

PUBLIC POLICY COMPENDIUM

(Contains public policies adopted through August 2026)

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Florida Medical Association
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FOREWORD

The FMA Public Policy Compendium provides a listing of the Florida Medical Association's policy positions adopted by the FMA House of Delegates and FMA Board of Governors. Each policy is affixed with a one letter prefix code (P) followed by a multi-digit number which is unique to the subject matter.

FMA councils and committees review seven year-old public policies on an annual basis and make recommendations to the House of Delegates to reaffirm or sunset. Policies that sunset are kept in a separate archive system for historical purposes.

An indexed table of contents is located on pages i-xxii.

MISSION AND VALUES

The Florida Medical Association exists to ***Help Physicians Practice Medicine***.
In carrying out that mission, the Florida Medical Association
will adhere to the following values:

ADVOCACY
Speaking for physicians and their patients.

QUALITY
Promoting the highest standards of medical care.

***PROFESSIONALISM*:**
Delivering care with integrity and compassion.

FREEDOM
Maintaining choice in a free-market system that respects the patient/physician relationship.

EDUCATION
Promoting life-long learning and the education of future physicians.

HEALTHY FLORIDIANS
Promoting comprehensive patient care and public health.

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P 5.000 ABORTION

P 5.001 ABORTION CIVIL DAMAGES
The Florida Medical Association supports legislation containing the concept that provides that no person shall be liable in civil damages for any act or omission that results in a person being born alive instead of aborted. *(Supp Rpt.BOG Rpt C, HOD 1985) (Reaffirmed HOD 1995) (Reaffirmed HOD 2005)(Reaffirmed HOD 2013) (Reaffirmed HID 2023)*

P 5.002 ABORTION POLICY STATEMENT
The Florida Medical Association supports the position that the early termination of pregnancy is a medical matter between the patient and the physician, subject to the physician's clinical judgment, the patient's informed consent and the availability of appropriate facilities. Abortion is a medical procedure and should be performed only by a duly licensed physician in conformance with standards of good medical practice and the laws of the state. No physician or other professional personnel shall be required to perform an act violative of good medical judgment or personally held moral principles. In these circumstances, good medical practice requires only that the physician or other professional withdraw from the case as long as the withdrawal is consistent with good medical practice *(BOG Rpt A, HOD 1993) (Reaffirmed HOD 2003) (Reaffirmed as amended, BOG May 2012) (Reaffirmed in Res 22-304, HOD 2022, see P 5.004)*

P 5.003 REPEAL OF THE FLORIDA STATE LEGISLATION ON NON-MEDICAL TESTING
The Florida Medical Association supports the repeal of the Florida state legislation requiring non-medical testing of those seeking to legally terminate a pregnancy. *(Res 11-302, HOD 2011) (Reaffirmed HOD 2019)*

P 5.004 PUBLIC AVAILABILITY OF PREGNANCY RELATED CARE
The FMA will reaffirm policy P5.002. Further, the FMA oppose legislation that would pursue criminal charges against physicians who provide medically appropriate termination of pregnancy. Further, the Florida Medical Association oppose any future legislation hindering or blocking the availability of FDA-approved treatments for pharmacological termination of pregnancy, regardless of whether used for termination or other unrelated indications, when this is a matter between the physician and patient. *(Sub lang for Res 22-304 and 22-315, adopted HOD 2022)*

P 10.000 ACCIDENT PREVENTION

P 10.001 SAFETY BELTS *(ARCHIVED)*
(Res 91-34, HOD 1991) (Reaffirmed HOD 2001) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Sunset HOD 2025)

P 10.002 DRIVER FATIGUE *(ARCHIVED)*
(Res 95-20, HOD 1995) (Reaffirmed HOD 2005) (Sunset HOD 2013)

P 10.003 DRIVING AND USE OF CELL PHONES
The Florida Medical Association discourages the use of handheld communication devices and text messaging while operating motor vehicles, except in cases of emergency. (*Res 00-31, HOD 2000) (Reaffirmed as amended HOD 2009*) *(Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 10.004 MOTORCYCLE HELMET REQUIREMENT
The Florida Medical Association supports legislation requiring all occupants of motorcycles wear appropriate protective helmets while riding on public roads. *(Res 06-8, HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 10.005 BANNING TEXTING WHILE DRIVING *(ARCHIVED)*
(Amended Res 10-103, HOD 2010) (Reaffirmed HOD 2018) (Sunset HOD 2026, CH 316.305 went into effect on Oct. 1, 2019)

P 10.006 CELL PHONES AND EDUCATION FOR "IN CASE OF EMERGENCY (ICE)" (ARCHIVED)
(BOG Rpt. A, Sub Res 10-110, HOD 2011) (Sunset HOD 2019, objective accomplished)

P 10.007 ADVOCACY CAMPAIGN FOR CELL PHONES AND "IN CASE OF EMERGENCY (ICE)" (ARCHIVED)
(Amended Res 11-101, HOD 2011) (Sunset HOD 2019, objective accomplished)

P 10.008 GRADUATED DRIVER LICENSING SYSTEMS – TEEN SAFE DRIVING
The Florida Medical Association supports legislation to strengthen Florida's existing graduated driver licensing systems to meet current recommendations by the National Highway Traffic Safety Administration, Insurance Institute for Highway Safety, and the American Academy of Pediatrics. *(Res 13-109, HOD 2013) (Reaffirmed HOD 2023)*

P 10.009 REQUIRING ADDITIONAL INSURANCE FOR MOTORCYCLE RIDERS
The Florida Medical Association supports legislation requiring non-helmeted motorcyclists to procure at least $40,000 of PIP protection. (*Res 14-313, HOD 2014) (Reaffirmed HOD 2022)*

P 15.000 ACCOUNTABLE CARE ORGANIZATIONS (ACOS)

P 15.001 FMA PRINCIPLES ON ACOS *(ARCHIVED)*
(BOG December 2010; Appendix 15.001) (Sunset HOD 2018)

P 20.000 ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

P 20.001 NEEDLE AND SYRINGE EXCHANGE PROGRAM (ARCHIVED)
(BOG Rpt A, HOD 1995) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Sunset HOD 2023, accomplished)

P 20.002 DEVELOPMENT OF HIV/AIDS PLANNING AND MANAGEMENT ORGANIZATIONS *(ARCHIVED)*
(Res 95-25, HOD 1995)(Reaffirmed HOD 2005)(Sunset HOD 2013)

P 20.003 DISTRIBUTION OF CDC RECOMMENDATIONS
The Florida Medical Association encourages the distribution of current Center for Disease Control recommendations to assure timely prophylaxis and appropriate follow-up after occupational exposure of health care workers to HIV, Hepatitis and other infectious diseases. *(Res 97-68; HOD 1997) (Reaffirmed BOG 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 20.004 HIV TESTING - ABBREVIATED COUNSELING WHEN APPROPRIATE *(ARCHIVED)*
(BOG November 1997) (Reaffirmed BOG 2007) (Sunset HOD 2015)

P 20.005 HIV TESTING (ARCHIVED)
(BOG October 2010) (Sunset HOD 2018)

P 20.006 ENDORSEMENT OF FOUR KEY COMPONENTS OF THE FLORIDA DEPARTMENT OF HEALTH'S PLANS TO ELIMINATE HIV TRANSMISSION AND REDUCE HIV RELATED DEATHS IN FLORIDA

The Florida Medical Association endorses the four key components of the Florida Department of Health's Plan to eliminate HIV transmission and reduce HIV-related deaths in Florida.

1. Test and treat (involves immediate treatment upon first diagnosis)
2. Antiretroviral pre-exposure prophylaxis (PrEP) and non-occupational post-exposure prophylaxis (nPEP)
3. Routine HIV and STI screening in healthcare settings/targeted testing in non-healthcare settings
4. Community outreach and messaging

(Motion 04-16-04, Oct BOG 2016)(Reaffirmed HOD 2024)

P 25.000 ADVERSE INCIDENT REPORTS

P 25.001 OFFICE ADVERSE INCIDENT REPORTS

The Florida Medical Association actively pursues legislation that protects the confidentiality of physician office adverse incident reported to the Department of Health. *(Res 00-19, HOD 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2024) (Reaffirmed HOD 2025) (Reaffirmed HOD 2026)*

P 25.002 REPORTING OF WRONG SITE SURGERY (ARCHIVED)

(Res 04-30, BOG November 2004) *(Sunset HOD 2012)*

P 25.003 EQUAL PROTECTION FROM DISCOVERY

The Florida Medical Association pursues legislation that would protect office adverse incident reporting from discovery, equivalent to the protection now accorded such reports by ambulatory surgery centers and hospitals. *(Res 05-3, HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 25.004 MANDATORY REPORTING OF ADVERSE EVENTS RELATED TO OUT OF HOSPITAL BIRTH

The Florida Medical Association supports efforts to amend Florida statutes to require that the individual conducting the attempted planned out of hospital birth report to the Florida Department of Health (DOH) or the Florida Board of Medicine (BOM), all adverse events or outcomes, including all that result in an emergency antepartum and intrapartum referral to a hospital emergency room or birthing facility. *(Res 16-101, HOD 2016) (Reaffirmed HOD 2024)*

P 25.005 TRANSPARENCY AND ACCOUNTABILITY IN CARE DELIVERY

The FMA supports legislation that amends the adverse event reporting requirements in Florida Statues for all clinicians and settings requiring disclosure of the clinician who was delivering care at the time the adverse event occurred and whether the supervising physician was providing direct or general supervision. *(Res 23-312, HOD 2023)*

P 30.000 ADVERTISING

P 30.001 PRINCIPLES GOVERNING ADVERTISING IN ALL PUBLICATIONS OF THE FLORIDA MEDICAL ASSOCIATION

The Florida Medical Association (FMA) seeks to promote the science and art of medicine and the betterment of public health. In serving these aims, the FMA communicates regularly with the members of the medical profession, with professional persons in allied fields, and with the public. A substantial part of this communication is carried out through the regular production and distribution of its publications. The

appearance of advertising in FMA is not an FMA guarantee or endorsement of the product or service. The fact that an advertisement for a product, service or company has appeared in the FMA publication shall not be referred to in collateral advertising. As a matter of policy, the FMA will sell advertising space in its publications when (1) the buyer believes purchase of such space represents a sound expenditure, and (2) the inclusion of advertising material does not interfere with the purpose of the publication. These principles are applied by the FMA in determining the eligibility of products and services for advertising in FMA publications. The FMA reserves the right to refuse advertising in any of its publications which it considers to contradict or contravene in any manner the goals and purposes of the FMA as set forth in the Association's Bylaws. *(BOG Rpt A, HOD 1986) (Reaffirmed HOD 1996) (Reaffirmed HOD 2006) (Reaffirmed as amended HOD 2017)*

P 30.002 PROVIDER DEGREE IDENTIFICATION FOR CONSUMER PROTECTION
The Florida Medical Association shall sponsor legislation that following the name of any health care provider licensed by the state of Florida, there shall be immediately following his/her name, in all professional correspondence and announcements and advertising with the public in any form of public notice relating to his/her professional practice or activities, his/her degree for which he/she is licensed to practice. *(Res 90-52, HOD 1990)(Reaffirmed HOD 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2012) (Reaffirmed HOD 2022)*

P 30.003 UNRECOGNIZED BOARDS
The Florida Medical Association shall continue working with the Florida Board of Medicine to enforce Chapter 64B8-11.001 F.A.C.; and further continue to monitor and, when appropriate, offer recommendations pertinent to certification by AOA non-ABMS boards. *(Res 96-24, HOD 1996) (Reaffirmed HOD 2006) (Reaffirmed HOD 2014 with editorial change)(Reaffirmed with editorial change HOD 2022)*

P 30.004 DIPLOMACY CLAIMS
The Florida Medical Association is directed to educate its members regarding current laws on physician advertising and statements regarding board certification, and declare that a physician's advertising of claims of board certification and/or diplomacy from a board not recognized by the Florida Board of Medicine is intentionally deceptive and as such a breach of medical ethics which is prescribed; and further request that the Department of Health devote more resources to monitor and discipline physicians who advertise board certification by a board not recognized by the Florida Board of Medicine. *(Sub Res 99-24, HOD 1999) (Reaffirmed HOD 2009) (Reaffirmed HOD 2018)*

P 30.005 ONLY PHYSICIANS CERTIFIED BY ABMS ALLOWED TO ADVERTISE AS BOARD CERTIFIED (ARCHIVED)
(BOG November 2002) (Reaffirmed HOD 2010) (Sunset HOD 2018)

P 30.006 HEALTHCARE WORKER OPT-OUT
The Florida Medical Association supports legislation to allow physicians the option to opt out of their private information from being available in the public domain, including but not limited to phone number, email address, and home address. *(Res 23-315, HOD 2023)*

P 35.000 AGENCY FOR HEALTH CARE ADMINISTRATION

P 35.001 HOSPITAL DEPARTMENT CLOSURES
The Florida Medical Association supports giving the Agency for Health Care Administration the power to investigate decisions by a hospital to close a particular department and to take action to ensure patients are not left without needed medical care. *(BOG Rpt C, HOD 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 35.002 IMPLEMENTATION OF PAYER MEASURES BY AHCA (*ARCHIVED)*
(Res 07-15, HOD 2007) (Sunset HOD 2015)

P 40.000 AGING

P 45.000 ALCOHOL AND ALCOHOLISM

P 45.001 BINGE DRINKING IN YOUNG ADULTS
The Florida Medical Association recognizes the dangers of binge drinking in young adults, especially on college campuses, and does not support the purchase, consumption or possession of alcoholic beverages by anyone under 21 years of age. *(BOG May 2009*) *(Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 45.002 FETAL ALCOHOL SYNDROME
The Florida Medical Association supports legislation requiring that warning signs relative to the fetal risk that ingestion of alcohol by pregnant women be posted wherever alcoholic beverages are sold or served. *(Res 09-35, HOD 2009) (Reaffirmed Res 10-104 as Existing Policy, HOD 2010)(Reaffirmed Res 11-102 as existing policy, HOD 2011) (Reaffirmed HOD 2019)*

P 45.003 FETAL ALCOHOL ABUSE
The Florida Medical Association supports legislation that would provide for voluntary admission of expectant mothers for alcohol abuse. *(BOG October 2010) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 50.000 ALLIED HEALTH

P 50.001 ALLIED HEALTH EDUCATION *(ARCHIVED)*
(*BOG March 1992*) *(Reaffirmed HOD 2006) (Sunset HOD 2014)*

P 50.002 NONPRACTITIONER-ORDERED LABORATORY TESTING (ARCHIVED)
(Res 94-43, HOD 1994) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Sunset HOD 2023)

P 50.003 HEALTH CARE PROVIDER
The Florida Medical Association (FMA) approves the expungement of the term "health care provider" from the lexicon of the FMA and FMA Alliance for internal and external communications except for exclusive use with reference to allied health professionals with no medical function. *(BOG March 1997) (Reaffirmed BOG 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 50.004 SUPERVISION OF ALLIED HEALTH PROFESSIONALS
The Florida Medical Association urges the Board of Medicine and Department of Health to enforce existing laws regarding the supervision of allied health professionals and the practice of medicine without an appropriate license. *(BOG February 1998) (Reaffirmed HOD 2008)* (*Reaffirmed HOD 2016) (Reaffirmed with technical change HOD 2024)*

P 50.005 CREDENTIALING OF ANESTHESIOLOGUST ASSISTANTS
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. *(Res 21-314, adopted as amended, HOD 2023)*

P 55.000 AMERICAN MEDICAL ASSOCIATION

P 55.001 EXPANSION OF SCOPE AND ACTIVITIES OF AMA PHYSICIAN CONSORTIUM FOR PERFORMANCE IMPROVEMENT *(ARCHIVED)*
(Res 05-61, HOD 2005)(Sunset HOD 2013)

P 55.002 ADMISSION CRITERIA FOR INPATIENT REHABILITATION FACILITIES *(ARCHIVED)*
(Res. 05-79, HOD 2005) (Sunset HOD 2013)

P 55.003 AMA PHYSICIAN CONSORTIUM *(ARCHIVED)*
(BOG April 2006) (Sunset HOD 2017)

P 55.004 PHARMACEUTICAL COMPANIES SHOULD NOT OBTAIN SENSITIVE INFORMATION
The Florida Medical Association supports the utilization and effectiveness of the American Medical Association's (AMA) Physician Data Restriction program (the "opt out" program). *(Sub Res 07-38; HOD 2007) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 55.005 RANKING NATIONAL HEALTHCARE SYSTEMS ON MEDICAL INNOVATION (ARCHIVED)
(*Amended Res 10-411, HOD 2010) (Sunset HOD 2018)*

P 55.006 AMA PRIORITIES AND MISSION (ARCHIVED)
(*Sub Res 10-205, HOD 2010) (Sunset HOD 2018)*

P 55.007 AMA DISCLOSURE OF POTENTIAL CONFLICTS OF INTEREST
The Florida Medical Association demands the American Medical Association be transparent and disclose all government and business relationships and make available its financial statements to its membership and by request of any national specialty society or state society member. (*Amended Sub Res 206, HOD 2010) (Reaffirmed HOD 2019)*

P 55.008 SPECIALTY SOCIETY ADVOCACY (ARCHIVED)
(Amended Res 10-204, HOD 2010) (Sunset HOD 2019, resolution was submitted and not adopted)

P 55.009 CHARTER TO WORK WITH ALL APPLICABLE PHYSICIAN ADVOCACY ORGANIZATIONS
The Florida Medical Association (FMA) and its AMA Delegation is directed to work with any appropriate physician advocacy organization, unless specifically directed otherwise by the resolution in question, when a resolution passed in its House of Delegates calls for the FMA to work with the AMA. *(Res 10-203, HOD 2010) (Reaffirmed HOD 2019)*

P 55.010 AMA MAKE BALANCE BILLING ITS HIGHEST PRIORITY
The Florida Medical Association (FMA) requests the American Medical Association (AMA) make private contracting one of its highest priorities; and further requests that the AMA work to allow participating and non-participating physicians to privately contract with Medicare patients and make available allowable Medicare payments toward services provided. *(Amended Sub Res 11-202, HOD 2011) (Reaffirmed HOD 2019)*

P 55.011 PROFESSIONAL SERVICES VS. EVALUATION AND MANAGEMENT SERVICES CPT CODES (ARCHIVED)
(Res 11-416, HOD 2011) (Sunset HOD 2019)

P 55.012 FMA TO ENCOURAGE AMA MEMBERSHIP
The Florida Medical Association will enhance and intensify its efforts to encourage its members to become members of the American Medical Association. *(Res 17-201, HOD 2017)*

P 55.013 KEEP PATIENT SATISFACTION SEPARATE FROM REIMBURSEMENT AND INCENTIVES
The Florida Medical Association takes a public stance on keeping patient satisfaction scores separate from physician payment and incentive bonuses. The Florida delegation to the American Medical Association encourage a national stance on keeping patient satisfaction scores separate from physician payment and incentive bonuses. *(Res 17-402, HOD 2017) (Reaffirmed HOD 2025)*

P 55.014 PHYSICIANS FOR THE PROTECTION OF PRIVATE INFORMATION
The Florida Medical Association will make a request to the AMA to make participation in the Data Restriction Program more transparent as well as clarify the "Do not Release Policy" and "The No Contract Status" making them easier to work with and opt out of; further, the FMA will educate physicians on the AMA's Masterfile via an article published through one of their newsletters. This article should include information on how their private information is used and how to opt out of this system via the Data Restriction Program if they are inclined to do so. *(Res 22-408, HOD 2022)*

P 55.015 REQUEST FMA REVIEW OF AMA CPT CODE ROYALTIES
The FMA will work with all willing state medical societies and associations to conduct a timely review of the current arrangement between the AMA and any 3rd parties regarding CPT coding royalties, and conduct a review of how the money received from the CPT codes are spent; the FMA will provide the results of this review at the next annual meeting. *(Res 23-304, 2023 HOD)*

P 60.000 BLOOD

P 60.001 EXTENDING THE STATUTE OF LIMITATIONS FOR BLOOD BANKS
The Florida Medical Association opposes legislation that expands the statute of limitations for litigation involving blood banks. *(BOG January 1992) (Reaffirmed HOD 2002) (Reaffirmed HOD 2010) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P. 60.002 FMA SUPPORT OF A CONTINGENT BLOOD SUPPLY IN FLORIDA
The FMA supports a system for contingent blood supply in the State of Florida.

P 65.000 BOARD OF MEDICINE

P 65.001 PRESIDENT'S LETTER TO THE FLORIDA BOARD OF MEDICINE
The Florida Medical Association opposes changing the ratio of physicians to consumers on the Board of Medicine. *(BOG October 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 65.002 BOARD OF MEDICINE'S COUNCIL OF PHYSICIAN ASSISTANTS *(ARCHIVED) (BOG October 2006) (Sunset HOD 2014)*

P 65.003 MEDICAL LICENSURE APPLICATION – MENTAL DISORDER/IMPAIRMENT (ARCHIVED)
(BOG May 2011) (Sunset HOD 2019, superseded by more recent policy)

P 65.004 PHYSICIAN ASSISTANT ON THE BOARD OF MEDICINE (ARCHIVED)
(BOG October 2011) (Sunset HOD 2019, obsolete)

P 65.003 RIGHT OF PHYSICIANS TO FOLLOW THEIR CONSCIENCE
That the FMA staff will gather information on any credible allegation of an organization attempting to discipline a physician for exercising their rights of conscience as set forth in s. 381.00321, Florida Statutes and report the findings to the Board of Governors. *(October BOG, 2023; Substitute Resolution 23-113)*

P 70.000 CANCER

P 70.001 PROSTATE CANCER SCREENING *(ARCHIVED)*
(BOG July 2003) (Sunset HOD 2011)

P 70.002 BREAST CANCER RISK FACTORS *(ARCHIVED)*
(BOG November 2003) (Sunset HOD 2011)

P 70.003 CHILDHOOD MELANOMA AND SKIN CANCER SAFE SUN
The Florida Medical Association supports a Florida policy that schools allow students to wear sun-protective clothing, including but not limited to hats while outdoors on campus; and further supports teacher education and teacher advocacy for student sun protection; and further supports outreach to students identified as high risk by family history of melanoma, fair skin with easy burning, and atypical moles for special programs including protection of skin during school hours. *(Res 05-5, HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 70.004 PROSTATE CANCER SCREENING
The Florida Medical Association supports legislation that would require health insurance companies to provide prostate cancer screening for men over 40. *(BOG October 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 70.005 INSURANCE COVERAGE FOR CANCER PATIENTS ENROLLED IN CLINICAL TRIALS
The Florida Medical Association adopts as policy the American Medical Association policy: H-460.965 Viability of Clinical Research Coverage and Reimbursement. (*Sub Res 08-4, HOD 2008)(Reaffirmed with technical amendment HOD 2016) (Reaffirmed HOD 2024)*

P 70.006 COLON CANCER SCREENING
The Florida Medical Association supports legislation that would require health insurers to cover colon cancer screening tests. *(BOG October 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 70.007 ESOPHAGEAL CANCER AWARENESS *(ARCHIVED)*
(BOG October 2010) (Reaffirmed with technical amendment HOD 2018) (Sunset HOD 2026)

P 70.008 LUNG CANCER SCREENING TO BE CONSIDERED STANDARD OF CARE
The Florida Medical Association recognizes the importance of Lung Cancer Screening and recommends the coverage of lung cancer screening for high risk patients by Medicare, Medicaid, and private health insurers be required as the key to ensuring that everyone at risk has a fair and equitable opportunity to survive a lung cancer diagnosis; and further requests the AMA do the same. *(Amended Res 13-406, HOD 2013) (Reaffirmed HOD 2023)*

P 70.009 MEDICAID OUTCOMES
The Florida Medical Association should seek or conduct a study regarding the reasons for the disparities in health outcomes between cancer patients who are Medicaid recipients and those with private insurance. The study should include the effect of low reimbursement, the effect of non-compliance and personal health habits, and the effect of managed care on treatment outcomes. *(Amended Res 17-105, HOD 2017) (Reaffirmed HOD 2025)*

P 70.010 REMOVING BARRIERS FOR MEDICARE PATIENTS TO COLORECTAL SCREENING ACT
The Florida Medical Association will send a letter urging support and co-sponsorship of the Removing Barrier to Colorectal Cancer Screening Act (HR 1570/ S 668) to each member of the Florida Congressional delegation. *(Res 19-107, HOD 2019)*

P 75.000 CARDIOLOGY

P 75.001 DIRECT ACCESS EMERGENCY CARDIAC CARE
The Florida Medical Association supports a policy that requires direct access without delay for emergency cardiac care. *(Res 99-50, HOD 1999) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 75.002 CARDIOLOGY SERVICES
The Florida Medical Association opposes legislation that establishes protocols for the assessment, treatment, and destination selection and transportation of suspected cardiac patients to include a destination selection criterion for suspected STEMI patients. *(BOG October 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 80.000 CENTERS FOR MEDICARE AND MEDICAID SERVICES – CMS

P 80.001 SANCTION PROCESS
The Florida Medical Association supports the American Medical Association's request to the Centers for Medicare and Medicaid Services (CMS) that the current sanction process be revised to allow for adequate due process for physicians being considered for sanction and that all appropriate appeals be exhausted before a sanction is imposed and made public. *(BOG June 1987) (Reaffirmed HOD 1997) (Reaffirmed BOG 2007) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 80.002 TOLL-FREE TELEPHONE NUMBERS
The Florida Medical Association (FMA) demands that the Centers for Medicare and Medicaid Services (CMS) install competently staffed toll-free telephone lines for all physicians in the state of Florida. *(Res 89-53, HOD 1989) (Reaffirmed June 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 80.003 NOMINATION OF DONALD BERWICK TO HEAD THE CENTER FOR MEDICARE AND MEDICAID SERVICES (ARCHIVED)
(BOG May 2010) (Sunset HOD 2018)

P 80.004 DOW JONES LAWSUIT (ARCHIVED)
(BOG February 2011) (Sunset HOD 2019)

P 80.005 ELIMINATE ICD-10 (ARCHIVED)
Res 12-406, HOD 2012) (Sunset HOD 2021)

P 80.006 SUSPEND HCAHPS RATING SYSTEM
The Florida Medical Association demands that Centers for Medicare and Medicaid Services (CMS) suspend Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) ratings until a valid scoring system can be adopted and further requests the AMA to do the same. *(Res 13-403, HOD 2013) (Reaffirmed HOD 2023)*

P 80.007 ENDING MEDICARE ADVANTAGE AUTO ENROLLMENT
The Florida Medical Association calls on the Centers for Medicare and Medicaid Services (CMS) to immediately end the procedure of "auto-enrollment" of patients into Medicare Advantage Plans. *(Res 16-412, HOD 2016)*

P 85.000 CERTIFICATE OF NEED

P 85.001 CON AND LOCAL HEALTH COUNCILS (ARCHIVED)
(BOG October 1983) (Reaffirmed BOG Rpt A, HOD 1994) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Sunset HOD 2023; 2019 repealed significant portions of Florida's CON program)

P 85.002 ENDING CERTFICIATE OF NEED LAWS TO EXPAND ACCESS TO CARE (ARCHIVED)
(*Res 12-314, BOG February 2013) (Sunset HOD 2023, 2019 legislation repealed significant portions of Florida's CON program. The FMA's opposition to bans on physician ownership is addressed in P 235.017 Health System Principles)*

P 90.000 CHILDREN & HEALTH

P 90.001 FINGERPRINTING OF CHILDREN
The Florida Medical Association endorses programs of voluntary fingerprinting of children as an aid in identifying missing persons. *(BOG October 1984) (Reaffirmed BOG Rpt A, HOD 1994) (Reaffirmed HOD 2005) (Reaffirmed as amended with editorial change HOD 2013) (Reaffirmed HOD 2023)*

P 90.002 FETAL AND INFANT DEATHS
The Florida Medical Association encourages all county medical societies to support the Fetal and Infant Mortality Review, a project of local county Healthy Start coalitions; and further strongly encourages Florida physicians to cooperate with this non-discoverable review process by releasing records if requested to do so and by voluntarily serving on these committees. *(Res 95-38, HOD 1995) (Reaffirmed as amended HOD 2005*) *(Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 90.003 IMPACT OF NON-RECURRING FUNDS ON CHILDREN'S MEDICAL SERVICES *(ARCHIVED)*
(*Res 03-48, HOD 2003) (Sunset HOD 2011)*

P 90.004 CHILDHOOD OBESITY *(ARCHIVED)*
(BOG March 2003) (Sunset HOD 201)

P 90.005 ETHICAL TREATMENT OF PRENATAL INMATES - (*ARCHIVED)*
(Res 03-24, HOD 2003) (Sunset HOD 2011)

P 90.006 INCREASE AWARENESS OF CHILDHOOD DENTAL CARE
The Florida Medical Association shall work in conjunction with the Florida Dental Association to increase awareness of preventative dental care in the community aimed at parents to help get their children the

prophylaxis needed to lessen acute dental emergencies presenting to Florida emergency departments. *(Res 04-32, BOG November 2004) (Reaffirmed as amended HOD 2012) (Reaffirmed HOD 2021)*

P 90.007 MODIFY AHCA PROCESS FOR PRESCRIPTION OF PRIVATE DUTY NURSING FOR SPECIAL NEEDS CHILDREN *(ARCHIVED)*
(Res 05-72, HOD 2005) (Sunset HOD 2013)

P 90.008 ENDORSEMENT FOR WALKING/BIKING TO SCHOOL
The Florida Medical Association encourages walking and biking to school, wherever safe routes are available. *(Res 07-2, HOD 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 90.009 FLORIDA KIDCARE *(ARCHIVED)*
(Amended BOG Supp. Rept. C-4, HOD 2008)(Reaffirmed HOD 2016)(Sunset HOD 2024)

P 90.010 PHYSICAL EXAMS FOR CHILDREN AND ADOLESCENTS IN ORGANIZED ATHLETICS
The Florida Medical Association seeks legislation allowing only licensed allopathic and osteopathic physicians and their designated Physician Assistants and Advanced Registered Nurses Practitioners to perform pre-participation physicals. *(Sub Res 08-1, HOD 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 90.011 COMMENDATION FOR THE FLORIDA MEDICALLY-LED CHILD PROTECTION TEAM MODEL
The Florida Medical Association supports Children's Medical Services in its ongoing efforts to maintain a non-biased medical focus on the assessment of child abuse; and further encourages other states to adopt the Child Protection Team system in Florida as a national model of excellence. *(Res 08-52, HOD 2008) (Reaffirmed with technical amendment HOD 2016) (Reaffirmed HOD 2024)*

P 90.012 BOOSTER SEATS REQUIRED FOR CHILDREN (ARCHIVED)
(Amended Res 09-2, HOD 2009) (Sunset HOD 2018)

P 90.013 BOOSTER SEAT LAW SUPPORT
The Florida Medical Association shall continue to work collaboratively with county medical societies, specialty medical societies, the FMA Alliance, and with public health and child-advocacy organizations to support and ensure passage of legislation requiring that all children 4 through 7 years of age and less than 4'9" be properly restrained in either a crash-tested, federally-approved children's car seat or booster seat, appropriate for the child's height and weight. *(Amended Res 10-311, HOD 2010) (Reaffirmed with technical change HOD 2018) (Reaffirmed HOD 2026)*

P 90.014 ADVOCATING CHILDREN'S ISSUES
The Florida Medical Association (FMA) is directed to issue a press statement at the beginning of "Children's Week" during each Florida legislative session to the effect of: "Florida has the 4th largest childhood population in the United States and the FMA encourages the Florida Legislature to strongly consider the importance of the physical and mental well-being of children to the future of our State as they make decisions that impact Florida's children." *(Res 11-107, HOD 2011) (Reaffirmed HOD 2019)*

P 90.015 ENSURING PAYMENT FOR NEWBORN CARE
The Florida Medical Association supports legislation ensuring a newborn's medical care is covered under the mother's health insurance for the first 30 days of life and that the newborn's insurance be active at the time of

birth with no additional costs for the policyholder during the first 30 days and regardless of whether or not the child is registered. *(Sub Res 11-304, HOD 2011) (Reaffirmed HOD 2019)*

P 90.016 NEWBORN SCREENING TO DETECT THE PRESENCE OF SEVERE COMBINED IMMUNODEFICIENCY DISEASE (SCID'S) (ARCHIVED)
(Amended Res 11-321, HOD 2011) (Sunset HOD 2019; The DOH currently screens all babies born in Florida for SCID)

P 90.017 PENALTIES FOR CARETAKERS WITHHOLDING INFORMATION FROM PHYSICIANS/HEALTH CARE PROFESSIONALS CARING FOR A CHILD
The Florida Medical Association supports legislation that would make it a crime for caretakers to purposely withhold and/or provide false or misleading information to treating physicians/health care professionals regarding the true nature of a child's injury or condition. *(Res 12-313, HOD 2012) (Reaffirm HOD 2022)*

P 90.018 NEONATAL PULSE OXIMETRY HEART DISEASE - ARCHIVED
(Amended Res 12-318, HOD 2012) (Sunset HOD 2022)

P 90.019 CHILD DEATH REVIEW COMMITTEES AND INFANT CO-SLEEPING DEATHS (ARCHIVED)
(*Amended Res 13-111, HOD 2013)* (Sunset HOD 2023)

P 90.020 PROHIBITING MINORS FROM INDOOR TANNING
The Florida Medical Association (FMA) supports current and future legislative efforts to ban the use of indoor tanning amongst minors (under the age of 18). (*Res 14-108, HOD 2014) (Reaffirm HOD 2022)*

P 90.021 FMA SUPPORTS LAW PROHIBITING SALE OF FETAL BODY PARTS
The FMA supports established federal law that prohibits the sale of fetal body parts. *(Sub Res 15-111, BOG January 2016) (Reaffirmed HOD 2024)*

P 90.022 LOCAL ALLIANCES FOR DRUG ENDANGERED CHILDREN *(ARCHIVED)*
(Res 18-110, HOD 2018) (Sunset HOD 2026)

P 90.023 MEDICAL DIRECTOR AND PHYSICIAN INVOLVEMENT IN TREATMENT FACILITIES
The Florida Medical Association will request that Department of Children and Families modify the existing rules in Chapter 65D-30 by requiring a qualified physician to serve as Medical Director for each and every component of care; ensuring the involvement of a psychiatrist or other qualified physician licensed under Chapter 458 or 459, Florida Statutes, for evaluation and treatment recommendations; determination of admission/discharge; and, overseeing the provision of medically-indicated evidence-based treatment with proper documentation. *(Res 18-105, HOD 2018) (Reaffirmed HOD 2026)*

P 90.024 LOCAL SAFE KID COALITION
The FMA supports the development of local Safe Kids coalitions that provide leadership in their communities and work to reduce unintentional childhood injury and death by identifying and targeting the most common injury problems in their local areas, and, by combining the resources of their diverse membership, they can plan and implement strategies to address those problems by educating adults and children, creating safe environments, conducting research, and by advocating for effective policies; further that the FMA encourages physicians to partner with their local Safe Kids coalitions that are reaching out to their communities with injury prevention messages, safety devices, and hands-on training. *(Res 19-101, HOD 2019)*

P 90.025 OPPOSING SEXUAL ORIENTATION THERAPY
The Florida Medical Association opposes the practice of imposed sexual orientation change efforts, often termed conversion therapy, directed toward minors. *(Amended Res 19-106, HOD 2019)*

P 90.026 DIRECT ACCESS BY CHILD ABUSE PEDIATRICIANS TO PATIENT CARE
The Florida Medical Association supports legislation to allow Child Abuse Pediatricians to be directly consulted by hospital medical teams concurrently with statutorily required DCF notification. *(Res 23-316, HOD 2023)*

P 90.027 EXPANDING PEDIATRIC PRIMARY CARE AUTISM DIAGNOSIS AND EARLY INTERVENTION ACCESS IN FLORIDA
Our Florida Medical Association supports a simplified diagnostic process for PCPs to diagnose ASD in ages 18-48 months using validated screening and diagnostic tools at discretion of PCP (e.g., M-CHAT-R/F, STAT, CARS-2, DSM-5, RITA-T criteria) to streamline access to early interventions without requiring a diagnosis by a sub-specialist; and further, our Florida Medical Association advocates for increased payment rates for diagnosing autism spectrum disorder in toddlers (aged 18 months to 48 months) for all physicians practicing within their scope of practice, and for payors to eliminate barriers that restrict payment for appropriate testing under 3 years of age. *(Res 25-102, adopted as amended, HOD 2025)*

P 90.028 DECLARING ULTRA-PROCESSED FOOD A PRIMARY DRIVER OF THE PEDIATRIC CHRONIC DISEASE EPIDEMIC AND CALLING FOR NUTRITIONAL STANDARDS REFORM IN FEDERAL FOOD ASSISTANCE PROGRAMS
The Florida Medical Association will declare ultra-processed food consumption a leading and addressable driver of the pediatric obesity epidemic in Florida and the United States; and the FMA supports the implementation of nutritional standards for school meals, childcare food programs, and federal programs that limit the availability of ultra-processed foods to children. *(Res. 26-103, adopted with substitute language, HOD 2026)*

P 95.000 CLINICS

P 95.001 MINI-CLINICS
The Florida Medical Association advocates that when medicine is practiced in mini-clinics, that such practice be subject to the same clinical, financial, and regulatory standards as community physicians. *(BOG May 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 95.002 RETAIL BASED CLINICS AND REGULATIONS OF SCOPE OF PRACTICE IN SUCH CENTERS
The Florida Medical Association seeks through advocacy to encourage educational efforts for the public consumer on the risk and benefits of non-medical home facilities and that regulators maintain strict health care safety performance and quality criteria for such ventures; and urges that there be strict enforcement of the scope of practice including physician supervision, if applicable, in all such ventures in the state of Florida. *(Sub Res 07-23, HOD 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 95.003 PHARMACY-BASED CLINICS
The Florida Medical Association seeks legislation regulating the practice of pharmacy-based clinics. *(Res 07-36, HOD 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 95.004 FOCUSING PILL MILL RULES ON PILL MILLS
The Florida Medical Association is directed to work with all medical specialties in Florida to define legislative and other language to prevent unintended and substantial negative impact on patients and

physician practices related to overly broad definitions and legislation of pain management clinics. *(Res 10-312, HOD 2010) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 95.005 ALLOWING STATE LAW REGULATING PAIN MANAGEMENT CLINICS TO SUPERSEDE LOCAL ORDINANCE(S)

The Florida Medical Association pursues legislation which allows state law regarding the standards of practice and registration of pain clinics to supersede any local ordinance regarding the same and explicitly prohibit counties and municipalities from passing any such laws. *(Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 95.006 STANDING RETAIL CLINICS/ CLINIC RESPONSIBILITIES AND ACCESS TO MEDICAL RECORDS

The FMA will take proactive steps to assist physicians in filing complaints with the appropriate government authority against medical clinics who render substandard care, fail to provide medical records in a timely manner, or who otherwise violate Florida statutes, rules or regulations. *(Substitute Res 16-106 HOD, BOG Oct 2016) (Reaffirmed HOD 2024)*

P 100.000 CONTRACEPTION

P 100.001 ACCESS TO EMERGENCY CONTRACEPTION

The Florida Medical Association (FMA) adopts policy of the American Medical Association (AMA) concerning access to emergency contraception and pharmacies and pharmacists' duty to fill prescriptions as developed at the 2005 AMA Annual Meeting as follows:

That our AMA reaffirm policies supporting responsibility to the patients as paramount in all situations and the principle of access of medical care for all people; and be it further that our AMA support legislation that requires individual pharmacists or pharmacy chains to fill legally valid prescriptions or provide immediate referral to an appropriate alternative dispensing pharmacy without interference; and be it further that our AMA work with state medical societies to support legislation to protect patients' ability to have legally valid prescriptions filled; and be it further that our AMA enter into discussions with relevant associations (including but not limited to the American Hospital Association, American Pharmacists Association, American Society of Health System Pharmacists, National Association of Chain Drug Stores, and National Community Pharmacists Association) to guarantee that, if an individual pharmacist exercises a conscientious refusal to dispense a legal prescription, a patient's right to obtain legal prescriptions will be protected by immediate referral to an appropriate dispensing pharmacy."

The FMA will work with appropriate organizations to support state legislation that will allow physicians to dispense medication to their own patients when there is not a pharmacist within a thirty mile radius who is able and willing to dispense that medication. *(Res 05-35; HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 104.000 CREDENTIALING

P 104.001 ECONOMIC CREDENTIALING
The Florida Medical Association reaffirms opposition to legislation that permits hospitals to credential physicians for staff privileges solely on the basis of economic criteria. *(BOG January 1992) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 104.002 ECONOMIC CREDENTIALING *(ARCHIVED)*
(BOG Rpt D, A-1993) (Reaffirmed HOD 2003) (Sunset HOD 2011)

P 104.003 UNIFORM CREDENTIALING FORM FOR PHYSICIANS
The Florida Medical Association shall promote the acceptance of a single uniform physician credentialing form to be used by all managed care companies and hospitals in the state of Florida for initial credentialing and for recredentialing. *(Res 94-48, BOG Rpt D, HOD 1995) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 104.004 ECONOMIC CREDENTIALING – DUAL STANDARDS
The Florida Medical Association opposes a hospital's use of a dual standard for credentialing, allowing hospital contracted physician groups the right to obtain staff privileges for new associates, and not allowing non-contracted physician groups the same privilege; and further will act on this policy by advocating legislation in Florida that will expressly prohibit the use of a dual standard for credentialing. *(Res 97-65, HOD 1997) (Reaffirmed BOG 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 104.005 ECONOMIC PROFILING OF PHYSICIAN CARE IN FLORIDA
The Florida Medical Association opposes arbitrary use and abuse of economic profiling and credentialing of physicians by government and private entities for use in health insurance and other health programs; and further seeks legislation and administrative code that specifically prohibits the arbitrary use and abuse of economic profiling and credentialing of physicians by government payers, health insurance carriers and any other private entity in the state of Florida; and further explore the feasibility of legal action designed to prevent the arbitrary use and abuse of economic profiling and credentialing of physicians in Florida. *(Res 06-10, HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 104.006 PROVIDER INSURANCE CREDENTIALING DELAY
The Florida Medical Association will survey its members within the next 6 months to gain insight into issues members are having with delays in credentialing; and be it further the Florida Medical Association will work on behalf of its members with the appropriate agency to address issues with specific payers, if systematic credentialing delays are noted with a payer or class of payers. To be included in the potential remedies considered is pursuit of regulations that mandate insurer response to a credentialing application within 90 days of submission. *(Res 18-401, HOD 2018)*

P 104.007 EXPEDITED CREDNTIALING
The FMA will support legislation to require health plans and health systems to utilize the Coalition for Affordable Quality Healthcare (CAQH) standard credentialing application; and further support legislation to require health plans to offer expedited credentialing to physicians who join in-network practices, such as currently prescribed by Texas Law; and further support legislation to require health plans to conclude the process of credentialing and loading applicant information into their billing systems within sixty calendar days after the receipt of a complete application and to provide notice as to whether the application was approved or denied within seven calendar days after the conclusion of the credentialing process. *(Motion 1-19-08, January BOG, 2019)*

P 105.000 CRIME

P 105.001 INSANITY PLEA *(ARCHIVED)*
(Res 84-02, HOD 1984) (Reaffirmed HOD 1995) (Reaffirmed HOD 2005) (Sunset HOD 2013)

P 105.002 CRIMINAL PENALTIES FOR NEGLIGENCE
The Florida Medical Association supports taking appropriate action in the development of its judicial, legislative and other legal initiatives to formulate, promote and encourage measures to deter, dissuade or otherwise discourage legal actions involving unwarranted criminal charges or penalties against medical doctors and health care practice groups. *(Res 95-40, HOD 1995) (Reaffirmed HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 105.003 DECRIMINALIZATION OF MEDICAL DECISIONS
The Florida Medical Association, through its public information, education, legislative action, and American Medical Association (AMA) Delegation, stands against and decries the indiscriminate use of criminal prosecution against physicians. *(Res 98-55; HOD 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2016)*

P 105.004 PROHIBITION OF CRIMINAL PROSECUTION LEGISLATION
The Florida Medical Association supports as a priority, legislation that would prohibit criminal prosecution against physicians for the practice of medicine, absent a clear and convincing showing of harmful intent. *(Res 98-40; HOD 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 105.005 DOMESTIC VIOLENCE *(ARCHVIED)*
(BOG January 1999) (Reaffirmed HOD 2009) (Sunset HOD 2017)

P 105.006 MANAGEMENT OF SEX OFFENDERS
The Florida Medical Association (FMA) seeks legislation to make judges aware of this rule and require the courts to strongly enforce Florida's 1997 Chemical Castration Statute (Florida Statutes 794.0235); and further the FMA seeks legislation to amend Florida Statutes 794.0235, substituting Luteinising Hormone Releasing Hormone (LHRH) analogues, or other appropriate pharmacologic agent, for Medroxyprogesterone acetate (MPA) in conjunction with psychotherapy due to their higher effectiveness, safety profile, and reversibility. *(Res 05-52, HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 110.000 DEPARTMENT OF HEALTH (FLORIDA)

P 110.001 COLLECTION OF WORKFORCE DATA
The Florida Medical Association shall continue to work with the Florida Department of Health to encourage the collection of effective workforce analysis data as it relates to the need for additional graduate and undergraduate positions in Florida. *(BOG November 2004) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 110.002 COLLECTION OF WORKFORCE DATA
(BOG October 2005) (Sunset HOD 2013)

P 110.003 MAINTAINING A SEPARATE FLORIDA DEPARTMENT OF HEALTH
The Florida Medical Association reaffirms its support of a separate Department of Health should a legislative discussion come forward to combine the Florida Department of Health and the Agency for Health Care Administration or the alcohol, drug, and mental health component of the Department of Children and Families. *(BOG May 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 110.004 SUPPORT DOH INFORMATION TECHNOLOGY PROJECTS *(ARCHIVED)*
(Res 08-47, HOD 2008) (Sunset HOD 2016)

P 110.005 SUPPORT OF FLORIDA POISON CONTROL CENTER
The Florida Medical Association unequivocally supports the present organizational structure with data acquisition, protocol and scope of practice activities of the State of Florida's Poison Control Center. *(BOG February 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 110.006 MERGER THE DEPARTMENT OF HEALTH AND AHCA *(ARCHIVED)*
(BOG February 2009) (Sunset HOD 2017)

P 110.007 DEPARTMENT OF HEALTH – POSTING OF DISCIPLINARY ACTIONS
The Florida Medical Association objects to the public reporting of disciplinary actions on the Florida Department of Health's website before a sufficient amount of time to consider a judgment of dismissal has occurred. *(BOG May 2010) (Reaffirmed HOD 2018)*

P 110.008 DEPARTMENT OF HEALTH - INTERACTIVE MAPS
The Florida Medical Association supports and promotes the Florida Department of Health's interactive maps as a tool to understand and communicate state and community health data via its website and other electronic means. *(BOG July 27, 2010) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 110.009 FLORIDA HEALTH AND TRANSITION SERVICES
The Florida Medical Association supports the Florida Health and Transition Services (FloridaHATS) initiative, a Department of Health collaborative program designed to ensure successful transition from pediatric to adult health care for all youth and young adults in Florida. *(BOG May 2011) (Reaffirm HOD 2019)*

P 110.010 SUPPORT FOR DEPARTMENT OF HEALTH DURING PROPOSED REORGANIZATION, AUGUST, 2011

The Florida Medical Association shall emphasize and reinforce the following key items ~~during a public hearing scheduled for August 4, 2011~~ as essential to not only maintain but to enhance the health care system of the great State of Florida, to wit:

- The position of Surgeon General/Secretary of the Department of Health, if the positions are to be separated in a future reorganization plan, that both positions be statutorily mandated to be filled by a physician licensed under F.S. 458 or F.S. 459;
- On any future reorganization plan in which the Department of Health is proposed to be amalgamated with other State Agencies, that the Secretary of this newly created Department must be a physician licensed under F.S. 458 or F.S 459;
- The present Division of Medical Quality Assurance (MQA)in the Department of Health be maintained in its present organizational format and not be transferred to another State Agency such as but not limited to the Department of Business and Professional regulation;
- That the position of the present statutorily mandated Deputy Secretary for Children's Medical Services and Deputy State Health Officer for Children be maintained with a realignment of the children's health mission in any reorganizational plan and that this positions be filled as soon as feasible;
- That the present Children's Medical Services (CMS) Network, physician led and directed, should be maintained in the Department of Health and not outsourced to the Agency for Health Care

Administration in which physician influence and delivery of quality enhanced child health programs would presumably be markedly diluted;
- Maintaining and expanding the present Children's Medical Services provider service network for both specialty and primary care should remain a top priority under physician direction to allow them parity in competing with traditional health maintenance organizations (HMO) which frequently have little or no direct physician involvement or direction and depend on rudimentary quality child health measures not comparable with the Children's Medical Services Network; and
- The present physician directed Child Protection Teams (CPT's) under Children's Medical Services deal with multi-faceted problems and challenges of child abuse and should remain with adequate recurring funding in the Department of Health and not be transferred as proposed to the Department of Children and Families (DCF).

(Res 11-323, HOD 2011) (Reaffirmed with technical amendment HOD 2019)

P 110.011 DOH ACCESS TO HOSPITAL MEDICAL RECORDS
The Florida Medical Association supports legislative language being sought by the Department of Health (DOH) that would give the DOH the same access to hospital medical records that the Agency for Health Care Administration has. *(BOG October 2011) (Reaffirmed HOD 2019)*

P 110.012 AUTHORITY TO ISSUE EMERGENCY SUSPENSION ORDER (ARCHIVED)
(BOG October 2011) (Sunset HOD 201; the DOH was unsuccessful in passing this legislation and P 110.013 retains the FMA's position on this policy.)

P 110.013 MEDICAL LICENSE SUSPENSION POWERS
The Florida Medical Association opposes any attempt to broaden the medical license suspension powers of the Department of Health based only on the arrest of a physician. *(BOG October 2011) (Reaffirm HOD 2019)*

P 115.000 DISABLED

P 115.001 HEARING IMPAIRED
The Florida Medical Association opposes any legislation that increases the cost of hearing interpreters. *(BOG Rpt C-1, HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 115.002 GUARDIANSHIP REFORM
The Florida Medical Association (FMA) supports legislation to effectively improve protections of incapacitated persons in the guardianship statutes and processes. (*Res 14-308 HOD) (Reaffirmed HOD 2023)*

P 120.000 DISASTER PREPAREDNESS

P 120.001 CONTINUITY OF EDUCATION DURING DISASTER (*ARCHIVED)*
(BOG October 2005) (Reaffirmed HOD 2014) (Sunset HOD 2014)

P 120.002 CONTINUANCE OF HEALTH RELATED RESEARCH – ARCHIVED
(BOG October 2005) (Reaffirmed HOD 2014) (Sunset HOD 2022)

P 120.003 PERMANENT STORAGE OF MEDICAL EDUCATION RECORDS – ARCHIVED
(BOG October 2005) (Reaffirmed HOD 2014) (Sunset HOD 2022)

P 120.004 ASSURE PORTABILITY OF RESIDENT PHYSICIAN EDUCATION *(ARCHIVED)*
(BOG October 2005) (Sunset HOD 2013)

P 120.005 DISASTER SECURITY OVERSIGHT COUNCIL *(ARCHIVED)*
(BOG October 2005) (Sunset HOD 2014)

P 120.006 PHYSICIAN VOLUNTEERS DURING DISASTER *(ARCHIVED)*
(BOG October 2005) (Sunset HOD 2013)

P 120.007 DISASTER PREPAREDNESS COURSE *(ARCHIVED)*
(BOG April 2007) (Sunset HOD 2017)

P 120.008 SOUTHEAST REGIONAL PEDIATRIC DISASTER SURGE RESPONSE NETWORK (ARCHIVED)
(BOG May 2011) (Sunset HOD 2019; obsolete)

P 125.000 DRUGS – ABUSE

P 125.001 SUBSTANCE ABUSE TREATMENT CENTERS
The Florida Medical Association adopts policy for increasing awareness of substance abuse treatment centers in Florida as follows: (1) Education (a) stress prevention at an early age; (b) encourage early referrals for treatment; (c) educate the public and health care professionals as to screening, treatment and other resources available. (2) Funding (a) encourage funding from private insurers and government funding; (b) reduce cost of care while effectively treating the person with substance abuse; (c) encourage parity for treatment of substance abuse from both private and government insurers; (d) seek cost-effective methods of care and reduce recidivism while encouraging research and utilization evidence-based medicine. *(BOG November 2004) (Reaffirmed as amended HOD 2012) (Reaffirmed HOD 2021)*

P 125.002 SCREENING AND BRIEF INTERVENTION MEASURES
The Florida Medical Association supports the development and promotion of continuing medical education programs instructing physicians on how to conduct substance abuse and addiction screening and brief intervention modalities; and further supports legislation that would mandate health plans to reimburse doctors for substance abuse and addiction screening and brief intervention modalities. *(Res 07-10, HOD 2007) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 125.003 FULL FORCE AND EFFECT ACROSS COUNTY LINES OF ORDERS FOR INVOLUNTARY SUBSTANCE ABUSE EVALUATION AND TREATMENT SERVICES (MARCHMAN ACT)
The Florida Medical Association shall proffer language to the Florida Legislature that Involuntary Evaluation and Treatment Orders shall be administered with full force and effect across county lines. *(Res 10-108, HOD 2010) (Reaffirmed 2018) (Reaffirmed HOD 2026)*

P 125.004 ACCESS TO EVIDENCE BASED OPIOID DISORDER TREATMENT IN FLORIDA CORRECTONAL FACILITIES
The FMA support AMA Policy H-430.987 Medications for Opioid Use Disorder in Correctional Facilities, and work collaboratively with the AMA to accomplish the goals set forth by H-430.987 in Florida.

H-430.987 Medications for Opioid Use Disorder in Correctional Facilities H-430.987
1. Our AMA endorses: (a) the medical treatment model of employing medications for opioid use disorder (OUD) as the standard of care for persons with OUD who are incarcerated; and (b) medications for persons with OUD who are incarcerated, an endorsement in collaboration with relevant organizations

including but not limited to the American Society of Addiction Medicine and the American Academy of Addiction Psychiatry.
2. Our AMA advocates for legislation, standards, policies and funding that require correctional facilities to increase access to evidence-based treatment of OUD, including initiation and continuation of medications for OUD, in conjunction with psychosocial treatment when desired by the person with OUD, in correctional facilities within the United States and that this apply to all individuals who are incarcerated, including individuals who are pregnant, postpartum, or parenting.
3. Our AMA advocates for legislation, standards, policies, and funding that require correctional facilities within the United States 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 United States Food and Drug Administration for the treatment of an opioid overdose), and help ensure post-incarceration medical coverage and accessibility to mental health and substance use disorder treatments, that include medication and behavioral health and social supports for addiction treatment.
4. Our AMA advocates for all correctional facilities 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.
(Res 21-311, substitute language adopted June BOG 2022, 03-22-09)

P 125.005 DESTIGMATIZING THE LANGUAGE OF ADDICTION
The Florida Medical Association will encourage the use of non-stigmatizing terminology regarding substance use and addiction among all physicians and Florida healthcare facilities by connecting them to educational resources (i.e. websites, educational videos, podcasts, etc.). *(Res 24-104, HOD 2024)*

P 125.006 EXPANDING THE USE AND AVAILABILITY OF MEDICATION-ASSISTED TREATMENT FOR OPIOID USE DISORDER IN FLORIDA
Our Florida Medical Association supports legislation that eliminates barriers and reduces stigma to Medications for Opioid Use Disorder programs, and further supports legislation that will increase state funding to expand the quantity and improve the quality of Medications for Opioid Use Disorder programs. *(Res 25-301, adopted as amended, HOD 2025)*

P 130.000 DRUGS – PRESCRIBING AND DISPENSING

P 130.001 VERIFYING PRESCRIPTIONS
The Florida Medical Association supports the cooperation of physicians with pharmacists in ascertaining the legitimacy of individual prescriptions, whether ordered by verbal or written means and to verify these prescriptions with the pharmacist personally whenever possible. *(BOG Rpt B, HOD 1985) (Reaffirmed A-95) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 130.002 INTRACTABLE PAIN *(ARCHIVED)*
(BOG March 1991) (Reaffirmed HOD 2001) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Sunset HOD 2025)

P 130.003 EXEMPTION OF ER PHYSICIANS FROM DISPENSING PRACTITIONER REGULATIONS
The Florida Medical Association supports the exemption from the dispensing practitioner regulations, physicians working in emergency departments who dispense from the hospital pharmacy up to 48 hours

worth of necessary medications to their patients. *(Res 97-37, HOD 1997) (Reaffirmed BOG 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 130.004 PHARMACISTS
The Florida Medical Association opposes legislation permitting pharmacists to order and prescribe medications and drug therapies. *(BOG March 1997) (Reaffirmed BOG 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 130.005 FLORIDA COLLEGE OF EMERGENCY PHYSICIANS *(ARCHIVED)*
(BOG February 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2016)(Sunset HOD 2024 – Objective Accomplished. See §465.019, FS, and Rule 64B16-28.6021, FAC.)

P 130.006 RECREATIONAL PRESCRIPTIONS
The Florida Medical Association and its component county medical societies support: (1) continuously re-educating the public and its members that prescription systemic chemicals and biologic agents should only be used when indicated for the improvement of health and well-being; (2) discouraging physicians and marketers from promoting or advertising recreational, convenience, or abusive uses of prescription drugs; and (3) encouraging physicians to educate patients and the public to evaluate the risk benefit value of each and every therapeutic intervention. *(Res 98-56, HOD 1998)* (*Reaffirmed HOD 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 130.007 PRESCRIPTION OF STRONG ANALGESICS AND OXYCONTIN
The Florida Medical Association unreservedly condemns unjustified, indiscriminate and reckless prescription of strong analgesics, and supports strong penalties for such unprofessional and/or criminal behavior; and further will undertake efforts to educate physicians on the proper use and abuse of narcotic analgesics, and request that the federal and local agencies implement existing procedures and regulations that strike a right balance between the patient's right to receive pain relief, and prevent the illegal transfer of analgesics to the drug illicit market, while effectively protecting physicians from liability when legitimately prescribing strong analgesics such as Oxycontin. *(Res 01-40, HOD 2001) (Reaffirmed HOD 2009) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 130.008 ABUSE OF PRESCRIPTION DRUGS
The Florida Medical Association will work with Florida governmental authorities on ways to minimize the abuse of prescription drugs without increasing regulatory burdens on physicians or jeopardizing patient privacy. *(BOG November 2002) (Reaffirmed HOD 2010) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 130.009 FILLING PRESCRIPTIONS
The Florida Medical Association opposes any legislation or rule change that allows a pharmacist to fill a prescription in any way other than what the treating physician has instructed. *(BOG November 2004) (Reaffirmed HOD 2012) (Reaffirmed HOD 2022)*

P 130.010 TREATMENT OF OPIOID DEPENDENCE (*ARCHIVED)*
(Res 05-36, HOD 2005) (Sunset HOD 2014)

P 130.011 PHARMACISTS ALTERING PRESCRIPTIONS
The Florida Medical Association opposes any rule or legislation that allows a pharmacist to alter a doctor's prescription without discussing the change first with the physician and that the discussion to be documented by the physician. *(BOG July 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2024)*

P 130.012 COUNTERFEIT DRUG PREVENTION
The Florida Medical Association requests assistance from the American Medical Association, the National Association of Boards of Pharmacies, and any other pertinent organizations, in urging the FDA create a safe, reliable, and enforceable prescription medication delivery system; and seek stricter laws and stricter enforcement on the manufacturing, selling, delivering, and purchasing for resale of prescription medications to ensure the health of our residents. *(Res 06-6; HOD 2006*) *(Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 130.013 DEVELOPMENT OF ELECTRONIC CONTROLLED SUBSTANCES PRESCRIPTION MONITORING PROGRAM (*ARCHIVED)*
(Res 06-39; HOD 2006) (Sunset HOD 2014)

P 130.014 STANDARDIZE PHARMACY TELEPHONE ANSWERING MACHINES *(ARCHIVED)*
(Res 07-5, HOD 2007) (Sunset HOD 2017)

P 130.015 FLORIDA ALL SCHEDULE PRESCRIPTION ELECTRONIC REPORTING ACT *(ARCHIVED)*
(Res 07-52, HOD 2007) (Sunset HOD 2015)

P 130.016 PHARMACY LOCATIONS
The Florida Medical Association opposes legislation which would prohibit the ownership of a pharmacy at locations within a specified radius of certain pain-management clinics. *(BOG February 2011) (Reaffirmed HOD 2019)*

P 130.017 COMPREHENSIVE ELECTRONIC PRESCRIPTION DRUG MONITORING PLAN (ARCHIVED)
(Res 08-48, HOD 2008) (Reaffirmed as existing policy Res 11-301, HOD 2011) (Sunset HOD 2019; accomplished)

P 130.018 PHYSICIAN PRESCRIPTIONS
The Florida Medical Association, in conjunction with the American Medical Association, proposes rules, regulations and guidelines to ensure the timely, accurate, and specific filling of physician prescriptions and also recommends compensation for administrative time spent guaranteeing that patients receive their specific and appropriate medications. *(Res 09-18, HOD 2009)(Reaffirmed as existing policy Res 11-405, HOD 2011) (Reaffirmed HOD 2019)*

P 130.019 CONTINUED SUPPORT FOR PRESCRIPTION DRUG MONITORING PROGRAM (ARCHIVED)
(*Res 11-109, HOD 2011) (Sunset HOD 2019)*

P 130.020 ENSURING THAT PHYSICIANS HAVE ACCESS TO THE SAFEST MEDICATIONS WHEN TREATING CHRONIC PAIN IN A COMPLEX REGULATORY ENVIRONMENT
The Florida Medical Association supports requiring insurance companies in the State of Florida to have multiple long-acting opioids with abuse deterrent technology on both their tier one and tier two level pharmacy benefits. *(Amended Res 16-411, HOD 2016) (Reaffirmed HOD 2024)*

P 130.021 DENIAL OF PRESCRIPTIONS BY WALMART HEALTH & WELLNESS PRACTICE COMPLIANCE OFFICE *(ARCHIVED)*
(Res 18-316, HOD 2018) (Sunset HOD 2026)

P 130.022 PHARMACISTS PRESCRIBING
The FMA supports the modern healthcare needs of a pharmacy to monitor patient prescriptions for potential side effects and inter medication reactions, potential patient pharmaceutical abuse, and patient education and discourages pharmacists from refusing to fill valid prescriptions unless that denial is made because of potential side-effects or inter-medication reactions. *(Res 18-112, October Board of Governors 2018, Motion 10-18-15) (Reaffirmed HOD 2023) (Reaffirmed HOD 2026)*

P 130.023 POINT OF CARE MEDICAION DISEPNSING
The FMA should continue to educate members on point of care dispensing of medications consistent with F.S. 465.0276, Dispensing Practitioner. *(Substitute Res 19-311, HOD 2019)*

P 130.024 OPPOSE ELIMINATION OF PATIENT CHOICE AND PHYSICIAN PRESCRIPTION MANDATES
The FMA opposes legislation which would eliminate patients' ability to choose among pharmacies for purchase of medications; further the FMA should engage in proactive and vigorous opposition to future legislation that would restrict physician-issued forms of prescription by hand-writing, telephonic, or electronic means. *(Amended Res 19-316, HOD 2019)*

P 130.025 PRESCRIPTION OFF-LABEL MEDICATION
The FMA shall adopt the following policy on physician off-label prescribing of medications:
1. Off-label prescribing of medications is necessary to the practice of medicine.
2. The FMA is opposed to undue interference by in the physician-patient relationship by restricting a physician's ability to prescribe medications off-label.
3. The FMA affirms American Medical Association Policy H-120.988, Patient Access to Treatments Prescribed by Their Physicians. *(Amended Res 21-111, HOD 2021) (Amended Res 24-101, HOD 2024)*

P 130.026 RETIRE THE FLORIDA RULE 64B8-9.012 STANDARDS FOR THE PRESCRIPTION OF OBESITY DRUGS
RESOLVED, That the FMA work with interested Specialty Societies to encourage the Board of Medicine to amend Florida Rule 64B8-9.012 Standards for the Prescription of Obesity Drugs to reflect the current standard of care for patients affected by obesity in the State of Florida. *(Res 21-104, HOD 2021)*

P 130.027 KRATOM RISK AND SAFETY
That the FMA support legislative and/or regulatory efforts prohibiting the sale or distribution of Kratom in Florida, while still allowing opportunity for proper scientific research. *(Res 21-109, HOD 2022)*

P 130.028 EXPANDING THE USE OF NARCAN
The Florida Medical Association will support legislation that increases use and availability of opioid antagonists, including naloxone in Florida communities; further the Florida Medical Association will support legislation to promote the development and implementation of opioid antagonists, including naloxone as a community-based intervention to prevent lethal opioid overdose. *(Res 22-302, adopted as amended, HOD 2022)*

P 130.028 CALLING FOR EVIDENCE-BASED PRESCRIBING STANDARDS AND INDEPENDENT REVIEW OF PSYCHOTROPIC MEDICATION USE IN THE AMERICAN PEDIATRIC POPULATION
The Florida Medical Association affirms that the prescription of psychotropic medications to children and adolescents must be grounded in individualized clinical assessment and evidence-based diagnostic criteria, and; the FMA supports the continuous development and dissemination of evidence-based prescribing guidelines with a legislative budget request for the purpose of continuing Florida's funding of the Florida Best Practice Psychotherapeutic Medication Guidelines for adults, and the Florida Best Practice

Psychotherapeutic Medication Guidelines for Adolescents and Children; and the FMA reaffirm P 380.016 in which the FMA requests the AMA to pursue legislation requiring physician reimbursement for time spent providing professional services through the use of such modalities as telephone, email and other electronic communication methods regardless of the treating physician's physical proximity to the patient at the time those services are rendered. *(Amended Res. 26-304, HOD 2026)*

P 130.029 PRESERVING THE PHYSICIAN "BUY AND BILL" CARE DELIVERY MODEL TO PROTECT PATIENT ACCESS AND AFFORDABILITY
The Florida Medical Association affirms that both "buy and bill" and pharmacy-based delivery models should remain available to ensure optimal patient access, affordability, and continuity of care; and the Florida Medical Association opposes any legislative or regulatory action that would limit the definition of "covered prescription drug' to pharmacy benefit drugs only, thereby restricting or eliminating the ability of physicians to obtain and administer medications under the medical benefit; and copies of this resolution be transmitted, as appropriate, to members of the Florida Legislature, relevant state agencies, and other stakeholders to advocate for policies that prioritize patient-centered care and preserve physician autonomy in treatment delivery. *(Res. 26-406, HOD 2026)*

P 135.000 DRUGS – REGULATION

P 135.001 THERAPEUTIC SUBSTITUTION
The Florida Medical Association assumes an official position of opposition to therapeutic substitution of drugs by pharmacists unless the substitution is approved by the prescribing physician in each instance and will communicate this position to the Florida Department of Health, Florida Hospital Association and Joint Commission on Accreditation of Hospitals. *(Res 84-03, HOD 1984) (Reaffirmed HOD 1994) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 135.002 LABELING OF PRESCRIPTION DRUGS *(ARCHIVED)*
(Res 86-09, HOD 1986) (Reaffirmed HOD 1996) (Reaffirmed HOD 2006) (Sunset HOD 2014)

P 135.003 USE OF SAMPLE MEDICATIONS
The Florida Medical Association actively and aggressively opposes enactment of legislation to limit or prohibit the use of sample medications by Florida physicians. *(Res 86-09, I-1986; Reaffirmed A-1996) (Reaffirmed HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 135.004 GENERIC DRUGS
The Florida Medical Association's position regarding generic drugs for use in the Medicaid program as well as by the general public is that the generic drug manufacturer be required to furnish documentation that each drug is truly equivalent to the corresponding brand name drug in formulation, efficacy and safety. *(BOG October 1986) (Reaffirmed A-1996) (Reaffirmed HOD 2006) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 135.005 RITALIN RESTRICTIONS
The Florida Medical Association opposes legislation that places unreasonable restrictions on the prescribing of Ritalin for the treatment of Attention Deficit Disorder in children and adolescents. *(BOG October 1991) (Reaffirmed HOD 2001) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 135.006 RITALIN *(ARCHIVED)*
(BOG March 1992)(Reaffirmed 2002) (Reaffirmed HOD 2010) (Reaffirmed HOD 2018) (Sunset HOD 2026)

P 135.007 FEDERAL FEE ROLLBACK (ARCHIVED)
(Res 94-5, A-1994) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Sunset HOD 2023)

P 135.008 FOOD AND DRUG ADMINISTRATION *(ARCHIVED)*
(Res 94-15, A-1994) (Reaffirmed HOD 2005) (Sunset HOD 2013)

P 135.009 REQUESTING DEA NUMBER
The Florida Medical Association seeks through legislative means to cause pharmacists and pharmacies to cease in requesting a DEA number from a physician in regard to medications prescribed which are reimbursed by insurance and are not controlled substances *(Res 96-58, A-1996) (Reaffirmed HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 135.010 DEA NUMBERS FOR RESIDENT PHYSICIANS
The Florida Medical Association supports legislation permitting the use of institutional DEA numbers for interns and residents for outpatient services. *(BOG March 1997) (Reaffirmed BOG 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 135.011 "OFF LABEL" USE OF PHARMACOLOGIC AND DIAGNOSTIC AGENTS
The Florida Medical Association will explore all remedies, including legislation if needed, to prohibit hospitals from requiring physicians to utilize formularies in a manner which will force physicians to use "off label" (without FDA approval for intended use) pharmacologic, and diagnostic agents and devices without the physician's and patient's consent *(Res 01-3, HOD 2001) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 135.012 SCHEDULE II MEDICATIONS OF DECEASED HOSPICE PATIENTS
The Florida Medical Association supports modifications in the existing DEA regulations, in order to permit the return for reimbursement of intact sealed packages of Schedule II medications of deceased Hospice patients to the issuing pharmacy, or the documented inclusion of those medications in the Hospice's own indigent care pharmaceutical supplies; and further encourages the American Medical Association do the same. *(Res 02-46, HOD 2002) (Reaffirmed HOD 2010) (Reaffirmed HOD 2019)*

P 135.013 OPPOSE FEDERAL LEGISLATION ON IMPORTATION OF DRUGS
The Florida Medical Association opposes federal legislation that is proposed which would allow importation of drugs into the United States that are not approved by the Food and Drug Administration. *(BOG July 2004) (Reaffirmed HOD 2012) (Reaffirmed HOD 2021)*

P 135.014 IMMUNOSUPPRESSANT MEDICATIONS FOR ORGAN TRANSPLANT RECIPIENTS
The Florida Medical Association supports legislation that provide for notification to the physician when pharmacists substitute generic immunosuppressants. *(Amend. Res 08-11, HOD 2008) (Reaffirmed with technical amendment HOD 2016) (Reaffirmed HOD 2024)*

P 135.015 RESTRICT DENTISTS FROM USING COSMETIC INJECTABLES AND PRESCRIBING SKIN CARE PRODUCTS
The Florida Medical Association expresses its concern over the use of Botulinum toxin and dermal fillers as well as the prescription of tretinoin and hydroquinone products by dentists to the Board of Dentistry and the Florida Dental Association. *(Res. 09-41, HOD 2009) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 135.016 TRANSFER OF MUSCLE BUILDING DRUGS (HGH AND HCG) TO SCHEDULE III
The Florida Medical Association supports the transfer Somatropin (HGH), Sermolelin, Chorionic Gonadotropin (hCG), and other muscle-building drugs, as necessary, to Schedule III of s. 893.03(3)(d), of the

Florida Comprehensive Drug Abuse Prevention and Control Act. (*Res 12-301, HOD 2012) (BOG May 2013, Motion 02-13-02 carried to remove from the FMA's legislative agenda*.) *(Reaffirmed HOD 2023)*

P 135.017 OPIOID EPIDEMIC AND SETTLEMENT WITH PHARMACEUTICAL COMPANIES
The Florida Medical Association will work with the Florida Society of Addiction Medicine, the Florida Psychiatric Society, and other medical societies to identify opportunities to support the core strategies of the Opioid Allocation and Statewide Response Agreement, including but not limited to: provider education and outreach on appropriate prescribing and treatment for opioid use disorder, and community based outreach and support. *(Res 22-114, adopted as amended, HOD 2022)*

P 140.000 EDUCATION (MEDICAL)

P 140.001 ACCREDITED SYSTEMS
The Florida Medical Association supports the concept that undergraduate medical education be conducted in the state of Florida only by appropriately accredited educational systems, even if legislative changes are required. *(BOG March 1983) (Reaffirmed 1993) (Reaffirmed HOD 2003) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 140.002 MEDICAL EDUCATION PLAN OF ACTION
The Florida Medical Association supports medical education at all levels from undergraduate and residency training programs through continuing medical education for practicing physicians. *(BOG Rpt C, A-1985) (Reaffirmed A-1995) (Reaffirmed HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 140.003 CHEC FUNDING (*ARCHIVED)*
(*BOG February 1986) (Reaffirmed A-1996) (Reaffirmed HOD 2006) (Sunset HOD 2014)*

P 140.004 UNDERSERVED AREA LOAN FUND
The Florida Medical Association supports the establishment and funding of a medical education loan reimbursement program administered by the Florida Department of Health to encourage qualified medical professionals to practice in underserved locations of the state; and further supports the program be administered by the State Health Officer. (*BOG June 1988) (Reaffirmed 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 140.005 HEALTH EDUCATION LOANS
The Florida Medical Association encourages the American Medical Association to seek legislative action on a national level to restore full interest deductibility on all health education loans. (*Res 89-61, HOD 1989) (Reaffirmed HOD 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 140.006 MEDICAL FACULTY CERTIFICATION *(ARCHIVED)*
(BOG October 1991) (Reaffirmed 2001) (Reaffirmed as amended HOD 2009) (Sunset HOD 2017)

P 140.007 TEACHING MEDICAL STUDENTS BASIC ASPECTS OF MEDICAL ECONOMICS – ARCHIVED
(Res 95-18, A-1995) (Reaffirmed HOD 2005) (Reaffirmed with technical amendments HOD 2014) (Sunset HOD 2022)

P 140.008 CREATION OF A FUND TO SUPPORT GRADUATE MEDICAL EDUCATION AND RESEARCH
The Florida Medical Association endorses the concept of the formation of a fund to support graduate medical education and research which should involve assessing the adequacy of Florida's current and future

physician workforce needs and developing legislative alternatives to address a possible physician workforce shortage. (*BOG Rpt A, A-1996) (Reaffirmed HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 140.009 EDUCATION CODE 15
The Florida Medical Association encourages physicians to utilize the FHA developed Code 15 packet that can be used by hospitals in their physician education that includes law, and suggested hospital protocol and process for review of code 15s. *(BOG February 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2016)*

P 140.010 GRADUATE MEDICAL EDUCATION FUNDING
The Florida Medical Association supports the facilitation of a statewide forum on Graduate Medical Education (GME) funding for interested specialties, medical colleges and education directors in order to attain common goals, coordination and solidarity in seeking and organizing GME funding. (*Res 97-75, HOD 1997) (Reaffirmed HOD 2007) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 140.011 ALTERNATIVE LICENSURE PROGRAM
The Florida Medical Association opposes any alternative licensure pathway that does not meet the requirements of a rigorous ACGME approved training program; and further will educate legislators about the importance and relevance of an ACGME approved training program designed to achieve the highest patient quality and safety standards. *(Res 05-34; HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 140.012 PHYSICIAN OPPORTUNITIES FOR PROFESSIONAL RETRAINING
The Florida Medical Association encourages the collaboration of Florida's medical schools to assure access to regional programs to provide enhanced educational opportunities in Florida for physicians identified by the Florida Board of Medicine in need of retraining in defined aspects of medical practice. *(Res 05-1, HOD 2005) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 140.013 REVISION OF MEDICARE FUNDING AND APPROVAL OF GRADUATE MEDICAL EDUCATION SLOTS IN FLORIDA
The Florida Medical Association requests the AMA advocate the passage of legislation providing additional graduate medical education funding with a more equitable distribution policy based on both need and population at all levels of the federal government. *(Res 07-22, HOD 2007) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 140.014 FLORIDA BASED SOLUTION FOR GRADUATE MEDICAL EDUCATION FUNDING
The Florida Medical Association support legislation that would enable counties to invest revenue generated from local Tourist Development Taxes to fund Graduate Medical Education and Residency Programs within their communities in order to decrease the physician shortfalls projected in the future and satisfy the desire of the State of Florida to enhance its reputation as a Medical Tourism destination. *(BoG Rpt. C Res 15-309, HOD 2016) (Reaffirmed HOD 2024)*

P 140.015 MENTAL HEALTH CONFIDENTIALITY FPR PHYSICIANS AND MEDICAL STUDENTS
The Florida Medical Association seeks administrative action to change the questions on the Florida physician licensure application regarding prior mental illness and mental health treatment to ask whether there are any physical or mental conditions that would currently interfere with the safe practice of medicine. *(Amended Res 17-106, HOD 2017) (Reaffirmed HOD 2025)*

P 140.016 STEP 2 – TRANSFER OF JUSRISDICTION OVER REQUIRED CLINICAL SKILLS EXAMINATION TO US MEDICAL SCHOOLS
The Florida Medical Association supports the American Medical Association's efforts to eliminate the Step 2 Clinical Skills component of the United States Medical Licensing Examination for graduates of Liaison

Committee on Medical Education-accredited medical schools; further the FMA support legislation to eliminate Step 2 Clinical Skills from the requirements for licensure. *(Board Report A, Res 18-116, HOD 2019)*

P 140.017 IMPLEMENTING INTIMATE PARTNER VIOLENCE EDUCATION IN MEDICAL SCHOOL CURRICULA
The FMA will support the teaching of intimate partner violence detection for medical students. *(Res 22-104, HOD 2022)*

P 140.018 OPPOSITION TO LEGISLATIVE MANDATES ON MEDICAL SCHOOL GRADING SYSTEMS
The Florida Medical Association affirms that grading practices in medical education should be determined by medical school leadership in consultation with national accrediting bodies, not through legislative mandates; and further, the Florida Medical Association opposes any provision of state legislation that would undermine evidence-based educational practice and institutional autonomy. *(Res 25-103, adopted as amended, HOD 2025)*

P 145.000 EDUCATION – (CONTINUING MEDICAL EDUCATION – CME)

P 145.001 SUBJECT-SPECIFIC CME
The Florida Medical Association seeks legislative elimination of mandatory continuing medical education requirements that are subject specific as part of license renewal. *(Res 94-24, HOD 1994) (Reaffirmed HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 145.002 EDUCATIONAL REQUIREMENTS ON SOCIAL ISSUES
The Florida Medical Association takes a firm stand and lobbies against any future legislation that dictates additional education of practicing physicians on specific issues or topics. *(Res 94-38, HOD 1994) (Reaffirmed HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2023)*

P 145.003 CONTINUING EDUCATION ON LEGISLATIVE COURSE *(ARCHIVED)*
(Res 97-46, 1997) (Reaffirmed BOG 2007) (Sunset HOD 2017)

P 145.004 SUBSTITUTING MANDATORY CME HOURS WITH APPROPRIATE EDUCATION *(ARCHIVED)*
(BOG February 2002) (*Sunset HOD 2014)*

P 145.005 SUBSTITUTE EMERGENCY DISASTER PREPAREDNESS FOR CME *(ARCHIVED) (BOG February 2002) (Sunset HOD 2014)*

P 145.006 CME ON BIOTERRORISM AND PUBLIC HEALTH PREPAREDNESS *(ARCHIVED) (BOG February 2002) (Sunset HOD 2014)*

P 145.007 ELIMINATE LEGISLATIVELY MANDATED CME
The Florida Medical Association shall coordinate efforts with the Board of Medicine to eliminate all legislatively mandated CME for physician licensure renewal and work to institute a policy whereby the Board of Medicine determines topics for physician renewal. *(Res 02-11, HOD 2002) (Reaffirmed with technical amendment HOD 2014) (Reaffirmed HOD 2022)*

P 145.008 REVIEW REQUIREMENTS FOR CME ACCREDITATION – ARCHIVED
(Res 03-01, HOD 2003) (Reaffirmed HOD 2014) (Sunset HOD 2022)

P 145.009 CME REQUIREMENTS *(ARCHIVED)*
(BOG November 2003) (Sunset HOD 2014)

P 145.010 SUNSET LEGISLATIVELY MANDATED CME *(ARCHIVED)*
(BOG November 2004) (Sunset HOD 2014)

P 145.011 CHANGES TO DOMESTIC VIOLENCE LAW
The Florida Medical Association supports legislation that changes the law requiring physicians to complete two credits in domestic violence every six years in favor of a requirement that is less confusing and easier to track and supports the efforts of the Board of Medicine in doing the same. (*BOG April 2007) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 145.012 DOMESTIC VIOLENCE CME ADDITION *(ARCHIVED)*
(BOG May 2008) (Sunset HOD 2016)

P 145.013 DEVELOPMENTAL DISABILITIES AND AUTISM SPECTRUM DISORDER *(ARCHIVED)*
(BOG October 2008) (Sunset HOD 2016)

P 145.014 GREEN DOCTOR OFFICE PROGRAM (ARCHIVED)
(BOG May 2009) (Sunset HOD 2018)

P 145.015 HUMAN TRAFFICKING CONTINUING MEDICAL EDUCATION AN IMPORTANT ALTERNATIVE TO THE CURRENT MANDATORY DOMESTIC VIOLENCE CME REQUIREMENT *(ARCHIVED)*
(Amended Res 16-104, HOD 2016) (Sunset HOD 2024)

P 145.016 EDUCATIONAL ASSISTANCE FOR PRIVATE PRACTICE PHYSICIANS
The Florida Medical Association will establish a CME curriculum that addresses at a minimum the following issues: selecting a legal practice entity, obtaining a tax ID and group NPI number, creating a business plan, obtaining state and local business licenses, enrolling with Medicare, credentialing with third party payors, negotiating contracts with third party payors, medical real estate issues, CAQH enrollment, obtaining appropriate insurance for practice, establishing a compliance program, and selecting an EMR/Practice Management/Billing company; the FMA will study the feasibility of offering this CME curriculum on the FMA website; the FMA will continue to support the educational efforts of county medical societies in this area when possible. *(Amended Res 17-107, HOD 2017) (Reaffirmed HOD 2025)*

P 145.017 COMPLIANCE PLAN TOOLKIT
The Florida Medical Association will develop a customizable compliance plan toolkit that addresses at a minimum the following commonly cited issues: employee code of conduct and handbook, compliance officer position description, OSHA regulations, antitrust laws, privacy practices, DEA certification, CLIA regulations, Sunshine Act, dismissing a patient, non-retaliation, non-discrimination, sexual harassment, and the use non-physician providers. The FMA will also study the feasibility of offering this compliance plan toolkit on the FMA website. *(Amended Res 17-108, HOD 2017) (Reaffirmed HOD 2025)*

P 155.000 EMERGENCY MEDICAL SERVICES

P 155.001 INTERRUPTION OF SERVICES *(ARCHIVED)*
(BOG October 1987) (Reaffirmed HOD 2000) (Sunset HOD 2011)

P 155.002 IMPROVING EMERGENCY CALL COVERAGE
The Florida Medical Association supports legislation for an emergency call coverage solution that can be applied on a fair and uniform basis across all hospitals in the state. (*Res 05-38; BG Rpt C-6, HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 155.003 CRISIS IN EMERGENCY CARE *(ARCHIVED)*
(Res 06-45, HOD 2006) *(Sunset HOD 2014)*

P 155.004 SUPPORTING FLORIDA TRAUMA CENTERS
The Florida Medical Association recognizes the critical importance of Florida's Trauma System to the well-being of its citizens and encourages the continued development of systems of injury prevention and trauma care to improve control of the incidence and effect of the disease or injury; and further endorses enactment of an effective and equitable system of public and private funding to assure that trauma centers and trauma care specialists remain always available to all victims of severe injury; and further remains committed to providing leadership and direction to the entire health science profession to assure that the quality and capability of medical care for any and all injured Floridians remains unquestionably the best in the world. *(Res 09-46, HOD 2009) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 155.005 NEW RULES FOR EMERGENCY ROOM CARE
The Florida Medical Association opposes rules for hospitals and doctors regarding time lines for care in the emergency department until adequate evidence-based proof of such change will improve patient care and requests the American Medical Association do the same. *(Res 13-401, HOD 2013) (Reaffirmed HOD 2023)*

P 155.005 STAFFING RATIOS IN THE EMERGENCY DEPARTMENT
The FMA support legislation to ensure the adequate supervision of non-physician practitioners (NPPs) in the emergency department by requiring that the supervising physician may only supervise 2 (two) NPPs at a time, to provide true supervision and appropriate care to the emergency patient. At any given time, there cannot be a ratio exceeding 1:2 of real-time and on-site physicians to NPPs working in the emergency department; the Florida Medical Association will bring a resolution to the American Medical Association at the next meeting to seek similar federal legislation or regulation, prohibiting staffing ratios that do not allow for proper supervision of NPPs in the Emergency Department; the Florida Medical Association bring a resolution to the American Medical Association at the next meeting to seek similar federal legislation or regulation, that would require all Emergency Departments to be staffed 24-7 by a qualified physician. *(Res 23-306, HOD 2023)*

P 155.006 FREESTANDING EMERGENCY DEPARTMENTS
The FMA will monitor the Agency for Health Care Administration's (agency) implementation of nonemergent care access plan (NCAP) provisions contained in SB 7016, enacted during the 2024 legislative session, requiring all hospitals with an FED to submit to the agency for approval, NCAPs for assisting patients to gain access to appropriate care settings when they present with nonemergent health care needs. *(Res 24-401, HOD 2024)*

P 155.007 FREESTANDING EMERGENCY DEPARTMENT REGULATION
The Florida Medical Association will request information from the Agency for Health Care Administration regarding any incidents in which patient care has been compromised by inappropriate patient transfers from hospital-based off-campus emergency departments to the hospital's main facility, and whether such action

resulted in disciplinary action against the hospital for a violation of Florida Statute section 395.1041 (3)(e); and be it further the Florida Medical Association support legislation to amend s. 395.1041(3)(e) if the data establishes that hospitals are inappropriately utilizing the "another prior arrangement" language of s. 395.104(3)(e) to avoid medically necessary patient transfers to the geographically closest hospital with service capability in favor of sending the patient to the hospital's own facility. *(Amended Res 24-404, HOD 2024)*

P 155.008 EMERGENCY DEPARTMENT BOARDING
The Florida Medical Association supports state-level legislation and regulation to monitor, report, and reduce emergency department boarding times across hospitals in Florida; and the FMA supports standardized public reporting of emergency department boarding metrics, including time from admission decision to inpatient bed placement; and the FMA supports the development of a statewide real-time hospital bed capacity and availability tracking system to improve patient flow and reduce delays in care; and the FMA encourages coordination between hospitals and state agencies to implement system-level strategies that address inpatient capacity constraints contributing to ED boarding; and the FMA supports the exclusion of hospitals designated as rural under S.395.602, Florida Statutes, and hospitals designated as Critical Access Hospitals from any facility-identified public reporting requirement established pursuant to this policy. *(Amended Res. 26-305, HOD 2026)*

P 160.000 END OF LIFE

P 160.001 PHYSICIAN-ASSISTED SUICIDE - RULING OF AMA (ARCHIVED)
(BOG June 1992) (Reaffirmed HOD 2002) (Reaffirmed HOD 2011) (Sunset HOD 2019)

P 160.002 PHYSICIAN-ASSISTED SUICIDE (ARCHIVED)
(Res 93-49, HOD 1993)(Reaffirmed HOD 2003)(Reaffirmed HOD 2011) (Reaffirmed HOD 2019) (Sunset May BOG 2024, Motion 02-24-06)

P 160.003 ACUTE CARE OF "ORPHANED" NURSING HOME PATIENTS
The Florida Medical Association supports legislation that all mentally-incapable residents of chronic care facilities who are without guardians have a legal guardian appointed; and further that such guardians will determine, with input from the patient's physician, the degree of medical care the patient requires; and further that such guardian will then determine the "Living Will" status of the patient prior to their admission to an acute care hospital. *(Res 93-50, HOD 1993) (Reaffirmed HOD 2003)(Reaffirmed HOD 2011) (Reaffirmed HOD 2019)*

P 160.004 DO NOT RESUSCITATE ORDER *(ARCHIVED)*
(BOG July 1997) (Reaffirmed BOG 2007) (Reaffirmed HOD 2018) (Sunset HOD 2026)

P 160.005 UNIVERSAL LIVING WILL
The Florida Medical Association supports legislation that would require that a living will should not only relate to terminal illness when death is imminent but also to medical decision planning for the last chapter of life under conditions such as multi-organ failure and organ disease, advanced dementia and advanced senility with total dependence and that this would not preempt Chapter 394, Florida Statutes (Baker Act provisions); and further supports in concept a privately funded central registry with immediate access by emergency personnel and emergency room departments. (*Res 97-5, HOD 1997) (Reaffirmed BOG 2007) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 160.006 HOSPICE REFERRAL
The Florida Medical Association supports the right of physicians to refer without penalty patients to hospice for palliative care and pain control. *(Res 98-24, HOD 1998) (Reaffirmed 2008) (Reaffirmed HOD 2018)*

P 160.007 ADVANCE CARE PLAN
The Florida Medical Association endorses the concept of Advanced Care Plan documents, such as Project Grace, as an example of end-of-life care; and further encourages Florida physicians to use such documents and to discuss with their patients the importance of end-of-life planning. (*BOG February 2002) (Reaffirmed HOD 2011) (Reaffirmed HOD 2019)*

P 160.008 DNR ORDERS IN OUTPATIENT SETTING
The Florida Medical Association seeks regulatory definition or, if necessary, legislation that licensed physicians be specifically authorized to withhold or withdraw resuscitation efforts in an outpatient setting consistent with standards of current medical practice; and further seeks the regulatory definition or, if necessary, legislation that licensed physicians shall not be dependent upon the arrival of EMS staff to honor a bona fide and legally sufficient order not to resuscitate*. (Res 03-37, HOD 2003)(Reaffirmed HOD 2011) (Reaffirmed HOD 2019)*

P 160.009 END OF LIFE ISSUES (ARCHIVED)
(BOG November 2003) (Reaffirmed HOD 2011) (Reaffirmed HOD 2019) (Sunset May BOG 2024, Motion 02-24-06)

P 160.010 PHYSICIAN ORDERS FOR LIFE-SUSTAINING TREATMENT (ARCHIVED)
(BOG October 2005)(Reaffirmed HOD 2013)(Amended, BOG May 2015) (Reaffirmed HOD 2023) (Sunset May BOG 2024, Motion 02-24-06)

P 160.011 QUALITY END-OF-LIFE CARE (ARCHIVIED)
(Res 06-3, HOD 2006) (Reaffirmed HOD 2017) (Sunset May BOG 2024, Motion 02-24-06)

P 160.012 FUTILE CARE *(ARCHIVED)*
(Res 07-30, HOD 2007) (Sunset HOD 2017)

P 160.013 LIMITING FUTILE CARE AT END OF LIFE (ARCHIVED)
(Res 09-48, HOD 2009) (Reaffirmed HOD 2017) (Sunset May BOG 2024, Motion 02-24-06)

P 160.014 REIMBURSEMENT FOR POLST (PHYSICIAN-ORDERS FOR LIFE-SUSTAINING TREATMENT)
The Florida Medical Association supports a financial reimbursement at the highest complexity to those providers that partake and document the discussion of the POLST form, whether the form is ultimately signed or not. *(Res 17-304, HOD 2018)*

P 160.015 END OF LIFE CARE
The Florida Medical Association believes that: (1) A patient has the right to pre-determine the care they are to receive in the event of a disabling terminal illness. (2) Patients with advanced life limiting illnesses should be afforded the opportunity to execute a form applicable statewide that contains an order not to resuscitate, and such form must be signed by an M.D. or D.O. (3) There should be a consistent, flexible and comprehensive system of patient care guidelines to promote quality end-of-life care, based upon a patient's current wishes or upon those expressed in an advance care plan. (4) The federal government should enact legislation that will allow the creation of a methodology directed by physicians (MDs/DOs) to either not engage in or to suspend futile care at the end of life; and further that those physicians be given immunity from liability when such decisions are made in good faith and within the standard of care with clear and

convincing legal and ethical standards. (5) It is ethically impermissible for a physician to participate, voluntarily or involuntarily, in the termination of a person's life by the administration of any agent or the use of any means to actively terminate a person's life. This prohibition does not apply to physician decisions not to engage in or to suspend futile care at the end of life. While patients should have the right to pre-determine the care they are to receive in the event of a disabling terminal illness, this right does not encompass a requirement that physicians actively participate in the termination of the patient's life. *(May BOG 2024, Motion 02-24-6)*

P 170.000 ENVIRONMENTAL HEALTH

P 170.001 ENVIRONMENTAL RESPONSIBILITY

The Florida Medical Association shall make every reasonable effort to consider prudent energy conservation and recycling practices in their daily business practices, including the use of biodegradable and/or recyclable materials in all publications. *(Res 91-47, HOD 1991) (Reaffirmed 2001) (Reaffirmed HOD 2009) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 170.002 COLLABORATIVE ON HEALTH AND THE ENVIRONMENT

The Florida Medical Association supports the concept of the Collaborative on Health and the Environment (CHE) whose central purposes include: (1) providing accurate scientific information to CHE Partners regarding environmental threats to health; (2) creating a shared space within which Partners can develop collaborative relationships that further shared goals; and (3) raising the level of public and professional dialogue about environmental threats to health and the research options, policy options, and citizen initiatives that may contribute to reducing the burden of environmentally related diseases and conditions. *(BOG March 2004) (Reaffirmed HOD 2018) (Reaffirmed HOD 2019) (Reaffirmed HOD 2026)*

P 170.003 PHYSICIANS RESPONSIBILITY FOR ENVIRONMENT AND HEALTH

The Florida Medical Association adopts policy relating to Physicians' Responsibilities for the Environment and Health as follows: (1) physicians are encouraged to educate themselves and their peers about the issues of the environment and public health; (2) physicians are encouraged to conduct research to further the scientific understanding of the environment and health; (3) physicians are encouraged to adopt sound environmental practices in their homes and offices, including reducing pollution, reducing waste and fostering recycling; (4) physicians are encouraged to promote sound environmental practices in their hospitals and communities; and (5) physicians are encouraged to be public spokespersons for environmental stewardship. *(BOG July 2004) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 170.004 EXPOSURE TO MERCURY TOXICITY

The Florida Medical Association adopts the following policy related to mercury toxicity: 1. Support the identification of populations at high-risk for exposure to mercury toxicity or for complications of mercury toxicity; 2. Support the voluntary testing of high-risk populations; 3. Support efforts to educate Floridians about the ongoing environmental exposures to mercury, the risks of these exposures and the prevention of mercury toxicity; 4. Support the inclusion of environmental mercury exposure and toxicity in the curriculum of medical schools in Florida. *(BOG November 2004) (Reaffirmed as amended HOD 2012) (Reaffirmed HOD 2021)*

P 170.005 HEALTH RISKS OF FLORIDA'S COAL-BURNING ELECTRIC POWER PLANTS

(ARCHIVED)
(Res 05-67, HOD 2005) (Sunset HOD 2013)

P 170.006 STRATEGIES TO REDUCE SCHOOL BUS EMISSIONS *(ARCHIVED)*
(Res 06-12, HOD 2006) (Sunset HOD 2017)

P 170.007 EXPANSION OF THE MIAMI-DADE COUNTY URBAN DEVELOPMENT BOUNDARY *(ARCHIVED)*
(BOG July 2007) (Sunset HOD 2015)

P 170.008 REDUCE CO2 EMISSIONS
The Florida Medical Association urges state government to develop energy use policies that include a plan to reduce Florida's projected CO2 emissions, to adopt a renewable energy requirement for a portion of the state's electric power and to improve efficiency standards for transportation, businesses, homes and appliances; and further urges Florida's Congressional Delegation to support federal legislation to regulate CO2 emissions and to reduce the predicted increases in CO2 release nationally and worldwide; and further through its delegation to the American Medical Association (AMA), encourages the AMA to further the principles of this policy. (*BOG July 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 170.009 AMA POLICY ON CLIMATE CHANGE
The Florida Medical Association urges the American Medical Association's (AMA's) Council on Science and Public Health to work in coalition with members of the AMA Federation and other health professional organizations to update AMA policy on climate change so that it is consistent with current science. (*BOG July 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 170.010 RESOURCE CONSERVATION, WASTE RECYCLING, HEALTH RISKS CAUSED BY INCINERATORS *(ARCHIVED)*
(Res 08-21, HOD 2008) *(Sunset HOD 2016)*

P 170.011 VEHICLE ANTI-IDLING POLICY
The Florida Medical Association adopts policy relating to vehicle anti-idling which would recommend that Florida individuals, businesses, and government take steps to minimize motor vehicle idling; and further urges the Speaker of the Florida House, the President of the Florida Senate and Florida's Governor to enact vehicle anti-idling legislation and policies; and further through its delegation to the American Medical Association (AMA), requests the AMA recommend passage of national anti-idling laws at the national level. *(BOG May 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 170.012 PHARMACEUTICAL DISPOSAL POLICY
The Florida Medical Association supports efforts to educate public and health care facilities about proper methods of disposing of unused medications, and further supports partnering with interested state agencies, pharmaceutical manufacturers and pharmacies to develop take-back programs to lessen the threat to the environment from unused and expired medications. *(BOG May 2009) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 170.013 UNDERSTANDING ENVIRONMENTAL INFLUENCE (ARCHIVED)
(BOG May 2009) (Sunset HOD 2018)

P 170.014 SUCCESS: SUPPORTING CLIMATE CHANGE EFFORTS
The Florida Medical Association will place on their website educational resources on the links between environmental degradation and tangible health problems, such as air pollution, insect-borne diseases, and heatstroke; further the FMA will support legislation that focuses on the health imperative of addressing climate change. *(Amended Res 19-109, HOD 2019)*

P 175.000 ETHICS – MEDICAL

P 175.001 PATIENT FEE DISPUTES

The Florida Medical Association adopts the following policy on patient fee dispute complaints: (1) Under the direction of the Judicial Council, each county medical society would be encouraged to review patient fee complaints/disputes perhaps through a subcommittee of their grievance committee or through a separate committee established for that purpose; (2) All fee disputes would be handled under the following essential principles: a. All proceedings are voluntary to all parties. b. All deliberations of the fee dispute panels and their decision would be confidential to the highest degree and any information or records would be available only to the parties to the proceeding, the grievance committee, and the Judicial Council. c. The decision of the committees would be advisory only. Neither party would be required by organized medicine to follow the decision. The parties would not be precluded, however, from independently and privately agreeing to be bound by the decision; (3) The make-up of the fee dispute committee would be left up to the decision of each county medical society. The Judicial Council suggests consideration of a small committee of perhaps three members which would include a lay person; (4) When a complaint involves both fee and non-fee issues, the fee committee would advise the grievance committee regarding its position on the issues. The grievance committee would issue a combined opinion on the complaint; (5) Notwithstanding paragraph (2) above, if the fee dispute committee found that charges were so exorbitant as to be unethical, then the committee could refer the entire case to the county medical society grievance committee; (6) The Judicial Council will prepare model step-by-step complaints under these guidelines. (*BOG June 1988) (Reaffirmed HOD 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2017)*

P 175.002 CAPITAL PUNISHMENT

The Florida Medical Association supports the position of the American Medical Association's Council on Ethical and Judicial Affairs regarding capital punishment as follows: An individual's opinion on capital punishment is the personal, moral decision of the individual. A physician, as a member of a profession dedicated to preserving life when there is hope of doing so, should not be a participant in a legally authorized execution. A physician may make a determination or certification of death as currently provided by law in any situation. *(BOG October 1991) (Reaffirmed HOD 2002) (Reaffirmed HOD 2011) (Reaffirmed HOD 2023)*

P 175.003 CODE OF ETHICS

The Florida Medical Association (FMA) is committed to the principles of medical ethics and requires that all members agree and comply with the American Medical Association's (AMA's) and FMA's Principles of Medical Ethics. *(Res 97-54, HOD 1997) (Reaffirmed BOG 2007 – Appendix 175.003) (Reaffirmed HOD 2017)*

P 175.004 PROFESSIONAL COURTESY

The Florida Medical Association seeks to amend the Florida Self-Referral Act and requests the American Medical Association (AMA) seek legislation to amend the Health Insurance Portability and Accountability Act so that physicians can continue professional courtesies offered to colleague physicians and be immune and protected from prosecution or interpretation as a violation(s) of fraud and abuse and anti-kickback statutes. *(Res 98-6, HOD 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 175.005 PROFESSIONAL COURTESY RESTORATION

The Florida Medical Association seeks legislative relief, both state and federal, to allow physicians to extend professional courtesy without fear of prosecution, loss of license, and monetary penalties. *(Res 99-5, HOD 1999) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 175.006 DENOUNCING THE UNETHICAL PRACTICE OF CREATING CRYOPRESERVED HUMAN EMBRYO BANKS BY CORPORATE ENTITIES

The Florida Medical Association (FMA) supports legislation that ensures human embryos shall not be created by fertilizing donor oocytes with donor sperm except at the specific request of a patient or patients who intend to use such embryos for his/her/their own treatment; and further, understanding that only patients should be responsible for the disposition decisions of the human embryos they create, the FMA strongly denounces the purposeful creation of banks of cryopreserved human embryos, through the combination of donated oocytes and donated sperm, at the request of an in vitro fertilization facility or parent organization rather than patients themselves; and further, understanding that embryo donation, as is defined by the American Society for Reproductive Medicine, is the donation of cryopreserved embryos from the patients that created them,[2] calling human embryos that are created through the combination of donated oocytes with donated sperm "donated embryos," at the direction of an in vitro fertilization facility and not patients, misleads the infertile patient into believing said embryos are actually donated by patients, should be considered false advertising, fundamentally unethical and is therefore denounced by the FMA. *(Res 15-103, HOD 2015) (Reaffirmed HOD 2023)*

P 175.007 HEALTH CARE RIGHTS OF CONSCIENCE

The Florida Medical Association advocates for healthcare rights of conscience for physicians and hereby acknowledges that it is a basic right of individual physicians to freely exercise their right to conscientious objection in their healthcare work without fear of coercion or penalty, and further supports healthcare rights of conscience legislation to protect physicians from coercion, imposition and any type of penalty by governmental and other outside regulatory measures that would violate the professional integrity of physicians and endanger their right to practice their chosen field of medicine. *(Res 15-315, BOG October 2015) (Reaffirmed HOD 2023)*

P 180.000 EXAMINERS - MEDICAL

P 180.001 RISK MANAGEMENT - MEDICAL EXAMINERS

The Florida Medical Association supports inclusion in risk management programs information about the legal requirements of physicians pertaining to child abuse reporting, communicable disease reporting and the signing of death certificates with regard to the authorities of medical examiners. *(BOG March 1990) (Reaffirmed 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 180.002 CERTIFICATION

The Florida Medical Association supports a process by which qualified physicians can obtain certificates to serve as medical examiners in the State of Florida. (*BOG October 2009) (Reaffirmed HOD 2017)*

P 185.000 EXPERT WITNESS

P 185.001 LIMITS ON EXPERT WITNESSES – FEES

The Florida Medical Association opposes any legislation that would limit expert witnesses and communicate this policy to the appropriate government authorities and to the leadership of The Florida Bar. (*Res 89-02, HOD 1989) (Reaffirmed HOD 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 185.002 EXPERT WITNESS (ARCHIVED)

(Res 93-24, HOD 1993) (Reaffirmed HOD 2003) (Reaffirmed HOD 2011) (Sunset HOD 2019)

P 185.003 QUALITY ASSURANCE FOR EXPERT WITNESS TESTIMONY *(ARCHIVED)*

(Res 94-13, HOD 1994) (Reaffirmed as amended HOD 2005) (Sunset HOD 2013)

P 185.004 VOLUNTEER EXPERT WITNESSES
The Florida Medical Association encourages greater participation by physicians in volunteering to review cases and will increase our cooperative efforts with the Board of Medicine to get physicians involved in the expert witness program. *(Res 97-2, HOD 1997) (Reaffirmed BOG 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 185.005 REGULATION OF EXPERT TESTIMONY *(ARCHIVED)*
(Res 97-56, HOD 1997) (Reaffirmed HOD 2007) (Sunset HOD 2015)

P 185.006 EXPERT WITNESS COMMITTEE PROGRAM *(ARCHIVED)*
(BOG November 1997) (Reaffirmed HOD 2007) (Reaffirmed HOD 2015) (Sunset HOD 2023)

P 185.007 EXPERT WITNESSES
The Florida Medical Association supports adding expert witnessing to the definition of the practice of medicine. (*BOG October 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2016)*

P 185.008 AFFIDAVIT SIGNED UNDER OATH *(ARCHIVED)*
(*Res 99-38, HOD 1999) (Reaffirmed HOD 2009) (Sunset HOD 2017)*

P 185.009 EXPERT WITNESS FINE *(ARCHIVED)*
(Res 02-69, HOD 2002) (Sunset HOD 2011)

P 185.010 SPECIALTY SOCIETIES SANCTION FRAUDULENT EXPERT WITNESS TESTIMONY *(ARCHIVED)*
(Res 05-49, HOD 2005) (Sunset HOD 2013)

P 185.011 PROCEDURAL GUIDELINES FOR THE EXPERT WITNESS PROGRAM
The Florida Medical Association (FMA) supports developing ethical guidelines for physicians serving as expert witnesses in medical liability litigation in collaborative and active involvement of county medical societies and specialty societies; and further adopts policy that Florida physicians serving as expert witnesses in medical liability litigation, voluntarily sign an expert witness affirmation stating that they will adhere to the FMA guiding principles; and further will educate physicians about ethical guidelines and professional responsibility regarding the provision of expert witness testimony. *(Res 05-26, HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 185.012 MEDICAL EXPERT TESTIMONY AND THE "STANDARD OF CARE"
Following are Guidelines for Expert Witness Testimony for FMA members who render any type of expert witness testimony: (1) The physician must be honest and trustworthy when writing reports, completing or signing forms, or providing evidence in litigation or other formal inquiries. The physician must take reasonable steps to verify any statement before signing a document. (2) The physician's review of medical facts must be thorough, fair, and impartial and must not exclude any relevant information. It must not be biased to create a view favoring the plaintiff, the government, or the defendant. The goal of a physician testifying in any judicial proceeding should be to provide testimony that is complete, objective, and helpful to a just resolution of the proceeding. (3) The physician must have experience and knowledge in the areas of clinical medicine that enable him or her to testify about the standards of care that applied at the time of the occurrence that is the subject of the legal action. (4) The physician's testimony must reflect an evaluation of performance in light of generally accepted standards, neither condemning performance that falls within generally accepted practice standards nor endorsing or condoning performance that falls below these standards. (5) The physician must make every effort to assess the relationship of the alleged substandard practice to the outcome, because deviation from a practice standard is not always substandard care or causally related to a bad outcome. (6) The physician shall identify as such any personal opinions that vary

significantly from generally accepted medical practice. (7) The physician must be prepared to have testimony given in any judicial proceeding subjected to peer review by the Expert Witness Committee or by any other institution or professional organization to which the physician belongs. (8) The physician shall not accept a contingency fee for providing expert medical opinion services. (9) Charges for medical expert opinion services shall be reasonable and commensurate with the time and effort given to preparing and providing those services. *(Res 05-41, BOG Report A, HOD 2006) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 185.013 EXPERT WITNESS REFORM (ARCHIVED)
(Res 08-26, HOD 2008) (Sunset HOD 2016)

P 185.014 EXPERT WITNESS & EXPERT TESTIMONY
The Florida Medical Association supports legislation that requires expert witnesses to become licensed in Florida and clarifies that giving expert testimony is the practice of medicine. *(BOG October 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 185.015 FMA EXPERT WITNESS PROGRAM (ARCHIVED)
(Res 10-208, HOD 2010) (Sunset HOD 2019)

P 185.016 OUT-OF-STATE EXPERT WITNESSES IN CHILD ABUSE CASES (ARCHIVED)
(Amended Res 11-316, HOD 2011) (Sunset HOD 2019, accomplished)

P 185.017 EXPERT WITNESS FEES IN WORKERS COMPENSATION
The Florida Medical Association supports legislation that will amend Florida Statutes to increase the statutory expert witness fee and enable insurance carriers to negotiate reasonable fees with physicians to ensure adequate access to medical experts and specialists in the workers compensation system. *(Res 16-304, HOD 2016) (Reaffirmed HOD 2024)*

P 190.000 FIREARMS

P 190.001 HANDGUN CONTROL - COOLING OFF PERIOD
The Florida Medical Association supports efforts either through the legislature or by constitutional amendment for the imposition of a seven-day waiting period prior to the purchase of a handgun. (*Res 88-42, HOD 1988) (Reaffirmed HOD 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 190.002 FIREARMS AND ADOLESCENT/CHILD VIOLENCE
The Florida Medical Association supports strategies for reducing firearm injuries and other violence to children and adolescents utilizing appropriate educational, legal and legislative options. *(Res 94-18, HOD 1994) (Reaffirmed HOD 2005) (Reaffirmed as amended HOD 2013) (Reaffirmed HOD 2023)*

P 190.003 GUN SAFETY DEVICES
The Florida Medical Association supports the educating of consumers on the use of gun safety devices. *(BOG March 1997) (Reaffirmed BOG 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 190.004 WILLFUL CARRYING OF A CONCEALED WEAPON
The Florida Medical Association supports legislation that makes willfully carrying a concealed firearm or destructive device into a physician's office a third degree felony. *(BOG March 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 190.005 PHYSICIAN ABILITY TO FREELY DISCUSS GUN SAFETY (ARCHIVED)
(Sub Res 11-319, HOD 2011) (Sunset HOD 2019)

P 190.006 GUN VIOLENCE REQUIRES A PUBLIC HEALTH RESPONSE
The Florida Medical Association believes gun violence requires a comprehensive public health response and solution and supports the AMA's advocacy efforts to lift the gun violence research ban. *(Res 16-107, HOD 2016) (Reaffirmed as amended HOD 2024)*

P 190.007 GUN VIOLENCE CONTROL AND PUBLIC HEALTH
The Florida Medical Association supports state legislation and future AMA initiatives to ban assault weapons and high capacity ammunition devices, including utilizing currently enacted AMA policy and language in future FMA policies and initiatives; further our Florida Medical Association supports the passage of legislation to ban the sale, transfer, manufacture, and importation of assault weapons and high-capacity ammunition devices (as defined by the 1994 Violent Crime Control and Law Enforcement Act) within the state. *(Res 19-302, HOD 2019)*

P 190.008 PHYSICIANS FOR THE ADVANCEMENT OF GUN ETHICS RESEARCH AND SAFETY (P.A.G.E.R.S.)
The FMA will join with other societies to support research and education in firearm safety including the development of technology that increases firearm safety; andbe it further that the FMA will promote both public and private funding into firearm safety and injuryprevention research. *(Amended Res. 21-102, HOD 2021)*

P 190.009 OPPOSITION TO LICENSE FREE GUN CARRY
The FMA will support the current requirements to obtain a concealed weapon or firearm license. *(Sub Res 22-314, HOD 2022)*

P 190.010 FIREARM SAFETY
The FMA will inform its members on Florida law concerning firearms in medical offices and on how to make their practices gun-free zones in a manner that abides with Florida laws if they so desire. *(BOG October 2023, Substitute Resolution 23-110)*

P 195.000 FLORIDA MEDICAL ASSOCIATION MISSION AND VALUES

P 195.001 FLORIDA MEDICAL ASSOCIATION MISSION AND VALUES
The Florida Medical Association mission is to ***Help Physicians Practice Medicine***. In carrying out that mission, the FMA will adhere to the following values: *ADVOCACY*: Speaking for physicians and their patients; *QUALITY*: Promoting the highest standards of medical care; *PROFESSIONALISM*: Delivering care with integrity and compassion; *FREEDOM*: Maintaining choice in a free-market system that respects the patient/physician relationship; *EDUCATION*: Promoting life-long learning and the education of future physicians; *HEALTHY FLORIDIANS*: Promoting comprehensive patient care and public health. (*BOG May 2008) (BOG October 2008) (Reaffirmed HOD 2017)*

P 195.002 NATIONAL ADVOCACY OF FMA MISSION
The Florida Medical Association (FMA) is directed to form alliances with other organizations to lobby Congress on issues essential to the FMA mission; send a delegate to the annual meeting of the Association of American Physicians and Surgeons; and actively advocate its positions to Congress and in the public and

private sector even if they are at odds with those of the American Medical Association. *(Res 09-16, HOD 2009) (Reaffirmed HOD 2017)*

P 195.003 PRESERVE CORE VALUES OF TRANSPARENCY AND INCLUSIVENESS
Prior to taking action that is inconsistent with or contrary to established policy of the Florida Medical Association (FMA), the FMA Board of Governors will uphold and respect the governance of the House of Delegates by first providing full, honest and open disclosure of the risks and benefits of such action as they relate to the FMA and the affected Stakeholder Organizations along with alternative actions that could mitigate any adverse impacts to the affected Stakeholder Organizations and patients, and further, the FMA shall immediately abandon pursuit of any policy inconsistent with or contrary to established HOD policy, unless in the specific interest of public safety. *(Res 12-308, HOD 2012) (Reaffirmed HOD 2024)*

P 200.000 FOREIGN MEDICAL GRADUATES

P 200.001 PHYSICIAN ASSISTANTS
The Florida Medical Association supports the Florida Physician Assistants Association's opposition to physicians who are international medical school graduates being automatically licensed in Florida as physician assistants unless they meet the requirements of a physician assistant under Florida law and related rules. *(BOG January 1988) (Reaffirmed HOD 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 205.000 FRAUD

P 205.001 PATIENT REPORTING OF INSURANCE COMPANY FRAUD AND ABUSE
The Florida Medical Association (FMA) encourages patients to report suspected or obvious insurance company wrongdoing to the Florida Insurance Commissioner. *(Res 99-72, HOD 1999) (Reaffirmed HOD 2009) (Reaffirmed as amended HOD 2017) (Reaffirmed HOD 2025)*

P 205.002 WELLCARE FRAUD AND ABUSE (ARCHIVED)
(Amended Res 314, HOD 2010) (Sunset HOD 2018)

P 210.000 GAMBLING

P 210.001 PATHOLOGICAL GAMBLING
The Florida Medical Association encourages its members to become educated about the somatic symptoms and conditions associated with pathological gambling; and further will make its members aware of screening and assessment options for pathological gambling in patients presenting with related symptoms and conditions; and further will inform its members and their medical staff that they can refer patients to the Florida Council on Compulsive Gambling's 24-hour HelpLine. (*Amended Res 08-16, HOD 2008) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 215.000 HEALTH DISPARITIES

P 220.000 HEALTH INFORMATION TECHNOLOGY

P 220.001 MEDICAL INFORMATION TECHNOLOGY
The Florida Medical Association (FMA) recognizes the potential substantial advantages of medical information technology systems to improve patient care, and supports the ongoing effort to appropriately implement those systems. It is the policy of the FMA that all systems implemented, and any government or hospital regulations that affect those systems, must 1) promote optimal patient care delivery; 2) protect

patient rights; 3) benefit as many patients as possible; and 4) anticipate future advances in technology. To do this, those systems and regulations must meet the following guidelines:
Optimal Patient Care Delivery: All medical information technology systems must be established and maintained with the delivery of optimal patient care as the primary objective; the physician-patient relationship is central to providing optimal patient care and all systems must preserve physicians' responsibility for patient care decisions based on their education and experience; medical information systems are considered supporting technology to assist the physician's care of the patient; physicians are responsible for providing optimal patient care, which may be improved, but is not dependent upon a medical information system; to protect the ability to provide optimal patient care, any system considered for implementation must be shown through adequate demonstration projects to — 1) work 2) be cost effective 3) not impose undue financial strains on practitioners 4) not unnecessarily increase physician workload and 5) benefit patient care; to protect the ability to provide optimal patient care, physicians and/or their office staffs must be allowed sufficient time to successfully adopt any new technology system; hospital-based systems must enhance the ability of physicians and nurses to provide patient care, and not be implemented just for cost considerations or hospital convenience; hospital-based systems must enhance the role of physicians and nurses in providing direct patient care, and not just shift clerical and administrative duties to physicians and/or the nursing staff; to minimize the potential for adverse patient care consequences, hospitals must obtain input from the medical and nursing staff before implementing medical information technology decisions.

Patients Rights: All systems must ensure that the physician caring for the patient retain primary control and responsibility over patient care information, subject to the rights of patients to access and release their healthcare information; all systems must secure the privacy of patient care information, including the right to privacy relating to government and insurance entities, subject to the right of the patient to release their healthcare information. *Patient Access To New Technology*: To encourage the dissemination of medical information technology, systems must be developed and offered that are affordable for small office practices; to ensure that the financial burden of new technology does not slow its implementation, there must be no unfunded government mandates; to ensure all patients ultimately have access to new technology innovations, systems must be developed using accepted standards to allow for the sharing of patient care information between *all* providers and clinical entities, and must be developed irrespective of specific systems or vendors. *Anticipate Future Advances in Technology*: Systems must be developed to be flexible and adaptable, in anticipation of future advances in technology, and/or the potential of a future electronic information infrastructure; systems must easily interface with all other systems; further, the cost of system interfaces must not hinder the dissemination of technology designed to improve patient care delivery. *(BOG November 2003)(Reaffirmed HOD 2011) (Reaffirmed Res 15-406, BOG January 2016) (Reaffirmed HOD 2024)*

P 220.002 COLLECTIVE OPERATING ORGANIZATION *(ARCHVIED)*
(*BOG May 2009) (Sunset HOD 2017)*

P 220.003 HEALTH INFORMATION EXCHANGE PLANS
The Florida Medical Association (FMA) adopts the following policies relating to health information exchange plans (1) strongly oppose the intent of the Agency for Health Care Administration (AHCA) to create a Florida Health Information Exchange Plan controlled by an insurance company; (2) collaborate with other health care organizations/stakeholders to produce and submit an alternative proposal to the AHCA's Exchange Plan which will ensure that data is used to benefit the patient-physician relationship and not third parties; (3) adopts policy that patient privacy will be protected and that the governing body and the organization housing the data cannot be, nor be significantly influenced by, an insurance company; (4) adopts policy that the majority of the American Recovery and Reinvestment Act monies designated for improving health care be spent on health care organizations and not funneled to insurance companies; (5) that the position of the FMA is that clinical data is produced and owned by clinicians for their use and the

benefit of their patients; (6) that the FMA should approve a policy that insurance companies should not be in the business of health information exchange except for providing their claims data to providers (7) that insurance companies and their subordinate companies should never be in possession of medical data from patients that are not currently their clients. *(BOG May 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 220.004 GUIDELINES AND PRINCIPLES FOR RESPONSIBLE HOSPITAL IMPLEMENTATION OF EMR AND CPOE
The Florida Medical Association adopted guidelines and principles for responsible hospital implementation of EMR and CPOE as submitted by the Council on Medical Economics. (*BOG October 2009 - Appendix 220.004) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 220.005 STATEWIDE HEALTH INFORMATION EXCHANGE PLAN (ARCHIVED)
(BOG May 2010) (Sunset HOD 2018)

P 220.006 ROLE OF PHYSICIANS IN HEALTH INFORMATION EXCHANGE (ARCHIVED)
(BOG May 2010) (Sunset HOD 2018)

P 220.007 PAYER CONTROLLED HEALTH INFORMATION EXCHANGE (ARCHIVED)
(BOG May 2010) (Sunset HOD 2018)

P 220.008 MANDATES FOR HEALTH INFORMATION EXCHANGE (ARCHIVED)
(BOG May 2010) (Sunset HOD 2018)

P 220.009 FUNDING FOR DEVELOPMENT AND EXPANSION OF HIE (ARCHIVED)
(BOG May 2010) (Sunset HOD 2018)

P 220.010 EFFECTIVE PHYSICIAN CONTROLLED PLAN FOR HIE (ARCHIVED)
(BOG May 2010) (Sunset HOD 2018)

P 220.011 UTILIZING HIE (ARCHIVED)
(BOG May 2010) (Sunset HOD 2018)

P 220.012 IMPLEMENTATION OF EMR AND CPOE (ARCHIVED)
(Res 08-3, HOD 2010) (Sunset HOD 2018)

P 220.013 OUTREACH TO FLORIDA REGIONAL EXTENSION CENTERS (REC) (ARCHIVED)
(BOG October 2010) (Sunset HOD 2018)

P 220.014 FREE EMR PRODUCTS
The Florida Medical Association shall post information and warning to its members about pitfalls surrounding EMR vendors purporting to provide Free EMR products. *(BOG October 2010) (Reaffirmed HOD 2018)*

P 220.015 COLLABORATION WITH FLORIDA REGIONAL EXTENSION CENTERS
The Florida Medical Association shall collaborate with the four Florida Regional Extension Centers (RECs) and promote FMA policy. *(BOG February 2011) (Reaffirmed HOD 2019)*

P 220.016 ELECTRONIC HEALTH RECORD TRANSFER FEES
The Florida Medical Association seeks legislation prohibiting Electronic Health Record (EHR) companies from charging fees to physicians for the transferring of health records between EHR companies. (*Res 14-314, HOD 2014) (Reaffirmed HOD 2022)*

P 220.017 ARITIFICIAL INTELLIGENCE
The FMA supports legislation that prevents AI programs and AI-derived algorithms from becoming the sole determinants of clinical decision making; and it further the FMA supports legislation preventing healthcare entities from being reimbursed for medical decision making performed by AI programs and AI-derived algorithms alone; and further the FMA supports legislation requiring a physician to endorse/sign-off/approve of any reimbursable action taken by an AI program or AI-derived algorithm; and further the FMA should create CME courses for FMA members on how to incorporate the next generation of AI programs and AI-derived algorithms into their practice and teach best practices for patient personal data protection. *(Jan BOG 2022, Motion 01-23-08 Resolution 22-306)*

P 220.018 SEEK MODEL LEGISLATION IN FLORIDA FOR THE USE OF ARTIFICIAL INTELLIGENCE (AI) IN HEALTHCARE
The Florida Medical Association supports legislation which would prohibit any healthcare entity from making health-related decisions regarding the care of patients based solely on the use of artificial intelligence; and the Florida Medical Association supports legislation whereby Florida-licensed physicians would be required to review and be the final decision makers in any decision or recommendations made by artificial intelligence; and the Florida Medical Association support legislation that gives the Board of Medicine and the Board of Osteopathic Medicine the authority to promulgate rules regulating the use of Artificial Intelligence. *(Amended Res 24-303, HOD 2024)*

P 220.019 PROTECTING PATIENTS FROM MISUSE OF ARTIFICIAL INTELLIGENCE (AI) IN HEALTHCARE
Florida Medical Association will seek legislation to ensure that no diagnosis, treatment decision, or decision/recommendation concerning a patient may be made solely based on output from an artificial intelligence (AI) system or algorithm and that all such outputs must be reviewed and approved by a qualified physician licensed under Chapter 458 or 459 and acting within the scope of their professional licensure and clinical expertise. *(Res 25-305, adopted with substituted language, HOD 2025)*

P 225.000 HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

P 225.001 PATIENT PRIVACY AND CONFIDENTIALITY
The Florida Medical Association supports principles for the protection of patient information which provides guidelines to safeguard the privacy of patients and ensures the confidentiality of patient information that is stored and/or transferred through any and all means, including electronic; and further shall promulgate this policy to its members and educate its members, other health care providers, payers, and the public to ensure that this policy is widely adopted by all parties who view, manipulate, transfer, or otherwise handle patient information. (*Res 99-73, HOD 1999) (Res 03-22, Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 225.002 AMEND HIPAA REQUIREMENTS IN STATE POISON CONTROL CENTER NETWORK STATUTES *(ARCHIVED)*
(Res 04-39, BOG November 2004) (Sunset HOD 2012)

P 230.000 HEALTH SAVINGS ACCOUNTS

P 230.001 UNINSURED FLORIDIANS
The Florida Medical Association will monitor any proposed legislation as it pertains to the uninsured Floridians issue and, if possible, amend the legislation to include support for Health Savings Accounts and group discounts for prescription medications. *(BOG November 2003) (Reaffirmed HOD 2011) (Reaffirmed HOD 2019)*

P 230.002 HEALTH SAVINGS ACCOUNTS FOR MEDICAID POPULATION *(ARCHIVED)*
(Res 05-62; HOD 2005) (Sunset HOD 2013)

P 230.003 HEALTH SAVINGS ACCOUNTS: AN ALTERNATIVE TO MANAGED CARE *(ARCHIVED)*
(*Res 05-18; HOD 2005) (Sunset HOD 2013)*

P 230.004 PROMOTION OF HEALTH SAVINGS ACCOUNTS
The Florida Medical Association continues to promote the use of Health Savings Accounts by patients and physicians and work with appropriate partners including county medical societies and the banking and insurance industries to streamline and expand the use of Health Savings Accounts to finance medical care as a health insurance financing option. *(Res 07-14, HOD 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 230.005 FEDERAL TAX POLICY AND HEALTH CARE FINANCING
The Florida Medical Association requests the American Medical Association (AMA) reinstate AMA support for significant tax benefits for all Americans with Health Savings Accounts and work within the AMA to ensure that all citizens receive a significant tax benefit for financing of health care. *(Substitute Res 08-34, HOD 2008) (Reaffirmed as amended HOD 2017) (Reaffirmed HOD 2025)*

P 235.000 HEALTH SYSTEM REFORM

P 235.001 THE ROLE OF ORGANIZED MEDICINE IN HEALTH CARE *(ARCHIVED)*
(Res 2-60, A-1992) (Reaffirmed HOD 2005)(Sunset HOD 2013)

P 235.002 INSURANCE REFORM
The Florida Medical Association (FMA) endorses legislation that promotes individual responsibility in heath care by providing for the elimination of underwriting requirements that 1) create artificial barriers to small business insurance pools and 2) allow preexisting condition exclusions; and further endorses legislation that promotes individual responsibility in health care by 1) providing guaranteed portability of health insurance, 2) making the tax deductibility of health insurance uniform for all, and 3) authorizing health insurance vouchers and/or tax credits for the poor. *(Res 94-33, A-1994) (Reaffirmed HOD 2005)(Reaffirmed HOD 2013) (Reaffirmed HOD 2024)*

P 235.003 FLORIDA HEALTH SYSTEM IMPROVEMENT MODEL
The Florida Medical Association approves the characteristics, goals and broad principles of the Florida Health System Improvement Model developed by the Council on Medical Economics. *(BOG October 2008; Refer to Appendix P 235.003) (Reaffirm HOD 2016) (Reaffirmed HOD 2024)*

P 235.004 HEALTH SYSTEM REFORM RELATING TO FMA PRINCIPLES *(ARCHIVED)*
(BOG February 2009) (Sunset HOD 2017)

P 235.005 FMA HEALTH SYSTEM REFORM POLICIES *(ARCHIVED)*
(BOG May 2009) (Sunset HOD 2017)

P 235.006 HEALTH SYSTEM REFORM/THE PHYSICIAN INPUT *(ARCHIVED)*
(Res 09-49, HOD 2009) (Sunset HOD 2017)

P 235.007 FMA POSITION ON THE AMA'S NATIONAL ADVOCACY EFFORTS *(ARCHIVED)*
(Substitute Res 09-51, HOD 2009) (Sunset HOD 2017)

P 235.008 HEALTH CARE FREEDOM AMENDMENT (ARCHIVED)
(BOG May 2010) (Sunset HOD 2018)

P 235.009 IMPLEMENTATION OF HEALTH CARE REFORM LEGISLATION (ARCHIVED)
(Res 10-304, HOD 2010) (Sunset HOD 2018)

P 235.010 IMMEDIATE HALT OF IMPLEMENTATION OF PPACA (ARCHIVED)
(BOG February 2011) (Sunset HOD 2019)

P 235.011 ACTION BY U.S. SUPREME COURT (ARCHIVED)
(BOG February 2011) (Sunset HOD 2019)

P 235.012 REPEAL OF THE PATIENT PROTECTION AND AFFORDABLE CARE ACT
(ARCHIVED)
(BOG February 2011) (Reaffirmed Res 16-409, HOD 2016) (Sunset HOD 2024)

P 235.013 HEALTH ACT OF 2011
The Florida Medical Association (FMA) requests that the American Medical Association petition the office of the President of the United States, the United States Senate, and the House of Representatives to address Medical Malpractice Reform and support the enactment of legislation similar to HR 5 – HEALTH ACT of 2011 by Representative Gingrey. *(Amended Res 11-203, HOD 2011) (Reaffirmed as amended HOD 2019)*

P 235.014 ALERT PUBLIC ON EFFECTS OF PATIENT PROTECTION AND AFFORDABLE CARE ACT
The Florida Medical Association shall alert the public regularly about the impact on their health, access to care and cost of care from implementation of the Patient Protection and Affordable Care Act and other applicable state and federal legislation through press releases, website updates and official spokespersons; and further will work toward doing this in a coordinated way with other interest groups sharing its message, but shall not await such cooperation; and further, decisions to move forward with such messaging will be made by the FMA President. *(BOG October 2011) (Reaffirmed HOD 2019)*

P 235.015 HEALTH INSURANCE EXCHANGES
The Florida Medical Association (FMA) supports the thoughtful, analytic process that Governor Scott and the Florida legislative leaders are employing in evaluating the most desirable method for running Health Insurance Exchanges in Florida as directed under the Affordable Care Act (ACA). The goals of the FMA with regards to Health Insurance Exchanges include maintaining Florida's current protections for patients and physicians and the establishment of a competitive market place where patients can obtain quality health insurance at an affordable price. The FMA supports an ongoing analysis of the various exchanges that are implemented across America with the best possible model being chosen from those evolving in the changing landscape. *(BOG February 2013) (Reaffirmed HOD 2023)*

P 235.016 A TEAM-BASED APPROACH FOR FLORIDA'S MEDICAL NEEDS
The Florida Medical Association will consider how the shortage of physicians may be impacting patients' access to care, how access to care may worsen following implementation of the Affordable Care Act or Medicaid expansion in Florida, and how these access to care issues are driving discussions and support

among policymakers for scope expansion by allied health providers; and further will consider being proactive in responding to these trends and circumstances by developing solutions for policymakers rather than waiting for policymakers to impose solutions on organized medicine; and further that such solutions show how physician-led, collaborative, team-based care can ensure adequate access, protect patient safety, and improve quality of care for all Floridians; and further will consider developing a proposal for the

legislative and regulatory changes necessary to implement such policy. *(BOG February 2013) (Reaffirmed HOD 2023)*

P 235.017 HEALTH SYSTEM PRINCIPLES

Access

Access to appropriate health care coverage for all Americans, including those most vulnerable to health care disparities, regardless of pre-existing conditions

Ensure that low and moderate income patients can secure affordable and adequate coverage

Ensure that Medicaid, the Children's Health Insurance Program and other safety net programs are adequately funded

Support Medicaid payment parity with Medicare for services provided under the Medicaid program.

Support reforms to the Medicaid and Medicare programs to ensure that they are viable and effective mechanisms to provide health insurance coverage to low-income individuals, seniors and the disabled

Support annual Medicare and Medicaid payment updates that keep pace with rising practice costs

Encourage development and testing of different models for covering the uninsured

Maintain key insurance market reforms such as parental coverage for young adults, and no annual/lifetime limits on benefits

Support health insurance coverage of pre-existing conditions with guaranteed issue within the context of requiring individual responsibility, in addition to guaranteed renewability

Provide access to affordable prescription drugs by improving efforts to reduce spending on pharmaceuticals and other key drivers of health care expenses through cost transparency, and permit Medicare to negotiate the cost of drugs.

Choice

Patients should have the ability to voluntarily select a health insurance product that suits their preferences and needs. To protect the interest of patients and physicians, all health plans sold in Florida should be required to comply with the requirements set forth under Florida law

Support the ability of patients to privately contract for medical services of their choice with no penalties

Support increased choice of health plans, including accessibility to high-deductible health plans in conjunction with Health Savings Accounts (HSAs)

Continue advocacy in support of adequate provider networks in plans offered through health insurance exchanges, Medicare Advantage and Medicaid managed care

Advocate for the provision of additional financial and other protections to patients who are forced to seek care out-of-network, including prompt payment of non-participating physicians for their services

Advocate for eliminating all barriers to physician ownership of the health care systems, including hospitals, and for the elimination of Stark and similar laws

Improve access to physicians in all care settings, including small and solo practices

Quality
Improve health equity for minority, underserved and special needs populations

Seek health plan reduction in the number of services and medications that require prior authorization

Support eliminating unfair insurance practices that interfere with the practice of medicine and hamper access to care

Support eliminating onerous, mandatory government reporting requirements and program penalties and seek ongoing improvements in the implementation of MACRA to enhance prospects for successful physician participation in MIPS and APMs

Support efforts to improve health plan transparency for both patients and physicians, including ensuring that provider directories are accurate, complete and up-to-date; requiring health plans to inform physicians of criteria to participate in provider networks; and promoting fair health plan contracting practices.

Advocate for and provide greater cost transparency and value throughout the health care system*

Advocate for and support physician-led health care teams and healthcare delivery system oppose scope of practice laws that lower the standard of care for patients

Improve the ratio of direct patient care time over administrative requirements by reducing regulatory burdens that detract from patient care and increase costs

Continue efforts to streamline EHR interoperability and reduce data blocking to allow any willing provider to participate in a qualified clinical data registry, and work to focus EHR certification requirements on improving usability

Encourage medical liability reforms to reduce the cost of premiums and defensive medicine

Preservation of the physician patient relationship including independent medical decision-making and patient access to needed treatments and education

Advocate for independent Graduate Medical Education funding devoid of commercial conflicts of interest to support an adequate physician workforce

Continue the advancement of delivery reforms and new physician-led payment models to achieve better outcomes, higher quality and lower spending trends

Support exploring the consequences of the direct and indirect ownership of outpatient health care clinics by hospitals and insurance companies. *(Motion 02-17-07, May BOG 2017, Reaffirmed October 2022 Motion 05-22-11))*

P 235.018 UNFAIR MEDICARE PENALTY
The Florida Delegation to the AMA will submit a resolution requesting the AMA lobby to rescind all penalties related to MIPS, including those related to the use of EHRs. *(Amended Res 18-402, HOD 2018)*

P 240.000 HOSPITALS

P 240.001 JCAH STANDARDS FOR HOSPITALS
The Florida Medical Association supports and reaffirms the intent of the AMA House of Delegates in retaining use of the term "medical staff" in lieu of "organized staff" in the JCAH standards for hospitals and further recommends that standards not be changed to permit non-supervised care of patients by persons not fully qualified to practice medicine. *(Res 83-21, A-1983) (Reaffirmed A-1994) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 240.002 USER FEES *(ARCHIVED)*
(BOG October 1983) (Reaffirmed A-1994) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Sunset HOD 2023)

P 240.003 JOINT VENTURE
The Florida Medical Association's policy pertaining to joint ventures between physicians and hospitals is that the ultimate primary role of the physician is to provide the best quality care possible to the patient at the most economical cost at all times. *(BG October 1985) (Reaffirmed A-1996) (Reaffirmed HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 240.004 DIRECT CONTRACTING *(ARCHIVED)*
(BOG July 1997) (Reaffirmed BOG 2007) (Reaffirmed HOD 2015) (Sunset HOD 2023, outdated policy)

P 240.005 THE JOINT COMMISSION
The Florida Medical Association (FMA), through its delegation to the American Medical Association (AMA), instructs its AMA to take whatever steps are necessary to insure that all regulations proposed by the Joint Commission to hospitals take into consideration the cost of carrying them out and their "cost-effectiveness" regarding patient care; and further that The Joint Commission set up processes so that proposals and regulations are developed and evaluated on evidence-based data and be restudied at appropriate intervals; and further that the AMA contact the ACP and ACS and request that they join in this endeavor. *(Res 98-58, HOD 1998) (Reaffirmed HOD 2008) (Reaffirmed as amended 2017)*

P 240.006 STROKE CENTER MANAGEMENT
The Florida Medical Association requests that the Agency for Health Care Administration (AHCA) require only hospitals that have twenty-four hour neurological, neurosurgical, and neuroradiological physician coverage and proper staffing to manage acute brain attacks should be allowed to advertise themselves as a stroke center; and further requests that AHCA sanction hospitals that falsely advertise themselves as stroke centers without the capabilities to manage acute stroke attacks. *(Res 05-80, HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2024)*

P 240.007 PHYSICIAN INDEMNIFICATION FOR TEACHING
The Florida Medical Association shall work with the Florida Hospital Association to: (1) cause the hospital to protect, defend, and indemnify the physician for acts or injuries sustained by trainees in the course of such incidents; (2) hold the physician harmless, and (3) accept total financial responsibility for such acts or omissions, except in those cases where the physician has engaged in wanton and negligent acts that could endanger students. *(Amended Res 08-51, HOD 2008) (Reaffirm HOD 2016)*

P 240.008 DEFINING HOSPITALIST PHYSICIANS
The Florida Medical Association (FMA) adopts policy that a hospitalist be defined according to the Society for Hospital Medicine as one whose primary professional focus is the general medical care of hospitalized patients; and further the FMA supports physicians who are being unfairly excluded from taking care of hospital patients by hospitals or insurance companies that inappropriately classify non-hospitalists as

hospitalists or force a hospitalist program upon a medical staff by providing appropriate legal assistance. *(Res 09-9, HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 240.009 CMS VERBAL ORDER AUTHENTICATION REQUIREMENT
The Florida Medical Association is directed to collaborate with the Florida Hospital Association and the Florida Society of Hospital Physician Executives to effect legislative change to FS 395.3025(12) as follows, "Verbal or telephone orders for hospital services must be authenticated within 30 days from the date of patient discharge; and further, the hospital must maintain the written authentication or documentation of the efforts made to obtain such authentication as part of the medical record." *(Res 11-320, HOD 2011) (Reaffirmed HOD 2019)*

P 240.010 INPATIENT VERSUS OUTPATIENT HOSPITAL MEDICAL CARE
The Florida Medical Association, in conjunction with its delegation to the American Medical Association, and in coordination with the Hospital Association, shall work to assure that both patients and physicians are treated fairly in the process of delineating the hospital admission status of patients. *(Res 11-409, HOD 2011) (Reaffirmed HOD 2019)*

P 240.011 FACILITATING ACCURATE AND DETAILED HOSPITAL PRICE TRANSPARENCY FOR PATIENTS
The Florida Medical Association will send a letter of support to Florida Attorney General James Uthmeier, encouraging his office's continued efforts to enforce Florida's hospital price transparency law, 395.301, F.S., as an initiative of great public importance for patients in the State of Florida, and further work to educate physicians and patients about new and existing price transparency laws. *(Res 25-403, adopted with substituted language, HOD 2025)*

P 245.000 HOSPITALS: MEDICAL STAFFS

P 245.001 NON-GEOGRAPHIC PHYSICIANS *(ARCHIVED)*
(Res 95-9, HOD 1995) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Sunset HOD 2023)

P 245.002 N/A

P 245.003 N/A

P 245.004 SUPPORT LAWNWOOD REGIONAL MEDICAL CENTER *(ARCHIVED)*
(Res 04-38, BOG November 2004) (Sunset HOD 2012)

P 245.005 SUPPORT FOR MEDICAL STAFF AUTONOMY
The Florida Medical Association (FMA) shall continue its efforts to ensure that medical staffs maintain their autonomy from hospital administrations and, through its committee structure; and further is directed to develop an outreach program to hospital staffs designed to improve medical staff autonomy in the interests of patients and physicians; and further will encourage the use of independent attorneys by medical staffs when appropriate; and further shall seek legislation and administrative code changes to ensure medical staff autonomy at the discretion of the Board of Governors; and further will develop uniform model bylaws for members; and further that the medical staff using these model bylaws have access to FMA legal assistance to address any issues. *(Res 07-34, HOD 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2024)*

P 245.006 CONFLICT OF INTEREST DISCLOSURE FOR HOSPITAL MEDICAL EXECUTIVE COMMITTEE MEMBERS *(ARCHIVED)*
(Sub Res 07-46, HOD 2007) (Sunset HOD 2015)

P 245.007 EMERGENCY ROOM CONTRACTS AND HOSPITAL PRIVILEGES
The Florida Medical Association (FMA) is directed to develop guidelines for contractual arrangements between physicians and hospitals regarding emergency room call and reaffirm the rights of physicians to not sign such contracts and not take call if they choose; and further monitor and oppose any legislation that mandates emergency room coverage as a requirement for medical staff privileges and state licensure; and further adopt as policy the position that the hospital medical staff bylaws not contain any provision that mandates emergency room call as a condition of medical staff privileges. *(Amended Res 08-24, HOD 2008) (Reaffirm HOD 2016) (Reaffirmed HOD 2024)*

P 245.008 MEDICAL STAFF MEMBER BILL OF RIGHTS
The Florida Medical Association (FMA) supports and adopts the following medical staff member bill of rights in order to be able to carry out professional obligations and to clearly define the rights which we hold to be self-evident and inalienable: (1) the right to care for patients without compromise; (2) the right to freely advocate for patient safety; (3) the right to be compensated for providing care; (4) the right to be evaluated by unbiased peers who are actively practicing physicians in the community and specialty; (5) the right to care for our own well-being; (6) the right to full due process when privileges are challenged; (7) the right to privacy; and (8) the right of medical staffs to be self-governed and independently advised; and further that the FMA will encourage the formation of medical staff advocacy committees throughout Florida; and further that the FMA will support the medical staff advocacy committees' role with medical staff issues and communications between physicians and hospitals and any other appropriate agency. *(Sub Res 08-45, Supp. BOG Rep. D, HOD 2009) (Refer to P 245.011 for additions to this bill of rights) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 245.009 OUTPATIENT MEDICINE DEPARTMENT
The Florida Medical Association encourages hospital medical staffs to incorporate into their bylaws a membership category for physicians who refer, but not admit, to their hospital. *(Res 09-5, HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 245.010 MEDICAL STAFF SELF GOVERNANCE
The Florida Medical Association (FMA) adopts as policy that the following concepts be included in medical staff bylaws: 1.The medical staff shall have, at the very least, one open medical staff meeting per year where issues will be debated and voted upon in an open forum without collusion or influence by hospital administrators, and 2.The election of the bylaws and changes (including retroactive changes) to the rules and regulations be voted upon at such meeting(s) with a secret ballot under the direct supervision of the medical staff without hospital interference, and 3.The election of medical staff officers be conducted by closed ballot under the direct supervision of the medical staff without hospital interference, and 4. Any financial or other relationship with the hospital which may present a conflict of interest shall be disclosed by nominated and existing medical staff leaders in any official position to the medical staff in a confidential letter to members of the medical staff. These conflicts shall be disclosed at the beginning of each medical executive committee or other medical staff committee meeting. Any member with a conflict must recuse themselves from consideration of the matter and vacate their chair during discussions of the matter with which they have a conflict. 5.In accordance with the American Medical Association's Board of Trustee Report #2, that the governing board of every hospital in Florida have at least one physician member elected by the medical staff. *(BOG Rpt D-1, Amended Res 10-408; HOD 2011) (Reaffirmed HOD 2019)*

P 245.011 MEDICAL STAFF MEMBER BILL OF RIGHTS
The Florida Medical Association supports and adopts the amended Medical Staff Member Bill of Rights to include rights number 9 and 10 as follows: (9) the right of freedom from personal loss or liability for adverse outcomes relating to medical practice based on compassion and good judgment within community standards and (10) the right to fair market and transparent economic competition in our communities between hospitals with or without employee physicians and other allied healthcare professionals and independent physicians

and groups in the delivery of healthcare services and compensation based on appropriate community need. (*Amended Resolution 13-204, BoG May, 2014*) *(Reaffirmed HOD 2022)*

P 245.012 MEDICAL STAFF MEMBER BILL OF RIGHTS
The Florida Medical Association encourages the formation of Medical Staff Advocacy Committees throughout Florida; and further supports the Medical Staff Advocacy Committees' role with medical staff issues and communications between physicians and hospitals and any other appropriate agency; and further will report, or support such report, by a local medical society to the appropriate agency any concern or violation of the Physicians Bill of Rights not resolved by communications between the medical society and hospitals; and further urges county medical societies to disseminate this bill of rights to their members and the hospitals they serve, and further presents the Physician and Medical Staff Membership Bill of Rights to the American Medical Association as a national model to be distributed to all physicians, hospitals and other entities. (*Amended Resolution 13-204, BoG May, 2014*) (*Reaffirmed HOD 2015 Resolution 15-102) (Reaffirmed HOD 2022)*

P 245.013 CALL FOR A MORATORIUM ON MAINTENANCE OF CERTIFICATION
The Florida Medical Association and its delegation to the AMA will make every effort to support legislation to protect against physicians being dropped from hospital medical staffs based solely on maintenance of certification (MOC). *(Res 16-301, HOD 2016) (Reaffirmed HOD 2024)*

P 245.014 DE-LINKAGE OF MEDICAL STAFF PRIVILEGES FROM HOSPITAL EMPLOYMENT CONTRACTS
The Florida Medical Association will pursue state legislation to statutorily de-link/uncouple medical staff privileges from physician employment contracts and purchase service agreements. *(Amended Res 16-307, HOD 2016) (Reaffirmed HOD 2024)*

P 245.015 ASSURE PHYSICIAN DUE-PROCESS IN POTENTIAL LOSS OF PRIVILEGES
The FMA will seek legislation that requires all contracts between hospitals and entities providing physician services to contain a provision affording due process rights for all medical staff members when privileges or employment by the entity are at risk. *(Subst. Res 19-304, HOD 2019)*

P 245.016 COMPOSITION OF THE BODY OF MEDICAL STAFF'S EXECUTIVE COMMITTEE AND/OR BOARD OF TRUSTEES
Principles for Physician Employment (language adopted from AMA Policy H-225.950)
Addressing Conflicts of Interest
A physician's paramount responsibility is to his or her patients. Additionally, given that an employed physician occupies a position of significant trust, he or she owes a duty of loyalty to his or her employer. This divided loyalty can create conflicts of interest, such as financial incentives to over- or under-treat patients, which employed physicians should strive to recognize and address.

Employed physicians should be free to exercise their personal and professional judgement in voting, speaking and advocating on any manner regarding patient care interests, the profession, health care in the community, and the independent exercise of medical judgment. Employed physicians should not bedeemed in breach of their employment agreements, nor be retaliated against by their employers, for asserting these interests. Employed physicians also should enjoy academic freedom topursue clinical research and other academic pursuits within the ethical principles of the medical profession and the guidelines of the organization.

In any situation where the economic or other interests of the employer are in conflict with patientwelfare, patient welfare must take priority.

Physicians should always make treatment and referral decisions based on the best interests of their patients. Employers and the physicians they employ must assure that agreements or understandings (explicit or implicit) restricting, discouraging, or encouraging particular treatment or referral options aredisclosed to patients.

No physician should be required or coerced to perform or assist in any non-emergent procedure thatwould be contrary to his/her religious beliefs or moral convictions; and

No physician should be discriminated against in employment, promotion, or the extension of staff orother privileges because he/she either performed or assisted in a lawful, non-emergent procedure, or refused to do so on the grounds that it violates his/her religious beliefs or moral convictions.

Assuming a title or position that may remove a physician from direct patient-physician relationships--such as medical director, vice president for medical affairs, etc.--does not override professional ethical obligations. Physicians whose actions serve to override the individual patient care decisions of other physicians are themselves engaged in the practice of medicine and are subject to professional ethical obligations and may be legally responsible for such decisions. Physicians who hold administrative leadership positions should use whatever administrative and governance mechanisms exist within the organization to foster policies that enhance the quality of patient care and the patient care experience.

Refer to the AMA Code of Medical Ethics for further guidance on conflicts of interest.

Advocacy for Patients and the Profession

Patient advocacy is a fundamental element of the patient-physician relationship that should not be altered by the health care system or setting in which physicians practice, or the methods by which theyare compensated.

Employed physicians should be free to engage in volunteer work outside of, and which does notinterfere with, their duties as employees.

Contracting

Physicians should be free to enter into mutually satisfactory contractual arrangements, including employment, with hospitals, health care systems, medical groups, insurance plans, and otherentities as permitted by law and in accordance with the ethical principles of the medical profession.

Physicians should never be coerced into employment with hospitals, health care systems, medical groups, insurance plans, or any other entities. Employment agreements between physicians and theiremployers should be negotiated in good faith. Both parties are urged to obtain the advice of legal counsel experienced in physician employment matters when negotiating employment contracts.

When a physician's compensation is related to the revenue he or she generates, or to similar factors,the employer should make clear to the physician the factors upon which compensation is based.

Termination of an employment or contractual relationship between a physician and an entity employing that physician does not necessarily end the patient-physician relationship between theemployed physician and persons under his/her care. When a physician's employment status is unilaterally terminated by an employer, the physician and his or her employer should notify

the physician's patients that the physician will no longer be working with the employer and shouldprovide them with the physician's new contact information. Patients should be given the choice tocontinue to be seen by the physician in his or her new practice setting or to be treated by

another physician still working with the employer. Records for the physician's patients should be retained for as long as they are necessary for the care of the patients or for addressing legal issues facedby the physician; records should not be destroyed without notice to the former employee.
Where physician possession of all medical records of his or her patients is not already required by statelaw, the employment agreement should specify that the physician is entitled to copies of patient chartsand records upon a specific request in writing from any patient, or when such records are
necessary for the physician's defense in malpractice actions, administrative investigations, or other proceedings against the physician.

Physician employment agreements should contain provisions to protect a physician's right to due process before termination for cause. When such cause relates to quality, patient safety, or any other matter that could trigger the initiation of disciplinary action by the medical staff, the physician should beafforded full due process under the medical staff bylaws, and the agreement should not be terminated before the governing body has acted on the recommendation of the medical
staff. Physician employment agreements should specify whether or not termination of employment is grounds for automatic termination of hospital medical staff membership or clinical privileges. When such cause is non-clinical or not otherwise a concern of the medical staff, the physician should be afforded whatever due process is outlined in the employer's human resources policies and procedures.

Physicians are encouraged to carefully consider the potential benefits and harms of entering
into employment agreements containing without cause termination provisions. Employers should never terminate agreements without cause when the underlying reason for the termination relates to quality,patient safety, or any other matter that could trigger the initiation of disciplinary action by the medical staff.

Physicians are discouraged from entering into agreements that restrict the physician's right to practice medicine for a specified period of time or in a specified area upon termination of employment.

Physician employment agreements should contain dispute resolution provisions. If the parties desirean alternative to going to court, such as arbitration, the contract should specify the manner in which disputes will be resolved.

*Refer to the AMA Annotated Model Physician-Hospital Employment Agreement and the AMA Annotated Model Physician-Group Practice Employment Agreement for further guidance
on physician employment contracts.*

Hospital Medical Staff Relations

Employed physicians should be members of the organized medical staffs of the hospitals or health systems with which they have contractual or financial arrangements, should be subject to the bylaws of those medical staffs, and should conduct their professional activities according to the bylaws, standards,rules, and regulations and policies adopted by those medical staffs.

Regardless of the employment status of its individual members, the organized medical staff remains responsible for the provision of quality care and must work collectively to improve patient care and outcomes.

Employed physicians who are members of the organized medical staff should be free to exercise their personal and professional judgment in voting, speaking, and advocating on any matter regarding medical

staff matters and should not be deemed in breach of their employment agreements, nor be retaliated against by their employers, for asserting these interests.

Employers should seek the input of the medical staff prior to the initiation, renewal, or termination of exclusive employment contracts.

Refer to the AMA Conflict of Interest Guidelines for the Organized Medical Staff for further guidance onthe relationship between employed physicians and the medical staff organization.

Peer Review and Performance Evaluations

All physicians should promote and be subject to an effective program of peer review to monitor andevaluate the quality, appropriateness, medical necessity, and efficiency of the patient care services provided within their practice settings.

Peer review should follow established procedures that are identical for all physicians practicing withina given health care organization, regardless of their employment status.

Peer review of employed physicians should be conducted independently of and without interferencefrom any human resources activities of the employer. Physicians--not lay administrators--should be ultimately responsible for all peer review of medical services provided by employed physicians.

Employed physicians should be accorded due process protections, including a fair and objective hearing, in all peer review proceedings. The fundamental aspects of a fair hearing are a listing of specificcharges, adequate notice of the right to a hearing, the opportunity to be present and to rebut evidence,and the opportunity to present a defense. Due process protections should extend to any disciplinary action sought by the employer that relates to the employed physician's independent exercise of medicaljudgment.

Employers should provide employed physicians with regular performance evaluations, which should be presented in writing and accompanied by an oral discussion with the employed physician. Physiciansshould be informed before the beginning of the evaluation period of the general criteria to be considered in their performance evaluations, for example: quality of medical services provided, nature and frequency of patient complaints, employee productivity, employee contribution to the administrative/operational activities of the employer, etc.

(f) Upon termination of employment with or without cause, an employed physician generally should notbe required to resign his or her hospital medical staff membership or any of the clinical privileges held during the term of employment, unless an independent action of the medical staff calls for such action, and the physician has been afforded full due process under the medical staff bylaws. Automatic rescission of medical staff membership and/or clinical privileges following termination of
an employment agreement is tolerable only if each of the following conditions is met:
The agreement is for the provision of services on an exclusive basis; and
Prior to the termination of the exclusive contract, the medical staff holds a hearing, as defined by the medical staff and hospital, to permit interested parties to express their views on the matter, with the medical staff subsequently making a recommendation to the governing body as to whether the contractshould be terminated, as outlined in AMA Policy H-225.985; and
The agreement explicitly states that medical staff membership and/or clinical privileges must beresigned upon termination of the agreement.

Refer to the AMA Principles for Incident-Based Peer Review and Disciplining at Health Care Organizations (AMA Policy H-375.965) for further guidance on peer review.

Payment Agreements

Although they typically assign their billing privileges to their employers, employed physicians or theirchosen representatives should be prospectively involved if the employer negotiates agreements for them for professional fees, capitation or global billing, or shared savings. Additionally, employed physicians should be informed about the actual payment amount allocated to the professional fee component of the total payment received by the contractual arrangement.

Employed physicians have a responsibility to assure that bills issued for services they provide are accurate and should therefore retain the right to review billing claims as may be necessary to verify thatsuch bills are correct. Employers should indemnify and defend, and save harmless, employed physicianswith respect to any violation of law or regulation or breach of contract in connection with the employer's billing for physician services, which violation is not the fault of the employee.
(Substitute Res 19-206, adopted AMA Policy H-225.9950 in lieu of Resolution 19-206; Recommendation B-2, HOD 2021)

P 248.000 IMMUNITY

P 248.001 LIABILITY PROTECTION FOR PHYSICIANS CONDUCTING SCHOOL PHYSICALS

The Florida Medical Association supports greater liability protection to physicians who conduct preschool physical examinations free of charge, as well as those who perform participation (athletic) examinations; and further considers recommending to these physicians that they enter outside provider service contracts with the Department of Health in order to gain protection under the state's sovereign immunity. *(BOG January 1987) (Reaffirmed 2001) (Reaffirmed HOD 2009) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 248.002 VOLUNTEER PROTECTION

The Florida Medical Association supports legislation that provides immunity from civil liability for any person who volunteers to perform any service for a nonprofit organization when the person was acting in good faith. *(BOG January 1992) (Reaffirmed 2002) (Reaffirmed HOD 2010) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 248.003 IMMUNITY FOR EXPERT WITNESSES

The Florida Medical Association supports legislation for immunity for those providing expert opinions and testimony for a state agency or licensing board and that the appropriate state agency provide for all defense needs in the event a suit is filed. *(BOG June 1992) (Reaffirmed 2002) (Reaffirmed HOD 2010) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 248.004 IMMUNITY FROM LIABILITY FOR PRE-PARTICIPATION SCREENINGS IN SCHOOL SPONSORED EVENTS (ARCHIVED)

(Res 03-29, HOD 2003) (Reaffirmed HOD 2011) (Sunset HOD 2019, accomplished)

P 249.000 IMMUNITY (SOVEREIGN)

P 249.001 MALPRACTICE COVERAGE FOR PHYSICIANS PROVIDING INDIGENT CARE - ARCHIVED
(Res 86-44, HOD 1986) (Reaffirmed HOD 1996) (Reaffirmed HOD 2006) (Reaffirmed HOD 2014) (Sunset HOD 2022)

P 249.002 EXTENSION OF SOVEREIGN IMMUNITY PROTECTION
The Florida Medical Association seeks legislation which will provide sovereign immunity protection to physicians who provide health care services to patients covered under Medicaid and other state compensation programs benefiting the indigent and the uninsured. *(Res 92-23, HOD 1992) (Reaffirmed 2002) (Reaffirmed HOD 2011) (Reaffirmed HOD 2019)*

P 249.003 SOVEREIGN IMMUNITY FOR NON-DEPARTMENT OF HEALTH FUNDED CLINICS
The Florida Medical Association seeks legislation broadening professional liability protection for physicians providing voluntary medical services within non-Department of Health contracted philanthropic clinics. *(Res 94-9, HOD 1994) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 249.004 IMPROVEMENTS TO SOVEREIGN IMMUNITY CONTRACTS
The Florida Medical Association seeks to change existing statute, rule and/or contract as appropriate that regulate the State Sovereign Immunity program, in order that the Sovereign Immunity program encourages volunteer physicians to participate; and continue to oppose legislation that limits sovereign immunity or creates barriers for physicians who donate medical care. *(Res 05-23, HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 249.005 SOVEREIGN IMMUNITY FOR PHYSICIANS PROVIDING EMERGENCY MEDICAL CARE
The Florida Medical Association supports legislation that amends Section 768.28, Florida Statutes, to define healthcare professionals providing emergency services as mandated pursuant to Sections 395.1041 and 401.45, Florida Statutes, to be afforded sovereign immunity. *(Amended Res 08-33, HOD 2008) (Reaffirm HOD 2016) (Reaffirmed HOD 2024)*

P 249.006 SOVEREIGN IMMUNITY FOR PHYSICIANS PROVIDING MANDATED TREATMENT IN EMERGENCY ROOMS
The Florida Medical Association supports legislation that would provide sovereign immunity to physicians who provide mandated treatment to patients in emergency rooms. *(BOG October 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 249.007 SOVEREIGN IMMUNITY FOR PROVIDERS OF MANDATED EMERGENCY CARE
The Florida Medical Association supports sovereign immunity for providers of mandated emergency care. *(Res 10-306, HOD 2010) (Reaffirmed as amended HOD 2018) (Reaffirmed HOD 2026)*

P 249.008 INCREASE SOVEREIGN IMMUNITY LIMITS FOR VOLUNTEER HEALTHCARE PROVIDER PROGRAM
The Florida Medical Association supports efforts to increase the sovereign immunity limits for the "Volunteer Healthcare Provider Program", including "We Care", from 200% to 250% of the federal poverty level. *(BoG February 2012) (Reaffirmed HOD 2023)*

P 249.009 LIABILITY PROTECTION FOR PHYSICIANS CARING FOR INCARCERATED PEOPLE
The FMA supports legislation that would provide additional liability protection for physicians caring for incarcerated individuals. *(Res 23-301, HOD 2023)*

P 250.000 IMMUNIZATIONS

P 250.001 ADULT IMMUNIZATIONS
The Florida Medical Association, recognizing that the importance of adult immunizations often is overlooked in campaigns to immunize children, supports adult immunizations when appropriate with special attention to influenza, pneumonia, diphtheria, measles, tetanus, rubella, pneumococcus and hepatitis. *(BOG June 1987) (Reaffirmed 1997) (Reaffirmed BOG October 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 250.002 IMMUNIZATION EXEMPTIONS
The Florida Medical Association strongly opposes any legislation which allows for philosophical exemptions to immunizations and continues to oppose the current law allowing for religious exemptions. *(BOG January 1991) (Reaffirmed 2001) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 250.003 ADULT IMMUNIZATION IN NURSING HOMES
The Florida Medical Association supports efforts to raise adult immunization rates among patients and health care workers in nursing homes. *(BOG March 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 250.004 HEPATITIS C – PREVENTION AND TREATMENT
The Florida Medical Association supports legislation to increase funding for the prevention of and treatment of those stricken with the disease of Hepatitis C. *(Res 06-15, HOD 2006) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 250.005 PARTICIPATION IN STATE IMMUNIZATION REGISTRY
The Florida Medical Association seeks legislation requiring all health care professionals who administer vaccines in the state of Florida to participate in the Florida SHOTS program for individual patients less than 18 years of age. *(Res 06-1, HOD 2006) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 250.006 TIGHTENING CHILDHOOD IMMUNIZATION LAW TO IMPROVE PUBLIC HEALTH
The Florida Medical Association supports legislation to improve and provide information be given to parents regarding immunizations and the dangers of not immunizing; and further supports legislation to improve vaccine data exchange between schools, the Department of Education, the Department of Health and parents, by publishing data by school and county of vaccination and non-vaccination rates by a method to be determined by the Department of Health. (*Res 15-303 HOD 2015) (Reaffirmed HOD 2023)*

P 250.007 CHILDHOOD IMMUNIZATION LAW
The Florida Medical Association supports legislation banning personal and religious exemptions and legislation requiring biennial renewal of medical immunization exemptions. *(Res 15-304 HOD 2015) (Reaffirmed HOD 2024)*

P. 250.008 SUPPORTING ROUTINE IMMUNIZATION OF ALL CHILDREN
Our Florida Medical Association strongly recommends routine childhood immunizations as the safest and most cost-effective way of alleviating disease, disability, and death due to infections caused by vaccine-

preventable diseases; and further supports the on-time, routine immunization of all children and adolescents. *(Res 25-101, HOD 2025)*

P 255.000 INDIGENT CARE

P 255.001 FUNDING OF INDIGENT CARE *(ARCHIVED)*
(BOG October 1986) (Reaffirmed 1997) (Reaffirmed BOG October 2007) (Sunset HOD 2015)

P 255.002 SUPPORT FROM THE HEALTH CARE INDUSTRY
The Florida Medical Association solicits the support of all appropriate participants of the health care industry, including Florida Hospital Association, Florida Nurses Association and other representative organizations, in rendering voluntary care to the indigent. *(BOG June 1991) (Reaffirmed 2001) (Reaffirmed HOD 2009) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 255.003 INDIGENT HEALTH TAX
The Florida Medical Association opposes any and all legislation that would tax physicians to provide health care to Florida's indigent. *(BOG June 1991) (Reaffirmed 2001) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 255.004 EMPLOYED UNINSURED AND UNDERINSURED
The Florida Medical Association encourages employers, particularly small employers, to voluntarily purchase a basic benefit plan consistent with the AMA's basic benefit package either through direct purchase, a multiple employer trust, or a pool to be administered by an agency of state government or some private entity. *(BOG January 1991) (Reaffirmed 2001) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 255.005 AVAILABILITY OF CONTRACEPTIVES FOR RECIPIENTS OF PUBLIC ASSISTANCE
The Florida Medical Association supports legislation that all persons should have access to appropriate forms of contraception regardless of financial means, and that persons receiving public assistance should have all appropriate forms of contraceptives available to them, and that public funds be available for this; and further supports that persons requesting financial assistance (including Aid for Dependent Children) should be counseled concerning the timing of a desired pregnancy and the use of contraceptives, and contraceptives should be made available to them with the clear understanding and reassurance that granting of requested aid will not be influenced by their acceptance or rejection of contraceptives. *(Res 93-67, A-1993) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2024)*

P 255.006 WE CARE PROGRAM
The Florida Medical Association promotes the We Care Program and similar health care volunteer programs on a county-by-county basis. *(Res 95-63, A-1995) (Reaffirmed HOD 2005) (Reaffirmed as amended HOD 2013) (Reaffirmed HOD 2023)*

P 255.007 INCREASE EXCISE TAX TO HELP LOW INCOME CHILDREN *(ARCHIVED)*
(BOG July 2007) (Sunset HOD 2015)

P 255.008 STANDARDIZED PROCEDURES FOR PROVISION OF DRUGS TO MEDICALLY INDIGENT
The Florida Medical Association encourages the American Medical Association to assist the pharmaceutical companies of America to agree upon a standardized set of eligibility requirements and application forms and

procedures for the provision of drugs to the medically indigent. *(Res 00-24, HOD 2000) (Reaffirmed 2009) (Reaffirmed HOD 2018)*

P 260.000 INSURANCE

P 260.001 ASSIGNMENT OF INSURANCE BENEFITS *(ARCHIVED)*
(Res 85-05, A-1985) (Reaffirmed A-1995) (Reaffirmed HOD 2005)(Sunset HOD 2013)

P 260.002 COVERAGE FOR CHILDREN
The Florida Medical Association supports legislation mandating insurance coverage of health maintenance examinations and activities for children. *(BOG February 1986)(Reaffirmed A-96) (Reaffirmed HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 260.003 HEALTH INSURANCE RATES
The Florida Medical Association will closely monitor the Department of Insurance as they review all health insurance rate filings. *(Res 90-32, A-1990) (Reaffirmed 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 260.004 PER DIEM RATES
The Florida Medical Association continues to oppose by all means any attempt by health insurance carriers to force hospitals (or other inpatient facilities) to include physician fees in their overall per diem rate, thereby making physicians hospital employees. *(BOG January 1991) (Reaffirmed HOD 2001) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 260.005 INSURANCE CARRIER REIMBURSEMENT ITEMIZATION
The Florida Medical Association shall petition the State Insurance Commissioner to mandate health insurance carriers operating in Florida to precisely itemize and detail explanations of benefits for both patients and physicians. *(Res 91-48, A-1991) (Reaffirmed 2001) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 260.006 INTEREST ON ERRONEOUSLY DENIED CLAIMS *(ARCHIVED)*
(Res 92-31, A-1992) (Reaffirmed HOD 2006) (Sunset HOD 2014)

P 260.007 P.I.P INSURANCE/PHYSICIAN COMPENSATION *(ARCHIVED)*
(Res 94-28, HOD 1994) (Reaffirmed with editorial changes, HOD 2005) (Sunset HOD 2013)

P 260.008 THIRD-PARTY CONTRACTS NEGATIVELY IMPACTING ON PATIENT CARE
The Florida Medical Association will seek legislation that third-party payers be liable for harm resulting from the results of any of their review decisions which are in conflict with those of the treating physicians. *(Res 95-22, A-1995) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 260.009 VOIDING PHYSICIAN INDEMNIFICATION OF A CARRIER
The Florida Medical Association seeks legislation making insurers (carriers) liable for damages resulting from denial of care and/or other action of "practicing medicine" and that such legislation provide that a clause requiring the physician to indemnify a carrier against litigation resulting from medical services be made null and void in cases where the carrier significantly interfered with the practicing physician's care of the patient. *(Res 95-58, A-1995) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 260.010 SILENT PPOS *(ARCHIVED)*
(Res 96-52, A-1996) (Reaffirmed HOD 2006) (Sunset HOD 2014)

P 260.011 WRITTEN CONFIRMATION OF DENIALS
The Florida Medical Association shall develop and seek legislation that requires all insurance carriers to automatically confirm all denials in writing to the physicians and patients within ten days of the denial. *(Res 96-23, A-1996) (Reaffirmed HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 260.012 INSURANCE COVERAGE OF MENTAL DISORDERS *(ARCHIVED)*
(Res 96-72, A-1996) (Reaffirmed Res 03-3 HOD 2003) (Sunset HOD 2011)

P 260.013 GENETIC TESTING AND INSURANCE COVERAGE
The Florida Medical Association adopts as an urgent priority the development and approval of legislation and regulatory language in Florida to protect patients with identifiable genetic risks from discrimination in insurance underwriting; and further that this language specifically address life, health and disability: prohibiting insurers from denying coverage based on genetic test results; prohibiting the use of genetic test results to set premiums, charge differential rates, or limit benefits; privacy protection of genetic testing results to prohibit insurers from requesting or disclosing such results; prohibiting insurers from considering genetic testing results as pre-existing conditions for purposes of denying or limiting coverage; and further, through its delegation to the American Medical Association (AMA), asks the AMA seek similar federal legislation to prohibit discrimination in life, health and disability insurance underwriting based on the results of genetic testing. *(Res 96-17, A-1996) (Reaffirmed HOD 2003) (Reaffirmed HOD 2011) (Reaffirmed HOD 2019)*

P 260.014 ABOLISH "PRE-EXISTING CONDITION" RULES
(Res 98-22, HOD 1998) (Reaffirmed HOD 2008) (Sunset HOD 2016)

P 260.015 SPECIALTY CARE
The Florida Medical Association supports asking the state of Florida to only allow insurance denials that come from the same specialty physicians who are practicing medicine. *(Res 98-33, HOD 1998) (Reaffirmed HOD 2008) (Reaffirm HOD 2016) (Reaffirmed HOD 2024)*

P 260.016 BARE BONES HEALTH INSURANCE VS MSAS *(ARCHIVED)*
(BOG July 2002) (Sunset HOD 2013)

P 260.017 EXPANDING PERSONAL FINANCING AND HEALTH INSURANCE COVERAGE FOR AMERICANS *(ARCHIVED)*
(Res 05-6, HOD 2005) (Sunset HOD 2013)

P 260.018 ACCEPTANCE OF AUTHORIZATION
The Florida Medical Association supports developing legislation requiring insurance companies to stand behind their initial letters of authorization and not be allowed to subsequently deny payment based on ineligibility. *(Res 05-49, Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 260.019 INSURANCE REPORT CARD
The Florida Medical Association shall develop a health insurance company report card to review various insurance plans. *(BOG September 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2024)*

P 260.020 REPEAL OF CERTAIN PROVISIONS OF THE UPPL (*ARCHIVED)*
(Res 07-12, HOD 2007) (Sunset HOD 2015)

P 260.021 "STRIP MINING" OF OLD CLAIMS BY THIRD-PARTY PAYERS (*ARCHIVED)*
(Res 07-27, HOD 2007) (Sunset HOD 2015)

P 260.022 PREVENT FUTURE SPECIAL ASSESSMENTS ON MEDICAL MALPRACTICE PREMIUMS
The Florida Medical Association seeks legislation to remove any existing special levies on malpractice insurance premiums and oppose any new special levies. *(Res 07-48, HOD 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 260.023 COVER FLORIDA HEALTH ACCESS PROGRAM *(ARCHIVED)*
(BOG April 2008) (Sunset HOD 2016)

P 260.024 TRUTH IN HEALTH INSURANCE MARKETING
The Florida Medical Association seeks legislation to protect the consumer and the physician by requiring that insurers must update and promulgate their current provider directories on line databases each 30 days and their paper directories quarterly; and further that all third party health insurers and managed care organizations failing to comply with this law be assessed a $5,000 fee for each physician identification error identified by complaint to the Department of Insurance. *(Amended Res 08-18, HOD 2008) (Reaffirm HOD 2016) (Reaffirmed HOD 2024)*

P 260.025 CONFIRMATION OF INSURANCE COVERAGE
The Florida Medical Association shall encourage and work with major health insurers to educate physicians and their staff of the resources available for real-time patient insurance eligibility verification and claims adjudication so as to avoid potential non-payment for services rendered. *(Res 08-23, HOD 2008) (Reaffirm HOD 2016) (Reaffirmed HOD 2024)*

P 260.026 STUDY OF THE EFFECTS OF THE MASSACHUSETTS INDIVIDUAL HEALTH INSURANCE MANDATES ON INDIVIDUALS, TAXPAYERS AND PHYSICIANS *(ARCHIVED)*
(BOG August 2008) (Sunset HOD 2016)

P 260.027 PREAUTHORIZATION FOR MEDICAL TESTING
The Florida Medical Association supports legislation making it unlawful for an insurance company or other third party payer to interfere with a licensed MD/DO physician's valid order for a medical test or procedure. *(Res 09-26, HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 260.028 CONTRACT PROVISIONS ON HEALTH CARE PROVIDERS
The Florida Medical Association supports legislation which prohibits insurance companies from forcing contract provisions on health care providers for services not covered by the plan. *(BOG October 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 260.029 HIGH RISK INSURANCE EXPANSION POOL (ARCHIVED)
(BOG October 2010) (Sunset HOD 2019)

P 260.030 LEGISLATION AGAINST INSURANCE AUTHORIZATIONS
The Florida Medical Association supports legislation making it unlawful for an insurance company or other third party payer to interfere with a licensed MD/DO's valid order for a medical test or procedure. *(BOG May 2011) (Reaffirmed HOD 2019)*

P 260.031 RADIOLOGY BENEFITS MANAGEMENT INTRUSION AND TRANSPARENCY ACT
The Florida Medical Association seeks legislation that would require any physician making health insurance coverage recommendations regarding approval or disapproval of diagnostic imaging procedures, or any other patient care decisions, be licensed in the state of Florida, and disclose upon request the guidelines used to make a negative recommendation. *(Sub Res 11-308, HOD 2011) (Reaffirmed HOD 2019)*

P 260.032 UNIFORM INSURANCE ENROLLMENT FORM AND PROCESS
The Florida Medical Association supports a uniform insurance enrollment form and process. *(Res 11-401, HOD 2011) (Reaffirmed HOD 2019)*

P 260.033 A "LEVEL PLAYING FIELD" IN NEGOTIATIONS BETWEEN HEALTH INSURANCE COMPANIES AND PHYSICIANS
The Florida Medical Association (FMA) supports passage of HR-1409 (Quality Health Care Coalition Act of 2011) and further requests the AMA make passage of HR 1409 a top legislative priority. *(Res 11-402, HOD 2011) (Reaffirmed HOD 2019)*

P 260.034 PRIOR AUTHORIZATION
The Florida Medical Association is directed to call on insurers and payers to eliminate complex barriers and reinstate physicians as the primary authorities for patient treatment; and further that the formulary must be transparent, oppose preauthorization of commonly used peer-review supported medication or procedure; and further, a standardized short simple focused universal prior authorization form, available written and electronically must be used, and physicians should be compensated for their time completing this form; and further, if a health plan or insurer does not use the standardized universal prior authorization form or fails to provide a decision within 48 hours that the prior authorization will automatically be deemed granted; and further, reviews should be no more frequent than annually for those with chronic disorders. *(Sub Res 11-407, HOD 2011) (Reaffirmed HOD 2019)*

P 260.035 HIGH RISK INSURANCE POOL (ARCHIVED(
(Amended Res 11-417, HOD 2011) (Sunset HOD 2019)

P 260.036 RADIOLOGY BENEFITS MANAGERS
The Florida Medical Association shall work to change applicable laws and regulations as quickly as possible to ensure that third party benefit managers do not interfere in the patient-physician relationship, specifically that (1) all benefit managers should be licensed in the State of Florida and be a member of the same specialty as the ordering physician; (2) all benefit managers should be considered to be practicing medicine for the patient evaluated for the benefit when engaged in decision making for the patient under review; (3) ordering physicians should be paid for their time at market value when interacting with such benefit managers hired or engaged by any third party; and (4) any third party engaging or hiring a benefits manager shall assume liability for any benefits denied through the use of such benefits manager. *(BOG October 2011) (Reaffirmed HOD 2019)*

P 260.037 IMPROVING MEDICINE APPROVAL FOR PATIENTS WITH RESTRICTIVE INSURANCE COMPANY FORMULARIES (IE. MEDICAID)
The Florida Medical Association encourages insurance companies to identify what equivalent class medicine is on their formulary when they reject or deny a medicine. *(Res 12-411, HOD 2012) (Reaffirmed HOD 2021)*

P 260.038 ENSURING THE AVAILABILITY OF MEDICAL PROFESSIONAL SERVICES AND THE SAFETY OF OFFICE BASED SURGERY
The Florida Medical Association supports legislation requiring all insurance companies to recognize that higher costs exist for professional medical services performed in an office and further to negotiate in good faith with any provider of office based services to contract higher levels of payment to provide those services in the office. *(Res 13-320, HOD 2013) (Reaffirmed HOD 2023)*

P 260.039 HEALTH DELIVERY EVALUATION CRITERIA USED BY MEDICAID AND PRIVATE INSURANCE COMPANIES/ACCOUNTABLE CARE ORGANIZATIONS MUST BE CURRENT AND RECOGNIZED BY NATIONAL SPECIALTY ORGANIZATIONS

The Florida Medical Association promotes administrative corrections with Florida Medicaid and insurance regulatory organizations to mandate the yearly review of criteria used to evaluate health care providers. Criteria can be reviewed more frequently if compelling information is discovered. Guidelines must use currently accepted recommendations by national health care associations including but not limited to the United States Preventative Services Task Force (USPSTF), American Association of Pediatricians (AAP), American Associations of Family Physicians, (AAFP), American College of Obstetrics and Gynecology (ACOG), American Association of Clinical Endocrinology (AACE), American College Physicians (ACP). *(Res 13-410, HOD 2013) (Reaffirmed HOD 2023)*

P 260.040 BEERS LIST

The Florida Medical Association (FMA) supports the use of Beers or similar medication criteria for patients solely as part of an educational process to inform physicians on appropriate medication use in clinical practice; and further the FMA will oppose the use of Beers or similar criteria to deny coverage for medications deemed appropriate for patients by their physicians; and further the FMA supports legislation and administrative rules that prevent insurance companies from denying medications or coverage of medications on "Beers List" prescribed by Florida licensed physicians for their patients and from penalizing physicians, such as through HEDIS Measures or Five Star Performance Ratings, for prescribing these medications based on their best clinical judgment. (*Res 14-402, HOD 2014) (Reaffirmed HOD 2022)*

P 260.041 INSURER COMPLIANCE WITH AUTHORIZATION REQUESTS IN WORKERS COMPENSATION

The Florida Medical Association supports legislation that will amend Florida Statutes to require an insurance carrier to approve or deny a treatment authorization within the time frame already established in Florida law. *(Res 16-305, HOD 2016) (Reaffirmed HOD 2024)*

P 260.042 INSOURCING THE OUTSOURCED HEALTH CARE INSURANCE CALL CENTERS

The Florida Medical Association support requiring health insurers and other health care businesses that handle protected health information to operate their call centers in the United States. *(Amended Res 16-403, HOD 2016) (Reaffirmed HOD 2024)*

P 260.043 INSURANCE FOR MOTORCYCLE MEDICAL EXPENSES

The Florida Medical Association will support legislation in the State of Florida to require the same levels of insurance for medical expenses for motorcycle registration as those for automobiles. *(Res 17-302, HOD 2017) (Reaffirmed HOD 2025)*

P 260.044 TRANSPARENCY

The Florida Medical Association will support legislation that requires health insurance companies to provide their subscribers with itemized statements on prescription coverage that accurately reflect actual payments made, rather than misleading statements about the amount of money the patient "saved." *(Amended Res 17-308, HOD 2017, Reaffirmed Oct BOG 2022 Motion 05-22-11) (Reaffirmed HOD 2025)*

P 260.045 OUT-OF-NETWORK PRINCIPLES
The Florida Medical Association support legislation based on the following principles related to unexpected out-of-network care:
1. Insurers must meet appropriate network adequacy standards that include adequate patient access to care and hospital-based physician specialties. State regulators should uphold such standards in approving health insurance company plans.
2. Insurers must be transparent and proactive in informing enrollees about all deductibles, copayments and other out-of-pocket costs that enrollees may incur.
3. Insurers must maintain at all times an accurate and complete list of all in-network physicians. This information shall be contained in a public database, which must be easily accessible online by health care consumers.
4. Prior to scheduled procedures, insurers must provide enrollees with reasonable and timely access to in-network physicians.
5. Patients who are seeking emergency care should be protected under the "prudent layperson" legal standard as established in state and federal law, without regard to prior authorization or retrospective denial for services after emergency care is rendered.
6. Out-of-network payments must not be based on a contrived Medicare rate or a rate under the control of the insurance company.
7. In lieu of balance billing of patients, an appropriate and fair minimum benefit standard for unexpected out-of-network services should be created. The minimum benefit standard should accurately reflect reasonable physician charges, such as through the establishment of a charge-based reimbursement schedule connected to an independently recognized and verified database that is geographically specific, completely transparent, and independent of the control of either payers or providers.
8. The primary determinant in any provider-carrier dispute resolution process should be based on the usual and customary charges from an independently recognized and verified database that is geographically specific, completely transparent, and independent of the control of either payers or providers.

The FMA should establish a database of physician underpayments based upon carriers' unilateral determination of allowable provider charges arrived at without reference to the usual and customary charges from an independently recognized and verified database that is geographically specific, completely transparent, and independent of the control of either payers or providers. *(Amended Res 17-316, HOD 2017*) *(Reaffirmed, Motion 06-19-17, Oct BOG 2019) (Reaffirmed HOD 2025)*

P 260.046 STANDALONE FEES
The Florida Medical Association seeks legislation to allow physicians to charge a standalone fee to insurers for the service of obtaining all prior authorizations. *(Substitute Res 17-401, HOD 2017) (Reaffirmed HOD 2025)*

P 260.047 DUPLICATIVE CREDENTIALING FOR IN-NETWORK PRACTICE TRANSITIONS
The FMA will supports legislation or administrative rules that would prohibit insurance carriers from subjecting in-network providers to re-credentialing while they transition to a new practice. (Res 18-404, HOD 2018)

P 260.048 DENIALS FOR SUBSTITUTE PROCEDURES THAT CAN BE REASONABLY ANTICIPATED
The Florida Medical Association seeks legislation to prohibit insurance carriers from denying claims for the performance of surrogate procedures that can be reasonably anticipated to be a valid substitution for an authorized procedure to treat an underlying ailment or injury. *(Amended Res 18-405, HOD 2018)*

P 260.049 PRIOR AUTHORIZATION FOR IN-PATIENT CARE AND NON-EMERGENT PROCEDURES
The Florida Medical Association supports legislation to prohibit insurance carriers from requiring prior authorization for patients who are being treated in the hospital; the FMA supports legislation that would prohibit insurance carriers from requiring prior authorization for treatment associated with an emergency condition. *(Amended Res 18-406, HOD 2018)*

P 260.050 SHAM REVIEWS AND TRANSPARENT AUTHORIZATION PROCESS
The Florida Medical Association supports legislation to mandate that all treatment guidelines and authorization protocols implemented by insurance carriers must be 1) transparent and readily available to their insured and treating physician and 2) that Medical Directors making coverage determinations on the grounds of Medical Necessity must certify that they have directly reviewed the relevant medical records and received input from a physician in the same specialty as the treating physician, prior to the denial. *(Amended Res 18-407, HOD 2018)*

P 260.051 AUTHORIZATION DENIAL LETTER
The Florida Medical Association will seek legislation mandating the direct involvement of medical directors of third parties/ insurance companies with physicians who order a test/procedure/treatment for their patients prior to denying the test/procedure/treatment; further the FMA will seek legislation mandating that denials letters must include a specific reason for denial and that it must be hand signed by the medical director. *(Amended Res 19-313, HOD 2019)*

P 260.052 FACILITATING TIMELY AND ACCURATE PRICE TRANSPARENCY
The FMA will 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. *(Amended Res 21-403, HOD 2021)*

P 260.053 BILLING AND COLLECTIONS TRANSPARENCY
The FMA supports the right of physicians to see what is billed and collected for his or her services, regardless of whether the billing and collection is assigned to a third- party entity; the FMA will seek legislation to require employers to directly provide 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; be it further that the FMA opposes requiring physicians to waive access to this information. *(Amended Res 21-404, HOD 2021)*

P 260.054 FACILITATING TIMELY AND ACCURATE PRICE TRANSPARENCY
The FMA 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. *(Res 21-403, adopted as amended HOD 2021)*

P 260.055 PRIOR AUTHORIZATION AND OTHER ADVOCACY SUPPORT OF OPINIONS OF THE AMA, FMA AND COUNTY MEDICAL SOCIETIES
The Florida Medical Association will join other State Medical Societies and the AMA and support and publicize this case about prior authorization by providing an opinion with other engagements letters for such issues nationally and or locally by publicly declaring that insurers and their medical directors and or other decision makers have duty for care if denying or delaying payments for ordered services and should be medically liable for downstream consequences of their decisions and for costs to patients and their physicians. Further, the FMA will study the outcome of litigation pending in the United States Court of

Appeal for the Second Circuit, Valentini et al v. Group Health Inc., the applicability of the decision in this case to Florida law, and report back to FMA members. *(Res 22-208, adopted as amended, HOD 2022)*

P 260.056 HEALTH INSURANCE IDENTIFICATION TRANSPARENCY
The FMA supports any legislation in Florida which calls for health insurance identification card transparency for consumers and which would also aid medical providers in identifying whether a health plan is state or federal plan. *(Res 23-303, HOD 2023)*

P 260.057 FIXING INDEPENDENT DISPUTE RESOLUTION
The FMA seeks legislation which would:

1. Close the Independent Dispute Resolution opt-out loophole & require all Florida health plans that are challenged by physicians groups or hospitals to enter IDR arbitration and to accept the final IDR ruling
2. Make all IDR decisions binding and prospectively applied so that health insurance plans cannot continue to under-reimburse physicians *(Res 23-401, HOD 2023)*

P 260.058 IMPROVING REFUGEE ACCESS AND UTILIZATION OF HEALTHCARE RESOURCES
The Florida Medical Association supports state, local, and community programs and legislation promoting education about existing low-cost healthcare plans, including Medicaid, refugee medical assistance (RMA), and children's health insurance program (CHIP), that provides coverage for refugees; be it further the Florida Medical Association supports legislation that promotes and expands Refugee Health Case management and interpreter services to aid refugees in navigating healthcare in Florida. *(Res 24-403, HOD 2024)*

P 260.059 CONDITION COVERAGE ON THE OUTCOME OF AN EVALUATION OR DIAGNOSIS
The FMA will support legislation that requires insurance companies to cover the costs of a non-emergent evaluation or a diagnostic exam when a physician is responding to a need for examination or diagnosis for an insured patient when documentation of adequate medical necessity is met. *(Amended Res 24-405, HOD 2024)*

P 260.060 ACCOUNTABILITY FOR INSURANCE COMPANIES EMPLOYEES PRACTICING MEDICINE
The Florida Medical Association (FMA) supports legislation to amend Florida Statutes Title XXXII Chapter 458.305 Medical Practice Definitions to include medical peer review, utilization review or diagnostic services that directly influence patient care, except as authorized pursuant to a professional or occupational licensing statute already set forth in the statutes. *(Amended Res 24-407, HOD 2024)*

P 260.061 SUPPORT FOR LEGISLATION CLARIFYING PATIENT REFERRALS BETWEEN INDEPENDENTLY OWNED HEALTH CARE PROVIDER AND FACILITIES
The Florida Medical Association (FMA) supports legislative and regulatory efforts to clarify that good-faith patient referrals between independently owned health care providers and facilities are permissible when no improper financial relationship exists beyond ordinary payment for services; and the Florida Medical Association (FMA) work with the Florida Legislature, the Council on Legislation, and relevant stakeholders to advance policies that provide clear guidance regarding lawful patient referrals between independently owned health care providers and facilities. *(Res. 26-313, adopted with substitute language, HOD 2026)*

P 265.000 INTERNATIONAL MEDICAL VOLUNTEERS

P 265.001 INTERNATIONAL MEDICAL VOLUNTEERS *(ARCHIVED)*
Res 02-53, HOD 2002) (Sunset HOD 2013)

P 270.000 JURY

P 270.001 JURY SELECTION
The Florida Medical Association supports the position that the selection of jurors be taken from registered electors instead of from persons possessing a driver's license or ID card. *(BOG February 2002) (Reaffirmed HOD 2018)*

P 275.000 LABORATORIES

P 275.001 CLIA '88 *(ARCHIVED)*
(Res 92-58, A-1992) (Reaffirmed HOD 2005) (Sunset HOD 2013)

P 275.002 ADDING GRAM STAIN TO PHYSICIAN-PERFORMED CLIA-WAIVED LAB TESTS *(ARCHIVED)*
(Res 93-65, A-1993) (Reaffirmed HOD 2003) (Sunset HOD 2011)

P 275.003 RELIEF FROM CLIA
The Florida Medical Association supports repealing those portions of CLIA including the fee on waived laboratories, other bureaucratic forms, and their inclusions of certain simple tests which otherwise impact unfavorably on physicians and their patients. *(Res 93-63, A-1993) (Reaffirmed HOD 2003) (Reaffirmed HOD 2011) (Reaffirmed HOD 2019)*

P 275.004 NON-PRACTITIONER-ORDERED LABORATORY TESTING *(ARCHIVED)*
(Res 94-43, A-1994) (Reaffirmed HOD 2005)(Sunset HOD 2013)

P 275.005 GUIDELINES FOR REVIEW OF PAP SMEARS IN THE CONTEXT OF POTENTIAL LITIGATION
The Florida Medical Association supports the College of American Pathologists' guidelines for the review of Pap Smears. *(Res 98-9, HOD 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 275.006 STANDARDIZED LAB REPORTING FORMS
The Florida Medical Association shall work with laboratories in our state to standardize reporting forms to make them easier to interpret. *(Res 05-2, HOD 2005) (Reaffirmed as amended HOD 2013) (Reaffirmed HOD 2023)*

P 280.000 LEGISLATION

P 280.001 PATIENTS' RIGHT TO KNOW ACT *(ARCHIVED)*
(BOG October 1996) (Reaffirmed HOD 2006) (Sunset HOD 2014)

P 280.002 NERVE CONDUCTION STUDIES
The Florida Medical Association supports legislation requiring that all providers of nerve conduction studies and electromyography studies be licensed, trained M.D.s or D.O.s licensed pursuant to Chapters 458 and 459, Florida Statutes. *(Res 97-78, HOD 1997) (Reaffirmed BOG 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 280.003 POLITICIAN PROFILES (*ARCHIVED)*
(Res 97-72, HOD 1997) (Reaffirmed BOG 2007) (Sunset HOD 2015)

P 280.004 FINANCIAL RESPONSIBILITY LAW *(ARCHIVED)*
(BOG February 1998) (Reaffirmed HOD 2008) (Sunset HOD 2016)

P 280.005 LEGISLATION PROHIBITING RETALIATORY ACTION
The Florida Medical Association supports legislation prohibiting retaliatory action against a provider. *(BOG July 2002) (Reaffirmed HOD 2010) (Reaffirmed HOD 2018)*

P 280.006 TRUTH IN MEDICAL EDUCATION *(ARCHIVED)*
(BOG January 2003)(Sunset HOD 2011)

P 280.007 STATEWIDE LIEN LAW
The Florida Medical Association supports the Florida Orthopedic Society in seeking a statewide lien law. *(BOG July 2004) (Reaffirmed HOD 2012) (Reaffirmed HOD 2022)*

P 280.008 CRISIS IN MEDICAL CARE IN FLORIDA *(ARCHIVED)*
(Res 05-30, HOD 2005)(Sunset HOD 2013)

P 280.009 LICENSE PLATE FOR DIABETES RESEARCH AND EDUCATIONAL AWARENESS
(ARCHIVED)
(Res 06-19, HOD 2006) (Sunset HOD 2014)

P 280.010 PERFORMANCE OF ELECTRODIAGNOSTIC STUDIES
The Florida Medical Association seeks legislation that would limit the performance of nerve conduction studies and needle EMGs in outpatient facilities to situations where the licensed allopathic or osteopathic physician who is interpreting the study is onsite at the time the study is performed. *(Amended Sub Res07-1, HOD 2008) (Reaffirm HOD 2016) (Reaffirmed HOD 2024)*

P 280.011 ADVOCACY FOR METABOLIC BARIATRIC SURGERY FOR SEVERELY OBESE PATIENTS SUFFERING WITH TYPE 2 DIABETES
The Florida Medical Association supports legislation to promote access to Metabolic Bariatric surgery among severely obese (BMI>35) patients with type 2 diabetes. *(Res 16-110, HOD 2016) (Reaffirmed HOD 2024)*

P 280.012 MAKE FACILITY FEES TRANSPARENT TO CONSUMERS
The Florida Medical Association supports legislation that would require health care facilities in Florida that charge a facility fee to disclose at the time an appointment is made that there will be a facility fee in addition to the professional fees, and further the amount of the facility fee must also be disclosed. *Res 15-305, BOG October 2015) (Reaffirmed HOD 2023)*

P 280.013 COORDINATION OF INTERDISCIPLINARY AFFAIRS
The FMA will continue to work with other health care professions on issues of common interests, when appropriate. *(Sub. Res 21-306, HOD 2021)*

P 280.014 REPEAL PARENTAL CONSENT
The Florida Medical Association will seek legislation to fix the problems in HB 241 mandating parental consent for the treatment of minors. *(Res 21-317, HOD 2021)*

P 283.000 LIABILITY / PROFESSIONAL LIABILITY

P 283.001 PROFESSIONAL LIABILITY MANDATORY INSURANCE
The Florida Medical Association disapproves the requirement of professional liability insurance as a condition of licensure and seeks such action as a legislative objective. *(BOG October 1985)(Reaffirmed HOD 1996) (Reaffirmed HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 283.002 NOT-FOR-PROFIT LIABILITY
The Florida Medical Association supports legislation to provide exemptions from liability for not-for-profit professional associations and their directors and officers. *(BOG January 1987) (Reaffirmed HOD 2001) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 283.003 MANDATORY INSURANCE FOR LICENSURE
The Florida Medical Association reaffirms its policy that mandatory insurance coverage to obtain license is contrary to the health of the citizens of Florida, and that every effort will be utilized to combat legislation that would seek this end. *(Res 87-38, HOD 1987) (Reaffirmed 2001) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 283.004 JUDICIAL RECOGNITION OF CONTRACTUAL WAIVERS OF LIABILITY
The Florida Medical Association supports legislation requiring judicial recognition of contractual waivers of liability actions for unintentional injuries incurred in medical treatment. *(Res 88-18, HOD 1988) (Reaffirmed HOD 1998) (Reaffirmed HOD 2008) (Reaffirm HOD 2016) (Reaffirmed HOD 2024)*

P 283.005 PPO, HMOS
The Florida Medical Association supports legislation that would prohibit hospitals from requiring professional liability insurance of physicians participating in these plans or hospitals greater than the current financial responsibility law, as set out in section 458.320, Florida Statutes. *(BOG January 1990) (Reaffirmed HOD 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 283.006 MEDICAL PROFESSIONAL LIABILITY
The Florida Medical Association supports the use of the term "medical professional liability" instead of "medical malpractice." *(BOG October 1990) (Reaffirmed 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 283.007 NATIONAL DATA BANK REPORTING
The Florida Medical Association, through its delegation to the American Medical Association, shall pursue federal legislative and administrative solutions to avoid reporting medical malpractice settlements of less than $10,000 to the National Data Bank as these amounts are generally considered nuisance settlements. *(Res. HOD 1994) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 283.008 PHYSICIAN INVOLVEMENT IN PRODUCT LIABILITY CASES
The Florida Medical Association endorses legislation to exempt physicians from product liability cases in which the product in question is a recognized and approved item not harmful to the health and well-being of the patient; and further seeks legislation to overturn existing statutes that cause physicians to be responsible for the safety, quality and performance of qualified products used in the practice of medicine. *(Res 94-63, HOD 1994) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 283.009 MEDICAL DEVICES AND PHYSICIAN RESPONSIBILITY
The Florida Medical Association supports the premise that medical device manufacturers are ultimately responsible for conducting the necessary testing, research, and clinical investigation, and scientifically

proving the safety and efficacy of medical devices approved by the Food and Drug Administration. *(Res 96-27, HOD 1996) (Reaffirmed HOD 2006) ((Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 283.010 MINIMUM MALPRACTICE COVERAGE
The Florida Medical Association seeks a legislative remedy ensuring that physicians not be required to provide malpractice coverage exceeding that required by Florida law. *(Res 99-37, HOD 1999) (Reaffirmed HOD 2011) (Reaffirmed HOD 2019)*

P 283.011 FINANCIAL RESPONSIBILITY FOR MALPRACTICE AWARDS
The Florida Medical Association supports the right of physicians to practice without the purchase of professional liability insurance when it is otherwise unaffordable; assist physicians who wish to practice medicine without liability insurance by providing logistical support and available information that addresses this issue; and further calls for a significant easing of financial restrictions for those physicians practicing medicine without liability insurance as delineated in current Florida Statutes. *(Res 02-7, HOD 2002) (Reaffirmed HOD 2010) (Reaffirmed HOD 2018)*

P 283.012 REQUIREMENT TO CARRY LIABILITY INSURANCE TO PRACTICE IN HOSPITAL *(ARCHIVED)*
(BOG November 2002) (Reaffirmed Res 03-13, HOD 2003) (Sunset HOD 2011)

P 283.013 2004 LEGISLATION PRIORITY *(ARCHIVED)*
(BOG July 2003) (Sunset HOD 2011)

P 283.014 ELIMINATE MANDATORY MALPRACTICE INSURANCE REQUIREMENTS BY THIRD PARTY PAYERS
The Florida Medical Association (FMA) supports working toward eliminating the policy of certain third party payers to require physicians on their panels to carry malpractice insurance; and further should the policy of mandatory malpractice insurance requirements not change voluntarily, the FMA will investigate a legislative solution. *(Res 03-12, HOD 2003) (Reaffirmed HOD 2011) (Reaffirmed HOD 2019)*

P 283.015 SELF-INSURED PHYSICIANS
The Florida Medical Association supports a policy that enables physicians to either temporarily or permanently stop paying their liability insurance premiums and self-insure as the only means of continuing to practice and care for their patients. *(Res 03-39, HOD 2003) (Reaffirmed HOD 2011) (Reaffirmed HOD 2019)*

P 283.016 PROFESSIONAL LIABILITY INSURANCE LEGISLATION *(ARCHIVED)*
(Ex Comm August 2003) (Sunset HOD 2011)

P 283.017 THREE STRIKES AND OUT AMENDMENT
The Florida Medical Association supports physicians in the defense against the application of the "three strikes and you are out" constitutional amendment via the filing of amicus briefs and public statements on behalf of physicians. *(BOG July 2004) (Reaffirmed HOD 2012) (Reaffirmed HOD 2023)*

P 283.018 DECLARATION OF LIABILITY PROTECTION FOR VOLUNTEER PHYSICIANS
The Florida Medical Association supports legislation to reform the current system to facilitate the provision of free care to the uninsured including protection from liability for physicians volunteering to provide uncompensated care to low income individuals (equal to or less than 250% Federal Poverty Level). *(Res 05-27, HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 283.019 FABRE CHANGES
The Florida Medical Association opposes any legislation changing current law relating to the Fabre doctrine. *(BOG Rpt C-1, HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 283.020 USE OF FMA FORM FOR WAIVER OF PATIENT'S RIGHTS TO SUE
In order to use the FMA form for the waiver of a patient's right to sue a physician for non-economic damages greater than $250,000, a physician must be a member of the FMA and his or her county medical society; and further all members of a group practice must be members of the FMA and their county medical society in order for any member of the group practice or the group to use the FMA waiver form with the exception that if all members of a group practice are not members of the FMA, a group practice may use the FMA waiver form only if the group practice pays the FMA a licensing fee per non-FMA member in an amount to be determined by the FMA. *(BOG October 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 283.021 PATIENT'S COMPENSATION SYSTEM (ARCHIVED)
(BOG October 2011) (Sunset HOD 2019)

P 283.022 PHYSICIAN RIGHT TO DECLINE SUPERVISION OF NON-PHYSICIAN CLINICIANS
The FMA affirms its support for physician-led, team- based care; further 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; further the FMA provide education and guidance to physicians who might be required to supervise APRNs and PAs as a condition of employment. *(Board Report D, Recommendation D-1, Res 17-410, substitute language adopted HOD 2019)*

P 283.023 INITIAL ASSESSMENT AND TREATMENT RECOMMENDATIONS BY SPECIALISTS
The FMA request that the various primary care and specialty societies work collaboratively to develop and publish appropriate guidelines on the use of Advanced Registered Nurse Practitioners and Physician Assistants for referrals and evaluations. *(Board Report D, Recommendation D-2, Resolution 19-102, substitute language adopted BOG 2022, motion 03-22-17)*

P 283.024 EMPLOYED PHYSICIAN NONCOMPETE CONTRACTS
The FMA will support legislation that non-compete clauses should not be allowed in employed physician contracts when the employing entity is not physician owned and operated and has over 30 employed physicians and the employer has no standard mechanism for future proportional equity partnership within the organization. *(Res 22-308, adopted as amended, HOD 2022)*

P 283.025 HOME AND BIRTH CENTER SAFETY
The Florida Medical Association will support administrative change or legislation to establish that the consulting obstetrician already required by current law for licensed midwives or certified nurse midwives performing deliveries in a free-standing birth center or in the home setting, be an actively practicing obstetrician certified or board eligible by the American Board of Obstetrics and Gynecology or American Osteopathic Board of Obstetrics and Gynecology with privileges at the hospital designated for emergency transfer; further the FMA will support the current language in Statute 467.017 which provides immunity from civil damages as a result of care provided by the accepting OBGYNs and mid-wives for patients transferred from free-standing birth centers or home births. *(Amended Res 22-312, HOD 2022)*

P 283.026 PROHIBITING COVENANTS NOT-TO-COMPETE IN PHYSICIAN CONTRACTS
The Florida Medical Association supports policies, regulations, and legislation that prohibits covenants not-to-compete for all physicians in practice who hold employment contracts with for-profit or non-profit

hospitals, hospital systems, or staffing company employers; and be it further the Florida Medical Association opposes the use of restrictive covenants not-to-compete as a contingency of employment for any physician-in-training, regardless of the ACGME accreditation status of the residency/fellowship training program. *(Res 24-301, HOD 2024)*

P 283.027 LIMITATION ON DISCLOSURE OF MEDICAL MALPRACTICE HISTORY
All relevant medical entities of the State of Florida – including, but not limited to, employers, hospitals, insurance providers, and legal or regulatory bodies – should limit requests for a physician's malpractice history to settlements and judgments attributable to the physician occurring within the most recent ten (10) years. *(Res 25-404, adopted as amended, HOD 2025)*

P 285.000 LICENSURE

P 285.001 MEDICAL LICENSURE BY ENDORSEMENT
The Florida Medical Association opposes issuance of medical licenses by personal endorsement in lieu of presentation of an actual degree from a medical school. *(BOG October 1982) (Reaffirmed 1993) (Reaffirmed HOD 2003) (Reaffirmed HOD 2011) (Reaffirmed HOD 2019)*

P 285.002 INFORMATION ON PAID CLAIMS *(ARCHIVED)*
(BG Rpt D, HOD 1985) (Reaffirmed A-1995) (Reaffirmed with editorial changes, HOD 2005) (Sunset HOD 2013)

P 285.003 LICENSING OF PHYSICIANS - PREFERENTIAL TREATMENT
The Florida Medical Association opposes any legislation that would allow, in special cases, physicians to bypass state licensing boards to practice medicine in Florida. *(Res 85-24, A-1985) (Reaffirmed A-1995) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 285.004 LICENSURE EXAMINATION
The Florida Medical Association supports the coordination with the Department of Health in developing legislative support for a proposal to ensure that all individuals applying for and taking the medical licensure examination in Florida have met the same educational standards and training requirements necessary to practice medicine in the state. *(BOG October 1985) (Reaffirmed A-1996) (Reaffirmed HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 285.005 MEDICAL LICENSURE – EXCEPTIONS *(ARCHIVED)*
(Res 85-24, A-1985) (Reaffirmed A-1995) (Reaffirmed HOD 2005)(Sunset HOD 2013)

P 285.006 EDUCATIONAL REQUIREMENTS
The Florida Medical Association supports the efforts of the Florida Board of Medicine in upholding the standards of licensure; and further encourages the Florida Legislature to provide that requirements for licensure include adequate premedical education as determined by the Board of Medicine, a medical school curriculum deemed adequate in duration, and in course content as determined by the Florida Board of Medicine, and include at least one year of appropriate postgraduate training as determined by the Florida Board of Medicine. *(Res 86-26, A-1986) (Reaffirmed A-1996) (Reaffirmed HOD 2006) (Reaffirmed as amended HOD 2014) (Reaffirmed HOD 2022)*

P 285.007 UPHOLDING STANDARDS OF LICENSURE
The Florida Medical Association supports the efforts of the State Board of Medical Examiners in upholding standards of licensure and encourages the legislature to provide that requirements for licensure include adequate premedical education, a medical school curriculum deemed adequate in duration and in course

content, and include at least one year of appropriate postgraduate training. *(BOG October 1986) (Reaffirmed HOD 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 285.008 PRESCRIBED PROCEDURES
The Florida Medical Association opposes any legislative proposal similar to the Cleveland Clinic plan to be located in Broward County that would allow physicians to become licensed in Florida without having to follow the same prescribed procedures and examination as other physicians who practice in the state as required by Florida law. *(BOG May 1987) (Reaffirmed HOD 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 285.009 STATE MEDICAL LICENSURE REQUIREMENT
The Florida Medical Association believes that licensure to practice medicine in the state of Florida should be based on training and competence and not on socioeconomic principles. *(BOG February 1987) (Reaffirmed 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 285.010 MANDATED ACCEPTANCE OF THIRD-PARTY PAYERS
The Florida Medical Association opposes mandated acceptance of a third-party payer assignment as a condition for licensure. *(BOG January 1987) (Reaffirmed 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 285.011 OPPOSE TAX, LICENSURE FEES OR ASSESSMENT ENACTED BY THE FLORIDA LEGISLATURE
The Florida Medical Association adopts as fundamental public policy its opposition to any tax, license or user fee, or other assessment proposed or enacted by the Florida legislature or any other body which by nature, intent, or structure contrives to place a unique or disproportionate burden for the cost of any area of medical care upon individual health care providers rather than upon the general population of the state of Florida which benefits by access to such care. *(Res 89-04, A-1989) (Reaffirmed 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 285.012 MANDATORY ASSIGNMENT AND LICENSURE
The Florida Medical Association vigorously opposes any attempt to tie medical licensure to the obligation to see any patient or group of patients, including Medicare beneficiaries and requests the American Medical Association to work at a national level to oppose any such attempts. *(Res 91-78, A-1991) (Reaffirmed 2001) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 285.013 FLORIDA LICENSURE FOR DIRECTORS OF PUBLIC HEALTH
The Florida Medical Association seeks legislation requiring that not only the state health officer but also directors of county public health departments be physicians or certified, licensed providers licensed under Chapter 458, F.S., or Chapter 459, F.S. *(Res 96-22, A-1996) (Reaffirmed HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 285.014 FLORIDA LICENSURE FOR MEDICAL DIRECTORS AND CONSULTANTS
(ARCHIVED)
(Res 96-21, A-1996) (Reaffirmed HOD 2006) (Sunset HOD 2014)

P 285.015 MEDICAL DIRECTORS IN POST-ACUTE CARE FACILITIES
The Florida Medical Association believes that that medical directors of post-acute care facilities, including but not limited to adult living facilities, nursing homes, rehabilitation facilities, skilled nursing units, and subacute care units, should be physicians licensed under Florida Statutes 458 and 459; and further opposes any attempts to abolish mandates that only physicians licensed under F.S. 458 and F.S. 459 be medical

directors at post-acute care facilities. *(Res 96-13, A-1996) (Reaffirmed HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 285.016 LICENSURE FEES *(ARCHIVED)*
(BOG November 1997) (Reaffirmed BOG 2007) (Reaffirmed HOD 2015) (Sunset HOD 2023)

P 285.017 LICENSURE RESIDENCY REQUIREMENTS
The Florida Medical Association supports equal residency licensure requirements for U.S. and International Medical Graduates. *(Res 98-67, HOD 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 285.018 LICENSURE OF HOSPITAL ADMINISTRATORS (ARCHIVED)
(BOG July 2002) (Reaffirmed HOD 2010) (Sunset HOD 2018)

P 285.019 ANESTHESIOLOGIST ASSISTANTS *(ARCHIVED)*
(BOG July 2003) (Sunset HOD 2017)

P 285.020 FOREIGN PHYSICIAN LICENSURE
The Florida Medical Association opposes legislation that allows a physician to practice in Florida without meeting the same requirements as all other applicants. *(BOG Rpt. C-1, HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 285.021 LICENSURE OF INTERNATIONAL MEDICAL GRADUATES
The Florida Medical Association supports equal licensure requirements for all International Medical Graduates and United States Medical Graduates; and further supports educating legislators about the importance and relevance of an ACGME-approved training program designed to achieve the highest patient quality and safety standards. *(Res 06-32, HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 285.022 RESTRICTED LICENSURE FOR CERTAIN FOREIGN-LICENSED PHYSICIANS
The Florida Medical Association opposes any waivers of postgraduate training requirements for medical licensure. *(Res 06-33, HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 285.023 BOARD CERTIFICATION NOT REQUIRED FOR MAINTENANCE OF LICENSURE
The Florida Medical Association opposes any action(s) by the Florida Board of Medicine to implement board certification as a condition of licensure or re-licensure; and further opposes any such legislation and/or language to be placed; and further opposes any and all action to limit licensure or re-licensure of a physician based on certification. *(Res 08-15, HOD 2008) (Reaffirm HOD 2016) (Reaffirm via Res. 17-113, HOD 2017) (Reaffirmed HOD 2025)*

P 285.024 STREAMLINE PROCEDURE FOR LIMITED LICENSE *(ARCHIVED)*
(Res 09-22, HOD 2009) (Sunset HOD 2017)

P 285.025 LIMITED LICENSURE FOR RETIRED MILITARY PHYSICIANS
The Florida Medical Association does not support legislation providing limited licensure for retired military physicians. *(BOG October 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 285.026 PROTECTING FLORIDA'S PHYSICIANS FROM MANDATORY HEALTH NETWORK PARTICIPATION
The Florida Medical Association (FMA) is directed to work with any appropriate physician advocacy organization to continue to oppose any legislation that would tie the license to practice medicine in the state of Florida to mandated participation in any health care network, insurance plan or public health care system;

forced public service initiatives, mandated emergency room coverage, or affiliation with any public or private third party payer organization; and further, work with any appropriate physician advocacy organization to actively oppose any federal legislation that would tie the allocation of federal funds to state-based requirements of mandated physician participation in any health care network, insurance plan or public health care system, forced public service initiatives, mandated emergency room coverage, or affiliation with any public or private third party payer organization as a condition of licensure; and further, should the federal government make these types of demands on the state of Florida, seek an injunction against such demands in Federal court and will encourage the state of Florida to do the same; and further, work with the Florida Legislature to introduce legislation that prevents the linkage of licensure to the acceptance of any government or private insurance, public health care system, forced public service initiatives or mandatory ER coverage. *(Amended Sub Res 10-309, HOD 2010) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 285.027 OPPOSITION TO THE FSMB MAINTENANCE OF LICENSURE (MOL) PROGRAM ADOPTION IN FLORIDA

The Florida Medical Association (FMA) opposes any efforts by the Florida Board of Medicine and the Florida Board of Osteopathic Medicine to require the Federation of State Medical Boards, Inc., (FSMB) "maintenance of licensure (MOL)" program, "maintenance of certification (MOC)", or ecertification by a specialty medical board as a condition of licensure in the State of Florida, and further directs the delegation to the American Medical Association submit a similar resolution for national consideration. *(Res 13-101 HOD 2013) (Reaffirmed HOD 2023)*

P 285.028 BOARD CERTIFICATION AS PROOF OF COMPETENCY

The Florida Medical Association (FMA) supports legislation which would allow physicians to submit any board certification accepted by the Florida Board of Medicine (BOM) and Florida Board of Osteopathic Medicine (BOOM), that has educational requirements that meet or exceed current requirements for state licensure active ABMS or American Osteopathic Association certification as an alternative pathway for compliance with MD/DO Florida licensure and re-licensure continuing medical education requirements with the exception of that required by statute. *(Res 15-109, HOD 2016) (Reaffirmed HOD 2024)*

P 285.029 HEALTH CARE MARKET EFFICIENCY AND LICENSURE

The Florida Medical Association (FMA) seeks legislation to improve the efficiency of the health care markets and eliminate unnecessary administrative and regulatory requirements; health care providers shall not be required, by any public or private entity to comply with maintenance of certification requirements after achieving initial board certification, other than the continuing medical education (CME) requirements set by the health care provider's licensing board. *(Motion 2-16-03, May BOG 2016) (Reaffirm via Res 17-113, HOD 2017) (Reaffirmed HOD 2025)*

P 285.030 INTERSTATE MEDICAL LICENSURE COMPACT

The Florida Medical Association supports the Interstate Medical Licensure Compact, so long as currently practicing Florida physicians do not have to bear any of the cost of the Compact, licensure through the Compact stays voluntary, and the Board of Medicine and the Board of Osteopathic Medicine remains in control of the practice of medicine in Florida. *(Motion 2-16-09 May BOG 2016) (Reaffirmed HOD 2024)*

P 285.031 MENTAL HEALTH QUESTIONS

The Florida Medical Association encourage state licensing boards and other credentialing organizations, including the Florida Board of Medicine and Florida Board of Osteopathic Medicine to refrain from asking applicants about past history of mental health diagnosis or treatment, and only focus on current impairment by mental illness. *(Motion 2-17-07, May BOG 2017)*

P 285.032 PROMOTION OF LIFE-LONG LEARNING FOR MAINTENANCE OF CERTIFICATION
The Florida Medical Association reaffirms P. 285.023 that it opposes any efforts to require Maintenance of Certification (MOC) as a condition of medical licensure. The FMA reaffirms P. 285.029 that "health care providers shall not be required, by any public or private entity to comply with Maintenance of Certification requirements after achieving initial board certification, other than the continuing medical education (CME) requirements set by the health care provider's licensing board."

The FMA recognizes life-long learning for a physician is best achieved by ongoing participation in a program of high quality continuing medical education (CME) appropriate to that physician's medical practice as determined by the relevant specialty society. The FMA calls upon the ABMS and its component boards to end the current MOC process, that includes high-stakes interval testing in favor of life-long learning with a program of high quality CME courses appropriate to that physician's medical practice as determined by the relevant specialty society.

The FMA will actively support legislation that advances our stated policy on Maintenance of Certification and aggressively promote these policies to the appropriate organizations. *(Substitute Res. 17-113, in lieu of original Res. 17-113 and 17-114, HOD 2017) (Reaffirmed HOD 2025)*

P 285.033 END THE MONOPOLY ON CERTIFYING PHYSICIANS BY THE AMERICAN BOARD OF MEDICAL SPECIALTIES
The FMA support legislation to amend Florida Statute Section 458.3312 to allow physicians that have received initial recognition by the American Board of Medical Specialties as a board-certified specialist to continue to advertise as such regardless of whether the certification is maintained in the future. *(Res 22-113, substitute language adopted HOD 2023)*

P 285.034 SUPPORTING PROVISIONAL LICENSURE FOR ANESTHESIOLOGIST ASSISTANTS
The FMA will support the FSA through legislative or regulatory efforts to create a pathway for provisional licensure in the State of Florida for AA graduates of an approved training program who are registered for the next available exam administered by the NCCAA. *(Res 25-105, HOD 2025)*

P 290.000 LONG-TERM CARE

P 290.001 DNR NURSING HOME PATIENTS
The Florida Medical Association supports educational programs for all long-term care facilities to promote the identification of patients' DNR-O status. *(Res 97-47, HOD 2002) (Reaffirmed BOG 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 290.002 MARRIED COUPLES TO REMAIN IN SAME LIVING FACILITY
The Florida Medical Association supports efforts to create living situations using current state programs such as Medicaid or the Medicaid diversion program that will allow couples with varying levels of personal care and medical needs to remain together in a single facility. *(Res 07-41, HOD 2007) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 290.003 ELDER ABUSE IN FLORIDA
The FMA will work with the state to assure that Florida physicians and providers who report patients with financial, verbal, or emotional forms of elder abuse be linked to the FL Department of Elder Affairs protective services investigation; further the FMA investigate strategies with the state to standardize the documentation of financial, verbal or emotional forms of elder abuse in EHR systems, when indicated, which trigger appropriate referrals; further the FMA review existing legislation on elder protection and develop

advocacy strategies for further strengthening laws to further protect Florida's elderly. *(Res 22-109, HOD 2022)*

P 290.004 ELDER ABUSE REPORTING
The FMA will advocate for the enforcement of existing laws on elder abuse and the FMA will gather information on existing reporting of cases of elder abuse. *(BOG October 2022, Motion 05-22-10)*

P 295.000 MANAGED CARE

P 295.001 HMO FINANCIAL RESPONSIBILITY FOR EMERGENCY CARE (*ARCHIVED)*
(Res 85-25, A-1985) (Reaffirmed A-1995) (Reaffirmed HOD 2005) (Sunset HOD 2013)

P 295.002 MANAGED CARE
The Florida Medical Association supports the position that managed care organizations (HMOs, PPOs, IPAs, etc.) should not compromise nor affect the quality of access to appropriate health care. *(BOG February 1986) (Reaffirmed HOD 1996) (Reaffirmed HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 295.003 FAIR COMPENSATION
The Florida Medical Association supports whatever action is appropriate to ensure that all physicians participating in managed care programs are compensated fairly and to prevent managed care organizations from pressuring physicians based on exploitive contracts. The Florida Medical Association will also establish or designate a standing committee to address managed care contracts with physicians and other managed care issues including provisions that patients retain their ability to see a physician of their choice. *(Res 92-13, HOD 1992) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 295.004 ANY WILLING PROVIDER LEGISLATION
The Florida Medical Association (FMA) seeks to enact legislation which would allow any licensed physician willing to agree to the terms of a managed care contract, including the contract reimbursement schedule and other stipulated requirements, regardless of his or her affiliation or lack of affiliation with a hospital medical staff, to participate and not be excluded from delivering medical services to the patients of the managed care organization; and further the FMA Board of Governors should consider working with established coalitions to address the issue of allowing patients the ability to choose their physician and select the type of health insurance coverage they desire. *(Res 93-08, HOD 1993, Reaffirmed HOD 2003) (Reaffirmed with one amendment HOD 2011) (Reaffirmed HOD 2019)*

P 295.005 PRESERVATION OF PATIENTS' FREEDOM OF CHOICE IN MANAGED CARE PLANS
The Florida Medical Association (FMA) shall undertake efforts through legislation to ensure patients will have the freedom to choose an M.D. or D.O. of their choice without undue economic restraints; and further undertake efforts through the Legislature to make necessary changes in the Florida Statutes to ensure that M.D./D.O.s will be able to participate in any managed care plan as long as he/she is properly credentialed to practice the specialty of medicine and is willing to accept the established fee schedule; and further the managed care criteria for M.D./D.O.'s qualification for inclusion should be available for circulation to the physician community and the public. *(Res 94-6, HOD 1994) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 295.006 STANDARD CONTRACT RE: HEALTH CARE ORGANIZATIONS (ARCHIVED)
(Res 95-54, HOD 1995) (Reaffirmed HOD 2005) (Reaffirmed as amended HOD 2013) (Sunset HOD 2023, AMA has a national managed care contract)

P 295.007 NEGATIVE INCENTIVES IN MANAGED CARE CONTRACTS
The Florida Medical Association shall encourage, promote and foment the passage of legislation in the Florida State Legislature and in the U.S. Congress to make illegal, null and void any provision of a managed care contract which: (a) requires physicians to pay from their capitation for patient laboratory or imaging services or for consultations, or (b) provides for other negative incentives, either direct or indirect, to discourage physicians from utilizing necessary laboratory or imaging services or consultations. *(Res 95-44, HOD 1995) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 295.008 MANAGED CARE NEGOTIATIONS
The Florida Medical Association (FMA) shall initiate discussions with appropriate managed care companies in the state, the purpose of which will be to develop principles on an agreement between the FMA and managed care companies for voluntary, non-legislative solutions to problems of concern to the FMA and managed care companies relating to issues such as, but not limited to, patient choice, physician selection/deselection, utilization review and quality assurance. *(Res 95-31, HOD 1995) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 295.009 PATIENTS' RIGHT TO KNOW
The Florida Medical Association shall seek legislation that would obligate medical plans and medical facilities to make full disclosure of the nature of any disincentives to optimal and prompt diagnosis and treatment of patients. *(Res 95-17, HOD 1995) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 295.010 N/A

P 295.011 REIMBURSEMENT BY HMOS OF NON-CONTRACTED PHYSICIANS
The Florida Medical Association shall take all appropriate actions, legal or legislative, to ensure that anesthesiologists and other physicians with whom HMOs have failed to contract are paid their usual customary and reasonable fees by such HMOs when services are provided to the HMO's subscribers. *(Res 94-85, BOG Rpt C, HOD 1995) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 295.012 MANAGED CARE REPORT CARD
The Florida Medical Association (FMA) shall establish a mechanism by which FMA members are asked annually to evaluate by means of a survey, managed care plans in the state; and further the results of such an evaluation (survey) shall be made widely available, in the form of a report card on managed care plans, to the citizens of Florida using all appropriate means of communication including, but not limited to, the print, radio and television media; and further the FMA shall have its delegation to the American Medical Association (AMA) present a similar plan for the AMA's consideration and approval. *(Res 95-33, BOG Rpt D, HOD 1996) (Reaffirmed HOD 2005) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 295.013 DECISIONS REGARDING REFERRALS TO SPECIALISTS *(ARCHIVED)*
(Res 96-26, BOG Rpt D-2, HOD 1996) (Reaffirmed HOD 2006) (Sunset HOD 2014)

P 295.014 INAPPROPRIATE USE OF DEA NUMBER BY HMOS
The Florida Medical Association will work with the Agency for Health Care Administration and the Pharmaceutical Branch of the Department of Health to abolish the practice by third parties of requesting a physician's DEA for other than scheduled drugs. *(Res 96-36, HOD 1996) (Reaffirmed HOD 2006) (Reaffirmed as amended HOD 2014) (Reaffirmed HOD 2022)*

P 295.015 HMO ASSIGNMENT OF FINANCIAL RISK TO PHYSICIANS
The Florida Medical Association encourages state legislation to prohibit an insurer, managed care organization or managed care entity from allowing an individual health care provider to indemnify or assume

financial liability for patient care. *(Res 96-10, HOD 1996) (Reaffirmed HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 295.016 DIRECT ACCESS FOR OBSTETRICAL CARE
The Florida Medical Association supports direct access to obstetrical and gynecological care for managed care patients. *(BOG October 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 295.017 UNIFORM HOSPITAL REIMBURSEMENT FOR HOSPITALIZED PATIENTS
The Florida Medical Association seeks legislation that would require managed care organizations to pay equal hospital care remuneration to all appropriately credentialed contracted physicians providing similar hospital care services. *(Res 02-41, HOD 2002) (Reaffirmed HOD 2010) (Reaffirmed HOD 2018)*

P 295.018 HOSPITAL AND MANAGED CARE LIABILITY INSURANCE REQUIREMENTS
The Florida Medical Association supports legislation that will establish that hospitals and managed care companies cannot require physicians to declare financial responsibility or carry professional liability insurance in excess of the current state requirements contained in Chapter 458.320, Florida Statutes. *(Res 02-29, HOD 2002) (Reaffirmed as amended HOD 2017) (Reaffirmed HOD 2025)*

P 295.019 DEVELOP MANAGED CARE GUIDELINES *(ARCHIVED)*
(BOG July 2005)(Sunset HOD 2013)

P 295.020 MANAGED CARE FIVE-YEAR PLAN *(ARCHIVED)*
(BOG July 2005) (Sunset HOD 2013)

P 295.021 ENFORCEMENT OF PROMPT PAY PROVISIONS *(ARCHIVED)*
(BOG April 2006) (Sunset HOD 2014)

P 295.022 INSURANCE REIMBURSEMENTS *(ARCHIVED)*
(Res 06-20, HOD 2006) (Sunset HOD 2014)

P 295.023 EXPANSION AND ENFORCEMENT OF FLORIDA PROMPT PAY LAW
The Florida Medical Association seeks legislation to expand and enforce the Florida Prompt Pay law; and further that the Florida Prompt Pay law be amended to require in addition to the current interest on an overdue payment of a claim, a late fee per each overdue payment of a claim with timeframes that begin from receipt of a claim as defined by Florida Statutes. *(Res 06-29, HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 295.024 ELIMINATION OF FINES IMPOSED BY MCOS AGAINST PHYSICIANS
The Florida Medical Association officially condemns the practice of health plans charging physicians for sending patients to a non-contracted laboratory, or similar such practices, and further pursues legislation to prohibit said actions. *(Res 07-26, HOD 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 295.025 ELIMINATE RETROACTIVE DENIALS FOR SERVICE
The Florida Medical Association seeks legislation eliminating a health insurers' ability to retroactively deny a health care provider payment or otherwise making payment reductions to the Health Care Provider for future monies owed if the Health Care Provider has: i) acted in good faith; ii) complied with the conditions imposed by the Health Insurer regarding confirmation of the patients eligibility and, if required received authorization to render the health care services; iii) relied in good faith upon the Health Insurers

representations regarding the insured's eligibility to receive requested health care services. *(Res 07-9, HOD 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 295.026 DETERMINATION OF MEDICAL BENEFITS
The Florida Medical Association supports legislation that requires managed care organizations to provide "real time" eligibility for their subscribers and reimburse physicians for any patient services rendered whereby subscriber eligibility has been confirmed prior to the delivery of care. *(Res 09-27, HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 295.027 FRAUDULENT AUDITING ACTIVITY
The Florida Medical Association shall work with the Florida Insurance Commissioner and the Florida Attorney General to adopt administrative and regulatory procedures to prevent chart auditing practices that arbitrarily deny claims based upon the purported assertion that the "level of care was not substantiated." *(Res 09-25, HOD 2009) (Reaffirmed HOD 2019)*

P 295.028 FIVE YEAR PLAN
The Florida Medical Associations adopts the Committee on Managed Care's five year plan as presented to the Board of Governors in May, 2010. *(BOG May 2010, Refer to Appendix P295.028) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 295.029 PHYSICIAN CIVIL RIGHTS ABUSES BY MANAGED CARE ORGANIZATIONS
The Florida Medical Association (FMA) is directed to study due process/civil rights abuses by managed care organizations (MCOs) and determine if remedial actions such as reporting to state and/or federal agencies (e.g., Florida Attorney General, Medicare Civil Rights Division, etc.) would benefit FMA members. *(Res 11-205, HOD 2011) (Reaffirmed HOD 2019)*

P 295.030 HMO'S BAIT AND SWITCH
The Florida Medical Association supports legislation ~~being proposed by the Florida Society of Dermatology and Dermatologic Surgeons~~ that would require HMOs to allow any policyholder to continue to utilize the services of any physician that was on the list of preferred providers as of the date of the policyholder's enrollment for no less than one year from the date of enrollment. *(BOG October 2011) (Reaffirmed as amended HOD 2019)*

P 295.031 ADOPTION OF ASAM CRITERIA FOR DETERMINING ESSENTIAL BENEFITS IN SUBSTANCE ABUSE DISORDER
The Florida Medical Association supports requiring managed care organizations to provide comprehensive coverage for the ASAM recommended standards for the assessment and treatment of substance use disorder in Florida. *(BoG February 2014) (Reaffirmed HOD 2022)*

P 295.032 ASAM CRITERIA ADDICTION TREATMENT GUIDELINES AND ASAM CONTINUUM AS STANDARD FOR THIRD PARTY PAYOR REIMBURSEMENT
The Florida Medical Association shall 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 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. *(Sub. Res 19-402, Recommendation D-3, 2021 HOD)*

P 300.000 MEDICAID

P 300.001 MEDICAID DRUG UTILIZATION REVIEW (*ARCHIVED*)
(BOG June 1987) (Reaffirmed 1997) (Reaffirmed BOG 2007) (Sunset HOD 2015)

P 300.002 MEDICAID PATIENT QUALITY OF CARE
The Florida Medical supports quality health care services for the indigent and opposes provisions of the Florida Medicaid Law which require that provider agreements specify that physicians must provide services of the same "scope and quality as provides to the general public;" and opposes provisions of the same legislation which elevate departmental audit reports such that they constitute "prima facie" evidence of an overpayment. *(BOG March 1991) (Reaffirmed 2001) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 300.003 SELECTION OF PLANS *(ARCHIVED)*
(BOG July 1996) (Reaffirmed HOD 2006) (Sunset HOD 2014)

P 300.004 MEDICAID AUDIT
The Florida Medical Association adopts as a legislative priority that the Florida Medicaid program have any/all audits conducted by a physician from the same specialty and similar locality as the physician being audited. *(Res 96-65, HOD 1996) (Reaffirmed HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 300.005 DURABLE MEDICAL EQUIPMENT PRESCRIPTIONS *(ARCHIVED)*
(Res 97-18, HOD 1997) (Reaffirmed BOG 2007) (Sunset HOD 2015)

P 300.006 MEDICAID ENROLLMENT DISINCENTIVES *(ARCHIVED)*
(Res 97-34, HOD 1997) (Reaffirmed BOG 2007) (Sunset HOD 2015)

P 300.007 MEDICAID FRAUD AND ABUSE AUDITS
The Florida Medical Association supports legislation to improve the Medicaid Fraud and Abuse audit process. *(BOG October 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 300.008 THE AGENCY FOR HEALTH CARE ADMINISTRATION MEDICAID INTEGRITY UNIT ACTIVITY RELATING TO EPSDT BILLING *(ARCHIVED)*
(BOG July 1998) (Reaffirmed HOD 2008) (Sunset HOD 2016)

P 300.009 INCREASE IN MEDICAID REIMBURSEMENT RATES
The Florida Medical Association supports an increase in Medicaid reimbursement rates to meet at least the Medicare reimbursement levels for all physicians; and further will work with state government to make Medicaid a viable program and to pay physicians in a timely fashion. *(BOG July 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed Motion 06-19-14, BOG October 2019) (Reaffirmed HOD 2025)*

P 300.010 PEDIATRIC MEDICAID PRESCRIBING
The Florida Medical Association supports exploring the Florida Pediatric Society's legislative proposal to restructure the Florida Medicaid Pharmaceutical and Therapeutics Committee so that pediatric Medicaid prescribing issues can be addressed in an appropriate manner. *(BOG October 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 300.011 MEDIPASS BEST DELIVERY SYSTEM FOR MEDICAID RECIPIENTS *(ARCHIVED)*
(Res 05-73; Reaffirmed current policy HOD 2005) (Sunset HOD 2013)

P 300.012 OPPOSE DELETION OF PRENATAL GENETIC CARRIER TESTING BY FLORIDA MEDICAID
The Florida Medical Association seeks immediate action by the Agency for Health Care Administration (AHCA) to abandon the proposed deletion of prenatal genetic carrier testing coverage as seriously harmful to the public health and harmful to affected families and their access to reproductive choices which prevent needless pain and suffering with increased cost to the public associated with those diseases that can be prevented or ameliorated when funded by Medicaid throughout a lifetime; and will emphasize to AHCA the current status of genetic carrier testing as a well accepted standard of care in reproductive medicine in counseling and assisting families to make reproductive health decisions in diseases such as but not limited to cystic fibrosis, hemoglobinopathies, and metabolic diseases. (*Res 06-46, HOD 2006) (Reaffirmed as amended HOD 2017) (Reaffirmed HOD 2025)*

P 300.013 MODIFY FLORIDA MEDICAID PREAUTHORIZATION PRESCRIBING PROGRAM
The Florida Medical Association shall continue to participate in legal activity related to Florida Medicaid's prior authorization program; and further work with the Agency for Health Care Administration to make the prior authorization process more physician-friendly. *(Sub Res 05-71, BOG Rpt D-2, HOD 2006) (Reaffirmed as amended HOD 2014) (Reaffirmed HOD 2022)*

P 300.014 PHARMACY BENEFIT MANAGEMENT PROGRAMS (*ARCHIVED*)
The Florida Medical Association shall enter into negotiations with insurance companies and health care providers to streamline the appeals process through the Pharmacy Benefit Management Programs and draft legislation to improve this process for filing in the 2008 legislative session if significant progress is not made before that time. *(BOG April 2007) (Sunset HOD 2015)*

P 300.015 MEDICAID PHYSICIAN PAYMENT RATES
The Florida Medical Association supports increasing the Florida Medicaid Physician Payment Rates (M.D. and D.O.) at the same rate as the Medical Economic Index for Medicare. *(BOG May 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 300.016 MEDICAID PROVIDER PAYMENT ADVOCACY
The Florida Medical Association (FMA) expresses concern and dissatisfaction with the failure by the Secretary of the Agency for Health Care Administration to act decisively within Florida Statutes to make prompt payment for clean claims submitted to the fiscal agent within the statutory time frame; and the seeks remedial action for the state of Florida to immediately advance payment to physician providers with claims exceeding 90 days from submission at Medicare reimbursement rate without further delay as a part of Florida's economic recovery and seek through judicial means recovery of all excess cost and such damages from the contracted vendor as a penalty for non-performance to contract. *(Res 09-31, HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 300.017 MEDICAL HOME CONCEPT *(ARCHIVED)*
(BOG October 2009) (Sunset HOD 2017)

P 300.018 MEDICAID HMO PAYMENT FOR NON-CONTRACTED PHYSICIAN HOSPITAL CARE
The Florida Medical Association supports working with the Agency for Health Care Administration and if necessary, seeking legislation that ensures prompt payment from all contracted Medicaid HMO's for all inpatient hospital care provided by physicians, who are not participating physicians with the plan, but must provide care as a condition of their hospital staff credentialing and/or membership, including, but not limited to newborn care. *(Res 10-403, HOD 2010) (Reaffirmed HOD 2019)*

P 300.019 MEDICAID HMO REQUIRED NOTIFICATION WHEN TERMINATING COUNTY COVERAGE
The Florida Medical Association supports legislation requiring that a Medicaid HMO must give at least six (6) months written notice to all of their patients and contracted physicians and hospitals, or face a significant monetary fine, prior to the Medicaid HMO terminating coverage in a county. *(Res 10-404, HOD 2010) (Reaffirmed HOD 2018)*

P 300.020 OPPAGA STUDIES ON COMPLIANCE OF NEWBORN INSURANCE ACT (ARCHIVED)
(Res 10-405, HOD 2010) (Sunset HOD 2018)

P 300.021 MEDICAL HOME
The Florida Medical Association (FMA) supports, as a priority in the 2011 Florida Legislative Session, the establishment of the Medical Home Model of health care statewide as passed the Florida House Health Policy Council in the 2010 legislative session and supported by the FMA and FHA; and further actively advocates that equitable payment to physicians must be not less than 2009 Medicare reimbursement per CPT Code. *(Res 10-407, HOD 2010) (Reaffirmed HOD 2018)*

P 300.022 FMA POSITION ON MEDICAID REFORM (ARCHIVED)
(BOG October 2010 – Refer to Attached Appendix P 300.022) (Sunset HOD 2018)

P 300.023 MEDICAL HOME
The Florida Medical Association (FMA) endorses the concept of the Medical Home and supports adequate funding required for implementation. (*BOG October 2010) (Reaffirmed HOD 2018)*

P 300.024 MEDICAID REFORM WAIVER EXTENSION AND STATEWIDE EXPANSION (ARCHIVED)
(Res 11-414, HOD 2011) (Sunset HOD 2019, the waiver program has been implemented and renewed)

P 300.025 ENSURING MEDICAID PAYMENT RATE INCREASE
The Florida Medical Association supports legislation and will help guide discussions in the 2014 legislative session between the Governor, the Senate, and the House to ensure that Medicaid payment rates, including Title XIX, Title XXI (MediKids and Healthy Kids),and Children's Medical Services, are increased to not less than Medicare levels in 2015 and beyond for all Florida physicians. *(Res 13-316, HOD 2013) (Reaffirmed HOD 2023)*

P 300.026 ENSURING MEDICAID PAYMENT INCREASE TO MEDICARE RATES IN 2016
The Florida Medical Association (FMA) seeks legislation that mandates a fine on Medicaid HMO's (beginning in 2016) that do not pay at least at Medicare rates after 2 years of continuous operation, that the fine equal at least 10% of the payment (Medicare rate or above) due to the physician, that the fine be levied and accrue on a monthly basis beginning 30 days after the initial infraction if appropriate payment (Medicare rate or above) is not received by the physician, and that the physician be paid the sum of the payment owed (Medicare rate or above) and all fines levied against the Medicaid HMO. *(Res 14-403, HOD 2014) (Reaffirmed HOD 2022)*

P 300.027 ACTION TO ENSURE ACCESS TO HEALTHCARE AND CHOICE OF PHYSICIAN
The Florida Medical Association (FMA) engage in discussions with all other state medical associations and the American Medical Association (AMA) to devise a method to challenge the federal government on its ability to engage in anti-competitive behaviors, price fixing, and predatory pricing and initiate a national campaign with willing allies to pass the Medicare Patient Empowerment Act within the FMA budget; and further asks the AMA: 1) to commit to a well- funded legislative and grassroots campaign to ensure passage

of legislation that prohibits everyone including the Federal Government from detrimental anti-competitive price fixing and predatory pricing in the U.S. Congress; and 2) immediately begin its well-funded legislative and grassroots campaign to pass the Medicare Patient Empowerment Act so that all patients can have access to the highest quality of healthcare and further report back to the FMA House of Delegates annually in regards to this matter. *(Res 14-404, HOD 2014) (Reaffirmed Res 16-402, HOD 2016)*

P 300.028 HEALTHCARE ACCESS TO ALL FLORIDIANS MEDICAID REFORM HMO/PSN STATEWIDE EXPANSION AND MEDICAID ELIGIBILITY EXPANSION THROUGH FEDERAL FUNDING

The Florida Medical Association (FMA) supports the Medicaid eligibility expansion and federal support and furthermore requests and urges that the State of Florida accepts those provisions of the Patient Protection and Affordable Care Act accepting federal dollar support for the Medicaid program and higher physician reimbursement; and further supports any statewide expansion of Medicaid only if such programs safeguard patient access to care while increasing Medicaid rate payments to Medicare rates for all physicians; and further supports increase access to healthcare through insurance coverage available through expanded Medicaid coverage in Florida (Under PPACA) and/or subsidized health insurance for those under 138% of Federal Poverty Level if such coverage ensures patient access to care through broad networks, coverage of common medical treatments in standard insurance plans and physician compensation at Medicare rates or greater through the state run program. *(Res 14-406, HOD 2014) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 300.029 ELIMINATING THE MEDICAID PHYSICIAN FEE SCHEDULE

The Florida Medical Association supports eliminating the Medicaid Physician Fee Schedule and using the Medicare Physician Fee Schedule to reimburse physicians that serve Medicaid patients. *(Res 15-411, BOG Oct 2015) (Reaffirmed HOD 2023)*

P 300.030 PHARMACY BENEFIT MANAGERS

The Florida Medical Association supports legislative and regulatory measures that would increase transparency for PBMs by requiring them to disclose at least once a year when there is a price increase in the wholesale acquisition cost, and the aggregate amount of rebates and discounts they receive from manufacturers; and the Florida Medical Association will support legislation that would require coinsurance, deductibles, and other cost-sharing requirements to be calculated based off of a drug's actual net price, and not the inflated list price; and the Florida Medical Association support legislation that would require a PBM to provide notice to patients and physicians if it makes changes to its (1) formulary, (2) step therapy protocol, or (3) prior authorization requirements in such a way that it results in a drug not to be covered. *(Motion 2-17-30, BOG May 2017)*

P 300.031 EDUCATION AND LEGISLATION OF PHARMACY BENEFIT MANAGERS

The Florida Medical Association work with interested groups to educate Florida state legislators, citizens, physicians, and state advocacy organizations about Pharmacy Benefit Managers (PBMs) and their role in the prescription drug market; the Florida Medical Association supports legislation that would increase transparency for PBMs, reduce patient cost-sharing obligations for prescription drugs, restrict health plan and PBM use of step therapy, prior authorization, non-medical switching, and other utilization management techniques, and further regulate the rebate system, PBM practices, and the drug market in order to ensure patients have access to effective and affordable medication therapies. *(Amended Res 17-318, HOD 2017) (Reaffirmed HOD 2025)*

P 300.032 PROPOSED CHANGES TO EVALUATION AND MANAGEMENT CODES
The Florida Medical Association will work with the AMA to urge CMS to not adopt any changes to the E/M payments that would adversely impact physicians, instead enact reforms that would reduce administrative burdens without compromising access to care. *(Sub Res. 18-409/18-411, HOD 2018)*

P 300.033 THE IMPACT OF PHARMACY BENEFIT MANAGERS ON PATIENTS AND PHYSICIANS (ADOPTED FROM AMA POLICY D-110.987)
1. Our FMA supports the active regulation of pharmacy benefit managers (PBMs) under state departments of insurance.

2. Our FMA supports requiring the application of manufacturer rebates and pharmacy price concessions, including direct and indirect remuneration (DIR) fees, to drug prices at the point-of sale.

3. Our FMA supports efforts to ensure that PBMs are subject to state and federal laws that prevent discrimination against patients, including those related to discriminatory benefit design and mental health and substance use disorder parity.

4. Our FMA supports improved transparency of PBM operations, including disclosing:
Utilization information;
Rebate and discount information;
Financial incentive information;
Pharmacy and therapeutics (P&T) committee information, including records describing why a medication is chosen for or removed in the P&T committee's formulary, whether P&T committee members have a financial or other conflict of interest, and decisions related to tiering, prior authorization and step therapy;
Formulary information, specifically information as to whether certain drugs are preferred over others and patient cost-sharing responsibilities, made available to patients and to prescribers at the point-of-care in electronic health records;
Methodology and sources utilized to determine drug classification and multiple source generic pricing; and
Percentage of sole source contracts awarded annually.

5. Our FMA encourages increased transparency in how DIR fees are determined and calculated. *(Adopted as substitute language, Res 19-401, Motion 01-20-12, January BOG 2020)*

P 300.034 PHARMACIES
The FMA supports legislation that would enhance communication, drug pricing transparency and software interoperability between payors, PBMs, and clinician EHRs. *(Res 21-304, Report D, HOD 2022)*

P 300.035 IMPROVING TRANSPARENCY AND REGULATION OF PHARMACY BENEFIT MANAGERS (PBMS) TO PROTECT PHYSICIAN AUTONOMY AND PATIENT ACCESS TO CARE IN FLORIDA
The Florida Medical Association supports legislation related to P 300.030 and P 300.033, requiring PBMs to publicly disclose the use of sole source contracts, and the rationale behind formulary changes, including documentation of financial conflicts of interest within pharmacy and therapeutics (P&T) committees; and further, the Florida Medical Association supports legislation requiring PBMs to disclose the methodology, timing, and total amounts associated with direct and indirect remuneration (DIR) fees, and to provide this information in a standardized, accessible format to pharmacies, prescribers, and regulators in both public and private insurance markets; and further, the Florida Medical Association supports legislation requiring PBMs to provide timely notice to prescribers and patients when formulary changes, step therapy updates, or prior authorization requirements alter drug coverage or cost-sharing responsibilities. *(Res 25-303, adopted as amended, HOD 2025)*

P 300.036 FLORIDA MEDICAID PAYMENT FOR PHYSICIAN WORK THROUGH ADEQUATE CPT CODE COVERAGE

Our FMA will advocate for Florida Statewide Medicaid Managed Care (SMMC) plans and the Florida Medicaid Fee-for-Service program to fully cover CPT codes that help physicians to practice medicine and be paid for their time and expertise without reducing the value for any other codes; and further, our FMA will advocate for Florida SMMC plans and the Florida Medicaid Fee-for-Service program to fully cover CPT codes and services that are required under the federal EPSDT benefit, including preventive screenings, diagnostic follow-up, and treatment services consistent with Bright Futures guidelines from the American Academy of Pediatrics (AAP); and further our FMA will advocate for transparency in SMMC plan coverage policies regarding the coverage and payment of physician CPT codes not listed in the state fee schedule, so that physicians can reliably access payment for medically necessary services; and further, Our FMA will collaborate with state specialty societies to develop and submit to the Florida Agency for Health Care Administration (AHCA) a prioritized list of essential CPT codes for standardized recognition and payment by Florida Medicaid plans. *(Res 25-405, HOD 2025)*

P 300.037 SUPPORT PEDIATRIC ASSOCIATES LAWSUIT V. FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION (AHCA)

The Florida Medical Association will use the force of its influence and support appropriate Medicaid payment for physicians who treat pediatric patients and support expanding KidCare funding to mandated levels. *(Amended Res. 26-112, HOD 2026)*

P 300.038 ADDRESSING CROSS-STATE MEDICAID BARRIERS TO PEDIATRIC CARE FOR GEORGIA AND ALABAMA MEDICAID BENEFICIARIES IN FLORIDA

The Florida Medical Association supports policies and interstate agreements to ensure adequate reimbursement for medically necessary services provided in Florida to patients insured under Alabama and Georgia Medicaid, and commercial insurers under state jurisdiction; and the Florida Medical Association works with relevant stakeholders, including state Medicaid and commercial insurer regulatory agencies and policymakers in Florida, Alabama, and Georgia, to improve access to post-discharge care, including subspecialty follow-up, for Alabama and Georgia Medicaid and commercial insurer beneficiaries receiving care in Florida; and the Florida Medical Association supports mechanisms that allow Florida-licensed physicians to prescribe medications and diagnostic testing that are accessible and covered for Alabama and Georgia Medicaid and commercial insurer beneficiaries to ensure continuity of care; and the Florida Medical Association support efforts to reduce administrative barriers and improve cross-state coordination of Medicaid and commercial insurer benefits for patients. *(Amended Res. 26-403, HOD 2026)*

P 300.039 IMPROVING ACCOUNTABILITY, TRANSPARENCY, AND ADMINISTRATIVE EFFICIENCY IN FLORIDA MEDICAID MANAGED MEDICAL ASSISTANCE REIMBURSEMENT

The FMA will review and evaluate the findings and implications of the AHCA Medicaid Managed Medical Assistance (MMA) report, including its potential impact on patient access to care, physician administrative burden, reimbursement, and continuity of care; and the FMA collaborate, when appropriate, with relevant physician stakeholders and specialty societies to develop a coordinated advocacy and policy strategy regarding the AHCA MMA report and the FMA advocate for transparency, physician input, and policies that reduce unnecessary administrative burden while preserving access to high-quality care for Florida Medicaid beneficiaries. *(Amended Res. 26-409, HOD 2026)*

P 305.000 MEDICAL ECONOMICS

P 305.001 CAPITATION FEES
Within the confines of existing antitrust laws, the Florida Medical Association shall collect from whatever sources available actuarial data to assist its members in evaluating capitation and other forms of non fee for service reimbursement. *(Res 94-76, HOD 1994) (Reaffirmed HOD 2005) (Reaffirmed as amended HOD 2013) (Reaffirmed HOD 2023)*

P 305.002 PHYSICIAN HOSPITAL DISCOUNTS *(ARCHIVED)*
(Res 95-52, HOD 1995) (Reaffirmed HOD 2005)(Sunset HOD 2013)

P 305.003 COST CONTAINMENT
The Florida Medical Association suggests that its member physicians: (1) Strive to become more keenly aware of the charges for hospital rooms, tests, and other medical services routinely ordered by the physician, (2) Reduce cost and waste by requesting services based upon the availability of quality clinical information and realistic projections, (3) Utilize outpatient testing whenever possible, (4) Demonstrate cost-saving practices to third-party payers to stimulate expansion of their policies to cover service provided through outpatient care, (5) Obtain educational information from specialty sources as a means of keeping abreast of the most cost-effective ways of utilizing diagnostic tests and services. *(Res 82-11, HOD 1982)(Reaffirmed 1993)(Reaffirmed HOD 2003) (Reaffirmed HOD 2011) (Reaffirmed HOD 2019)*

P 305.004 TAX EQUITY AND FISCAL RESPONSIBILITY ACT *(ARCHIVED)*
(BOG January 1983) (Reaffirmed 1993) Reaffirmed HOD 2003) (Sunset HOD 2011)

P 305.005 COLLECTION OF HEALTH CARE DATA
The Florida Medical Association supports the collection of physician-specific health care data to the extent that the data would be disseminated only to the physicians in question. *(BOG June 1991) (Reaffirmed 2001) (Reaffirmed as amended HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 305.006 BANKRUPTCY LEGISLATION
The Florida Medical Association strongly opposes changes in Florida law that would eliminate current exemptions from creditors claims to include pension plans, garnishment of wages, and annuities. *(BOG January 1992) (Reaffirmed 2002) (Reaffirmed HOD 2010) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 305.007 SIMPLIFYING PHYSICIAN PORTION OF CLAIMS FORMS *(ARCHIVED)*
(Res 92-32, HOD 1992) (Reaffirmed HOD 2005)(Sunset HOD 2013)

P 305.008 PHYSICIANS' RIGHT TO FREE ENTERPRISE
The Florida Medical Association supports protection of the right of individual physicians to the free enterprise system. *(Res 92-12, HOD 1992) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 305.009 PATIENT PRIVACY AND CMS'S UNIFORM CLINICAL DATA SET (UCDS) (ARCHIVED)
(Res 92-ER, HOD-1992) (Reaffirmed 2002) (Reaffirmed HOD 2003) (Reaffirmed HOD 2011) (Sunset HOD 2019)

P 305.010 NON-JOINT VENTURE DESIGNATION SERVICES
The Florida Medical Association supports legislation which excludes non joint-ventured facilities which provide designated services from the provisions of the Patient Self Referral Act. *(BOG Rpt D, HOD 1993) (Reaffirmed HOD 2003) (Reaffirmed HOD 2011) (Reaffirmed HOD 2019)*

P 305.011 INSURANCE PROVIDER DISCLOSURE *(ARCHIVED)*
(Emergency Res HOD 1994) (Reaffirmed HOD 2005)(Sunset HOD 2013)

P 305.012 CREDIT TOWARD "HEALTH PROVIDER ASSESSMENT FOR INDIGENT CARE"
The Florida Medical Association seeks legislation allowing health care facilities taxed under Florida Statute 395.7015 to take a credit against the assessment equal to the value of uncompensated care provided to indigent patients, that value to be calculated at the fee schedule amount in effect for nonparticipating physicians as determined by the Secretary of the Florida Department of Health. *(Res 94-73, HOD 1994) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 305.013 MISUSE OF PHYSICIAN-SPECIFIC DATA
The Florida Medical Association (FMA) shall make available its resources to review specific member grievances regarding decisions made by hospitals or managed care plans based on physician-specific health care data; and further, as part of this grievance process, shall review the specific sampling and data manipulation methodologies for correctness, completeness, and statistical significance in each health care data used to limit the physician's ability to practice; and further, if, after the physician has fully utilized the health plan's or hospital's grievance process without success, there remains reason to believe the physician has been legitimately damaged by the indiscriminate use of health care data, the FMA shall make available its resources as appropriate to assist such FMA members. *(Res 95-35, HOD 1995) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 305.014 AMA MODEL FOR PROVIDER SPONSORED ORGANIZATIONS *(ARCHIVED)*
(BOG November 1997) (Reaffirmed BOG 2007) (Sunset HOD 2015)

P 305.015 PROVIDER SPONSORED ORGANIZATIONS *(ARCHIVED)*
(BOG November 1997) (Reaffirmed BOG 2007) (Sunset HOD 2015)

P 305.016 REPEAL OF TAX ON FREE STANDING FACILITIES *(ARCHIVED*)
(*BOG March 1997) (Reaffirmed BOG 2007) (Sunset HOD 2015)*

P 305.017 EDUCATE MEMBERS ON ECONOMICS OF HEALTH CARE DELIVERY *(ARCHIVED)*
(BOG July 1997) (Reaffirmed BOG 2007) (Sunset HOD 2015)

P 305.018 PHYSICIAN INCOME DATA REPORTING
The Florida Medical Association petitions the American Medical Association to never voluntarily offer physician income data/statistics to the media, public, or elsewhere unless as a direct response or retort to a misleading, incorrect, or arbitrary story. *(Res 98-63, HOD 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 305.019 REDUCING LIABILITY RISK
The Florida Medical Association recognizes the right of individual physicians to restrict their practices. *(Res 05-47, HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 305.020 UNFAIR ECONOMIC PROFILING *(ARCHIVED)*
(BOG April 2007) (Reaffirmed HOD 2015) (Sunset HOD 2015)

P 305.021 INCREASE REIMBURSEMENT FOR MEDICAL RECORDS REPRODUCTION
The Florida Medical Association shall take the necessary steps to ensure that the Florida Statutes, codes and/or regulations be amended to allow physicians to charge $1.00 per page regardless of the number of pages being reproduced. *(Res 07-7, HOD 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2024)*

P 305.022 PRE-IMAGING AUTHORIZATION PROCEDURES *(ARCHIVED)*
(Res 07-39, HOD 2007) (Sunset HOD 2015)

P 305.023 PUBLIC REPORTING OF PHYSICIAN DATA
The Florida Medical Association asks that representatives to the Agency for Health Care Administration (AHCA) work closely with the FMA and the Specialty Society Section to ensure appropriate development of public reporting programs on physician data and physician level hospital data by AHCA. *(BOG July 2007) (Reaffirmed as amended HOD 2017) (Reaffirmed HOD 2025)*

P 305.024 PUBLIC REPORTING BY AHCA *(ARCHIVED)*
(BOG July 2007) (Sunset HOD 2015)

P 305.025 ABUSIVE ECONOMIC PROFILING PROGRAMS *(ARCHIVED)*
(BOG October 2007) (Sunset HOD 2015)

P 305.026 REPORTING OF PAYER MEASURES (*ARCHIVED)*
(BOG October 2007) (Sunset HOD 2015)

P 305.027 DATA COLLECTION ON PHYSICIAN SHORTAGES
The Florida Medical Association shall continue to work with the Department of Health to compile and publish a compendium on the imminent statewide physician shortage and make that information available to its membership and the public when completed. *(Sub Res 08-19, HOD 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 305.028 CONSOLIDATION OF PHYSICIANS OFFICES *(ARCHIVED)*
(Res 08-39, HOD 2008) (Sunset HOD 2016)

P 305.029 HOSPITAL READMISSION STANDARDS
The Florida Medical Association adopts as policy 3M's methodology of a 15 day hospital readmission standard and encourages the American Medical Association to lobby Congress to change the current 30 day standard to 15 days. *(BOG May 2010) (Reaffirm HOD 2019)*

P 305.030 PREVENTING EHR REFILL ERRORS
The FMA will study and report on electronic refill errors which are created by problems with poor EHR functionality and pharmacy business practices; further the FMA will share the findings of this report with stakeholders whom the FMA deems appropriate in order to effectuate policies that protect patients and physicians from preventable medical errors. *(Sub lang Res 22-401, HOD 2022)*

P 305.031 IMPROVING POST-ACUTE CARE ACCESS THROUGH PRIOR-AUTHORIZATION TRANSPARENCY AND NETWORK ADEQUACY
The Florida Medical Association supports requiring Medicaid managed care plans and commercial insurers operating in Florida to annually publish acute care and post-acute care prior authorization performance data, including request volume, approval and denial rates, decision-time metrics, and appeal overturn rates, stratified by service type, including inpatient rehabilitation facilities (IRFs), skilled nursing facilities (SNFs), long-term acute care hospitals (LTACHs), and home health services, in a consolidated, publicly accessible format; and the Florida Medical Association supports establishing and enforcing network adequacy standards

for acute care, post-acute and rehabilitation providers, including IRFs, SNFs, LTACHs, and home health agencies, to ensure timely patient access to medically necessary acute care and post-acute care services. *(Amended Res. 26-309, HOD 2026)*

P 307.000 MEDICAL MARIJUANA

P 307.001 MEDICAL MARIJUANA USE NOT SUPPORTED OR SUBSTANTIATED *(ARCHIVED)*
(Amended Sub Res 11-110, BOG May 2012) (Sunset HOD 2023)

P 307.002 OPPOSE CONSTITUTIONAL AMENDMENT TO LEGALIZE MARIJUANA FOR MEDICAL CONDITIONS *(ARCHIVED)*
(Res 14-301, HOD 2014) (Res 16-315, Reaffirm HOD 2016) (Sunset HOD 2023)

P 307.003 ENACTING FLORIDA MEDICAL ASSOCIATION POLICY REGARDING CANNABIS
The Florida Medical Association will educate physicians of the fact that, despite the passage of Amendment 2 to the Florida Constitution in 2016, the act of certifying a patient as eligible to receive medical marijuana is a potential violation of federal law, which could result in adverse legal and professional consequences for participating physicians; the Florida Medical Association, if possible, will include a disclaimer in the 2-hour educational course required by s. 381.986(3), Florida Statutes, that makes it clear that the FMA does not endorse the concept that cannabis is an accepted treatment for the qualifying medical conditions set forth in s. 381.986(2), Florida Statutes. *(Amended Res 17-204, HOD 2017) (Reaffirmed HOD 2025)*

P 307.004 OPPOSITION TO ANY INCLUSION OF SMOKED MARIJUANA AS MEDICAL MARIJUANA
The Florida Medical Association oppose any legislation supporting the use of smoked medical marijuana, seeds, leaves or flower, in Florida and/or the changing SB 8-A's prohibition of the administration of marijuana in the form of smoking, seeds, leaves or flower. *(Adopted Res 17-317, HOD 2017) (Reaffirmed HOD 2025)*

P 307.005 MEDICAL MARIJUANA
The Florida delegation to the AMA will submit a resolution to take all necessary steps to remove regulatory barriers to cannabis research and to develop the resources and infrastructure needed to conduct comprehensive research and establish conclusive evidence on short- and long-term health effects of cannabis use and its efficacy regarding relief of manifestations of specific illnesses; the FMA should petition the Florida Department of Health to maintain careful surveillance systems to monitor the long- and short-term health effects of cannabis use, both through the Office of Medical Marijuana and under its other offices for use of marijuana in communities including treatment for cannabis use disorders. *(Res 18-204, HOD 2018) (Reaffirmed HOD 2026)*

P 307.006 USE OF MARIJUANA IN PREGNANCY
The Florida Medical Association support legislation to remove current statutes that allow the use of medical marijuana in pregnancy at any dose. *(Res 21-301 HOD 2021)*

P 307.007 MEDICAL CANNABIS
The FMA support policies that advance robust state funding for state university scientific and clinical research on cannabis and its compounds. *(Res 21-308, adopted as amended June BOG 2022, motion 03-22-08)*

P 307.008 USE OF MARIJUANA FOR MEDICAL PURPOSES
The FMA recognizes that while limited evidence exists on the efficacy of marijuana for medical purposes, some patients may derive benefits from its use. The decision to use marijuana for medical purposes in accordance with Florida law should be a decision between the patient and their treating physician. Given that the use of marijuana for medical purposes is established in the Florida constitution and regulated by Florida law, the FMA will support changes to Florida law that regulate the use of marijuana that are evidence based. The FMA also reaffirms its support for state and federal funding of research on the efficacy of the use of marijuana for medical purposes. *(January 2023 BOG, motion 01-23-17)*

P 307.009 DELTA 8-THC
The FMA supports legislative and/or regulatory efforts prohibiting the sale or distribution of delta-8-THC in Florida, while still allowing opportunity for proper scientific research. *(Res 23-311, HOD 2023)*

P 310.000 MEDICAL RECORDS

P 310.001 CONFIDENTIALITY OF PATIENT RECORDS
The Florida Medical Association opposes any legislation or requests that allow for the release of the confidential portion of the patient medical record. *(BOG Rpt A, HOD 1985) (Reaffirmed HOD 1995) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 310.002 OPEN RECORDS LAW
The Florida Medical Association actively opposes removal of the exemption for records and proceedings of medical staff committees from the open records law. *(BG Rpt E, HOD 1985) (Reaffirmed HOD1995) (Reaffirmed HOD 2005) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 310.003 MEDICAL RECORDS: REVIEW BY GOVERNMENT/INSURANCE AGENCIES *(ARCHIVED)*
(Res 87-22, HOD 1987) (Reaffirmed 2000) (Reaffirmed HOD 2009) (Sunset HOD 2017)

P 310.004 MEDICAL RECORDS
Florida Medical Association's policy is that physicians not release confidential patient information over the telephone to insurance companies unless they have been provided with a permission form signed by the patient. *(BOG October 1987) (Reaffirmed 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 310.005 MEDICAL RECORDS – SUMMARY *(ARCHIVED)*
(Res 88-22, HOD 1988) (Reaffirmed 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2016) (Sunset HOD 2024 – Preempted by the HIPAA Privacy Rule, which allows physicians to provide summaries in lieu of complete medical records only when requested by the patient. See 45 CFR 164.524(c)(2)(iii).)

P 315.000 MEDICAL SCHOOLS

P 315.001 FLORIDA MEDICAL ASSOCIATION REPRESENTATIVE AT MEETINGS
The Florida Medical Association (FMA) supports the inclusion of a representative from the FMA at the meetings of the Council of Medical School Deans. *(BOG March 1997) (Reaffirmed BOG 2007) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 315.002 DEVELOPING A DIVERSE HEALTH CARE WORKFORCE
The Florida Medical Association (FMA) calls upon medical schools to revitalize their efforts to improve the matriculation and graduation of minority students; and further promotes the maintenance, expansion, and

reinstatement of programs that encourage minority enrollment in medical schools; and further supports calling upon medical schools to increase efforts to recruit and retain minority faculty; and further promotes the career advancement of minorities in health care leadership; and further seeks additional funding for programs that provide health care in minority and/or underserved communities; and further the FMA in conjunction with other health care associations explore the initiation and expansion of mentoring programs of minority students at the primary and secondary education levels. *(Res 03-19, HOD 2003) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 315.003 MEDICAL SCHOOLS AND GME TRAINING POSITIONS IN FLORIDA

The Florida Medical Association supports private-public partnerships to finance new postgraduate training positions; and also supports the establishment of new medical schools only if a new medical school provides evidence that the medical school graduates could find postgraduate training positions in the state of Florida. *(Res 05-3, HOD 2005) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 315.004 TRAINING

The Florida Medical Association recognizes the value of team-based health care, as well as the benefit of physicians acquiring knowledge and developing skills from other members of an interprofessional team, particularly in educational settings. However, the FMA does not support policies or procedures that would allow healthcare practitioners, other than allopathic and osteopathic physicians or qualified physician trainees, to substantially train and supervise resident and fellow physicians over the entire curriculum of their graduate medical education program. Further, the FMA does not support any requirement that would compel residents and fellows to train healthcare practitioners other than allopathic and osteopathic physicians or qualified physician trainees. The FMA recognizes and supports the published ACGME Common Program Requirements for accredited programs and the requirements for appropriate delegation of supervision and training of resident and fellow physicians.

Graduate Medical Education trainees (residents and fellows) may only be supervised and trained substantially over the entire curriculum of their GME program by physicians or GME physician trainees commensurate with their level of training. GME physician trainees may only be compelled to train medical students and other physician trainees. All delegations of supervision and training of resident and fellow physicians must closely adhere to ACGME requirements. *(May BOG 2024, Motion 02-24-02, substitute language for Res 23-109)*

P 320.000 MEDICAL STUDENTS

P 320.001 REDUCING MEDICAL STUDENT DEBT

The Florida Medical Association urges the American Medical Association (AMA) to advocate for both increased financing and measures to improve the effectiveness of primary care service obligation components for scholarships, loan-forgiveness programs, and low-interest loan programs that require primary care service in return for financial aid; and further asks the AMA to call for expanded funding and eligibility for federal loan programs targeted to support primary care, such as the Title VII Primary Care Loan Program, allowing the deferment of interest and principal payments on medical student loans until after completion of residency training, and the tax-deductibility of interest and principal payments for such loans if repayment occurs during residency training; and further appeals to the AMA to advocate that financial aid and debt counseling should be available for all medical students, beginning prior to admission and available throughout attendance at medical school and residency, and that further requests the AMA to better publicize opportunities for military and other scholarships and information about loan forgiveness programs. *(Res 03-20, HOD 2003) (Reaffirmed HOD 2011) (Reaffirmed HOD 2019)*

P 320.002 MEDICAL STUDENTS OBTAINING ACCESS TO HEALTH CARE FACILITIES
The Florida Medical Association requests the American Medical Association continue working with AAMC and other national organizations to expedite, wherever possible, the standardization of requirements in regards to training on HIPAA, drug screening, and health requirements for medical students who are being taught in hospitals and other health care settings. *(Sub Res 07-4, HOD 2007) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 320.003 STUDENT HEALTH INSURANCE *(ARCHIVED)*
(Amended Supp Report C-4, HOD 2008) (BOG October 2009) (Reaffirmed HOD 2017) (Sunset HOD 2025)

P 320.004 EMPOWERING MEDICAL STUDENTS TO BETTER CARE FOR PATIENTS WITH DISABILITIES
The FMA affirms American Medical Association policy H-90.968, Medical Care of Persons with Disabilities.

1. Our American Medical Association encourages:
    a. clinicians to learn and appreciate variable presentations of complex functioning profiles in all persons with disabilities including but not limited to physical, sensory, developmental, intellectual, learning, and psychiatric disabilities and chronic illnesses.
    b. medical schools and graduate medical education programs to acknowledge the benefits of education on how aspects in the social model of disability (e.g. ableism) can impact the physical and mental health of persons with disabilities.
    c. medical schools and graduate medical education programs to acknowledge the benefits of teaching about the nuances of uneven skill sets, often found in the functioning profiles of persons with developmental disabilities, to improve quality in clinical care.
    d. education of physicians on how to provide and/or advocate for developmentally appropriate and accessible medical, social and living support for patients with disabilities so as to improve health outcomes.
    e. medical schools and residency programs to encourage faculty and trainees to appreciate the opportunities for exploring diagnostic and therapeutic challenges while also accruing significant personal rewards when delivering care with professionalism to persons with profound disabilities and multiple co-morbid medical conditions in any setting.
    f. medical schools and graduate medical education programs to establish and encourage enrollment in elective rotations for medical students and residents at health care facilities specializing in care for the disabled.
    g. cooperation among physicians, health & human services professionals, and a wide variety of adults with disabilities to implement priorities and quality improvements for the care of persons with disabilities.
2. Our AMA seeks:
    a. legislation to increase the funds available for training physicians in the care of individuals with disabilities, and to increase the reimbursement for the health care of these individuals.
    b. insurance industry and government reimbursement that reflects the true cost of health care of individuals with disabilities.

3. Our AMA entreats health care professionals, parents, and others participating in decision-making to be guided by the following principles:
    a. All people with disabilities, regardless of the degree of their disability, should have access to appropriate and affordable medical and dental care throughout their lives.
    b. An individual's medical condition and welfare must be the basis of any medical decision. Our AMA advocates for the highest quality medical care for persons with profound disabilities; encourages support for health care facilities whose primary mission is to meet the health care needs of persons with profound disabilities; and informs physicians that when they are presented with an opportunity to care for patients with profound disabilities, that there are resources available to them.
4. Our AMA will collaborate with appropriate stakeholders to create a model general curriculum/objective that
    a. incorporates critical disability studies.
    b. includes people with disabilities as patient instructors in formal training sessions and preclinical and clinical instruction.
5. Our AMA recognizes the importance of managing the health of children and adults with developmental and intellectual disabilities as a part of overall patient care for the entire community.
6. Our AMA supports efforts to educate physicians on health management of children and adults with intellectual and developmental disabilities, as well as the consequences of poor health management on mental and physical health for people with intellectual and developmental disabilities.
7. Our AMA encourages the Liaison Committee on Medical Education, Commission of Osteopathic College Accreditation, and allopathic and osteopathic medical schools to develop and implement a curriculum on the care and treatment of people with a range of disabilities.
8. Our AMA encourages the Accreditation Council for Graduate Medical Education and graduate medical education programs to develop and implement curriculum on providing appropriate and comprehensive health care to people with a range of disabilities.
9. Our AMA encourages the Accreditation Council for Continuing Medical Education, specialty boards, and other continuing medical education providers to develop and implement continuing programs that focus on the care and treatment of people with a range of disabilities.
10. Our AMA will advocate that the Health Resources and Services Administration include persons with disabilities as a medically underserved population.
11. Specific to people with developmental and intellectual disabilities, a uniquely underserved population, our AMA encourages:
    a. Medical schools and graduate medical education programs to acknowledge the benefits of teaching about the nuances of uneven skill sets, often found in the functioning profiles of persons with developmental and intellectual disabilities, to improve quality in clinical education.
    b. Medical schools and graduate medical education programs to establish and encourage enrollment in elective rotations for medical students and residents at health care facilities specializing in care for individuals with developmental and intellectual disabilities.

c. Cooperation among physicians, health and human services professionals, and a wide variety of adults with intellectual and developmental disabilities to implement priorities and quality improvements for the care of persons with intellectual and developmental disabilities.

(Amended Res 24-107, HOD 2024)

P 325.000 MEDICARE

P 325.001 VOLUNTARY PARTICIPATION

The Florida Medical Association opposes legislation mandating the acceptance and treatment of eligible recipients of Medicaid and Medicare but encourages voluntary participation and efforts to improve reimbursement and access to medical care for elderly citizens of Florida. *(BOG October 1987) (Reaffirmed HOD 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 325.002 CMS DENIAL OF PAYMENT FOR "SUBSTANDARD QUALITY CARE

The Florida Medical Association (FMA) opposes implementation of the Centers for Medicare and Medicaid Service's (CMS's) proposed denial of Medicare payment for "substantiated quality care" as well as accompanying letters which are to be sent to beneficiaries mentioning "substandard care" and especially that these letters not go out without due process and reconsideration; and further that all Florida congressmen and senators shall be forwarded a copy of the FMA's response to CMS regarding this issue with an appropriate personalized cover letter. *(BOG June 1989) (Reaffirmed HOD 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 325.003 VOLUNTARY ACCEPTANCE OF ASSIGNMENT

The Florida Medical Association encourages voluntary acceptance of assignment for Medicare recipients based on need. *(BOG January 1989) (Reaffirmed HOD 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 325.004 EXPLANATION OF BENEFITS

The Florida Medical Association supports changes in the wording of explanation of Medicare benefits to better explain to beneficiaries and physicians the basis of payment for medical services. *(BOG October 1989) (Reaffirmed HOD 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 325.005 MEDICARE CLAIM SUBMISSION FEE

The Florida Medical Association vehemently opposes any such provision that would result in charging physicians, hospitals or patients any fee for the submission of any claim, either Part A or Part B. *(Res 90-41, A-1990) (Reaffirmed HOD 2000) (Reaffirmed as amended HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 325.006 CLAIMS PROCESSING ACCURACY

The Florida Medical Association reaffirms policy supporting national legislation that penalizes Medicare carriers for inaccurate claims processing. *(Res 91-72, HOD 1991) (Reaffirmed 2001) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 325.007 DEVELOPMENT AND REVISION OF PROCEDURE CODES

The Florida Medical Association (FMA) supports the American Medical Association (AMA) in maintaining responsibility for development and revision of procedure codes for evaluation and management services provided to Medicare patients; and further opposes efforts by the Physician Payment Review Commission to usurp the recommendations of the CPT editorial panel in development and revision of evaluation and management procedure codes; and further urges the CPT editorial panel to be responsive to changes in the

current medical practice. *(BOG June 1991) (Reaffirmed 2001) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 325.008 CENTERS FOR MEDICARE AND MEDICAID SERVICES (CMS) NEW E & M DOCUMENTATION GUIDELINES

The Florida Medical Association supports the American Medical Association's strategy to correct the Evaluation & Management (E & M) documentation guidelines. The strategy consists of the following objectives:

1. Advocacy to ensure that physicians are protected from unwarranted fraud and abuse penalties when inadvertent coding or documentation errors occur, as well as ensuring the proper use of documentation guidelines and audit criteria by Medicare and other payers;
2. Ensuring the refinements to the guidelines are comprehensive and result from a process through which national medical specialty societies, state medical associations and other health care professional organizations continue to provide the American Medical Association, the CPT editorial panel and CMS with detailed recommendations for clarifying and improving the documentation guidelines;
3. A coordinated effort between the American Medical Association and other members of organized medicine to conduct an extensive educational effort to assist physicians during implementation of the final revised guidelines and associated payer audit criteria; and furthermore that the Florida Medical Association submit a resolution to the American Medical Association's House of Delegates to emphasize educational activities and the development of tools to assist physicians in understanding and using the guidelines. *(BOG February 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 325.009 MEDICARE E&M DOCUMENTATION GUIDELINES *(ARCHIVED)*

(Res 98-21, HOD 1998) (Reaffirmed HOD 2008) (Sunset HOD 2016)

P 325.010 EXPEDITE PROCESS FOR MEDICARE PROVIDER NUMBERS

The Florida Medical Association, in conjunction with the American Medical Association, shall take appropriate action with the Centers for Medicare and Medicaid Services (CMS) and others as necessary to expedite the process by which Medicare group and individual provider numbers are assigned to physicians. *(BOG November 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 325.011 GUARANTEE A UNIFORM REPRICING OF PHYSICIAN CLAIMS

The Florida Medical Association supports pursuing legislation that all commercial insurance carriers/payers/networks contracting with physicians using a Medicare based fee schedule be required to utilize the same multiple procedure fee reduction formula as utilized by Medicare; and further pursuing additional legislation to include provisions that failure to contractually agree to a multiple procedure fee reduction when entering into a contractual agreement with a physician provides an uncontestable obligation for the commercial insurance carrier/payer/network to reimburse the physician 100%, first procedure; 50% second procedure; 50% third procedure; 50% fourth procedure; 50% fifth procedure, by report for greater than five procedures. *(Res 03-28, HOD 2003) (Reaffirmed HOD 2011) (Reaffirmed HOD 2019)*

P 325.012 MEDICARE PRACTICE EXPENSES *(ARCHIVED)*

(Res 05-78, HOD 2005) (Sunset HOD 2013)

P 325.013 OPTING OUT OF MEDICARE *(ARCHIVED)*

(Res 05-53, HOD 2005) (Sunset HOD 2013)

P 325.014 POLICY ON SUSTAINABLE GROWTH RATE *(ARCHIVED)*
(BOG July 2005)(Sunset HOD 2013)

P 325.015 EDUCATE THE PUBLIC ON POTENTIAL LACK OF ACCESS TO HEALTHCARE FOR MEDICARE RECIPIENTS (ARCHIVED)
(Res 06-28, HOD 2006) (Sunset HOD 2018)

P 325.016 REPEAL OF SUSTAINABLE GROWTH RATE IN MEDICARE PAYMENT TO PHYSICIANS *(ARCHIVED)*
(Res 06-40; HOD 2006) (Sunset HOD 2017)

P 325.017 GEOGRAPHIC PRACTICE COST INDEXES (GPCI)
The Florida Medical Association, through its delegation to the American Medical Association (AMA), petitions the AMA to include review and revision of the Geographic Practice Cost Indexes (GPCI) as a component of overall Medicare reform. *(Res 06-5, BOG October 2006) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 325.018 MEDICARE REPLACEMENT POLICIES
The Florida Medical Association (FMA) pursue state legislation and the FMA Delegation to the AMA request that the AMA pursue legislation to accomplish the following: that any Medicare replacement policy sold to a Medicare patient must include a seven-day fully cancelable without penalty waiting period; that this legislation also require that the Medicare replacement policies carry a separate distinct page requiring the patient's signature stating, in English and Spanish, *"This overage is not traditional Medicare. You have chosen to cancel your traditional Medicare coverage; not all physicians, hospitals and laboratories accept this new Medicare replacement policy."* and include the time period before they can resume their traditional Medicare coverage; and that the FMA petition the Commissioner of Insurance (or the person/department of appropriate authority) and the Florida AMA Delegation request the AMA petition the Centers for Medicare and Medicaid Services to implement the patient's signature page in a Medicare replacement policy. *(Res 07-18, HOD 2007) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 325.019 MEDICARE BALANCE BILLING
The Florida Medical Association requests that the AMA devote substantial political and financial resources to unconditionally ensure that patients access to care is not negatively impacted by the budget neutral restrictions of the current Medicare Physician Payment structure and that physicians unconditionally resume the right to balance bill patients for Medicare. *(Sub Res 07-17, HOD 2007)(Reaffirmed as amended HOD 2017) (Reaffirmed HOD 2025)*

P 325.020 AMA INVOLVEMENT IN CONGRESSIONAL MEDICARE REFORM
The Florida Medical Association requests that the American Medical Association (AMA) create a campaign to educate Americans about the limitations of the Medicare program and the benefits of ending Medicare price fixing that may result in increased choice, increased access to physician care and the ability to preserve Medicare for future generations. *(Sub Res 08-30, HOD 2008)(Reaffirmed as amended HOD 2017) (Reaffirmed HOD 2025)*

P 325.021 MEDICARE PARTICIPATION LETTERS
The Florida Medical Association (FMA) encourages all physicians who are dropping Medicare assignment because of reductions and uncertainties with respect to payment, to notify the Florida members of the United States House and Senate, the FMA, and the Centers for Medicare and Medicaid Services, of their intent to discontinue participating in the Medicare program. *(Amended Referred Res 09-50, Rpt.D-2, HOD 2010) (Reaffirmed HOD 2018)*

P 325.022 MANAGED CARE PANELS
The Florida Medical Association petitions the American Medical Association to seek legislation that would prohibit Medicare managed care companies from terminating without cause an enrollee's contracted, pre-existing physician before the enrollee's first subsequent open enrollment period. (*Res 11-415, HOD 2011*) *(Reaffirmed HOD 2019)*

P 325.023 END THE FEDERAL POLICY OF IMPOSING MAINTENANCE OF CERTIFICATION MANDATES UPON PHYSICIANS THROUGH MEDICARE PAYMENT MODELS, QUALITY MEASURES, AND FUTURE ALTERNATIVE PAYMENT SYSTEMS
The Florida Medical Association opposes maintenance of certification mandates under all Medicare payment models, quality measures, and any future alternative payment systems. *(Amended Res 16-401, HOD 2016) (Reaffirmed HOD 2024)*

P 325.024 MEDICARE ANNUAL PHYSICAL EXAMINATIONS
The Florida Medical Association advocates that Annual Wellness Visits (AWV) only be performed by a patient's primary care physician or their designee. *(Amended Res 16-410, HOD 2016) (Reaffirmed HOD 2024)*

P 325.025 PUBLIC RELATIONS CAMPAIGN ON IMPACT OF CHANGES IN MEDICARE
The Florida Medical Association will work to educate physicians and their patients on new payment programs, including balance billing. *(Amended Res 16-407, HOD 2016) (Reaffirmed HOD 2024)*

P 325.026 RESCISSION OF MACRA LEGISLATION
The Florida Delegation to the AMA encourage the AMA to initiate, pursue and seek legislation that will modify onerous MACRA legislation; and be it further the Florida Delegation to the AMA encourage the AMA to assist CMS to develop realistic quality outcome metrics that conform to realities of primary and specialty practice, and small practice and participation with these quality metrics will not diminish physician reimbursement. *(Res 16-408, amended May BOG 2017)*

P 325.027 MEDICARE FOR ALL
The Florida medical Association reaffirms 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. *(Substitute Res 19-403, HOD 2019)*

P 325.028 FMA STAKEHOLDER ENGAGEMENT IN FIRST COAST SERVICE OPTIONS POLICY PROCESSES
The FMA opposes First Coast Service Option (FCSO) issuing Local Coverage Articles (LCAs) that could have the effect of restricting coverage or access without providing data and evidentiary review or without issuing associated Local Coverage Determinations (LCDs) and following required stakeholder processes; and be it further the FMA will advocate and work with FCSO to ensure no LCAs that could have the effect of restricting coverage or access are issued by FMA without FCSO providing public data, decision criteria, and evidentiary review and allowing comment, or without an associated LCD and the required LCD stakeholder review and input processes, through the modernization requirement of the 21st Century Cures Act; further the FMA advocate to CMS that the agency immediately invalidate any LCAs that are identified as potentially restricting coverage or access and that were issued without the FCSO providing public data, decision criteria, and evidentiary review, or that were issued without an associated LCD and the required stakeholder processes, and that CMS require FCSO to restart those processes taking any such proposed changes through LCDs and associated requirements for stakeholder engagement, public data, and evidentiary review; further the FMA advocate that Congress consider clarifying legislative language that reinstates a role for local Carrier Advisory Committees in review processes going forward, addressing unintended outcomes of changes in 21st Century Cures Act that allowed local CACs to be left without a voice or purpose; further the

FMA work with the AMA to clarify that AMA LCD, LCA, and CAC policies are being interpreted and followed correctly by the standards and policies within the CMS guidelines handbook. *(Res 22-404, HOD 2022)*

P 325.029 PREVENT PATIENTS FROM BEING "TRAPPED" INTO MEDICARE ADVANTAGE PLANS

Our FMA will write a letter to the Florida insurance commissioner requesting that seniors receive a document from the State of Florida describing that Medicare Advantage plans are NOT Medicare but rather plans that are administered by private companies, and networks and in network physicians can change and be restricted in the future, the preapproval process may delay or deny care felt necessary by a physician, out of pocket costs may be much higher with chronic conditions than original Medicare especially if due to restricted networks and one has to get care out of network, and patients who joint Medicare Advantage plans often find it difficult to go back to original Medicare and purchase a secondary medigap plan if they have preexisting conditions and seniors should be made aware of the differences in fees and commissions that insurance brokers are paid between Medicare Advantage plans and a Medigap plans; and further, our FMA will design a handout that physicians who wish to inform their patients can print for their waiting rooms and place on their websites describing the information above regarding the differences in coverage, cost, and potential difficulties in leaving a Medicare Advantage plan. *(Res 25-401, adopted as amended, HOD 2025)*

P 330.000 MENTAL HEALTH

P 330.001 TRANSFER TO DEPARTMENT OF HEALTH *(ARCHIVED)*

(BOG July 1997) (Reaffirmed BOG 2007) (Sunset HOD 2015)

P 330.002 MENTAL HEALTH PARITY

The Florida Medical Association supports legislative action for mental health parity. *(Res 09-34, HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed Res 23-402, HOD 2023) (Reaffirmed HOD 2025)*

P 330.003 PHYSICIAN SUICIDE

The FMA recognizes physician suicide as a public health concern; the FMA encourages hospitals in Florida to continue to develop and educate their physicians on available mental health resources; the FMA supports legislation to promote the development and implementation of suicide prevention interventions for Florida physicians; the FMA will study the issue of physician suicide and recommend such programs (research, training, legislative and interventional) and requisite funding to mitigate this issue faced by physicians, residents, and students. *(Substitute language in lieu or Resolution 22-108 and 22-117, HOD 2023)*

P 330.004 MENTAL HEALTH SCREENING AND INTEGRATED MEDICAL HEALTH CARE

The FMA will advocate that Medicaid and private insurers reimburse physicians for mental health screeners performed inclusive but not exclusive to postpartum depression screening, PH-Q, anxiety screening; the FMA supports the integrated medical mental health model, acknowledging the utility in employing mental health workers, such as psychologists and social workers, to strengthen the services provided within the medical home. The FMA will reaffirm policies P 330.002 Mental Health Parity and P 380.009 Mental Health Care in the Primary Care Setting. *(Res 23-402, HOD 2023)*

P 335.000 NEUROLOGICAL INJURY COMPENSATION ACT (NICA)

P 335.001 BIRTH WEIGHT

The Florida Medical Association adopts a position of support for legislation to lower the qualifying birth weight for infants to be covered by the Neurological Injury Compensation Act (NICA program, unless the

reduction would make the program actuarially unsound. *(BOG November 1997) (Reaffirmed BOG 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 335.002 EXPANSION OR DISSOLUTION OF NICA
The Florida Medical Association (FMA) requests that any future expansion of the Neurological Injury Compensation Act (NICA) include input and/or approval from the FMA and supports seeking legislation requiring the return of all monies to the contributing physicians should the NICA fund be discontinued. *(Res 97-35, HOD 1997) (Reaffirmed BOG 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 335.003 AUDIT OF NICA *(ARCHIVED)*
(Res 97-35, HOD 1997) (Reaffirmed BOG 2007) (Reaffirmed HOD 2015) (Sunset HOD 2023, objective accomplished)

P 335.004 NICA EXPANSION FOR BRACHIAL PLEXUS INJURED CHILDREN
The Florida Medical Association (FMA) supports passage of legislation which calls for the expansion of the existing Neurological Injury Compensation Action (NICA) program to include brachial plexus injury; and further supports legislation expanding the existing NICA program, that the legislation not create additional financial burden to nonparticipating Florida physicians above the current $250 annual assessment level. *(Sub Res 08-31, HOD 2008)(Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 335.005 EXPANDING PARTICIPATION IN NICA
The Florida Medical Association continues to support the Florida Birth Related Neurological Injury Compensation Association (NICA), and further, since all hospitals benefit from NICA, will explore ways to expand the participation of hospitals that benefit from the program. (*BOG May 2016) (Reaffirmed via Res 17-310, HOD 2017) (Reaffirmed HOD 2025)*

P 335.006 EXPANDED RESOURCE BASE FOR NICA
The FMA will support legislation to amend Florida Statute 766.314 to require all healthcare practitioners not requiring physician supervision in Florida to pay the annual NICA assessment. The FMA will support legislation to require the State of Florida to review the licensed medical professional assessment established in Florida Statute 766.314 taking into consideration the additional revenue generated by expanding the free to all healthcare practitioners not requiring physician supervision to ensure the sustainability of the program while decreasing the amount of the individual fees yet remaining actuarily sound. *(Res 21-203, adopted as amended)*

P 335.007 NICA REFORM
The FMA will continue to consult on an ongoing basis with the NICA program to ensure that there is transparency in the program, that injured infants are being treated appropriately and that there is equitable support from hospitals and physicians. *(HOD 2021, Res 21-205)*

P 340.000 NURSES AND NURSING

P 340.001 PHYSICIAN-NURSE PROFESSIONAL RELATIONSHIP
The Florida Medical Association strongly supports the professional relationship of nurses and physicians; specifically to allow the Board of Medicine to create appropriate regulations governing physician and nurse activities, assuring safety for the citizens of Florida. *(BOG November 2004) (Reaffirmed HOD 2012) (Reaffirmed HOD 2023)*

P 340.002 DOCTOR DEGREE FOR NURSES
The Florida Medical Association vigorously opposes any proposal or legislation that offers a "Doctor" degree for nurses. *(Res 05-33, HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 340.003 NURSING MEASURES *(ARCHIVED)*
(Res 06-27, BOG Rpt D, HOD 2007) (Sunset HOD 2015)

P 340.004 FLORIDA BOARD OF NURSING'S PROPOSED RULE ON SEDATION (ARCHIVED)
(BOG May 2010) (Sunset HOD 2018)

P 340.005 IMPROVING QUALITY OF PATIENT CARE AND WORKING CONDITIONS FOR FLORIDA'S HOSPITAL-BASED NURSES
The Florida Medical Association shall work with the appropriate Florida and national nurses associations and unions to determine what, if any, legislation is appropriate to ensure appropriate workloads and duties for hospital based nurses. *(Amended Res 11-322, BOG October 2011) (Reaffirmed HOD 2019)*

P 340.006 FMA ON ARNP COMPACT
The Florida Medical Association reaffirms its position that health care teams are best led by physicians; and opposes any legislation that would enact into law, directly or indirectly, the Advanced Practice Registered Nurse (APRN) Multistate Compact proposed by the National Council of the State Boards Nursing. The Florida Medical Association's House of Delegates directs the attention of the FMA's Council on Legislation to prevent enactment of the APRN Compact and that the Council on Legislation places the APRN Compact on its watch list of undesirable legislation. The Florida Medical Association will effectively educate the public, legislators, regulators, and healthcare administrators and effectively oppose state legislative efforts aimed at inappropriate scope of practice expansion. *(Res 18-305, HOD 2018) (Reaffirmed HOD 2026)*

P 340.007 PHYSICIAN EDUCATION REGARDING CLINICAL TRAINING OF NURSE PRACTITIONERS
The FMA will make available (on their website) information regarding the wide range of training standards utilized by Nurse Practitioners (NPs) and Physician Assistants (PAs) education institutions, the training differences between physicians, and a physician's specific medical and legal responsibilities regarding supervision and on-the-job clinical training of NPs and PAs. *(Res 18-107, HOD 2018) (Reaffirmed HOD 2026)*

P 340.008 FRAUDULENT NURSING DIPLOMAS
The FMA supports the revocation of the licenses of those nuirses with fraudulent diplomas who are currently practicing in Florida and will continue to monitor the revocation of fraudulent nursing licenses. *(Res 23-104, HOD 2023)*

P 340.009 VERIFICATION THAT AUTONOMOUS PRACTICE NURSES ARE HAVING THE INTENDED IMPACT
The FMA creates a report using publicly available data from the Board of Nursing identifying the practice location of all advanced practice registered nurses that are working in autonomous practices as established by Florida Statute 464.0123; the FMA will seek legislation that would amend Florida Statute 464.0123, Autonomous practice by an advanced practice registered nurse, to restrict the practice of autonomous advanced practice registered nurses to those areas that qualify as medically underserved communities and provide only medically necessary care. *(Res 23-313, HOD 2023)*

P 345.000 OCCUPATIONAL HEALTH

P 345.001 INSTITUTION OF STATE-LEVEL OCCUPATIONAL HEALTH PROGRAM
The Florida Medical Association supports the institution of an occupational health program at the state level within the Department of Health to assess the magnitude of occupational disease in Florida. *(BOG Rpt B, HOD 1985) (Reaffirmed HOD 1995) (Reaffirmed with editorial change HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 345.002 DESIGNATION OF COMMUNICABLE DISEASES *(ARCHIVED)*
(BOG February 1986) (Reaffirmed A-1996) (Reaffirmed HOD 2006) (Sunset HOD 2014)

P 350.000 ORGAN DONATION & TRANSPLANTATION

P 350.001 CORNEAL TRANSPLANTS *(ARCHIVED)*
(BOG March 1984)(Reaffirmed A-1994) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Sunset HOD 2023; current law does not require written authorization from next of kin in corneal transplant cases. A medical examiner may provide the cornea of a descendent as long as no objection to next of kin of the descendent is known by the medical examiner, amongst other non-authorization related requirements. Fl Statute 765.5185)

P 350.002 ORGAN DONATION
The Florida Medical Association, through its membership, endorses organ donation as an appropriate and meaningful experience for the recipients and the grieving families; and further ask its members to encourage hospital involvement in the maintenance of the potential organ donor as the ultimate life-saving opportunity for those who suffer from end-stage organ failure; and further encourages its members to assist the transplant programs in their efforts to procure donated organs for transplantation and thus become integral members of the "transplant team" in its life-saving efforts; and further will evaluate the need for and, if appropriate, pursue proper legislation to implement this program. *(Res 85-11, A-1985) (Reaffirmed A-1995) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed with title change, HOD 2023)*

P 350.003 SUPPORT OF ORGAN AND CORNEA DONATION
The Florida Medical Association (FMA) supports organ, tissue and cornea donation; and further shall use its good offices to support such legislation as may come before the Florida Legislature which may promote organ donation. *(Res 95-6, A-1995) (Reaffirmed with title change, HOD 2005)(Reaffirmed as amended HOD 2013) (Reaffirmed HOD 2023)*

P 350.004 PROPOSED RULE TO ALLOCATE ORGANS FOR TRANSPLANTS ON A NATIONAL BASIS *(ARCHIVED)*
(BG MIN 1998-07) (Reaffirmed HOD 2008) (Sunset HOD 2016)

P 350.005 EQUAL ACCESS TO ORGAN TRANSPLANTATION FOR MEDICAID BENEFICIARIES
The Florida Medical Association requests that the American Medical Association urge the Centers for Medicare and Medicaid Services designate organ transplantation care and services which are covered by Medicare to be designated as mandatory benefits under Medicaid, and deemed life-saving and essential, such that Medicaid coverage throughout the United States be uniform, predictable, and enabling regarding access to life-saving care. *(Res 11-410, HOD 2011*) *(Reaffirmed HOD 2019)*

P 355.000 PATIENT RESPONSIBILITY

P 355.001 SHARED RESPONSIBILITY (ARCHIVED)
(Amended Res 10-406, HOD 2010) (Sunset HOD 2018)

P 355.002 MEDICAID PATIENT ACCOUNTABILITY
The FMA Board of Governors study the issue of how to account for non-compliant patients and those taking religious exemptions from treatment in Healthcare Effectiveness Data and Information Set (HEDIS) measures used to evaluate and compensate physicians for quality care; further the Delegation to the AMA propose a resolution for the AMA to pursue mechanisms for patient non-compliance and religious exemptions to be accounted for and exempted from Healthcare Effectiveness Data and Information Set (HEDIS) measures used to evaluate the quality and effectiveness of physician care. *(Res 23-405, 2023 HOD)*

P 360.000 PATIENT SAFETY

P 360.001 QUALITY MEDICAL CARE THROUGH PATIENT SAFETY INITIATIVES
The Florida Medical Association (FMA) continues to devote adequate staff and other resources necessary to evaluate and influence patient safety and medical quality initiatives consistent with FMA policy and assign the task as a regular agenda item to appropriate FMA councils and the FMA Board of Governors; the FMA calls for the testing of patient safety initiatives, and the use of pilot programs prior to a full implementation of a program whenever possible, to maximize the chance for any new program to be successful and not just create new work or additional problems; the FMA calls for new patient safety initiatives to be recommended only after consideration of how the new initiatives will interrelate to all existing patient safety initiatives; the FMA calls for all patient safety initiatives to be structured to avoid the creation of any unnecessary financial, manpower, or regulatory burdens on hospitals, physicians or patients. *(Res 05-8, HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2024)*

P 360.002 PATIENT SAFETY AND CONTINUITY OF CARE IN ELECTRONIC RECORDS
The Florida Medical Association supports a common communication language for all electronic health records; and supports that patient data for care purposes and safety be transferable from one company's program to another in compliance with HIPAA guidelines. *(Res 05-15, HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 360.003 INFORMATION TECHNOLOGY *(ARCHIVED)*
(Res 05-45, HOD 2005) (Sunset HOD 2013)

P 360.004 PHYSICIAN ERRORS *(ARCHIVED)*
(BOG October 2005) (Sunset HOD 2013)

P 360.005 REPORTING VIOLATIONS OF ANY PRACTICE ACT
The Florida Medical Association encourages its member to report violations of any practice act and to do so anonymously or otherwise to help ensure the safety and welfare of the citizens of the State of Florida. (*Substitute Res 13-304, BOG May 2013 with title change) (Reaffirmed HOD 2024)*

P 360.006 PATIENT RIGHT TO DECLINE TREATMENT BY NON-PHYSICIAN CLINICAN
The Florida Medical Association affirms that patients have the right to be treated by a physician and to decline treatment by a non-physician clinician. *(Amended Res 17-409, HOD 2017)*

P 360.007 TRANSPARENCY OF CARE
The Florida Medical Association will seek legislation ~~requiring~~ independent non-physician practitioners without physician supervision to provide notice to patients through the posting of signage in waiting rooms and public areas in their work setting that the practitioner does not have a physician's oversight of the patient's care; and be it further, the Florida Medical Association seek legislation that requires non-physician providers that are working independently or under general supervision to secure written informed consent from patients that they understand that they are being assessed and treated by non-physician providers

practicing without physician oversight. *(Amended Res 21-307, HOD 2021) (Amended in Res 23-312, HOD 2023)*

P 360.008 PA NAME CHANGE
The Florida Medical Association will adopt policy to oppose efforts and legislation that seeks to change the title of the "physician assistant" to "physician associate" or any term that would elevate their status in a manner in which would confuse a patient as to the role and education of a Physician versus a "physician assistant." The FMA will continue working with the AMA and other medical societies to actively oppose efforts and legislation that seeks to change the title of "physician assistant" to "physician associate" in state and federal policies. *(Sub. Res 21-316, HOD 2021)*

P 360.009 DEDICATED ON-SITE PHYSICIAN REQUIREMENT FOR EMERGENCY DEPARTMENTS
The Florida Medical Association will support legislation or regulation requiring that all facilities in the state of Florida that bear the designation of Emergency Department, ED, Emergency Room, ER, or other title, facility logo or design implying provision of emergency medical care must have the real-time, on-site presence of, and supervision of non-physician practitioners, by a licensed physician with training and experience in emergency medical care, 24 hours a day, 7 days a week; further the Florida Medical Association will advocate for similar legislation at a federal level with the American Medical Association. *(Res 22-311, adopted as amended HOD 2022)*

P 360.010 ADDRESSING THE NEEDS OF PATIENTS IMPACTED BY MEDICATION SHORTAGES
The FMA supports legislation that would insure safe access to opioid analgesic medications and medications to treat opioid use disorder; the FMA work with pharmaceutical companies, drug distributors, pharmacies and appropriate governmental entities to insure a transparent and adequate supply of opioid analgesic medications and access to medications to treat opioid use disorder. *(Res 23-203, HOD 2023)*

P 360.011 IMPROVING ACCESSIBILITY TO SAFE DISPOSAL OF HOME-GENERATED SHARPS
The Florida Medical Association encourages physicians to ensure that their patients are educated on practices for safe home management and disposal of sharps; and further, the Florida Medical Association encourages those entities that dispense sharps to accept them back from the patient for safe disposal. *(Res 25-202, adopted as amended, HOD 2025)*

P 360.012 ENHANCING OVERSIGHT AND TRANSPARENCY IN HEALTHCARE TRANSACTIONS
The Florida Medical Association advocates for the implementation of legislative measures in Florida to:

1. Expand Oversight: Broaden the scope of state health authorities to review and monitor significant healthcare transactions involving private equity firms, REITs, and MSOs.

2. Mandate Reporting: Require entities involved in such transactions to provide detailed disclosures regarding ownership structures, financial arrangements, and potential impacts on patient care services.

3. Ensure Accountability: Establish mechanisms to hold entities accountable for maintaining or improving the quality and accessibility of healthcare services post-transaction.

4. Protect Patient Interests: Implement safeguards to prevent any adverse effects on patient care resulting from changes in ownership or management of healthcare facilities, and further

The Florida Medical Association collaborates with state legislators, physicians, and other stakeholders to draft and promote legislation reflecting these principles, ensuring that healthcare delivery in Florida remains transparent, accountable, and patient-centered. *(Res 25-402, HOD 2025)*

P 365.000 PAY-FOR-PERFORMANCE

P 365.001 PAY-FOR-PERFORMANCE
The Florida Medical Association adopts as policy the American Medical Association's Principles and Guidelines for Pay-for-Performance programs and opposes policies or programs of any public or private entity relating to the medical quality, patient safety and reporting of medical process and outcome data if they are not compliant with the AMA Principles and Guidelines for Pay-for-Performance. *(Res 05-7, HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2024)*

P 365.002 PAY-FOR-PERFORMANCE PROGRAMS IN FLORIDA
The Florida Medical Association seeks legislation to require that any insurance payer that engages in pay-for-performance or any similar rating system by which contracted physicians are identified on "quality measures" must clearly, plainly and fully disclose to its providers and patients the basis on which those measures are made, and whether or not those criteria are in accordance with the American Medical Association's Principles and Guidelines for Pay-for-Performance. *(Res 05-58, HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 365.003 PAYER MEASURES FOR PRIVATE AND PUBLIC HEALTH INSURANCE
(ARCHIVED)
(Res 06-11, HOD 2006) (Sunset HOD 2014)

P 365.004 TRANSPARENCY OF PHYSICIAN RATING PROGRAMS
The Florida Medical Association (FMA) supports legislation on transparency of physician rating programs only if it is substantially compliant with FMA policy on physician rating, pay for performance, public reporting and payer measures (including but not limited to Resolutions 05-5, 05-7, 05-58, 06-1, 06-11, and 07-15) giving significant leeway to the FMA legislative team to achieve our FMA mission. *(BOG October 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 370.000 PEER REVIEW /PEER REVIEW ORGANIZATIONS

P 370.001 PRO REVIEWERS
The Florida Medical Association seeks to require that the first review of an appeal of decisions by the PRO be made by physicians in the same specialty as the physician making the appeal. *(BOG January 1989) (Reaffirmed 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017)*

P 370.002 PRO QUALITY DENIALS
The Florida Medical Association supports the institution of an appeal mechanism related to PRO quality denials subsequent to failed generic quality screens. *(BOG January 1989) (Reaffirmed HOD 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017)*

P 370.003 REVIEW PROCESS CHANGES
The Florida Medical Association urges that in instances where review process changes in any way might increase admission denials, changes in criteria, administration or policy, physicians would be properly notified in advance in writing via the PRO Bulletin or other appropriate mechanisms. *(BOG June 1989) (Reaffirmed HOD 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017)*

P 370.004 VOLUNTARY PEER REVIEW
The Florida Medical Association recommends that all recognized specialty groups form voluntary peer review committees to review an individual physician's standard of care upon request of that physician. *(BOG March 1990) (Reaffirmed 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017)*

P 370.005 EXTENSION OF PRO ACTIVITIES TO PHYSICIANS' OFFICES
The Florida Medical Association vigorously opposes any expansion of peer review organization (PRO) activities in reviewing charts of Medicare patients in physicians' offices, hospitals, or any other place of service until such a time when it can be clearly demonstrated and documented that such review is cost-effective, genuinely educational to the practicing physicians involved, not disruptive to physician-patient relationships, and productive of improved quality of care for patients. *(Res 90-26, HOD 1990) (Reaffirmed 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017)*

P 370.006 SUBMITTAL OF PRACTICE PARAMETERS TO PRO
The Florida Medical Association encourages state specialty societies to obtain practice parameters as developed by their parent national societies and use these parameters to evaluate current peer review organizations (PRO) generic screens; and further societies are encouraged to approach the Professional Foundation for Health Care and recommend appropriate modifications to their generic screens. (*BOG January 1991) (Reaffirmed HOD 2001) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017)*

P 370.007 CHANGES TO THE PRO
The Florida Medical Association supports fundamental changes to the current peer review system utilized by CMS and will work to develop a true peer review system which has as its primary basis quality and education rather than financial considerations. *(Res 91-23, HOD 1991) (Reaffirmed 2001) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017)*

P 370.008 BACKGROUND OF REVIEWERS
The credentials and background of PRO reviewers should be made known to the Florida Medical Association and those physicians being examined before the peer review is performed. *(Res 91-55, HOD 1991) (Reaffirmed HOD 2001) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017)*

P 370.009 PEER REVIEW BY ACTIVELY PRACTICING PHYSICIANS
The Florida Medical Association encourages the American Medical Association to lobby Congress and Centers for Medicare/Medicaid Services (CMS), to change the peer review process so that only actively practicing physicians, in the same specialty or subspecialty, be allowed to perform retrospective reviews for

the fiscal intermediary for Medicare. *(Res 91-66, HOD 1991) (Reaffirmed 2001) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017)*

P 370.010 PRO REVIEWERS *(ARCHIVED)*
(BOG January 1992) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Sunset HOD 2023)

P 370.011 DOUBLE STANDARDS IN PRO REVIEW
The Florida Medical Association requests from the Centers for Medicare/Medicaid Services (CMS), as regards to quality care issues, that all chart reviews be performed by the Florida PROs with identical standards of care for non-HMO and HMO patients; and further that chart reviews should be done without regard to provider affiliation; and further that HMO charts should not be exclusively reviewed by HMO physicians; and further through its delegation to the American Medical Association (AMA), submit a similar resolution to the AMA House of Delegates. *(Res 94-01, HOD 1994) (Reaffirmed HOD 2005)(Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 370.012 CONFIDENTIALITY OF PEER REVIEW PRODUCT
The Florida Medical Association seeks to ensure that there is, and will continue to be, adequate judicial guidance and instruction to state agencies in place in Florida to prevent the loss of confidentiality of peer review products. *(Res 99-39, HOD 1999) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017)*

P 370.013 ON-SITE REVIEWS
The Florida Medical Association supports policy preventing peer review organizations from entering a physician's office at their convenience to conduct on-site reviews of a physician's office. *(BOG March 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017)*

P 370.014 PEER REVIEW INVESTIGATIONS
The Florida Medical Association supports federal legislation that would make peer review investigations confidential in civil or administrative proceedings. *(BOG November 2004) (Reaffirmed HOD 2012) (Reaffirmed HOD 2022)*

P 370.015 DEFINITION OF SHAM PEER REVIEW
The Florida Medical Association (FMA) adopts the following definition of sham peer review as a corruption of the peer review process taken in bad faith that sanctions a penalty, or some coercive measure intended to ensure compliance of a physician for purposes unrelated to assuring quality care; and further the FMA adopted the following six actions: (1) educate members on the topic of sham peer review and the options to manage it; (2) work to enact legislation to prevent sham peer review; (3) work with medical staffs and individual members to ensure appropriate peer review designed to improve quality and not used for other purposes; (4) build a legal defense fund to assist its members affected by sham peer review; (5) work with the Association of American Physicians and other organizations to meet these goals; (6) facilitate a support group to help impacted physicians. *(BOG May 2009) (Reaffirmed HOD 2017)*
(*Historical Note: Res 08-2, adopted by the 2008 House of Delegates, directed the FMA to create a task force to examine the issue of sham peer review and to offer standards for high quality, effective and fair peer review processes. This policy is a result of the findings of the task force.)*

P 370.016 PEER REVIEW ORGANIZATIONS UPDATE
The Florida Medical Association approves updates to its peer review section that peer review organizations (PROs) were created by Medicare to interpret quality of medical care delivered to Medicare patients; and further that policies referring to PROs remain applicable to other similar policies on peer review activities by third party payers, for instance as of 2009, the PRO is now designated a Quality Improvement Organization

(QIO) and the Florida Medical Quality Assurance Inc. is a Florida QIO as of 2009. *(BOG May 2009) (Reaffirmed HOD 2017)*

P 370.017 REGIONAL PEER REVIEW
The Florida Medical Association shall evaluate existing peer review entities to determine whether these entities can conduct hospital based peer review which would be controlled by the medical staff in an economically sustainable manner. *(BOG Rpt D-2; Sub Res 10-409; HOD 2011) (Reaffirmed HOD 2019)*

P 370.018 RESTORATION OF DUE PROCESS AND LEGAL PROTECTIONS FOR PHYSICIANS IN HOSPITAL PEER REVIEW PROCEEDINGS
The Florida Medical Association formally recognizes that Florida Statutes 395.0191 and 395.0193 unjustly deprive physicians of due process, obstruct access to fair legal remedy, and harm the integrity of medical practice in the state; and further, the Florida Medical Association will seek and support legislation to amend these statutes by:

- Eliminating the requirement for pre-litigation financial bonds;
- Restoring the legal standard of "malice" as sufficient for claims against peer review misconduct;
- Ensuring parity in legal cost recovery, so prevailing physicians may be reimbursed for their legal expenses; and
- Narrowing the scope of immunity to exclude actions taken with malice, in violation of the Hospital's bylaws, or retaliatory intent. *(Res 25-302, adopted as amended, HOD 2025)*

P 375.000 PHYSICIAN FEES

P 375.001 TRANSPARENCY IN HEALTH INSURANCE CPT REIMBURSEMENT SCHEDULES
The Florida Medical Association (FMA) seeks enforcement by the Insurance Commissioner or supports legislation requiring all health insurance companies providing coverage in Florida to give all physicians access, on the insurance company's website, to the participating physician's current complete fee schedule(s) which must be updated not less than quarterly; and further that such schedules must provide payment rates for all current CPT codes for all of that vendor's contracted health insurance plans and products; and further the FMA will seek enforcement by the Insurance Commissioner or support legislation requiring all health insurance companies providing coverage in Florida to give all physicians access on the insurance company's website, to the proposed contract's payment rates for all current CPT codes for all of the vendor's contracted health insurance plans and products included in the proposed contract, before or at the time the insurance company furnishes the physician with the proposed contract; and further require that said enforcement by the Insurance Commissioner or legislation include financial penalties for failure of insurance company compliance. *(Res 09-14, HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 378.000 PHYSICIAN PATIENT RELATIONSHIP

P 378.001 ENSURING PATIENT RIGHT TO CHOOSE PHYSICIAN DURING HOSPITALIZATION *(ARCHIVED)*
(Res 98-8, HOD 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2016) (Sunset HOD 2024 – See §395.1052, FS.)

P 378.002 PROTECTING PATIENT RIGHTS
The Florida Medical Association (FMA) insists that in all medical decisions, the best interests of the patients are the top priority in the doctor-patient relationship and physicians shall not be coerced, forced or required by any means to comply with clinical practice guidelines not felt by the physician and the patient to be in the individual patient's best interests; and further seeks and supports legislation and administrative code implementing mandatory reporting or implementation of process measures or guidelines only when the

process measure or guideline has been clearly linked to an improvement of outcomes based on class I evidence and consensus position statements of specialty and other medical societies who are qualified to review the measures; and further seeks and supports legislation and administrative code protecting a patient's rights to access medical care that is not subject to third party decision-making outside of the doctor-patient relationship and supporting a physician's right to advise patients based on the patient's best interests; and further, through its delegation to the American Medical Association (AMA) and will ask the AMA do the same. *(Res 05-5, HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 378.003 PREVENT INTRUSION IN PHYSICIAN-PATIENT SELF DETERMINATION AND AUTONOMY IN DECISION MAKING
The Florida Medical Association opposes any legislation that infringes on physician practice autonomy and the doctor/patient relationship. *(Res 09-33, HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 378.004 OPPOSITION TO LEGISLATION SEEKING TO LIMIT PHYSICIAN AND PATIENT CONVERSATIONS
The Florida Medical Association opposes any legislation that would seek to interfere with the scope of conversations a physician can have with their patients or patient's guardian. (*Amended Res 11-305, HOD 2011) (Reaffirmed HOD 2019)*

P 378.005 PHYSICIAN AND PATIENT RELATIONSHIPS
The Florida Medical Association supports the right of patients and physician to enter into and end patient relationship based solely on the personal choice of the patient or the physician. (*Sub Res 11-319, HOD 2011) (Reaffirmed HOD 2019)*

P 378.006 PATIENT-CENTERED PHYSICIAN LED TEAMS
The Florida Medical Association, in conjunction with the Florida Academy of Physician Assistants, Florida Osteopathic Medical Association and Florida Academy of Family Physicians, are mutually committed to improving safe access to health care by promoting patient-centered, physician-led teams and embrace the team approach to health care, and are committed to delivering affordable, efficient, quality and integrated medical services to the people of Florida. *(BOG March 2013) (Reaffirmed HOD 2023)*

P 378.007 LIMITS OF PROVIDER RESPONSIBILITY
The Florida Medical Association seeks legislation which automatically terminates the active provider-patient relationship 3 years from the date of the last provision of care and states that the provider is not responsible for the provision of services to any patient that no longer has an active relationship with their provider. *(Res 13-313, HOD 2013) (Reaffirmed HOD 2023)*

P 378.008 PROTECTION OF PHYSICIANS FROM CRIMINALIZATION OF STANDARDS OF MEDICAL CARE
The FMA recognizes the rightful autonomy of physicians to serve the interests of their patients by communicating, educating, counseling, or treating their patients in a matter consistent with the standards of care. *(Res 23-101, HOD 2023)*

P 380.000 PHYSICIAN PAYMENT & REIMBURSEMENT

P 380.001 OUTPATIENT REIMBURSEMENT
The Florida Medical Association believes that health insurers should be required to reimburse physicians for all procedures that the attending physician determines can be safely and appropriately performed on an outpatient basis but are currently being reimbursed only on an inpatient basis. *(BOG October 1983)(Reaffirmed HOD-1994) (Reaffirmed HOD 2005) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 380.002 SUPERVISION OF MEDICAL SERVICES; PHYSICIAN RESPONSIBILITY AND REIMBURSEMENT
The Florida Medical Association (FMA) firmly supports the position that direct and indirect physician supervision of professional medical services be recognized as an important and compensable activity of physicians; and further that such activities represent a compensable service for which direct reimbursement to physicians remains appropriate; and further the FMA petitions the AMA CPT Editorial Panel for the creation of CPT codes to address this subject. *(Res 94-3, HOD 1994) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 380.003 PHYSICIAN REIMBURSEMENT FROM THIRD-PARTY PAYERS *(ARCHIVED)*
(Res 94-23, HOD 1994) (Reaffirmed HOD 2005) (Sunset HOD 2013)

P 380.004 REIMBURSEMENT OF FIRST ASSISTANT FEES
The Florida Medical Association seeks legislation which would require third-party payers to compensate physician first assistants in those cases identified by the American College of Surgeons as justifiably requiring an assistant. *(Res 95-39, HOD 1995) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 380.005 REIMBURSEMENT OF POST-MASTECTOMY BREAST RECONSTRUCTIONS
(ARCHIVED)
(Res 96-28, HOD 1996) (Reaffirmed HOD 2006) (Sunset HOD 2014)

P 380.006 LATE PAYMENTS TO PHYSICIANS (*ARCHIVED*)
(Res 97-29, HOD 1997) (Reaffirmed BOG October 2007) (Sunset HOD 2015)

P 380.007 INAPPROPRIATE BUNDLING OF CPT CODES AND WORK
The Florida Medical Association opposes the inappropriate bundling of CPT codes and will work with the appropriate specialty societies using all actions necessary to eliminate this practice by insurers. *(BOG July 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2016)*

P 380.008 AUTHORIZATION NUMBER VALIDITY
The Florida Medical Association supports seeking legislation to require managed care organizations to honor authorization numbers and reimburse physicians according to their contractual agreements. *(Res 98-35, HOD 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 380.009 MENTAL HEALTH CARE IN THE PRIMARY CARE SETTING
The Florida Medical Association seeks legislation requiring parity coverage and reimbursement for treatment of mental illnesses, thereby allowing all physicians and their patients to approach these illnesses as they would any other medical problem. *(Res 00-6, HOD 2000) (Reaffirmed Res 03-3, HOD 2003) (Reaffirmed HOD 2011) (Reaffirmed HOD 2019) (Reaffirmed in Res 23-402, 2023 HOD)*

P 380.010 REIMBURSEMENT OF EMERGENCY ROOM SERVICES
The Florida Medical Association supports legislation prohibiting denials by insurance companies for emergency room services if drug and alcohol intoxication is discovered in the patient's records, and further supports providing reimbursement for all emergency care delivered to patients as is the intent of Chapter 641, Florida Statutes. (*Res 00-46, HOD 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 380.011 REIMBURSEMENT DENIAL BASED SOLELY ON SPECIALTY
The Florida Medical Association opposes any effort by insurance companies or third party payers to restrict professional fee reimbursement based solely on specialty; and further legislation banning insurers from

denying reimbursement based solely on specialty; and further through its delegation to the American Medical Association (AMA), calls for the AMA to oppose insurance companies from restricting professional fee reimbursement based on specialties and pursue, through federal legislation, banning insurers from denying reimbursement solely on specialty. *(Res 03-10, HOD 2003) (Reaffirmed HOD 2011) (Reaffirmed HOD 2019)*

P 380.012 PHYSICIAN COMPENSATION FOR EMERGENCY DEPARTMENT CALL ROTATION
The Florida Medical Association supports the concept of financial compensation for physicians required to participate in "on-call" rotation for the purpose of maintaining hospital staff privileges. *(Res 06-30, HOD 2006) (Reaffirmed as Amended HOD 2014) (Reaffirmed HOD 2022)*

P 380.013 EMERGENCY ROOM COVERAGE
The Florida Medical Association (FMA) endorses the FMA's Specialty Society Section's white paper on gaining appropriate compensation for emergency room coverage. *(BOG October 2007, Refer to Appendix P380.013) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 380.014 PROHIBITION OF NON-PAYMENT OF CLAIMS DUE TO INSURER'S DELAY
The Florida Medical Association actively seeks legislation that requires a health insurer to update its coverage files and patient eligibility data within 30 calendar days of any change; and actively seek legislation that requires that all services provided during the 30-day period be exempt from pre-certification requirements; and actively seeks legislation that requires that once a patient service has been pre-certified with an insurer, the insurer be obligated to pay that claim even if the pre-certification was in error due to insurers delay in updating coverage information; and actively seek legislation that imposes a monetary penalty for any insurer that denies payment to a physician, or imposes any penalty on a physician, due to insurance company delays in the patient member's update process. *(Res 08-14, HOD 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 380.015 EMERGENCY ROOM COVERAGE *(ARCHIVED)*
(Res 08-40, HOD 2008) (Sunset HOD 2017)

P 380.016 REIMBURSEMENT FOR PROFESSIONAL SERVICES
The Florida Medical Association, requests the AMA to pursue legislation requiring physician reimbursement for time spent providing professional services through the use of such modalities as telephone, email and other electronic communication methods regardless of the treating physician's physical proximity to the patient at the time those services are rendered. *(Res 09-15, HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 380.017 PHYSICIAN COMPENSATION FOR CASE MANAGEMENT SERVICES *(ARCHIVED)*
(Res 09-19, HOD 2009) (Sunset HOD 2017)

P 380.018 APPROPRIATE PAYMENT FOR VACCINES AND VACCINE ADMINISTRATION
The Florida Medical Association seeks legislation to ensure commercial insurance payment for all vaccines be no less that 25% above the vaccine cost on the CDC Vaccine Price List, and further seeks legislation to ensure that payment for each billed age-specific and non-age specific vaccine administration CPT code be not less than Medicare rates. *(Amend Res 10-106, HOD 2010) (Reaffirmed HOD 2018)*

P 380.019 APPROPRIATE PAYMENT BY AHCA FOR VACCINES AND THEIR ADMINISTRATION
The Florida Medical Association (FMA) is directed to work with the Agency for Healthcare Administration (AHCA) or seek legislation to increase vaccine payments to at least 25% above the vaccine cost, as listed on the CDC Vaccine Price List, for patients with MediKids or Healthy Kids insurance; and further encourages

AHCA to update their vaccine fee schedule for MediKids and Healthy Kids patients on the first day of every quarter on their website; and further the FMA will work with AHCA or seek legislation to increase vaccine administration payments for all patients covered by Florida KidCare (Medicaid, MediKids, Healthy Kids, Children's Medical Services) to the Maximum Regional Charges for Florida ~~($16.06)~~ as established by the US Department of Health and Human Services. *(Res 11-313, HOD 2011) (Reaffirmed as amended HOD 2019)*

P 380.020 TIMELY AND APPROPRIATE PAYMENTS FOR NEW CPT CODES
The Florida Medical Association supports legislation to ensure that, beginning January 1st of each year, health insurance companies recognize and pay physicians for all current-year CPT codes billed. *(Res 11-314, HOD 2011) (Reaffirmed HOD 2019)*

P 380.021 APPROPRIATE PAYMENTS FOR VACCINE PRICE INCREASES
The Florida Medical Association seeks or supports legislation requiring health insurance companies increase vaccine payments by an amount at least equal to the manufacturer vaccine price increase(s) beginning on the day the price increase(s) goes into effect. *(Res 11-315, HOD 2011) (Reaffirmed HOD 2019)*

P 380.022 SUPPORT FFS AS THE MOST APPROPRIATE WAY TO REIMBURSE PHYSICIANS
The Florida Medical Association (FMA) affirms that fee for services rendered to patients is a standard, valid, and ethical practice; and further actively opposes any Florida legislation which seeks to limit physicians' ability to contract for services with patients, or which coerces a physician to be a party to a contract which the physician has not agreed to; and further will promulgate and submit a resolution to the American Medical Association's (AMA) House of Delegates which directs the AMA to similarly affirm fee for service as a standard of business in the medical profession and to vigorously oppose legislation which limits or seeks to limit the protection under law for physicians to contract for services with patients, or which attempts to make a physician a party to a contract to which the physician has made no agreement; and further reaffirms its commitment to the Patient Empowerment Act and calls on the AMA to similarly re-affirm its commitment to support this legislation. *(Res 13-402, HOD 2013) (Reaffirmed with technical amendment HOD 2023)*

P 380.023 PHYSICIAN PAYMENT FOR PATIENT PHONE CALLS
The Florida Medical Association seeks legislation for appropriate payments by health insurance companies to Florida-licensed physicians for providing medical care/advice as documented in the electronic medical records to patients by telephone, e-mail and other electronic communications methods. *(Res 16-302, HOD 2016) (Reaffirmed via Res 17-311 and 17-404, HOD 2017) (Reaffirmed HOD 2025)*

P 380.024 PROTECTION OF PHYSICIAN PAYMENT IN THE FACE OF FLORIDA PERSONAL INJURY PROTECTION (PIP) REFORM
The Florida Medical Association opposes legislation which would remove the $5,000 allowable for treating physicians of motor-vehicle accident victims; and that any legislation passed include a section for a prompt and defined payment period by the insurance company to ensure timely delivery of physician payment, and further will work to assure that Florida physicians continue to receive prompt payment by Motor Vehicle Insurers, as per their benefits, that these benefits are carved out from hospital or facility fees, and that we define "Usual and Customary" rates per established community charges, not from the insurer's definition of usual and customary. *(Res 16-303, HOD 2016) (Reaffirmed HOD 2024)*

P 380.025 APPROPRIATE REIMBURSEMENT FOR MEDICARE DOCUMENTATION
The Florida Medical Association continues to work with the American Medical Association to ensure that physicians are fairly reimbursed for producing documentation related to tests, procedures, and medication authorizations. *(Amended Res 16-404, HOD 2016) (Reaffirmed HOD 2024)*

P 380.026 PHYSICIAN PAYMENTS TO SAME DAY SERVICE
The Florida Medical Association supports legislation to require health insurance companies to pay physicians within 15 days (office visit, ER visit, procedure, treatment, radiologic test); and further establishes policy to support prompt payments to physicians by reimbursement entities for services rendered (office visit, ER visit, procedure, treatment, radiologic test); and further the FMA AMA delegation encourages the AMA to adopt policy supporting prompt payments to physicians by reimbursement entities for services rendered (office visit, ER visit, procedure, treatment, radiologic test). *(Res 17-303, HOD 2018)*

P 380.027 PRESERVING PHYSICIAN CONTRACT INTEGRITY IN PREFERRED-PROVIDER AGREEMENT
The Florida Medical Association seeks legislation requiring health plans and related entities to honor the material terms and payment policies of preferred provider contracts (PPCs) during the effective term, including, but not limited to, terms affecting reimbursement, administrative burdens, and network or tier status; and the FMA seeks statutory safeguards requiring that adverse material changes during the term of a PPC occur only with appropriate notice and mutual agreement, and that physicians and physician practices not be penalized or retaliated against for declining such changes. *(Res. 26-312, HOD 2026)*

P 380.028 REIMBURSEMENT FOR ELECTROCARDIOGRAMS REQUIRED FOR PREPARTICIPATION SPORTS PHYSICALS
The Florida Medical Association advocates for adequate and consistent payment by public and private payers for physician-performed and physician-interpreted electrocardiograms and all necessary follow-up care conducted as part of mandatory preparticipation sports physical examinations, to ensure that mandated electrocardiographic services do not create unfunded burdens on physicians; and the Florida Medical Association supports policies that promote equitable access to required preparticipation screening, including appropriate payment structures that do not shift costs to patients or families. *(Amended Res. 26-404, HOD 2026)*

P 385.000 PHYSICIAN PAYMENT & REIMBURSEMENT – MEDICARE-MEDICAID

P 385.001 MEDICARE REIMBURSEMENT; OVERHEAD EXPENSES
The Florida Medical Association requests the American Medical Association petition the Centers for Medicare and Medicaid Services (CMS) to incorporate legitimate overhead expenses into reimbursement for performing ancillary services and office testing. *(Res 90-56, HOD 1990) (Reaffirmed HOD 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 385.002 MEDICARE PHYSICIAN PAYMENT SCHEDULE/RBRVS
The Florida Medical Association opposes the immediate use of RBRVS by the private insurance industry until the major inequities of RBRVS and its implementation by CMS are resolved; and further opposes any legislative plan to mandate Medicare payment levels by private insurers.
(Res 92-63, HOD 1992) (Reaffirmed HOD 2002) (Reaffirmed HOD 2010) (Reaffirmed HOD 2019)

P 385.003 PARITY IN REIMBURSEMENTS
The Florida Medical Association requests the American Medical Association pursue legislation that would require the Centers for Medicare and Medicaid Services to establish parity in reimbursement and coverage policy for preventive services, regardless of the beneficiary's enrollment status. *(BOG March 1997) (Reaffirmed BOG October 2007) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 385.004 RBRVS LAWSUIT
The Florida Medical Association requests that the American Medical Association seek correction of the inadequate malpractice elements in the RBRVS formula. (*Res 03-22, HOD 2003)(Reaffirmed HOD 2011) (Reaffirmed HOD 2019)*

P 385.005 MEDICARE REIMBURSEMENT
The Florida Medical Association seeks legislation establishing a minimum of 150% of the Medicare fee schedule for reimbursement of non-surgical codes in workers' compensation cases, 200% of the Medicare fee schedule for reimbursement of surgical code, and 300% of the Medicare fee schedule for reimbursement of anesthesia codes. *(BOG March 2003)(Reaffirmed as amended, HOD 2011) (Reaffirmed HOD 2019)*

P 385.006 MEDICARE REIMBURSEMENT PAYMENTS
The Florida Medical Association supports exploring avenues to inform Medicare patients of the cuts in physician Medicare reimbursement payments and how this will affect their access to health care. *(BOG October 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 385.007 MEDICARE REIMBURSEMENT *(ARCHIVED)*
(Res 06-5, BOR Rpt. D, HOD 2007) (Sunset HOD 2017)

P 385.008 EMERGENCY ROOM COVERAGE *(ARCHIVED)*
(Res 08-40, HOD 2008) (Sunset HOD 2016)

P 385.009 RESPONSIVENESS OF THE MEDICARE ADMINISTRATIVE CONTRACTOR
(ARCHIVED)
(BOG May 2009) (Sunset HOD 2017)

P 385.010 PAYMENT FOR PREVENTIVE SERVICES
The Florida Medical Association supports legislation so that comprehensive preventive medicine CPT codes (99381-99387, 99391-99397) are paid at least at "Medicare" rates, as calculated by using RVU's obtained from the Centers of Medicare and Medicaid Services (CMS); and further supports legislation so that vision screening, hearing screening, VEP (visual evoked potential), and recommended age-appropriate laboratory procedures and tests are required to be paid independently when performed along with a comprehensive preventive medicine CPT code (99381-99387, 99391-99397). *(Res 11-311, HOD 2011) (Reaffirmed HOD 2019)*

P 385.011 ACCESS TO SPECIALTY CARE
The Florida Medical Association supports setting Medicaid reimbursement at 100% of the Medicare fee schedule; and further is directed to work with the Agency for Health Care Administration (AHCA) and the managed care industry to assure Medicaid beneficiary access to robust networks of all physicians, as well as multicultural services to address health care disparities; and further assure that specialty care providers for Medicaid beneficiaries be reimbursed at 100% of the Medicare fee schedule. *(Amended Res 11-403, HOD 2011) (Reaffirmed HOD 2019)*

P 385.012 PAYMENT FOR MEDICAID HMO NEWBORN SERVICES
The Florida Medical Association supports legislation that would ensure physician payments for newborn care in the infant's first 30 days of life to physicians by all Florida licensed Medicaid HMO's contracting with the Agency for Health Care Administration, irrespective of the physician's contracting status with the Medicaid HMO. *(Res 13-318, HOD 2013) (Reaffirmed with technical amendment HOD 2023)*

P 385.013 STUDY TO ASSESS INCREASED MEDICAID PAYMENT RATES AND ACCESS TO CARE
The Florida Medical Association is directed to ensure, through effective advocacy or other means, that a study is performed, via a government agency, university, qualified consultant, or private company to quantitatively assess the presumed effect of the Medicaid payment increase facilitating access to care for Floridians in order to guide future advocacy and health and economic policy decisions related to promotion of health and medical access in the State of Florida. (*Res 13-408, HOD 2013) (Reaffirmed with technical amendment HOD 2023)*

P 385.014 UNCOMPENSATED CARE REIMBURSEMENT FOR PHYSICIANS
RESOLVED, That the Florida Medical Association study and report back on how to compensate physicians for the provision of uncompensated care that is a result of EMTALA. *(Res 22-407, HOD 2022)*

P 385.015 HOLDING UNITEDHEALTH GROUP ACCOUNTABLE
The FMA will work with the AMA and Congress to study and address the impact of vertical integration in healthcare. *(Res 24-402, HOD 2024)*

P 390.000 PHYSICIAN PROFILING AND RATING

P 390.001 AHCA CREDENTIALING DATA COLLECTION *(ARCHIVED)*
The Florida Medical Association shall study the problem of AHCA's collection of inaccurate and inappropriate physician-specific data related to hospital practice and outcomes; and further utilize its lobbyists, legislative council, and committees to bring about appropriate changes to AHCA's collection of physician-specific data. *(Res 98-7, HOD 1998) (Reaffirmed HOD 2008) (Sunset HOD 2016)*

P 390.002 ONLINE PHYSICIAN RATING
The Florida Medical Association shall investigate the legal and legislative options to prevent the use of non-validated rating of physicians; and further create model state legislation that would prevent the use of non-validated rating of physicians as a vehicle for defamation. *(BOG May 2011) (Reaffirmed HOD 2019)*

P 390.003 PHYSICIAN ONLINE RATINGS
The Florida Medical Association will create a training course for physicians that would provide guidance on how to effectively respond to negative online reviews without violating HIPAA guidelines and give physicians tools to address such matters. (Res 22-110, HOD 2022)

P 393.000 PHYSICIAN WORKFORCE

P 393.001 SUSTAINING FLORIDA'S RURAL AND UNDERSERVED PRIMARY CARE WORKFORCE THROUGH LONG-TERM RETENTION INCENTIVES
The Florida Medical Association supports the development and implementation of retention incentives for primary care physicians who practice in rural and medically underserved areas of Florida. *(Res. 26-307, HOD 2026)*

P 395.000 PHYSICIANS

P 395.001 DEFINITION OF A PHYSICIAN
The Florida Medical Association (FMA) urges all physicians to insist on being identified as a physician and to sign only professional or medical documents identifying them as physicians; and further the FMA shall review and revise its own publications as necessary to refrain from any definition of physicians as "Health Care Providers"; and further will work with state and local governmental agencies to change all references to professional status, or any other professional identifier on approved forms, to specifically state that the signer

is a physician (M.D. or D.O.), with clear differentiation from signers with other professional designations. This request is specifically directed to changing "catch-all" words such as "provider" or "vendor." *(Res 91-59, HOD 1991) (Reaffirmed HOD 2001) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017)*

P 395.002 PHYSICIAN IDENTIFICATION
The Florida Medical Association urgently seeks to draft changes in our state health care laws, whereas references made to MD/DOs as "health care providers" or "health care givers" or "vendors" be replaced by "MD/DO" and when necessary "MD/DOs and other health care providers." *(Res 94-21, HOD 1994) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed with technical amendment HOD 2023)*

P 395.003 USE OF TERM "PHYSICIAN"
The Florida Medical Association supports legislation prohibiting the use of the term "physician" as a descriptor other than in the context of a medical doctor or doctor of osteopathy, with the exception of "physician's assistant." *(Res 97-58, HOD 1997) (Reaffirmed BOG 2007) (Reaffirmed HOD 2012) (Reaffirmed HOD 2022)*

P 395.004 UNLISTED PHYSICIANS' HOME TELEPHONE NUMBERS – STOP THE EXPOSURE:
The Florida Medical Association adopts the belief that its members should stand united and speak with one voice and demand that all Florida telephone companies honor the intent of the contractual agreement to keep physicians' telephone numbers private and unlisted, and abstain from electronic or any other type of publication of such number; and further will continue the one voice campaign until the desired results are permanently achieved, including confirmation by the Public Service Commission; and further believe that the technology afforded to police officers by the telephone companies keeping unlisted phone numbers anonymous should be provided to physicians. *(Res 01-54, HOD 2001) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 395.005 FLORIDA MEDICAL PROFESSION LOAN REPAYMENT PROGRAM (ARCHIVED)
(Res 02-26, HOD 2002) (Reaffirmed HOD 2010) (Sunset HOD 2018)

P 395.006 PROTECTION OF PHYSICIANS' HOME TELEPHONE NUMBERS
The Florida Medical Association supports taking appropriate actions to protect its member physicians, which may include administrative or if necessary, legislative action, as well as petitioning the Public Service Commission for a hearing and a rule change that would lead to the implementation of measures to prevent the exposure of physicians unlisted home telephone numbers. *(Res 03-40, HOD 2003) (Reaffirmed HOD 2011) (Reaffirmed HOD 2019)*

P 395.007 PHYSICIAN EXTENDER SUPERVISION
The Florida Medical Association pursues legislation which would grant the Board of Medicine authority to establish by rule standards of practice and standards of care for physicians who supervise licensed health care practitioners who are not under direct, onsite supervision of the supervising physician, the standards established in rules may vary depending on the specialty of the physician, the type of licensed health care practitioner under supervision, and the practice setting; and further that the rules may include, but need not be limited to, the percentage of time the physician spends supervising, the distance from an indirectly supervised provider, and the types of surgical procedures performed. *(Res 06-22, BOG Rpt C, HOD 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2024)*

P 395.008 CHANGE USE OF HEALTH CARE PROVIDER
The Florida Medical Association petitions the American Medical Association to promote the professionalism of the medical profession; eliminate the use of words such as health care provider and practitioner when describing doctors; monitor and counter any media advertising that seeks to minimize the medical

profession; refer to people who have completed medical school and residency as physician, osteopathic physician, medical doctor, doctor of osteopathic medicine or doctor, and not as "provider;" work with specialty groups to refer to physicians as such, or as doctors, osteopathic physicians, doctors of osteopathic medicine or medical doctors; and seek legislation to prohibit the use of the term "physician" by any person other than an M.D. or D.O. *(Res 09-7, HOD 2009) (Reaffirmed HOD 2017)*

P 395.009 DEFINITION OF EMPLOYED PHYSICIAN
The Florida Medical Association adopts the following definition of an employed physician: An employed physician is a physician whose majority of compensation is derived from a source other than his or her own independently owned practice and a practice in which he or she does not have a significant ownership interest or is not a significant shareholder. *(BOG February 2011) (Reaffirmed HOD 2019)*

P 395.010 RESTRICTIVE COVENANTS
The FMA will proactively educate physicians, through webinars, white papers, CME programs, and other means, on the legal and practical aspects of restrictive covenants and their application to physicians, physician practices and physician employers. *(BOG May 2021, Motion 02-21-03)*

P 395.011 EMPLOYED PHYSICIAN
The FMA publicize the services that are currently available for employed physicians that include but are not limited to contract evaluation, workplace issues, and a forum where concerns can be voiced. *(Resolution 21-206, substitute language adopted October BOG 2021)*

P 395.012 FERTILITY AND REPRODUCTIVE HEALTH EDUCATION FOR FEMALE PHYSICIANS
The FMA acknowledges the potential physical, financial, and emotional impacts of physician infertility; the FMA will develop educational materials, including, but not limited to emails, mail, and FMA website, to increase awareness and available resources on physician infertility. *(Res 23-116, HOD 2023)*

P 400.000 PRACTICE OF MEDICINE

P 400.001 OUTPATIENT ENDOSCOPY *(ARCHIVED)*
(BOG June 1992) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Sunet HOD 2023)

P 400.002 NEW DEFINITION OF PRIMARY CARE BY THE INSTITUTE OF MEDICINE
The Florida Medical Association rejects the definition of primary care as stated in the March 1996 report of the Institute of Medicine and adopt the following definition of primary care based on that of the American Medical Association: "Primary care consists of the provision of a broad range of personal medical care (preventive, diagnostic, curative, counseling, and rehabilitative) in a manner that is accessible, comprehensive, and coordinated by a licensed M.D./D.O. physician over time. Care may be provided to an age-specific or gender-specific group of patients, as long as the care of the individual patients meets the above criteria." *(Res 96-35, HOD 1996) (Reaffirmed HOD 2006) (Sunset HOD 2017)*

P 400.003 LICENSED PHYSICIANS
The Florida Medical Association supports seeking legislation that prohibits the practice of medicine by non-licensed physicians and employees of insurance companies rendering therapeutic decisions. *(Res 98-27, HOD 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 400.004 PRACTICE OF MEDICINE BY NON-PHYSICIANS
The Florida Medical Association, for patient protection, supports seeking legislation unequivocally authorizing the Boards of Medicine and Osteopathic Medicine to take action against all persons, including those professionals licensed under Chapters other than 458 or 459, who inappropriately practice and/or

advertise medical or surgery services. *(Res 98-57, HOD 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2016) (Reaffirmed with technical change HOD 2024)*

P 400.005 PHYSICIAN PRACTICE ECONOMIC VIABILITY AS TOP PRIORITY FOR THE FMA

The Florida Medical Association establishes that "Physician Practice Viability Affecting Access to Care" is a top priority for all organizational activities including legislation, Association initiatives, member services, relationships with private and public payers, and public relations; and that the FMA's most substantial efforts and resources be directed at addressing the economic and regulatory burdens affecting physician practices that damage access to care for our patients until otherwise directed by the FMA House of Delegates. *(Substitute Res 06-9, HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 400.006 OUTPATIENT FACILITY OWNERSHIP OPPORTUNITIES

The Florida Medical Association supports the efforts of physicians and specialty societies that explore new ownership options for physicians for the diagnosis and treatment of patients in outpatient settings. *(Res 06-14, HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 400.007 MEDICAL PRACTITIONER AUTONOMY

The Florida Medical Association supports defining the "unlicensed practice of medicine" (Florida Statutes 458.305(3)) as follows: "Practice of Medicine" means the diagnosis, treatment, operation, or prescription for any human disease, pain, injury, deformity, or other physical or mental condition. "Practice of medicine" also means the rating and evaluation of other physicians, provision of expert testimony and opinion in medical liability cases, and review or approval of medical testing, procedures or treatment. *(Sub Res 07-25, HOD 2008) (Reaffirmed with technical amendment HOD 2016) (Reaffirmed HOD 2024)*

P 400.008 PRACTICING PHYSICIAN APPOINTMENTS

The Florida Medical Association advocates that an adequate number of practicing physicians (M.D. and D.O.) be appointed to serve as voting members of any government created panel, supervisory board, or entity that evaluates, supervises, or implements policy that directly or indirectly affects the practice of medicine or compensation for medical practice by physicians. *(BOG May 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 400.009 IDENTIFY INTERVENTIONAL PAIN MEDICINE AS THE PRACTICE OF MEDICINE

The Florida Medical Association recognizes that the practice of interventional pain medicine is the practice of medicine; and recognizes that only physicians licensed under chapter 458 and 459 may perform interventional pain medicine techniques; and supports legislation identifying interventional pain medicine as the practice of medicine by medical and osteopathic physicians, but opposes any attempt to limit interventional pain medicine to specific specialties or to be subject to excessive regulations. *(Amended Res 11-306, BOG October 2011) (Reaffirmed HOD 2019)*

P 400.010 BOARD OF MEDICINE GOVERNANCE OF NON-PHYSICIAN HEALTH CARE PROFESSIONALS

In the event that legislation is introduced in Florida to allow for non-MD/DO health professionals to practice independently, the Florida Medical Association will seek legislation placing any rights or privileges of all non-physician health care professionals engaged in the independent, unsupervised, or indirectly supervised delivery of health care under the governance of the Board of Medicine or the Board of Osteopathic Medicine. *(Res 13-315, HOD 2013) (Reaffirmed HOD 2023)*

P 400.011 PREVENTION OF INTERFERENCE BY THE AMERICAN BOARD OF INTERNAL MEDICINE IN THE PRACTICE OF MEDICINE
The FMA stands committed to remove MOC mandates legislatively and will prohibit the interference of the ABIM/ABMS on the ability of physicians to practice medicine in the state of Florida. *(Res 16-314, HOD 2016) (Reaffirmed HOD 2024)*

P 400.012 FREEDOM TO PRACTICE EVIDENCE-BASED MEDICINE
The FMA will oppose any legislation that would create criminal penalties, a civil cause of action, or result in administrative action against the license of a Florida physician when the physician is practicing evidence-based medicine which is consistent with the appropriate specialty society guidelines. *(Res 22-112, adopted as amended, HOD 2022)*

P 400.013 CORPORATE PRACTICE OF MEDICINE
The FMA will support legislation that would ensure that all employed Florida-licensed physicians retain independent medical judgment in providing care to patients, and that employers may not unreasonably interfere with, control, or otherwise direct the professional judgment of an employed physician; and be it further the FMA assist employed physicians who have had the exercise of their professional judgment improperly interfered with by their employer obtain an appropriate remedy. *(sub language for Res 22-308, HOD 2022)*

P 400.014 CORPORATE PRACTICE OF MEDICINE PROHIBITION
The FMA will support legislation to limit ownership of physician practices to physicians only; the FMA can accomplish this by amending Florida Statutes Title XXXII Chapter 458 Medical Practice with a new section "Proprietorship by Non-Physicians" (for any physician practice formed or sold after the effective date of the amended legislation) prohibiting any person (or entity) other than a physician (or group of physicians), hospital or university/medical school, licensed pursuant to Florida law from:

1. Employing a physician
2. Directing, controlling, or interfering with a physicians clinical judgement
3. Having any relationship with a physician which would allow the unlicensed to exercise control over:
    a. The selection of a course of treatment for a patient; the procedures or materials to be used as part of such course of treatment; and the way such course of treatment is carried out by the licensee
    b. The patient records of a physician
    c. Policies and decisions relating to billing, credit, refunds, and advertising
    d. Decisions relating to the physician or non-physician staffing, office personnel and hours of practice

The FMA will bring a resolution to the AMA at the next meeting to seek similar legislation or regulation, prohibiting the corporate practice of medicine at the federal level. *(Res 23-305, HOD 2023)*

P 405.000 PRACTICE PARAMETERS

P 405.001 PRACTICE PARAMETERS
The Florida Medical Association supports the use of practice parameters developed by practicing physicians for educational and affirmative defense purposes only in accordance with existing Florida Law; and further actively opposes any attempts to enact legislation to allow a provider's failure to comply with a state-endorsed practice parameter to be admitted as evidence that the provider did not meet the prevailing standard of care. *(Res 94-31, HOD 1994) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 405.002 REPEAL OF PHARMACY COLLABORATIVE PRACTICE AGREEMENTS
The FMA will seek repeal of Florida Statute 465.1865. *(Res 23-304, HOD 2023)*

P 415.000 PROFESSIONALS RESOURCE NETWORK

P 415.001 MEDICAL STUDENT ACCESS TO PRN *(ARCHIVED)*
(Res 03-38, HOD 2003) (Sunset HOD 2011)

P 415.002 ACCESS TO PRN FOR ALL STUDENTS OF HEALTH CARE PROFESSIONS
(*ARCHIVED)*
(Res 07-21, HOD 2007) (Sunset HOD 2015)

P 415.003 AGREEMENT WITH PRN AND MEDICAL SCHOOLS
The Florida Medical Association approves in concept the Professionals Resource Network (PRN) working with the medical schools to codify an agreement between the medical schools and PRN on the waiver of the access fee and student fees for medical schools with 100% FMA faculty membership; and that medical schools without 100% FMA faculty membership would not be granted the waiver of the PRN access fee or student fees. *(EC/BOG January 2009) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 415.004 PRN FINANCIAL SUPPORT (ARCHIVED)
(EC/BOG January 2009) (Sunset HOD 2018)

P 420.000 PUBLIC HEALTH

P 420.001 FLUORIDATION OF PUBLIC WATER SUPPLIES
The Florida Medical Association supports fluoridation of public water supplies in Florida. *(BOG Rpt B, HOD 1985) (Reaffirmed HOD 1995) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 420.002 POTENTIAL RADIATION RISKS *(ARCHIVED)*
(BOG February 1986) (Reaffirmed HOD 1996) (Reaffirmed HOD 2006) (Sunset HOD 2014)

P 420.003 PUBLIC HEALTH LEADERSHIP (ARCHIVED)
(BOG January 1991) (Reaffirmed 2001) (Reaffirmed as amended HOD 2009) (Sunset HOD 2018)

P 420.004 HEALTHY START PROGRAM
The Florida Medical Association supports the "Healthy Start" program and urges the legislature to provide adequate funding for ongoing implementation. *(BOG January 1992) (Reaffirmed 2002) (Reaffirmed HOD 2010) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 420.005 STATE TUBERCULOSIS HOSPITAL *(ARCHIVED)*
(Res 92-15, HOD 1992) (Reaffirmed 2002) (Reaffirmed HOD 2010) (Sunset HOD 2018)

P 420.006 PREVENTION AND CHOLESTEROL SCREENING *(ARCHIVED)*
(Res 96-33, HOD 1996) (Reaffirmed HOD 2006) (Reaffirmed HOD 2017) (Sunset HOD 2025)

P 420.007 COUNTY PUBLIC HEALTH FUNDING FOR PRIMARY CARE SERVICES
The Florida Medical Association continues to actively support as a top legislative priority of the Association the adequate funding of primary care services through County Health Departments (CHDs). *(Res 96-11, HOD 1996) (Reaffirmed HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 420.008 PUBLIC HEALTH NEEDS
The Florida Medical Association advocates for state and federal resources to meet current and future public health needs for all Floridians. *(BOG February 2002) (Reaffirmed HOD 2010) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 420.009 CULTURAL DIVERSITY
The Florida Medical Association endorses educational cultural diversity and development of tolerance. *(BOG February 2002) (Reaffirmed HOD 2010) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 420.010 MUNICIPAL MOSQUITO MANAGEMENT PROGRAM ***(****ARCHIVED****)***
(Res 03-25, HOD 2003)(Sunset HOD 2011, Objective accomplished)

P 420.011 ANTIBIOTICS IN ANIMAL AGRICULTURE
The Florida Medical Association supports efforts to preserve the effectiveness of medically important antibiotics used in the treatment of human and animal diseases by reviewing the safety of certain antibiotics for non-therapeutic purposes in food-producing animals. *(BOG November 2003) (Reaffirmed as amended HOD 2010) (Reaffirmed as amended HOD 2018) (Reaffirmed HOD 2026)*

P 420.012 HEALTH RISKS OF LEAD TOXICITY
The Florida Medical Association adopts as policy that lead is an ongoing and significant environmental health hazard to Floridians, especially to young children and supports the following measures to decrease lead hazard: 1. Identification of populations at high risk for lead contamination; 2. Voluntary and free testing of high-risk populations; 3. Funding for treatment of lead toxic individuals; 4. Identification of dwellings at high risk for lead contamination; 5. Testing of high-risk dwellings; 6. Reporting to inhabitants and purchasers of lead contaminated dwellings; 7. Penalties for failure to report contamination to inhabitants or purchasers of lead contaminated dwellings; 8. Financial incentives to homeowners and landlords to remove, seal or otherwise mitigate exposure to lead-based paint; 9. Efforts to educate Floridians about the risks and prevention of lead toxicity; and 10. Inclusion of lead toxicity in the curriculum of medical schools in Florida. *(BOG November 2004) (Reaffirmed HOD 2012) (Reaffirmed HOD 2021)*

P 420.013 DIAGNOSIS AND TREATMENT OF LYME DISEASE *(ARCHIVED)*
(BOG April 2005) (Sunset HOD 2013)

P 420.014 AWARENESS OF PANDEMIC FLU EPIDEMIC *(ARCHIVED*
(BOG October 2005) (Sunset HOD 2013)

P 420.015 IMPROVING THE HEALTH OF FLORIDIANS
The Florida Medical Association supports the Florida Department of Health as it seeks to emphasize prevention as a primary means to improve the health of Floridians. *(BOG October 2006) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 420.016 HEALTH AND WELLNESS CAMPAIGN *(ARCHIVED***)**
(BOG April 2007) (Sunset HOD 2015)

P 420.017 FAMILY EDUCATIONAL RIGHTS AND PRIVACY ACT (FERPA)
The Florida Medical Association calls upon the U.S. Department of Education to rescind its current interpretation of the Family Educational Rights and Privacy Act (FERPA) which interferes with the reporting of student health information of public health significance to state and local public health authorities; and further recommends that the Florida Congressional Delegation work with U.S. Congress to amend FERPA to introduce explicit provisions to enable the sharing of student health information with public authorities; and further, through its delegation to the American Medical Association, urges the AMA to adopt this as policy

and work expeditiously to implement remedies to the current unacceptable FERPA situation. *(BOG April 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 420.018 BRIGHT AUTOMOBILE HEADLIGHT WARNING *(ARCHIVED*)
(Res 06-43, BOG Rpt A, HOD 2007) (Sunset HOD 2015)

P 420.019 HEALTH NUTRITIVE FOOD AND BEVERAGES
The Florida Medical Association supports health nutritive food and beverage choices be made available in all school vending machines, school stores, snack bars, and any area in schools where food is sold; and further that foods of minimal nutritional value should not be available in the educational setting during the school day; i.e., not more than 35% fat calories with no more than 10% from saturated fats and no trans fats, and sugar content limited to 35% by weight with certain exceptions. *(BOG October 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 420.020 INSPECTION AND PERMITTING *(ARCHIVED)*
(BOG October 2008) (Sunset HOD 2016)

P 420.021 INCREASE AND IMPROVE ACCESS TO HEALTH FOR MEDICALLY ILLITERATE
The Florida Medical Association shall explore the feasibility of working with "We Care" programs in Florida to enhance the support of low literacy populations. *(Sub Res 08-10, HOD 2008) (Reaffirmed HOD 2016)*

P 420.022 HEALTH RISKS OF TANNING BEDS *(ARCHIVED)*
(Sub Res 08-36, HOD 2008)(Sunset HOD 2016)

P 420.023 RESTAURANT CALORIE DISCLOSURES
The Florida Medical Association supports legislation requiring food service establishments with more than 15 establishments, including mobile food vending units, to post calorie information prominently on menu boards and menus. *(Res 08-44, HOD 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 420.024 INJURIES RELATING TO MISUSE OF CONSUMER FIREWORKS
The Florida Medical Association (FMA) encourages the use of the current appropriate ICD code for firework-related injuries, when disclosed by patients or EMS workers, so that the Department of Health can accurately track and report these types of injuries for the purpose of making further recommendations regarding the use of consumer fireworks; and further the FMA will work with the Florida Pediatric Society, the Florida College of Emergency Physicians and the Florida Trauma Centers to write a letter to the Florida Surgeon General urging the Department of Health to study the data collected regarding firework-related injuries and make appropriate recommendations. *(Sub Res 08-49, HOD 2008) (Reaffirm with technical amendment HOD 2016) (Reaffirmed HOD 2024)*

P 420.025 FOOD IRRADIATION PROCESS
The Florida Medical Association supports food irradiation as a safe and effective process that increases the safety of food when accomplished according to governing regulations and considers the value of food irradiation to be diminished unless it is incorporated into comprehensive food safety program based on good manufacturing practices and proper food handling, processing, storage and preparation techniques. *(BOG May 2009) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 420.026 POST NUTRITIONAL INFORMATION IN CHAIN RESTAURANTS
The Florida Medical Association urges state and local health agencies, health organizations, physicians, and other health professionals to educate people how to use the nutrition information provided in restaurants to make healthier food choices for themselves and their families; supports state and local policies to require fast food and other chain restaurants with 10 or more units (smaller, neighborhood restaurants could be exempt)

to provide consumers with nutrition information on menus and menu boards; recommends that nutrition information in fast food and other chain restaurants include calorie, fat, saturated fat, trans fat, and sodium labeling on printed menus, and at a minimum, calories on menu boards, since they have limited space, and that all nutrition information be conspicuous and easily legible; and urge restaurants to improve quality of their menu offerings – for example, by reducing caloric content; offering smaller portions; offering more fruits, vegetables, and whole grain; using less sodium; using cooking fats lower in saturates and trans fats; and using less added sugars/sweeteners. *(Res 09-20, HOD 2009) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 420.027 TANNING BEDS

The Florida Medical Association supports legislation that would prohibit minors from using tanning beds. *(BOG October 2010) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 420.028 INFORMING FLORIDIANS OF THE HEALTH BENEFITS OF FISH CONSUMPTION AND DANGERS OF MERCURY TOXICITY

The Florida Medical Association adopts policy stating that seafood is a healthy food that should be a significant part of the diet of people of all ages; and further that special concerns exist for women of ~~pregnancy age~~ child bearing age, infants, and small children due to the risk of toxicity from some fish species that contain high levels of mercury and low levels of selenium, or high levels of dioxin; and further urges the state of Florida and the federal government to revise their current seafood consumption guidelines and advisories to emphasize the human health benefits of fish consumption for all age groups while also informing consumers of the risks to women of ~~pregnancy age~~ child bearing age, infants, and small children of eating fish that contain high levels of mercury and low levels of selenium, or high levels of dioxin; and further will work within its current budget to share this information with fellow physicians, patients, academicians, food retailers, and government officials. *(BOG February 2011) (Reaffirmed as amended HOD 2019)*

P 420.029 MAINTAINING PUBLIC HEALTH PROGRAMMATIC INTEGRITY

The Florida Medical Association adopts policy stating that the Governor and Legislature should maintain core public health services as intact programs within state government and should also maintain the intergovernmental partnerships with local boards of county commissioners in order that unique local challenges and opportunities can be appropriately addressed. *(BOG February 2011) (Reaffirmed HOD 2019)*

P 420.030 COLLABORATION BETWEEN HUMAN MEDICINE, VETERINARY MEDICINE, AND THE ENVIRONMENTAL SCIENCES (ONE HEALTH)

The Florida Medical Association supports the "One Health" initiative designed to promote collaboration among the health professions by improving the lives of all species through the integration of human medicine, veterinary medicine, and the environmental sciences; and further is directed to engage in a dialogue with the Florida Veterinary Medical Association and the Florida Public Health Association to determine and implement strategies for enhancing collaboration among the human medical, veterinary medical, and environmental sciences professions in medical education, clinical care, public health, and biomedical research. *(Amended Res 11-105, 2011 HOD) (Reaffirmed HOD 2019)*

P 420.031 FLORIDA PUBLIC HEALTH INSTITUTE (ARCHIVED)

(BOG May 2011) (Sunset HOD 2019)

P420.032 INFORMING FLORIDIANS ABOUT THE RISKS TO MUNICIPAL WATER SUPPLIES AND THE LIMITATIONS OF BOTTLED WATER
The Florida Medical Association supports 1) research in the area of drinking water safety and potential toxin contaminants; 2) Education of Floridians about water quality, the limitations of bottled water, and the option of filtering tap water. *(Sub Res 11-108, BOG February 2012) (Reaffirmed HOD 2021)*

P420.033 HAZING RISK REDUCTION BY EDUCATIONAL INSTITUTIONS
The Florida Medical Association supports hazing risk reduction by encouraging university, college, and high school administrations to send letters to all new students and parents outlining the school's anti-hazing policy; the negative psychological consequences on the recipient, perpetrator, and bystander to hazing; the duty to report hazing; and the potential educational, civil, and criminal consequences of hazing behavior. *(Res 12-107, HOD 2012) (Reaffirmed HOD 2021)*

P 420.034 LEGALIZING SYRINGE EXCHANGE PROGRAMS IN THE STATE OF FLORIDA-ARCHIVED
(*Res 12-311, HOD 2012) (Sunset HOD 2022)*

P 420.035 (1) COMMERCIAL WEIGHT-LOSS PROGRAMS AND UNLICENSED DIETETIC ACTIVITY *(ARCHIVED)*
(Res 12-301, HOD 2012) (*BOG May 2013 removed from the FMA's legislative agenda) (Sunset HOD 2023)*

P420.035 (2) STANDARD OF CARE IN DIAGNOSING ADULT GROWTH HORMONE DEFICIENCY
The Florida Medical Association endorses the American Association of Clinical Endocrinologists 2009 update on Medical Guidelines for Clinical Practice for Growth Hormone Use in Growth Hormone-Deficient Adults and Transition Patients; and further does not support the recommendation of growth hormones to patients for any reasons other than those consistent with current US Food and Drug Administration-approved indications and/or institutional review board-approved investigational purposes as part of a clinical study. (*BOG May 2013) (Reaffirmed HOD 2023)*

P 420.036 AUTOLOGOUS STEM-CELL TREATMENTS
The Florida Medical Association supports autologous stem cell therapy when consistent with current US Food and Drug Administration-approved indications and/or institutional review board-approved investigational purposes as part of a clinical study. (*BOG May 2013) (Reaffirmed HOD 2023)*

P 420.037 DIET TREATMENTS INVOLVING HUMAN CHORIONIC GONADOTROPIN (HCG)
The Florida Medical Association does not condone, support, or advocate for the use of any form of human chorionic gonadotropin (hcg) for the purpose of weight reduction as this off-labeled use is completely without scientific merit, as indicated in the agent's package insert and in concordance with the US Food and Drug Administration's position. (*BOG May 2013) (Reaffirmed HOD 2023)*

P 420.038 NATURAL GAS FRACKING: MONITORING TO PROTECT HUMAN HEALTH
The Florida Medical Association (FMA) favors legislation that: 1) requires the full disclosure of chemicals placed into the natural environment for oil & gas extraction, including disclosure of the specific chemicals and wastewater injected, quantities, & locations 2) requires the State of Florida to record and monitor this data, to monitor for human exposures, and to share this information with physicians & Floridians 3) supports research into the health impacts of oil and gas exploration and extraction in Florida; and further the FMA favors measures to educate physicians and the public concerning the potential health and environmental effects resulting from oil and gas extraction. *(HOD July 2014) (Reaffirmed HOD 2022)*

P 420.039 SUPPORT OF COMMUNITY DISASTER RESPONSE EFFORTS
The Florida Medical Association pledges to work collaboratively with all Florida communities and the appropriate state agencies after a disaster especially as it relates to future medical care and behavioral health needs; and further will work with the AMA in advocating for the continued involvement of organized medicine at all levels in the coordination of disaster response and recovery, public health and community collaboration, and ongoing education and training for medical professionals that will continue to improve our ability to sustain life in the face of such tragedy. *(Res 16-109, HOD 2016) (Reaffirmed with title change HOD 2024)*

P 420.040 EXPEDITED PARTNER THERAPY *(ARCHIVED)*
(Res 15-308, BOG October 2015) (Sunset – HOD 2024. Objective accomplished by the passage of HB 941 (2016).)

P 420.041 PROMOTING THE SUCCESSFUL OUTCOME OF INFECTIOUS DISEASES
The Florida Medical Association will work with the CDC and the Florida Department of Health on training and education relating to uncommon and emerging infectious diseases; and supports clinical guidelines and standards of care that promote rapid diagnosis and effective treatment of these infectious diseases. *(Res 16-108, BOG October 2016) (Reaffirmed HOD 2024)*

P 420.042 TRAUMA-INFORMED CARE LEARNING COMMUNITIES
The Florida Medical Association recognizes that there is a significant relationship between cumulative Adverse Childhood Experiences and numerous health, social, and behavioral problems throughout a person's lifespan, including substance use disorders and premature death; the FMA encourages communities in Florida to adopt the principles and practices of trauma-informed care learning prevention and intervention programs. *(Res 17-102, HOD 2017) (2024 - technical change because of duplicative numbering) (Reaffirmed HOD 2025)*

P 420.043 IMPROVING HEALTH OUTCOMES BY ADDRESSING AIR QUALITY IN FLORIDA
The Florida Medical Association will support collaboration with interested organizations to examine evidence based policies to determine the potential benefits of improved emission standards and polices in Florida, with an emphasis on protecting the respiratory and cardiovascular health of all Floridians. *(Amended Res 17-112, HOD 2017))(2024 - technical change because of duplicative numbering) (Reaffirmed HOD 2025)*

P 420.044 TEXTING WHILE DRIVING *(ARCHIVED)*
(Res 18-310, HOD 2018) (2024 - technical change because of duplicative numbering)(Sunset HOD 2026)

P 420.045 EPILEPSY TREATMENT AND AWARENESS *(ARCHIVED)*
(Res 18-108, HOD 2018) (2024 - technical change because of duplicative numbering) (Sunset HOD 2026)

P 420.046 SUPPORT OF BLEEDING CONTROL KITS IN SCHOOLS AND PUBLIC SPACES
The Florida Medical Association supports state legislation to fund the purchase, placement, and maintenance of bleeding control kits in schools and high-trafficked public spaces in Florida. *(Res 19-310, HOD 2019) (2024 - technical change because of duplicative numbering)*

P 420.047 ADDRESSING RACISM AS A PUBLIC HEALTH ISSUE
The Florida Medical Association recognizes the public health threat of racial health inequities and be it further the Florida Medical Association condemns racism in all forms; and be it further the Florida Medical Association will collaborate with the American Medical Association and other stakeholders to eliminate the

harmful impact of prejudices on clinical outcomes in racial and ethnic minorities and at-risk populations. *(Amended Res 21-112, HOD 2021) (2024 - technical change because of duplicative numbering)*

P 420.048 PFAS EDUCATION AND MITIGATION
The Florida Medical Association provides resources to physicians about PFAS and its effects on health; and be it further the Florida Medical Association recommends that physicians educate their patients about health risks of PFAS. *(Amended Res 24-108, HOD 2024)*

P 420.049 SUPPORT FOR GROUP PRENATAL CARE
The FMA supports policies and programs to help promote the implementation and sustainability of evidence-based group prenatal care programs in Florida. *(Amended Res 24-304, HOD 2024)*

P 420.050 PROTECTION OF FLORIDA FRESHWATER RECREATION FOR CHILDREN AGAINST DEADLY NAEGLERIA FOWLERI AND OTHER WARM WATER PATHOGENS AND RAPID DIAGNOSIS
The Florida Medical Association supports legislation that will strengthen protections for children engaging in freshwater recreational activities, to include enhanced public awareness of the dangers of Naegleria and other warm water pathogens through signage displayed at recreational water facilities, mandatory safety guidelines for recreational water facilities, and the establishment of regulatory frameworks overseeing water quality in freshwater bodies frequented by children; and further, the Florida Medical Association will work with relevant stakeholders, including state public health agencies, educational institutions, and community organizations, to advocate for and support the implementation of this legislation to protect the health of Florida's children; and further, the FMA work collaboratively with the Florida College of Emergency Physicians to increase awareness of rapid Naegleria antigen PCR tests, and other warm water pathogens, and awareness of other presumptive treatments pending identification, and the need for high index of suspicion in children with freshwater exposures plus fever and headache. *(Res 25-304, adopted as amended with title change, HOD 2025)*

P 420.051 ENSURING CONTINUED FUNDING FOR THE FLORIDA MATERNAL MORTALITY REVIEW COMMITTEE AND THE FLORIDA PERINATAL QUALITY COLLABORATIVE
The Florida Medical Association (FMA) supports legislation that ensures continued funding for the full operating expenses of the Florida Maternal Mortality Review Committee (MMRC) and the Florida Perinatal Quality Collaborative (FPQC) through state and or federal funding. *(Res 25-306, adopted as amended, HOD 2025)*

P 420.052 PROVIDING BETTER INFORMATION REGARDING THE CAUSES OF MATERNAL DEATHS IN FLORIDA
The Florida Medical Association (FMA) supports legislation that requires a medical examiner-performed autopsy in cases of maternal death during pregnancy or up to 1 year postpartum, absent objection of family or unless an autopsy is already compelled by statute. (*Res 25-307, adopted with substitute language, HOD 2025)*

P 420.053 PUBLIC HEALTH OVERSIGHT OF LARGE-SCALE DATA CENTER DEVELOPMENT IN FLORIDA
Our Florida Medical Association (FMA) supports evidence-based public health review and transparent reporting on the effects large-scale data centers have on public health and the environment. *(Res. 26-107, adopted with substitute language, HOD 2026)*

P 420.054 MODERNIZING MEDICAL NECESSITY CRITERIA FOR EATING DISORDER TREATMENT AND REIMBURSEMENT
The Florida Medical Association (FMA) supports the use of comprehensive clinical indicators, including rate of weight loss, vital sign stability, metabolic status, and other evidence-based measures, rather than body mass index (BMI) alone, when determining medical necessity for eating disorder treatment by public and private insurers, while recognizing that treatment decisions should ultimately be guided by the treating physician's clinical judgment and individualized assessment of the patient. *(Amended Res. 26-310, HOD 2026)*

P 425.000 QUALITY OF CARE

P 430.000 REGULATION AND DISCIPLINE

P 430.001 MEDICAL PRACTICE ACT *(ARCHIVED)*
(BOG October 1985) (Reaffirmed HOD 1996) (Reaffirmed HOD 2006) (Sunset HOD 2014)

P 430.002 SUNSET OF MEDICAL PRACTICE ACT (ARCHIVED)
(BOG October 1990)(Reaffirmed 2000) (Reaffirmed HOD 2009) (Sunset HOD 2018)

P 430.003 RISK MANAGEMENT
The Florida Medical Association seeks ways to disseminate information to the membership regarding ongoing changes in rules and regulations in the Medical Practice Act, as they relate to the practice of medicine in the state of Florida. *(Res 91-60, HOD 1991) (Reaffirmed 2001) (Reaffirmed HOD 2009) (Reaffirmed HOD 2018)*

P 430.004 DISCIPLINARY RECORDS
The Florida Medical Association supports the study of introducing legislation to expunge the records for physicians with minor violations of the Medical Practice Act after no additional violations have occurred within two years. *(BOG January 1992) (Reaffirmed 2002) (Reaffirmed HOD 2010) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 430.005 SUPER BOARD
The Florida Medical Association is opposed to the creation of a "Super Board" to regulate the various licensed professionals, including physicians. *(BOG July and November 1997) (Reaffirmed BOG 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 430.006 DISCIPLINE IN SEXUAL MISCONDUCT CASES
The Florida Medical Association supports current policy of allowing the Board of Medicine to determine the appropriate punishment, including revocation of license, in cases of sexual misconduct, and opposes mandatory punishment in such cases. *(BOG November 1997) (Reaffirmed BOG 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 430.007 CONFIDENTIALITY OF COMPLAINTS *(ARCHIVED)*
(BOG Rpt C, HOD 1997) (Reaffirmed BOG 2007) (Sunset HOD 2015)

P 430.008 PRIORITIZATION OF INVESTIGATIONS (*ARCHIVED)*
(BOG Rpt C, HOD 1997) (Reaffirmed BOG 2007) (Sunset HOD 2015)

P 430.009 DETECTION BY BOARD OF PATTERNS OF BEHAVIOR *(ARCHIVED)*
(BOG Rpt C, HOD 1997) (Reaffirmed BOG 2007) (Reaffirmed HOD 2015) (Sunset HOD 2023)

P 430.010 STATUTE OF LIMITATIONS ON DISCIPLINARY CASES
The Florida Medical Association seeks legislation that a two-year statute of limitation on medical negligence actions be imposed on the filing of a complaint to the Florida Department of Health after said incident or discovery of said incident; and further the FMA seeks legislation that requires the investigation of the Department or other appropriate agencies be completed, and recommendation of the Board of Medicine or the Board of Osteopathic Medicine be adjudicated, within one year of the date of the filing of the complaint. The time for completion of adjudication by the Boards may be extended at the mutual agreement of the physicians and the Boards until such time as the underlying suit is settled or adjudicated. *(Res 97-48, 1997) (Reaffirmed BOG 2007) (Reaffirmed HOD 2015) (Reaffirmed with technical amendments HOD 2023)*

P 430.011 REPORTING CODE 15S *(ARCHIVED)*
(BOG February 1998) (Reaffirmed HOD 2008) (Sunset HOD 2016)

P 430.012 EDUCATING PHYSICIANS ON CODE 15S *(ARCHIVED)*
(BOG February 1998) (Reaffirmed HOD 2008) (Sunset HOD 2016)

P 430.013 FOREIGN BODY STANDARD OF CARE PRESUMPTION
The Florida Medical Association (FMA) supports issuing a position statement that leaving a foreign body in a patient is not presumptively below the standard of care and should be left to the clinical judgment of the physician; and further the FMA will write a letter to the Florida Board of Medicine requesting that it adopt a similar position statement that leaving a foreign body in a patient is not presumptively below the standard of care; and further seeks legislation to repeal or amend Florida Statute 456.072(1)(~~bb~~ cc). (*Res 03-57, HOD 2003)(Reaffirmed HOD 2011) (Reaffirmed as amended HOD 2019)*

P 430.014 THREE STRIKE CASES AGAINST FMA MEMBERS
The Florida Medical Association Board of Governors shall evaluate and then appropriately respond to any three strikes cases brought against an FMA member. *(BOG July 2006) (Reaffirmed HOD 2017)*

P 430.015 REVISION OF FS 456.0635 (SB 1986, 2009)
The Florida Medical Association supports the following new language to amend Florida Statute 456.0635 (Medicaid fraud; disqualification for license, certificate, or registration) to correct unintended consequences of weakened treatment and rehabilitation efforts for professionals who have experienced substance abuse impairment*: The disqualification set forth in this paragraph shall not apply to any person who is determined to have been the subject of an addiction or impairment at the time of the conduct underlying the actions set forth in (a)-(c) and who subsequently enrolled in and either continues to successfully participate in or has subsequently successfully completed an impaired practitioner program as set forth in s. 456.076(1) or the equivalent of such program in another jurisdiction. Nothing herein shall prohibit or require action against the license, certificate, or registration of such person pursuant to the disciplinary provisions of this chapter or the appropriate practice act.* (*Res 10-308, HOD 2010) (Reaffirmed HOD 2018)*

P 430.016 MANDATORY REPORT FOR MEDICAL PROFESSIONALS WITH MULTIPLE DRIVING UNDER THE INFLUENCE (DUI) ARRESTS (*ARCHIVED***)**
(Amended Res 11-206, HOD 2011) (Superseded by 430.017, HOD 2013)

P 430.017 MANDATORY REPORT FOR MEDICAL PROFESSIONALS WITH MULTIPLE DRIVING UNDER THE INFLUENCE (DUI) ARRESTS
The Florida Medical Association supports action requiring that any medical professional who is convicted of driving under the influence on two occasions must self report to his or her appropriate advocacy agency, the

Professionals Resource Network or the Interventional Project for Nurses, and submit to assessment for alcoholism and chemical dependence. *(Amended Res 12-201, BOG May 2013) (Reaffirmed HOD 2023)*

P 435.000 RESEARCH

P 435.001 USE OF ANIMALS IN MEDICAL RESEARCH

The Florida Medical Association endorses national and international initiatives in the humane use of animals in medical research; and further supports a policy which would endorse the colleges of medicine within the state of Florida to continue to make humane use of animals in research and to have access to pound animals in support of this important and necessary research; and further encourages the citizens of the state to maintain an enlightened attitude toward science and research; and further if legislation introduced in the Florida legislature is not in compliance with these principles, such legislation will be opposed. *(BOG October 1986) (Reaffirmed HOD 1997) (Reaffirmed BOG October 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 435.002 HEALTH POLICY AGENDA/FUNDING FOR BIOMEDICAL RESEARCH

The Florida Medical Association supports increased federal funding for basic and applied biomedical research. *(BOG June 1987) (Reaffirmed HOD 1997) (Reaffirmed BOG October 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 435.003 PHYSICIANS IN SUPPORT OF ANIMAL RESEARCH

The Florida Medical Association encourages legislation which supports the responsible use of animals in research, testing, and education; oppose attacks on life or property, hostile campaigns, the use of misleading and inaccurate information, and all unnecessary restrictions on the humane use of animals for research; and supports legislation that would provide access to unwanted animals for the purposes of research and education. *(Res 92-37, HOD 1992) (Reaffirmed 2002) (Reaffirmed HOD 2011) (Reaffirmed HOD 2019)*

P 435.004 RESEARCH LIBRARIES

The Florida Medical Association endorses the concept of maintaining health science and medical research libraries to ensure adequate learning resources for the present and future. *(BOG July 1996) (Reaffirmed HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 435.005 DEVELOPING GENETIC RESEARCH & BIOMEDICAL VILLAGES IN THE STATE OF FLORIDA

The Florida Medical Association supports and endorses bringing biomedical enterprises, defined as public/private companies which promote developing medical devices, therapies or products to provide focus health care treatments and therapies, into our state in the form of a biomedical villages, defined as regional areas/research parks comprised of biomedical companies, schools of allied health, medical schools and tertiary health care facilities, and promote developing relationships with Florida medical schools, universities and biomedical companies. *(Res 10-112, HOD 2010) (Reaffirmed HOD 2018)*

P 440.000 RESIDENCIES AND INTERNSHIPS

P 440.001 RESIDENCY PROGRAMS AND HEALTH SYSTEM REFORM

The Florida Medical Association (FMA) shall work with the Florida Legislature, the Florida Congressional Delegation, the American Medical Association (AMA), and the Accreditation Council on Graduate Medical Education (ACGME) to ensure that the allocation of residency slots continues to be made by the private sector on the basis of quality rather than political, geographical, or local demographic considerations; and further the FMA will work with the AMA and the ACGME to improve the emphasis on primary care residency programs and address the public policy concerns related to the need for improved access to primary care; and further the FMA shall work with the Florida Legislature to ensure that any legislative

proposal to implement a state-level consortium should address the issue of residency programs. *(Res 94-72, A-1994) (Reaffirmed HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 440.002 RESIDENT PHYSICIAN MEDICAL EDUCATION SUPPORT
The Florida Medical Association reaffirms, through active legislative advocacy, its continuing strong support for increased funding by the establishment of additional funded positions for resident physician medical education through multiple vehicles including federal, state and private entities. *(Res 09-36, HOD 2009) (Reaffirmed as amended HOD 2017) (Reaffirmed HOD 2025)*

P 440.003 GRADUATE PHYSICIAN
The Florida Medical Association will seek legislation that establishes a time-limited position, "graduate physician", which would allow unmatched U.S. medical school graduates (MDs and DOs), who have passed the USMLE Steps 1-3, to practice within the same scope as a physician assistant under the Florida Board of Medicine and under the supervision of an Attending Physician who has completed an ACGME-accredited residency program within a given specialty; further be it the Florida Medical Association recognize that the position of "Graduate Physician" is not to be considered an alternative path to full unsupervised licensure in lieu of completing an ACGME- accredited residency program. *(Amended Res 21-107, HOD 2021)*

P 440.004 ENSURING AFFORDABLE HOUSING FOR TRAINEES IN GRADUATE MEDICAL EDUCATION PROGRAMS
The FMA should encourage Graduate Medical Education (GME) training programs to support trainees' pay to reflect the local cost of living. Additionally, all GMA programs should provide additional stipends for food and other utilities to offset the rise in the cost of living. *(Res 23-106, HOD 2023)*

P 440.005 REDUCING THE IMPACT OF PARENTAL LEAVE ON MEDICAL RESIDENTS
The Florida Medical Association supports paid parental leave. *(Amended Res 24-106, HOD 2024)*

P 445.000 SCHOOL HEALTH

P 445.001 ADMINISTRATION OF MEDICATION BY SCHOOL PERSONNEL *(ARCHIVED) (BOG March 1983) (Reaffirmed HOD 1993) (Reaffirmed HOD 2003)(Sunset HOD 2011)*

P 445.002 PRE-SCHOOL PHYSICAL EXAMINATIONS
The Florida Medical Association opposes the performance of preschool health examinations by chiropractors and other limited care practitioners as being contrary to the best interests of the school children of Florida; and further believes that the preschool examination is of such importance to the health and well-being of children that only an examination and certification performed and signed by a qualified doctor of medicine or doctor of osteopathy should be accepted by local boards of education; and further will work with its county medical societies and recognized specialty groups, the Florida Osteopathic Medical Association, state government agencies and local school boards to develop programs that will make a preschool examination by a qualified practitioner available to every school child; and further adopts as part of its legislative program further amendment to section 232.0315(1), Florida statutes, to specify that local school boards may accept health certifications signed only by physicians licensed or as defined in chapters 458 and 459, Florida statutes. *(Res 85-23, HOD 1985) (Reaffirmed A-1995) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 445.003 SUBSTANCE AND CHEMICAL ABUSE EDUCATION K-12
The Florida Medical Association adopts as policy regarding substance and chemical abuse education in Florida schools up to grade 12 as follows: (1) Urge the legislature to place more emphasis on the teaching of health education including substance abuse in the elementary, middle and high schools; (2) Recommend to the legislature that teacher certification requirements include an in-depth course in health education and

substance abuse. The main focus of the curriculum should be on prevention, but should also include identification of the signs and symptoms of substance abuse and the procedures for intervention with students and their families; (3) Commend the legislature for passage of the required one semester life management skills course to be taken in the 9th or 10th grade. The legislature should be alerted to the fact that this is the last time students will be involved in health education and substance abuse courses. It would be of value to students if an additional course at the 11th and 12th grade level would be required since the quality of life depends upon an individual's health; and (4) Recommend to the legislature continued categorical funding for comprehensive health education. *(BOG Rpt B, HOD 1985) (Reaffirmed A-1995) (Reaffirmed as amended HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 445.004 SCOLIOSIS SCREENING

The Florida Medical Association supports continued state funding for school-based scoliosis screening conducted by persons properly trained and with appropriate instrumentation under supervision of a qualified M.D. or D.O.; and further that screening should be accomplished for the appropriate populations at risk, at appropriate age intervals, using methods with acceptable levels of high sensitivity and high specificity; and further supports working closely with the Florida Orthopedic Society, Florida Academy of Family Physicians, and Florida Pediatric Society for guidance in the continued evaluation of this policy. *(BOG October 1991) (Reaffirmed HOD 2001) (Reaffirmed 2009) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 445.005 SCHOOL HEALTH PROGRAMS

The Florida Medical Association encourages county medical societies to involve physicians as advisors and liaisons to every school board in their respective counties and such physician advisors should begin to identify school populations most in need of health education. *(BOG March 1992) (Reaffirmed as amended HOD 2002) (Reaffirmed HOD 2010) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 445.006 COMPREHENSIVE SCHOOL HEALTH EXAMS

The Florida Medical Association believes comprehensive school health exams should be performed only by qualified, licensed M.D.s or D.O.s or their appropriately licensed and supervised designees. *(BOG Rpt A, HOD 1993) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 445.007 SEX EDUCATION PROGRAM IN SCHOOLS

The Florida Medical Association supports a comprehensive sex education program in all Florida schools that stresses education as well as preventive measures including abstinence and other alternatives, including barrier methodologies; and further that any sex education program should at least include information on preventing unwanted pregnancies, preventing sexually transmitted infections and a discussion of the emotional impact of a sexual relationship. *(Original Policy, Rpt A, A-1993 Obsolete) (New policy adopted HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 445.008 ADVANCE LIFE SUPPORT/AMBULANCE COVERAGE AT VARSITY HIGH SCHOOL FOOTBALL GAMES

The Florida Medical Association shall assist county medical societies in working with their local Board of Education and County Commission to assure that advance life support/ambulances and cell phones are onsite at each high school football game, and in developing a program where local physician volunteers, whenever possible, become team physicians for each high school football team. *(Res 99-65, HOD 1999) (Reaffirmed 2009) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 445.009 HEALTHY FOOD AND DRINK OPTIONS IN FLORIDA SCHOOLS

The Florida Medical Association supports healthy food and drink options in Florida schools through the Department of Agriculture and Consumer Services. *(Res 05-16, HOD 2005) (Reaffirmed as amended HOD 2013) (Reaffirmed with title change HOD 2023)*

P 445.010 FREEDOM FOR DIABETIC CHILDREN TO MONITOR BLOOD GLUCOSE
(ARCHIVED)
(Res 06-38, HOD 2006) (Sunset HOD 2014)

P 445.011 HEALTHY PEOPLE 2020 AND SCHOOL NURSE RATIOS
The Florida Medical Association supports Healthy People 2020's goal of having a school health nurse to student ratio of 1:750 children in elementary through high school and encourages the Florida Department of Health and the Florida Department of Education to adopt this federal goal. *(BOG October 2006) (Reaffirmed as amended HOD 2017) (Reaffirmed HOD 2025)*

P 445.012 MANDATORY PHYSICAL EDUCATION FOR SECONDARY SCHOOL STUDENTS
(ARCHIVED)
(Res 07-50, HOD 2007) (Sunset HOD 2015)

P 445.013 EXPANDING SCHOOL HEALTH EXAMINATIONS
The Florida Medical Association strongly recommends expansion of the current statutory requirement for health examinations on "admittance to kindergarten" or "any other initial entrance into a public or private school in this state" to also include entry into middle school and high school; and further strongly recommends and supports legislation mandating the use of the medical home for all school-entry health examinations to be done by licensed allopathic and osteopathic physicians and/or their extenders in the state of Florida. *(Res 07-32, HOD 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 445.014 MANDATORY PHYSICAL EDUCATION FOR GRADES K-12
The Florida Medical Association supports enforcement of rules and regulations and seeks legislation, if necessary, to require Florida schools to include at least 150 minutes of physical education or sports-related activities weekly, during the entire school year, from kindergarten through twelfth grade, except in cases of medical exemption. *(Res 09-13, HOD 2009) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 445.015 LICENSED ATHLETIC TRAINERS FOR HIGH SCHOOLS
The Florida Medical Association supports legislation to mandate and fund each public secondary school in Florida, with an athletics program, to employ or contract with a licensed athletic trainer responsible for working with the associated athletic departments and local medical personnel to assure the safety of student athletes. (*Res 09-24, HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 445.016 RETURN TO PLAY AFTER SUSPECTED CONCUSSION
The Florida Medical Association supports the adoption of requirements that student athletes under age 18, who are suspected by a coach, trainer, administrator, or other individual responsible for the health and well-being of athletes of having sustained a concussion, are prohibited from returning to play or practice without prior written approval from an M.D or D.O.; and further supports an educational program for young athletes, parents, and coaches regarding concussions so that they can recognize the symptoms of a concussion and know when to seek medical attention. *(Reaffirmed 11-307 as existing policy, HOD 2011) (Reaffirmed HOD 2019)*

P 445.017 RECOGNIZE AND TREAT ANAPHYLAXIS (GENERAL ALLERGIC EMERGENCY)
The Florida Medical Association supports legislation to require that school personnel, including but not limited to teachers and nurses, be instructed to recognize and treat an individual experiencing an anaphylactic emergency and in particular the administration of an epinephrine auto-injector and further require all schools to have a non-student specific epinephrine auto-injector on hand to treat anaphylaxis. *(Res 12-205, HOD 2012) (Reaffirmed as amended HOD 2021)*

P 445.018 SCHOOL START TIMES
The Florida Medical Association supports legislation and endorses public schools (elementary to high school) start classes at 8:00 am or later. *(Amended Res 12-110, HOD 2012) (Reaffirmed HOD 2022)*

P 445.019 CPR TRAINING
The Florida Medical Association (FMA) supports legislation requesting high school students be properly trained in CPR. (*Res 14-103, HOD 2014) (Reaffirmed HOD 2022)*

P 445.020 SUNSCREEN USE *(ARCHIVED)*
(Amended Res 16-308, HOD 2016) (Sunset – HOD 2024. Objective accomplished by the passage of HB 7069 (2017), codified in §1002.20(3), FS.)

P 445.021 ENSURING SAFETY OF STUDENT ATHLETES
The Florida Medical Association supports legislation that will encourage athletic trainers be immediately available at each public school during competitive athletic events. These athletic trainers should be licensed by the State of Florida under Chapter 468.70 to ensure that those professionals are available to maintain the continuity of care and implement programs designed to enhance student safety during practice and competition. *(Amended Res 16-306 HOD, BOG Oct 2016) (Reaffirmed HOD 2024)*

P 445.022 PREVENTION OF SUDDEN CARDIAC DEATH IN STUDENT ATHLETES
The Florida Medical Association encourages the education of parents, school authorities, and physicians on the risk of sudden cardiac arrest (SCA) in student athletes and further encourages schools, teams, and any other youth-focused organizations to implement a Cardiac Emergency Response Plan that includes CPR training for students, educators, athletic personnel, and anyone involved with youth; the FMA also encourages schools to have Automated External Defibrillators (AEDs) available in athletic departments that would be accessible during school athletic events; the FMA encourages the Florida Department of Health and the Florida Department of Education, to study the feasibility and cost-effectiveness of a school cardiovascular screening program. *(Amended Res 17-101, HOD 2017) (Reaffirmed HOD 2025)*

P 445.023 INCOMPLETE VACCINATION FORMS
The Florida Medical Association supports legislative or administrative action to allow physicians to refuse to provide "incomplete" or "non-up-to-date" administrative forms regarding immunization records to or on behalf of any child that does not complete all of the immunizations required at the time of the immunization request; the FMA supports legislation, or administrative action to prohibit children from entering and/or attending public schools or private schools unless they possess and submit a completed and up to date immunization records or administrative forms, unless they have a medical exemption signed by a physician. *(Amended Res 17-109, HOD 2017) (Reaffirmed HOD 2025)*

P 445.024 MINIMIZING LEAD IN SCHOOL DRINKING WATER
The FMA supports statewide legislation to mandate that all Florida schools, kindergartens, pre-schools, and child care centers filter their drinking water and ice machines with NSF/ANSI filters or an equivalent technology for lead removal and that these filters be maintained and changed on a regularly scheduled basis per manufacturer's recommendations; further the FMA supports the training of school officials to raise awareness of the potential occurrences, causes, and health effects of lead in drinking water; further the FMA supports open communication with students, parents, school board staff, and the larger community including physicians about monitoring programs, potential risks, the results of testing, and remediation actions. *(Board Report A, Rec A-5, Res 18-313 adopted as amended, HOD 2019)*

P 445.025 YOUTH SPORTS SAFETY INITIATIVE
The Florida Medical Association support legislation that encourages athletic personnel, including organizers and coaches, to participate in free educational programming focused on traumatic injury, heat illness,

concussion, and proper training to prevent or decrease the chance of serious injury prior to being involved in high risk youth athletic activities. ("High-risk youth athletic activity" means any organized sport for children 14 years of age or younger where there is a significant possibility for the child to sustain a serious physical injury. The term includes, but is not limited to, the sports of football, basketball, baseball, volleyball, soccer, ice or field hockey, cheerleading, and lacrosse.) *(Amended Res 19-308, HOD 2019)*

P 445.026 CPR TRAINING FOR FLORIDA HIGH SCHOOL STUDENTS
The FMA supports policies that encourages students to receive hands-on guidelines-based CPR training before graduating high school. *(Amended Res 19-309, HOD 2019)*

P 445.027 BLEEDING CONTROL KIDS IN SCHOOLS AND PUBLIC SPACES
RESOLVED, That the Florida Medical Association seek state appropriation to fund purchase, placement, and maintenance of bleeding control kits in schools and high-trafficked public spaces in Florida. *(Res 21-302, HOD 2021)*

P 445.028 EXPANDING OPIOID OVERDOSE EDUCATION IN FLORIDA PUBLIC HIGH SCHOOLS
The Florida Medical Association encourages the inclusion of developmentally appropriate, skills-based instruction on opioid overdose recognition and naloxone administration within Florida's existing school-based opioid education framework and in public and private high school health education curricula. *(Res.26-108, HOD 2026)*

P 450.000 SCOPE OF PRACTICE

P 450.001 OPTOMETRISTS' USE OF DRUGS
The Florida Medical Association provides strong support and assistance to the Florida Society of Ophthalmology in opposing legislation which allows use of drugs by optometrists. *(BOG January 1983) (Reaffirmed HOD 1993) (Reaffirmed HOD 2003) (Reaffirmed HOD 2011) (Reaffirmed HOD 2012) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 450.002 NATUROPATHIC PRACTICE
The Florida Medical Association supports legislative activities prohibiting any further licensing of naturopathic practitioners. *(BOG Rpt A, HOD 1985) (Reaffirmed HOD 1995) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 450.003 MASSAGE THERAPISTS *(ARCHIVED)*
(BOG Rpt A, HOD 1985) (Reaffirmed HOD 1995) (Reaffirmed HOD 2005) (Reaffirmed HOD 2013) (Sunset HOD 2023, colonic irrigation has been in the massage therapist practice act for at least 30 years)

P 450.004 HOSPITAL STAFF PRIVILEGES FOR OPTOMETRISTS
The Florida Medical Association opposes legislation that would mandate hospital staff privileges for optometrists. *(BOG February 1986) (Reaffirmed A-1996) (Reaffirmed HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 450.005 DENTAL ANESTHESIA
The Florida Medical Association opposes legislation granting privileges authorizing dentists to administer non-dental anesthesia. *(BOG February 1986) (Reaffirmed HOD 1996) (Reaffirmed HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 450.006 PHYSICIAN ASSISTANTS
The Florida Medical Association opposes any expansion of the scope of activities of physician assistants beyond the current law. *(BOG February 1986) (Reaffirmed A-1996) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 450.007 POSTOPERATIVE MEDICAL EYE CARE
The Florida Medical Association joins the Florida Society of Ophthalmology in opposition to postoperative medical eye care by independent optometrists and advocates the position that the management of postoperative medical eye care is the responsibility of a licensed physician, and that an ophthalmologist can delegate to an optometrist postoperative medical eye care only under certain restrictions as follows: (1) the optometrist must be employed by the ophthalmologist; (2) the optometrist can only perform nondiscretionary activities that do not require the exercise of independent professional judgment; (3) the optometrist can only perform activities under the direct supervision (that is, in the same room) as the surgeon; and (4) the surgeon must authorize and request each activity and remain responsible. *(BOG January 1988) (Reaffirmed HOD 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 450.008 STAFF PRIVILEGES FOR NON-PHYSICIANS
The Florida Medical Association opposes legislation mandating hospital staff privileges for non-physicians. *(BOG November 1988) (Reaffirmed HOD 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 450.009 ENCROACHMENT OF NONPHYSICIANS ON THE PRACTICE OF MEDICINE
The Florida Medical Association (FMA) adopts the following statement on encroachment of non-physicians on the practice of medicine: "The decades since World War II have seen a very marked increase in the number of allied health professionals. These professionals include psychologists, optometrists, nurse practitioners, physical therapists and technicians and others. Allied health professionals possess very important skills in their respective fields and have made and can make lasting contributions to the total picture of health care. The FMA has no quarrel with the activities of allied health professionals when they act within the scope of their training and expertise. However, the FMA is concerned about repeated efforts by non-physician groups to take over functions properly restricted to doctors of medicine or osteopathy. One such area of encroachment is in the prescription of diagnostic and therapeutic drugs where both optometrists and pharmacists have recently obtained limited rights by legislative action which, in our opinion, is not justified by the training and experience of these practitioners and will be detrimental to the health of patients whom they attempt to treat. Other groups, such as psychologists, are mounting determined pushes to obtain admitting privileges to acute care hospitals despite the fact that they are not properly trained to direct hospital care. In the opinion of the FMA, only doctors of medicine or osteopathy have the proper background of training and experience to qualify physicians to prescribe drugs and assume overall responsibility for hospitalized patients. Allied health professionals often provide invaluable assistance in the care of hospitalized patients, but they do not have the background to qualify them to attempt total care of such patients. The FMA will cooperate in every way possible with allied health professionals to the end of improving total health care, but will resist all attempts by allied health professionals to assume the responsibilities of physicians without possessing the qualifications of doctors of medicine or osteopathy. The FMA will continue to oppose efforts by chiropractors and other less well trained groups or individuals that attempt to legislate practice activities beyond the scope of their training." *(BOG June 1988)(Reaffirmed HOD*

1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2012) (Reaffirmed HOD 2013) (Reaffirmed vis Res 17-307, HOD 2017) (Reaffirmed HOD 2025)

P 450.010 PSYCHOLOGISTS ADMITTING PRIVILEGES
In accordance with actions of the American Medical Association House of Delegates, the Florida Medical Association opposes legislation mandating hospital admitting privileges to psychologists. *(Res 88-26, HOD 1988)(Reaffirmed HOD 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 450.011 HOSPITAL PRIVILEGES FOR NONMEDICAL HEALTH CARE PRACTITIONERS
The Florida Medical Association opposes hospital privileges for limited licensed nonmedical health care practitioners and, specifically, actively opposes all efforts of these practitioners to broaden the scope of their professions through legislative action. *(Res 88-38, HOD 1988) (Reaffirmed HOD 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 450.012 LAY MIDWIVES
The Florida Medical Association continues its opposition to licensure of lay midwives and follows the lead of the Florida Obstetric and Gynecologic Society and the Florida Pediatric Society on this issue in support of nurse midwives. *(BOG October 1991) (Reaffirmed HOD 2001) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 450.013 PHYSICIAN ASSISTANTS PRESCRIBING
The Florida Medical Association opposes legislation expanding the scope of practice of physician assistants. *(BOG January 1992) (Reaffirmed with update 2002) (Reaffirmed HOD 2010) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 450.014 SCOPE OF PRACTICE EXPANSION FOR NON-PHYSICIANS
The Florida Medical Association continues to oppose scope of practice expansion issues for non-M.D.s and non-D.O.s., including naturopaths, ARNPs, pharmacists, optometrists, psychologists, podiatrists, direct access to physical therapists, audiologists and speech language pathologists. *(BOG July 2002) (Reaffirmed HOD 2010) (Reaffirmed HOD 2012) (Reaffirmed via Res 17-307, HOD 2017) (Reaffirmed HOD 2025)*

P 450.015 ANESTHESIOLOGY ASSISTANTS *(ARCHIVED)*
(BOG July 2003) (Sunset HOD 2011)

P 450.016 SCOPE OF PRACTICE EXPANSION *(ARCHIVED)*
(*BOG July 2003) (Sunset HOD 2011)*

P 450.017 ARNP & PA SUPERVISION *(ARCHIVED)*
(BOG November 2003) (Sunset HOD 2011)

P 450.018 PODIATRY SCOPE OF PRACTICE
The Florida Medical Association seeks and supports, with the financial support of the Florida Orthopaedic Society, legislation to statutorily define the scope of practice of podiatric medicine in Florida as limited to the diagnosis and treatment, surgical or non-surgical, of the human foot and leg below the anterior tibial tubercle. *(Res 05-10, HOD 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 450.019 RETAIL COMPANIES OFFERING MEDICAL EXAMS
The Florida Medical Association shall monitor any legislation relating to scope of practice, quality of care and physician supervision of non-physician practitioners regarding retail companies that plan to provide

"minute medical exams" to the public. *(BOG October 2005) (Reaffirmed HOD 2013) (Reaffirmed HOD 2023)*

P 450.020 PHYSICIAN ASSISTANT AND ARNP SUPERVISION IN OUTPATIENT MEDICAL OFFICES *(ARCHIVED)*
(Res 05-28, BOG Rpt C-4, HOD 2006) (Sunset HOD 2014)

P 450.021 PHYSICIAN ASSISTANT AND ARNP SUPERVISION IN OUTPATIENT SPECIALTY OFFICES *(ARCHIVED)*
(Res 05-29, BOG Rpt C-5, HOD 2006) (Sunset HOD 2014)

P 450.022 PODIATRIST
The Florida Medical Association supports legislation conforming current state statutes to the anatomical training and expertise of podiatrists, thereby limiting their treatments to the foot and ankle. *(Amended BOG Supp Report C-4, HOD 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 450.023 PHYSICIAN ASSISTANT CO-SIGNATURES *(ARCHIVED)*
(BOG February 2009) (Sunset HOD 2017)

P 450.024 SCOPE OF PRACTICE BY NON-PHYSICIAN PROVIDERS
The Florida Medical Association seeks legislation that will result in a change of standing for all future attempts at expansion of practice through the regulatory process by non-physicians. *(Amended Res 10-303, HOD 2010) (Reaffirmed HOD 2012) (Reaffirmed via Res 17-307, HOD 2017) (Reaffirmed HOD 2025)*

P 450.025 "DOCTOR-NURSES" REPLACING PHYSICIANS
The Florida Medical Association pursues legislation making it unlawful for a nurse to represent him or herself as a physician (MD/DO), to include such activity under the scope of "unlicensed practice of medicine" and to stipulate felony-level penalties for such representation; and further is directed to establish an ad hoc committee to investigate the apparent scope of practice and conflicts of interest involved in the doctor of nursing practice. *(Res 10-305, HOD 2010) (Reaffirmed HOD 2012) (Reaffirmed HOD 2022)*

P 450.026 PA'S ORDERING MEDICATIONS - ARCHIVED
(BOG October 2012) (Sunset HOD 2022)

P 450.027 FMA POSITION ON SCOPE OF PRACTICE
The Florida Medical Association adopted the recommendations and guidelines as presented in the September 19, 2012 report of the FMA's Scope of Practice Task Force. * (*BoG October 2012; Appendix P 450.027) (Reaffirmed via Res 17-307, HOD 2017) (Reaffirmed HOD 2025)*

**The report provides that the FMA address scope issues within a framework that can be applied in a variety of circumstances and further help the FMA and other groups to achieve a common understanding of how the FMA will approach scope issues in the future and what is expected of groups who may seek the FMA's assistance on an issue. This approach allows maximum flexibility in the dynamic legislative, political and economic environment and does not allow any single issue to define the FMA. The FMA continues its efforts to promote the concept of physician-directed care that ensures patient safety while promoting access to care. As long as physicians remain the leader of the health care team, it may be appropriate for the FMA and specialty societies to consider, on a case-by-case basis, scope of practice expansions when sufficiently protective of patient safety and improved patient access.*

P 450.028 DOCTOR OF NURSING PRACTICE (DNP)
Due to the extreme likelihood that patients treated by a Doctor of Nursing Practice (DNP) will be misled into thinking that their "doctor" is a physician, the FMA is directed to introduce legislation mandating that all

persons other than M.D.s, D.O.s, dentists and chiropractors holding themselves out as "doctors" wear a conspicuous name tag or signage which have letters no smaller than 4mm per letter and which fully spells out the exact name of their formal degree (Doctor of Nursing Practice, etc.) and that they further be required to orally state that they are not physicians with each and every encounter. *(Amended Res 13-322, HOD 2013) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 450.029 USE OF UNLICENSED PERSONNEL TO PERFORM SURGICAL ASPECTS OF HAIR RESTORATION SURGERY

The Florida Medical Association opposes the use of unlicensed personnel and/ or medical assistants to perform critical-to-quality steps of hair restoration surgery, such as re-distribution planning, donor harvesting of follicular units via FUE or strip methods, and creation of recipient sites; and be it further that the FMA oppose the use of unlicensed personnel and/or medical assistants to perform the diagnosis or treatment of hair loss conditions; and further supports legislative efforts to prohibit the use of unlicensed personnel and/or medical assistants to perform hair restoration evaluation, diagnosis, and/or critical-to-quality steps of hair restoration surgery, such as diagnosis of hair loss etiology, hair re-distribution planning, donor harvesting of follicular units via FUE or strip methods, and creation of recipient sites. *(Amended Res 16-310, HOD 2016) (Reaffirmed HOD 2024)*

P 450.030 THE "FOR ACCURACY AND ACCOUNTABILITY IN CLINICAL TITLES" (FACT) RESOLUTIONS

The FMA policy opposes any misappropriation of medical specialty titles; further the FMA will seek legislation that accomplishes the following:

1. Prevents Advanced Practice Registered Nurses and Physicians Assistants from using titles and descriptors that are not in line with their state licensure
2. Prevents Advanced Practice Registered Nurses and Physician Assistants from descriptors reserved for physicians, either in whole or in part (e.g., "nurse anesthesiologist", "nurse cardiologist", or "nurse dermatologist")
3. Establish criminal and or civil penalties for such acts

(Amended Res 19-312, HOD 2019)

P 460.000 SURGERY

P 460.001 LASER SURGERY

The Florida Medical Association supports working with the Florida Department of Health and the Florida Board of Medicine and any other appropriate state agency and the Florida State Legislature to define "laser surgery" as a surgical operation and that only practitioners appropriately trained in the use of lasers and licensed pursuant to Chapters 458, 459, 461 and 466 be allowed to utilize lasers in the treatment of human conditions, disorders, anomalies, dysfunction and disease. *(Res 96-56, C-11, HOD 1996) (Reaffirmed HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 460.002 ITINERANT SURGERY *(ARCHIVED)*

(Amended Res 16-103 HOD, Oct BOG 2016) (Sunset HOD 2024 - Objective Accomplished, the office surgery rule was amended to reflect 32 these changes, effective 2018. See Rule 64B8-9.009(2)(i) and (p), FAC.)

P 460.003 AMBULATORY SURGERY CENTERS

The Florida Medical Association supports an administrative rule change and/or legislation that would allow for dual licensure of ambulatory surgical centers, while maintaining adequate continuity of care for patients. *(Res 16-312, HOD 2017) (Reaffirmed HOD 2025)*

P 465.000 TELEMEDICINE

P 465.001 PHYSICIANS TREATING VIA TELEMEDICINE *(ARCHIVED)*
(BOG March 1997) (Reaffirmed BOG 2007) (Replaced by Res 12-401, HOD 2012)

P 465.002 LICENSURE REQUIREMENT *(ARCHIVED)*
(Res 96-9, HOD 1996) (Reaffirmed HOD 2006) (Replaced by Res 12-401, HOD 2012)

P 465.003 ACADEMIC CENTERS *(ARCHIVED)*
(Res 96-49, HOD 1996) (Reaffirmed HOD 2006) (Replaced by Res 12-401, HOD 2012)

P 465.004 POSITION ON TELEMEDICINE *(ARCHIVED)*
(Res 96-49, HOD 1996) (Reaffirmed HOD 2006) (Replaced by Res 12-401, HOD 2012)

P 465.005 FMA POSITION ON TELEMEDICINE
The Florida Medical Association (FMA) supports Florida licensure of physicians who provide evaluation and treatment via telemedicine. Telemedicine is a medical service and should be reimbursable as is any other medical service provided by a physician. The FMA endorses telemedicine legislation that supports physician practice and will work with the Board of Medicine in its regulation of telemedicine; and further asks the American Medical Association (AMA) to encourage individual state Boards of Medicine to regulate telemedicine and to work with individual state legislatures to seek full licensure for intrastate telemedicine practice and to seek appropriate reimbursement for physicians who provide telemedicine services. *(Res 12-401, HOD 2012) (Reaffirmed via Res 17-311, HOD 2017) (Reaffirmed HOD 2025)*

P 465.006 TELEMEDICINE AND RULEMAKING
The Florida Medical Association (FMA) supports proposed legislation consistent with FMA policy that requires rulemaking by the Board of Medicine addressing telemedicine. (*BOG May 2013) (Reaffirmed via Res 17-311, HOD 2017) (Reaffirmed HOD 2025)*

P 456.007 FAIR COMPENSATION FOR RESIDENT'S WORK
The Florida Medical Association (FMA) study and report back to determine if there is a need to change Florida Telehealth law to include an option for attending physicians to use Telehealth while services are provided by Residents and Fellows so they can appropriately bill for these services without having to be physically present. *(Res 22-409, HOD 2022)*

P 456.008 PREVENTING MESSAGING ONLY SERVICES
The FMA supports legislation that would prevent entities who use messaging-only care from practicing medicine in the state of Florida. *(Res 23-302, HOD 2023)*

P 470.000 TOBACCO

P 470.001 SMOKE FREE SCHOOLS *(ARCHIVED)*
(Res 97-9, HOD 1997) (Reaffirmed BOG 2007) (Sunset HOD 2015)

P 470.002 SECOND HAND SMOKE
The Florida Medical Association recognizes the health hazards of second hand smoke. *(Res 97-31, HOD 1997) (Reaffirmed BOG 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 470.003 LOCAL PREEMPTION OF CLEAN INDOOR AIR ACT
The Florida Medical Association adopts a position of support for legislation permitting local governments to adopt local smoking ordinances which are stronger than the state Clean Indoor Air Act. *(BOG February 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 470.004 TOBACCO PREVENTION EDUCATION *(ARCHIVED)*
(BOG July 2003)(Sunset HOD 2011)

P 470.005 FUNDING FOR ANTI-TOBACCO EFFORTS *(ARCHIVED)*
(BOG July 2004) (Sunset HOD 2012)

P 470.006 TAX TO REDUCE TEEN SMOKING *(ARCHIVED)*
(BOG July 2004) (Sunset HOD 2012)

P 470.007 NATIONAL "SCREEN OUT" CAMPAIGN *(ARCHIVED)*
(BOG May 2008) (Sunset HOD 2016)

P 470.008 SMOKING ON COUNTY AND STATE HEALTH DEPARTMENT PROPERTY
The Florida Medical Association supports legislation making it unlawful for anyone to smoke tobacco or use tobacco products on the real property of a county health department or state health department facility. *(BOG May 2008) (Reaffirmed HOD 2016) (Reaffirmed HOD 2024)*

P 470.009 SECOND HAND SMOKING AND LOCAL JURISDICTIONS
The Florida Medical Association supports state legislation allowing "local jurisdictions" to promote further restrictions on second hand smoke such as in bars, parks and other venues which currently allow smoking and cause morbidity and death for Floridians and visitors from second hand smoke. *(Amend Res 10-315, HOD 2010) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 470.010 CLEAN AIR ON STATE SUPPORTED INSTITUTIONS OF HIGHER LEARNING
The Florida Medical Association recommends that health-affiliated colleges of state supported institutions of higher learning be smoke free, and that the remainder of these campuses allow smoking only in designated areas of the campus. *(BOG May 2011) (Reaffirmed HOD 2019)*

P 470.011 SECONDHAND SMOKE AND COMPREHENSIVE TOBACCO FREE POLICIES THROUGHOUT THE STATE OF FLORIDA (ARCHIVED)
(Res 11-104, HOD 2011) (Sunset HOD 2019, Accomplished)

P 470.012 PROHIBITING THE SALE OF TOBACCO PRODUCTS IN RETAIL PHARMACIES
The Florida Medical Association supports legislation amending current Pharmacy laws to prohibit the sale of tobacco products (including, but not limited to, cigarettes, cigars, pipe tobacco, hookah tobacco, snuff, chewing tobacco, dipping tobacco, bidis, or any other preparation), in establishments housing licensed pharmacies. (*Res 13-311, HOD 2013) (Reaffirmed HOD 2023)*

P 470.013 RAISING CIGARETTE TAXES IN THE STATE OF FLORIDA
The Florida Medical Association supports legislation to further raise the excise tax on cigarettes to at or above $2/pack in order to further tobacco control efforts within the State of Florida. *(Res 13-312, HOD 2013) (Reaffirmed HOD 2023)*

470.014 TOBACCO 21 LEGISLATION
The Florida Medical Association supports legislation that would raise the legal age to purchase tobacco products and other nicotine delivery devices to 21 years of age. *(Amended Res 19-306, HOD 2019)*

470.015 ADVERTISEMENT OF ELECTRONIC NICOTINE DELIVERY SYSTEMS
That the Florida Medical Association supports legislation to prohibit electronic nicotine delivery system advertisements on websites and online/mobile applications that are directed towards minors; further the Florida Medical Association supports legislation to prohibit billboard ads for tobacco products, including electronic nicotine delivery systems, on any outdoor billboard located within 1,000 feet of a school or public playground. *(Adopted as amended, Oct BOG 2019, Res 19-105, Motion 06-19-08)*

P 475.000 TORT REFORM

P 475.001 ELIMINATION OF THE DOCTRINE OF JOINT AND SEVERAL LIABILITY
The Florida Medical Association supports elimination of the doctrine of joint and several liability and supports placing a cap on general damages (non-economic) as a professional liability legislative objective. *(BOG October 1985) (Reaffirmed HOD 1996) (Reaffirmed HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 475.002 CONTINGENCY FEES FOR FRIVOLOUS LAWSUITS
The Florida Medical Association seeks the enactment of legislation requiring an attorney who files a liability suit on a contingency fee basis to pay a portion of the defendant's court cost if the suit is lost. *(Res 86-34, HOD 1986) (Reaffirmed HOD 1996) (Reaffirmed HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 475.003 PERIODIC AWARDS--PAYMENT OF FUTURE DAMAGES
The Florida Medical Association supports statutes providing for the payment of periodic amounts for future damages which provide that: (1) The trier of fact may determine whether future damages may be segregated and paid in periodic payments; (2) in the case of a jury trial, the jury must be informed that the legislature, out of concern that judgments paid for future damages may be spent before the damages are actually incurred, and also in the belief that periodic payment of future damages best serve society, enacted legislation providing for the periodic payment of future damages unless the trier of fact or jury finds that the interest of justice would not be served thereby. *(Res 89-16, HOD 1989) (Reaffirmed HOD 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 475.004 SPEAKING WITH DEFENSE ATTORNEYS
The Florida Medical Association supports adoption of a policy supporting legislation that will allow defense attorneys to speak informally with a subsequent treating physician on issues relating to the malpractice case. *(BOG October 1990) (Reaffirmed 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 475.005 CONTINGENCY FEE PETITION *(ARCHIVED)*
(BOG January 1992) (Reaffirmed HOD 2003) (Sunset HOD 2011)

P 475.006 HALT ATTORNEY REFERRAL FEES
The Florida Medical Association supports consideration of introducing legislation that would make it illegal for attorneys to receive payment in any form for the referral of a client or case to another attorney. *(Res 92-18, HOD 1992) (Reaffirmed 2002) (Reaffirmed HOD 2010) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 475.007 TORT REFORM
The Florida Medical Association will request the American Medical Association, through its House of Delegates, to make meaningful tort reform through the Congress of the United States one of its top-priority objectives. The Florida Medical Association and the AMA should network with others at the national and state level to form a consortium strong enough to accomplish meaningful tort reform. *(Res 94-12, HOD 1994) (Reaffirmed HOD 2005) (Reaffirmed as amended HOD 2013) (Reaffirmed HOD 2023)*

P 475.008 TORT REFORM *(ARCHIVED)*
(Res 96-61, A-1996) (Reaffirmed HOD 2006) (Sunset HOD 2014)

P 475.009 COMPENSATION OF MINORS IN MEDICAL MALPRACTICE AWARDS
The Florida Medical Association establishes as a legislative priority the enactment of legislation requiring that in medical malpractice awards involving a minor, at least 75 percent of the award go to the injured minor. *(Res 96-62, HOD 1996) (Reaffirmed HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2022)*

P 475.010 TORT REFORM *(ARCHIVED)*
(Res 97-26, HOD 1997) (Reaffirmed BOG 2007) (Sunset HOD 2015)

P 475.011 STRUCTURE CONTINGENCY FEES IN MEDICAL MALPRACTICE CASES
(ARCHIVED)
(Res 99-45, HOD 1999) (Sunset HOD 2011)

P 475.012 CAP ON NON-ECONOMIC DAMAGES *(ARCHIVED)*
(BOG January 2003) (Sunset HOD 2011)

P 475.013 CAP ON NON-ECONOMIC DAMAGES *(ARCHIVED)*
(BOG March 2003) (Sunset HOD 2011)

P 475.014 ATTORNEYS' CONTINGENCY FEES IN MEDICAL MALPRACTICE CASES
(ARCHIVED)
(Res 03-50, HOD 2003) (Sunset HOD 2011)

P 475.015 TORT REFORM
Tort reform remains the number one legislative and overall objective of the Florida Medical Association. *(BOG November 2003) (Reaffirmed HOD 2011)*

P 475.016 TRIAL ATTORNEY ACCOUNTABILITY *(ARCHIVED)*
(Res 05-19, HOD 2005) (Sunset HOD 2013)

P 475.017 JOINT AND SEVERAL LIABILITY REFORM *(ARCHIVED)*
(BOG February 2006) (Sunset HOD 2014)

P 475.018 REQUIREMENT TO PROVIDE TAIL COVERAGE
The Florida Medical Association seeks legislation to require that medical malpractice insurance companies who have contractually promised tail coverage to their clients without charge after a certain period of time must provide this coverage to physicians as promised even if they cease to do business in Florida; and further asks the AMA to study the issue of malpractice insurance companies who cease to do business in state(s) for possible action on a national basis. *(Res 05-11; BG Rpt C-2, HOD 2006) (Reaffirmed HOD 2014) (Reaffirmed HOD 2023)*

P 475.019 HEALTH COURTS *(ARCHIVED)*
(Res 06-13, Rpt. C, HOD 2007) (Sunset HOD 2015)

P 475.020 FLORIDA HEALTH COURTS *(ARCHIVED)*
(Res 07-6, HOD 2007) (Reaffirmed HOD 2015) (Sunset HOD 2023; explored this concept but found it was not feasible)

P 475.021 STANDARD FOR CONVICTION IN MEDICAL MALPRACTICE CASES
The Florida Medical Association pursues legislation that will change the burden of proof in medical malpractice from "greater weight of the evidence" to "clear and convincing evidence" by amending Florida Statute 766.102(1) to reflect such change. *(Sub Res 07-19, HOD 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 475.022 WRONGFUL DEATH
The Florida Medical Association opposes any expansion of Florida's Wrongful Death Act. *(BOG October 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 475.023 MEDICAL MALPRACTICE EXEMPTION *(ARCHIVED)*
(BOG October 2009) (Sunset HOD 2017)

P 475.024 LIMITING MALPRACTICE HEDGE FUNDS
The Florida Medical Association supports legislation that would make medical malpractice hedge funds illegal in the State of Florida and requests the American Medical Association do the same. *(Res 11-324, HOD 2011) (Reaffirmed HOD 2019)*

P 475.025 STRATEGY FOR PROACTIVE TORT REFORM RELIEF
The Florida Medical Association will create a task force with interested stakeholders to review the feasibility of filing legislation that would enact meaningful tort reform including: reinstating caps on non-economic damages; jury notification of settlements reached by other defendants; and a revision of the formula used to extrapolate future medical care that elevates monetary awards. *(Res 22-403, HOD 2022)*

P 480.000 UNIONS

P 480.001 PHYSICIANS RIGHT TO COLLECTIVELY BARGAIN AND THE RIGHT TO FORM BARGAINING UNITS
The Florida Medical Association supports the formation of bargaining units by physicians and the right to affiliate with established trade unions. *(Res 98-68, HOD 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2012) (Reaffirmed HOD 2021)*

P 480.002 ASSURING THE RIGHT OF PHYSICIANS TO COLLECTIVELY BARGAIN
The Florida Medical Association supports legislation which stipulates that: "Any group of health care professionals, negotiating with a health maintenance organization, insurer, or other payer, shall, in connection with such negotiations, be entitled to the same treatment under the antitrust laws accorded to members of a bargaining unit recognized under the National Labor Relations Act. *(Res 98-13, HOD 1998) (Reaffirmed HOD 2008) (Reaffirmed with technical amendment HOD 2016)*

P 480.003 NEGOTIATING UNITS FOR PHYSICIANS
The Florida Medical Association (FMA) supports and encourages the American Medical Association to seek means to remove restrictions for physicians to form negotiating units in order to negotiate reasonable payments for medical services and to compete in the current managed care environment; and further shall look into the possibility of either itself or a subsidiary organization forming a physician negotiation unit; and

further the FMA is directed to research the ability of physicians to participate in collective bargaining to ensure the quality of care rendered to patients, maintain professional standards and better manage the business of medicine. *(Res 97-36, HOD 1997) (Reaffirmed as amended BOG October 2007*) *(Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 480.004 COLLECTIVE BARGAINING FOR PHYSICIANS (ARCHIVED)
(Res 11-201, HOD 2011) (Reaffirmed HOD 2012) (Sunset HOD 2021)

P 480.005 REPRESENTATION OF EMPLOYED PHYSICIANS *(ARCHIVED)*
(Res 13-202, HOD 2013) (Sunset HOD 2023, directive accomplished)

P 480.006 COLLECTIVE BARGAINING/NEGOTIATIONS
The Florida Medical Association will identify legal opportunities for physicians to strengthen their ability to fully negotiate with health plans about important issues involving reimbursement and patient care. *(Res 16-105, HOD 2016)*

P 480.007 FORMATION OF UNIONS
The FMA will form a subcommittee to explore and facilitate the formation of unions where appropriate. *(Sub lang, Res 22-402, HOD 2022)*

P 480.008 ALLOWING BUSINESSES OF ONE EMPLOYEE TO COME TOGETHER TO NEGOTIATE FOR AFFORDABLE HEALTH INSURANCE
The Florida Medical Association will study and report back the feasibility to pursue legislation to allow businesses of one employee to come together and collective bargain for affordable health insurance premiums; the FMA reach out to other interested and affected parties to help facilitate this study and acquire additional information. *(Res 23-403, 2023 HOD)*

480.009 FORMATION OF UNIONS
The FMA legal department can provide members who express an interest in unionization with information regarding the legality of physician collective bargaining and the existing entities that provide union formation services. *(May BOG 2024, Motion 02-24-16, response to Res 22-402 and P 480.007)*

P 485.000 VACCINES

P 485.001 PURCHASING CO-OPS FOR FLU VACCINE *(ARCHIVED)*
(BOG October 2005) (Sunset HOD 2013)

P 485.002 DISTRIBUTION OF INFLUENZA VACCINE *(ARCHIVED)*
(BOG April 2006) (Reaffirmed HOD 2017) (Sunset HOD 2025)

P 485.003 VACCINE DISTRIBUTION TO PHYSICIANS
The Florida Medical Association urges the American Medical Association to promote a national policy for vaccine production and/or distribution that allots vaccine to physicians on a priority basis. *(BOG October 2006) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 485.004 GROUP PURCHASE OF VACCINES *(ARCHIVED)*
(BOG July 2007) (Sunset HOD 2015)

P 485.005 AVAILABILITY OF INFLUENZA VACCINE
The Florida Medical Association supports all physicians and the Department of Health in reinvigorating efforts to make influenza vaccine available to all Floridians pursuant to the recommendation of the Centers

for Disease Control (CDC) and Advisory Council for Immunization Practices (ACIP). *(BOG October 2008) (Reaffirmed HOD 2016)*

P 485.006 OPPOSE STATE AND FEDERAL ANTI-VACCINATION LEGISLATION
The Florida Medical Association actively opposes any vaccine legislation that would deviate from evidence-based recommendations and guidelines of the Centers for Disease Control and Prevention, the Advisory Committee on Immunization Practices, the American Academy of Family Physicians, and the American Academy of Pediatrics; and direct the FMA AMA Delegation to recommend that our American Medical Association begin a national education and awareness campaign focused on educating the American public on the importance and safety of vaccines for not only individuals, but also for promotion of public health and safety. *(Res 09-1, HOD 2009*) *(Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 485.007 PERTUSSIS EDUCATION AND VACCINATION FOR HOUSEHOLD CONTACTS OF NEWBORNS
The Florida Medical Association shall work with the Department of Health (DOH), the Florida Hospital Association (FHA), the Florida Pediatric Society (FPS), the Florida Academy of Family Physicians (FAFP), the Florida Chapter American College of Physicians (Florida Chapter ACP), and the Florida Obstetric and Gynecologic Society (FOGS) to educate women during their pregnancy and post-partum period on the importance of pertussis vaccination for all household contacts of newborns and encourage parents to seek pertussis vaccination (TdaP or DTaP) for all household contacts of newborns through their referred primary care physician or community health department; and further shall work with the Department of Children and Families (DCF) and local daycare licensing agencies to educate all daycare administrators and daycare workers on the importance of pertussis vaccination and to encourage pertussis vaccination for all daycare administrators and daycare workers. *(Amend Res 10-107, HOD 2010) (Reaffirmed HOD 2018) (Reaffirmed HOD 2026)*

P 485.008 HPV VACCINATION PUBLIC AWARENESS CAMPAIGN
That the Florida Medical Association (FMA) advocates as its official public health position that all eligible adolescents be vaccinated against HPV in accordance with guidance recommended by the CDC. *(Adopted as amended, Res 14-109, HOD 2014) (Reaffirmed with technical change HOD 2022)*

P 485.009 CLARIFICATION OF RELIGIOUS EXEMPTION TO VACCINATION REQUIREMENTS
The Florida Medical Association will work with the Florida Department of Health to protect the health of all residents by requiring parents requesting a religious exemption for their children to not be vaccinated, to state why their religion is opposed to vaccination, and have their religious leader or by way of religious text validate the claim against vaccination. (*Res 14-114, HOD 2014) (Reaffirmed HOD 2022)*

P 485.010 TDAP AND FLU VACCINE COVERAGE
The Florida Medical Association supports legislation to assure Tdap and flu vaccines are covered for all pregnant patients, and may be administered in physician offices. *(Amended Res 17-110, HOD 2017) (Reaffirmed HOD 2025)*

P 485.011 IMMUNIZATION AND VACCINE COVERAGE-REIMBURSEMENT
The Florida Medical Association implement Resolution 15-408 as soon as possible to in order to assist physicians in the practice of medicine.

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

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

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

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

RESOLVED, That the Florida Medical Association will include in the letter and publication that the FMA will seek legislation to ensure physician and other entities be covered 100% for all vaccination related costs as preventative care without co-pay and or deductibles at levels properly above costs of storage, administration and other E&M codes and CPT codes associated with immunization. *(Amended Res 17-315, HOD 2017) (Reaffirmed HOD 2025)*

P 485.012 INSURANCE COVERAGE FOR HPC VACCINATION
The Florida Medical Association (FMA) will 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 vaccinewould be beneficial to the patient's care. *(Res 21-402, HOD 2021)*

P 485.013 VACCINE EXEMPTION AUTHORIZATION
The FMA supports legislation to amend Florida law to prohibit chiropractors from signing off on vaccine exemptions. *(Res 23-309, HOD 2023)*

P 490.000 WORKERS' COMPENSATION

P 490.001 FEE SCHEDULES
The Florida Medical Association supports enabling legislation to authorize individual physicians to negotiate with insurance carriers on respective Workers' Compensation fee schedules. *(BOG January 1987) (Reaffirmed 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 490.002 DISCREPANCY IN CLAIMS
The Florida Medical Association supports the fact that no contractual relationship exists between physicians and claim review entities and, therefore, any discrepancy concerning a Workers' Compensation claim should be addressed solely between the physician and the carrier. (*BOG January 1989) (Reaffirmed 2000) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 490.003 SOVEREIGN IMMUNITY, WORKERS' COMPENSATION PILOT PROJECTS
The Florida Medical Association supports introduction of legislation authorizing the Office of Insurance Regulation to implement a pilot project for the treatment of injured workers under the Workers' Compensation program which affords physicians treating such cases sovereign immunity protection in malpractice actions. *(BOG January 1991) (Reaffirmed 2001) (Reaffirmed HOD 2009) (Reaffirmed HOD 2017) (Reaffirmed HOD 2025)*

P 490.004 FULL, USUAL AND CUSTOMARY FEE
The Florida Medical Association supports amending Chapter 440, Florida Statutes, to include a provision that makes the Workers' Compensation patient responsible for the full, usual and customary fees of the treating physician in the event that the patient has received a third-party settlement of any type. *(BOG MIN 1997-3) (Reaffirmed BOG October2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 490.005 FILING OF DISPUTED CLAIM *(ARCHIVED)*
(BOG November 1997) (Reaffirmed October BOG 2007) (Reaffirmed HOD 2015) (Sunset HOD 2023)

P 490.006 WORKERS' COMPENSATION COVERAGE FOR HEALTH CARE WORKERS
The Florida Medical Association approved working with the Florida Department of Labor and Employment Security to establish a policy whereby all cases where health care workers are exposed to HIV, HBV, and other infectious diseases during the course of their employment be considered a workers' compensation claim immediately from the time of exposure. *(Res 97-67, HOD 1997) (Reaffirmed HOD 1998) (Reaffirmed HOD 2008) (Reaffirmed HOD 2016)*

P 490.007 FAILURE TO PAY CLAIMS
The Florida Medical Association supports seeking legislation that would require workers' compensation insurers to pay a fee of $25 plus interest for failure to pay clean claims within 30 days of submission. *(BOG November 1997) (Reaffirmed BOG October 2007) (Reaffirmed HOD 2015) (Reaffirmed HOD 2023)*

P 490.008 INCLUSION OF MEDICAL STUDENTS AS RECIPIENTS OF BENEFITS OF WORKERS COMPENSATION
The 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. *(Sub. Language adopted, Recommendation D-4, 2021 HOD, Res 19-404)*