

**FLORIDA MEDICAL ASSOCIATION
HOUSE OF DELEGATES 2021**

**CONSENT CALENDAR
REFERENCE COMMITTEE I
HEALTH, EDUCATION AND PUBLIC POLICY**

John Armstrong, M.D., Chair

Reference Committee I 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

- (A-2) Report A of the Board of Governors – Recommendation A-2
- (A-3) Report A of the Board of Governors – Recommendation A-3
- (A-4) Report A of the Board of Governors
- (4) Resolution 21-104, Retire Florida Rule 64B8-9.012 Standards for the Prescription of Obesity Drugs

RECOMMENDED FOR ADOPTION AS AMENDED

- (A-1) Report A of the Board of Governors – Recommendation A-1
- (2) Resolution 21-102, Physicians for the Advancement of Gun Ethics Research and Safety
- (3) Resolution 21-103, Support for Focus of Physician Training Responsibilities
- (5) Resolution 21-105, Opposition of Proof of Vaccination to COVID-19
- (7) Resolution 21-107, Graduate Physician
- (11) Resolution 21-111, Prescribing Off-Label Medication
- (12) Resolution 21-112, Addressing Racism as a Public Health Issue

RECOMMENDED FOR NOT ADOPTION

- (6) Resolution 21-106, Opposition of Future Curtailment of Individual Liberties During Pandemics
- (10) Resolution 21-110, Maintenance of Certification Review
- (13) Resolution 21-114, Naturally Acquired Immunity

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

- (8) Resolution 21-108, Educating Patients and Physicians on the Dangers of Automatic Prescription Refills
- (9) Resolution 21-109, Kratom Safety and Risk

FLORIDA MEDICAL ASSOCIATION

HOUSE OF DELEGATES 2021

Report of

Reference Committee No. I – Health, Education and Public Policy

Presented by: John Armstrong, M.D., Chair

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

5
6 **(1) REPORT A OF THE BOARD OF GOVERNORS**

7
8 This report as presented in the FMA Delegate Handbook contained three recommendations
9 from the Board of Governors for the House to consider. The report also included a summary of
10 major actions taken by the Board on issues related to health, education, and public policy and
11 informational items reported to the Board on the same topics.

12
13
14 **(A-1) Board Recommendation A-1: 2012 FMA Policy Review**

15
16 Madame Speaker, your Reference Committee recommends that **Board Recommendation A-1**
17 **be adopted as amended.**

18
19 Background: In keeping with the FMA’s seven-year policy review mechanism, the Board of
20 Governors distributed policies adopted in 2012 to the appropriate FMA councils for review and
21 a recommendation to reaffirm or sunset. The Board found that the 2012 policies, as presented
22 in the FMA Delegate Handbook, Board Report A-1, pages 5-6 are still relevant and should be
23 reaffirmed for an additional seven years; and further, that the policies presented in the FMA
24 Delegate Handbook, Board Report A-1, on page 7 are either out of date, newer or similar
25 policies exist, or the objective has been accomplished, therefore the policies should sunset.
26 The Committee reviewed the report and concurred with the Board’s amendment to P. 445.017
27 which changes “seeks” to “support” and therefore recommends the report be adopted as
28 amended.

29
30 There was no online or in-person testimony.

31
32
33 **(A-2) Board Recommendation A-2: FMA Endorsement of ABMS Vision for The Future**
34 **Commission Final Report**

35
36 Madame Speaker, your Reference Committee recommends that **Resolution 19-104 from the**
37 **2019 House of Delegates not be adopted.**

38
39 The resolution reads as follows:

40
41 *RESOLVED, The FMA send a letter to the ABMS by August 31, 2019, urging it, and its*
42 *subsidiary boards, to move quickly to:*

- 1 • *implement the specifics and the spirit of the ABMS Vision for the Future Final*
2 *Report regarding Assessment Recommendation which states “Continuing*
3 *certification must change to incorporate longitudinal and other innovative*
4 *formative assessment strategies that support learning, identify knowledge and*
5 *skills gaps, and help diplomates stay current. The ABMS Boards must offer an*
6 *alternative to burdensome highly-secure, point-in-time examinations of*
7 *knowledge.”*
- 8 • *abandon Continued Certification processes characterized by high-stakes*
9 *summative outcomes (pass/fail examinations), specified timeframes for high-*
10 *stakes assessment, or require burdensome testing formats (such as testing*
11 *centers or remote proctoring) that are inconsistent with the desired goals for*
12 *continuing certification,*
- 13 • *develop innovative formative Continued Certification processes grounded in*
14 *adult learning principles (e.g. frequent, spaced learning with timely feedback;*
15 *repeated for reinforcement; gap analysis to aid focus) and support diplomates*
16 *in their commitment to continuing professional development aimed at keeping*
17 *current and improving patient care, and be it further*

18
19 *RESOLVED, That the FMA submit a resolution at the 2019 AMA Interim Meeting*
20 *requesting the AMA to send a similar letter to the ABMS by November 30, 2019.*

21
22 *RESOLVED, The resolution will make recommendations protecting physicians who*
23 *professionally use information and their knowledge to optimize care for patients; and*
24 *be it further*

25
26 *RESOLVED, The resolution should include a provision that will, when necessary, employ*
27 *the services of our Litigation Center to protect affected physicians; and be it further*

28
29 *RESOLVED, That the resolution should include the right of physician communication be*
30 *evaluated by our American Medical Association’s Council of Ethical and Judicial Affairs,*
31 *and be clearly incorporated into our Code of Medical Ethics.*

32
33 The Committee received online testimony in support of the Board recommendation and
34 concurred in the recommendation to not adopt Resolution 19-104.

35
36 There was no in-person testimony.

37
38
39 **(A-3) Board Recommendation A-3: Online Database for Physicians and Patients Interested in Stem**
40 **Cell Therapy**

41
42 Madame Speaker, your Reference Committee recommends that **Resolution 19-108 from the**
43 **2019 House of Delegates be not adopted.**

44
45 The resolution reads as follows:

46
47 *RESOLVED, That the Florida Medical Association create standard criteria that will*
48 *evaluate the training and expertise of physicians that provide high quality, reputable,*
49 *and trustworthy stem cell therapies; and be it further*
50

1 *RESOLVED, That the Florida Medical Association create an online database that will*
2 *direct physicians and patients to those physicians that meet the criteria established by*
3 *the Florida Medical Association.*

4
5 The Committee received online testimony in support of the Board recommendation and
6 concurred in the recommendation to not adopt Resolution 19-108.

7
8 There was no in-person testimony.

9
10
11 **(A-4) Recommendation A-4:**

12
13 Madame Speaker, your Reference Committee recommends that **the remainder of Board**
14 **Report A of the Board of Governors be filed for information.**

15
16
17 **(2) RESOLUTION 21-102; Physicians for the Advancement of Gun Ethics Research and Safety**
18 **(P.A.G.E.R.S.), Northeast Delegation**

19
20 **Recommendation:**

21
22 Madame Speaker, your Reference Committee recommends that **Resolution 21-102 be**
23 **adopted as amended.**

24
25 The original resolution reads as follows:

26
27 *RESOLVED, That the FMA will join with the ACS and ACEP and support research and*
28 *education in firearm safety including the development of technology that increases*
29 *firearm safety; and be it further*

30
31 *RESOLVED, That the FMA will promote both public and private funding into firearm*
32 *safety and injury prevention research.*

33
34 The resolution as amended reads as follows:

35
36 *RESOLVED, That the FMA will join with other societies to ~~the ACS and ACEP and~~ support*
37 *research and education in firearm safety including the development of technology that*
38 *increases firearm safety; and be it further*

39
40 *RESOLVED, That the FMA will promote both public and private funding into firearm*
41 *safety and injury prevention research.*

42
43 The Committee received online testimony in support of this resolution. Testimony in support
44 included the suggestion to broaden Resolution 21-102 to include specialties other than the
45 American College of Surgeons and American College of Emergency Physicians.

46
47 The Committee heard no in-person testimony. The Committee agreed with the proposed
48 change submitted via online testimony to include other societies that would support the
49 objective behind the resolution.

1 **(3) RESOLUTION 21-103; Support for Focus of Physician Training Responsibilities, Northeast**
2 Florida Delegation

3
4 **Recommendation:**

5
6 Madame Speaker, your Reference Committee recommends that **Resolution 21-103 be**
7 **adopted as amended by substitution.**

8
9 The original resolution reads as follows:

10
11 *RESOLVED, The Florida Medical Association support efforts to require residency*
12 *programs, medical schools, physician practices, and other institutions involved in*
13 *physician training to focus primarily on the education and training of future physicians;*
14 *and further be it*

15
16 *RESOLVED, The Florida Medical Association will form a Task Force to research and*
17 *make recommendations regarding the appropriate role and compensation for*
18 *physicians in the training of non-physician providers.*

19
20 The substitute resolution reads as follows:

21
22 *RESOLVED, The Florida Medical Association support efforts to require residency*
23 *programs, medical schools, physician practices and other institutions involved in*
24 *physician training to focus primarily on the education and training of future physicians;*
25 *and further be it*

26
27 *RESOLVED, The Florida Medical Association will form a Task Force to research and*
28 *make recommendations regarding the appropriate role and compensation for*
29 *physicians in the training of non-physician providers.*

30
31 **RESOLVED, that the Florida Medical Association form a Task Force to assess the impact**
32 **of non-physician training on physician training and clinical faculty in physician**
33 **practices, hospitals, and medical centers.**

34
35 The Committee received online testimony in support and opposition to this resolution.
36 Testimony in support included the suggestion to strike the first resolve and substantially
37 rewrite the second to better streamline the focus of the resolution.

38
39 The Committee heard no in-person testimony. The Committee agreed that the substitute
40 language provides more clarity and continues to uphold the goal of the resolution.

41
42
43 **(4) RESOLUTION 21-104; Retire Florida Rule 64B8-9.012 Standards for the Prescription of**
44 **Obesity Drugs, Physicians Society of Central Florida**

45
46 **Recommendation:**

47
48 Madame Speaker, your Reference Committee recommends that **Resolution 21-104 be**
49 **adopted.**

50
51 The resolution reads as follows:

1
2 *RESOLVED, That the FMA work with interested Specialty Societies to encourage the*
3 *Board of Medicine to amend Florida Rule 64B8-9.012 Standards for the Prescription of*
4 *Obesity Drugs to reflect the current standard of care for patients affected by obesity in*
5 *the State of Florida.*
6

7 The Committee received online testimony overwhelmingly in support of this resolution. In
8 adopting this resolution, the Committee recognized that Rule 64B8-9.012, Florida
9 Administrative Code, has not been amended since its initial adoption in 1998 and further
10 recognized that the Board of Medicine recently granted a petition to open this rule up for
11 rulemaking. Thus, it was timely to support updated standards of care for weight loss
12 management.
13

14 The Committee heard no in-person testimony.
15

16
17 **(5) RESOLUTION 21-105; Opposition of Proof of Vaccination to COVID-19, Jon Ward, M.D.**
18

19 **Recommendation:**
20

21 Madame Speaker, your Reference Committee recommends that **Resolution 21-105 be**
22 **adopted as amended by substitution and title change.**
23

24 The original resolution reads as follows:
25

26 *RESOLVED, that the FMA support any legislation that would protect an individual’s*
27 *decision to receive or not receive the COVID-19 vaccine; and be it further*
28

29 *RESOLVED, That the FMA’s delegation to the AMA submit a resolution at the 2021*
30 *AMA Interim Meeting requesting the AMA to support federal legislation to prohibit any*
31 *state or local government, business or educational institution from implementing a*
32 *requirement that a person provide any documentation certifying COVID-19 vaccination*
33 *or post-infection recovery to gain access to, entry upon or service from the state or*
34 *local government, business or educational institution.*
35

36 The substitute language, including a title change, reads as follows:
37

38 *RESOLVED, that the FMA support any legislation that would protect an individual’s*
39 *decision to receive or not receive the COVID-19 vaccine; and be it further*
40

41 *RESOLVED, That the FMA’s delegation to the AMA submit a resolution at the 2021*
42 *AMA Interim Meeting requesting the AMA to support federal legislation to prohibit any*
43 *state or local government, business or educational institution from implementing a*
44 *requirement that a person provide any documentation certifying COVID-19 vaccination*
45 *or post-infection recovery to gain access to, entry upon or service from the state or*
46 *local government, business or educational institution.*
47

48 **Healthcare Professional Readiness for COVID-19**
49

50 **RESOLVED, that the FMA publish a statement upon the conclusion of the 2021 Annual**
51 **Meeting recommending that all health care practitioners and medical support staff**

receive the COVID-19 vaccine and utilize harm reduction techniques, such as the wearing of masks, for the safety, protection, and well-being of our communities.

The Committee primarily received online testimony in opposition to this resolution and considered various factors before coming to its recommendation. The Committee recognized that this resolution conflicts with current FMA policy, which overwhelmingly promotes the use of vaccinations. Furthermore, the Committee agreed that the passage of SB 2006, which prohibits businesses and other entities from requiring proof of vaccinations, sufficiently accomplishes what this resolution seeks. Finally, the Committee defers to the assurances made by Governor Ron DeSantis throughout the pandemic that personal liberties will be protected.

In-person testimony was also overwhelmingly in opposition to this Resolution. Testimony emphasized that the rise of the delta variant required a different approach than originally presented in this resolution. Testimony also brought to light that because there are patients who are ineligible to receive the vaccine, eligible patients have a further responsibility to protect these vulnerable patient populations. In-person testimony also recognized that the FMA has extensive policy promoting the use of vaccination and that the substitute resolution is consistent with those policies.

(6) RESOLUTION 21-106; Opposition of Future Curtailment of Individual Liberties During Pandemics; Jon Ward, M.D.

Recommendation:

Madame Speaker, your Reference Committee recommends that **Resolution 21-106 not be adopted.**

The resolution reads as follows:

RESOLVED, That the FMA condemn the use of lockdowns and business closures as non-pharmaceutical interventions for any future pandemics regardless of the CDC or NIH recommendations, unless they are based on randomized controlled trials or a similarly high level of evidence; be it further

RESOLVED, The FMA amend its bylaws to provide that the Board of Governors may not issue a public health recommendation that is not supported by randomized controlled trials or a similar high level of evidence and that such a recommendation may only be approved by a majority vote of the House of Delegates.

The Committee received online testimony only in opposition to this resolution. The overall sentiment of the online testimony expressed concern over restricting the FMA Board of Governors from responding to future public health emergencies. Testimony also spoke to the difficulty, if not impossibility, of conducting timely randomized controlled trials, particularly during a global pandemic or public health emergency. The Committee found the second resolve misleading in that the FMA does not directly issue public health recommendations, but rather supports the recommendations of governmental entities such as the Department of Health and Centers for Disease Control. The Committee recognized that public health officials do the best they can within the political sphere in order to keep the public safe.

1 The Committee heard in-person testimony overwhelmingly in opposition to this resolution.
 2 There was a robust discussion regarding the practicality of randomized controlled trials that
 3 mirrored concerns addressed in the online testimony. Additional testimony presented data
 4 published in the July 2021 Mayo Clinic Proceedings entitled “Combined Effects of Masking and
 5 Distance on Aerosol Exposure Potential,” which concluded that masks, when properly worn,
 6 reduce the spread of COVID-19. Therefore, this Committee recommends that this resolution be
 7 not adopted.

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 10 **(7) RESOLUTION 21-107; Graduate Physician, Palm Beach County**

11 **Recommendation:**

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 13
 14 Madame Speaker, your Reference Committee recommends that **Resolution 21-107 be adopted**
 15 **as amended.**

16
 17 The resolution reads as follows:

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 19 *RESOLVED, That the Florida Medical Association seek legislation that establishes a **time-***
 20 ***limited** position, “graduate physician”, which would allow unmatched U.S. medical*
 21 *school graduates (MDs and DOs), who have passed the USMLE Steps 1-3, to practice*
 22 *within the same scope as a physician assistant under the Florida Board of Medicine and*
 23 *under the supervision of an Attending Physician who has completed an ACGME-*
 24 *accredited residency program within a given specialty; further be it*

25
 26 *RESOLVED, The Florida Medical Association recognize that the position of “Graduate*
 27 *Physician” is not to be considered an alternative path to full unsupervised licensure in*
 28 *lieu of completing an ACGME-accredited residency program.*

29
 30 The Committee received online testimony overwhelmingly in support of this resolution.
 31 Testimony acknowledged several institutional problems within graduate medical education
 32 including lack of funding, shortage of residency slots, and medical schools opening at higher
 33 rates than residency programs. This has created the problem of unmatched medical school
 34 graduates being left with insurmountable student loan debt and unable to provide care despite
 35 having more training and education than mid-level providers. Testimony and the Committee
 36 also recognized that the Graduate Physician position would not be an alternative pathway to
 37 completing residency rather a bridge to traditional training for medical school graduates.

38
 39 The Committee heard in-person testimony in support of this resolution, which largely mirrored
 40 the online testimony. The Committee agreed that this is a very complex issue and presents an
 41 opportunity to provide legislators proof that access to quality care can be accomplished without
 42 sacrificing education and training. However, the Committee expressed concerns that this
 43 resolution does not address the lack of federal funding for residency slots or how Graduate
 44 Physicians will be reimbursed for their services. In order to clarify that the Graduate Physician
 45 position is not permanent, the Committee amended this resolution to reflect that this would be
 46 a time-limited position. The Committee felt that it would be appropriate to defer the decision on
 47 the appropriate time limit to the legislature or Board of Medicine.

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 50 **(8) RESOLUTION 21-108; Educating Patients and Physicians on the Dangers of Automatic**
 51 **Prescription Refills, South Florida Caucus**

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Recommendation:

Madame Speaker, your Reference Committee recommends that **Resolution 21-108 be referred to the Board of Governors for report back at Annual Meeting 2022.**

The resolution reads as follows:

RESOLVED, that our FMA will recognize:

- 1. That automatic prescription refills increase the risk of medical errors.*
- 2. Automatic prescription refills can sometimes be associated with fraudulent transactions resulting in overbilling of government programs such as Medicaid.*
- 3. That a prescription refill is not the same as authorizing automatic refills.*
- 4. Many patients are enrolled in these programs without their consent; be it further*

RESOLVED, That our FMA will publish an article on the dangers of automatic prescription refills in one of the FMA communications this year, 2021. The article will have the purpose of educating physicians and patients of this new and emerging problem; be it further

RESOLVED, The FMA delegation to the AMA submit a resolution to the AMA at the appropriate time to adopt policy recognizing the dangers of automatic prescription refills.

The Committee received online testimony in both support and opposition for this resolution. Testimony in support agreed with the resolution’s author that automatic prescription refills could result in unnecessary medical costs and increase the risk of medical errors. Testimony in opposition stated that there would be a higher risk of patients not receiving their medications without the option to auto-refill. As a result of the compelling arguments from both sides and the increasingly complex nature of automated pharmacy practices, the Committee recommends that this resolution be referred to the Board of Governors.

The Committee heard no in-person testimony.

(9) RESOLUTION 21-109; Kratom Safety and Risk, Florida Society of Addiction Medicine (FSAM)

Recommendation:

Madame Speaker, your Reference Committee recommends that **Resolution 21-109 be referred to the Board of Governors for report back at Annual Meeting 2022.**

The resolution reads as follows:

RESOLVED, That our Florida Medical Association (FMA) amend policy P 125.00, “DRUGS-ABUSE,” to add a new section P 125.005 to read as follows:

P 125.005 Kratom Risk and Safety

RESOLVED, That the Florida Medical Association adopt the following policy on “Kratom Risk and Safety” as follows:

- 1 *1. Our FMA opposes the sale or distribution of kratom by retailers in Florida.*
- 2 *2. Our FMA will work with stakeholders to require that Florida retailers display warnings*
- 3 *to the public, in a conspicuous location near the point of sale inside their retail*
- 4 *establishments, regarding the potentially fatal dangers of kratom and the fact that there*
- 5 *have been no controlled clinical trials conducted to determine its safety for human use.*

6
7 The Committee received online testimony only in support of this resolution. Testimony indicated
8 that while the general medical community is not familiar with kratom, it has been identified by
9 the National Institute of Drug Abuse as an emerging drug of abuse. The Committee is concerned
10 that kratom is not a federally scheduled substance, and therefore unregulated, and agreed that
11 its use poses a danger to public health and safety and is too easily obtained and abused.
12

13 The Committee heard in-person testimony in both support and opposition of this resolution.
14 Testimony in opposition indicated that individuals that reportedly overdosed with kratom in
15 their systems also tested positive for other controlled or illicit substances. The opposition also
16 took the position that kratom can have therapeutic effects with a low risk of harm. Due to
17 conflicting testimony and ongoing studies by the Food and Drug Administration, the Committee
18 decided to refer to the Board of Governors for study and report back at the 2022 Annual
19 Meeting.
20

21
22 **(10) RESOLUTION 21-110; Maintenance of Certification Review, Ellen McKnight, M.D.**
23

24 **Recommendation:**
25

26 Madame Speaker, your Reference Committee recommends that **Resolution 21-110 not be**
27 **adopted.**
28

29 The resolution reads as follows:
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31 *RESOLVED, That the FMA petition the American Board of Internal Medicine/American*
32 *Board of Specialty Medicine for an immediate cessation of the mandatory Maintenance*
33 *of Certification (MOC) program required every two years and for substantiation of their*
34 *claim that physician participation in MOC is a necessity. These studies could be*
35 *conducted now comparing those doctors who participate in MOC to those doctors who*
36 *do not in order to determine if MOC mandates improve patient outcomes or is superior*
37 *to CME.*
38

39 The Committee received limited online testimony in support of this resolution. The Committee
40 discussed that this resolution is very similar to Resolution 19-104 (as reviewed in
41 Recommendation A-2 of this report) which the Board of Governors did not adopt after careful
42 study and review. The Committee was concerned that the resolution was not up to date
43 regarding currently available maintenance of certification (MOC) program options. Additionally,
44 the FMA has several MOC policies, which address the points made in this resolution.
45

46 The Committee heard in-person testimony only from the author whose main point was that
47 there is no proof that MOC improves patient outcomes. While there are problems associated
48 with MOC, including cost, board certification remains a differentiator between physicians and
49 mid-level providers. For these reasons, it is the Committee's recommendation to not adopt this
50 resolution.
51

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2 **(11) Resolution 21-111; Prescribing Off-Label Medication, Ellen McKnight, M.D.**
3

4 **Recommendation:**
5

6 Madame Speaker, your Reference Committee recommends that **Resolution 21-110 be adopted**
7 **as amended.**
8

9 The original resolution reads as follows:
10

11 *RESOLVED, That the FMA adopt the following policy on physician off-label prescribing of*
12 *medications:*
13

- 14 1. *Off-label prescribing of medications is common and necessary to the practice of*
15 *medicine.*
- 16 2. *The FMA is opposed to any infringement by a non-medical entity of a physician's*
17 *ability prescribe medications off-label.*
- 18 3. *Economically motivated interference by non-medical entities in physician off-label*
19 *prescribing is a flagrant, potentially harmful interference in the physician-patient*
20 *relationship.*
- 21 4. *The FMA delegation to the American Medical Association shall submit a resolution at*
22 *the appropriate time requesting that the AMA adopt policy opposing the infringement*
23 *by a non-medical entity of a physician's ability to prescribe medications off-label.*
24

25 The resolution as amended reads as follows:
26

27 *RESOLVED, That the FMA adopt the following policy on physician off-label prescribing of*
28 *medications:*
29

- 30 1. *Off-label prescribing of medications is ~~common and~~ necessary to the practice of*
31 *medicine.*
- 32 2. *The FMA is opposed to ~~any infringement by a non-medical entity of a~~ **the interference***
33 ***by non-medical entities in the physician-patient relationship by restricting a** physician's*
34 *ability to prescribe medications off-label.*
- 35 3. ***The FMA affirms American Medical Association Policy H-120.988, Patient Access to***
36 ***Treatments Prescribed by Their Physicians.** Economically motivated interference by non-*
37 *medical entities in physician off-label prescribing is a flagrant, potentially harmful*
38 *interference in the physician-patient relationship.*
- 39 4. *The FMA delegation to the American Medical Association shall submit a resolution at*
40 *the appropriate time requesting that the AMA adopt policy opposing the infringement*
41 *by a non-medical entity of a physician's ability to prescribe medications off-label.*
42

43 The Committee received online testimony only in support of this resolution. The Committee and
44 submitted testimony agreed with the author's position that off-label prescribing of medications
45 is necessary to the practice of medicine.
46

47 The Committee heard in-person testimony only in support of this resolution which closely
48 mirrored online testimony. In amending this resolution, the Committee decided to affirm
49 existing AMA Policy H-120.988 which "confirms [the AMA's] strong support for the autonomous
50 clinical decision-making authority of a physician and that a physician may lawfully use an FDA

1 approved drug product or medical device for an off-label indication when such use is based
2 upon sound scientific evidence or sound medical opinion.”

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5 **(12) Resolution 21-112; Addressing Racism as a Public Health Issue**, Medical Student Section,
6 Alachua Medical Society, Dade County Medical Association, Hillsborough County Medical
7 Association

8
9 **Recommendation:**

10
11 Madame Speaker, your Reference Committee recommends that **Resolution 21-112 be adopted**
12 **as amended.**

13
14 The resolution reads as follows:

15
16 *RESOLVED, That our Florida Medical Association recognize racism as a public health*
17 *issue; and be it further*

18
19 *RESOLVED, That our Florida Medical Association denounce racism in all forms, and*
20 *support efforts to mitigate its harmful effects on clinical outcomes and mortality in*
21 *minority populations; and be it further*

22
23 *RESOLVED, That our Florida Medical Association will pursue avenues to collaborate with*
24 *the American Medical Association as a means to actively combat racism and promote*
25 *racial justice.*

26
27 The resolution as amended reads as follows:

28
29 *RESOLVED, That our Florida Medical Association recognizes **the public health threat of***
30 ***racial health inequities** ~~racism as a public health issue~~; and be it further*

31
32 *RESOLVED, That our Florida Medical Association ~~denounce~~ **condemn** racism in all forms;*
33 *~~and support efforts to mitigate its harmful effects on clinical outcomes in minority and~~*
34 *~~mortality in minority populations~~; and be it further*

35
36 *RESOLVED, That our Florida Medical Association ~~will pursue avenues to collaborate with~~*
37 *the American Medical Association **and other stakeholders to eliminate the harmful***
38 ***impact of prejudices on clinical outcomes in racial and ethnic minorities and at-risk***
39 ***populations.** ~~as a means to actively combat racism and promote racial justice.~~*

40
41 The Committee heard robust in-person testimony in both support and opposition of this
42 resolution. Testimony in support of this resolution discussed the need for systemic change in the
43 healthcare system in order to address racial disparities. Testimony in opposition asserted that
44 racism is not the only factor in disparate health outcomes, and all factors contributing to clinical
45 outcomes should be considered. Recognizing the gravity of this societal issue, the Committee
46 aimed to reframe this resolution in a way that would move the FMA forward to achieve health
47 equity across all at-risk populations. As such, the Committee recommends adoption of this
48 resolution as amended.

49
50
51 **(13) Resolution 21-114; Naturally Acquired Immunity**, Jon Ward, M.D., Ellen McKnight, M.D.

1
2 **Recommendation:**

3
4 Madame Speaker, your Reference Committee recommends that **Resolution 21-114 not be**
5 **adopted.**

6
7 The resolution reads as follows:

8
9 *RESOLVED, That the FMA recognize that natural immunity which results from SARS-CoV-*
10 *2 infection and recovery is an equivalent level of immunization as commercially*
11 *available vaccines to SARS-CoV-2; be it further*

12
13 *RESOLVED, That the FMA send a letter to the Florida Dept. of Health and to the Centers*
14 *for Disease Control that the Physicians of Florida demand recognition of documented*
15 *natural immunity as proof of full immunization; be it further*

16
17 *RESOLVED, That the FMA take this resolution to the AMA at the interim meeting for*
18 *immediate policy change which currently does not include natural immunity as a form*
19 *of proof of immunization.*

20
21 The Committee heard testimony in overwhelming opposition to this resolution because of
22 persistent uncertainty about the immune response to COVID-19. The Committee agreed that
23 there is insufficient published literature proving that naturally acquired antibodies are as
24 effective as the available COVID-19 vaccines. The Committee also had concerns that this
25 resolution might discourage eligible patients from getting vaccinated. For these reasons, it is the
26 Committee's recommendation to not adopt this resolution.

27
28 Madame Speaker, your Chair wishes to thank each member of the reference committee:

29
30 Dr. Puja Aggarwal
31 Dr. Shawn Baca
32 Dr. Ankush Bansal
33 Dr. Susan Hoover
34 Dr. Rohan Joseph
35 Dr. Alfredo Paredes
36 Dr. Joel Silverfield
37 Dr. Deborah Trehy

38
39 I would also like to thank Mary Thomas and Lauren Byrd, FMA Staff, for their support of the Committee
40 and the members of the Association who attended our meeting and presented testimony.

41
42 **Recommendation:**

43
44 Madame Speaker, I move that the Report of **Reference Committee I be adopted.**