVED, That no member of FMA will, directly or indirectly, deny another physician the ability to receive detailed itemized billing and remittance information for medical services they provide; be it further~~

RESOLVED, That FMA seek legislation ~~will petition the appropriate state legislative and regulatory bodies to establish the requirement that revenue cycle management entities, regardless of their ownership structure, will~~ to require employers to directly provide every each physician it bills or collects for with a detailed, itemized statement of billing and remittances for the medical services they provide biannually and upon request ~~on at least a quarterly basis; be it further~~

RESOLVED, That the FMA opposes requiring physicians to waive access to this information

The Committee received online testimony in favor of the resolution. Two delegates and the Northeast Florida Delegation submitted comments in favor of the resolution as submitted. However, the Florida Chapter of the American College of Surgeons and an additional delegate suggested that the second resolved of the resolution, as originally drafted, be eliminated. The Committee discussed the feasibility and appropriateness of the second resolved and determined that the language of the resolution needed refinement, but stood in support of the resolution's underlying objective.

The Committee heard in-person testimony to change the second resolve from 'support' to 'seek' and strongly felt that this issue should be prioritized on the FMA's legislative agenda. The Committee agreed with the testimony based on the increased proportion of physicians whom are employed. Further, the author requested that the term 'biannually' replace 'upon request' in the second resolved. Ultimately, the Committee determined that the term 'biannually and upon request' gave physicians more leeway to request a detailed, itemized statement and would mitigate circumstances under which a vindictive employer may seek to punish a physician who requests this information.

(4) RESOLUTION 21-405; Insurance Coverage for HPV Vaccination, American College of Obstetricians and Gynecologists, District XII

Madame Speaker, your Reference Committee recommends that **Resolution 21-405 be adopted.**

The resolution reads as follows:

RESOLVED, That the Florida Medical Association (FMA) advocate as its official position that insurance coverage for the HPV vaccine be expanded to cover vaccination in patients between the ages of 27 and 45 in patients whose physicians determine, after a shared decision-making process, that the HPV vaccine would be beneficial to the patient's care.

The Committee received online testimony in favor of this resolution. For instance, the Florida Chapter of the American College of Surgeons noted that the HPV vaccination is important for cancer prevention, specifically with respect to oropharyngeal cancer, gynecologic cancer, urologic cancer, and colorectal cancer. The East Delegation, the Lower West Coast Caucus, and the Northeast Florida Delegation commended in favor of the resolution. After deliberation, the Committee unanimously supported this resolution as written.

The Committee heard no in-person testimony.

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3 Madame Speaker, your Chair wishes to thank each member of the reference committee:
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5 Dr. Christina Adams

6 Dr. Ruple Galani

7 Dr. Julie Greenwalt

8 Dr. Jay Redan

9 Dr. Bruce Shephard

10 Dr. Arthur Palamara
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12 I would also like to thank Jarrod Fowler and Cindy Kynoch, FMA Staff, for their support of the Committee
13 and the members of the Association who attended our meeting and presented testimony.
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15 **Recommendation:**
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17 Madame Speaker, I move that the Report of **Reference Committee IV be adopted.**