Report A of the Board of Governors

Michael Patete, M.D., FMA President and Chair

The Board of Governors submits the following report to the House of Delegates. This report contains three recommendations and a summary of major actions taken by the Board. The issues in this report relate to public health, medical education, and methods whereby physicians may be assisted in maintaining their professional competence, educational and scientific programs for CME. Other items include specialty society issues, policy review for reaffirmation or sunset and items relating to Professionals Resource Network (PRN). Informational items reported to the Board on the same topics are also included in this report.

Recommendation A-1 2012 FMA Policy Review

That 2012 policies on pages 5 thru 7 of this report be reaffirmed or sunset according to the FMA's seven year policy review mechanism (pages 5-6 reaffirm and page 7 sunset).

Description	Amount	Budget Narrative
		No Fiscal Impact

<u>Background:</u> In keeping with the FMA's seven year policy review mechanism, policies from 2012 were distributed to the appropriate FMA councils for review with a report back to reaffirm or sunset.

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<u>Discussion</u>: After receiving input from FMA's councils and committees, the Board believes that policies listed on pages 5-6 are still relevant and should be reaffirmed for an additional seven years and further, that the policies listed on page 7 are out of date, newer or similar policies exists, or the objective has been accomplished, therefore the policies should sunset. Sunset policies are maintained in a separate archive system.

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Upon approval by the House of Delegates, the FMA Policy Compendium will be updated accordingly.

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Recommendation A-2

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* Resolution 19-104 FMA Endorsement of ABMS Vision for The Future Commission Final Report Florida Academy of Family Physicians

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That Resolution 19-104 from the 2019 House of Delegates not be adopted.

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

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• implement the specifics and the spirit of the ABMS Vision for the Future Final Report regarding Assessment Recommendation which states "Continuing

certification must change to incorporate longitudinal and other innovative formative assessment strategies that support learning, identify knowledge and skills gaps, and help diplomates stay current. The ABMS Boards must offer an alternative to burdensome highly-secure, point-in-time examinations of knowledge."

- abandon Continued Certification processes characterized by high-stakes summative outcomes (pass/fail examinations), specified timeframes for highstakes assessment, or require burdensome testing formats (such as testing centers or remote proctoring) that are inconsistent with the desired goals for continuing certification,
- develop innovative formative Continued Certification processes grounded in adult learning principles (e.g. frequent, spaced learning with timely feedback; repeated for reinforcement; gap analysis to aid focus) and support diplomates in their commitment to continuing professional development aimed at keeping current and improving patient care, and be it further

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

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

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

RESOLVED, That the resolution should include the right of physician communication be evaluated by our American Medical Association's Council of Ethical and Judicial Affairs, and be clearly incorporated in to our Code of Medical Ethics.

Description	Amount	Budget Narrative
	\$	No Fiscal Impact.
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<u>Background:</u> On August 10, 2019 the FMA House of Delegates referred Resolution 19-104 to the Board of Governors for study and report back to the 2021 House of Delegates.

<u>Discussion</u>: The Board of Governors felt that this resolution is redundant and would not accomplish it's intended purpose. A motion carried to invite Richard Hawkins, M.D., President and Chief Executive Officer of the American Board of Medical Specialties offered to attend the January 2020 Board of Governors meeting to provide an update on the implementation of the Vision of the Future initiative. The Board of Governors voted to recommend that Resolution 19-104 not be adopted. Richard Hawkins, M.D., President and Chief Executive Officer of the American Board of Medical Specialties addressed the Board of Governors at the January 2020 Meeting and provided an update on the implementation of the Vision of the Future Initiative. Dr. Hawkins detailed the changes that the various ABMS boards were implementing regarding MOC programs.

Recommendation A-3

* Resolution 19-108

Online Database for Physicians and Patients Interested in Stem Cell Therapy Benjamin Kaplan, M.D.

That Resolution 19-108 from the 2019 House of Delegates not be adopted.

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

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

Description	Amount	Budget Narrative
	\$	
	\$	No Fiscal Impact.

<u>Background:</u> On August 10, 2019 the FMA House of Delegates referred Resolution 19-108 to the Board of Governors for study and report back to the 2021 House of Delegates.

<u>Discussion</u>: This resolution was discussed at the October 2020 Board of Governors meeting. The resolution was referred to the Council on Medical Education, Science, and Public Health. The Board of Governors listened to testimony. The Florida Medical Association does not establish practice guidelines and criteria for specific medical procedures and specialty areas of medicine. For this reason, the Board of Governors felt that the resolution requires action that is outside the scope of the organization and is recommending that Resolution 19-108 not be adopted by the 2020 House of Delegates.

Council on Medical Education, Science and Public Health

Reviewed and approved recommendations to reaffirm public policies from 2012.

Reviewed and approved recommendations to sunset public policies from 2012.

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36 37 **Major Board Actions:**

o (See Recommendation A-1)

o (See Recommendation A-1)

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8	Informational Items:
9	• In January 2020 Alma Littles, M.D., Chair, Council on Medical Education, Science & Public Health
10	reported that the council has been focused on CME programming for the 2020 FMA Annual
11	Meeting, graduate medical education, and reviewed the summary report of the Physician
12 13	Advisory Council Workforce.
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	Specialty Society Section
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16	Major Board Actions:
17	 Approved recommending that the Board of Governors recognize the Florida Chapter, American
18	Academy of Emergency Medicine
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	PRN PRN
20 21	Informational Items:
22 23	PRN has met all of its contractual obligations. At the larger 2020 Board of Covernors reacting, Alexia Ballos, M.B., representative from the
23 24	 At the January 2020 Board of Governors meeting, Alexis Polles, M.D., representative from the Professionals Resources Network stated the contract with the Department of Health was
25	renewed beginning in July 1, 2019, ending on June 30, 2024. PRN's annual conference will be
26	held on September 11-13, 2020 at the Ritz-Carlton, Amelia Island. PRN continues to attend and
27	present at state, regional, and national meetings at that enhance and promote PRN's mission.
28	Currently 26 MDs and 2 medical students are in the intake/evaluation/treatment stage. 297
29	MDs and 16 medical students are being monitored.
30	mbs and 15 medical stadents are semigmonitored.
	Committee on Physician Wellness
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32	Information Items
33	• The American Academy of Family Physicians hosted a 4-day retreat and similar programs are
34	becoming the new trend
35	The FMA has developed an online resource center for physician wellness

The Committee proposed a Wellness Track for the 2020 FMA Annual Meeting

1 **POLICIES TO REAFFIRM** 2 3 P 90.000 **CHILDREN & HEALTH** 4 P 90.006 **INCREASE AWARENESS OF CHILDHOOD DENTAL CARE** 5 The Florida Medical Association shall work in conjunction with the Florida Dental Association to increase 6 awareness of preventative dental care in the community aimed at parents to help get their children the 7 prophylaxis needed to lessen acute dental emergencies presenting to Florida emergency departments. 8 (Res 04-32, BOG November 2004) (Reaffirmed as amended HOD 2012) 9 Recommendation by the Council on Medical Education, Science, and Public Health: Reaffirm 10 11 P 110.000 **DEPARTMENT OF HEALTH** 12 P 125.001 SUBSTANCE ABUSE TREATMENT CENTERS 13 The Florida Medical Association adopts policy for increasing awareness of substance abuse treatment 14 centers in Florida as follows: (1) Education (a) stress prevention at an early age; (b) encourage early 15 referrals for treatment; (c) educate the public and health care professionals as to screening, treatment 16 and other resources available. (2) Funding (a) encourage funding from private insurers and government 17 funding; (b) reduce cost of care while effectively treating the person with substance abuse; (c) 18 encourage parity for treatment of substance abuse from both private and government insurers; (d) seek 19 cost-effective methods of care and reduce recidivism while encouraging research and utilization 20 evidence-based medicine. (BOG November 2004) (Reaffirmed as amended HOD 2012) 21 Recommendation by the Council on Medical Education, Science, and Public Health: Reaffirm 22 23 P 135.000 SCHEDULE II MEDICATIONS OF DECEASED HOSPICE PATIENTS 24 P 135.013 OPPOSE FEDERAL LEGISLATION ON IMPORTATION OF DRUGS 25 The Florida Medical Association opposes federal legislation that is proposed which would allow 26 importation of drugs into the United States that are not approved by the Food and Drug Administration. 27 (BOG July 2004) (Reaffirmed HOD 2012) (Recommendation: reaffirm) 28 Recommendation by the Council on Medical Economics and Practice Innovation: Reaffirm 29 30 P 170.000 **ENVIRONMENTAL HEALTH** 31 P 170.004 **EXPOSURE TO MERCURY TOXICITY** 32 The Florida Medical Association adopts the following policy related to mercury toxicity: 1. Support the 33 identification of populations at high-risk for exposure to mercury toxicity or for complications of 34 mercury toxicity; 2. Support the voluntary testing of high-risk populations; 3. Support efforts to 35 educate Floridians about the ongoing environmental exposures to mercury, the risks of these exposures 36 and the prevention of mercury toxicity; 4. Support the inclusion of environmental mercury exposure 37 and toxicity in the curriculum of medical schools in Florida. (BOG November 2004) (Reaffirmed as 38 amended HOD 2012) 39 Recommendation by the Council on Medical Education, Science, and Public Health: Reaffirm 40 41 P 260.000 **INSURANCE** 42 P 260.037 IMPROVING MEDICINE APPROVAL FOR PATIENTS WITH RESTRICTIVE INSURANCE 43 **COMPANY FORMULARIES (IE. MEDICAID)** 44 The Florida Medical Association encourages insurance companies to identify what equivalent class

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(Recommendation: reaffirm)

medicine is on their formulary when they reject or deny a medicine. (Res 12-411, HOD 2012)

Recommendation by the Council on Medical Economics and Practice Innovation: Reaffirm

1 P 420.000 **PUBLIC HEALTH**

2 P 420.012 **HEALTH RISKS OF LEAD TOXICITY**

- 3 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 4
- 5 decrease lead hazard: 1. Identification of populations at high risk for lead contamination; 2. Voluntary
- 6 and free testing of high-risk populations; 3. Funding for treatment of lead toxic individuals; 4.
- 7 Identification of dwellings at high risk for lead contamination; 5. Testing of high-risk dwellings; 6.
- 8 Reporting to inhabitants and purchasers of lead contaminated dwellings; 7. Penalties for failure to
- 9 report contamination to inhabitants or purchasers of lead contaminated dwellings; 8. Financial
- 10 incentives to homeowners and landlords to remove, seal or otherwise mitigate exposure to lead-based
- 11 paint; 9. Efforts to educate Floridians about the risks and prevention of lead toxicity; and 10. Inclusion
- 12 of lead toxicity in the curriculum of medical schools in Florida. (BOG November 2004) (Reaffirmed HOD 13 2012)
- 14 Recommendation by the Council on Medical Education, Science, and Public Health: Reaffirm

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P 420.032 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)

Recommendation by the Council on Medical Education, Science, and Public Health: Reaffirm

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P 420.033 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 antihazing 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

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28 hazing behavior. (Res 12-107, HOD 2012)

Recommendation by the Council on Medical Education, Science, and Public Health: Reaffirm

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P 445.016 **SCHOOL HEALTH**

P 445.017 RECOGNIZE AND TREAT ANAPHYLAXIS (GENERAL ALLERGIC EMERGENCY)

The Florida Medical Association seeks support 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)

Recommendation by the Council on Medical Education, Science, and Public Health: Reaffirm

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P 480.000 **UNIONS**

PHYSICIANS RIGHT TO COLLECTIVELY BARGAIN AND THE RIGHT TO FORM P 480.001

42 **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) (Recommendation: reaffirm)

Recommendation by the Council on Medical Economics and Practice Innovation: Reaffirm

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1		POLICIES TO SUNSET
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3	P 80.000	CENTERS FOR MEDICARE AND MEDICAID SERVICES – CMS
4	P 80.005	ELIMINATE ICD-10
5	In order to alle	eviate the increasing bureaucratic and financial burden on physicians, the Florida Medical
6	Association vi	gorously advocates that the Centers for Medicare and Medicaid Services eliminate the
7	implementation	on of ICD-10 and instead wait for the adoption of ICD-11. (Res 12-406, HOD 2012)
8	Recommenda	tion by Council on Medical Economics and Practice Innovation: Sunset, no longer relevant
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10	P 480.000	<u>UNIONS</u>
11	P 480.004	COLLECTIVE BARGAINING FOR PHYSICIANS
12	The Florida M	edical Association is directed to study the advocacy efforts being taken by Medical Society
13	of the State of	New York (MSSNY) to allow collective bargaining by Florida physicians and determine if
14	similar action	in Florida is feasible. (Res 11-201, HOD 2011) (Reaffirmed HOD 2012)
15	Recommenda	tion by Council on Medical Economics and Practice Innovation: Sunset, redundant by
16	policy 480.001	