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**

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

**RECOMMENDED FOR ADOPTION AS AMENDED OR SUBSTITUTED**

(1) Report D of the Board of Governors – Recommendation D-1
(5) 19-403 Medicare for All
(7) 19-405 Effect of Expanding Insurance Coverage

**RECOMMENDED FOR REFERRAL TO BOARD OF GOVERNORS FOR DECISION**

(3) 19-401 Pharmaceutical Pricing Transparency

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

(4) 19-402 The ASAM Criteria Addiction Treatment Guidelines and ASAM CONTINUUM as the Standard for Third Party Payor Reimbursement
(6) 19-404 Inclusion of Medical Students as Recipients of Benefits of Workers Compensation
Mr. Speaker, Reference Committee 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.

**REPORT D OF THE BOARD OF GOVERNORS**

The informational report, as presented in the Delegate Handbook, contained one recommendation from the Board of Governors for the House to consider. The report also included a summary of major actions taken by the Board on issues related to medical economics and informational items reported to the Board on the same topics.

(1) **Board Recommendation D-1: Resolution 17-410, Physician Right to Decline Supervision of Non-Physician Clinicians**

Mr. Speaker, your Reference Committee recommends that the following substitute language be adopted in lieu of Resolution 17-410.

The original resolution reads as follows:

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.

The substitute language reads as follows:

RESOLVED, That the FMA affirms its support for physician-led, team-based care; and be it further

RESOLVED, That the FMA recognizes that physicians who supervise APRNs and PAs have the freedom to address the quality of their supervised APRNs and PAs, without fear of retribution by their employers; and be it further

RESOLVED, That the FMA provide education and guidance to physicians who might be required to supervise APRNs and PAs as a condition of employment.
The Committee heard testimony in support of this resolution.

(2) **Board Recommendation D-2:**

Mr. Speaker, your Reference Committee recommends that the remainder of Report D of the Board of Governors be adopted.

(3) **Resolution 19-401, PHARMACEUTICAL PRICING TRANSPARENCY, Florida Society of Rheumatology**

**Recommendation:**

Mr. Speaker, your Reference Committee recommends that **Resolution 19-401 be referred to the Board of Governors for decision.**

**RESOLVED, That the Florida Medical Association adopt the following policy regarding pharmaceutical pricing transparency:**

*Drug manufacturers should be required to submit information regarding the wholesale acquisition cost of the drugs they sell, and should be required to disclose certain information when the wholesale acquisition cost increases above a certain threshold.*

*Pharmacy benefit managers should be required to disclose information on the rebates they collect, including the amount of aggregate rebates and fees collected through to clients and health plan enrollees.*

*Health plans should be required to disclose the following information for all of their product lines: (1) the names of the 25 most frequently prescribed prescription drugs; (2) the percent increase in annual net spending for prescription drugs; (3) the percent increase in premiums that were attributable to prescription drugs; (4) the percentage of specialty prescription drugs with utilization management requirements; and (5) the premium reductions that were attributable to specialty drug utilization management.*

*Health insurers should be required to disclose certain information in advance of a premium increase that provides a justification for the increase.*

The Committee heard testimony in support of this resolution. The author and other speakers noted that PBMs engage in many practices that can increase the cost of drugs for Americans while generating substantial corporate profits. Further, it was argued that increasing transparency around the practice of PBMs is extremely important. PBMs currently operate in a very opaque manner, and shedding light on their practices could help policymakers better assess strategies for addressing drug costs.

However, it was also noted that this is an extremely complex and multifaceted issue. Moreover, numerous medical societies, including the American Medical Association, have developed extensive policy and research on PBMs that the FMA might wish to consider. Given the complexity of this issue and the need to carefully craft an effective
solution, the reference committee thought that it would be appropriate to refer this resolution to the Board of Governors for decision. The author testified that he would be amenable to referral if he believed that the Board would act upon the issue in a swift and timely manner. The Reference Committee agreed that the resolution should be referred to the Board for decision and concurred with the author that this issue requires an urgent response. Therefore, in referring this resolution, the Reference Committee strongly urges the Board of Governors to take action upon this resolution in a swift and timely manner.

(4) RESOLUTION 19-402, THE ASAM CRITERIA ADDICTION TREATMENT GUIDELINES AND ASAM CONTINUUM AS THE STANDARD FOR THIRD PARTY PAYOR REIMBURSEMENT, Florida Society of Addiction Medicine

Recommendation:

Mr. Speaker, the Reference Committee recommends that Resolution 19-402 be referred to the Board of Governors for study and report back.

The 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 Committee heard mixed testimony regarding this resolution. On one hand, the Reference Committee heard testimony that insurance companies routinely fail to provide appropriate coverage for addiction treatment and that these inappropriate coverage decisions are adversely affecting patients. However, there was concern that the language of this resolution, in its current form, is potentially too broad and would encompass treatment criteria beyond the scope of addiction medicine. It was argued, therefore, that it may make sense to narrow the language of this resolution to encompass only addiction medicine. There was also concern, raised in executive session, that the Florida Office of Insurance Regulation may lack the legal authority or political will to unilaterally address this issue. Consequently, it is not clear that petitioning the Florida Office of Insurance Regulation would be an effective means to accomplish the objective of this resolution.

It was therefore evident to the Reference Committee that this is a complex matter and that additional research will be needed to make an informed decision. Given that the Reference Committee believes that this is an important issue worthy of careful deliberation, it was decided that the best course of action would be to refer the issue to the Board of Governors for study and report back.

(5) RESOLUTION 19-403, MEDICARE FOR ALL, Palm Beach County Medical Society

Recommendation:
Mr. Speaker, the Reference Committee recommends that **the following substitute language be adopted in lieu of Resolution 19-403**

The original language reads as follows:

*RESOLVED, That the FMA inform the public that our association is against Medicare for All.*

The substitute language reads as follows:

*RESOLVED, that the Florida Medical Association reaffirm its support for a health care system that offers health insurance to all Floridians through an innovative and competitive health care marketplace of both public and private insurers.*

The Committee heard mixed testimony regarding this resolution. On one hand, the Reference Committee heard testimony in support of educating the public on Medicare for All. However, the Reference Committee also heard concerns that, because Medicare for All is such a politically charged issue and because the meaning of the term ‘Medicare for All’ is unclear in the minds of the general public, taking a public stance against Medicare for All could cause public relations problems for the FMA. The Committee also heard testimony that FMA policy already implies opposition to Medicare for All (e.g. see P235.07 and P195.001), and that crafting language that reaffirms this existing stance would serve as a rational response to this resolution.

(6) **RESOLUTION 19-404, INCLUSION OF MEDICAL STUDENTS AS RECIPIENTS OF BENEFITS OF WORKERS COMPENSATION, Medical Student Section**

**Recommendation:**

Mr. Speaker the Reference Committee recommends that **Resolution 19-404 be referred to the Board of Governors for study and report back.**

*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 author testified that medical school students are currently exposed to many of the same occupational hazards that physicians are exposed to, yet do not qualify for workers compensation. It was noted that while medical school students are required to have insurance, this insurance does not always cover the full cost of the injuries that medical school students sustain. The author further argued that providing medical students the same benefits afforded to employees in the event of an injury would help ameliorate the stigma and financial burden surrounding the injuries that medical school students sometimes incur.

However, the Reference Committee also heard overwhelming testimony against this resolution. Numerous speakers testified that Florida’s workers compensation system is deeply flawed, highly inefficient, and that expanding this system to medical students would be an ineffective means of improving their coverage. It was also argued that medical students are not employees, and it is therefore inappropriate to provide them with coverage through the workers
compensation system. Moreover, there were concerns about the financial cost of providing
workers compensation to medical students.

The Reference Committee was sympathetic to many of the arguments raised by the author.
However, after considering the numerous concerns raised in the overwhelming testimony
against this resolution, the Reference Committee determined that the best course of action
would be to refer this resolution for further study.

(7) RESOLUTION 19-405, EFFECT OF EXPANDING INSURANCE COVERAGE, Broward County Medical
Association

Recommendation:

Mr. Speaker, the Reference Committee recommends that the following substitute language be
adopted in lieu of Resolution 19-405

The original resolution reads as follows:

RESOLVED, That the FMA create a document and communicate it to
physicians as soon as possible summarizing the implications and
potential effects of expanding governmental insurance coverage without
responsibly and its downstream effect on the ability of physicians to
practice medicine both in hospital and/or the private practice of
medicine including, but not limited to reimbursement and regulatory
and other costs associated with such governmental insurance; be it
further

RESOLVED, That the FMA’s AMA Delegation create a document that can
be distributed to physicians as soon as possible summarizing the effects
of expanding the governmental insurance coverage as in “Medicare For
All” and/or the “Public Option;” be it further

RESOLVED, That the document will be published and made available for
physicians to present to patients, national, federal, state and local
organizations.

The substitute language reads as follows:

RESOLVED, that the Florida Medical Association Board of Governors
create a document to outline the facts and potential impact of various
health care system reform proposals, including but not limited to
“Medicare for All” and “Medicare public option” proposals, in
comparison to the current U.S. health care system. This document shall
be made available for physicians to distribute to the public.

The Reference Committee heard mixed testimony regarding this resolution. The author testified
that physicians need a tool to help better understand Medicare for All and to illustrate the
impact of Medicare for All in this nation. The Committee also heard testimony that, while it
would be helpful to have a document to compare various health care proposals, the second
Resolved of the resolution was confusing as the AMA has already produced a report on this
issue. The Reference Committee also heard testimony regarding the complexity of this issue,
and the politically charged nature of the debate surrounding it. Additionally, multiple 
amendments were offered.

Ultimately, after careful deliberation, the Reference Committee determined that the resolution 
needed wordsmithing to optimize the scope of the resolution.

Mr. Speaker, in closing I wish to publicly thank the members of the Reference Committee:

Dr. Jeff Berman
Dr. Daniel De la Torre
Dr. Justin Deen
Dr. Roger Duncan
Dr. Ali Kasraeian
Dr. Naresh Pathak
Dr. Abhik Roy
Dr. Bruce Shephard

I would also like to thank Jarrod Fowler and Michael Price, FMA Staff, for their support of the Committee 
and the members of the FMA who attended our meeting and presented testimony.

**Recommendation:**

Mr. Speaker, I move that the Report of Reference Committee IV be adopted.