



REPORT OF ACTIONS FROM THE 2021 HOUSE OF DELEGATES AND UPDATES

Action on Recommendations from the Board of Governors – pgs. 2-10

Action of 2021 Resolutions – pgs. 11-25

Resolutions Referred to the Board of Governors:

21-108 Educating Patients and Physicians on the Dangers of Automatic Prescription Refills
South Florida Caucus

21-109 Kratom Safety Risk
Florida Society of Addiction Medicine

21-206 Employed Physicians
Broward County Medical Association

21-303 Country Origin
Hillsborough County Medical Association

21-304 Pharmacies
Capital Medical Society

19-308 Medical Cannabis
Florida Society of Addiction Medicine

21-310 Restrictive Covenants
Polk County Medical Association

21-311 Opioid Use Disorder Treatment
Florida Society of Addiction Medicine

21-312 Physician Contract Non-Compete Clause
Escambia

21-313 Corporate Practice of Medicine
South Florida Caucus

D-2 Board of Governors Recommendation D-2, Initial Assessment and Treatment
Recommendations by Specialists



Action on Recommendations from the Board of Governors

**Board Recommendation A-1
2012 FMA Policy Review – Reaffirmation and Sunset**

House Action: Adopted policies to reaffirm and sunset as presented in original report.

**Board Recommendation A-2
Resolution 19-104 FMA Endorsement of ABMS Vision for the Future Commission Final Report
(2019 House of Delegates)**

House Action: Not adopted

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

- 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 high-stakes 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 into our Code of Medical Ethics.

Board Recommendation A-3

**Resolution 19-108, Online Database for Physicians and Patients Interested in Stem Cell Therapy
(2019 House of Delegates)**

House Action: Not 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.

Board Recommendation B-1

**Resolution 19-203, Educating Members Regarding Legal and Legislative Efforts to End MOC Mandates
(2019 House of Delegates)**

House Action: Not adopted

RESOLVED, That the FMA develop an educational campaign in the form of a separate, stand alone, comprehensive email, detailing the legal and legislative efforts being made in our state and across the nation, specifically highlighting the legal action currently being taken against ABIM, including the lawsuit being brought by Practicing Physicians of America and The American Association of Physicians and Surgeons; and be it further

RESOLVED, That the FMA is committed to educate their members on these legal and legislative matters in order to allow individual members to support these efforts nationwide.

Board Recommendation B-2

**Resolution 19-206, Composition of the Body of Medical Staff’s Executive Committee and/or Board of Trustees
(2019 House of Delegates)**

House Action: Adopt AMA Policy H-225.950 in lieu of Resolution 19-206



Original language:

*RESOLVED, That the FMA support legislative or administrative changes to define that the medical staff bylaws in hospitals will require that a majority of the Medical Executive Committee voting members will not be contracted physicians or employed physicians, but rather medical staff members with independent practices without conflict of interest; be it further
RESOLVED, That the FMA will advocate to the AMA to adopt the right to fair market and transparent economic competition in our communities between hospitals with or without employed physicians and other allied healthcare professionals and independent physicians and groups in the delivery of healthcare services and compensation based on appropriate community need.*

The substitute language reads as follows:

Principles for Physician Employment (language adopted from AMA Policy H-225.950)

Addressing Conflicts of Interest

a) 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.

b) 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 be deemed in breach of their employment agreements, nor be retaliated against by their employers, for asserting these interests. Employed physicians also should enjoy academic freedom to pursue clinical research and other academic pursuits within the ethical principles of the medical profession and the guidelines of the organization.

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

d) 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 are disclosed to patients.

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



(ii) No physician should be discriminated against in employment, promotion, or the extension of staff or other 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.

e) 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.

2. Advocacy for Patients and the Profession

a) 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 they are compensated.

b) Employed physicians should be free to engage in volunteer work outside of, and which does not interfere with, their duties as employees.

3. Contracting

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

b) 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 their employers 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.

c) 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.

d) 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 the employed 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 should provide them with the physician's new contact information. Patients should be given the choice to continue 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 faced by 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 state law, the employment agreement should specify that the physician is entitled to copies of patient charts and 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.

(e) 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 be afforded 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.

(f) 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.

(g) 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.

(h) Physician employment agreements should contain dispute resolution provisions. If the parties desire an 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.

4. Hospital Medical Staff Relations

a) 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.

b) 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.

c) 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.

d) 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 on the relationship between employed physicians and the medical staff organization.

5. Peer Review and Performance Evaluations

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

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

c) Peer review of employed physicians should be conducted independently of and without interference from 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.

d) 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 specific charges, 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 medical judgment.

e) 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. Physicians should 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 not be 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:

- i. The agreement is for the provision of services on an exclusive basis; and
- ii. 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 contract should be terminated, as outlined in AMA Policy H-225.985; and
- iii. The agreement explicitly states that medical staff membership and/or clinical privileges must be resigned 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.

6. Payment Agreements

a) Although they typically assign their billing privileges to their employers, employed physicians or their chosen 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.

b) 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 that such bills are correct. Employers should indemnify and defend, and save harmless, employed physicians with 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.

[Compendium updated – 245.016](#)

Board Recommendation C-1 Resolution 19-315, Limit Expansion of Cosmetic, Dermatologic Surgery and/or Facial Aesthetics



(2019 House of Delegates)

House Action: Not Adopt

RESOLVED, The Florida Medical Association shall support legislation to restrict the practice of cosmetic and/or dermatologic surgery and/or facial aesthetics to MDs or Dos unless done by dentists or APRNs under the direct supervision of an MD or DO.

Board Recommendation D-1

**Resolution 19-307, Medicare Reimbursement Standard for Out-of-Network Medicaid Treatment
(2019 House of Delegates)**

House Action: Not Adopt

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

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

Board Recommendation D-2

**Resolution 19-102, Initial Assessment and Treatment Recommendations by Specialists
(2019 House of Delegates)**

House Action: Refer to the Board of Governors for decision

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

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

[October 2021 – The 2021 House of Delegates referred Board Recommendation D-2, Resolution 19-102,](#)



Initial Assessment and Treatment Recommendations by Specialists to the Board of Governors for decision. The 2019 House of Delegates referred the original resolution, 19-102 to the Board of Governors for study and report back. The resolution was studied by both the Council on Medical Economics and Practice Innovation and the Council on Medical Education, Science, and Public Health. As a result of those studies, the Board of Governors proposed substitute language be adopted by the 2021 House of Delegates. The 2021 House of Delegates was divided on the proposed substitute language and referred Recommendation D-2 to the Board of Governors for decision. The Board agreed that a task force was needed to study this resolution and appointed a task force in October 2021.

Board Recommendation D-3
Resolution 19-402, The ASAM Criteria Addiction Treatment Guidelines and ASAM Continuum as Standard for Third Party Payor Reimbursement (2019 House of Delegates)

House Action: Adopted substitute language in lieu of Resolution 19-402

Original Language:

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

Substitute Language:

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

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

Board Recommendation D-4
Resolution 19-404, Inclusion of Medical Students as Recipients of Benefits of Workers Compensation (2019 House of Delegates)

House Action: Adopt substitute language in lieu of Resolution 19-404



Original Language:

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

Substitute Language:

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

[Compendium updated – 490.008](#)



Resolution 21-102
Physicians for the Advancement of Gun Ethics Research and Safety (P.A.G.E.R.S.)
Northeast Delegation

House Action: Adopted as amended

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

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

Compendium updated: [P 190.008](#)

Resolution 21-103
Support for Focus of Physician Training Responsibilities
Northeast Florida Delegation

House Action: Substitute language adopted in lieu of Resolution 21-103

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

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

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

October 2021 – The Board discussed this resolution at length. Questions arose as to how non-physician training has impacted students and residents. The Board felt that it needed to determine why this was happening in the first place. A task force was appointed to study this issue in depth.

Resolution 21-104
Retire Florida Rule 64B8-9.012 Standards for the Prescription of Obesity Drugs
Physicians Society of Central Florida

House Action: Adopted



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.

The FMA House of Delegates passed Resolution 21-104, asking the FMA to encourage the Board of Medicine to amend Rule 64B8-9.012 in order to reflect the current standard of care for patients affected by obesity in Florida. Rule 64B8-9.012, FAC, sets the standards of practice for medically assisted weight loss and has not been updated since 1998 when the rule was first promulgated in response to the “fen-phen” epidemic. The rule refers to outdated obesity thresholds, is largely redundant with established law, requires in-person examinations (now inconsistent with Florida’s telehealth law), and overall no longer accurately reflects the standard of practice in the area of prescription weight management.

On October 7, 2021, the Boards of Medicine and Osteopathic Medicine held a joint workshop to develop updated standards for the prescription of obesity drugs. While it was generally agreed upon that the rule could be repealed in its entirety, the Boards are required by statute to establish practice guidelines to safely prescribe phentermine, fenfluramine (no longer on the market), and other drugs used to treat obesity. As such, the workgroup voted to strike the rule in its entirety and develop less onerous standards to be considered at the upcoming December 2021 meeting.

Resolution 21-105
Opposition of Proof of Vaccination to COVID-19
Jon Ward, M.D.

House Action: Adopted substitute language in lieu of Resolution 21-105

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

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

Healthcare Professional Readiness for COVID-19

RESOLVED, that the FMA publish a statement upon the conclusion of the 2021 Annual Meeting recommending that all health care practitioners and medical support staff receive the COVID-19 vaccine and utilize harm reduction techniques, such as the wearing of masks, for the safety, protection, and well-being of our communities.



August 2021 – The FMA and Douglas Murphy, M.D., President and Chair of the FMA Board of Governors put out a statement that read:

“The Florida Medical Association further renewed its commitment in combatting COVID-19 - and its variant - as we work tirelessly to educate Florida patients on the lifesaving benefit of getting vaccinated. Physicians continue to see daily upticks in coronavirus cases in younger, unvaccinated patients, which is why it is even more important for all healthcare practitioners and medical support staff to receive the vaccine. FMA members have been at the frontlines of this pandemic, and we must not allow COVID cases to reach 2020 levels,” said FMA President Doug Murphy, MD.

Resolution 21-106

Opposition of Future Curtailment of Individual Liberties During Pandemics

Jon Ward, M.D.

House Action: Not adopted

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

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

Resolution 21-107

Graduate Physician

Palm Beach County

House Action: Adopted as amended

RESOLVED, That the Florida Medical Association 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

RESOLVED, 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.

[Compendium updated – 440.003](#)



Resolution 21-108

Educating Patients and Physicians on the Dangers of Automatic Prescription Refills
South Florida Caucus

House Action: Referred to the Board of Governors for study and report back to the 2022 House of Delegates; the Board of Governors recommends to not adopt.

RESOLVED, that our FMA will recognize:

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

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

[January 2022-](#) The Council on Medical Education, Science, and Public Health studied this resolution. In preparation for the meeting, FMA staff spoke informally to the Program Manager of the PDMP (a pharmacist), a member of the Florida Board of Pharmacy, and the Board’s legal counsel to determine whether there was available information regarding any adverse impacts of automatic prescription refills in Florida. These individuals were unable to provide any substantive information that these programs present any problems in Florida. After much discussion, the Council acknowledged that the issue of automatic prescription refills is one that has both pros and cons for patients. On one hand, patients can benefit from the ease and convenience of choosing this option for regular prescriptions and it could lead to better medication compliance. On the other hand, for patients who frequently change medications or are trying a new medication, an automatic refill might lead to unwanted/unneeded refills. The Board of Governors reviewed the Council’s report and agreed that due to the limited information, there was insufficient data to support the adoption of this resolution. The Board of Governors voted to recommend that the 2022 House of Delegates not adopt Resolution 21-108. The Board of Governors did vote to extend an invitation to the Board of Pharmacy to give further comment at the June Board of Governors meeting.

Resolution 21-109

Kratom Safety and Risk
Florida Society of Addiction Medicine

House Action: Referred to the Board of Governors for study and report back to the 2022 House of Delegates; the Board of Governors recommends adopting substitute language

RESOLVED, That our Florida Medical Association (FMA) amend policy P 125,000, “Drugs-Abuse” to add a new section P 125.005 to read as follows:

P 125.005 Kratom Risk and Safety

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



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

January 2022- The Board of Governors referred Resolution 21-109 to the Council on Medical Education, Science, and Public Health. After hearing testimony from representatives from the Florida Society of Addiction Medicine and American Society of Addiction Medicine, the Council agreed that Kratom potentially poses a risk to Floridians. The Council also had the opportunity to review existing AMA policy on Kratom and felt that any FMA policy should mirror policy language already adopted by the AMA. The Board of Governors recommends that the 2022 House of Delegates adopt the following substitute language:

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.

Resolution 21-110
Maintenance of Certification Review
 Ellen McKnight, M.D.

House Action: Not adopted

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

Resolution 21-111
Prescription Off-Label Medication
 Ellen McKnight, M.D.

House Action: Adopt as amended

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

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

Compendium updated – 130.025

Resolution 21-112

Addressing Racism as a Public Health Issue

Medical Student Section, Alachua Medical Society, Dade County Medical Association, Hillsborough County Medical Association

House Action: Adopted as amended

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

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

RESOLVED, That our Florida Medical Association ~~will pursue avenues to 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. ~~as a means to actively combat racism and promote racial justice.~~

Compendium updated – 420.046

Resolution 21-114

Naturally Acquired Immunity

Jon Ward, M.D., Ellen McKnight, M.D.

House Action: Not adopted

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

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



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

Resolution 21-201

PAC Membership

Polk County Medical Association

House Action: Adopted as amended

RESOLVED, That the members of the Florida Medical Association House of Delegates and the members of the Florida Medical Association Board of Governors are ~~required~~ encouraged to become members of the Florida Medical Association PAC and the ~~required~~ encouraged membership in the FMA PAC shall be the minimum monetary amount necessary to become a FMA PAC member.

Resolution 21-202

Medical Cannabis Committee

Dade County Medical Association, Broward County Medical Association

House Action: Adopted substitute language in lieu of Resolution 21-202

Original Language:

RESOLVED, That the FMA establish an ad hoc committee to advise the Board of Governors on evidence-based medical cannabis policies that emphasize physician education and public health awareness.

Substitute Language:

RESOLVED, That the FMA Board of Governors request that the Council on Medical Education, Science, and Public Health evaluate the status of evidence-based medical cannabis policies and their impact on physician education and public health awareness.

Resolution 21-203

Expanded Resource Base for Neurological Injury Compensation Association (NICA)

Northeast Florida Delegation

House Action: Adopted as amended

RESOLVED, That the FMA seek support legislation to amend Florida Statute 766.314 to require all licensed medical professionals healthcare practitioners not requiring physician supervision in Florida to



pay the annual NICA Assessment; and be it further,

RESOLVED, That the FMA seek **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 fee to all licensed medical professionals **healthcare practitioners not requiring physician supervision** to ensure the **fee is reasonable yet actuarially sound to ensure the sustainability of the program while decreasing the amount of the individual fees yet remaining actuarially sound.**

Resolution 21-204

NICA Exemption

Physicians Society of Central Florida

House Action: Not adopted

RESOLVED, That the FMA seek legislation to exempt non-participating physicians from the annual \$250 payment into NICA.

Resolution 21-205

NICA Reform

South Florida Caucus

House Action: Adopted as amended

RESOLVED, That the FMA ~~review the support of the present~~ **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.

Resolution 21-206

Employed Physician

Broward County Medical Association

House Action: Referred to the Board of Governors for decision; **substitute resolution adopted**

RESOLVED, That the Florida Medical Association establish and create a Section for Employed Physicians to ascertain problems associated with employment; recommend solutions; and employ the strength of the Florida Medical Association as a resource when resolving conflicts and challenges between employed physicians and their employers; be it further

RESOLVED, That the Florida Delegation to the American Medical Association submit the following



resolution for consideration at their November, 2021 Interim meeting; be it further

RESOLVED, That the American Medical Association establish and create a Section for Employed Physicians to ascertain problems associated with employment; recommend solutions; and employ the strength of the American Medical Association as a resource when resolving conflicts and challenges between employed physicians and their employers.

October 2021 - The Board discussed this resolution at length and was divided over the issue. It is estimated that at least 50% of FMA membership is comprised of employed physicians. A substitute resolution was adopted. It reads as follows:

RESOLVED, 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 21-301
Use of Marijuana in Pregnancy
American College of Obstetricians and Gynecologists (ACOG, District XII)

House Action: Adopted

RESOLVED, The Florida Medical Association support legislation to remove current statutes that allow the use of medical marijuana in pregnancy at any dose.

Resolution 21-302
Bleeding Control Kits in Schools and Public Spaces
Florida Chapter, American College of Surgeons

House Action: Adopted

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.

Resolution 21-303
Country of Origin Designation
Hillsborough County Medical Association

House Action: Referred to the Board of Governors for decision

RESOLVED, That the Florida Medical Association seek legislation to require the labeling “Country of Origin” on all the generic medications dispensed by local and online pharmacies.



Resolution 21-304
Pharmacies
Capital Medical Society

House Action: Referred to the Board of Governors for study and report back to the 2022 House of Delegates

RESOLVED, That the FMA supports legislation or regulatory action to require that in the event a patient cannot afford the medication prescribed, either because it is not on the formulary or it is priced higher than other medications on the formulary, the pharmacist must communicate to the prescriber a medication option in the same class prescribed with the lowest out-of-pocket cost to the patient.

Resolution 21-306
Forming an Office for the Coordination of Interdisciplinary Affairs
Northeast Florida Delegation

House Action: Adopted substitute language in lieu of Resolution 21-306

Original language:

RESOLVED, That the FMA establish a task force to study whether building an office or a department of interdisciplinary coordinated affairs will assist the FMA with its legislative agenda and present a report to the Board of Governors prior to the 2022 Annual Meeting.

Substitute language:

Resolved, That the FMA continues to work with other health care professions on issues of common interests, when appropriate.

[Compendium updated – 280.013](#)

Resolution 21-307
Transparency of Care
Megan Core, M.D., Physicians Society of Central Florida

House Action: Adopted as amended

RESOLVED, That the Florida Medical Association **seek** support legislation requiring **independent** health care facilities and medical practices that are utilizing 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 ~~facility~~ practitioner does not have a physician's ~~providing~~ oversight of the patient's care; and be it further,

RESOLVED, That the Florida Medical Association **seek support** legislation that requires non-physician providers that are working ~~without physician supervision~~ **independently** 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.

[Compendium updated – 360.007](#)

Resolution 21-308

Medical Cannabis

Florida Society of Addiction Medicine

House Action: Referred to the Board of Governors for decision

RESOLVED, That the FMA support policies that advance the following in the State of Florida:

- Cannabis should not be recommended to pregnant persons. All patients should be screened for cannabis and other substance use disorders and referred to treatment as appropriate before receiving a recommendation to use cannabis for medical purposes;
- Cannabis should not be recommended for the treatment of opioid use disorder;
- Cannabis recommended by Florida clinicians should be reported to Florida's Prescription Drug Monitoring Program. Healthcare professionals who recommend cannabis should check the PDMP prior to making any such recommendation;
- Potency of non-FDA approved cannabis should be determined and clearly displayed on the label. Healthcare professionals should consider the ratio of CBD to THC with respect to the indication and minimize potential adverse effects;
- Combustion or vaporization of cannabis as a drug delivery method should be discouraged; and
- Robust state funding for state university scientific and clinical research on cannabis and its compounds. Research needs for cannabis to be used for medical purposes include basic outcomes studies for well-defined conditions using well-defined medical cannabis products.

Resolution 21-309

Independent APRN Patient Safety

South Florida Caucus

House Action: Not adopted

RESOLVED, That Independent APRNs come under the regulation of the Florida Board of Medicine



through the FMA seeking legislation and/or policy changes; and be it further

RESOLVED, That the FMA seek legislation to increase malpractice limits from 100,000/300,000 for Independent APRNs to a minimum of 500,000/1,000,000; and be it further

RESOLVED, that the Florida Medical Association seek legislation requiring clear posted notice to patients in settings where there is not a physician on site or providing oversight to the patient's care; and be it further,

RESOLVED, that the Florida Medical Association seek legislation that requires the education of patients and written informed consent by patients prior to said patients being treated by Independent APRNs.

Resolution 21-310

Restrictive Covenants

Polk County Medical Association

House Action: Referred to the Board of Governors for decision; **not adopted**

RESOLVED, That the Florida Medical Association adopts a policy to oppose restrictive covenants and non-complete clauses as it applies to physicians.

October 2021 - The Board of Governors studied Resolution 21-310 and 21-310 together. It was noted that similar resolutions (19-202 and 19-317) came to the Board of Governors for decision last year, were studied in depth, and a substitute resolution was adopted. Given the similarities of the resolutions from last year, the Board of Governors voted to not adopt Resolutions 21-310 and 21-312. Below is the Board's findings from May 2021.

May 2021: In May 2020, the Board of Governors discussed this resolution at length and analyzed the arguments for and against the use of restrictive covenants by physicians in Florida. Given that there are valid arguments on both sides of the issue, the Board of Governors conducted a thorough study of physician non-compete clauses in Florida and evaluate whether any changes to the current Florida statute are needed. At the June 18, 2020 conference call, the Board instructed FMA staff to conduct an in-depth study and evaluation of Florida's non-compete statute. At the May 2021 Board of Governors Meeting, the FMA General Counsel presented the findings of an in-depth study on Florida's restrictive covenant statute. After considerable discussion, the Board concluded that the best approach would be to educate physicians through a variety of methods including webinars, white papers, CME programs, and other means on the legal and practical aspects of restrictive covenants. Accordingly, the Board of Governors voted to adopt the following policy in lieu of Resolutions 19-202 and 19-317:

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.](#)

Resolution 21-311

Access to Evidence Based opioid Disorder Treatment in Florida Correctional Facilities

Florida Society of Addiction Medicine

House Action: Referred to the Board of Governors for decision

RESOLVED, That our Florida Medical Association (FMA) amend policy P 125.00, “DRUGS- ABUSE,” to add a new section P 125.004 to read as follows:

P 125.004 Medications for Opioid Use Disorder in Florida Correctional Facilities

1. Our FMA endorses the medical treatment model of employing medications for opioid use disorder (OUD) as the standard of care for persons with OUD who are incarcerated.
2. Our FMA advocates for legislation, standards, policies and funding that require correctional facilities in Florida to increase access to evidence-based treatment of OUD, including initiation and continuation of medications for OUD, in conjunction with psychosocial treatment when available and desired by the person with OUD, in correctional facilities within Florida and that this apply to all individuals who are incarcerated, including individuals who are pregnant, postpartum, or parenting.
3. Our FMA advocates for legislation, standards, policies, and funding that require correctional facilities within Florida 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 FDA for the treatment of an opioid overdose), and help ensure post-incarceration medical coverage and accessibility to mental health and substance use disorder treatments, including medications for addiction treatment.
4. Our FMA advocates for all correctional facilities in Florida 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.
5. Our FMA supports partnerships and information sharing between correctional systems, community health systems and state insurance programs in Florida to provide access to a continuum of health care services for juveniles and adults in



- the correctional system.
6. That our FMA encourages the Agency for Health Care Administration to work with the Florida Department of Corrections, prisons, and jails to assist incarcerated juveniles and adults who may not have been enrolled in Medicaid at the time of their incarceration to apply and receive an eligibility determination for Medicaid.

Resolution 21-312
Physician Contract Non-Compete Clause
Escambia County Medical Society

House Action: Referred to the Board of Governors for decision; **not adopted**

RESOLVED, That within one year the FMA Board of Governors choose between a legislative vs constitutional amendment strategy to limit enforcement of non-competes clauses in physician contracts to those cases where termination of the contract is sought by the physicians within two years of the initial employer physician contract.

[October 2021 - See Resolution 21-310](#)

Resolution 21-313
Corporate Practice of Medicine
South Florida Caucus

House Action: Referred to the Board of Governors for decision

RESOLVED, That FMA will prepare a comprehensive review of the legal and regulatory matters related to the corporate practice of medicine and fee splitting in Florida. The results of this review will be compiled into a resource and announced to members as an available electronic download; and be it further

RESOLVED, That the FMA will provide information on the legal issues involved in the employment of physicians by corporations and other non-physician owned entities to physician owned groups (if all the members of group are FMA members) and upon request, will provide a referral to a reputable attorney or law firm that specializes in this area of the law.

RESOLVED, That FMA will seek legislation for the further restriction of the corporate practice of medicine similar to dentistry and optometry statutes, limiting ownership of physician practices or groups to physicians only.

Resolution 21-314
Credentialing of Anesthesiologist Assistants
Florida Society of Anesthesiologists



House Action: Adopted as amended

*RESOLVED, That 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.*

Resolution 21-315
Timely Actions on Credentialing Applications
Florida Society of Anesthesiologists

House Action: Not adopted

RESOLVED, That Florida Medical Association seek a change in statute that would require hospitals and ambulatory surgical centers to credential Certified Anesthesiology Assistants within ninety (90) days of their initial completed application.

Resolution 21-316
PA Name Change
Megan Core, M.D.

House Action: Adopted substitute language in lieu of Resolution 21-316

Original language:

RESOLVED, That the FMA join the AMA and work with 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.

Substitute language:

RESOLVED, That the Florida Medical Association 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.”

RESOLVED, That the FMA 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.

Compendium updated – 360.008



Resolution 21-317
Repeal Parental Consent
Broward County Medical Association

House Action: Adopted substitute language in lieu of Resolution 21-317

Original language:

RESOLVED, The Florida Medical Association will actively and aggressively seek repeal of the “Parent’s Bill of Rights” legislation.

Substitute language:

RESOLVED, That the Florida Medical Association seek legislation to fix the problems in HB 241 mandating parental consent for the treatment of minors.

[Compendium updated – 280.014](#)

Resolution 21-403
Facilitating Timely and Accurate Price Transparency
Physicians Society of Central Florida

House Action: Adopted as amended

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

Resolution 21-404
Billing and Collections Transparency
South Florida Caucus

House Action: Adopted as amended

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

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



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

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

[Compendium updated – 260.053](#)

Resolution 21-405
Insurance Coverage for HPV Vaccination
American College of Obstetricians and Gynecologists

House Action: Adopted

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

[Compendium updated – 485.012](#)